

Coverage for when
you need it most



Critical Illness Health Insurance



A critical illness can force your unprepared clients to spend everything they've saved just to make ends meet.

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The Statistics

- More than 60% of U.S. bankruptcies in 2007 were attributed to medical bills. More than 75% of these families had health insurance.¹
- About 6.4 million stroke survivors were alive in 2006, many of them with permanent stroke-related disabilities²
- In 2006, about 1.2 million Americans suffered a heart attack—and nearly 66 percent survived²
- In 2009, more than 1.4 million Americans were expected to be diagnosed with cancer this year—and 66 percent are expected to survive at least five years^{3, 4}
- In 2010, cardiovascular disease is estimated to cost Americans \$503.2 billion—the equivalent of \$1,620 for every man, woman and child in the country^{2, 5}

About CriticalCare Plus

When a critical illness such as cancer, heart attack or stroke occurs, it places a tremendous emotional strain on the family, sometimes accompanied by an overwhelming financial burden. CriticalCare Plus from American General Life Insurance Company (American General Life) is a critical illness policy that can provide a lump sum payment in the event that the insured incurs a covered critical illness while the policy is in force. The payment can then be used to help cover costs associated with a critical illness diagnosis, such as:⁶

- Choosing the best hospitals and physicians
- Treatments or specialist services not covered by traditional health insurance plans
- Paying mortgages, debts or outstanding bills
- Replaces some of the patient's or spouse's income
- Modifying a home or auto for special needs
- Experimental drugs or therapies

Policy Highlights⁷

Market

- Individual
- Spouse and child coverage available

Underwriting

- Fully underwritten
- Nonmedical underwriting up to \$100,000

Issue Limits

- \$10,000 minimum
- \$500,000 maximum
- Issued in \$1,000 increments
- Spouse coverage not to exceed primary insured's coverage; not to exceed 50% for non-working spouse
- Insured child limit of \$50,000 (not to exceed primary insured's coverage)

Rates

- Male or female
- Nicotine or Non-nicotine
- Three rate bands
 - \$25,000 to \$50,000
 - \$50,001 to \$100,000
 - \$100,001 to \$500,000

Riders and Endorsements

- Benefit Extension Rider (optional)
- Medical Personnel HIV Benefit Rider (optional; medical personnel only)
- Accidental Death and Dismemberment (optional)
- Best Doctors[®] Endorsement (no additional charge)⁸
- UNOS Listing Advance Benefit for Major Organ Transplant (no additional charge)

¹ Medical Bankruptcy in the United States, 2007: Results of National Study; *American Journal of Medicine*, August 2009

² American Heart Association, Heart Disease and Stroke Statistics—2010 Update

³ American Cancer Society, *Cancer Facts & Figures*, 2009

⁴ This estimate does not include carcinoma in situ of any site except urinary and bladder, and does not include basal and squamous cell skin cancers.

⁵ U.S. Census Bureau, Annual Population Estimates 2000 to 2006

⁶ If diagnosed with a covered critical illness subject to all limitations and exclusions described in the policy.

⁷ All benefits payable are subject to the terms and conditions of the policy, including benefit durations, limitations and exclusions. Benefits, coverage and coverage options, riders, issue ages, limitations and exclusions vary by state. Please consult the policy and rider forms and outline of coverage for details.

⁸ Best Doctors is a registered trademark of Best Doctors, Inc. in the United States and other countries and it is used under license.

Qualifying Events ⁷

- Cancer
- Kidney (Renal) Failure
- Heart Attack
- Severe Burns
- Stroke
- Coma
- Major Organ Transplant
- Loss of Sight, Speech or Hearing
- Loss of Independent Living
- Coronary Artery Bypass (25%, up to a maximum of \$50,000, one-time benefit)
- Paralysis (100% for Quadriplegia or 50% for Paraplegia or Hemiplegia)
- In Situ (25% up to \$25,000)
- Up to \$50 per Year Health Screening Benefit

Policy Benefits ⁷

Benefit Amounts (not available in all states)	Minimum: \$10,000 Maximum: \$500,000 (\$150,000 if BER is elected)
Available Coverage Periods	10 years, 15 years, 20 years, 30 years and Lifetime
Return of Premium/ Death Benefit⁹	In case of the insured's death while the policy is in force, the named beneficiary may receive a refund of all premiums paid (less any benefits paid under the policy)
Loss of Independent Living	The full benefit payable for permanent loss of at least 2 out of 6 Activities of Daily Living (bathing, dressing, toileting, transferring, continence and eating)
Preventive Care	\$50 per year that can be received upon completion of a wide variety of medical tests.
Best Doctors	Free membership in Best Doctors, a service that provides referrals should you decide to seek a second opinion
United Network of Organ Sharing (UNOS) (not available in PA and SD)	Pays 25% of the benefit for a major organ transplant when the insured is entered into the UNOS waiting list for organ transplants. The remaining of the major organ transplant benefit (75%) will be paid at the time of the actual transplant.
Benefit Period	100% coverage through age 70 except for the Loss of Independent Living Benefit, which continues at 100% for life
Family Protection	Coverage available for spouse and children
Optional Benefits	<ul style="list-style-type: none"> • Benefit Extension Rider (BER): Provides coverage for additional diagnosis of a critical illness and delivers benefits beyond that of the base policy for: <ul style="list-style-type: none"> – a critical illness that is different from all previously diagnosed critical illnesses; or – a critical illness that is the same as a previously diagnosed critical illness; can provide benefits upon a second or third diagnosis. Does not provide coverage for every critical illness covered by the base policy. • Medical Personnel HIV Rider: Pays the full benefit to a medical professional upon diagnosis of HIV acquired in the course of work-related duties. • Accidental Death and Dismemberment Rider (ADD): Protection in the event of an accidental death or dismemberment. The accidental death and dismemberment rider also includes a common carrier benefit.

⁹ The Return of Premium provision does not directly take into account the time value of money or the effects of inflation. This was taken into account when premiums were determined.

Optional Features (Not available in all states. Please see Policy Variations by State section for details.)

Benefit Extension Rider

Most critical illness plans on the market are designed to pay only one full benefit (i.e., coverage ceases once the benefit has been paid). The optional BER can provide the insured with additional protection for two kinds of subsequent diagnoses: continuation and recurrence.¹⁰ The BER face amount is equal to the base policy face amount. However, if the BER is elected, the base policy face amount cannot exceed \$150,000. The company will pay a maximum of three times the benefit amount stated in the policy for all critical illnesses combined, up to an aggregate maximum of \$500,000.

Continuation Benefit

Provides coverage for a covered critical illness that is different from all previously diagnosed critical illnesses after 100 percent of the insured person's maximum benefit amount has previously been paid for. There is a 180-day waiting period required between medically related critical illness under this benefit.

Diagnosis	Exclusion or Limitation
Invasive Cancer	Benefit limited to 75% of the critical illness maximum benefit amount, if diagnosis is medically related to a previous diagnosis of In Situ
Heart Attack	No benefit is provided if previously diagnosed critical illness was heart transplant
Kidney (Renal) Failure	No benefit is provided if previously diagnosed critical illness was kidney (renal) failure
Stroke	No exclusion or limitation other than as stated in the policy
Coma	No exclusion or limitation other than as stated in the policy
Coronary Artery Bypass Graft	No benefit is provided if previously diagnosed critical illness was heart transplant
Major Organ Transplant	No benefit is provided if a subsequent diagnosed critical illness is related to or resulted from a previously diagnosed critical illness
Severe Burn	No exclusion or limitation other than as stated in the policy and this endorsement
In Situ Cancer	No benefit if a subsequent diagnosis of critical illness is related to or resulted from a previous diagnosis of invasive cancer

Coverage on the insured person will not be continued for the critical illnesses stated below under this provision of the rider, and we will pay no benefits for these critical illnesses:

Diagnosis	Exclusion or Limitation
Loss of Sight, Speech or Hearing	No benefit payable
Paralysis	No benefit payable
Loss of Independent Living	No benefit payable

¹⁰ If diagnosed with a covered critical illness subject to all limitations and exclusions described in the policy.

Recurrence Benefit

Provides coverage for a covered critical illness that is the same as a previously diagnosed critical illness after 100 percent of the insured person's maximum benefit amount has previously been paid for. There is a two-year waiting period required between the diagnosis for the same medically related critical illness under this benefit. The company will pay 50 percent of the critical illness maximum benefit amount.

The company will not extend the maximum benefit amount to cover Coma, Coronary Artery Bypass, Severe Burns or In Situ. The company will extend the maximum benefit amount to cover a second diagnosis of the following critical illnesses:

Diagnosis	Additional Notes
Invasive Cancer	Recurrence diagnosis must be for the same critical illness previously diagnosed
Heart Attack	Coverage continued
Kidney (Renal) Failure	Coverage continued
Stroke	Coverage continued
Major Organ Transplant	Coverage continued

Diagnosis	Additional Notes
Paralysis	Must be a different part of the body

Coverage on the insured person will not be continued for the critical illnesses stated below under this provision of the rider, and we will pay no benefits for these critical illnesses:

Diagnosis	Rider Exclusions
Coma	No benefit payable
Coronary Artery Bypass	No benefit payable
Loss of Sight, Speech or Hearing	No benefit payable
Severe Burn	No benefit payable
In Situ Cancer	No benefit payable
Loss of Independent Living	No benefit payable

For recurrence benefits, the company will pay for two additional critical illness diagnoses. The company will pay a maximum of three times the benefit amount stated in the policy for all critical illnesses combined up to an aggregate maximum of \$500,000.

Optional Features (Cont.)

Medical Personnel HIV Rider

(Optional coverage for medical personnel only, available for primary insured and spouse)

If the insured initially incurred and was diagnosed with Human Immunodeficiency Virus (HIV) more than 30 days after the rider's effective date, the company will pay the maximum benefit amount shown in the policy schedule.

The cause of the HIV must be from a needle stick, a sharp injury, or by mucous membrane exposure to blood or bloodstained bodily fluid, which occurred during the 12 months preceding diagnosis and while the policy is in force. The accident must have occurred while the insured was following normal occupational duties and reported in accordance with the established occupational procedures for such accidents. The insured must have undergone a blood test within five days of the accident which indicated the absence of HIV or antibodies to such a virus and the accident followed up including a further blood test within 12 months indicating the presence of HIV or antibodies to such a virus.

The term Human Immunodeficiency Virus (HIV) will also include Acquired Immune Deficiency Syndrome (AIDS) and AIDS Related Complex (ARC).

Accidental Death and Dismemberment Rider (Optional) (Not available in VA)

The company may pay a benefit for an injury resulting in the insured's accidental death or dismemberment. Subject to all limitations and exclusions described in the policy. Units are \$25,000 each with a maximum of six units. The Accidental Death and Dismemberment Rider includes a common carrier benefit.

Bonus Features

Best Doctors Referral Service

For no additional cost, Best Doctors provides access to a network of over 40,000 doctors who have been personally nominated by their peers. Each doctor is a recognized specialist in the treatment of a life-threatening disease or condition. Our clients can access this service at the time of claim using the following:

- An interactive Web site with information on the best doctors and best treatment facilities for a particular medical condition
- A doctor-to-doctor consultation between the patient's personal physician and a recognized specialist regarding the best protocol for treating the condition.

United Network of Organ Sharing (UNOS)

The company pays 25 percent of the benefit for a major organ transplant when the insured is entered into the UNOS National Waiting List for an organ transplant. The remainder of the major organ transplant benefit (75 percent) will be paid at the time of the actual transplant.

Conversion Privileges

The company will issue a separate ("new") critical illness policy to an insured child or insured spouse as long as a written application and payment of the first premium is received within 31 days following the termination of the original policy. The conversion privilege will be extended to the spouse upon the death of the primary insured or the dissolution of marriage by legal divorce decree. The insured children will be eligible for conversion when they have reached the age of majority—that is, the premium due date following the child's 18th birthday (or 25th birthday if the child is enrolled as a full-time student in either a high school or an institution of higher learning beyond high school).

The new policy will be issued:

- Without evidence of insurability
- On a policy form currently issued by American General Life in the insured's state of residence, provided that critical illness coverage can be issued in that state
- With the same exclusion and pre-existing condition limitation applicable to such insured person, if any, included in the policy
- With a current date of issue
- At the premium rate and class in effect for the insured person's attained age on the date of application for the new policy
- With the same benefits payable, if any, reduced by any benefits previously paid for the same critical illnesses covered by the policy
- With the same "time limit on certain defenses" provision commencing on the effective date of the insured person's coverage provided by the policy

Covered Conditions and Diagnostic Requirements

Benefits, coverage and coverage options, and waiting periods vary by state. Please see Policy Variations by State section for details.

Invasive Cancer

Invasive cancer means the presence of a malignant tumor characterized by the uncontrolled growth and spread of malignant cells and the invasion of a tumor.

For the purpose of this definition, invasive cancer does not include:

- Any carcinoma In Situ lesion, regardless of origin, classified as TisN₀M₀
- Any T₁N₀M₀ lesion treated by endoscopic procedures
- Melanoma T₁N₀M₀ with maximum Breslow thickness of 1.0 mm
- Prostate cancer T₁bN₀M₀

Invasive Cancer Benefit

If invasive cancer initially manifests and is diagnosed more than 90 days after the date coverage on the insured person becomes effective under the policy, we will pay the applicable critical illness maximum benefit percentage. Waiting periods in some states are shorter and/or may pay minimal benefits.

This critical illness must not have manifested itself and/or been diagnosed within the first 90 days after the date coverage on the insured person becomes effective under this policy.

Diagnostic Requirements for Invasive Cancer

Invasive cancer must be diagnosed by a physician certified to practice pathological anatomy or osteopathic pathology and must be based on a microscopic examination of fixed tissues or preparations from the hemic system. Such diagnosis shall be based solely on the accepted criteria of malignancy after a study of the histocytologic architecture or pattern of the suspected tumor, tissue and/or specimen. Clinical diagnosis of invasive cancer will be accepted as evidence that invasive cancer exists when a pathological diagnosis cannot be made, provided the medical evidence substantially documents the clinical diagnosis of invasive cancer and the insured person receives treatment for invasive cancer.

Heart Attack

Heart attack means the death of a portion of the heart muscle because of inadequate cardiac blood supply to the relevant area.

Heart Attack Benefit

If a heart attack is initially both incurred and is diagnosed more than 30 days after the date coverage on the insured person becomes effective under the policy, we will pay the applicable critical illness maximum benefit percentage.

This critical illness must not have manifested itself or been diagnosed within the first 30 days following the date coverage on the insured person becomes effective under this policy.

Diagnostic Requirements for Heart Attack

This diagnosis must be supported by the following criteria, which are consistent with a new heart attack:

- Typical clinical presentation
- New electrocardiographic (EKG) changes consistent with acute myocardial infarction
- Serial measurements of cardiac biomarkers showing a pattern and a level consistent with a heart attack

Kidney (Renal) Failure

Kidney (renal) failure means the end stage failure which:

- Presents a chronic irreversible failure of both kidneys as described below
- Requires treatment by renal dialysis or kidney transplant

Kidney (Renal) Failure Benefit

If kidney (renal) failure initially manifests and is diagnosed more than 30 days after the date coverage on the insured person becomes effective under the policy, we will pay the critical illness maximum benefit percentage.

This critical illness must not have manifested itself and/or been diagnosed within the first 30 days following the date coverage on the insured person becomes effective under this policy.

Diagnostic Requirements for Kidney (Renal) Failure

The diagnosis of kidney (renal) failure must be based on the chronic irreversible failure of the function of both kidneys, requiring regular dialysis or kidney transplant.

Stroke

Stroke means a cerebrovascular incident caused by infarction of brain tissue, cerebral or subarachnoid hemorrhage, cerebral embolism, or cerebral thrombosis. This diagnosis must be supported by all of the following conditions:

- Evidence of permanent neurological damage at least six weeks after the event
- Findings on magnetic resonance imaging (MRI), computerized tomography, or other reliable imaging techniques consistent with the diagnosis of a new stroke

For the purpose of this definition, stroke does not mean:

- Transient ischemic attacks (TIA)
- Brain damage due to accident or injury, infection, vasculitis, inflammatory disease, or a demyelinating process
- Vascular disease affecting the eye or optic nerve
- Ischemic disorders of the vestibular system

Stroke Benefit

If a stroke is initially incurred and is diagnosed more than 30 days after the date coverage on the insured person becomes effective under the policy, we will pay the critical illness maximum benefit percentage.

Diagnostic Requirements for Stroke

The diagnosis of stroke must be made by a neurologist based on documented neurological deficits and confirmatory neuroimaging studies.

