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PIASC, Policy Number: 01-17864-00
Employer Name:
Employer #:

SUPPLEMENTAL LIFE AND AD&D FORM

Section I- Employee /Policyholder Name:

Effective Date:	Last:	First:	MI:	Marriage Date:
SSN:	Full-time hire date:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	DOB:	Hours worked per Week:
Address:	City:	State:	Zip:	
Enter Coverage Amount: \$	Have you smoked tobacco (cigarettes, cigars, pipe or chewing) within the past 12 months? <input type="checkbox"/> Yes, Smoker <input type="checkbox"/> No, Non-Smoker			

Employee Non-Tobacco User Supplemental Life and AD&D Rates (Monthly)

Amount	<24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74**	75+**
\$10,000	\$0.86	\$0.86	\$0.95	\$1.05	\$1.62	\$2.28	\$3.33	\$5.99	\$9.69	\$17.48	\$35.72	\$35.72
\$20,000	\$1.72	\$1.72	\$1.90	\$2.10	\$3.24	\$4.56	\$6.66	\$11.98	\$19.38	\$34.96	\$71.44	\$71.44
\$30,000	\$2.58	\$2.58	\$2.85	\$3.15	\$4.86	\$6.84	\$9.99	\$17.97	\$29.07	\$52.44	\$107.16	\$107.16
\$40,000	\$3.44	\$3.44	\$3.80	\$4.20	\$6.48	\$9.12	\$13.32	\$23.96	\$38.76	\$69.92	\$142.88	\$142.88
\$50,000	\$4.30	\$4.30	\$4.75	\$5.25	\$8.10	\$11.40	\$16.65	\$29.95	\$48.45	\$87.40	\$178.60	\$178.60
\$60,000	\$5.16	\$5.16	\$5.70	\$6.30	\$9.72	\$13.68	\$19.98	\$35.94	\$58.14	\$104.88	\$214.32	\$214.32
\$70,000	\$6.02	\$6.02	\$6.65	\$7.35	\$11.34	\$15.96	\$23.31	\$41.93	\$67.83	\$122.36	\$250.04	\$250.04
\$80,000	\$6.88	\$6.88	\$7.60	\$8.40	\$12.96	\$18.24	\$26.64	\$47.92	\$77.52	\$139.84	\$285.76	\$285.76
\$90,000	\$7.74	\$7.74	\$8.55	\$9.45	\$14.58	\$20.52	\$29.97	\$53.91	\$87.21	\$157.32	\$321.48	\$321.48
\$100,000	\$8.60	\$8.60	\$9.50	\$10.50	\$16.20	\$22.80	\$33.30	\$59.90	\$96.90	\$174.80	\$357.20	\$357.20
\$110,000	\$9.46	\$9.46	\$10.45	\$11.55	\$17.82	\$25.08	\$36.63	\$65.89	\$106.59	\$192.28	\$392.92	\$392.92
\$120,000	\$10.32	\$10.32	\$11.40	\$12.60	\$19.44	\$27.36	\$39.96	\$71.88	\$116.28	\$209.76	\$428.64	\$428.64
\$130,000*	\$11.18	\$11.18	\$12.35	\$13.65	\$21.06	\$29.64	\$43.29	\$77.87	\$125.97	\$227.24	\$464.36	\$464.36
\$140,000*	\$12.04	\$12.04	\$13.30	\$14.70	\$22.68	\$31.92	\$46.62	\$83.86	\$135.66	\$244.72	\$500.08	\$500.08
\$150,000*	\$12.90	\$12.90	\$14.25	\$15.75	\$24.30	\$34.20	\$49.95	\$89.85	\$145.35	\$262.20	\$535.80	\$535.80
\$160,000*	\$13.76	\$13.76	\$15.20	\$16.80	\$25.92	\$36.48	\$53.28	\$95.84	\$155.04	\$279.68	\$571.52	\$571.52
\$170,000*	\$14.62	\$14.62	\$16.15	\$17.85	\$27.54	\$38.76	\$56.61	\$101.83	\$164.73	\$297.16	\$607.24	\$607.24
\$180,000*	\$15.48	\$15.48	\$17.10	\$18.90	\$29.16	\$41.04	\$59.94	\$107.82	\$174.42	\$314.64	\$642.96	\$642.96
\$190,000*	\$16.34	\$16.34	\$18.05	\$19.95	\$30.78	\$43.32	\$63.27	\$113.81	\$184.11	\$332.12	\$678.68	\$678.68
\$200,000*	\$17.20	\$17.20	\$19.00	\$21.00	\$32.40	\$45.60	\$66.60	\$119.80	\$193.80	\$349.60	\$714.40	\$714.40

