

YOUR ENROLLMENT KIT

GROUP INSURANCE

**Basic Term Life Insurance
Accidental Death & Dismemberment Insurance
Optional Term Life Insurance
Dependent Term Life Insurance
Long Term Disability Insurance**

Issued by The Prudential Insurance Company of America

Colby-Sawyer College

Help Protect the Most Important People in Your Life...

Life is full of pleasant surprises and, at the same time, life holds many uncertainties. It's easier to plan for happy events you know will occur, such as buying a home, paying for a wedding or saving for college tuition costs. It's more difficult to plan for the unexpected — a serious accident or death.

For these times, it's important that you have enough life insurance coverage for you and your family. Your current life insurance plans may not offer enough protection.

Together with your employer, The Prudential Insurance Company of America offers you the opportunity to purchase additional term life insurance which can help further safeguard your earnings and cover your financial obligations in the event of your death.

...by participating in our voluntary group term life plans.

- ✓ **Choice of Coverage** – Our plan offers you the opportunity to obtain additional life insurance protection and to choose the level of coverage that's right for you.
- ✓ **Guaranteed Coverage** – You can obtain coverage under most of our plans without providing any medical information when you enroll within a specified period.
- ✓ **Economical Group Rates** – Our plan is available to you at group rates, which are competitive with individual rates.
- ✓ **Convenient Payroll Deduction** – Your premium contributions are deducted from your paycheck, so there's no check writing or mail delays.
- ✓ **Coverage Conversion** – If your employment ends, your coverage may be converted to an individual life insurance policy issued by The Prudential Insurance Company of America.
- ✓ **Peace of Mind** – Having a plan for the unexpected can give both you and your family peace of mind.

Please review the information in this kit so you can make an informed decision about participating in this program.

Basic Term Life Insurance and AD&D

100% Employer Paid

Employee Coverage

- ◆ Basic Term Life: you are automatically enrolled for one times your covered annual earnings to \$200,000.
- ◆ AD&D: you are automatically enrolled for one times your covered annual earnings to \$200,000.

Benefits are paid at certain percentages of your coverage amount for specific accidental losses, as indicated in the chart below. Not more than 100% of your coverage amount is payable for all losses due to the same accident.

Life	100%	Paraplegia	75%
Sight in both eyes	100%	Hemiplegia	50%
Both hands or both feet	100%	One hand or one foot	50%
One hand & one foot	100%	Sight in one eye	50%
Sight in one eye & one hand or one foot	100%	Speech	50%
Speech & hearing in both ears	100%	Hearing in both ears	50%
Quadriplegia	100%	Thumb & index finger on the same hand	25%

Seat Belt Benefit - The plan pays an additional benefit of 10% of your coverage amount, up to a maximum of \$10,000.

Air Bag Benefit - The plan pays an additional benefit of 10% of your coverage amount, up to a maximum of \$10,000.

- ◆ 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.
- ◆ Payouts to your beneficiaries are deposited into a Prudential Alliance Account®, a personalized, interest-bearing account, under the beneficiary's name. The payout earns interest from the date the account is opened and the beneficiary can transfer or withdraw funds at any time.
- ◆ Payment of premium can be waived if you are totally disabled for 9 months, you are less than 60 years old when the disability begins, and you continue to be totally disabled. This waiver terminates at age 65.
- ◆ The amount of insurance reduces 50% at age 70.
- ◆ Coverage will end on your termination of employment or as specified in the plan booklet. You may convert your insurance to an individual life insurance policy insured by The Prudential Insurance Company of America.
- ◆ AD&D exclusions - A loss is not covered if it results from suicide or attempted suicide; intentionally self-inflicted injuries or an attempt at same; sickness; medical or surgical treatment of sickness; certain bacterial or viral infections (unless the infection was the result of an accidental injury or bacterial infection which results from the accidental ingestion of contaminated substances); act of war; certain full-time military duty; commission of, or attempt to commit a felony; legal intoxication or drug use; certain hazardous sports; injury rising out of, or in the course of, any work for wage or profit (this exclusion only applies with non-occupational plans); certain travel or flight in a vehicle used for aerial navigation.

Benefits, provisions and exclusions may vary by state. Refer to the plan booklet for details.

Optional Term Life Insurance

100% Employee Paid

Employee Coverage

- ◆ Coverage is available in increments of \$25,000 to \$500,000, not to exceed five times your covered annual earnings.
- ◆ You can select to enroll for up to \$200,000 without providing evidence of insurability satisfactory to The Prudential Insurance Company of America, if you apply within 31 days of eligibility.
- ◆ **Late Entrants:** Evidence of insurability satisfactory to The Prudential Insurance Company of America is required for all coverage amounts.
- ◆ 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.
- ◆ Payouts to your beneficiaries are deposited into Prudential Alliance Account®, a personalized, interest-bearing account, under the beneficiary's name. The payout earns interest from the date the account is opened and the beneficiary can transfer or withdraw funds at any time.
- ◆ Payment of premium can be waived if you are totally disabled for 9 months, you are less than 60 years old when the disability begins, and you continue to be totally disabled. This waiver terminates at age 65. This provision may vary by state.
- ◆ The amount of insurance reduces 50% at age 70.
- ◆ Coverage will end on your termination of employment or as specified in the plan booklet. You may convert your insurance to an individual life insurance policy issued by The Prudential Insurance Company of America or continue your group insurance through a portability provision.