Coma

Coma, or comatose, means a profound state of unconsciousness lasting at least 96 hours from which the insured person cannot be aroused to consciousness, and in which stimulation will produce no more than primitive avoidance reflexes.

Coma Benefit

If a coma is both initially incurred and diagnosed more than 30 days after the date coverage on the insured person becomes effective under the policy, we will pay the critical illness maximum benefit percentage.

Diagnostic Requirements for Coma

The diagnosis of a coma must be documented by evidence of a neurological deficit that is expected to last for a continuous 12-month period or longer from the date of the diagnosis to determine coma.

Coronary Artery Bypass

Coronary artery bypass means the use of a non-coronary blood vessel or blood vessels (either artery or vein) to surgically bypass obstructions in a native coronary artery or arteries.

An illness that does not require surgery but requires a medical procedure such as balloon angioplasty, laser relief of an obstruction, and/or other intra-arterial procedures is not covered.

Coronary Artery Bypass Benefit

We will pay the critical illness maximum benefit percentage not to exceed \$50,000 if, more than 30 days after the date coverage on the insured person becomes effective under the policy, both of the following conditions are met:

- The need for a coronary artery bypass is first diagnosed
- Insured person undergoes a coronary artery bypass

We will pay this benefit once per lifetime per insured person.

Diagnostic Requirements for Coronary Artery Bypass

A cardiologist must make the diagnosis of the need for a coronary artery bypass based on angiographic evidence of the underlying disease.

Major Organ Transplant

Major organ transplant means having undergone surgery as a recipient of a transplant as follows:

- Human bone marrow using haematopoietic stem cells preceded by total bone marrow ablation, or
- Whole human organs limited to heart, lung, liver or pancreas because of the irreversible end stage failure of such organs

For the purpose of this definition, major organ transplant does not mean:

- Other stem cell transplant
- Partial organ transplant or any other whole organ not listed above

Major Organ Transplant Benefit

We will pay the critical illness maximum benefit percentage if more than 30 days have passed after the date coverage on the insured person becomes effective under the policy and both of the following conditions are present:

- The need for a major organ transplant is first diagnosed
- Insured person undergoes a major organ transplant

Paralysis/Paralyzed

Paralysis/paralyzed means quadriplegia, paraplegia or hemiplegia that is expected to last for a continuous 12-month period or longer from the date of the diagnosis to determine if paralysis is permanent. "Quadriplegia" means the complete and irreversible paralysis of both upper and lower limbs. "Paraplegia" means the complete and irreversible paralysis of both lower limbs. "Hemiplegia" means the complete and irreversible paralysis of the upper and lower limbs of the same side of the body. "Limb" means entire arm or an entire leg.

Paralysis Benefit

If paralysis is both initially incurred and diagnosed more than 30 days after the date coverage on the insured person becomes effective under the policy, we will pay the critical illness maximum benefit percentage. We will pay this benefit once per lifetime per insured person.

If an insured person is diagnosed with more than one type of paralysis, only the largest benefit amount for the separate types of paralysis will be paid. We will not pay any benefit for a paralysis that results from psychiatric-related causes.

Diagnostic Requirements for Paralysis

The diagnosis of paralysis must be based on documented evidence of the illness or injury that caused the paralysis.

Severe Burn

Severe burn means the cosmetic disfigurement of a body surface or area that consists of full-thickness or third-degree burns covering at least 20 percent of the body surface.

Severe Burn Benefit

If a severe burn is initially both incurred and diagnosed more than 30 days after the date coverage on the insured person becomes effective under the policy, we will pay the critical illness maximum benefit percentage.

Loss of Sight, Speech or Hearing

Loss of sight, speech or hearing means the irreversible loss of sight in both eyes, the irreversible loss of the ability to speak, or the irreversible loss of hearing for all sounds in both ears as described below.

Loss of Sight, Speech or Hearing Benefits

If a loss of sight, speech or hearing is initially both incurred and diagnosed more than 30 days after the date coverage on the insured person becomes effective under the policy, we will pay the critical illness maximum benefit percentage.

We will not pay any benefit for a loss of sight, speech or hearing that results from psychiatric-related causes.

Diagnostic Requirements for Loss of Sight, Speech or Hearing

A licensed professional or specialist in the applicable field of medicine must make the diagnosis of loss of sight, speech or hearing.

The diagnosis of loss of sight must indicate that corrective visual acuity is greater than 20/200 in both eyes, or the field of vision is less than 20 degrees in both eyes.

The diagnosis of loss of speech must include documented evidence of the illness, which results in the loss of the ability to communicate orally for the continuous 12-month period prior to the diagnosis.

The diagnosis of loss of hearing must be established by an audiometric and auditory threshold test. The auditory threshold cannot be more than 90 decibels while utilizing a hearing aid.

In Situ Cancer

In Situ Cancer Benefit

If In Situ initially manifests and is diagnosed more than 90 days after the date coverage on the insured person becomes effective under the policy, we will pay the critical illness maximum benefit percentage not to exceed \$25,000. We will pay this benefit once per lifetime per insured person.

Diagnostic Requirements for In Situ Cancer

In Situ must be diagnosed by a physician certified to practice pathological anatomy or osteopathic pathology and must be based on a microscopic examination of fixed tissues or preparations from the hemic system. A clinical diagnosis alone does not meet the requirements of this provision.

Loss of Independent Living

If an insured person both initially incurred and was diagnosed with permanent loss of two or more Activities of Daily Living after the waiting period, and if we receive proof that such permanent loss continues after the end of the 180-day elimination period, we will pay any remaining amount of the critical illness maximum benefit percentage.

There is no coverage for loss of independent living if the insured person initially incurred or was diagnosed with permanent loss of two or more Activities of Daily Living before the end of the waiting period.

Diagnostic Requirements for Loss of Independent Living

Loss of two or more Activities of Daily Living must be diagnosed by a physician and expected by such physician to be permanent. An insured person must also be under the regular and appropriate care of a physician.

Diagnostic requirements for all Critical Illnesses

We reserve the right to require a physical examination of the insured person and/or the review of any critical illness diagnosis by a physician of our choice in the United States at our expense. Such physician must:

- Have specialty training and board certification in the field of medicine specific to the critical illness being diagnosed
- Follow all accepted procedures and protocols in the diagnosis of the critical illness

We will not pay for any travel or other expenses of the insured person related to any such examination. We reserve the right to select an independent and acknowledged expert in the applicable field of medicine to review the evidence used in making any disputed critical illness diagnosis. If we decline the claim, the insured person's attending physician may appeal our decision.

Preventive Care Benefit

If an insured person undergoes any of the health screening tests listed below while covered by the policy, we will pay up to the preventive care benefit stated in the policy schedule. Payment of this benefit does not reduce the critical illness maximum benefit amount provided by the policy for any covered critical illness.

Health Screening Tests

Tests are limited to the following:

- Blood test for triglycerides
- Hemoccult stool analysis
- Serum cholesterol test to determine levels of HDL and LDL
- Breast ultrasound
- Mammography
- Chest X-ray
- Serum protein electrophoresis (blood test for myeloma)
- Colonoscopy
- Pap test
- Electrocardiogram (EKG)
- Prostate-specific antigen (PSA) test, (blood test for prostate cancer)
- Stress test on a bicycle or treadmill
- Fasting blood glucose test
- Flexile sigmoidoscopy

Limitations and Exclusions¹¹

No benefits are payable for or on account of:

- A critical illness that is caused by a pre-existing condition unless the critical illness commences after the policy has been in force for two years from the effective date or most recent reinstatement date. Pre-existing conditions are subject to the “time limit on certain defenses” provision.
- A critical illness that incurs or manifests, and/or is diagnosed during the first 30 days of coverage, or the first 90 days of coverage for invasive or in situ cancer (varies by state—see policy form and/or state product variation section of this guide). However, an insured child born after the effective date of the policy will be covered from birth for the critical illnesses stated in the policy schedule.
- The insured’s suicide or any attempt at suicide or intentionally self-inflicted injury or sickness while sane or insane
- The insured’s being under the influence of an excitant, depressant, hallucinogen, narcotic; or any other drug or intoxicant, including those prescribed by a physician, that are misused by the insured person
- The insured’s commission of or attempt to commit an assault or felony
- The insured’s engagement in an illegal activity or occupation
- The insured’s voluntary participation in any riot or civil insurrection
- Any illness specifically excluded from the definition of any critical illness
- War, or any act of war, whether declared or not
- Balloon angioplasty, laser relief of an obstruction, and other intra-arterial procedure
- Practicing or participating in any semiprofessional or professional competitive athletic contest for which compensation or remuneration is received
- Medically related critical illnesses that are diagnosed within a 180-day period between each diagnosis

Important Note: Benefits, coverage and coverage options, riders, issue ages, limitations and exclusions vary by state. Please consult the policy form, applicable rider forms, and outline for details for a particular state.

¹¹ Limitations and exclusions vary by state. Please consult the policy and outline of coverage for details.

Policy Variations by State

Product specifications such as benefit minimums and maximums, waiting periods and rider availability for CriticalCare Plus vary by state and are listed below. Consult the outline of coverage specific to your state for differences in policy exclusions and limitations.

Alabama

- Cancer benefits are not payable during the first 30 days of coverage.
- If Invasive Cancer initially both manifests and is diagnosed more than 30 days after the date coverage on the insured person becomes effective under the policy, we will pay 10% of applicable critical illness maximum benefit percentage up to \$1,000. On and after the 90th day after the date coverage becomes effective, we will pay the maximum benefit percentage shown in the Schedule of Benefits.
- If Cancer In Situ initially both manifests and is diagnosed more than 30 days after the date coverage on the insured person becomes effective under the policy, we will pay 10% of applicable critical illness maximum benefit percentage up to \$1,000. On and after the 90th day after the date coverage becomes effective, we will pay the maximum benefit percentage shown in the Schedule of Benefits.

Alaska

- Dependent child can be insured up to age 23 or age 25 if dependent is a full-time college student.

Arizona

No product benefit variation

Arkansas

- If Invasive Cancer or Cancer In Situ initially both manifests and is diagnosed more than 30 days after the date coverage on the insured person becomes effective under the policy, we will pay the applicable critical illness maximum benefit percentage.
- The Benefit Extension Rider is not available.

California

- The Medical Personnel HIV Rider is not available.
- Policy provides an additional \$150 for annual Mammography benefit.
- Pre-existing condition time period is 12 months prior to policy effective date.

Colorado

- Pre-existing condition time period is 12 months prior to the policy effective date.

Connecticut

- Product not filed or approved.

Delaware

- Minimum benefit amount is \$25,000.

District of Columbia

No product benefit variation

Georgia

- Cancer benefits are not payable during the first 30 days of coverage.
- The term "Invasive Cancer" is changed to "Life Threatening Cancer." If Cancer In Situ or life threatening cancer initially both manifests and is diagnosed more than 30 days after the date coverage on the insured person becomes effective under the policy, we will pay the applicable critical illness maximum benefit percentage.
 - Insured benefit amount is a minimum \$10,000 and maximum of \$250,000.
 - Spouse benefit amount is a minimum \$10,000 and maximum of \$50,000.
 - There are no pre-existing condition exclusions.
 - There is no Coma, Severe Burns or Return of Premium benefits.
- Paralysis is payable at a straight 50%, It does not payout different levels for different types of paralysis.
 - Loss of Independent Living Benefit is not available.
 - The Medical Personnel HIV Rider is not available.
 - Benefit Extension Rider is not available.
 - The policy is guaranteed renewable to age 75.
- Dependent child can be insured up to age 19 or age 25 if dependent is a full-time college student.

Florida

No product benefit variation.

Hawaii

No product benefit variation

Idaho

- Benefit Extension Rider is not available.
- Loss of Independent Living Benefit is not available.
- Pre-existing condition time period is 12 months from to policy effective date.
- If a covered critical illness both manifests and is diagnosed during the first 30 days of coverage , we will pay 10% of applicable critical illness maximum benefit percentage up to \$1,000. After 30 days from the date coverage becomes effective, we will pay the maximum benefit percentage shown in the Schedule of Benefits.
- If Cancer In Situ initially both manifests and is diagnosed more than 30 days after the date coverage on the insured person becomes effective under the policy, we will pay 10% of applicable critical illness maximum benefit percentage up to \$1,000. On and after the 90th day after the date coverage becomes effective, we will pay the maximum benefit percentage shown in the Schedule of Benefits.
- Under Preventive Care—state has specific guidelines for Mammography benefits.

Illinois

- If Invasive Cancer initially both manifests and is diagnosed more than 30 days after the date coverage on the insured person becomes effective under the policy, we will pay 10% of applicable critical illness maximum benefit percentage up to \$1,000. On and after the 90th day after the date coverage becomes effective, we will pay the maximum benefit percentage as shown in the Schedule of Benefits.
- If Cancer In Situ initially both manifests and is diagnosed more than 30 days after the date coverage on the insured person becomes effective under the policy, we will pay 10% of applicable critical illness maximum benefit percentage up to \$1,000. On and after the 90th day after the date coverage becomes effective, we will the maximum benefit percentage as shown in the Schedule of Benefits.
- Pre-existing condition time period is 12 months prior to policy effective date.

Indiana

- There are no preexisting condition exclusions.
- Benefits for Invasive Cancer and In Situ Cancer are only payable if diagnosed after 90 days from the effective date.

Iowa

- Minimum benefit amount is \$25,000.
- “Return of Premium on the Death of the Insured” is called “Death of the Insured”
- Dependent child can be insured up to age 19 or age 25 if dependent is a full-time college student.

Kansas

- Minimum benefit amount is \$25,000.

Kentucky

- Dependent child can be insured up to age 19 or age 25 if dependent is a full-time college student.

Louisiana

- Dependent child can be insured up to age 21 or age 25 if dependent is a full-time college student.

Maine

- If Invasive Cancer or Cancer In Situ initially both manifests and is diagnosed more than 30 days after the date coverage on the insured person becomes effective under the policy we will pay the maximum benefit percentage.
- Pre-existing condition time period is 6 months prior to policy effective date.
- Dependent child can be insured up to age 19 or age 25 if dependent is a full-time college student.

Maryland

- If Invasive Cancer or Cancer In Situ initially both manifests and is diagnosed more than 30 days after the date coverage on the insured person becomes effective under the policy we will pay the maximum benefit percentage.

Massachusetts

- Withdrew product filing from state due to objections

Michigan

No product benefit variation

Minnesota

- Dependent coverage is not available.
- If Invasive Cancer or Cancer In Situ is diagnosed more than 90 days after the date coverage on the insured person becomes effective under the policy we will pay the maximum benefit percentage.
- Accidental Death & Dismemberment Rider is not available.

Mississippi

No product benefit variation

Missouri

No product benefit variation

Montana

- If Invasive Cancer initially both manifests and is diagnosed more than 30 days after the date coverage on the insured person becomes effective under the policy, we will pay 10% of applicable critical illness maximum benefit percentage up to \$1,000. On and after the 90th day after the date coverage becomes effective, we will pay the maximum benefit percentage shown in the Schedule of Benefits.
- If Cancer In Situ initially both manifests and is diagnosed more than 30 days after the date coverage on the insured person becomes effective under the policy, we will pay 10% of applicable critical illness maximum benefit percentage up to \$1,000. On and after the 90th day after the date coverage becomes effective, we will pay the maximum benefit percentage shown in the Schedule of Benefits.
- Pre-existing condition time period is 12 months prior to policy effective date.
- Dependent child can be insured up to age 25.

Nebraska

No product benefit variation

Nevada

- Pre-existing –time period is 6 months prior to policy effective date.

New Hampshire

- If Invasive Cancer or Cancer In Situ initially both manifests and is diagnosed more than 30 days after the date coverage on the insured person becomes effective under the policy we will pay the maximum benefit percentage.

New Jersey

Withdrew product from state due to objections

New Mexico

Pre-existing condition time period is 6 months prior to policy effective date.

New York

Product not filed or approved

North Carolina

- If Invasive Cancer initially both manifests and is diagnosed more than 30 days after the date coverage on the insured person becomes effective under the policy, we will pay 10% of applicable critical illness maximum benefit percentage up to \$1,000. On and after the 90th day after the date coverage becomes effective, we will pay the maximum benefit percentage.
- If Cancer In Situ initially both manifests and is diagnosed more than 30 days after the date coverage on the insured person becomes effective under the policy, we will pay 10% of applicable critical illness maximum benefit percentage up to \$1,000. On and after the 90th day after the date coverage becomes effective, we will pay the maximum benefit percentage as shown in the Schedule of Benefits
- Pre-existing condition time period is 12 months prior to policy effective date.

North Dakota

- If Invasive Cancer or Cancer In Situ initially both manifests and is diagnosed more than 30 days after the date coverage on the insured person becomes effective under the policy we will pay the maximum benefit percentage.
- Dependent child can be insured up to age 22 or age 25 if dependent is a full-time college student.