Employee Tobacco User Supplemental Life and AD&D Rates (Monthly)

Amount	<24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74**	75+**
\$10,000	\$1.24	\$1.24	\$1.33	\$1.90	\$3.04	\$4.75	\$7.22	\$11.59	\$16.82	\$26.70	\$48.93	\$48.93
\$20,000	\$2.48	\$2.48	\$2.66	\$3.80	\$6.08	\$9.50	\$14.44	\$23.18	\$33.64	\$53.40	\$97.86	\$97.86
\$30,000	\$3.72	\$3.72	\$3.99	\$5.70	\$9.12	\$14.25	\$21.66	\$34.77	\$50.46	\$80.10	\$146.79	\$146.79
\$40,000	\$4.96	\$4.96	\$5.32	\$7.60	\$12.16	\$19.00	\$28.88	\$46.36	\$67.28	\$106.80	\$195.72	\$195.72
\$50,000	\$6.20	\$6.20	\$6.65	\$9.50	\$15.20	\$23.75	\$36.10	\$57.95	\$84.10	\$133.50	\$244.65	\$244.65
\$60,000	\$7.44	\$7.44	\$7.98	\$11.40	\$18.24	\$28.50	\$43.32	\$69.54	\$100.92	\$160.20	\$293.58	\$293.58
\$70,000	\$8.68	\$8.68	\$9.31	\$13.30	\$21.28	\$33.25	\$50.54	\$81.13	\$117.74	\$186.90	\$342.51	\$342.51
\$80,000	\$9.92	\$9.92	\$10.64	\$15.20	\$24.32	\$38.00	\$57.76	\$92.72	\$134.56	\$213.60	\$391.44	\$391.44
\$90,000	\$11.16	\$11.16	\$11.97	\$17.10	\$27.36	\$42.75	\$64.98	\$104.31	\$151.38	\$240.30	\$440.37	\$440.37
\$100,000	\$12.40	\$12.40	\$13.30	\$19.00	\$30.40	\$47.50	\$72.20	\$115.90	\$168.20	\$267.00	\$489.30	\$489.30
\$110,000	\$13.64	\$13.64	\$14.63	\$20.90	\$33.44	\$52.25	\$79.42	\$127.49	\$185.02	\$293.70	\$538.23	\$538.23
\$120,000	\$14.88	\$14.88	\$15.96	\$22.80	\$36.48	\$57.00	\$86.64	\$139.08	\$201.84	\$320.40	\$587.16	\$587.16
\$130,000*	\$16.12	\$16.12	\$17.29	\$24.70	\$39.52	\$61.75	\$93.86	\$150.67	\$218.66	\$347.10	\$636.09	\$636.09
\$140,000*	\$17.36	\$17.36	\$18.62	\$26.60	\$42.56	\$66.50	\$101.08	\$162.26	\$235.48	\$373.80	\$685.02	\$685.02
\$150,000*	\$18.60	\$18.60	\$19.95	\$28.50	\$45.60	\$71.25	\$108.30	\$173.85	\$252.30	\$400.50	\$733.95	\$733.95
\$160,000*	\$19.84	\$19.84	\$21.28	\$30.40	\$48.64	\$76.00	\$115.52	\$185.44	\$269.12	\$427.20	\$782.88	\$782.88
\$170,000*	\$21.08	\$21.08	\$22.61	\$32.30	\$51.68	\$80.75	\$122.74	\$197.03	\$285.94	\$453.90	\$831.81	\$831.81
\$180,000*	\$22.32	\$22.32	\$23.94	\$34.20	\$54.72	\$85.50	\$129.96	\$208.62	\$302.76	\$480.60	\$880.74	\$880.74
\$190,000*	\$23.56	\$23.56	\$25.27	\$36.10	\$57.76	\$90.25	\$137.18	\$220.21	\$319.58	\$507.30	\$929.67	\$929.67
\$200,000*	\$24.80	\$24.80	\$26.60	\$38.00	\$60.80	\$95.00	\$144.40	\$231.80	\$336.40	\$534.00	\$978.60	\$978.60

*Requires Evidence of Insurability.