Benefits, provisions and exclusions may vary by state. Refer to the plan booklet for details.

Prudential's Alliance Account is a registered trademark of The Prudential Insurance Company of America.

BISYS Information Solutions, L.P. is the Administrator of the Prudential Alliance Account Settlement Option, a contractual obligation of The Prudential Insurance Company of America, located at 751 Broad Street, Newark, NJ 07102-3777. Check clearing is provided by Bank One and processing support is provided by Integrated Payment Systems, Inc. Alliance Account balances are not insured by the Federal Deposit Insurance Corporation (FDIC). BISYS Information Solutions, L.P., Bank One, and Integrated Payment Systems, Inc. are not Prudential Financial companies.

Spouse or Qualified Domestic Partner Coverage

- ◆ Coverage is available for your spouse or qualified domestic partner in increments of \$10,000 to \$250,000, not to exceed 50% of your Optional Term Life coverage amount.
- ◆ You may select to enroll your spouse or qualified domestic partner for up to \$20,000, without providing evidence of insurability satisfactory to The Prudential Insurance Company of America, if you enroll your spouse or qualified domestic partner within 31 days of eligibility.
- ◆ **Late Entrants:** Evidence of insurability satisfactory to The Prudential Insurance Company of America is required for all coverage amounts.
- ◆ If your spouse or qualified domestic partner is confined for medical care or treatment at home or elsewhere, coverage will begin when confinement ends.
- ◆ The amount of insurance reduces 50% at age 70.
- ◆ Coverage will end on your termination of employment or as specified in the plan booklet. Insurance may be converted to an individual life insurance policy issued by The Prudential Insurance Company of America or continue your spouse or qualified domestic partner's group insurance through a portability provision.

Child(ren) Coverage

- ◆ Dependent Term Life coverage has one premium rate that covers all eligible children.
- ◆ Coverage is available for all your children from 14 days after live birth in increments of \$2,000 to \$10,000, not to exceed 50% of your Optional Term Life coverage amount.
- ◆ No evidence of insurability satisfactory to The Prudential Insurance Company of America is required.
- ◆ If your dependent children are confined for medical care or treatment at home or elsewhere, coverage will begin when confinement ends.
- ◆ Coverage begins from 14 days after live birth and continues to age 19, if unmarried. If the child is unmarried, dependent on you and a full-time student, coverage continues to age 25.
- ◆ Coverage will end on your termination of employment or as specified in the plan booklet. Insurance may be converted to an individual life insurance policy issued by The Prudential Insurance Company of America or continue your child(ren)'s group insurance through a portability provision.

Benefits, provisions and exclusions may vary by state. Refer to the plan booklet for details.

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 satisfactory evidence of insurability to The Prudential Insurance Company of America, you must be actively at work on the date of approval for the amount requiring satisfactory evidence of insurability. Refer to the plan booklet for details.

Long Term Disability (LTD)

100% Employer Paid

- ◆ Your benefits will begin 180 days following an accidental injury or sickness.
- ◆ Your monthly LTD benefits will be 60% of your monthly earnings, up to the maximum of \$8,500, less deductible sources of income. The minimum monthly benefit is the lesser of 10% of your gross monthly benefit or \$100.
- ◆ Benefits from statutory plans, Social Security to you and your dependents, workers' compensation, and other sources are deductible sources of income.
- ◆ The benefit duration is up to your normal retirement age under the Social Security Act. However, if you become disabled at or after age 65, benefits are payable according to an age-based schedule.
- ◆ You are considered disabled when, because of injury or sickness, you are unable to perform the material and substantial duties of your regular occupation, you are under the regular care of a doctor and your disability results in a loss of income of at least 20%. After receiving benefits for 24 months, you are considered disabled when, due to the same sickness or injury, you are unable to perform the material and substantial duties of any gainful occupation for which you are reasonably fitted by education, training or experience, and the disability results in a loss of income of a specified percentage determined by your plan.
- ◆ Your monthly benefit will not be reduced, during the first 12 months of disability payments, as long as your earnings plus the gross disability benefit does not exceed 100% of pre-disability monthly earnings.
- ◆ Our rehabilitation specialists work with doctors and other specialists to help you return to work. Benefits may be payable for vocational evaluation and retraining for a new occupation. If you are no longer able to perform your occupation, we may help you with job placement services, resume preparation and relocation services. Your participation in this rehabilitation program is required and could affect payment of benefits.
- ◆ The Prudential Insurance Company of America will send a rehabilitation payment for up to 6 months while you are receiving long term disability benefits under the plan.
 - Enhanced Rehabilitation Benefit: An additional monthly benefit equal to 5% of the monthly benefit payment.
 - Spouse and Elder Care Benefit: An additional \$500 per month to help cover the cost of care for chronically ill or disabled spouses, or certain family members.
 - Day Care Benefit: An additional \$500 per month per eligible child to help cover the cost of day care expenses.
- ◆ Disabilities due to mental illness are limited to 24 months of benefits during your lifetime. Examples of mental illness include schizophrenia, depression, manic depressive or bipolar illness, anxiety, somatization, substance related disorders (including drug and alcohol abuse), and/or adjustment disorders.
- ◆ The survivor benefit is three times your gross disability payment, in the event of your death and it is payable to your spouse or children under age 25.
- ◆ LTD exclusions - You are not covered for a disability caused by war or any act of war, declared or undeclared, an intentionally self-inflicted injury, active participation in a riot, and commission of a crime for which you have been convicted. Benefits are not payable for any period of incarceration as a result of a conviction. **LTD benefits will not be paid for a disability that begins during the first 12 months of coverage and is due to a pre-existing condition. A pre-existing condition is an injury or sickness for which you received medical treatment, consultation, diagnostic measures, or prescribed drugs or medicines or followed treatment recommendations during the three months prior to your effective date of coverage. This provision also applies if you did not consult a physician when an ordinarily prudent person would have.**

