

Affiliated Benefits Program Supplemental Death Benefits

The Supplemental Death Benefits offer additional protection to your family against the unexpected loss of income at your death. You can subscribe for yourself for one of eight levels of coverage: \$25,000, \$50,000, \$75,000, \$100,000, \$150,000, \$200,000, 250,000, or 300,000. You also may apply for coverage on your spouse in the amount of either \$25,000, \$50,000, 75,000, or \$100,000 and on your eligible dependent child(ren) in the amount of \$5,000 or \$10,000. This coverage is not the same as the survivor's pension or the salary continuation benefit and allows you to increase the security you provide for your family.

A Eligibility

Active members enrolled for Death and Disability benefits are eligible to apply for the Supplemental Death Benefits Program. If you enroll when first eligible, you may subscribe for \$25,000 or \$50,000 without medical underwriting. To subscribe for a higher coverage level when first eligible or for any amount during an open enrollment period, you must present satisfactory evidence of insurability. Evidence of insurability is required for coverage on your spouse: medical underwriting requirements do not apply to coverage for children.

Retirees may continue coverage they have in effect at retirement until reaching age 70, that is, through age 69.

B Cost

Supplemental Death Benefits dues are based on your age on the date the coverage begins (then as of January 1 each subsequent year), the level of coverage you choose, and your tobacco use status. Please refer to the current dues schedule on the back of this sheet. Either you or your employer pays for your Supplemental Death Benefits, depending on the terms of your employment. You must pay the cost of coverage for your spouse and/or children with after-tax dollars. The Board bills your employing organization and your employing organization deducts the appropriate charges from your paycheck.

C Enrollment

Fill out and return the enclosed Supplemental Death Benefits forms. Please refer to the Application Checklist for the specific list of forms to be completed for the coverage you want.

You may apply for the Supplemental Death Benefits:

- when you first enroll in the Benefits Plan,
- when you start a new service, or
- during the annual open enrollment, in October/November for coverage effective the first of the following year.

D Beneficiaries

Your Supplemental Death Benefits are paid to the beneficiaries you designate or, if you do not designate beneficiaries, to your spouse, eligible dependents, or your estate. You are always the beneficiary for any spouse or child benefit.

If any discrepancy exists between this product sheet and the official Benefits Plan document, the official Plan document governs. Call the Board of Pensions at 800-773-7752 (800-PRESPLAN), or access the Web site at www.pensions.org, for a copy of this official document.

2009 Supplemental Death Benefits

Rates based on enrollee's age as of January 1 each year.

Supplemental Death Benefits Program Rates

Non-Tobacco User Annual Rates

Age	Member and Spouse Rates				Member Only Rates			
	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000
Under 29	15	30	45	60	90	120	150	180
30 - 34	19	38	57	76	114	152	190	228
35 - 39	24	48	72	96	144	192	240	288
40 - 44	30	60	90	120	180	240	300	360
45 - 49	45	90	135	180	270	360	450	540
50 - 54	69	138	207	276	414	552	690	828
55 - 59	129	258	387	516	774	1,032	1,290	1,548
60 - 64	198	396	594	792	1,188	1,584	1,980	2,376
65 - 69	315	630	945	1,260	1,890	2,520	3,150	3,780
70 - 74	480	960	1,440	1,920	2,880	3,840	4,800	5,760
75 - 79	585	1,170	1,755	2,340	3,510	4,680	5,850	7,020
80 - 84	618	1,236	1,854	2,472	3,708	4,944	6,180	7,416
85 - 89	618	1,236	1,854	2,472	3,708	4,944	6,180	7,416
90 - 94	618	1,236	1,854	2,472	3,708	4,944	6,180	7,416
95 +	618	1,236	1,854	2,472	3,708	4,944	6,180	7,416

Tobacco User Annual Rates

Age	Member and Spouse Rates				Member Only Rates			
	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000
Under 29	23	46	69	92	138	184	230	276
30 - 34	32	64	96	128	192	256	320	384
35 - 39	42	84	126	168	252	336	420	504
40 - 44	62	124	186	248	372	496	620	744
45 - 49	107	214	321	428	642	856	1,070	1,284
50 - 54	191	382	573	764	1,146	1,528	1,910	2,292
55 - 59	329	658	987	1,316	1,974	2,632	3,290	3,948
60 - 64	400	800	1,200	1,600	2,400	3,200	4,000	4,800
65 - 69	526	1,052	1,578	2,104	3,156	4,208	5,260	6,312
70 - 74	773	1,546	2,319	3,092	4,638	6,184	7,730	9,276
75 - 79	877	1,754	2,631	3,508	5,262	7,016	8,770	10,524
80 - 84	1,163	2,326	3,489	4,652	6,978	9,304	11,630	13,956
85 - 89	1,540	3,080	4,620	6,160	9,240	12,320	15,400	18,480
90 - 94	1,978	3,956	5,934	7,912	11,868	15,824	19,780	23,736
95 +	2,411	4,822	7,233	9,644	14,466	19,288	24,110	28,932

Dependent Children Annual Dues*

\$5,000 Coverage	\$10,000 Coverage
\$16	\$32

* Dues cover all eligible dependent children in the family, as defined by the Benefits Plan.

Note: Displayed rates may be rounded.