**Subject to age reduction; See Benefit Summary.

Beneficiary (Required)

Last Name:	First Name:	MI:	Relationship:	Contribution: %
Last Name:	First Name:	MI:	Relationship:	Contribution: %
Last Name:	First Name:	MI:	Relationship:	Contribution: %

Section II – Signature (Required)

Employee/Policyholder Signature: (Required)	Date:
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Employee Name:

Section III – Spouse Information:

Last:	First:	MI:	SSN:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	DOB:
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Enter Coverage Amount: \$ Yes, Smoker No, Non-Smoker

Have you smoked tobacco (cigarettes, cigars, pipe or chewing) within the past 12 months?

Spouse Non-Tobacco User Supplemental Life and AD&D Rates (Monthly)

Amount	<24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$5,000	\$0.48	\$0.48	\$0.53	\$0.53	\$0.81	\$1.14	\$1.67	\$3.00	\$4.85	\$8.74	\$17.86
\$10,000	\$0.95	\$0.95	\$1.05	\$1.05	\$1.62	\$2.28	\$3.33	\$5.99	\$9.69	\$17.48	\$35.72
\$15,000	\$1.43	\$1.43	\$1.58	\$1.58	\$2.43	\$3.42	\$5.00	\$8.99	\$14.54	\$26.22	\$53.58
\$20,000	\$1.90	\$1.90	\$2.10	\$2.10	\$3.24	\$4.56	\$6.66	\$11.98	\$19.38	\$34.96	\$71.44
\$25,000	\$2.38	\$2.38	\$2.63	\$2.63	\$4.05	\$5.70	\$8.33	\$14.98	\$24.23	\$43.70	\$89.30
\$30,000*	\$2.85	\$2.85	\$3.15	\$3.15	\$4.86	\$6.84	\$9.99	\$17.97	\$29.07	\$52.44	\$107.16
\$35,000*	\$3.33	\$3.33	\$3.68	\$3.68	\$5.67	\$7.98	\$11.66	\$20.97	\$33.92	\$61.18	\$125.02
\$40,000*	\$3.80	\$3.80	\$4.20	\$4.20	\$6.48	\$9.12	\$13.32	\$23.96	\$38.76	\$69.92	\$142.88
\$45,000*	\$4.28	\$4.28	\$4.73	\$4.73	\$7.29	\$10.26	\$14.99	\$26.96	\$43.61	\$78.66	\$160.74
\$50,000*	\$4.75	\$4.75	\$5.25	\$5.25	\$8.10	\$11.40	\$16.65	\$29.95	\$48.45	\$87.40	\$178.60
\$55,000*	\$5.23	\$5.23	\$5.78	\$5.78	\$8.91	\$12.54	\$18.32	\$32.95	\$53.30	\$96.14	\$196.46
\$60,000*	\$5.70	\$5.70	\$6.30	\$6.30	\$9.72	\$13.68	\$19.98	\$35.94	\$58.14	\$104.88	\$214.32
\$65,000*	\$6.18	\$6.18	\$6.83	\$6.83	\$10.53	\$14.82	\$21.65	\$38.94	\$62.99	\$113.62	\$232.18
\$70,000*	\$6.65	\$6.65	\$7.35	\$7.35	\$11.34	\$15.96	\$23.31	\$41.93	\$67.83	\$122.36	\$250.04
\$75,000*	\$7.13	\$7.13	\$7.88	\$7.88	\$12.15	\$17.10	\$24.98	\$44.93	\$72.68	\$131.10	\$267.90
\$80,000*	\$7.60	\$7.60	\$8.40	\$8.40	\$12.96	\$18.24	\$26.64	\$47.92	\$77.52	\$139.84	\$285.76
\$85,000*	\$8.08	\$8.08	\$8.93	\$8.93	\$13.77	\$19.38	\$28.31	\$50.92	\$82.37	\$148.58	\$303.62
\$90,000*	\$8.55	\$8.55	\$9.45	\$9.45	\$14.58	\$20.52	\$29.97	\$53.91	\$87.21	\$157.32	\$321.48
\$95,000*	\$9.03	\$9.03	\$9.98	\$9.98	\$15.39	\$21.66	\$31.64	\$56.91	\$92.06	\$166.06	\$339.34
\$100,000*	\$9.50	\$9.50	\$10.50	\$10.50	\$16.20	\$22.80	\$33.30	\$59.90	\$96.90	\$174.80	\$357.20