Ohio

No product benefit variation

Oklahoma

- If Invasive Cancer or Cancer In Situ initially both manifests and is diagnosed within the first 30 days of coverage, we will pay 10% of the maximum benefit percentage up to \$1,000.
- If a covered critical illness initially both manifests and is diagnosed more than 30 days after the date coverage on the insured person becomes effective under the policy we will pay the maximum benefit percentage.
- Minimum benefit amount is \$25,000.
 - Loss of Independent Living Benefit is not available.
 - The policy is guaranteed renewable to age 75.

Pennsylvania

- If Invasive Cancer or Cancer In Situ initially both manifests and is diagnosed more than 30 days after the date coverage on the insured person becomes effective under the policy we will pay the maximum benefit percentage.
- Return of Premium Upon Death of the Insured is not available.
- Policy is guaranteed renewable to age 65—there is no election of Expiry Date.
- Medical Personnel HIV Rider is not available.

Rhode Island

- Pre-existing condition time period is 12 months prior to policy effective date.
- Dependent child can be insured up to age 19 or age 25 if dependent is a full-time college student.

South Carolina

- Minimum benefit amount is \$25,000.

South Dakota

- Medical Personnel HIV Rider is not available.
- Pre-existing condition time period is 12 months prior to policy effective date.

Tennessee

- If a covered critical illness both manifests and is diagnosed more than 30 days after the date coverage on the insured person becomes effective under the policy, we will pay 10% of applicable critical illness maximum benefit percentage up to \$1,000. After 90 days from the date coverage becomes effective, we will pay the maximum benefit percentage.
- Dependent child can be insured up to age 24 or age 25 if dependent is a full-time college student.

Texas

- Minimum benefit amount is \$25,000.
- Coronary Artery Bypass Graft is 50% of the maximum benefit up to \$50,000.
- Return of Premium Upon Death of the Insured is not available.
- Loss of Independent Living Benefit is not available.
- Benefit Extension Rider is not available.
 - Policy is guaranteed renewable to age 75.
 - Dependent child can be insured up to age 25.

Utah

- If a covered critical illness initially both manifests and is diagnosed more than 30 days after the date coverage on the insured person becomes effective under the policy we will pay the maximum benefit percentage.
- Benefit Extension Rider is not available.
- Dependent child coverage is not available.
- Pre-existing condition time period is 6 months prior to policy effective date.

Vermont

- Minimum benefit amount is \$25,000.
- Elimination Period for Loss of Independent Living Benefit is 100 days.

Virginia

- Cancer benefits are not available.
 - Minimum benefit amount is \$25,000.
- If a covered critical illness initially both manifests and is diagnosed more than 30 days after the date coverage on the insured person becomes effective under the policy we will pay the maximum benefit percentage.
- Pre-existing condition time period is 12 months prior to policy effective date.
- Return of Premium Upon Death of the Insured is not available.
- Benefit Extension Rider is not available.
- Accidental Death & Dismemberment Rider is not available.

Washington

Withdrew product filing from state due to objections

West Virginia

- Minimum benefit amount is \$25,000.
- If Invasive Cancer or Cancer In Situ initially both manifests and is diagnosed more than 30 days after the date coverage on the insured person becomes effective under the policy we will pay the maximum benefit percentage.

Wisconsin

No product benefit variation

Wyoming

No product benefit variation

Underwriting

Completion of the Application

The application is a part of the contract. It is important, therefore, that all statements be complete and accurate. Please complete all questions in full. Questions are not to be left blank, as this could delay processing.

When it is necessary to correct a mistake on the application, always do so in the presence of the applicant, who must then initial the correction. Please refrain from using white-out correction fluids or tapes.

The application is the foundation of the policy, which is a legal contract between the insured, and the insurance company. Applications must be completed, dated and signed by the applicant and/or proposed insured(s), (if different from the applicant), and witnessed by the agent. It is strongly recommended the agent witness the completion of the application in the presence of the applicant/proposed insured whenever possible. The application date is the date the application is written.

The application cannot be back-dated for any reason.

General Information

Final underwriting action may differ from those indicated in this guide as American General Life's underwriting team has access to additional information beyond what is provided on the application. Please advise your clients that only the underwriting department can determine the final disposition of their application.

This is strictly a guide. The company reserves the right to consider each applicant on his or her merit.

Medical Requirements

Nonmedical

Face amounts up to \$100,000

- Completion of the application is required. Underwriting will review the application and other resources to determine if any additional requirements are necessary.

force for the applicant by all American General Life Insurance Companies within the past 12 months.

Face amounts \$100,001 and greater

- Completion of the application is required
- Personal history interviews may be required at the discretion of the underwriter
- Additional testing or medical records will be requested at the discretion of the underwriter

Medical

Requirements are driven by both age and face amount. Face amount is based on the total number of critical illness coverage policies issued and in

Face Amount	Ages 18–40	Ages 41–50	Ages 51–64
\$100,001–249,999	PM, B/U	PM, B/U	PM, B/U, EKG
\$250,000–500,000	PM, B/U	PM, B/U, PHI, APS	PM, B/U, PHI, APS, EKG

APS Attending Physician Statement
 B/U Full Blood Profile and Urinalysis
 EKG Resting EKG

PHI Personal History Interview
 PM Paramedical Exam to Include Height/
 Weight, Blood Pressure and Pulse

Nicotine

Nicotine usage is considered as use of any product that contains nicotine, such as cigarettes, cigars, pipes, chewing tobacco, and nicotine gum or patches.

To be considered a non-nicotine applicant, there must have been no use within the last year prior to the application date.

Build (Height and Weight)

The following chart is provided to assist in selecting applicants who do not exceed the maximum weight established. Applicants who exceed the established limit are not eligible for coverage. Applicants whose height and weight falls between average weight and maximum weight will be evaluated based on weight and other possible health risk factors.

Height/Weight Charts

Height/Weight Chart – Male (Ages 15 and over)				
Height		Minimum Weight	Average Weight	Maximum Weight
Feet	Inches			
5	0	90	129	199
5	1	93	133	205
5	2	97	138	213
5	3	100	143	220
5	4	103	147	226
5	5	106	151	233
5	6	109	156	240
5	7	112	160	246
5	8	116	165	254
5	9	119	170	262
5	10	122	174	268
5	11	125	179	276
6	0	129	184	283
6	1	133	190	293
6	2	137	195	300
6	3	141	201	310
6	4	144	206	317
6	5	148	211	325
6	6	152	217	334
6	7	156	223	343
6	8	160	228	351

Height/Weight Chart – Female (Ages 15 and over)				
Height		Minimum Weight	Average Weight	Maximum Weight
Feet	Inches			
4	8	75	107	177
4	9	77	110	182
4	10	79	113	186
4	11	81	115	190
5	0	83	118	195
5	1	85	121	200
5	2	87	124	205
5	3	90	128	211
5	4	92	131	216
5	5	94	134	221
5	6	96	137	226
5	7	99	141	233
5	8	102	145	239
5	9	105	150	248
5	10	107	153	252
5	11	111	159	265
6	0	115	164	271
6	1	118	168	277
6	2	120	172	284
6	3	123	176	290
6	4	127	180	299

Common Medical Conditions

CriticalCare Plus is a fully underwritten product. Although our ultimate decision is either to issue or decline coverage (no rate-ups, exclusionary riders or flat extra premiums), we are able to use any and all risk selection tools at our disposal. This might include medical exams, APS, blood profile, EKG, specimen, telephone interviews, etc.

The following is intended to assist you in your field underwriting:

Generally, an applicant is not eligible for coverage if he or she has ever had a history of any of the critical illness events that trigger a benefit of the policy. This includes but is not limited to heart conditions, heart attacks and bypass surgery, and any form of cancer other than minor skin cancer.

Applicants who have a medical condition that might lead to a critical illness must be underwritten very carefully. The most common are:

Asthma and/or Allergy

- Will accept if controlled without steroid use
- Will not consider if there is ongoing steroid use, there are over 10 attacks per year, status asthmaticus is involved, and/or applicant has been hospitalized within two years

Colon Polyps

- Will consider if removed, and was diagnosed as being hyperplastic or hamartomatous
- Will not consider if the following situations exist:
 - The polyp is present
 - It is pre-malignant, malignant or In Situ
 - It has been removed and is adenomatous, tubular or villous

Depression/Anxiety

- Will offer individual consideration if the depression was for a short period of time and initially triggered by a traumatic event, such as the death of a family member or loved one. We may be able to offer if it was a single episode of minor depression or anxiety controlled with or without medication. In addition, there had to have been no in-patient or out-patient treatment, no lithium or ECT use, and no history of substance abuse or suicide attempts or ideations.
- Will not consider if multiple episodes occurred or if:
 - Applicant was diagnosed as having major depression or bipolar disorder
 - Applicant presents a history of lithium or ECT use, in-patient or out-patient treatment, or substance abuse
 - A suicide attempt or ideation was made

Ear Disorders

- Will consider labyrinthitis (not associated with any impairment), mastoiditis (mild and acute), and otitis externa, after full recovery
- Will offer individual consideration to Meniere's disease
- Will not consider if there is a history of deafness, hearing loss, use of a hearing aid, otosclerosis or tinnitus

Common Medical Conditions (cont.)

Epilepsy

- Will consider if applicant experienced only one seizure over six months ago with a negative investigation
- Individual consideration will be given in the case of multiple seizures that are well controlled with the last being over six months ago
- Will not consider if applicant has experienced a seizure with onset after age 60 or status epilepticus

Eye Disorders

- Will consider conjunctivitis, corneal ulcer, iritis, keratitis and surgically corrected cataract, after full recovery
- Will consider retinal detachments or hemorrhage caused by trauma or cause unknown after fully recovered
- Will not consider if there is a history of glaucoma, optic neuritis, macular degeneration, blindness, partial blindness or impaired vision

High Blood Pressure

We will consider an applicant with “controlled” high blood pressure. In order to help us make a decision, the agent must provide us with:

- Date diagnosed
- Date and level of most recent blood pressure reading and average reading over past six months
- Type of treatment received
- If on medication, name and dosage
- Physician’s statement on whether the condition is under control
- Confirmation that cardiac testing was completed with names of tests, dates and results

Hypercholesterolemia

Consideration will be given subject to the following information:

- Date diagnosed
- Date and level of most recent total cholesterol and HDL cholesterol readings
- Physician’s statement on whether the condition is under control
- Disclosure of any other cardiovascular conditions or complications

Mitral Valve Prolapse

Will consider if diagnosed as being asymptomatic.

Skin Cancer

- We will accept applications with the cancer benefit if the skin cancer is diagnosed as basal cell or squamous cell carcinoma. It must be a one-time occurrence, with six months having elapsed since the removal.
- Individual consideration will be given without the cancer benefit if there were multiple occurrences or multiple sites
- All other forms of skin cancer are a decline for 10 years, with individual consideration afterward

Ineligible Conditions

Common medical conditions that are considered uninsurable. This list is not all-inclusive.

AIDS/HIV or ARC Positive
Alcoholism (within five years)²²
Alzheimer's Disease
Aneurysm
Angina Pectoris
Arteriosclerosis
Atherosclerosis
Atrial Fibrillation
Cancers, including melanoma
Cerebrovascular Accident
Congestive Heart Failure
Coronary Artery Bypass
Crohn's Disease
Cystic Fibrosis
Diabetes
Drug Abuse (within 5 years)¹⁴
Heart Attack
Hepatitis B, C
Hodgkin's Disease
Intermittent Claudication
Ischemic Heart Disease
Kidney Disease (chronic)
Leukemia
Liver Disorders
Malignant Tumors
Muscular Dystrophy
Multiple Sclerosis
Myocardial Infarction
Paget's Disease
Polyarteritis Nodosa
Polycystic Renal Disease
Pulmonary Embolism
Renal Dialysis
Stroke
Systemic Lupus Erythematosus
Transient Ischemic Attack (TIA)
Valvular Heart Surgery

Ineligible Weight Conditions

- Involuntary weight loss of 20 pounds or more within six months of application
- Weight that exceeds the established underwriting limit

Confidential Personal Information

Disclosure of personal health information is in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulation. Therefore, the underwriting department is not allowed to disclose personal health information except in the following format:

- The proposed insured makes a written request to the underwriting department to disclose the history
- The underwriting department will provide the necessary request form to the proposed insured
- The form will need to be completed, notarized and returned to the underwriting department
- Personal history will be disclosed to the proposed insured, the designated physician or a third party based on the request form

Age Calculation

Rates are based on issue age.

Family Unit

Coverage and eligibility for family units include one or more members of the immediate family, consisting of a husband, wife and their unmarried, dependent children. Legally adopted children and stepchildren of either the insured or spouse will also be considered part of the family unit. Children must be dependent on the insured or spouse and living in the same household or enrolled on full-time basis in a college or university. Specific state guidelines regarding age limitations do apply.

²² Alcoholism/drug addiction can be considered after five years on an individual basis. History of IV drug use will be declined.

Underwriting Information Sources

Medical Information Bureau (MIB)

MIB will be utilized on all adult applicants applying for coverage. Information furnished by the bureau may provide an alert as to the possible need for further investigation, but under MIB rules, it cannot be used as the basis for evaluating risks.

Attending Physician's Statement (APS)

An Attending Physician's Statement is a confidential request and reply from the proposed insured's physician in regard to the applicant's medical treatment. Medical records will be required on all applicants applying for face amounts of \$250,000 and greater or at the discretion of the underwriter. Please advise your client of the possibility of requiring medical records in order to evaluate appropriate risks. Delays in processing may be due to requests for these records.

Personal History Interview (PHI)

Personal History Interview is a method for the underwriting department to clarify and verify information obtained on the application or other sources. PHIs will be required on face amounts \$250,000 or greater or at the discretion of the underwriter. Please make applicants aware of the possibility of receiving a phone call from American General Life to confirm medical information. Coverage cannot be issued unless contact has been made and all information required has been completed.

Motor Vehicle Report (MVR)

A Motor Vehicle Report will be requested at the discretion of the underwriter.

Field Medical Underwriting Tips

- Provide complete information on past and current medical history, including dates, type of treatment and physician name and address
- Never suggest or promise that a contract will be issued; only the underwriting department can make the final decision
- Write legibly with black ink when completing the application
- Select good risks, that is, clients who are in reasonably good health and are of sound moral character

Vocations/ Avocations

The applicant's occupation, duties and salary should be provided in detail on the application. Certain occupations or avocations have inherent hazards or other adverse risk characteristics. All occupations that are questionable should be investigated by obtaining details of the occupation and any risk factors. The following occupations or avocations present certain risk factors and will be declined.

Miners
Loggers
Stunt Performers
Professional Athletes
Explosive Workers
Circus Employees
Toxic Waste Handlers
Missionaries
Divers 60+ Feet (Skin/SCUBA)
Racers (Car, Motorcycle etc.)
Hang Gliders
Rodeo Participants
Parachuting/Skydiving

This list is not all-inclusive. Use underwriting discretion and common sense when reviewing occupations and avocations.

In addition to the above listing, the insurance company reserves the right to decline any firm or individual which is involved in certain extra-hazardous industries that do not conform to sound underwriting practices.

Non-U.S. Citizens

Non-U.S. citizens consist of immigrants, refugees, resident aliens and persons visiting on a temporary basis. Candidates must provide U.S. citizen status or meet permanent residency status. Candidates must have lived in the United States more than two years and have medical documentation by a U.S. physician. Applicants who are applying for permanent residency status will be reviewed on an individual basis. Applicants must provide occupation and country of origin, display U.S. stability, and provide a copy of the residency application.

Aviation

Private pilots (Under the age of 70)

- Pilots who fly less than 300 hours annually. Standard
- 301+ hours annually.Decline
- Less than 75 total hours flying experienceDecline

Student pilots

- Less than 75 total hours flying experienceDecline

Instructors

- Less than 300 hours of total solo flying.Decline
- 300+ hours of solo flying and flies 200+ hours annually. Standard

Commercial pilots and crew

- Passenger and cargo (this includes large airlines and commuter carriers.) Standard
- All other Individual consideration

Any pilot who performs the following will be declined:

- Stunting
- Crop dusting
- Forestry service
- Experimental

Clients who were former pilots can be considered standard if the proposed insured has not flown within two years and presents satisfactory evidence that he/she has no intention of flying as a pilot in the future.