Benefits, provisions and exclusions may vary by state. Refer to the plan booklet for details. For your coverage to become effective, you must be actively at work during the enrollment period and on the effective date of the plan. Refer to the plan booklet for details.

RATE SHEET

Colby-Sawyer College

Issued by The Prudential Insurance Company of America
Rates Effective: June 1, 2006

EMPLOYEE - OPTIONAL TERM LIFE

(Coverage is available in increments of \$25,000 to \$500,000, not to exceed five times your covered annual earnings. Refer to the Optional Term Life section for evidence of insurability details. Initial rates based on age as of effective date of your coverage. Rates will change based on the following age schedule. The gray shaded column represents the maximum coverage amount you may select without providing evidence of insurability, if you enroll within your eligibility period.)

Cost per Coverage Amount based on 26 pay periods (Biweekly)

Age	\$25,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000	\$200,000	\$225,000	\$250,000
< 25	\$0.59	\$1.18	\$1.77	\$2.35	\$2.94	\$3.53	\$4.12	\$4.71	\$5.30	\$5.88
25-29	\$0.70	\$1.41	\$2.11	\$2.82	\$3.52	\$4.22	\$4.93	\$5.63	\$6.33	\$7.04
30-34	\$0.93	\$1.87	\$2.80	\$3.74	\$4.67	\$5.61	\$6.54	\$7.48	\$8.41	\$9.35
35-39	\$1.05	\$2.10	\$3.15	\$4.20	\$5.25	\$6.30	\$7.35	\$8.40	\$9.45	\$10.50
40-44	\$1.17	\$2.33	\$3.50	\$4.66	\$5.83	\$6.99	\$8.16	\$9.32	\$10.49	\$11.65
45-49	\$1.75	\$3.51	\$5.26	\$7.02	\$8.77	\$10.52	\$12.28	\$14.03	\$15.78	\$17.54
50-54	\$2.69	\$5.38	\$8.07	\$10.75	\$13.44	\$16.13	\$18.82	\$21.51	\$24.20	\$26.88
55-59	\$5.02	\$10.04	\$15.06	\$20.08	\$25.10	\$30.12	\$35.13	\$40.15	\$45.17	\$50.19
60-64	\$7.71	\$15.42	\$23.12	\$30.83	\$38.54	\$46.25	\$53.95	\$61.66	\$69.37	\$77.08
65-69	\$14.83	\$29.65	\$44.48	\$59.31	\$74.13	\$88.96	\$103.79	\$118.62	\$133.44	\$148.27
70+	\$24.05	\$48.09	\$72.14	\$96.18	\$120.23	\$144.28	\$168.32	\$192.37	\$216.42	\$240.46

