

## 2026 Supplemental Group Term Life for Employee and Spouse / Domestic Partner

<b>Your Age</b>	<b>Monthly cost per \$1,000 of coverage</b>
18-29	\$0.032
30-34	\$0.047
35-39	\$0.063
40-44	\$0.088
45-49	\$0.149
50-54	\$0.227
55-59	\$0.354
60-64	\$0.541
65+	\$0.942

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