

The Hartford - Effect	ve lune 1 2016		
Coverage	Rate		T
/oluntary Life:	rtuto		
	Monthly Premiu	m Rate Per \$1,000 of C	overage
	Age		T T T T T T T T T T T T T T T T T T T
active Employee & Retiree Rates as of 6/1/2016:	< 25	\$0.040	
	25-29	\$0.040	
	30-34	\$0.050	
	35-39	\$0.060	
	40-44	\$0.080	
	45-49	\$0.120	
	50-54	\$0.180	
		\$0.340	
	55-59	\$0.530	
	60-64	\$1.020	
	65-69		
	70-74	\$1.660 \$1.070	
	75+	\$1.970	
oluntary Dependent Life:			
orania y populacin Elic.	Monthly Premiu	m Rate Per \$1,000 of C	overage
	Age		
active Employee Spouse Rates as of 6/1/2016:	< 25	\$0.040	
Active Employee Spouse Nates as of 6/1/2010.	25-29	\$0.040	
	30-34	\$0.050	
	35-39	\$0.060	
	40-44	\$0.080	
	45-49	\$0.120	
		\$0.180	
	50-54		
	55-59	\$0.340	
	60-64	\$0.530	
	65-69	\$1.020	<u> </u>
	70-74	\$1.660 \$4.070	
Asther Francisco Olital Between at 014/0040	75+	\$1.970	
Active Employee Child Rates as of 6/1/2016:	\$0.40	Monthly Per Unit	
Retiree Spouse & Child Rate as of 6/1/2016:	\$1.67	Manthly Day Unit	
Retiree Spouse & Child Rate as of 6/1/2016:		Monthly Per Unit	
/oluntary Stand Alone AD&D:	Monthly Rate		
	" ¢n nan	Per \$1,000	
Employee Only	'.I JU.USU	rei şi,uuu	
Spauge Only		Por \$1 000	
Spouse Only Child Only	y: \$0.030	Per \$1,000	
Spouse Only Child Only	y: \$0.030	Per \$1,000 Per \$1,000	
Child Only	y: \$0.030		
Child Only /oluntary Short Term Disability - FLEX:	\$0.030 \$0.030	Per \$1,000	Rate Basis
Child Only	\$0.030 \$0.030	Per \$1,000 Monthly Rate	Rate Basis Per \$100 Weekly Benefit
Child Only /oluntary Short Term Disability - FLEX:	\$0.030 \$0.030 \$0.030	Monthly Rate \$14.26	
Child Only /oluntary Short Term Disability - FLEX:	\$0.030 \$0.030 \$0.030 \$1.5 \$2.5 \$3.5 \$3.5 \$4.9	Monthly Rate \$14.26 \$9.01	
Child Only /oluntary Short Term Disability - FLEX:	\$0.030 \$0.030 \$0.030 \$1 \$2 \$35 \$35 \$49 \$50 \$59	Monthly Rate \$14.26 \$9.01 \$10.90	
Child Only Oluntary Short Term Disability - FLEX: 8 Day Sickness/8 Day Accident/26 Week Duration	\$0.030 \$0.030 \$0.030 \$1.5 \$2.5 \$3.5 \$3.5 \$3.5 \$4.9 \$5.0 \$6.0 \$6.0 \$6.0	Monthly Rate \$14.26 \$9.01 \$10.90 \$13.98	Per \$100 Weekly Benefit
Child Only Coluntary Short Term Disability - FLEX:	\$0.030 \$0.030 \$0.030 \$1.5 \$2.5 \$3.5 \$3.5 \$3.5 \$4.9 \$5.0 \$6.0 \$6.0 \$6.0 \$6.0 \$6.0 \$6.0 \$6.0 \$6	Monthly Rate \$14.26 \$9.01 \$10.90 \$13.98 Monthly Rate	Per \$100 Weekly Benefit Rate Basis
Child Only Oluntary Short Term Disability - FLEX: 8 Day Sickness/8 Day Accident/26 Week Duration	\$0.030 \$0.030 \$0.030 \$1.5 \$2.5 \$3.5 \$3.5 \$3.5 \$4.9 \$5.0 \$5.0 \$6.0 \$1.5 \$1.5 \$1.5 \$1.5 \$1.5 \$1.5 \$1.5 \$1.5	Monthly Rate \$14.26 \$9.01 \$10.90 \$13.98 Monthly Rate \$12.45	Per \$100 Weekly Benefit Rate Basis