Age	\$275,000	\$300,000	\$325,000	\$350,000	\$375,000	\$400,000	\$425,000	\$450,000	\$475,000	\$500,000
< 25	\$6.47	\$7.06	\$7.65	\$8.24	\$8.83	\$9.42	\$10.00	\$10.59	\$11.18	\$11.77
25-29	\$7.74	\$8.45	\$9.15	\$9.85	\$10.56	\$11.26	\$11.97	\$12.67	\$13.37	\$14.08
30-34	\$10.28	\$11.22	\$12.15	\$13.08	\$14.02	\$14.95	\$15.89	\$16.82	\$17.76	\$18.69
35-39	\$11.55	\$12.60	\$13.65	\$14.70	\$15.75	\$16.80	\$17.85	\$18.90	\$19.95	\$21.00
40-44	\$12.82	\$13.98	\$15.15	\$16.32	\$17.48	\$18.65	\$19.81	\$20.98	\$22.14	\$23.31
45-49	\$19.29	\$21.05	\$22.80	\$24.55	\$26.31	\$28.06	\$29.82	\$31.57	\$33.32	\$35.08
50-54	\$29.57	\$32.26	\$34.95	\$37.64	\$40.33	\$43.02	\$45.70	\$48.39	\$51.08	\$53.77
55-59	\$55.21	\$60.23	\$65.25	\$70.27	\$75.29	\$80.31	\$85.33	\$90.35	\$95.37	\$100.38
60-64	\$84.78	\$92.49	\$100.20	\$107.91	\$115.62	\$123.32	\$131.03	\$138.74	\$146.45	\$154.15
65-69	\$163.10	\$177.92	\$192.75	\$207.58	\$222.40	\$237.23	\$252.06	\$266.88	\$281.71	\$296.54
70+	\$264.51	\$288.55	\$312.60	\$336.65	\$360.69	\$384.74	\$408.78	\$432.83	\$456.88	\$480.92

Implementation of the insurance plans will depend on having a specific percentage of all eligible employees enrolling in the plans. If this percentage of enrollment level is not met, these coverages may not be effective.

Cost of insurance for all coverages, which are deducted from your paycheck, may increase or decrease in the future based upon the claims experience of participants. All provisions that apply to these coverages are governed by the Certificate. Rates may be subject to change.

RATE SHEET

Colby-Sawyer College

Issued by The Prudential Insurance Company of America

Rates Effective: June 1, 2006

EMPLOYEE - OPTIONAL TERM LIFE

Cost per Coverage Amount based on 18 pay periods

Age	\$25,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000	\$200,000	\$225,000	\$250,000
< 25	\$0.85	\$1.70	\$2.55	\$3.40	\$4.25	\$5.10	\$5.95	\$6.80	\$7.65	\$8.50
25-29	\$1.02	\$2.03	\$3.05	\$4.07	\$5.08	\$6.10	\$7.12	\$8.13	\$9.15	\$10.17
30-34	\$1.35	\$2.70	\$4.05	\$5.40	\$6.75	\$8.10	\$9.45	\$10.80	\$12.15	\$13.50
35-39	\$1.52	\$3.03	\$4.55	\$6.07	\$7.58	\$9.10	\$10.62	\$12.13	\$13.65	\$15.17
40-44	\$1.68	\$3.37	\$5.05	\$6.73	\$8.42	\$10.10	\$11.78	\$13.47	\$15.15	\$16.83
45-49	\$2.53	\$5.07	\$7.60	\$10.13	\$12.67	\$15.20	\$17.73	\$20.27	\$22.80	\$25.33
50-54	\$3.88	\$7.77	\$11.65	\$15.53	\$19.42	\$23.30	\$27.18	\$31.07	\$34.95	\$38.83
55-59	\$7.25	\$14.50	\$21.75	\$29.00	\$36.25	\$43.50	\$50.75	\$58.00	\$65.25	\$72.50
60-64	\$11.13	\$22.27	\$33.40	\$44.53	\$55.67	\$66.80	\$77.93	\$89.07	\$100.20	\$111.33
65-69	\$21.42	\$42.83	\$64.25	\$85.67	\$107.08	\$128.50	\$149.92	\$171.33	\$192.75	\$214.17
70+	\$34.73	\$69.47	\$104.20	\$138.93	\$173.67	\$208.40	\$243.13	\$277.87	\$312.60	\$347.33
Age	\$275,000	\$300,000	\$325,000	\$350,000	\$375,000	\$400,000	\$425,000	\$450,000	\$475,000	\$500,000
< 25	\$9.35	\$10.20	\$11.05	\$11.90	\$12.75	\$13.60	\$14.45	\$15.30	\$16.15	\$17.00
25-29	\$11.18	\$12.20	\$13.22	\$14.23	\$15.25	\$16.27	\$17.28	\$18.30	\$19.32	\$20.33
30-34	\$14.85	\$16.20	\$17.55	\$18.90	\$20.25	\$21.60	\$22.95	\$24.30	\$25.65	\$27.00
35-39	\$16.68	\$18.20	\$19.72	\$21.23	\$22.75	\$24.27	\$25.78	\$27.30	\$28.82	\$30.33
40-44	\$18.52	\$20.20	\$21.88	\$23.57	\$25.25	\$26.93	\$28.62	\$30.30	\$31.98	\$33.67
45-49	\$27.87	\$30.40	\$32.93	\$35.47	\$38.00	\$40.53	\$43.07	\$45.60	\$48.13	\$50.67
50-54	\$42.72	\$46.60	\$50.48	\$54.37	\$58.25	\$62.13	\$66.02	\$69.90	\$73.78	\$77.67
55-59	\$79.75	\$87.00	\$94.25	\$101.50	\$108.75	\$116.00	\$123.25	\$130.50	\$137.75	\$145.00
60-64	\$122.47	\$133.60	\$144.73	\$155.87	\$167.00	\$178.13	\$189.27	\$200.40	\$211.53	\$222.67
65-69	\$235.58	\$257.00	\$278.42	\$299.83	\$321.25	\$342.67	\$364.08	\$385.50	\$406.92	\$428.33
70+	\$382.07	\$416.80	\$451.53	\$486.27	\$521.00	\$555.73	\$590.47	\$625.20	\$659.93	\$694.67

Implementation of the insurance plans will depend on having a specific percentage of all eligible employees enrolling in the plans. If this percentage of enrollment level is not met, these coverages may not be effective.

