

## Memorial University

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

	Employee Deduction	University Contribution
<b><u>Life Insurance</u></b>		
1x salary to age 68 (minimum coverage of \$70,000)	<b>\$0.012 per \$1,000</b>	<b>\$0.060 per \$1,000</b>
\$7,000 coverage from age 68-72	<b>\$0.09</b>	<b>\$0.42</b>
Optional (Employee Only)*	<b>\$0.86 per \$10,000</b>	-
<b><u>Dependent Group Life</u></b>	<b>\$0.11</b>	<b>\$0.34</b>
<b><u>Accidental Death &amp; Dismemberment</u></b>		
Basic (\$35,000)		<b>\$0.20</b>
Optional	<b>\$0.057 per \$10,000</b>	
Voluntary - Single	<b>\$0.067 per \$10,000</b>	
Voluntary - Family	<b>\$0.114 per \$10,000</b>	
<b><u>Health</u></b>		
Single	<b>\$10.12</b>	<b>\$46.11</b>
Family	<b>\$30.10</b>	<b>\$137.14</b>
<b><u>Dental</u></b>		
Single	<b>\$10.05</b>	<b>\$15.07</b>
Family	<b>\$18.39</b>	<b>\$27.58</b>
<b><u>Travel</u></b>		
Single	<b>\$0.70</b>	<b>\$3.19</b>
Family	<b>\$1.21</b>	<b>\$5.51</b>
<b><u>Long Term Disability</u></b>	<b>\$0.0247</b> 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	<b>\$0.26</b>	<b>\$0.16</b>
30-34	<b>\$0.34</b>	<b>\$0.19</b>
35-39	<b>\$0.50</b>	<b>\$0.25</b>
40-44	<b>\$0.73</b>	<b>\$0.41</b>
45-49	<b>\$1.26</b>	<b>\$0.63</b>
50-54	<b>\$1.93</b>	<b>\$1.09</b>
55-59	<b>\$3.36</b>	<b>\$1.85</b>
60-64	<b>\$5.13</b>	<b>\$2.89</b>
65-68	<b>\$7.67</b>	<b>\$4.36</b>

Dependent Child

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