



EDWARD M. BIRN
Director (Direktot)
RENA K. BORJA
Deputy Director (Sigundo Direktot)

**DEPARTMENT OF
ADMINISTRATION**
DIPATTAMENTON ATMENESTRASION
DIRECTOR'S OFFICE
(Ufisinan Direktot)
Telephone (Telifon): (671) 475-1101/1250



LOURDES A. LEON GUERRERO
Governor (Maga'håga)
JOSHUA F. TENORIO
Lt. Governor (Sigundo Maga'låhi)

November 21, 2025

DEPARTMENT OF ADMINISTRATION ORGANIZATIONAL CIRCULAR NO.: 2026-001

To: All Line Agency and Department Heads
Autonomous and Non-Autonomous Agency Heads

Via: Personnel and Payroll Officers

From: Director, Department of Administration

Subject: **Standard Life Insurance Company**
RE: Life Insurance Contract - Age Bracket Premiums

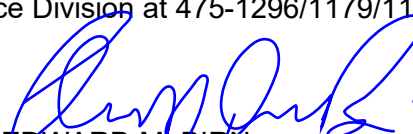
Buenas yan Hafa Adai! This is to advise all personnel and payroll officers of the required change in premium deductions for life insurance supplemental coverage under the Group Life Insurance contract between the Government of Guam and the Standard Insurance Company (Standard). As contracted, employees who elect voluntary supplemental coverage under the Age Banded Rate Plan from \$30,000 to \$130,000 must be **deducted the appropriate premium based on their age bracket** at the beginning of every calendar year.

Personnel and payroll officers are instructed to deduct the appropriate age-bracket premium for employees who elected supplemental coverage under the life insurance program. Autonomous agencies are responsible for identifying these employees who will be affected. The Department of Administration (DOA) will identify those under the auspice. It is imperative that this change in premium take effect for those **employees who changed to the following age brackets in calendar year January 1, 2025 to December 31, 2025:**

Employees who changed Age Brackets to 31, 41, 51, 61, and 71

The change in rates shall take effect on payroll ending January 24, 2026. For reference, attached is the premium rate sheet. Failure to appropriately deduct premium amounts accordingly to the age bracket will result in loss of coverage. Premium deductions for employees enrolled under the supplemental composite amount and dependent coverage will not be impacted by this contract provision. Please ensure continuation of deduction is maintained for the composite and dependent coverage for those who currently have this benefit. Please advise employees to monitor their payroll deductions regularly and to report any discrepancies immediately.

For more information, please contact DOA, Insurance Division at 475-1296/1179/1121.


EDWARD M. BIRN


Attachment

GOVERNMENT OF GUAM GROUP LIFE INSURANCE / STANDARD INSURANCE COMPANY						
ACTIVE VOLUNTARY LIFE AND AD&D						
AGE-BANDED (BI-WEEKLY) RATES (Effective PPE 07/03/2021)						
COVERAGE AMOUNT	<31	31-40	41-50	51-60	61-70	71+
\$30,000	\$1.41	\$2.85	\$8.55	\$15.66	\$49.86	\$81.93
\$35,000	\$1.65	\$3.33	\$9.98	\$18.27	\$58.17	\$95.59
\$40,000	\$1.88	\$3.80	\$11.40	\$20.88	\$66.48	\$109.24
\$45,000	\$2.12	\$4.28	\$12.83	\$23.49	\$74.79	\$122.90
\$50,000	\$2.35	\$4.75	\$14.25	\$26.10	\$83.10	\$136.55
\$55,000	\$2.59	\$5.23	\$15.68	\$28.71	\$91.41	\$150.21
\$60,000	\$2.82	\$5.70	\$17.10	\$31.32	\$99.72	\$163.86
\$65,000	\$3.06	\$6.18	\$18.53	\$33.93	\$108.03	\$177.52
\$70,000	\$3.29	\$6.65	\$19.95	\$36.54	\$116.34	\$191.17
\$75,000	\$3.53	\$7.13	\$21.38	\$39.15	\$124.65	\$204.83
\$80,000	\$3.76	\$7.60	\$22.80	\$41.76	\$132.96	\$218.48
\$85,000	\$4.00	\$8.08	\$24.23	\$44.37	\$141.27	\$232.14
\$90,000	\$4.23	\$8.55	\$25.65	\$46.98	\$149.58	\$245.79
\$95,000	\$4.47	\$9.03	\$27.08	\$49.59	\$157.89	\$259.45
\$100,000	\$4.70	\$9.50	\$28.50	\$52.20	\$166.20	\$273.10
\$105,000	\$4.94	\$9.98	\$29.93	\$54.81	\$174.51	\$286.76
\$110,000	\$5.17	\$10.45	\$31.35	\$57.42	\$182.82	\$300.41
\$115,000	\$5.41	\$10.93	\$32.78	\$60.03	\$191.13	\$314.07
\$120,000	\$5.64	\$11.40	\$34.20	\$62.64	\$199.44	\$327.72
\$125,000	\$5.88	\$11.88	\$35.63	\$65.25	\$207.75	\$341.38
\$130,000	\$6.11	\$12.35	\$37.05	\$67.86	\$216.06	\$355.03

GRANDFATHERED MEMBERS VOLUNTARY LIFE AND AD&D (COMPOSITE RATES)						
COVERAGE AMOUNT and (BI-WEEKLY) RATES (Effective 07/03/2021)						
\$30,000	\$35,000	\$40,000	\$45,000	\$50,000	\$55,000	\$60,000
\$13.83	\$16.14	\$18.44	\$20.75	\$23.05	\$25.36	\$27.66

RETIREE VOLUNTARY LIFE AD&D RATES (Effective 07/03/2021)		
COVERAGE AMOUNT	SEMI-MONTHLY RATE	MONTHLY RATE
\$5,000	\$14.16	\$28.32
\$10,000	\$28.32	\$56.64
\$15,000	\$42.48	\$84.96

DEPENDENT LIFE COVERAGE: SPOUSE:\$10,000 / CHILD(REN):\$8,000		
RATES PER DEPENDENT UNIT (Effective 07/03/2021)		
ACTIVE DEPENDENT LIFE	BI-WEEKLY RATE	\$3.94
RETIREE AND SURVIVING SPOUSE	SEMI-MONTHLY RATE	\$5.97
DEPENDENT LIFE	MONTHLY RATE	\$11.94

 10/19/24
 EDWARD M. BIRN, Director
 Department of Administration

Date