Cost of insurance for all coverages, which are deducted from your paycheck, may increase or decrease in the future based upon the claims experience of participants. All provisions that apply to these coverages are governed by the Certificate. Rates may be subject to change.



RATE SHEET

Colby-Sawyer College

Issued by The Prudential Insurance Company of America

Rates Effective: June 1, 2006

SPOUSE OR QUALIFIED DOMESTIC PARTNER - DEPENDENT TERM LIFE**

(Coverage is available for your spouse or qualified domestic partner in increments of \$10,000 to \$250,000, not to exceed 50% of your Optional Term Life coverage amount. Refer to the Dependent Term Life section for evidence of insurability details. Initial spouse or qualified domestic partner rates are based on your (the employee) age as of the effective date of your coverage. Rates will change based on the following age schedule. The gray shaded column represents the maximum coverage amount you may select to enroll your spouse or qualified domestic partner without providing evidence of insurability, if you enroll your spouse or qualified domestic partner within your eligibility period.)

Cost per Coverage Amount based on 26 pay periods (Biweekly)

Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000	\$110,000	\$120,000	\$130,000
< 25	\$0.24	\$0.47	\$0.71	\$0.94	\$1.18	\$1.41	\$1.65	\$1.88	\$2.12	\$2.35	\$2.59	\$2.82	\$3.06
25-29	\$0.28	\$0.56	\$0.84	\$1.13	\$1.41	\$1.69	\$1.97	\$2.25	\$2.53	\$2.82	\$3.10	\$3.38	\$3.66
30-34	\$0.37	\$0.75	\$1.12	\$1.50	\$1.87	\$2.24	\$2.62	\$2.99	\$3.36	\$3.74	\$4.11	\$4.49	\$4.86
35-39	\$0.42	\$0.84	\$1.26	\$1.68	\$2.10	\$2.52	\$2.94	\$3.36	\$3.78	\$4.20	\$4.62	\$5.04	\$5.46
40-44	\$0.47	\$0.93	\$1.40	\$1.86	\$2.33	\$2.80	\$3.26	\$3.73	\$4.20	\$4.66	\$5.13	\$5.59	\$6.06
45-49	\$0.70	\$1.40	\$2.10	\$2.81	\$3.51	\$4.21	\$4.91	\$5.61	\$6.31	\$7.02	\$7.72	\$8.42	\$9.12
50-54	\$1.08	\$2.15	\$3.23	\$4.30	\$5.38	\$6.45	\$7.53	\$8.60	\$9.68	\$10.75	\$11.83	\$12.90	\$13.98
55-59	\$2.01	\$4.02	\$6.02	\$8.03	\$10.04	\$12.05	\$14.05	\$16.06	\$18.07	\$20.08	\$22.08	\$24.09	\$26.10
60-64	\$3.08	\$6.17	\$9.25	\$12.33	\$15.42	\$18.50	\$21.58	\$24.66	\$27.75	\$30.83	\$33.91	\$37.00	\$40.08
65-69	\$5.93	\$11.86	\$17.79	\$23.72	\$29.65	\$35.58	\$41.52	\$47.45	\$53.38	\$59.31	\$65.24	\$71.17	\$77.10
70+	\$9.62	\$19.24	\$28.86	\$38.47	\$48.09	\$57.71	\$67.33	\$76.95	\$86.57	\$96.18	\$105.80	\$115.42	\$125.04

