



NYSUT Member Benefits Trust Endorsed Voluntary 10 Year Level Term Life Insurance Plan - Rate Chart

If you have questions or would like to apply for coverage, please contact AMBA at 888-386-9788 or you may visit the AMBA website (see link to the right) for additional information and to download an applicaton.

[AMBA Website](#)

How much life insurance do you need:

- A rule of thumb is 60% of your annual income multiplied by your number of years to retirement.
- Try our coverage estimator tool at <http://www.lifeonlinecalculator.com>.

Benefits of \$200,000 or Less Rate per \$10,000 - Member & Spouse									Benefits greater than \$200,000 Rate per \$10,000 - Member & Spouse								
Applicant's Age	10 Year Plan								Applicant's Age	10 Year Plan							
	26 Payroll		20 Payroll		12 Pension		Semi-Annual Direct Bill			26 Payroll		20 Payroll		12 Pension		Semi-Annual Direct Bill	
	Non Smoker	Smoker	Non Smoker	Smoker	Non Smoker	Smoker	Non Smoker	Smoker		Non Smoker	Smoker	Non Smoker	Smoker	Non Smoker	Smoker	Non Smoker	Smoker
<=25	0.14	0.20	0.18	0.26	0.30	0.43	2.07	3.02	<=25	0.12	0.16	0.15	0.22	0.25	0.36	1.71	2.52
26	0.14	0.21	0.18	0.27	0.30	0.44	2.16	3.11	26	0.12	0.17	0.15	0.23	0.25	0.37	1.76	2.61
27	0.14	0.21	0.19	0.28	0.32	0.46	2.21	3.24	27	0.12	0.18	0.16	0.23	0.26	0.39	1.85	2.66
28	0.15	0.22	0.20	0.29	0.32	0.48	2.30	3.33	28	0.13	0.18	0.16	0.23	0.27	0.39	1.89	2.79
29	0.15	0.23	0.21	0.30	0.34	0.49	2.39	3.47	29	0.13	0.19	0.17	0.24	0.28	0.41	1.98	2.88
30	0.16	0.23	0.22	0.31	0.35	0.51	2.48	3.60	30	0.14	0.20	0.18	0.26	0.30	0.43	2.07	3.02
31	0.17	0.24	0.23	0.32	0.37	0.53	2.57	3.78	31	0.14	0.21	0.19	0.27	0.31	0.44	2.16	3.11
32	0.18	0.25	0.23	0.33	0.39	0.56	2.70	3.96	32	0.14	0.22	0.19	0.28	0.32	0.47	2.25	3.29
33	0.19	0.27	0.24	0.35	0.41	0.59	2.84	4.14	33	0.15	0.23	0.21	0.30	0.34	0.49	2.34	3.42
34	0.20	0.29	0.26	0.37	0.43	0.61	3.02	4.37	34	0.16	0.23	0.22	0.31	0.35	0.51	2.48	3.60
35	0.21	0.30	0.27	0.40	0.45	0.66	3.15	4.59	35	0.17	0.25	0.23	0.32	0.38	0.54	2.61	3.83
36	0.23	0.32	0.30	0.42	0.49	0.70	3.42	4.95	36	0.19	0.27	0.24	0.35	0.41	0.59	2.84	4.14
37	0.24	0.35	0.32	0.46	0.52	0.77	3.69	5.40	37	0.20	0.29	0.26	0.38	0.43	0.63	3.06	4.46
38	0.26	0.38	0.34	0.50	0.57	0.83	4.01	5.85	38	0.22	0.32	0.29	0.41	0.48	0.69	3.33	4.86
39	0.29	0.41	0.38	0.54	0.62	0.90	4.41	6.35	39	0.24	0.34	0.32	0.45	0.52	0.75	3.65	5.27
40	0.32	0.45	0.41	0.59	0.68	0.98	4.82	6.93	40	0.26	0.38	0.34	0.50	0.57	0.82	4.01	5.76
41	0.34	0.49	0.44	0.64	0.74	1.06	5.18	7.47	41	0.28	0.41	0.37	0.53	0.61	0.88	4.32	6.21
42	0.37	0.53	0.48	0.69	0.79	1.15	5.63	8.10	42	0.31	0.44	0.40	0.58	0.66	0.95	4.68	6.71
43	0.40	0.58	0.52	0.75	0.86	1.24	6.12	8.78	43	0.33	0.48	0.43	0.62	0.72	1.04	5.09	7.29
44	0.43	0.63	0.57	0.82	0.95	1.36	6.66	9.59	44	0.36	0.52	0.47	0.68	0.78	1.13	5.54	7.97
45	0.48	0.68	0.62	0.89	1.04	1.49	7.29	10.49	45	0.40	0.57	0.51	0.75	0.86	1.24	6.03	8.73
46	0.51	0.74	0.67	0.96	1.11	1.60	7.83	11.34	46	0.42	0.61	0.56	0.80	0.93	1.33	6.53	9.41
47	0.56	0.80	0.72	1.04	1.20	1.74	8.46	12.24	47	0.46	0.67	0.60	0.86	1.00	1.44	7.02	10.17
48	0.60	0.86	0.78	1.13	1.31	1.87	9.18	13.28	48	0.50	0.72	0.65	0.94	1.08	1.56	7.65	11.03
49	0.66	0.95	0.86	1.22	1.42	2.04	9.99	14.40	49	0.54	0.78	0.71	1.02	1.18	1.69	8.33	11.97
50	0.71	1.03	0.93	1.34	1.55	2.23	10.94	15.71	50	0.59	0.86	0.77	1.11	1.29	1.85	9.05	13.05
51	0.78	1.13	1.03	1.48	1.70	2.46	12.02	17.33	51	0.66	0.94	0.86	1.22	1.42	2.03	9.99	14.36
52	0.87	1.25	1.13	1.63	1.88	2.71	13.28	19.08	52	0.72	1.04	0.94	1.35	1.56	2.24	11.03	15.84
53	0.96	1.38	1.25	1.80	2.08	3.00	14.67	21.11	53	0.79	1.14	1.04	1.49	1.73	2.48	12.20	17.55
54	1.06	1.53	1.39	1.99	2.30	3.31	16.25	23.40	54	0.88	1.27	1.15	1.66	1.92	2.75	13.50	19.44
55	1.18	1.69	1.54	2.21	2.56	3.67	18.05	25.97	55	0.98	1.41	1.28	1.84	2.12	3.05	14.99	21.56
56	1.31	1.88	1.70	2.45	2.83	4.08	19.98	28.76	56	1.08	1.56	1.41	2.03	2.35	3.38	16.61	23.85
57	1.45	2.09	1.88	2.71	3.13	4.52	22.14	31.86	57	1.20	1.73	1.57	2.25	2.60	3.75	18.36	26.46
58	1.60	2.31	2.09	3.01	3.48	5.01	24.57	35.37	58	1.33	1.92	1.74	2.50	2.89	4.17	20.43	29.39
59	1.78	2.58	2.32	3.36	3.87	5.59	27.36	39.42	59	1.49	2.14	1.94	2.79	3.22	4.64	22.68	32.76
60	2.00	2.88	2.59	3.74	4.32	6.24	30.47	43.97	60	1.66	2.39	2.15	3.11	3.58	5.18	25.29	36.54
61	2.24	3.24	2.92	4.21	4.86	7.01	34.29	49.50	61	1.86	2.68	2.42	3.49	4.03	5.82	28.49	41.09