Family History

Family history plays an important role in the risk selection for critical illness protection. Coverage will not be issued if two or more first-degree relatives, which includes mother, father and siblings, are diagnosed or treated for the following:

- Cancer prior to age 55
- Premature coronary heart disease (male prior to age 55, female prior to age 65)
- History of polycystic kidney disease
- Cerebrovascular disease prior to age 55

Financial Information

Personal Insurance

Minimum face amount \$10,000

Maximum face amount

- Insured \$500,000 not to exceed 5 times annual earnings (\$150,000 if BER is elected)
- Insured child. \$50,000, not to exceed the primary insured amount
- Insured spouse Not to exceed the primary insured amount; not to exceed 50% of primary insured amount for non-working spouse

Financial inquiries of the applicant’s income will be occasionally requested.

Additional information may be needed:

- If benefit amount exceeds established limit, or in financial requests such as mortgage and loan balances

Business Insurance

Key Person

Maximum of three times key person’s compensation. Justification of key person’s value and similar coverage will be required.

Buy/Sell

Amount should be proportional to the percentage of ownership of each partner with a buy/sell agreement in place.

Requirements

- Up to \$250,000: Provide personal income and business net worth, net income and percentage of ownership
- \$250,000 to 500,000: Provide financial questionnaire with full business details. Inspection report and/or business beneficiary report may be required.

Disclaimer

This information is strictly a guide. The company reserves the right to consider each applicant on his or her own merit. Internal guidelines and procedures provided by American General Life should always be considered in conjunction with these guidelines. This guide is under continuous review and will be periodically updated. Additional optional benefits sold in conjunction with CriticalCare Plus will be underwritten separately and guidelines will be provided by American General Life.

Declinations

Reasons why coverage would be declined on any individual:

- An existing condition/ disease or medical history identified as an ineligible condition
- Any use of narcotic drugs other than those prescribed by a physician
- Treatment for drug or alcohol addiction within the last five years. If over five years, applicants will be considered on an individual basis.
- History of IV drug usage
- Height and weight exceeds the established guidelines
- Applicant is disabled or receiving disability benefits
- Applicant has been advised to have surgery or special tests that have not yet been performed
- Multiple conditions exist that exceed established underwriting criteria. For example, a nicotine user with both hypertension and obesity would be declined due to adverse medical risks.

Rates

Important note: The rates on this page and the following pages are current as of June 30, 2009, and are based on state approvals as of June 30, 2009.

Modal Factor

Nationwide	
Annual	1.000
Semiannual	0.520
Quarterly	0.265
Monthly	0.095

Florida	
Annual	1.000
Semiannual	0.500
Quarterly	0.250
Monthly	0.0833

Policy Fee

\$0.40 per collected premium on all modes except annual

How to Calculate Rates

1. Multiply the rate per \$1,000 times the amount of coverage for each insured
2. Add the cost of any optional rider
3. Add base total and optional rider total
4. Multiply this amount by the appropriate modal factor
5. Add the policy fee (except for annual modes)

Example

Male, age 45, non-nicotine, purchasing \$150,000, and spouse, non-nicotine, age 40, purchasing \$100,000, Benefit Extension Rider and Lifetime plan; requesting monthly bank draft mode; national rates.

Nationwide		
Base Rate	13.39 X 150	\$2,008.50
	10.14 X 100	+ 1,014.00
Base Rate Total		3,022.50
Benefit	4.00 X 150	600.00
Extension Rate	1.99 X 100	+ 199.00
BER Total		799.00
Base + BER Total		3,821.50
x Modal Factor		x .095
		363.043
+ Policy Fee		+ 0.40
Monthly Premium		\$363.44

National Rates — Annual Rates per \$1,000 Coverage: 10-Year Plan

All states except AR, CA, FL, GA, ID, ME, MD, MT, NC, ND, NH, OK, PA, TX, UT, VA and WV

Premium Band I: \$10,000–\$50,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	2.70	3.17	3.28	4.20
25–29	2.97	3.67	4.53	6.32
30–34	3.92	5.64	5.48	8.29
35–39	6.18	10.98	7.09	11.96
40–44	10.04	21.74	9.70	18.58
45–49	14.86	37.81	13.45	29.10
50–54	19.90	54.74	16.89	39.36
55–59	28.31	79.75	22.97	55.43
60–64	n/a	n/a	n/a	n/a

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.06	1.57	1.81	2.78
25–29	1.44	2.25	3.00	4.83
30–34	2.42	4.21	3.99	6.87
35–39	4.76	9.54	5.65	10.53
40–44	8.61	20.28	8.27	17.14
45–49	13.42	36.32	12.03	27.64
50–54	18.56	53.34	15.57	38.01
55–59	26.91	78.29	21.62	54.03
60–64	n/a	n/a	n/a	n/a

Premium Band II: \$50,001–\$100,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.68	2.17	2.36	3.32
25–29	2.04	2.82	3.55	5.34
30–34	2.96	4.72	4.51	7.33
35–39	5.26	9.95	6.13	10.93
40–44	9.04	20.50	8.71	17.41
45–49	13.77	36.24	12.38	27.71
50–54	18.65	52.90	15.74	37.83
55–59	26.95	77.43	21.72	53.58
60–64	n/a	n/a	n/a	n/a

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.04	1.54	1.77	2.73
25–29	1.41	2.21	2.94	4.74
30–34	2.37	4.13	3.91	6.74
35–39	4.67	9.35	5.54	10.32
40–44	8.44	19.88	8.11	16.80
45–49	13.16	35.60	11.78	27.09
50–54	18.08	52.28	15.18	37.25
55–59	26.37	76.74	21.15	52.96
60–64	n/a	n/a	n/a	n/a

Premium Band III: \$100,001–\$500,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.28	1.65	1.82	2.57
25–29	1.54	2.13	2.72	4.07
30–34	2.28	3.64	3.42	5.58
35–39	4.15	7.94	4.69	8.39
40–44	7.22	16.52	6.73	13.52
45–49	10.94	28.82	9.58	21.47
50–54	14.84	41.69	12.15	29.11
55–59	21.14	59.09	16.79	40.93
60–64	n/a	n/a	n/a	n/a

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	0.98	1.34	1.55	2.29
25–29	1.24	1.83	2.42	3.80
30–34	1.99	3.37	3.15	5.31
35–39	3.88	7.66	4.42	8.11
40–44	6.95	16.24	6.45	13.24
45–49	10.66	28.53	9.30	21.19
50–54	14.58	41.42	11.90	28.85
55–59	20.88	58.81	16.53	40.66
60–64	n/a	n/a	n/a	n/a

Child Coverage—\$10,000–\$50,000

3.80

Juvenile Conversion—\$10,000–\$50,000

4.12

National Rates — Annual Rates per \$1,000 Coverage: 15-Year Plan

All states except AR, CA, FL, GA, ID, ME, MD, MT, NC, ND, NH, OK, PA, TX, UT, VA and WV

Premium Band I: \$10,000–\$50,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	2.71	3.27	3.43	4.51
25–29	3.25	4.35	4.71	6.75
30–34	4.49	7.14	5.81	9.10
35–39	7.08	13.77	7.64	13.51
40–44	10.99	25.18	10.41	20.83
45–49	16.51	39.13	14.48	32.01
50–54	21.57	58.81	18.15	42.44
55–59	31.01	85.52	24.48	58.31
60–64	40.51	n/a	31.07	n/a

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.14	1.74	2.01	3.16
25–29	1.72	2.86	3.20	5.29
30–34	3.07	5.79	4.35	7.75
35–39	5.73	12.41	6.23	12.14
40–44	9.64	23.78	9.05	19.45
45–49	15.14	37.81	13.10	30.59
50–54	20.27	57.41	16.88	41.11
55–59	29.66	84.04	23.17	56.93
60–64	39.01	n/a	29.59	n/a

Premium Band II: \$50,001–\$100,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.76	2.33	2.53	3.66
25–29	2.31	3.39	3.75	5.76
30–34	3.58	6.26	4.84	8.17
35–39	6.19	12.76	6.69	12.51
40–44	10.04	23.94	9.47	19.68
45–49	15.44	37.45	13.45	30.65
50–54	20.44	57.02	17.09	40.95
55–59	29.73	83.28	23.32	56.54
60–64	39.08	n/a	29.77	n/a

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.12	1.71	1.97	3.10
25–29	1.69	2.81	3.14	5.20
30–34	3.02	5.69	4.27	7.61
35–39	5.63	12.19	6.12	11.93
40–44	9.47	23.35	8.89	19.10
45–49	14.86	36.79	12.87	30.04
50–54	19.88	56.38	16.55	40.37
55–59	29.13	82.54	22.75	55.91
60–64	38.31	n/a	29.06	n/a

Premium Band III: \$100,001–\$500,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.31	1.74	1.93	2.82
25–29	1.76	2.63	2.84	4.39
30–34	2.81	5.04	3.68	6.28
35–39	5.01	10.58	5.15	9.78
40–44	8.13	19.76	7.37	15.54
45–49	12.44	33.23	10.50	24.08
50–54	16.41	45.25	13.35	31.88
55–59	23.31	63.00	18.07	43.06
60–64	25.16	n/a	19.17	n/a

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.02	1.46	1.68	2.57
25–29	1.48	2.35	2.56	4.13
30–34	2.57	4.79	3.42	6.03
35–39	4.76	10.33	4.91	9.53
40–44	7.88	19.51	7.13	15.29
45–49	12.19	32.97	10.25	23.83
50–54	16.17	45.00	13.12	31.64
55–59	23.07	62.73	17.84	42.82
60–64	24.89	n/a	18.92	n/a

Child Coverage — \$10,000–\$50,000
3.90

Juvenile Conversion — \$10,000–\$50,000
4.43

National Rates — Annual Rates per \$1,000 Coverage: 20-Year Plan

All states except AR, CA, FL, GA, ID, ME, MD, MT, NC, ND, NH, OK, PA, TX, UT, VA and WV

Premium Band I: \$10,000–\$50,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	3.05	3.80	3.75	4.94
25–29	3.76	5.25	5.20	7.50
30–34	5.11	8.53	6.41	10.19
35–39	7.74	15.33	8.34	14.86
40–44	12.00	27.15	11.23	22.43
45–49	17.64	40.93	14.74	32.23
50–54	22.86	60.68	19.11	43.98
55–59	31.44	86.68	24.90	59.32
60–64	41.35	n/a	31.79	n/a

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.30	2.06	2.13	3.41
25–29	2.06	3.59	3.48	5.84
30–34	3.54	7.04	4.74	8.64
35–39	6.25	13.81	6.75	13.37
40–44	10.50	25.58	9.72	20.88
45–49	16.09	39.53	13.95	30.75
50–54	21.48	59.09	17.73	42.48
55–59	29.91	84.05	23.42	57.75
60–64	39.72	n/a	30.20	n/a

Premium Band II: \$50,001–\$100,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	2.01	2.74	2.72	3.97
25–29	2.71	4.17	4.11	6.38
30–34	4.10	7.54	5.31	9.12
35–39	6.76	14.21	7.25	13.75
40–44	10.94	25.79	10.18	21.17
45–49	15.73	38.66	13.69	30.84
50–54	21.58	58.76	17.98	42.38
55–59	30.06	85.14	23.65	57.45
60–64	39.90	n/a	30.46	n/a

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.28	2.02	2.09	3.35
25–29	2.02	3.53	3.42	5.74
30–34	3.48	6.91	4.66	8.49
35–39	6.14	13.57	6.63	13.12
40–44	10.31	25.12	9.55	20.51
45–49	15.12	38.60	13.09	30.21
50–54	20.96	58.04	17.38	41.72
55–59	29.37	82.55	23.00	56.72
60–64	39.01	n/a	29.66	n/a

Premium Band III: \$100,001–\$500,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.52	2.13	2.11	3.14
25–29	2.17	3.51	3.14	4.98
30–34	3.41	6.87	4.12	7.25
35–39	5.69	12.59	5.70	11.16
40–44	9.13	22.33	8.09	17.27
45–49	12.98	33.35	10.88	24.40
50–54	17.73	47.37	14.27	33.39
55–59	23.32	63.01	18.08	43.07
60–64	25.31	n/a	19.48	n/a

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.22	1.83	1.84	2.89
25–29	1.86	3.21	2.84	4.68
30–34	3.15	6.38	3.82	7.00
35–39	5.44	12.34	5.44	10.91
40–44	8.87	22.07	7.83	17.01
45–49	12.96	33.10	10.60	24.15
50–54	17.49	47.08	14.03	33.14
55–59	23.08	62.74	17.85	42.83
60–64	25.02	n/a	19.21	n/a

Child Coverage—\$10,000–\$50,000
4.00

Juvenile Conversion—\$10,000–\$50,000
4.85

National Rates — Annual Rates per \$1,000 Coverage: 30-Year Plan

All states except AR, CA, FL, GA, ID, ME, MD, MT, NC, ND, NH, OK, PA, TX, UT, VA and WV

Premium Band I: \$10,000–\$50,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	3.82	5.38	4.36	6.08
25–29	4.79	7.69	5.61	9.30
30–34	6.42	11.62	6.84	11.50
35–39	9.37	18.70	8.73	16.25
40–44	13.89	28.61	11.76	23.27
45–49	19.06	42.60	15.12	32.37
50–54	23.14	61.94	19.47	44.77
55–59	31.77	89.23	25.24	60.14
60–64	42.06	n/a	32.43	n/a

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.90	3.43	2.60	4.42
25–29	2.95	5.85	4.16	7.41
30–34	4.75	10.00	5.67	10.80
35–39	7.77	17.04	7.95	15.00
40–44	12.25	27.30	11.14	21.99
45–49	17.37	41.22	14.91	30.94
50–54	21.56	60.16	17.94	43.13
55–59	30.06	87.32	23.61	58.39
60–64	40.32	n/a	30.72	n/a

Premium Band II: \$50,001–\$100,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	2.66	4.19	3.22	5.01
25–29	3.62	6.47	4.88	8.04
30–34	5.35	10.53	6.30	11.32
35–39	8.33	15.95	8.00	15.36
40–44	11.90	26.30	10.68	21.73
45–49	16.15	40.87	14.00	31.17
50–54	21.93	60.08	18.33	43.21
55–59	30.39	87.00	23.98	58.35
60–64	40.72	n/a	31.16	n/a

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.87	3.38	2.56	4.35
25–29	2.91	5.76	4.10	7.30
30–34	4.68	9.85	5.59	10.64
35–39	7.66	15.74	7.83	14.72
40–44	11.84	25.50	10.00	21.10
45–49	15.59	40.10	13.40	30.38
50–54	21.23	59.26	17.66	42.48
55–59	29.61	86.02	23.25	57.52
60–64	39.71	n/a	30.26	n/a

Premium Band III: \$100,001–\$500,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	2.11	3.59	2.54	4.06
25–29	3.02	5.87	3.76	6.50
30–34	4.52	9.66	4.95	9.32
35–39	6.97	14.79	6.73	12.63
40–44	10.57	22.75	8.46	17.77
45–49	13.19	33.42	11.00	24.52
50–54	17.74	47.38	14.28	33.40
55–59	23.33	63.02	18.09	43.08
60–64	26.23	n/a	20.35	n/a

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.81	3.28	2.23	3.75
25–29	2.71	5.57	3.45	6.19
30–34	4.21	9.35	4.64	9.00
35–39	6.71	14.50	6.42	12.50
40–44	10.30	22.52	8.44	17.54
45–49	13.14	33.16	10.80	24.29
50–54	17.50	47.09	14.04	33.15
55–59	23.09	62.75	17.86	42.84
60–64	25.91	n/a	20.06	n/a

Child Coverage—\$10,000–\$50,000

4.10

Juvenile Conversion—\$10,000–\$50,000

5.99

National Rates — Annual Rates per \$1,000 Coverage: Lifetime Plan

All states except AR, CA, FL, GA, ID, ME, MD, MT, NC, ND, NH, OK, PA, TX, UT, VA and WV

Premium Band I: \$10,000–\$50,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	5.72	7.13	5.03	7.47
25–29	6.95	9.18	6.03	9.93
30–34	8.58	13.37	7.29	12.70
35–39	11.48	19.63	9.14	16.93
40–44	15.81	29.17	12.32	23.28
45–49	20.58	42.62	15.24	32.59
50–54	26.09	61.96	19.56	44.81
55–59	33.91	89.27	25.31	60.21
60–64	45.32	n/a	32.53	n/a

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	5.45	6.66	4.42	6.03
25–29	6.62	8.68	5.30	8.40
30–34	8.22	11.71	6.32	11.06
35–39	10.39	17.99	8.23	15.21
40–44	15.18	27.53	11.24	22.00
45–49	19.97	41.23	14.92	31.04
50–54	25.57	60.21	18.07	43.17
55–59	31.95	87.43	23.70	58.48
60–64	40.42	n/a	30.88	n/a

