

# NEA Group Term Life Insurance Plan

Issued by The Prudential Insurance Company of America, Newark, NJ.

The Booklet-Certificate contains all details including any policy exclusions, limitations and restrictions which may apply. Contract Series 83500.

## \$300,000 Coverage

Member Age	Monthly		Quarterly		Semi-annually		Annually	
	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker
<b>Under 25</b>	\$17.86	\$13.41	\$53.56	\$40.27	\$105.14	\$78.75	\$206.00	\$154.00
<b>25-29</b>	\$16.49	\$11.01	\$49.47	\$33.11	\$97.02	\$64.54	\$190.00	\$126.00
<b>30-34</b>	\$20.51	\$11.44	\$61.49	\$34.39	\$120.87	\$67.08	\$237.00	\$131.00
<b>35-39</b>	\$28.05	\$13.83	\$83.98	\$41.55	\$165.53	\$81.28	\$325.00	\$159.00
<b>40-44</b>	\$43.55	\$19.31	\$130.25	\$57.91	\$257.38	\$113.76	\$506.00	\$223.00
<b>45-49</b>	\$73.52	\$29.25	\$219.73	\$87.56	\$435.00	\$172.63	\$856.00	\$339.00
<b>50-54</b>	\$124.99	\$44.92	\$373.36	\$134.34	\$739.99	\$265.50	\$1,457.00	\$522.00
<b>55-59</b>	\$207.03	\$68.73	\$618.27	\$205.41	\$1,226.16	\$406.58	\$2,415.00	\$800.00
<b>60-64</b>	\$340.37	\$110.43	\$1,016.30	\$329.91	\$2,016.31	\$653.72	\$3,972.00	\$1,287.00
<b>65-69</b>	\$541.96	\$185.20	\$1,618.07	\$553.08	\$3,210.92	\$1,096.75	\$6,326.00	\$2,160.00
<b>70-74*</b>	\$418.47	\$163.87	\$1,249.44	\$489.42	\$2,479.13	\$970.39	\$4,884.00	\$1,911.00
<b>75-79*</b>	\$125.08	\$59.14	\$373.62	\$176.78	\$740.50	\$349.74	\$1,458.00	\$688.00
<b>80-84*</b>	\$186.14	\$104.61	\$555.89	\$312.52	\$1,102.34	\$619.21	\$2,171.00	\$1,219.00
<b>85+*</b>	\$502.74	\$351.25	\$1,500.99	\$1,048.76	\$2,978.49	\$2,080.76	\$5,868.00	\$4,099.00

Rates are effective November 1, 2009 for all requests for coverage received or approved after that date.

\* At age 70 your benefit reduces to 50% of the initial coverage amount. The rates shown above are for these reduced amounts.  
At age 75 your benefit reduces to 10% of the initial coverage amount.

Rate based on age of member at each payment date. Payment and/or coverage will change as member enters a higher age category.  
Also rates may change if plan experience requires a change for all insureds.

## NEA Group Term Life Insurance Plan

### \$300,000 Coverage

Spouse Age	Monthly		Quarterly		Semi-annually		Annually	
	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker
<b>Under 25</b>	\$17.56	\$14.39	\$52.41	\$42.95	\$104.03	\$85.26	\$205.00	\$168.00
<b>25-29</b>	\$15.76	\$10.79	\$47.04	\$32.21	\$93.38	\$63.94	\$184.00	\$126.00
<b>30-34</b>	\$18.16	\$10.11	\$54.20	\$30.17	\$107.59	\$59.88	\$212.00	\$118.00
<b>35-39</b>	\$24.75	\$11.99	\$73.88	\$35.79	\$146.66	\$71.05	\$289.00	\$140.00
<b>40-44</b>	\$38.28	\$16.70	\$114.27	\$49.85	\$226.84	\$98.96	\$447.00	\$195.00
<b>45-49</b>	\$64.83	\$25.43	\$193.52	\$75.92	\$384.16	\$150.72	\$757.00	\$297.00
<b>50-54</b>	\$108.50	\$39.14	\$323.89	\$116.83	\$642.98	\$231.92	\$1,267.00	\$457.00
<b>55-59</b>	\$176.33	\$59.86	\$526.36	\$178.69	\$1,044.90	\$354.73	\$2,059.00	\$699.00
<b>60-64</b>	\$282.35	\$94.29	\$842.84	\$281.46	\$1,673.16	\$558.74	\$3,297.00	\$1,101.00
<b>65-69</b>	\$455.34	\$160.74	\$1,359.23	\$479.83	\$2,698.28	\$952.54	\$5,317.00	\$1,877.00
<b>70-74*</b>	\$356.60	\$142.50	\$1,064.48	\$425.38	\$2,113.15	\$844.45	\$4,164.00	\$1,664.00
<b>75-79*</b>	\$107.90	\$51.13	\$322.10	\$152.62	\$639.43	\$302.97	\$1,260.00	\$597.00
<b>80-84*</b>	\$161.51	\$90.26	\$482.13	\$269.44	\$957.11	\$534.88	\$1,886.00	\$1,054.00
<b>85+*</b>	\$425.71	\$297.25	\$1,270.78	\$887.32	\$2,522.69	\$1,761.47	\$4,971.00	\$3,471.00

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\* At age 70 your benefit reduces to 50% of the initial coverage amount. The rates shown above are for these reduced amounts.  
At age 75 your benefit reduces to 10% of the initial coverage amount.

Rate based on age of spouse at each payment date. Payment and/or coverage will change as spouse enters a higher age category.  
Also rates may change if plan experience requires a change for all insureds.

## NEA Group Term Life Insurance Plan

### Waiver of Premium

WAIVER	Monthly		Quarterly		Semi-annually		Annually	
Age	Member	Spouse	Member	Spouse	Member	Spouse	Member	Spouse
<b>Under 25</b>	\$1.80	\$1.80	\$5.37	\$5.37	\$10.66	\$10.66	\$21.00	\$21.00
<b>25-29</b>	\$1.80	\$1.80	\$5.37	\$5.37	\$10.66	\$10.66	\$21.00	\$21.00
<b>30-34</b>	\$2.91	\$2.91	\$8.69	\$8.69	\$17.25	\$17.25	\$34.00	\$34.00
<b>35-39</b>	\$5.57	\$5.57	\$16.62	\$16.62	\$32.99	\$32.99	\$65.00	\$65.00
<b>40-44</b>	\$9.08	\$9.08	\$27.10	\$27.10	\$53.79	\$53.79	\$106.00	\$106.00
<b>45-49</b>	\$18.24	\$18.24	\$54.45	\$54.45	\$108.09	\$108.09	\$213.00	\$213.00
<b>50-54</b>	\$29.80	\$29.80	\$88.96	\$88.96	\$176.60	\$176.60	\$348.00	\$348.00
<b>55-59</b>	\$66.80	\$66.80	\$199.40	\$199.40	\$395.83	\$395.83	\$780.00	\$780.00
<b>60-64</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>65-69</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>70+</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Rates are effective November 1, 2009 for all requests for coverage received or approved after that date.

The waiver of premium option is available to members under the age of 55.

Members must apply for the disability waiver of premium in order for the spouse or domestic partner to apply.

### \$10,000

	Monthly	Quarterly	Semi-annually	Annually
<b>Children</b>	\$.94	\$2.81	\$5.58	\$11.00

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**For other rate options call 1-800-637-4636. Mon. – Fri., 8 a.m. to 8 p.m. (or Saturday 9 a.m. to 1 p.m.) ET**