

Securian (MN Life) Voluntary Term Life Insurance Premium Rates
State of Tennessee Group Insurance Program

	GUARANTEED MONTHLY EMPLOYEE AND SPOUSE PREMIUMS				
<u>Attained Age Brackets</u>	Calendar Year 2013 1/1/2013- 12/31/2013	Calendar Year 2014 1/1/2014- 12/31/2014	Calendar Year 2015 1/1/2015- 12/31/2015	Calendar Year 2016 1/1/2016- 12/31/2016	Calendar Year 2017 1/1/2017- 12/31/2017
Under 20	\$0.044 /\$1000 Coverage	\$0.044 /\$1000 Coverage	\$0.044 /\$1000 Coverage	\$0.046 /\$1000 Coverage	\$0.046 /\$1000 Coverage
20-24	\$0.044 /\$1000 Coverage	\$0.044 /\$1000 Coverage	\$0.044 /\$1000 Coverage	\$0.046 /\$1000 Coverage	\$0.046 /\$1000 Coverage
25-29	\$0.044 /\$1000 Coverage	\$0.044 /\$1000 Coverage	\$0.044 /\$1000 Coverage	\$0.046/\$1000 Coverage	\$0.046/\$1000 Coverage
30-34	\$0.047/\$1000 Coverage	\$0.047 /\$1000 Coverage	\$0.047 /\$1000 Coverage	\$0.050 /\$1000 Coverage	\$0.050 /\$1000 Coverage
35-39	\$0.058 /\$1000 Coverage	\$0.058 /\$1000 Coverage	\$0.058 /\$1000 Coverage	\$0.061 /\$1000 Coverage	\$0.061 /\$1000 Coverage
40-44	\$0.088 /\$1000 Coverage	\$0.088 /\$1000 Coverage	\$0.088 /\$1000 Coverage	\$0.093 /\$1000 Coverage	\$0.093 /\$1000 Coverage
45-49	\$0.150 /\$1000 Coverage	\$0.150 /\$1000 Coverage	\$0.150 /\$1000 Coverage	\$0.158 /\$1000 Coverage	\$0.158 /\$1000 Coverage
50-54	\$0.252 /\$1000 Coverage	\$0.252 /\$1000 Coverage	\$0.252 /\$1000 Coverage	\$0.266/\$1000 Coverage	\$0.266/\$1000 Coverage
55-59	\$0.393 /\$1000 Coverage	\$0.393 /\$1000 Coverage	\$0.393 /\$1000 Coverage	\$0.415/\$1000 Coverage	\$0.415/\$1000 Coverage
60-64	\$0.612 /\$1000 Coverage	\$0.612 /\$1000 Coverage	\$0.612 /\$1000 Coverage	\$0.646/\$1000 Coverage	\$0.646/\$1000 Coverage
65-69	\$1.016 /\$1000 Coverage	\$1.016 /\$1000 Coverage	\$1.016 /\$1000 Coverage	\$1.072 /\$1000 Coverage	\$1.072 /\$1000 Coverage
70-74	\$1.417 /\$1000 Coverage	\$1.417 /\$1000 Coverage	\$1.417 /\$1000 Coverage	\$1.495 /\$1000 Coverage	\$1.495 /\$1000 Coverage
75-79	\$2.177 /\$1000 Coverage	\$2.177 /\$1000 Coverage	\$2.177 /\$1000 Coverage	\$2.297 /\$1000 Coverage	\$2.297 /\$1000 Coverage
80 and over	\$3.934 /\$1000 Coverage	\$3.934 /\$1000 Coverage	\$3.934 /\$1000 Coverage	\$4.150 /\$1000 Coverage	\$4.150 /\$1000 Coverage

COVERAGE OPTION	GUARANTEED MONTHLY CHILD TERM RIDER PREMIUMS		
Component	Calendar Year 2013 1/1/2013-12/31/2013	Calendar Year 2014 1/1/2014-12/31/2014	Calendar Year 2015* 1/1/2015-12/31/2015
Child Term Rider - \$2,500 face amount	\$0.25/Rider	\$0.25/Rider	\$0.25/Rider
Child Term Rider - \$5,000	\$0.50/Rider	\$0.50/Rider	\$0.00/Rider

face amount			
Child Term Rider - \$10,000 face amount	\$1.00/Rider	\$1.00/Rider	\$1.00/Rider

GUARANTEED MONTHLY ADMINISTRATIVE CHARGE			
Administrative Fee	Calendar Year 2013 1/1/2013-12/31/2013	Calendar Year 2014 1/1/2014-12/31/2014	Calendar Year 2015* 1/1/2015-12/31/2015
Employee	\$0.30/Month	\$0.30/Month	\$0.30/Month
Spouse	\$0.30/Month	\$0.30/Month	\$0.30/Month

*Extended through 12/31/17

UNUM (PROVIDENT LIFE + ACC. INS. CO.)

