

**SUPPLEMENTAL LIFE WORKSHEET**

**How much coverage do I need?**

Listing the following information can help determine the amount of life insurance coverage you or your family members may need:

<b>Life Insurance Coverage Currently In-force:</b>	<b>Employee</b>	<b>Spouse</b>
Basic Group Life Insurance	_____	_____
Individual Life Insurance	_____	_____
Total Life Insurance Coverage	_____	_____

**Current Obligations:**

Funds necessary to provide for living expenses upon death of spouse	_____	_____
Mortgage Loan Balance	_____	_____
Automobile Loan Balance(s)	_____	_____
Credit Card Balance(s)	_____	_____
Other Loan Balance(s)	_____	_____
Education Fund	_____	_____
Emergency Fund	_____	_____
Funeral Expenses	_____	_____
<b>TOTAL NEEDS</b>	_____	_____

**Subtract Your Obligations from your Current Insurance Coverage In-force (from above):** \_\_\_\_\_

**Your Insurance Needs Are:** \_\_\_\_\_

**YOUR PREMIUM CALCULATION**

Coverage Option	Monthly Premium (per \$1,000 of coverage – from rate table above)	x	Selected Coverage Amount	=	Total Monthly Premium
Life – Employee	\$ _____	x	\$ _____	=	\$ _____
<b>TOTAL</b>				<b>=</b>	<b>\$ _____</b>

This Premium Cost Chart is for illustrative purposes only. The policy has exclusions, limitations, and reduction of benefits and/or terms under which the policy may be continued or discontinued. The policy may be cancelled by the insurer at any time. The insurer reserves the right to change premium rates, but not more than once in a 12-month period. Product features and availability vary by state and company, and are solely the responsibility of each affiliate. Refer to your certificate for complete details and limitations of coverage. (For internal use only: FDL Policy number FDL-510-107)

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