Premium Band II: \$50,001–\$100,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	5.64	6.54	4.57	6.35
25–29	6.85	8.53	5.48	8.83
30–34	8.06	11.10	6.54	11.45
35–39	9.73	16.48	8.19	15.55
40–44	12.33	26.33	10.75	21.88
45–49	16.30	41.08	14.17	31.23
50–54	21.95	60.10	18.41	43.25
55–59	30.44	87.04	24.05	58.42
60–64	40.79	n/a	31.25	n/a

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	5.37	6.38	4.35	5.83
25–29	6.52	8.32	5.22	8.23
30–34	7.90	10.82	6.23	10.85
35–39	9.54	15.85	8.06	14.93
40–44	12.08	25.66	10.14	21.23
45–49	15.65	40.36	13.54	30.55
50–54	21.25	59.28	17.75	42.51
55–59	29.66	86.06	23.32	57.58
60–64	39.78	n/a	30.36	n/a

Premium Band III: \$100,001–\$500,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	5.02	6.05	3.96	5.65
25–29	5.93	7.98	4.87	7.52
30–34	7.15	10.20	5.78	9.64
35–39	8.53	14.92	7.00	12.91
40–44	10.80	22.82	8.82	17.83
45–49	13.39	33.49	11.07	24.62
50–54	17.75	47.39	14.29	33.41
55–59	23.34	63.03	18.10	43.09
60–64	26.88	n/a	20.39	n/a

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	4.92	5.93	3.84	5.42
25–29	5.81	7.89	4.77	7.29
30–34	7.01	10.10	5.72	9.40
35–39	8.36	14.69	6.93	12.66
40–44	10.70	22.57	8.73	17.58
45–49	13.32	33.23	10.85	24.37
50–54	17.51	47.10	14.05	33.16
55–59	23.10	62.76	17.87	42.85
60–64	25.95	n/a	20.10	n/a

Child Coverage—\$10,000–\$50,000
4.20

Juvenile Conversion—\$10,000–\$50,000
7.15

National Rates — Annual Rates per \$1,000 Coverage

Benefit Extension Rider/Accidental Death and Dismemberment Rider/Medical Personnel HIV Rider

All states except AR, CA, FL, GA, ID, ME, MD, MT, NC, ND, NH, OK, PA, TX, UT, VA and WV

Benefit Extension Rider

MALE COVERAGE										
Issue Age	Non-nicotine					Nicotine				
	10 Yr Plan	15 Yr Plan	20 Yr Plan	30 Yr Plan	Lifetime Plan	10 Yr Plan	15 Yr Plan	20 Yr Plan	30 Yr Plan	Lifetime Plan
18–24	0.32	0.41	0.60	0.78	0.87	0.75	1.10	1.44	1.82	2.05
25–29	0.40	0.58	0.76	0.98	1.10	0.94	1.75	1.79	2.27	2.56
30–34	0.56	0.80	1.05	1.36	1.53	1.32	1.94	2.51	3.19	3.59
35–39	0.78	1.35	1.46	1.89	2.12	1.82	2.48	3.47	4.40	4.95
40–44	1.15	1.56	2.15	2.78	3.12	2.66	3.64	5.09	6.46	7.27
45–49	1.46	2.00	2.75	3.55	4.00	3.41	4.65	6.51	8.26	9.30
50–54	1.92	2.61	3.60	4.65	5.23	4.79	6.53	9.15	11.62	13.07
55–59	2.27	3.09	4.26	5.50	6.18	5.81	7.93	11.10	14.10	15.86
60–64	n/a	3.83	5.28	6.81	7.66	n/a	n/a	n/a	n/a	n/a

FEMALE COVERAGE										
Issue Age	Non-nicotine					Nicotine				
	10 Yr Plan	15 Yr Plan	20 Yr Plan	30 Yr Plan	Lifetime Plan	10 Yr Plan	15 Yr Plan	20 Yr Plan	30 Yr Plan	Lifetime Plan
18–24	0.33	0.45	0.62	0.80	0.95	0.83	1.13	1.58	2.00	2.25
25–29	0.39	0.53	0.73	0.94	1.11	0.98	1.33	1.86	2.37	2.66
30–34	0.45	0.61	0.84	1.08	1.28	1.12	1.53	2.14	2.72	3.06
35–39	0.56	0.77	1.05	1.36	1.62	1.55	2.12	2.97	3.77	4.24
40–44	0.69	0.94	1.30	1.67	1.99	1.75	2.39	3.35	4.25	4.78
45–49	0.84	1.15	1.58	2.04	2.42	2.13	2.91	4.07	5.17	5.81
50–54	1.06	1.45	2.00	2.58	3.06	2.71	3.69	5.17	6.56	7.38
55–59	1.45	1.84	2.54	3.27	3.89	3.42	4.67	6.54	8.30	9.34
60–64	n/a	2.21	3.04	3.92	4.66	n/a	n/a	n/a	n/a	n/a

CHILD COVERAGE					
Age	10 Year Plan	15 Year Plan	20 Year Plan	30 Year Plan	Lifetime Plan
All Ages	1.00	1.50	2.00	2.55	2.73

Accidental Death and Dismemberment Rider

Annual Rates Per \$25,000 coverage (Each Unit is \$25,000)

Age	10 Year Plan*	15 Year Plan	20 Year Plan	30 Year Plan	Lifetime Plan
All Ages	25.75	27.50	31.00	36.00	37.00

Medical Personnel HIV Rider

Annual Rates Per \$1,000 coverage

Age	10 Year Plan*	15 Year Plan	20 Year Plan	30 Year Plan	Lifetime Plan
18–39	0.38	0.49	0.63	0.70	0.74
40–64	0.16	0.17	0.22	0.27	0.30

*Issue ages 18–64 (18-59 for the 10-Year Term Plan).

AR, MD, ME, NC, ND, NH, UT and WV Rates — Annual Rates per \$1,000 Coverage: 10-Year Plan

Premium Band I: \$10,000–\$50,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	2.73	3.20	3.31	4.24
25–29	3.00	3.71	4.58	6.38
30–34	3.96	5.70	5.53	8.37
35–39	6.24	11.09	7.16	12.08
40–44	10.14	21.96	9.80	18.77
45–49	15.01	38.19	13.58	29.39
50–54	20.29	55.71	17.23	40.15
55–59	28.88	80.55	23.43	56.46
60–64	n/a	n/a	n/a	n/a

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.07	1.59	1.83	2.81
25–29	1.45	2.27	3.03	4.88
30–34	2.44	4.25	4.03	6.94
35–39	4.81	9.64	5.71	10.64
40–44	8.70	20.48	8.35	17.31
45–49	13.55	36.68	12.15	27.92
50–54	18.93	54.27	15.88	38.77
55–59	27.45	79.07	22.05	55.03
60–64	n/a	n/a	n/a	n/a

Premium Band II: \$50,001–\$100,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.70	2.19	2.38	3.35
25–29	2.06	2.85	3.59	5.39
30–34	2.99	4.77	4.56	7.40
35–39	5.31	10.05	6.19	11.04
40–44	9.13	20.71	8.80	17.58
45–49	13.91	36.60	12.50	27.99
50–54	18.84	53.43	15.90	38.21
55–59	27.22	78.20	21.94	54.12
60–64	n/a	n/a	n/a	n/a

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.05	1.56	1.79	2.76
25–29	1.42	2.23	2.97	4.79
30–34	2.39	4.17	3.95	6.81
35–39	4.72	9.44	5.60	10.42
40–44	8.52	20.08	8.19	16.97
45–49	13.29	35.96	11.90	27.36
50–54	18.26	52.80	15.33	37.62
55–59	26.63	77.51	21.36	53.49
60–64	n/a	n/a	n/a	n/a

Premium Band III: \$100,001–\$500,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.29	1.67	1.84	2.60
25–29	1.56	2.15	2.75	4.11
30–34	2.30	3.68	3.45	5.64
35–39	4.19	8.02	4.74	8.47
40–44	7.29	16.69	6.80	13.66
45–49	11.05	29.11	9.68	21.68
50–54	15.12	42.50	12.39	29.69
55–59	21.56	60.27	17.13	41.75
60–64	n/a	n/a	n/a	n/a

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	0.99	1.35	1.57	2.31
25–29	1.25	1.85	2.44	3.84
30–34	2.01	3.40	3.18	5.36
35–39	3.92	7.74	4.46	8.19
40–44	7.02	16.40	6.51	13.37
45–49	10.77	28.82	9.39	21.40
50–54	14.86	42.23	12.14	29.43
55–59	21.30	59.99	16.86	41.47
60–64	n/a	n/a	n/a	n/a

Child Coverage—\$10,000–\$50,000
3.80

Juvenile Conversion—\$10,000–\$50,000
4.12

AR, MD, ME, NC, ND, NH, UT and WV Rates — Annual Rates per \$1,000 Coverage: 15-Year Plan

Premium Band I: \$10,000–\$50,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	2.74	3.30	3.46	4.56
25–29	3.28	4.39	4.76	6.82
30–34	4.53	7.21	5.87	9.19
35–39	7.15	13.91	7.72	13.65
40–44	11.10	25.43	10.51	21.04
45–49	16.68	39.81	14.62	32.33
50–54	21.97	59.70	18.51	43.25
55–59	31.48	86.38	24.89	58.89
60–64	40.92	n/a	31.38	n/a

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.15	1.76	2.03	3.19
25–29	1.74	2.89	3.23	5.34
30–34	3.10	5.85	4.39	7.83
35–39	5.79	12.53	6.29	12.26
40–44	9.74	24.02	9.14	19.64
45–49	15.29	38.48	13.23	30.90
50–54	20.64	58.27	17.22	41.91
55–59	29.96	84.88	23.56	57.50
60–64	39.40	n/a	29.89	n/a

Premium Band II: \$50,001–\$100,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.78	2.35	2.56	3.70
25–29	2.33	3.42	3.79	5.82
30–34	3.62	6.32	4.89	8.25
35–39	6.25	12.89	6.76	12.64
40–44	10.14	24.18	9.56	19.88
45–49	15.59	37.82	13.58	30.96
50–54	20.64	57.59	17.26	41.36
55–59	30.03	84.11	23.55	57.11
60–64	39.47	n/a	30.07	n/a

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.13	1.73	1.99	3.13
25–29	1.71	2.84	3.17	5.25
30–34	3.05	5.75	4.31	7.69
35–39	5.69	12.31	6.18	12.05
40–44	9.56	23.58	8.98	19.29
45–49	15.01	37.16	13.00	30.34
50–54	20.08	56.94	16.72	40.77
55–59	29.42	83.37	22.98	56.47
60–64	38.69	n/a	29.35	n/a

Premium Band III: \$100,001–\$500,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.32	1.76	1.95	2.85
25–29	1.78	2.66	2.87	4.43
30–34	2.84	5.09	3.72	6.34
35–39	5.06	10.69	5.20	9.88
40–44	8.21	19.96	7.44	15.70
45–49	12.56	33.56	10.61	24.32
50–54	16.69	46.05	13.62	32.52
55–59	23.76	64.26	18.43	43.92
60–64	25.66	n/a	19.55	n/a

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.03	1.47	1.70	2.60
25–29	1.49	2.37	2.59	4.17
30–34	2.60	4.84	3.45	6.09
35–39	4.81	10.43	4.96	9.63
40–44	7.96	19.71	7.20	15.44
45–49	12.31	33.30	10.35	24.07
50–54	16.46	45.80	13.38	32.27
55–59	23.51	63.98	18.20	43.68
60–64	25.39	n/a	19.30	n/a

Child Coverage—\$10,000–\$50,000
3.90

Juvenile Conversion—\$10,000–\$50,000
4.43

AR, MD, ME, NC, ND, NH, UT, WV Rates

Premium Band I: \$10,000–\$50,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	3.08	3.84	3.79	4.99
25–29	3.80	5.30	5.25	7.58
30–34	5.16	8.62	6.47	10.29
35–39	7.82	15.48	8.42	15.01
40–44	12.12	27.42	11.34	22.65
45–49	17.82	41.65	14.89	32.55
50–54	23.28	61.66	19.48	44.79
55–59	31.75	87.55	25.15	59.91
60–64	41.76	n/a	32.11	n/a

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.31	2.08	2.15	3.44
25–29	2.08	3.63	3.51	5.90
30–34	3.58	7.11	4.79	8.73
35–39	6.31	13.95	6.82	13.50
40–44	10.61	25.84	9.82	21.09
45–49	16.25	40.24	14.09	31.06
50–54	21.88	60.13	18.08	43.33
55–59	30.21	84.89	23.65	58.33
60–64	40.12	n/a	30.50	n/a

Premium Band II: \$50,001–\$100,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	2.03	2.77	2.75	4.01
25–29	2.74	4.21	4.15	6.44
30–34	4.14	7.62	5.36	9.21
35–39	6.83	14.35	7.32	13.89
40–44	11.05	26.05	10.28	21.38
45–49	15.89	39.05	13.83	31.15
50–54	21.80	59.35	18.16	42.80
55–59	30.36	85.99	23.89	58.02
60–64	40.30	n/a	30.76	n/a

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.29	2.04	2.11	3.38
25–29	2.04	3.57	3.45	5.80
30–34	3.51	6.98	4.71	8.57
35–39	6.20	13.71	6.70	13.25
40–44	10.41	25.37	9.65	20.72
45–49	15.27	38.99	13.22	30.51
50–54	21.17	58.62	17.55	42.14
55–59	29.66	83.38	23.23	57.29
60–64	39.40	n/a	29.96	n/a

Premium Band III: \$100,001–\$500,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.54	2.15	2.13	3.17
25–29	2.19	3.55	3.17	5.03
30–34	3.44	6.94	4.16	7.32
35–39	5.75	12.72	5.76	11.27
40–44	9.22	22.55	8.17	17.44
45–49	13.11	33.68	10.99	24.64
50–54	18.03	48.22	14.56	34.06
55–59	23.77	64.27	18.44	43.93
60–64	25.82	n/a	19.87	n/a

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.23	1.85	1.86	2.92
25–29	1.88	3.24	2.87	4.73
30–34	3.18	6.44	3.86	7.07
35–39	5.49	12.46	5.49	11.02
40–44	8.96	22.29	7.91	17.18
45–49	13.09	33.43	10.71	24.39
50–54	17.78	47.95	14.31	33.80
55–59	23.52	63.99	18.21	43.69
60–64	25.52	n/a	19.59	n/a

Child Coverage—\$10,000–\$50,000
4.00

Juvenile Conversion—\$10,000–\$50,000
4.85

AR, MD, ME, NC, ND, NH, UT and WV Rates — Annual Rates per \$1,000 Coverage: 30-Year Plan

Premium Band I: \$10,000–\$50,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	3.86	5.43	4.40	6.14
25–29	4.84	7.77	5.67	9.39
30–34	6.48	11.74	6.91	11.62
35–39	9.46	18.89	8.82	16.56
40–44	14.03	29.05	11.88	23.72
45–49	19.25	43.33	15.27	32.93
50–54	23.37	62.56	19.66	45.22
55–59	32.09	90.12	25.49	60.74
60–64	42.48	n/a	32.75	n/a

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.92	3.46	2.63	4.46
25–29	2.98	5.91	4.20	7.48
30–34	4.80	10.10	5.73	10.91
35–39	7.85	17.21	8.03	15.30
40–44	12.37	27.72	11.25	22.42
45–49	17.54	41.94	15.06	31.56
50–54	21.89	60.76	18.12	43.56
55–59	30.36	88.19	23.85	58.97
60–64	40.72	n/a	31.03	n/a

Premium Band II: \$50,001–\$100,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	2.69	4.23	3.25	5.06
25–29	3.66	6.53	4.93	8.12
30–34	5.40	10.64	6.36	11.43
35–39	8.41	16.11	8.08	15.51
40–44	12.02	26.56	10.79	21.95
45–49	16.31	41.28	14.14	31.48
50–54	22.15	60.68	18.51	43.64
55–59	30.69	87.87	24.22	58.93
60–64	41.13	n/a	31.47	n/a

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.89	3.41	2.59	4.39
25–29	2.94	5.82	4.14	7.37
30–34	4.73	9.95	5.65	10.75
35–39	7.74	15.90	7.91	14.87
40–44	11.96	25.76	10.10	21.31
45–49	15.75	40.50	13.53	30.68
50–54	21.44	59.85	17.84	42.90
55–59	29.91	86.88	23.48	58.10
60–64	40.11	n/a	30.56	n/a

Premium Band III: \$100,001–\$500,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	2.13	3.63	2.57	4.10
25–29	3.05	5.93	3.80	6.57
30–34	4.57	9.76	5.00	9.41
35–39	7.04	14.94	6.80	12.76
40–44	10.68	23.10	8.61	18.11
45–49	13.32	33.92	11.17	25.01
50–54	18.04	48.23	14.57	34.07
55–59	23.78	64.28	18.45	43.94
60–64	26.71	n/a	20.76	n/a

