## 2025 Jabil Supplemental Life Rates

## Bi-Weekly / Weekly Payroll Deductions

**Employee Supplemental Life** 

Age Band	Bi-Weekly Rate per \$1,000 of Coverage	Weekly Rate per \$1,000 of Coverage
0 – 24	\$0.02	\$0.01
25 – 29	\$0.02	\$0.01
30 – 34	\$0.03	\$0.02
35 – 39	\$0.03	\$0.02
40 – 44	\$0.04	\$0.02
45 – 49	\$0.06	\$0.03
50 – 54	\$0.11	\$0.06
55 – 59	\$0.18	\$0.09
60 - 64	\$0.30	\$0.15
65 – 69	\$0.48	\$0.24
70+	\$0.85	\$0.42

Spouse Supplemental Life (based on spouse's age)

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Age Band	Bi-Weekly Rate per \$1,000 of Coverage	Weekly Rate per \$1,000 of Coverage
0 – 24	\$0.02	\$0.01
25 – 29	\$0.02	\$0.01
30 – 34	\$0.03	\$0.02
35 – 39	\$0.03	\$0.02
40 – 44	\$0.05	\$0.02
45 – 49	\$0.07	\$0.03
50 - 54	\$0.12	\$0.06
55 – 59	\$0.19	\$0.09
60 - 64	\$0.31	\$0.15
65 – 69	\$0.51	\$0.25
70+	\$0.89	\$0.44

## Child Life Insurance

Life Amount	Bi-Weekly Rate per \$1,000 of Coverage	Weekly Rate per \$1,000 of Coverage
\$5,000	\$0.25	\$0.13
\$10,000	\$0.50	\$0.25

Note: The information contained in this document is not a contract of employment or guarantee of benefits. Rates may be subject to rounding and your per paycheck deduction may vary slightly based on rounding, enrollment dates, and other factors. Rates are also subject to change without notice.

Effective Date: 1/1/2025 YOUR CHOICES. YOUR WELL-BEING.