Age	\$140,000	\$150,000	\$160,000	\$170,000	\$180,000	\$190,000	\$200,000	\$210,000	\$220,000	\$230,000	\$240,000	\$250,000
< 25	\$3.30	\$3.53	\$3.77	\$4.00	\$4.24	\$4.47	\$4.71	\$4.94	\$5.18	\$5.41	\$5.65	\$5.88
25-29	\$3.94	\$4.22	\$4.50	\$4.79	\$5.07	\$5.35	\$5.63	\$5.91	\$6.19	\$6.48	\$6.76	\$7.04
30-34	\$5.23	\$5.61	\$5.98	\$6.36	\$6.73	\$7.10	\$7.48	\$7.85	\$8.22	\$8.60	\$8.97	\$9.35
35-39	\$5.88	\$6.30	\$6.72	\$7.14	\$7.56	\$7.98	\$8.40	\$8.82	\$9.24	\$9.66	\$10.08	\$10.50
40-44	\$6.53	\$6.99	\$7.46	\$7.92	\$8.39	\$8.86	\$9.32	\$9.79	\$10.26	\$10.72	\$11.19	\$11.65
45-49	\$9.82	\$10.52	\$11.22	\$11.93	\$12.63	\$13.33	\$14.03	\$14.73	\$15.43	\$16.14	\$16.84	\$17.54
50-54	\$15.06	\$16.13	\$17.21	\$18.28	\$19.36	\$20.43	\$21.51	\$22.58	\$23.66	\$24.73	\$25.81	\$26.88
55-59	\$28.11	\$30.12	\$32.12	\$34.13	\$36.14	\$38.15	\$40.15	\$42.16	\$44.17	\$46.18	\$48.18	\$50.19
60-64	\$43.16	\$46.25	\$49.33	\$52.41	\$55.50	\$58.58	\$61.66	\$64.74	\$67.83	\$70.91	\$73.99	\$77.08
65-69	\$83.03	\$88.96	\$94.89	\$100.82	\$106.75	\$112.68	\$118.62	\$124.55	\$130.48	\$136.41	\$142.34	\$148.27
70+	\$134.66	\$144.28	\$153.90	\$163.51	\$173.13	\$182.75	\$192.37	\$201.99	\$211.61	\$221.22	\$230.84	\$240.46

****Spouse or qualified domestic partner rate is based on employee's date of birth.**

Implementation of the insurance plans will depend on having a specific percentage of all eligible employees enrolling in the plans. If this percentage of enrollment level is not met, these coverages may not be effective.

Cost of insurance for all coverages, which are deducted from your paycheck, may increase or decrease in the future based upon the claims experience of participants. All provisions that apply to these coverages are governed by the Certificate. Rates may be subject to change.

RATE SHEET

Colby-Sawyer College

Issued by The Prudential Insurance Company of America

Rates Effective: June 1, 2006

SPOUSE OR QUALIFIED DOMESTIC PARTNER - DEPENDENT TERM LIFE**

Cost per Coverage Amount based on 18 pay periods

Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000	\$110,000	\$120,000	\$130,000
< 25	\$0.34	\$0.68	\$1.02	\$1.36	\$1.70	\$2.04	\$2.38	\$2.72	\$3.06	\$3.40	\$3.74	\$4.08	\$4.42
25-29	\$0.41	\$0.81	\$1.22	\$1.63	\$2.03	\$2.44	\$2.85	\$3.25	\$3.66	\$4.07	\$4.47	\$4.88	\$5.29
30-34	\$0.54	\$1.08	\$1.62	\$2.16	\$2.70	\$3.24	\$3.78	\$4.32	\$4.86	\$5.40	\$5.94	\$6.48	\$7.02
35-39	\$0.61	\$1.21	\$1.82	\$2.43	\$3.03	\$3.64	\$4.25	\$4.85	\$5.46	\$6.07	\$6.67	\$7.28	\$7.89
40-44	\$0.67	\$1.35	\$2.02	\$2.69	\$3.37	\$4.04	\$4.71	\$5.39	\$6.06	\$6.73	\$7.41	\$8.08	\$8.75
45-49	\$1.01	\$2.03	\$3.04	\$4.05	\$5.07	\$6.08	\$7.09	\$8.11	\$9.12	\$10.13	\$11.15	\$12.16	\$13.17
50-54	\$1.55	\$3.11	\$4.66	\$6.21	\$7.77	\$9.32	\$10.87	\$12.43	\$13.98	\$15.53	\$17.09	\$18.64	\$20.19
55-59	\$2.90	\$5.80	\$8.70	\$11.60	\$14.50	\$17.40	\$20.30	\$23.20	\$26.10	\$29.00	\$31.90	\$34.80	\$37.70
60-64	\$4.45	\$8.91	\$13.36	\$17.81	\$22.27	\$26.72	\$31.17	\$35.63	\$40.08	\$44.53	\$48.99	\$53.44	\$57.89
65-69	\$8.57	\$17.13	\$25.70	\$34.27	\$42.83	\$51.40	\$59.97	\$68.53	\$77.10	\$85.67	\$94.23	\$102.80	\$111.37
70+	\$13.89	\$27.79	\$41.68	\$55.57	\$69.47	\$83.36	\$97.25	\$111.15	\$125.04	\$138.93	\$152.83	\$166.72	\$180.61