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.83	3.31	2.25	3.79
25–29	2.74	5.63	3.48	6.25
30–34	4.25	9.44	4.69	9.09
35–39	6.78	14.65	6.48	12.63
40–44	10.40	22.86	8.52	17.86
45–49	13.27	33.67	10.91	24.77
50–54	17.79	47.96	14.32	33.81
55–59	23.53	64.01	18.22	43.70
60–64	26.40	n/a	20.46	n/a

Child Coverage—\$10,000–\$50,000
4.10

Juvenile Conversion—\$10,000–\$50,000
5.99

AR, MD, ME, NC, ND, NH, UT, WV Rates

AR, MD, ME, NC, ND, NH, UT and WV Rates — Annual Rates per \$1,000 Coverage: Lifetime Plan

Premium Band I: \$10,000–\$50,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	5.78	7.24	5.08	7.58
25–29	7.02	9.32	6.09	10.12
30–34	8.67	13.50	7.36	12.93
35–39	11.59	19.83	9.23	17.25
40–44	15.97	29.46	12.44	23.74
45–49	20.79	43.34	15.39	33.08
50–54	26.35	62.58	19.76	45.26
55–59	34.25	90.16	25.56	60.81
60–64	45.77	n/a	32.86	n/a

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	5.50	6.73	4.46	6.13
25–29	6.69	8.77	5.35	8.56
30–34	8.30	11.83	6.38	11.26
35–39	10.49	18.17	8.31	15.44
40–44	15.33	27.81	11.35	22.43
45–49	20.17	41.95	15.07	31.60
50–54	25.83	60.81	18.25	43.60
55–59	32.27	88.30	23.94	59.06
60–64	40.82	n/a	31.19	n/a

Premium Band II: \$50,001–\$100,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	5.70	6.61	4.62	6.45
25–29	6.92	8.62	5.53	8.92
30–34	8.14	11.21	6.61	11.56
35–39	9.83	16.64	8.27	15.71
40–44	12.45	26.59	10.86	22.10
45–49	16.46	41.49	14.31	31.54
50–54	22.17	60.70	18.59	43.68
55–59	30.74	87.91	24.29	59.00
60–64	41.20	n/a	31.56	n/a

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	5.42	6.44	4.39	5.92
25–29	6.59	8.40	5.27	8.31
30–34	7.98	10.93	6.29	10.96
35–39	9.64	16.09	8.14	15.08
40–44	12.20	25.92	10.24	21.44
45–49	15.81	40.76	13.68	30.86
50–54	21.46	59.87	17.93	42.94
55–59	29.96	86.92	23.55	58.16
60–64	40.18	n/a	30.66	n/a

Premium Band III: \$100,001–\$500,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	5.07	6.11	4.00	5.71
25–29	5.99	8.06	4.92	7.63
30–34	7.22	10.30	5.84	9.79
35–39	8.62	15.07	7.07	13.10
40–44	10.91	23.16	8.91	18.12
45–49	13.52	33.99	11.28	25.03
50–54	18.05	48.24	14.58	34.08
55–59	23.79	64.29	18.46	43.95
60–64	27.15	n/a	20.80	n/a

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	4.97	5.99	3.88	5.47
25–29	5.87	7.97	4.82	7.40
30–34	7.08	10.20	5.78	9.54
35–39	8.44	14.84	7.00	12.86
40–44	10.81	22.91	8.82	17.87
45–49	13.45	33.73	11.04	24.78
50–54	17.80	47.97	14.33	33.82
55–59	23.54	64.02	18.23	43.71
60–64	26.43	n/a	20.50	n/a

Child Coverage—\$10,000–\$50,000
4.20

Juvenile Conversion—\$10,000–\$50,000
7.15

AR, MD, ME, NC, ND, NH, UT, WV Rates

AR, MD, ME, NC, ND, NH, UT and WV Rates — Annual Rates per \$1,000 Coverage

Benefit Extension Rider/Accidental Death and Dismemberment Rider/Medical Personnel HIV Rider

Benefit Extension Rider

MALE COVERAGE										
Issue Age	Non-nicotine					Nicotine				
	10 Yr Plan	15 Yr Plan	20 Yr Plan	30 Yr Plan	Lifetime Plan	10 Yr Plan	15 Yr Plan	20 Yr Plan	30 Yr Plan	Lifetime Plan
18–24	0.32	0.41	0.60	0.78	0.87	0.75	1.10	1.44	1.82	2.05
25–29	0.40	0.58	0.76	0.98	1.10	0.94	1.75	1.79	2.27	2.56
30–34	0.56	0.80	1.05	1.36	1.53	1.32	1.94	2.51	3.19	3.59
35–39	0.78	1.35	1.46	1.89	2.12	1.82	2.48	3.47	4.40	4.95
40–44	1.15	1.56	2.15	2.78	3.12	2.66	3.64	5.09	6.46	7.27
45–49	1.46	2.00	2.75	3.55	4.00	3.41	4.65	6.51	8.26	9.30
50–54	1.92	2.61	3.60	4.65	5.23	4.79	6.53	9.15	11.62	13.07
55–59	2.27	3.09	4.26	5.50	6.18	5.81	7.93	11.10	14.10	15.86
60–64	n/a	3.83	5.28	6.81	7.66	n/a	n/a	n/a	n/a	n/a

FEMALE COVERAGE										
Issue Age	Non-nicotine					Nicotine				
	10 Yr Plan	15 Yr Plan	20 Yr Plan	30 Yr Plan	Lifetime Plan	10 Yr Plan	15 Yr Plan	20 Yr Plan	30 Yr Plan	Lifetime Plan
18–24	0.33	0.45	0.62	0.80	0.95	0.83	1.13	1.58	2.00	2.25
25–29	0.39	0.53	0.73	0.94	1.11	0.98	1.33	1.86	2.37	2.66
30–34	0.45	0.61	0.84	1.08	1.28	1.12	1.53	2.14	2.72	3.06
35–39	0.56	0.77	1.05	1.36	1.62	1.55	2.12	2.97	3.77	4.24
40–44	0.69	0.94	1.30	1.67	1.99	1.75	2.39	3.35	4.25	4.78
45–49	0.84	1.15	1.58	2.04	2.42	2.13	2.91	4.07	5.17	5.81
50–54	1.06	1.45	2.00	2.58	3.06	2.71	3.69	5.17	6.56	7.38
55–59	1.45	1.84	2.54	3.27	3.89	3.42	4.67	6.54	8.30	9.34
60–64	n/a	2.21	3.04	3.92	4.66	n/a	n/a	n/a	n/a	n/a

CHILD COVERAGE					
Age	10 Year Plan	15 Year Plan	20 Year Plan	30 Year Plan	Lifetime Plan
All Ages	1.00	1.50	2.00	2.55	2.73

Accidental Death and Dismemberment Rider

Annual Rates Per \$25,000 coverage (Each Unit is \$25,000)

Age	10 Year Plan ²²	15 Year Plan	20 Year Plan	30 Year Plan	Lifetime Plan
All Ages	25.75	27.50	31.00	36.00	37.00

Medical Personnel HIV Rider

Annual Rates Per \$1,000 coverage

Age	10 Year Plan ²²	15 Year Plan	20 Year Plan	30 Year Plan	Lifetime Plan
18–39	0.38	0.49	0.63	0.70	0.74
40–64	0.16	0.17	0.22	0.27	0.30

²² Issue ages 18–64 (18–59 for the 10-Year Term Plan).

AR, MD, ME, NC, ND, NH, UT, WV Rates

ID, GA, OK and TX Rates — Annual Rates per \$1,000 Coverage: 10-Year Plan

Premium Band I: \$10,000–\$50,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	2.72	3.19	3.30	4.23
25–29	2.99	3.70	4.57	6.37
30–34	3.93	5.64	5.51	8.34
35–39	6.03	10.67	7.05	11.88
40–44	9.76	21.06	9.57	18.29
45–49	14.43	36.60	13.09	28.24
50–54	19.55	53.56	16.49	38.35
55–59	27.68	77.16	22.10	53.18
60–64	n/a	n/a	n/a	n/a

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.06	1.58	1.82	2.80
25–29	1.44	2.26	3.02	4.87
30–34	2.41	4.19	4.02	6.91
35–39	4.61	9.22	5.60	10.44
40–44	8.32	19.59	8.12	16.84
45–49	12.97	35.09	11.66	26.77
50–54	18.19	52.12	15.14	36.97
55–59	26.26	75.68	20.72	51.76
60–64	n/a	n/a	n/a	n/a

Premium Band II: \$50,001–\$100,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.69	2.18	2.37	3.34
25–29	2.05	2.84	3.58	5.38
30–34	2.96	4.71	4.55	7.37
35–39	5.11	9.64	6.09	10.84
40–44	8.75	19.83	8.58	17.12
45–49	13.34	35.05	12.02	26.87
50–54	18.12	51.33	15.19	36.47
55–59	26.06	74.87	20.65	50.93
60–64	n/a	n/a	n/a	n/a

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.03	1.53	1.76	2.73
25–29	1.36	2.20	2.94	4.76
30–34	2.36	4.11	3.92	6.78
35–39	4.52	9.03	5.50	10.22
40–44	8.14	19.20	7.97	16.51
45–49	12.72	34.41	11.42	26.24
50–54	17.54	50.71	14.62	35.88
55–59	25.47	74.19	20.07	50.30
60–64	n/a	n/a	n/a	n/a

Premium Band III: \$100,001–\$500,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.25	1.63	1.80	2.56
25–29	1.52	2.11	2.71	4.08
30–34	2.27	3.63	3.40	5.60
35–39	4.01	7.66	4.65	8.30
40–44	6.98	15.97	6.62	13.27
45–49	10.58	27.83	9.27	20.73
50–54	14.54	40.84	11.81	28.29
55–59	20.61	57.63	16.06	39.14
60–64	n/a	n/a	n/a	n/a

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	0.95	1.30	1.50	2.25
25–29	1.20	1.80	2.40	3.80
30–34	1.98	3.35	3.15	5.34
35–39	3.74	7.38	4.37	8.02
40–44	6.71	15.69	6.33	12.99
45–49	10.30	27.54	8.98	20.46
50–54	14.28	40.57	11.56	28.02
55–59	20.35	57.35	15.79	38.86
60–64	n/a	n/a	n/a	n/a

Child Coverage—All Bands
3.80

Juvenile Conversion—All Bands
4.12

ID, GA, OK and TX Rates — Annual Rates per \$1,000 Coverage: 15-Year Plan

Premium Band I: \$10,000–\$50,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	2.73	3.29	3.45	4.55
25–29	3.27	4.36	4.75	6.81
30–34	4.44	7.03	5.82	9.10
35–39	6.92	13.40	7.59	13.38
40–44	10.66	24.35	10.19	20.35
45–49	16.06	38.27	14.07	31.05
50–54	21.08	57.22	17.57	41.00
55–59	29.84	82.08	23.08	54.70
60–64	45.50	n/a	33.21	n/a

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.14	1.75	2.02	3.18
25–29	1.73	2.86	3.22	5.33
30–34	3.01	5.67	4.34	7.74
35–39	5.56	12.02	6.16	11.99
40–44	9.30	22.95	8.82	18.96
45–49	14.68	36.95	12.68	29.62
50–54	19.75	55.80	16.28	39.66
55–59	28.33	80.59	21.76	53.29
60–64	43.99	n/a	31.89	n/a

Premium Band II: \$50,001–\$100,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.77	2.34	2.55	3.69
25–29	2.32	3.39	3.78	5.81
30–34	3.53	6.14	4.84	8.16
35–39	6.02	12.39	6.63	12.38
40–44	9.70	23.12	9.25	19.21
45–49	14.99	36.33	13.04	29.71
50–54	19.77	55.16	16.34	39.17
55–59	28.43	79.87	21.78	52.99
60–64	43.98	n/a	31.88	n/a

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.12	1.72	1.98	3.12
25–29	1.70	2.81	3.16	5.24
30–34	2.96	5.57	4.26	7.60
35–39	5.46	11.81	6.05	11.79
40–44	9.12	22.52	8.66	18.62
45–49	14.41	35.68	12.46	29.08
50–54	19.21	54.52	15.80	38.58
55–59	27.82	79.13	21.21	52.33
60–64	43.20	n/a	31.17	n/a

Premium Band III: \$100,001–\$500,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.31	1.75	1.94	2.84
25–29	1.77	2.64	2.86	4.42
30–34	2.76	4.92	3.68	6.26
35–39	4.86	10.24	5.08	9.64
40–44	7.85	19.07	7.17	15.11
45–49	12.06	32.20	10.15	23.25
50–54	15.97	44.10	12.85	30.70
55–59	22.41	60.86	16.91	40.47
60–64	29.46	n/a	21.31	n/a

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	0.99	1.40	1.65	2.56
25–29	1.45	2.35	2.55	4.13
30–34	2.52	4.67	3.41	6.01
35–39	4.61	10.00	4.84	9.39
40–44	7.60	18.82	6.93	14.86
45–49	11.81	31.95	9.89	22.99
50–54	15.74	43.86	12.61	30.45
55–59	22.16	60.57	16.68	40.21
60–64	29.19	n/a	21.06	n/a

Child Coverage—All Bands
3.90

Juvenile Conversion—All Bands
4.43

ID, GA, OK and TX Rates

ID, GA, OK and TX Rates — Annual Rates per \$1,000 Coverage: 20-Year Plan

Premium Band I: \$10,000–\$50,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	3.07	3.83	3.78	4.98
25–29	3.76	5.21	5.23	7.54
30–34	5.05	8.40	6.41	10.17
35–39	7.56	14.91	8.24	14.65
40–44	11.65	26.33	10.99	21.91
45–49	17.13	40.01	14.27	31.16
50–54	22.21	58.92	18.33	42.20
55	32.69	87.48	25.17	58.89

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.30	2.07	2.14	3.43
25–29	2.04	3.55	3.49	5.86
30–34	3.48	6.89	4.73	8.61
35–39	6.05	13.38	6.65	13.14
40–44	10.15	24.76	9.48	20.36
45–49	15.57	38.60	13.45	29.68
50–54	20.82	57.40	16.94	40.76
55	31.15	84.83	23.68	57.31

Premium Band II: \$50,001–\$100,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	2.02	2.76	2.74	4.00
25–29	2.70	4.13	4.13	6.40
30–34	4.04	7.41	5.30	9.09
35–39	6.58	13.79	7.15	13.54
40–44	10.60	24.98	9.94	20.66
45–49	15.25	37.48	13.23	29.78
50–54	20.77	56.68	17.05	40.28
55	31.28	85.90	23.91	57.01

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.28	2.03	2.10	3.37
25–29	2.00	3.49	3.43	5.76
30–34	3.41	6.77	4.65	8.45
35–39	5.95	13.15	6.53	12.90
40–44	9.96	24.30	9.31	20.00
45–49	14.63	37.40	12.61	29.15
50–54	20.14	55.95	16.44	39.63
55	30.58	83.31	23.26	56.28

Premium Band III: \$100,001–\$500,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.53	2.14	2.12	3.16
25–29	2.15	3.46	3.15	4.99
30–34	3.34	6.71	4.10	7.20
35–39	5.51	12.18	5.60	10.93
40–44	8.83	21.62	7.87	16.78
45–49	12.56	32.29	10.45	23.45
50–54	17.13	45.98	13.57	31.88
55	25.04	65.19	18.77	43.71

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.19	1.81	1.82	2.87
25–29	1.84	3.15	2.85	4.69
30–34	3.08	6.22	3.80	6.95
35–39	5.25	11.92	5.33	10.68
40–44	8.57	21.35	7.61	16.52
45–49	12.53	32.04	10.17	23.19
50–54	16.88	45.71	13.32	31.61
55	24.79	64.90	18.55	43.48

Child Coverage—All Bands				
4.00				

Juvenile Conversion—All Bands				
4.85				

ID, GA, OK and TX Rates — Annual Rates per \$1,000 Coverage: 30-Year Plan

Premium Band I: \$10,000–\$50,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	3.81	5.34	4.37	6.09
25–29	4.75	7.58	5.61	9.26
30–34	6.31	11.41	6.79	11.39
35–39	9.13	18.23	8.57	16.07
40–44	13.43	27.86	11.38	22.75
45	19.24	42.49	15.08	32.17

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.88	3.38	2.61	4.42
25–29	2.90	5.73	4.14	7.36
30–34	4.65	9.78	5.61	10.67
35–39	7.53	16.56	7.77	14.81
40–44	11.78	26.54	10.72	21.45
45	17.53	41.11	14.85	30.81