Spouse Tobacco User Supplemental Life and AD&D Rates (Monthly)

Amount	<24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$5,000	\$0.57	\$0.57	\$0.62	\$0.95	\$1.57	\$2.43	\$3.76	\$6.04	\$8.79	\$14.02	\$25.70
\$10,000	\$1.14	\$1.14	\$1.24	\$1.90	\$3.14	\$4.85	\$7.51	\$12.07	\$17.58	\$28.03	\$51.40
\$15,000	\$1.71	\$1.71	\$1.86	\$2.85	\$4.71	\$7.28	\$11.27	\$18.11	\$26.37	\$42.05	\$77.10
\$20,000	\$2.28	\$2.28	\$2.48	\$3.80	\$6.28	\$9.70	\$15.02	\$24.14	\$35.16	\$56.06	\$102.80
\$25,000	\$2.85	\$2.85	\$3.10	\$4.75	\$7.85	\$12.13	\$18.78	\$30.18	\$43.95	\$70.08	\$128.50
\$30,000*	\$3.42	\$3.42	\$3.72	\$5.70	\$9.42	\$14.55	\$22.53	\$36.21	\$52.74	\$84.09	\$154.20
\$35,000*	\$3.99	\$3.99	\$4.34	\$6.65	\$10.99	\$16.98	\$26.29	\$42.25	\$61.53	\$98.11	\$179.90
\$40,000*	\$4.56	\$4.56	\$4.96	\$7.60	\$12.56	\$19.40	\$30.04	\$48.28	\$70.32	\$112.12	\$205.60
\$45,000*	\$5.13	\$5.13	\$5.58	\$8.55	\$14.13	\$21.83	\$33.80	\$54.32	\$79.11	\$126.14	\$231.30
\$50,000*	\$5.70	\$5.70	\$6.20	\$9.50	\$15.70	\$24.25	\$37.55	\$60.35	\$87.90	\$140.15	\$257.00
\$55,000*	\$6.27	\$6.27	\$6.82	\$10.45	\$17.27	\$26.68	\$41.31	\$66.39	\$96.69	\$154.17	\$282.70
\$60,000*	\$6.84	\$6.84	\$7.44	\$11.40	\$18.84	\$29.10	\$45.06	\$72.42	\$105.48	\$168.18	\$308.40
\$65,000*	\$7.41	\$7.41	\$8.06	\$12.35	\$20.41	\$31.53	\$48.82	\$78.46	\$114.27	\$182.20	\$334.10
\$70,000*	\$7.98	\$7.98	\$8.68	\$13.30	\$21.98	\$33.95	\$52.57	\$84.49	\$123.06	\$196.21	\$359.80
\$75,000*	\$8.55	\$8.55	\$9.30	\$14.25	\$23.55	\$36.38	\$56.33	\$90.53	\$131.85	\$210.23	\$385.50
\$80,000*	\$9.12	\$9.12	\$9.92	\$15.20	\$25.12	\$38.80	\$60.08	\$96.56	\$140.64	\$224.24	\$411.20
\$85,000*	\$9.69	\$9.69	\$10.54	\$16.15	\$26.69	\$41.23	\$63.84	\$102.60	\$149.43	\$238.26	\$436.90
\$90,000*	\$10.26	\$10.26	\$11.16	\$17.10	\$28.26	\$43.65	\$67.59	\$108.63	\$158.22	\$252.27	\$462.60
\$95,000*	\$10.83	\$10.83	\$11.78	\$18.05	\$29.83	\$46.08	\$71.35	\$114.67	\$167.01	\$266.29	\$488.30
\$100,000*	\$11.40	\$11.40	\$12.40	\$19.00	\$31.40	\$48.50	\$75.10	\$120.70	\$175.80	\$280.30	\$514.00

*Requires Evidence of Insurability.

Section IV – Child/Children Information:

Last:	First:	MI:	SSN:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	DOB:
Last:	First:	MI:	SSN:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	DOB:
Last:	First:	MI:	SSN:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	DOB:
Last:	First:	MI:	SSN:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	DOB:

Enter Coverage Amount: \$ The coverage amount you select will cover each child.

Child Supplemental Life and AD&D Rates (Monthly)

Amount	Child Rate
\$5,000	\$1.05
\$10,000	\$2.09

Signature required when adding dependents.

Employee Signature: _____ Date: _____