

GROUP INSURANCE PREMIUM RATES

EMPLOYEE OPTIONAL ACCIDENT INSURANCE

SCHEDULE	SALARY	EMPLOYEE ONLY	FAMILY		
		PREM/CVG	PREM TOTAL		
01	LESS THAN 3,000	\$0.21	\$0.35		
		6,000			
02	3,000 TO 3,999	\$0.32	\$0.50		
		9,000			
03	4,000 TO 4,999	\$0.42	\$0.67		
		12,000			
04	5,000 TO 5,999	\$0.53	\$0.85		
		15,000			
05	6,000 TO 6,999	\$0.63	\$1.02		
		18,000			
06	7,000 TO 7,999	\$0.74	\$1.20		
		21,000			
07	8,000 TO 8,999	\$0.84	\$1.37		
		24,000			
08	9,000 TO 9,999	\$0.95	\$1.55		
		27,000			
09	10,000 TO 12,499	\$1.12	\$1.79		
		32,000			
10	12,500 TO 14,999	\$1.33	\$2.14		
		38,000			
11	15,000 TO 17,499	\$1.54	\$2.45		
		44,000			
12	17,500 TO 19,999	\$1.75	\$2.80		
		50,000			
13	20,000 AND OVER	\$2.10	\$3.36		
		60,000			