Premium Band II: \$50,001–\$100,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	2.65	4.14	3.23	5.02
25–29	3.57	6.35	4.87	8.00
30–34	5.24	10.32	6.24	11.19
35–39	8.09	15.52	7.83	15.03
40–44	11.47	25.45	10.31	21.02
45	16.30	40.46	13.95	30.73

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.85	3.33	2.57	4.35
25–29	2.86	5.65	4.08	7.25
30–34	4.58	9.63	5.53	10.51
35–39	7.43	15.30	7.65	14.39
40–44	11.39	24.66	9.62	20.39
45	15.74	39.68	13.34	29.94

Premium Band III: \$100,001–\$500,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	2.09	3.54	2.55	4.06
25–29	2.97	5.75	3.74	6.45
30–34	4.42	9.44	4.89	9.18
35–39	6.75	14.36	6.56	12.31
40–44	10.18	22.11	8.18	17.27
45	13.37	33.30	11.03	24.41

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.79	3.23	2.23	3.75
25–29	2.66	5.45	3.42	6.14
30–34	4.10	9.12	4.58	8.86
35–39	6.49	14.07	6.24	12.18
40–44	9.90	21.88	8.09	17.03
45	13.32	33.04	10.77	24.17

Child Coverage—All Bands				
4.10				

Juvenile Conversion—All Bands				
5.99				

ID, GA, OK and TX Rates

ID, GA, OK and TX Rates — Annual Rates per \$1,000 Coverage: To Age 75 Plan

Premium Band I: \$10,000–\$50,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	5.71	7.17	4.92	7.37
25–29	6.92	9.21	5.90	9.85
30–34	8.51	13.27	7.10	12.56
35–39	11.28	19.32	8.85	16.67
40–44	15.46	28.45	11.90	22.88
45–49	19.24	42.49	15.08	32.17
50–54	23.15	61.12	18.92	43.38
55–59	32.69	87.48	25.17	58.89
60–64	45.50	n/a	33.21	n/a

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	5.41	6.65	4.27	5.92
25–29	6.56	8.65	5.14	8.29
30–34	8.11	11.61	6.11	10.89
35–39	10.16	17.68	7.90	14.86
40–44	14.79	26.82	10.78	21.54
45–49	17.53	41.11	14.85	30.81
50–54	21.68	59.33	17.39	41.74
55–59	31.15	84.83	23.68	57.31
60–64	43.99	n/a	31.89	n/a

Premium Band II: \$50,001–\$100,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	5.62	6.55	4.45	6.24
25–29	6.81	8.52	5.33	8.65
30–34	7.97	11.02	6.35	11.20
35–39	9.55	16.22	7.89	15.15
40–44	12.04	25.66	10.35	21.27
45–49	16.30	40.46	13.95	30.73
50–54	21.94	59.25	17.79	41.83
55–59	31.28	85.90	23.91	57.01
60–64	43.98	n/a	31.88	n/a

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	5.33	6.37	4.20	5.71
25–29	6.47	8.29	5.05	8.04
30–34	7.80	10.74	6.02	10.60
35–39	9.35	15.67	7.74	14.52
40–44	11.77	25.00	9.73	20.62
45–49	15.74	39.68	13.34	29.94
50–54	21.23	58.43	17.12	41.10
55–59	30.58	83.31	23.26	56.28
60–64	43.20	n/a	31.17	n/a

Premium Band III: \$100,001–\$500,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	5.00	6.05	3.83	5.51
25–29	5.89	7.97	4.71	7.38
30–34	7.07	10.13	5.58	9.46
35–39	8.37	14.67	6.71	12.59
40–44	10.55	22.35	8.45	17.39
45–49	13.37	33.30	11.03	24.41
50–54	17.96	47.28	14.01	32.68
55–59	25.04	65.19	18.77	43.71
60–64	29.46	n/a	21.31	n/a

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	4.89	5.93	3.70	5.27
25–29	5.76	7.87	4.61	7.15
30–34	6.92	10.02	5.51	9.21
35–39	8.19	14.45	6.63	12.36
40–44	10.44	22.10	8.35	17.14
45–49	13.32	33.04	10.77	24.17
50–54	17.71	47.00	13.76	32.43
55–59	24.79	64.90	18.55	43.48
60–64	29.19	n/a	21.06	n/a

Child Coverage—All Bands
4.20

Juvenile Conversion—All Bands
7.15

ID, GA, OK and TX Rates — Annual Rates per \$1,000 Coverage

Benefit Extension Rider/Accidental Death and Dismemberment Rider/Medical Personnel HIV Rider

Benefit Extension Rider

MALE COVERAGE										
Issue Age	Non-nicotine					Nicotine				
	10 Yr Plan	15 Yr Plan	20 Yr Plan	30 Yr Plan	To Age 75 Plan	10 Yr Plan	15 Yr Plan	20 Yr Plan	30 Yr Plan	To Age 75 Plan
18–24	0.32	0.41	0.60	0.78	0.87	0.75	1.10	1.44	1.82	2.05
25–29	0.40	0.58	0.76	0.98	1.10	0.94	1.75	1.79	2.27	2.56
30–34	0.56	0.80	1.05	1.36	1.53	1.32	1.94	2.51	3.19	3.59
35–39	0.78	1.35	1.46	1.89	2.12	1.82	2.48	3.47	4.40	4.95
40–44	1.15	1.56	2.15	2.78	3.12	2.66	3.64	5.09	6.46	7.27
45–49	1.46	2.00	2.75	3.55	4.00	3.41	4.65	6.51	8.26	9.30
50–54	1.92	2.61	3.60	n/a	5.23	4.79	6.53	9.15	n/a	13.07
55–59	2.27	3.09	4.26	n/a	6.18	5.81	7.93	11.10	n/a	15.86
60–64	n/a	3.83	n/a	n/a	7.66	n/a	n/a	n/a	n/a	n/a

FEMALE COVERAGE										
Issue Age	Non-nicotine					Nicotine				
	10 Yr Plan	15 Yr Plan	20 Yr Plan	30 Yr Plan	To Age 75 Plan	10 Yr Plan	15 Yr Plan	20 Yr Plan	30 Yr Plan	To Age 75 Plan
18–24	0.33	0.45	0.62	0.80	0.95	0.83	1.13	1.58	2.00	2.25
25–29	0.39	0.53	0.73	0.94	1.11	0.98	1.33	1.86	2.37	2.66
30–34	0.45	0.61	0.84	1.08	1.28	1.12	1.53	2.14	2.72	3.06
35–39	0.56	0.77	1.05	1.36	1.62	1.55	2.12	2.97	3.77	4.24
40–44	0.69	0.94	1.30	1.67	1.99	1.75	2.39	3.35	4.25	4.78
45–49	0.84	1.15	1.58	2.04	2.42	2.13	2.91	4.07	5.17	5.81
50–54	1.06	1.45	2.00	n/a	3.06	2.71	3.69	5.17	n/a	7.38
55–59	1.45	1.84	2.54	n/a	3.89	3.42	4.67	6.54	n/a	9.34
60–64	n/a	2.21	n/a	n/a	4.66	n/a	n/a	n/a	n/a	n/a

CHILD COVERAGE					
Age	10 Year Plan	15 Year Plan	20 Year Plan	30 Year Plan	To Age 75 Plan
All Ages	1.00	1.50	2.00	2.55	2.73

Accidental Death and Dismemberment Rider

Annual Rates Per \$25,000 coverage (Each Unit is \$25,000)

Age*	10 Year Plan	15 Year Plan	20 Year Plan	30 Year Plan	To Age 75 Plan
All Ages	25.75	27.50	31.00	36.00	37.00

Issue Ages

Plan	Non-nicotine	Nicotine
10 year Plan	18-59	18-59
15 year Plan	18-60	18-59
20 year Plan	18-55	18-55
30 year Plan	18-45	18-45
To Age75 plan	18-64	18-59

Medical Personnel HIV Rider

Annual Rates Per \$1,000 coverage

Age*	10 Year Plan	15 Year Plan	20 Year Plan	30 Year Plan	To Age 75 Plan
18–39	0.38	0.49	0.63	0.70	0.74
40–64	0.16	0.17	0.22	0.27	0.30

* Note: Please refer to the issue age table at right to see the relevant issue ages for each plan.

California Rates — Annual Rates per \$1,000 Coverage: 10-Year Plan

Premium Band I: \$10,000–\$50,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	2.70	3.17	3.28	4.20
25–29	2.97	3.67	4.53	6.32
30–34	3.92	5.64	5.48	8.29
35–39	6.18	10.98	7.09	12.09
40–44	10.04	21.74	9.70	19.07
45–49	14.86	37.81	13.45	30.12
50–54	19.90	54.74	17.10	41.05
55–59	28.31	79.75	23.36	57.61
60–64	n/a	n/a	n/a	n/a

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.06	1.57	1.81	2.78
25–29	1.44	2.25	3.00	4.83
30–34	2.42	4.21	3.99	6.87
35–39	4.76	9.54	5.65	10.66
40–44	8.61	20.28	8.27	17.63
45–49	13.42	36.32	12.03	28.66
50–54	18.56	53.34	15.78	39.70
55–59	26.91	78.29	22.01	56.21
60–64	n/a	n/a	n/a	n/a

Premium Band II: \$50,001–\$100,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.68	2.17	2.36	3.32
25–29	2.04	2.82	3.55	5.34
30–34	2.96	4.72	4.51	7.33
35–39	5.26	9.95	6.13	11.07
40–44	9.04	20.50	8.71	17.91
45–49	13.77	36.24	12.38	28.74
50–54	18.65	52.90	15.96	39.53
55–59	26.95	77.43	22.12	55.77
60–64	n/a	n/a	n/a	n/a

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.04	1.54	1.77	2.73
25–29	1.41	2.21	2.94	4.74
30–34	2.37	4.13	3.91	6.74
35–39	4.67	9.35	5.54	10.45
40–44	8.44	19.88	8.11	17.30
45–49	13.16	35.60	11.78	28.11
50–54	18.08	52.28	15.39	38.94
55–59	26.37	76.74	21.54	55.14
60–64	n/a	n/a	n/a	n/a

Premium Band III: \$100,001–\$500,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.28	1.65	1.82	2.57
25–29	1.54	2.13	2.72	4.07
30–34	2.28	3.64	3.42	5.58
35–39	4.15	7.94	4.69	8.39
40–44	7.22	16.52	6.73	13.52
45–49	10.94	28.82	9.58	21.47
50–54	14.84	41.69	12.15	29.11
55–59	21.14	59.09	16.79	40.93
60–64	n/a	n/a	n/a	n/a

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	0.98	1.34	1.55	2.29
25–29	1.24	1.83	2.42	3.80
30–34	1.99	3.37	3.15	5.31
35–39	3.88	7.66	4.42	8.11
40–44	6.95	16.24	6.45	13.24
45–49	10.66	28.53	9.30	21.19
50–54	14.58	41.42	11.90	28.85
55–59	20.88	58.81	16.53	40.75
60–64	n/a	n/a	n/a	n/a

Child Coverage—All Bands

3.80

Juvenile Conversion—All Bands

4.12

California Rates — Annual Rates per \$1,000 Coverage: 15-Year Plan

Premium Band I: \$10,000–\$50,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	2.71	3.27	3.43	4.51
25–29	3.25	4.35	4.71	6.75
30–34	4.49	7.14	5.81	9.10
35–39	7.08	13.77	7.64	13.55
40–44	10.99	25.18	10.41	21.27
45–49	16.51	39.13	14.48	32.97
50–54	21.57	58.81	18.23	44.00
55–59	31.01	85.52	24.74	60.36
60–64	40.51	n/a	31.33	n/a

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.14	1.74	2.01	3.16
25–29	1.72	2.86	3.20	5.29
30–34	3.07	5.79	4.35	7.75
35–39	5.73	12.41	6.23	12.22
40–44	9.64	23.78	9.05	19.93
45–49	15.14	37.81	13.10	31.59
50–54	20.27	57.41	16.98	42.69
55–59	29.66	84.04	23.45	59.00
60–64	39.01	n/a	29.91	n/a

Premium Band II: \$50,001–\$100,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.76	2.33	2.53	3.66
25–29	2.31	3.39	3.75	5.76
30–34	3.58	6.26	4.84	8.17
35–39	6.19	12.76	6.69	12.60
40–44	10.04	23.94	9.47	20.17
45–49	15.44	37.45	13.45	31.66
50–54	20.44	57.02	17.21	42.55
55–59	29.73	83.28	23.62	58.63
60–64	39.08	n/a	30.10	n/a

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.12	1.71	1.97	3.10
25–29	1.69	2.81	3.14	5.20
30–34	3.02	5.69	4.27	7.61
35–39	5.63	12.19	6.12	12.02
40–44	9.47	23.35	8.89	19.59
45–49	14.86	36.79	12.87	31.05
50–54	19.88	56.38	16.66	41.96
55–59	29.13	82.54	23.04	57.99
60–64	38.31	n/a	29.39	n/a

Premium Band III: \$100,001–\$500,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.31	1.74	1.93	2.82
25–29	1.76	2.63	2.84	4.39
30–34	2.81	5.04	3.68	6.28
35–39	5.01	10.58	5.15	9.78
40–44	8.13	19.76	7.37	15.54
45–49	12.44	33.23	10.50	24.08
50–54	16.41	45.25	13.35	31.88
55–59	23.31	63.00	18.07	43.06
60–64	25.16	n/a	19.17	n/a

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.02	1.46	1.68	2.57
25–29	1.48	2.35	2.56	4.13
30–34	2.57	4.79	3.42	6.03
35–39	4.76	10.33	4.91	9.53
40–44	7.88	19.51	7.13	15.29
45–49	12.19	32.97	10.25	23.83
50–54	16.17	45.00	13.12	31.64
55–59	23.07	62.73	17.84	42.80
60–64	24.89	n/a	18.92	n/a

Child Coverage—All Bands

3.90

Juvenile Conversion—All Bands

4.43

California Rates — Annual Rates per \$1,000 Coverage: 20-Year Plan

Premium Band I: \$10,000–\$50,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	3.05	3.80	3.75	4.94
25–29	3.76	5.25	5.20	7.50
30–34	5.11	8.53	6.41	10.19
35–39	7.74	15.33	8.34	15.00
40–44	12.00	27.15	11.23	22.98
45–49	17.64	40.93	14.74	33.27
50–54	22.86	60.68	19.20	45.58
55–59	31.44	86.68	25.17	61.38
60–64	41.35	n/a	32.12	n/a

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.30	2.06	2.13	3.41
25–29	2.06	3.59	3.48	5.84
30–34	3.54	7.04	4.74	8.64
35–39	6.25	13.81	6.75	13.53
40–44	10.50	25.58	9.72	21.45
45–49	16.09	39.53	13.95	31.81
50–54	21.48	59.09	17.84	44.10
55–59	29.91	84.05	23.71	59.83
60–64	39.72	n/a	30.54	n/a

Premium Band II: \$50,001–\$100,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	2.01	2.74	2.72	3.97
25–29	2.71	4.17	4.11	6.38
30–34	4.10	7.54	5.31	9.12
35–39	6.76	14.21	7.25	13.90
40–44	10.94	25.79	10.18	21.73
45–49	15.73	38.66	13.69	31.89
50–54	21.58	58.76	18.08	43.99
55–59	30.06	85.14	23.93	59.52
60–64	39.90	n/a	30.79	n/a

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.28	2.02	2.09	3.35
25–29	2.02	3.53	3.42	5.74
30–34	3.48	6.91	4.66	8.49
35–39	6.14	13.57	6.63	13.27
40–44	10.31	25.12	9.55	21.07
45–49	15.12	38.60	13.09	31.26
50–54	20.96	58.04	17.48	43.33
55–59	29.37	82.55	23.28	58.79
60–64	39.01	n/a	29.99	n/a

Premium Band III: \$100,001–\$500,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.52	2.13	2.11	3.14
25–29	2.17	3.51	3.14	4.98
30–34	3.41	6.87	4.12	7.25
35–39	5.69	12.59	5.70	11.16
40–44	9.13	22.33	8.09	17.27
45–49	12.98	33.35	10.88	24.40
50–54	17.73	47.37	14.27	33.39
55–59	23.32	63.01	18.08	43.07
60–64	25.31	n/a	19.48	n/a

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.22	1.83	1.84	2.89
25–29	1.86	3.21	2.84	4.68
30–34	3.15	6.38	3.82	7.00
35–39	5.44	12.34	5.44	10.91
40–44	8.87	22.07	7.83	17.01
45–49	12.96	33.10	10.60	24.15
50–54	17.49	47.08	14.03	33.14
55–59	23.08	62.74	17.85	42.83
60–64	25.02	n/a	19.21	n/a