Monthly Premium Rates Per \$1000 of Coverage for September 1, 2005 - June 30, 2008

Attained Age Brackets	Premium Rate/\$1000 (Employees & Spouses)
under 20	\$0.054
20-24	\$0.054
25-29	\$0.054
30-34	\$0.058
35-39	\$0.074
40-44	\$0.111
45-49	\$0.189
50-54	\$0.317
55-59	\$0.493
60-64	\$0.769
65-69	\$1.275
70-74	\$1.778
75-79	\$2.732
80 and over	\$4.937

Child Term Rider - \$2500 face amount \$0.25 per month.

Child Term Rider - \$5000 face amount \$0.50 per month.

Per Month Administrative Fees

- \$0.30 per month for employee coverage
- \$0.30 per month for spouse coverage
- \$0.00 per month for \$2500 child term rider
- \$0.00 per month for \$5000 child term rider

Monthly Premium Rates Per \$1000 of Coverage for July 1, 2008 - June 30, 2009

Attained Age Brackets	Premium Rate/\$1000 (Employees & Spouses)
under 20	\$0.049
20-24	\$0.049
25-29	\$0.049
30-34	\$0.053
35-39	\$0.067
40-44	\$0.101
45-49	\$0.172
50-54	\$0.288
55-59	\$0.449
60-64	\$0.700
65-69	\$1.160
70-74	\$1.618
75-79	\$2.486
80 and over	\$4.493

Child Term Rider - \$2500 face amount \$0.25 per month.

Child Term Rider - \$5000 face amount \$0.50 per month.

Per Month Administrative Fees

- \$0.30 per month for employee coverage
- \$0.30 per month for spouse coverage
- \$0.00 per month for \$2500 child term rider
- \$0.00 per month for \$5000 child term rider

Monthly Premium Rates Per \$1000 of Coverage for July 1, 2009 - June 30, 2010

Attained Age Brackets	Premium Rate/\$1000 (Employees & Spouses)
under 20	\$0.049
20-24	\$0.049
25-29	\$0.049
30-34	\$0.052
35-39	\$0.066
40-44	\$0.100
45-49	\$0.170
50-54	\$0.285
55-59	\$0.445
60-64	\$0.693
65-69	\$1.148
70-74	\$1.602
75-79	\$2.461
80 and over	\$4.448

Child Term Rider - \$2500 face amount \$0.25 per month.

Child Term Rider - \$5000 face amount \$0.50 per month.

Per Month Administrative Fees

- \$0.30 per month for employee coverage
- \$0.30 per month for spouse coverage
- \$0.00 per month for \$2500 child term rider
- \$0.00 per month for \$5000 child term rider

Monthly Premium Rates Per \$1000 of Coverage for July 1, 2010 – December 31, 2011

Attained Age Brackets	Premium Rate/\$1000 (Employees & Spouses)
under 20	\$0.046
20-24	\$0.046
25-29	\$0.046
30-34	\$0.049
35-39	\$0.062
40-44	\$0.094
45-49	\$0.160
50-54	\$0.268
55-59	\$0.418
60-64	\$0.651
65-69	\$1.079
70-74	\$1.506
75-79	\$2.313
80 and over	\$4.181

Child Term Rider - \$2500 face amount \$0.25 per month.

Child Term Rider - \$5000 face amount \$0.50 per month.

Per Month Administrative Fees

- \$0.30 per month for employee coverage
- \$0.30 per month for spouse coverage
- \$0.00 per month for \$2500 child term rider
- \$0.00 per month for \$5000 child term rider

Monthly Premium Rates Per \$1000 of Coverage for January 1, 2012 – December 31, 2012

Attained Age Brackets	Premium Rate/\$1000 (Employees & Spouses)
under 20	\$0.045
20-24	\$0.045
25-29	\$0.045
30-34	\$0.048
35-39	\$0.060
40-44	\$0.091
45-49	\$0.155
50-54	\$0.260
55-59	\$0.405
60-64	\$0.631
65-69	\$1.047
70-74	\$1.461
75-79	\$2.244
80 and over	\$4.056

Child Term Rider - \$2500 face amount \$0.25 per month.

Child Term Rider - \$5000 face amount \$0.50 per month.

Per Month Administrative Fees

- \$0.30 per month for employee coverage
- \$0.30 per month for spouse coverage
- \$0.00 per month for \$2500 child term rider
- \$0.00 per month for \$5000 child term rider

Payments to the Contractor shall be based upon payroll deduction information provided by the Contractor and payment of premium by former employees who are paying premium directly to the Contractor. The payroll deduction information shall be provided in a form and medium acceptable to the State and, at a minimum, shall include employees' identification numbers, the type(s) and amount(s) of coverage, and the deduction amounts.

5. The text of Contract Section E.6. is deleted in its entirety and replaced with the following:

E.6. **Communications and Contacts.** All instructions, notices, consents, demands, or other communications required or contemplated by this Contract shall be in writing and shall be made by certified, first class mail, return receipt requested and postage prepaid, by overnight courier service with an asset tracking system, or by EMAIL or facsimile transmission with recipient confirmation. Any such communications, regardless of method of transmission, shall be addressed to the respective party at the appropriate mailing address, facsimile number, or EMAIL address as set forth below or to that of such other party or address, as may be hereafter specified by written notice.

The State:

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