Age	\$140,000	\$150,000	\$160,000	\$170,000	\$180,000	\$190,000	\$200,000	\$210,000	\$220,000	\$230,000	\$240,000	\$250,000
< 25	\$4.76	\$5.10	\$5.44	\$5.78	\$6.12	\$6.46	\$6.80	\$7.14	\$7.48	\$7.82	\$8.16	\$8.50
25-29	\$5.69	\$6.10	\$6.51	\$6.91	\$7.32	\$7.73	\$8.13	\$8.54	\$8.95	\$9.35	\$9.76	\$10.17
30-34	\$7.56	\$8.10	\$8.64	\$9.18	\$9.72	\$10.26	\$10.80	\$11.34	\$11.88	\$12.42	\$12.96	\$13.50
35-39	\$8.49	\$9.10	\$9.71	\$10.31	\$10.92	\$11.53	\$12.13	\$12.74	\$13.35	\$13.95	\$14.56	\$15.17
40-44	\$9.43	\$10.10	\$10.77	\$11.45	\$12.12	\$12.79	\$13.47	\$14.14	\$14.81	\$15.49	\$16.16	\$16.83
45-49	\$14.19	\$15.20	\$16.21	\$17.23	\$18.24	\$19.25	\$20.27	\$21.28	\$22.29	\$23.31	\$24.32	\$25.33
50-54	\$21.75	\$23.30	\$24.85	\$26.41	\$27.96	\$29.51	\$31.07	\$32.62	\$34.17	\$35.73	\$37.28	\$38.83
55-59	\$40.60	\$43.50	\$46.40	\$49.30	\$52.20	\$55.10	\$58.00	\$60.90	\$63.80	\$66.70	\$69.60	\$72.50
60-64	\$62.35	\$66.80	\$71.25	\$75.71	\$80.16	\$84.61	\$89.07	\$93.52	\$97.97	\$102.43	\$106.88	\$111.33
65-69	\$119.93	\$128.50	\$137.07	\$145.63	\$154.20	\$162.77	\$171.33	\$179.90	\$188.47	\$197.03	\$205.60	\$214.17
70+	\$194.51	\$208.40	\$222.29	\$236.19	\$250.08	\$263.97	\$277.87	\$291.76	\$305.65	\$319.55	\$333.44	\$347.33

****Spouse or qualified domestic partner rate is based on employee's date of birth.**

CHILD(REN) - DEPENDENT TERM LIFE

Cost per Coverage Amount based on 26 pay periods (Biweekly)

\$2,000	\$4,000	\$6,000	\$8,000	\$10,000
\$0.08	\$0.15	\$0.28	\$0.30	\$0.38

Cost per Coverage Amount based on 18 pay periods

\$2,000	\$4,000	\$6,000	\$8,000	\$10,000
\$0.11	\$0.22	\$0.33	\$0.44	\$0.55

Implementation of the insurance plans will depend on having a specific percentage of all eligible employees enrolling in the plans. If this percentage of enrollment level is not met, these coverages may not be effective.

Cost of insurance for all coverages, which are deducted from your paycheck, may increase or decrease in the future based upon the claims experience of participants. All provisions that apply to these coverages are governed by the Certificate. Rates may be subject to change.

About The Prudential Insurance Company of America

Prudential's famous Rock logo has been one of America's best-known icons. It's a symbol of the strength and trust that millions of Americans have placed in us to help them meet their most important financial goals.

The Prudential Insurance Company of America, is one of the leading providers of group insurance in the United States. Our resources, financial strength and stability allow us to honor long-term commitments to employers and employees alike.

Start The Process Of Enrolling In This Valuable Insurance TODAY!

To enroll, simply complete the Enrollment Form, including the Beneficiary Designations, and return it as instructed.

After the date your Group Insurance becomes effective, you will receive a Certificate which details your plan provisions.

Group Term Life, Accidental Death and Dismemberment and Disability coverages are issued by The Prudential Insurance Company of America, 751 Broad Street, Newark, NJ 07102. Life Claims: 1-800-524-0542 and Disability Support: 1-800-290-5903. Prudential Financial and the Rock logo are registered service marks of The Prudential Insurance Company of America and its affiliates. 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 Group Contract will govern. Contract provisions may vary by state. Contract Series: 83500.

General Information (Employee)		Effective Date of Coverage (for office use only) ____/____/____	
Last Name		First Name	Middle Initial
Address		City	State Zip Code
Social Security No. ____ - ____ - ____	<input type="checkbox"/> Single <input type="checkbox"/> Divorced	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Widowed	Date of Birth Month Day Year ____/____/____
Date Employed Month Day Year ____/____/____	Your Annual Earnings \$ _____		(For Prudential Use Only) Control # 03975

Basic Term Life, Accidental Death & Dismemberment (AD&D) and Long Term Disability

Colby-Sawyer College offers you Basic Term Life, AD&D and Long Term Disability Insurance coverages at no cost to you. You will automatically be enrolled in these plans.

Optional Term Life

Coverage amount chosen: \$ _____ Payroll Deduction \$ _____
 No coverage chosen.

Dependent Term Life

You must be enrolled for Optional Term Life to elect coverage for your dependents. Spouse or qualified domestic partner coverage cannot exceed 50% of your Optional Term Life coverage amount. Child(ren) coverage cannot exceed 50% of your Optional Term Life coverage amount. If your spouse, qualified domestic partner or other dependent is confined for medical care or treatment at home or elsewhere, coverage will begin when confinement ends.

