

**NEW YORK STATE PROFESSIONAL FIRE FIGHTERS
ASSOCIATION
119 WASHINGTON AVENUE 3RD FLOOR
ALBANY, NEW YORK 12210
518-436-8827, EXTENSION 201
MONTHLY LIFE INSURANCE RATES
ACTIVE MEMBERS**

	AMOUNT OF INSURANCE	PREMIUM W/NO DEPENDENT COVERAGE	PREMIUM W/DEPENDENT COVERAGE
AGE 18 - 34	300,000	49.25	53.25
	240,000	39.40	43.40
	180,000	29.55	33.55
	120,000	19.70	23.70
	60,000	9.85	13.85
	30,000	4.93	8.93
AGE 35 - 59	300,000	66.25	70.25
	240,000	53.00	57.00
	180,000	39.75	43.75
	120,000	26.50	30.50
	60,000	13.25	17.25
	30,000	6.63	10.63
AGE 60 - 69	300,000	83.50	87.50
	240,000	66.80	70.80
	180,000	50.10	54.10
	120,000	33.40	37.40
	60,000	16.70	20.70
	30,000	8.35	12.35

THE U.S. LIFE INSURANCE COMPANY OF NEW YORK

Additional Spousal Coverage for NYSPFFA Group Term Life Insurance Program

Age	Total Spousal Coverage					
	\$20,000	\$30,000	\$60,000	\$90,000	\$120,000	\$150,000
<= 29	\$ 4.00	\$ 4.69	\$ 6.76	\$ 8.83	\$ 10.90	\$ 12.97
30-34	\$ 4.00	\$ 4.70	\$ 6.80	\$ 8.90	\$ 11.00	\$ 13.10
35-39	\$ 4.00	\$ 4.93	\$ 7.72	\$ 10.51	\$ 13.30	\$ 16.09
40-44	\$ 4.00	\$ 5.30	\$ 9.20	\$ 13.10	\$ 17.00	\$ 20.90
45-49	\$ 4.00	\$ 5.97	\$ 11.88	\$ 17.79	\$ 23.70	\$ 29.61
50-54	\$ 4.00	\$ 7.01	\$ 16.04	\$ 25.07	\$ 34.10	\$ 43.13
55-59	\$ 4.00	\$ 9.00	\$ 24.00	\$ 39.00	\$ 54.00	\$ 69.00
60-64	\$ 4.00	\$ 11.56	\$ 34.24	\$ 56.92	\$ 79.60	\$ 102.28
65-69	\$ 4.00	\$ 16.84	\$ 55.36	\$ 93.88	\$ 132.40	\$ 170.92

* The amount of total spousal coverage can not be in excess of one half of the member's coverage.

**Those applying for additional spousal coverage need to fill out a Medical and Enrollment form found at <www.nyspffa.org>. This form must be fully completed and sent to the NYSPFFA office