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62	2.52	3.64	3.28	4.73	5.46	7.88	38.57	55.62	62	2.10	3.02	2.73	3.93	4.54	6.55	32.04	46.22
63	2.84	4.10	3.69	5.32	6.15	8.87	43.38	62.55	63	2.36	3.39	3.06	4.42	5.10	7.36	36.00	51.93
64	3.19	4.59	4.15	5.98	6.91	9.95	48.78	70.25	64	2.65	3.82	3.45	4.96	5.74	8.26	40.50	58.32

Please note: Payroll and pension deduction amounts are approximate due to rounding.

Your age determines the maximum amount of coverage you may apply for under the Level Term Life Plan. Only those under age 65 may apply. Applicants under age 65 may apply for up to \$1 million (100 units) of insurance a minimum of \$50,000 (5 units) must be purchased. Smoker rates are for any tobacco use. Maximum coverage under all plans is \$1 million.

Applicants must be under age 65 for the 10-year plan. Your individual premium is scheduled to remain level for the initial term of the plan. Your premium will not increase during the initial term due to age of health status. The insurance company does reserve the right to change premium rates, but may only do so for the insureds covered under the group policy. Coverage ends at age 75.

To determine what your approximate deduction amount will be: Select the benefit amount you are applying for (greater or less than \$200,000). Then multiply the deduction amount for your age and deduction schedule by the number or units desired (e.g., for the 10-year plan with \$100,000 at age 39 and non-smoking with 20 payroll deductions, multiply \$0.42 by 10 units = \$4.20).

To determine what your semi-annual premium will be: Select the benefit amount you are applying for (greater or less than \$200,000). Then multiply semi-annual premium for your age by the number of units desired (e.g., for the 10-year plan with \$100,000 at age 39 and non-smoking, multiply \$4.90 by 10 units = \$49.00).

Notes:

- Coverage terminates at age 75.
- NYSUT members, agency fee payers, and their lawful spouses or certified domestic partners under age 65 may apply for Member Benefits-endorsed
- This is a quote for level term life insurance and NOT an offer for insurance coverage. All applications are subject to underwriting.
- Visit the AMBA website for additional plan details.

The MetLife Level Term Life Insurance Plan is a NYSUT Member Benefits Trust (Member Benefits)-endorsed program. Member Benefits has an endorsement arrangement of 7.61% of gross premiums for this program. All such payments to Member Benefits are used solely to defray the costs of administering its various programs and, where appropriate, to enhance them. The Insurer pools the premiums of Member Benefits participants who are insured for the purposes of determining premium rates and accounting. Coverage outside of this plan may have rates and terms that are not the same as those obtainable through Member Benefits. The Insurer or Member Benefits may hold premium reserves that may be used to offset rate increases and/or fund such other expenses related to the plan as determined appropriate by Member Benefits. Member Benefits acts as your advocate; please contact Member Benefits at 800-626-8101 if you experience a problem with any endorsed program.

Underwritten by Metropolitan Life Insurance Company Policy number 35370-3-G

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