

**PTS Services**  
**Voluntary Life/AD&D Coverage**  
**Effective 02/01/2022**



<b>Benefits</b>	Proceeds to Beneficiary	
Employee Increments	\$10,000 to \$300,000 in \$10,000 Increments	
Spousal Increments	\$5,000 to \$100,000 in \$5,000 Increments (Cannot Exceed 100% of Employee Benefit)	
Dependent Child(ren) Increments	Up to 14 Days: \$1,000 / 14 Days or Older: \$10,000 (Cannot Exceed 100% of Employee Benefit)	
Guaranteed Issue Amount (No Medical - During Initial Enrollment Period)	Employee: \$100,000 Spouse: \$20,000 / Child(ren): \$10,000	
Waiver of Premium	Yes	
Portability	Yes	
Accidental Death/Dismemberment:	Life/Loss of Speech or Hearing	100%
	Both Hands/Feet	100%
	Sight of Both Eyes	100%
	One Hand or Foot	50%
	Sight of One Eye	50%
<b>Employee/Spouse</b>		
<b>Age Band</b>	<b>Semi-Monthly Deduction per \$1,000</b>	<b>\$100,000 Coverage - Semi-Monthly Deduction</b>
29 & Under	\$0.043	\$4.30
30-34	\$0.048	\$4.80
35-39	\$0.069	\$6.85
40-44	\$0.100	\$10.00
45-49	\$0.152	\$15.15
50-54	\$0.241	\$24.05
55-59	\$0.377	\$37.65
60-64	\$0.572	\$57.20
65-69	\$0.954	\$95.40
70 & Over	\$1.671	\$167.05
<b>Child(ren) Semi-Monthly Deduction:</b>	<b>\$10,000 of Coverage</b>	
	\$1.00	

*\*If you choose over the guaranteed issue amount or choose to enroll outside of your initial enrollment period, you will be required to fill out an Evidence of Insurability/Health Form\**

*Please download the form from your Ease document library and email to [jessica@rkasset.com](mailto:jessica@rkasset.com)*