

Memorial University

Bi-weekly Group Benefit Rates
Effective April 1, 2025
(subject to change, annually)

	<u>Employee Deduction</u>	<u>University Contribution</u>
<u>Life Insurance</u>		
1x salary to age 68 (minimum coverage of \$70,000)	\$0.012 per \$1,000	\$0.060 per \$1,000
\$7,000 coverage from age 68-72	\$0.09	\$0.42
Optional (Employee Only)*	\$0.86 per \$10,000	-
<u>Dependent Group Life</u>	\$0.11	\$0.34
<u>Accidental Death & Dismemberment</u>		
Basic (\$35,000)		\$0.20
Optional	\$0.057 per \$10,000	
Voluntary - Single	\$0.067 per \$10,000	
Voluntary - Family	\$0.114 per \$10,000	
<u>Health</u>		
Single	\$10.12	\$46.11
Family	\$30.10	\$137.14
<u>Dental</u>		
Single	\$10.05	\$15.07
Family	\$18.39	\$27.58
<u>Travel</u>		
Single	\$0.70	\$3.19
Family	\$1.21	\$5.51
<u>Long Term Disability</u>	\$0.0247 times bi-weekly salary to a maximum of \$133.34	

**Evidence of Insurability, satisfactory to the insurer, shall be required for all amounts of Optional Life and Optional AD&D if application is not made within 45 days after employment commences.*

Optional Spousal & Dependent Child (100% Employee Paid)

Spousal

Bi-weekly Premiums (Units of \$10,000 to a maximum of \$200,000)

Age Band:	Smoker (\$)	Non-Smoker(\$)
20-29	\$0.26	\$0.16
30-34	\$0.34	\$0.19
35-39	\$0.50	\$0.25
40-44	\$0.73	\$0.41
45-49	\$1.26	\$0.63
50-54	\$1.93	\$1.09
55-59	\$3.36	\$1.85
60-64	\$5.13	\$2.89
65-68	\$7.67	\$4.36

Dependent Child

\$10,000 - \$0.18 per child per pay day