Child Only /oluntary Short Term Disability - FLEX: 8 Day Sickness/8 Day Accident/26 Week Duration	\$0.030 \$0.030 \$0.030 \$0.030 \$0.030 \$0.030 \$0.030 \$0.030 \$0.030 \$0.030 \$0.030 \$0.030 \$0.030 \$0.030 \$0.030 \$0.030 \$0.030	Monthly Rate \$14.26 \$9.01 \$10.90 \$13.98 Monthly Rate \$12.45 \$7.50	Per \$100 Weekly Benefit Rate Basis
Child Only /oluntary Short Term Disability - FLEX: 8 Day Sickness/8 Day Accident/26 Week Duration	\$0.030 \$0.030	Monthly Rate \$14.26 \$9.01 \$10.90 \$13.98 Monthly Rate \$12.45 \$7.50 \$8.87	Per \$100 Weekly Benefit Rate Basis
Child Only Coluntary Short Term Disability - FLEX: 8 Day Sickness/8 Day Accident/26 Week Duration 15 Day Sickness/15 Day Accident/26 Week Duration	\$0.030 \$0.030	Monthly Rate \$14.26 \$9.01 \$10.90 \$13.98 Monthly Rate \$12.45 \$7.50 \$8.87 \$11.38	Per \$100 Weekly Benefit Rate Basis Per \$100 Weekly Benefit
Child Only /oluntary Short Term Disability - FLEX: 8 Day Sickness/8 Day Accident/26 Week Duration	\$0.030 \$0.030	Monthly Rate \$14.26 \$9.01 \$10.90 \$13.98 Monthly Rate \$12.45 \$7.50 \$8.87 \$11.38 Monthly Rate	Per \$100 Weekly Benefit Rate Basis Per \$100 Weekly Benefit Rate Basis
Child Only /oluntary Short Term Disability - FLEX: 8 Day Sickness/8 Day Accident/26 Week Duration 15 Day Sickness/15 Day Accident/26 Week Duration	\$0.030 \$0.030	Monthly Rate \$14.26 \$9.01 \$10.90 \$13.98 Monthly Rate \$12.45 \$7.50 \$8.87 \$11.38 Monthly Rate \$10.26	Per \$100 Weekly Benefit Rate Basis Per \$100 Weekly Benefit Rate Basis
Child Only /oluntary Short Term Disability - FLEX: 8 Day Sickness/8 Day Accident/26 Week Duration 15 Day Sickness/15 Day Accident/26 Week Duration	\$0.030 \$0.030	Monthly Rate \$14.26 \$9.01 \$10.90 \$13.98 Monthly Rate \$12.45 \$7.50 \$8.87 \$11.38 Monthly Rate \$10.26 \$5.00	Per \$100 Weekly Benefit Rate Basis Per \$100 Weekly Benefit Rate Basis
Child Only /oluntary Short Term Disability - FLEX: 8 Day Sickness/8 Day Accident/26 Week Duration 15 Day Sickness/15 Day Accident/26 Week Duration	\$0.030 \$0.030	Monthly Rate \$14.26 \$9.01 \$10.90 \$13.98 Monthly Rate \$12.45 \$7.50 \$8.87 \$11.38 Monthly Rate \$10.26	Per \$100 Weekly Benefit Rate Basis Per \$100 Weekly Benefit

[&]quot;This chart is intended for informational purposes only. For details of coverage, including benefits payable, exclusions, any reductions or limitations, and terms under which the policy may be continued in force or terminated, please refer to the Benefit Highlight Sheets available through The Hartford's online enrollment platform, BenSelect or contact the Teachers and Employees Association (TEA) of Kansas State University."