<p>Spouse or Qualified Domestic Partner</p> <input type="checkbox"/> Coverage amount chosen: \$ _____ Payroll Deduction \$ _____ <input type="checkbox"/> No coverage chosen.	<p>Children</p> <input type="checkbox"/> Coverage amount chosen: \$ _____ Payroll Deduction \$ _____ <input type="checkbox"/> No coverage chosen.
--	--

The Prudential Insurance Company of America
751 Broad Street, Newark, New Jersey 07102

Group Life, Accidental Death and Dismemberment and Disability coverages are issued by The Prudential Insurance Company of America, a New Jersey company, 751 Broad Street, Newark, NJ 07102. Life Claims: 1-800-524-0542 and Disability Support 1-800-290-5903. 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 Prudential, the terms of the certificate will govern. Contract provisions may vary by state. California COA #1179, NAIC#68241. Contract Series: 83500. Prudential Financial and the Rock logo are registered service marks of The Prudential Insurance Company of America and its affiliates.



Employee General Information

Last Name _____	First Name _____	Middle Initial _____	Social Security No. _____ - ____ - _____
-----------------	------------------	----------------------	--

Acceptance or Waiver of Coverage

- I am enrolling for coverage and I authorize my employer to deduct from my earnings until further notice my contributions for insurance under a contract issued by The Prudential Insurance Company of America. I understand that if I desire to increase the amount of my insurance or add dependent coverage hereafter, I may be required to furnish evidence of insurability for myself and/or my dependents. To the best of my knowledge and belief, I declare the statement above is true and understand it is the basis for determining the biweekly/18 pay period contribution for coverage. I also understand that for coverage to become effective, I must be actively at work during the enrollment period and on the effective date of the plan. If I apply for an amount that requires evidence of insurability satisfactory to The Prudential Insurance Company of America, I must be actively at work on the date of approval for the amount requiring satisfactory evidence of insurability.

- I do not wish to enroll for any of the above optional coverages. I certify that I have been given the opportunity by my above named employer to enroll for coverage. I understand that if I desire to enroll hereafter, I may be required to furnish satisfactory evidence of insurability to The Prudential Insurance Company of America for myself and/or my dependents.

FOR RESIDENTS OF ALL STATES EXCEPT FLORIDA, NEW JERSEY, NEW YORK, PENNSYLVANIA, UTAH, VERMONT, VIRGINIA AND WASHINGTON; WARNING: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company or other person, or knowing that he is facilitating commission of a fraud, submits incomplete, false, fraudulent, deceptive or misleading facts or information when filing an insurance application or a statement of claim for payment of a loss or benefit commits a fraudulent insurance act, is/may be guilty of a crime and may be prosecuted and punished under state law. Penalties may include fines, civil damages and criminal penalties, including confinement in prison. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant or if the applicant conceals, for the purpose of misleading, information concerning any fact material thereto.

Receipt of accelerated death benefits may affect eligibility for public assistance programs and may be taxable. There is no administrative fee to accelerate death benefits. The accelerated amount is not discounted.

Employee Signature _____ Date (Month, Day, Year) _____

You must also complete a separate beneficiary designation form.



Beneficiary Designation – Colby-Sawyer College

Control # 03975

Employee General Information					
Last Name	First Name	Middle Initial	Social Security No.		
_____	_____	_____	____ - ____ - ____		
Beneficiary Designation					
If more than one beneficiary is desired, please write their name(s) and relationship(s) on the lines below. Do not name a beneficiary for Dependent Term Life Coverage; these benefits are paid to you while living. If more than one primary beneficiary is designated, settlement will be made in equal shares to the designated beneficiaries (or beneficiary) who are then still living, unless their shares are specified. If no named beneficiary, or no beneficiary survives the insured, settlement will be made in accordance with the terms of your Group Contract.					
Basic Term Life, AD&D and Optional Term Life - Primary Beneficiary Designation					
(1) Last Name	First Name	Middle Initial	Social Security No.	Relationship	Percentage
_____	_____	_____	_____	_____	_____
Address: _____					
(2) Last Name	First Name	Middle Initial	Social Security No.	Relationship	Percentage
_____	_____	_____	_____	_____	_____
Address: _____					
Basic Term Life, AD&D and Optional Term Life - Contingent Beneficiary Designation					
(1) Last Name	First Name	Middle Initial	Social Security No.	Relationship	Percentage
_____	_____	_____	_____	_____	_____
Address: _____					
(2) Last Name	First Name	Middle Initial	Social Security No.	Relationship	Percentage
_____	_____	_____	_____	_____	_____
Address: _____					
The above beneficiary designation only applies to: <input type="checkbox"/> Basic Term Life/AD&D <input type="checkbox"/> Optional Term Life					
Employee Signature _____			Date (Month, Day, Year) _____		
If you have any questions, please see Human Resources for details.					

The Prudential Insurance Company of America, 751 Broad Street, Newark, NJ 07102. Life Claims: 1-800-524-0542 and Disability Support: 1-800-290-5903. Prudential Financial and the Rock logo are registered service marks of The Prudential Insurance Company of America and its affiliates.

