



Summary of Benefits

Coverages are issued by The Prudential Insurance Company of America.

This rate sheet replaces the one sent to you in your Prudential Enrollment Kit. Please use this to calculate the Supplemental Life Rates. Please note that the cost in the box on the personalized letters is not the per paycheck cost, but the MONTHLY cost.

COVERAGE AMOUNTS

Member Supplemental Term Life Insurance

- Coverage is available to you in increments of \$10,000, up to \$500,000 (but not more than six times your basic annual earnings).
- During the annual enrollment period, you may:
 - Enroll for or increase your coverage amount **up to two times your basic annual earnings** (not to exceed \$150,000), without answering health questions.
 - Enroll for or increase your coverage amount **up to six times your basic annual earnings** (not to exceed \$500,000), by answering five, simple health questions.

Spouse Dependent Term Life Insurance

- During the annual enrollment period, coverage is available for your spouse in increments of \$10,000, up to \$40,000.
 - Your spouse can enroll for \$10,000 without answering health questions.
 - Your spouse can enroll for \$20,000 to \$40,000, by answering five, simple health questions.

Children Dependent Term Life Insurance

- Coverage has one premium that covers all eligible children. Coverage is available to your children from 15 days after live birth to age 23 (provided the child is dependent on you for maintenance and support). You do not need to answer any health questions for this coverage.
- The coverage amount is \$7,000 per child.

VALUABLE PLAN FEATURES

Accelerated Benefit Option

If you are terminally ill, you can get a partial payment of your group life insurance benefit. You can use this payment as you see fit. The payment to your beneficiary will be reduced by the amount you receive with the Accelerated Benefit Option.

Portability of Group Insurance Coverage

Upon termination of employment, you may continue a certain level of your coverage, without having to provide proof of good health.

Benefits, provisions, and exclusions may vary by state. Refer to the Booklet-Certificate for details. Coverage will end on your termination of employment or as specified in the Booklet-Certificate. Insurance may be ported or converted to an individual life insurance policy issued by The Prudential Insurance Company of America.

For your coverage to become effective, you must be actively at work during the enrollment period and on the effective date of the plan. If you apply for an amount that requires proof of good health satisfactory to Prudential, you must be actively at work on the date of approval to be covered for the amount requiring proof of good health satisfactory to Prudential. If your spouse or dependent children are confined for medical treatment at home or elsewhere on the effective date of coverage, coverage will begin when confinement ends.

Rate Chart—Union Benefits Trust

Coverages are issued by The Prudential Insurance Company of America.
Rates are effective on July 1, 2008.

MEMBER SUPPLEMENTAL TERM LIFE* AND SPOUSE DEPENDENT TERM LIFE*

Age	Monthly Cost of Insurance	
	Tobacco User	Non-Tobacco User
Initial rates are based on age as of effective date of your coverage. Spouse rate is based on spouse's age. Rates will change based on the following age schedule.	Rates per \$10,000 of Coverage	
Under 30	\$0.78	\$0.59
30-34	\$0.78	\$0.72
35-39	\$1.14	\$0.82
40-44	\$1.76	\$1.30
45-49	\$2.92	\$2.01
50-54	\$4.50	\$3.13
55-59	\$6.69	\$5.02
60-64	\$10.26	\$7.61
65-69	\$18.41	\$12.36
70+	\$32.95	\$20.94

CHILD DEPENDENT TERM LIFE* (REGARDLESS OF THE NUMBER OF CHILDREN)

Coverage Amount per Child	Monthly Cost of Insurance per Member	
\$7,000	\$0.99	
Steps to Determine Cost of Insurance	Member Supplemental Term Life	Spouse Dependent Term Life
1. Select your desired amount of coverage.	\$ _____	\$ _____
2. Divide the amount in Step 1 by 10,000.	\$ _____ divided by 10,000 = \$ _____	\$ _____ divided by 10,000 = \$ _____
3. Multiply the amount in Step 2 by the age rate for the appropriate tobacco user status.	\$ _____ multiplied \$ _____ = \$ _____ This is your Monthly cost for Member Supplemental Term Life coverage.	\$ _____ multiplied \$ _____ = \$ _____ This is your Monthly cost for Spouse Dependent Term Life coverage.

*This is supplemental coverage and the entire cost of coverage is member paid.

Cost of insurance for all coverages, which are deducted from your paycheck, may increase or decrease in the future. All provisions that apply to these coverages are governed by the Booklet-Certificate.

Group Term Life coverages are issued by The Prudential Insurance Company of America, 751 Broad Street, Newark, NJ 07102. This brochure is intended to be a summary of your benefits and does not include all plan provisions, exclusions, and limitations. Please refer to the Booklet-Certificate, which is made a part of the Group Contract, for all plan details, including any exclusions, limitations, and restrictions which may apply. If there is a discrepancy between this document and the Booklet-Certificate/Group Contract issued by The Prudential Insurance Company of America, the terms of the Booklet-Certificate/Group Contract will govern. Contract provisions may vary by state. (Contract Series: 83500)

The Prudential Insurance Company of America, 751 Broad Street, Newark, NJ 07102. Life Plan Management: 800-778-3827.

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