Child Coverage—All Bands

4.00

Juvenile Conversion—All Bands

4.85

California Rates — Annual Rates per \$1,000 Coverage: 30-Year Plan

Premium Band I: \$10,000–\$50,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	3.82	5.38	4.36	6.08
25–29	4.79	7.69	5.61	9.30
30–34	6.42	11.62	6.84	11.50
35–39	9.37	18.70	8.73	16.51
40–44	13.89	28.61	11.76	23.40
45–49	19.06	42.60	15.12	33.45
50–54	23.14	61.94	19.39	45.93
55–59	31.77	89.23	25.35	61.76
60–64	42.06	n/a	32.45	n/a

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.90	3.43	2.60	4.42
25–29	2.95	5.85	4.16	7.41
30–34	4.75	10.00	5.67	10.80
35–39	7.77	17.04	7.95	15.28
40–44	12.25	27.30	11.14	22.65
45–49	17.37	41.22	14.91	32.04
50–54	21.56	60.16	18.06	44.76
55–59	30.06	87.32	23.91	60.48
60–64	40.32	n/a	31.07	n/a

Premium Band II: \$50,001–\$100,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	2.66	4.19	3.22	5.01
25–29	3.62	6.47	4.88	8.04
30–34	5.35	10.53	6.30	11.32
35–39	8.33	15.95	8.00	15.63
40–44	11.90	26.30	10.68	22.38
45–49	16.15	40.87	14.00	32.26
50–54	21.93	60.08	18.44	44.83
55–59	30.39	87.00	24.27	60.43
60–64	40.72	n/a	31.50	n/a

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.87	3.38	2.56	4.35
25–29	2.91	5.76	4.10	7.30
30–34	4.68	9.85	5.59	10.64
35–39	7.66	15.74	7.83	14.99
40–44	11.84	25.50	10.00	21.75
45–49	15.59	40.10	13.40	31.47
50–54	21.23	59.26	17.77	44.10
55–59	29.61	86.02	23.54	59.60
60–64	39.71	n/a	30.60	n/a

Premium Band III: \$100,001–\$500,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	2.11	3.59	2.54	4.06
25–29	3.02	5.87	3.76	6.50
30–34	4.52	9.66	4.95	9.32
35–39	6.97	14.79	6.73	12.63
40–44	10.57	22.75	8.46	17.77
45–49	13.19	33.42	11.00	24.52
50–54	17.74	47.38	14.28	33.40
55–59	23.33	63.02	18.09	43.08
60–64	26.23	n/a	20.35	n/a

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.81	3.28	2.23	3.75
25–29	2.71	5.57	3.45	6.19
30–34	4.21	9.35	4.64	9.00
35–39	6.71	14.50	6.42	12.50
40–44	10.30	22.52	8.44	17.54
45–49	13.14	33.16	10.80	24.29
50–54	17.50	47.09	14.04	33.15
55–59	23.09	62.75	17.86	42.84
60–64	25.91	n/a	20.06	n/a

Child Coverage—All Bands

4.10

Juvenile Conversion—All Bands

5.99

California Rates – Annual Rates per \$1,000 Coverage: Lifetime Plan

Premium Band I: \$10,000–\$50,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	5.72	7.13	5.03	7.47
25–29	6.95	9.18	6.03	9.93
30–34	8.58	13.37	7.29	12.70
35–39	11.48	19.63	9.14	17.11
40–44	15.81	29.17	12.32	23.81
45–49	20.58	42.62	15.24	33.53
50–54	26.09	61.96	19.56	46.28
55–59	33.91	89.27	25.45	62.14
60–64	45.32	n/a	32.73	n/a

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	5.45	6.66	4.42	6.03
25–29	6.62	8.68	5.30	8.40
30–34	8.22	11.71	6.32	11.12
35–39	10.39	17.99	8.23	15.56
40–44	15.18	27.53	11.24	22.69
45–49	19.97	41.23	14.92	32.15
50–54	25.57	60.21	18.20	44.81
55–59	31.95	87.43	24.01	60.58
60–64	40.42	n/a	31.24	n/a

Premium Band II: \$50,001–\$100,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	5.64	6.54	4.57	6.35
25–29	6.85	8.53	5.48	8.83
30–34	8.06	11.10	6.54	11.50
35–39	9.73	16.48	8.19	15.88
40–44	12.33	26.33	10.75	22.56
45–49	16.30	41.08	14.17	32.33
50–54	21.95	60.10	18.53	44.88
55–59	30.44	87.04	24.35	60.51
60–64	40.79	n/a	31.60	n/a

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	5.37	6.38	4.35	5.83
25–29	6.52	8.32	5.22	8.23
30–34	7.90	10.82	6.23	10.90
35–39	9.54	15.85	8.06	15.27
40–44	12.08	25.66	10.14	21.92
45–49	15.65	40.36	13.54	31.65
50–54	21.25	59.28	17.87	44.14
55–59	29.66	86.06	23.62	59.67
60–64	39.78	n/a	30.71	n/a

Premium Band III: \$100,001–\$500,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	5.02	6.05	3.96	5.65
25–29	5.93	7.98	4.87	7.52
30–34	7.15	10.20	5.78	9.64
35–39	8.53	14.92	7.00	12.91
40–44	10.80	22.82	8.82	17.83
45–49	13.39	33.49	11.07	24.62
50–54	17.75	47.39	14.29	33.41
55–59	23.34	63.03	18.10	43.09
60–64	26.88	n/a	20.39	n/a

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	4.92	5.93	3.84	5.42
25–29	5.81	7.89	4.77	7.29
30–34	7.01	10.10	5.72	9.40
35–39	8.36	14.69	6.93	12.66
40–44	10.70	22.57	8.73	17.58
45–49	13.32	33.23	10.85	24.37
50–54	17.51	47.10	14.05	33.16
55–59	23.10	62.76	17.87	42.85
60–64	25.95	n/a	20.10	n/a

Child Coverage—All Bands
4.20

Juvenile Conversion—All Bands
7.15

California Rates — Annual Rates per \$1,000 Coverage

Benefit Extension Rider/Accidental Death and Dismemberment Rider

Benefit Extension Rider

MALE COVERAGE										
Issue Age	Non-nicotine					Nicotine				
	10 Yr Plan	15 Yr Plan	20 Yr Plan	30 Yr Plan	Lifetime Plan	10 Yr Plan	15 Yr Plan	20 Yr Plan	30 Yr Plan	Lifetime Plan
18–24	0.32	0.41	0.60	0.78	0.87	0.75	1.10	1.44	1.82	2.05
25–29	0.40	0.58	0.76	0.98	1.10	0.94	1.75	1.79	2.27	2.56
30–34	0.56	0.80	1.05	1.36	1.53	1.32	1.94	2.51	3.19	3.59
35–39	0.78	1.35	1.46	1.89	2.12	1.82	2.48	3.47	4.40	4.95
40–44	1.15	1.56	2.15	2.78	3.12	2.66	3.64	5.09	6.46	7.27
45–49	1.46	2.00	2.75	3.55	4.00	3.41	4.65	6.51	8.26	9.30
50–54	1.92	2.61	3.60	4.65	5.23	4.79	6.53	9.15	11.62	13.07
55–59	2.27	3.09	4.26	5.50	6.18	5.81	7.93	11.10	14.10	15.86
60–64	n/a	3.83	5.28	6.81	7.66	n/a	n/a	n/a	n/a	n/a

FEMALE COVERAGE										
Issue Age	Non-nicotine					Nicotine				
	10 Yr Plan	15 Yr Plan	20 Yr Plan	30 Yr Plan	Lifetime Plan	10 Yr Plan	15 Yr Plan	20 Yr Plan	30 Yr Plan	Lifetime Plan
18–24	0.33	0.45	0.62	0.80	0.95	0.83	1.13	1.58	2.00	2.25
25–29	0.39	0.53	0.73	0.94	1.11	0.98	1.33	1.86	2.37	2.66
30–34	0.45	0.61	0.84	1.08	1.28	1.12	1.53	2.14	2.72	3.06
35–39	0.56	0.77	1.05	1.36	1.62	1.55	2.12	2.97	3.77	4.24
40–44	0.69	0.94	1.30	1.67	1.99	1.75	2.39	3.35	4.25	4.78
45–49	0.84	1.15	1.58	2.04	2.42	2.13	2.91	4.07	5.17	5.81
50–54	1.06	1.45	2.00	2.58	3.06	2.71	3.69	5.17	6.56	7.38
55–59	1.45	1.84	2.54	3.27	3.89	3.42	4.67	6.54	8.30	9.34
60–64	n/a	2.21	3.04	3.92	4.66	n/a	n/a	n/a	n/a	n/a

CHILD COVERAGE					
Age	10 Year Plan	15 Year Plan	20 Year Plan	30 Year Plan	Lifetime Plan
All Ages	1.00	1.50	2.00	2.55	2.73

Accidental Death and Dismemberment Rider

Annual Rates Per \$25,000 coverage (Each Unit is \$25,000)

Age	10 Year Plan*	15 Year Plan	20 Year Plan	30 Year Plan	Lifetime Plan
All Ages	25.75	27.50	31.00	36.00	37.00

*Issue age 18–59

Florida Rates — Annual Rates per \$1,000 Coverage: 10-Year Plan

Premium Band I: \$10,000–\$50,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	3.35	3.93	4.07	5.21
25–29	3.68	4.55	5.62	7.84
30–34	4.86	6.99	6.80	10.28
35–39	7.66	13.62	8.79	14.83
40–44	12.45	26.96	12.03	23.04
45–49	18.43	46.88	16.68	36.08
50–54	24.68	67.88	20.94	48.81
55–59	35.10	98.89	28.48	68.73
60–64	n/a	n/a	n/a	n/a

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.31	1.95	2.24	3.45
25–29	1.79	2.79	3.72	5.99
30–34	3.00	5.22	4.95	8.52
35–39	5.90	11.83	7.01	13.06
40–44	10.68	25.15	10.25	21.25
45–49	16.64	45.04	14.92	34.27
50–54	23.01	66.14	19.31	47.13
55–59	33.37	97.08	26.81	67.00
60–64	n/a	n/a	n/a	n/a

Premium Band II: \$50,001–\$100,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	2.08	2.69	2.93	4.12
25–29	2.53	3.50	4.40	6.62
30–34	3.67	5.85	5.59	9.09
35–39	6.52	12.34	7.60	13.55
40–44	11.21	25.42	10.80	21.59
45–49	17.07	44.94	15.35	34.36
50–54	23.13	65.60	19.52	46.91
55–59	33.42	96.01	26.93	66.44
60–64	n/a	n/a	n/a	n/a

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.29	1.91	2.19	3.39
25–29	1.75	2.74	3.65	5.88
30–34	2.94	5.12	4.85	8.36
35–39	5.79	11.59	6.87	12.80
40–44	10.47	24.65	10.06	20.83
45–49	16.32	44.14	14.61	33.59
50–54	22.42	64.83	18.82	46.19
55–59	32.70	95.16	26.23	65.67
60–64	n/a	n/a	n/a	n/a

Premium Band III: \$100,001–\$500,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.59	2.05	2.26	3.19
25–29	1.91	2.64	3.37	5.05
30–34	2.83	4.51	4.24	6.92
35–39	5.15	9.85	5.82	10.40
40–44	8.95	20.48	8.35	16.76
45–49	13.57	35.74	11.88	26.62
50–54	18.40	51.70	15.07	36.10
55–59	26.21	73.27	20.82	50.75
60–64	n/a	n/a	n/a	n/a

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.22	1.66	1.92	2.84
25–29	1.54	2.27	3.00	4.71
30–34	2.47	4.18	3.91	6.58
35–39	4.81	9.50	5.48	10.06
40–44	8.62	20.14	8.00	16.42
45–49	13.22	35.38	11.53	26.28
50–54	18.08	51.36	14.76	35.77
55–59	25.89	72.92	20.50	50.42
60–64	n/a	n/a	n/a	n/a

Child Coverage — All Bands
4.33

Juvenile Conversion — All Bands
4.12

Florida Rates — Annual Rates per \$1,000 Coverage: 15-Year Plan

Premium Band I: \$10,000–\$50,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	3.36	4.05	4.25	5.59
25–29	4.03	5.39	5.84	8.37
30–34	5.57	8.85	7.20	11.28
35–39	8.78	17.07	9.47	16.75
40–44	13.63	31.22	12.91	25.83
45–49	20.47	48.52	17.96	39.69
50–54	26.75	72.92	22.51	52.63
55–59	38.45	106.04	30.36	72.30
60–64	50.23	n/a	38.53	n/a

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.41	2.16	2.49	3.92
25–29	2.13	3.55	3.97	6.56
30–34	3.81	7.18	5.39	9.61
35–39	7.11	15.39	7.73	15.05
40–44	11.95	29.49	11.22	24.12
45–49	18.77	46.88	16.24	37.93
50–54	25.13	71.19	20.93	50.98
55–59	36.78	104.21	28.73	70.59
60–64	48.37	n/a	36.69	n/a

Premium Band II: \$50,001–\$100,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	2.18	2.89	3.14	4.54
25–29	2.86	4.20	4.65	7.14
30–34	4.44	7.76	6.00	10.13
35–39	7.68	15.82	8.30	15.51
40–44	12.45	29.69	11.74	24.40
45–49	19.15	46.44	16.68	38.01
50–54	25.35	70.70	21.19	50.78
55–59	36.87	103.27	28.92	70.11
60–64	48.46	n/a	36.91	n/a

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.39	2.12	2.44	3.84
25–29	2.10	3.48	3.89	6.45
30–34	3.74	7.06	5.29	9.44
35–39	6.98	15.12	7.59	14.79
40–44	11.74	28.95	11.02	23.68
45–49	18.43	45.62	15.96	37.25
50–54	24.65	69.91	20.52	50.06
55–59	36.12	102.35	28.21	69.33
60–64	47.50	n/a	36.03	n/a

Premium Band III: \$100,001–\$500,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.62	2.16	2.39	3.50
25–29	2.18	3.26	3.52	5.44
30–34	3.48	6.25	4.56	7.79
35–39	6.21	13.12	6.39	12.13
40–44	10.08	24.50	9.14	19.27
45–49	15.43	41.21	13.02	29.86
50–54	20.35	56.11	16.55	39.53
55–59	28.90	78.12	22.41	53.39
60–64	31.20	n/a	23.77	n/a

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.26	1.81	2.08	3.19
25–29	1.84	2.91	3.17	5.12
30–34	3.19	5.94	4.24	7.48
35–39	5.90	12.81	6.09	11.82
40–44	9.77	24.19	8.84	18.96
45–49	15.12	40.88	12.71	29.55
50–54	20.05	55.80	16.27	39.23
55–59	28.61	77.79	22.12	53.10
60–64	30.86	n/a	23.46	n/a

Child Coverage—All Bands	
4.45	

Juvenile Conversion—All Bands	
4.43	

Florida Rates — Annual Rates per \$1,000 Coverage: 20-Year Plan

Premium Band I: \$10,000–\$50,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	3.78	4.71	4.65	6.13
25–29	4.66	6.51	6.45	9.30
30–34	6.34	10.58	7.95	12.64
35–39	9.60	19.01	10.34	18.43
40–44	14.88	33.67	13.93	27.81
45–49	21.87	50.75	18.28	39.97
50–54	28.35	75.24	23.70	54.54
55–59	38.99	107.48	30.88	73.56
60–64	51.27	n/a	39.42	n/a

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.61	2.55	2.64	4.23
25–29	2.55	4.45	4.32	7.24
30–34	4.39	8.73	5.88	10.71
35–39	7.75	17.12	8.37	16.58
40–44	13.02	31.72	12.05	25.89
45–49	19.95	49.02	17.30	38.13
50–54	26.64	73.27	21.99	52.68
55–59	37.09	104.22	29.04	71.61
60–64	49.25	n/a	37.45	n/a

Premium Band II: \$50,001–\$100,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	2.49	3.40	3.37	4.92
25–29	3.36	5.17	5.10	7.91
30–34	5.08	9.35	6.58	11.31
35–39	8.38	17.62	8.99	17.05
40–44	13.57	31.98	12.62	26.25
45–49	19.51	47.94	16.98	38.24
50–54	26.76	72.86	22.30	52.55
55–59	37.27	105.57	29.33	71.24
60–64	49.48	n/a	37.77	n/a

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.59	2.50	2.59	4.15
25–29	2.50	4.38	4.24	7.12
30–34	4.32	8.57	5.78	10.53
35–39	7.61	16.83	8.22	16.27
40–44	12.78	31.15	11.84	25.43
45–49	18.75	47.86	16.23	37.46
50–54	25.99	71.97	21.55	51.73
55–59	36.42	102.36	28.52	70.33
60–64	48.37	n/a	36.78	n/a

Premium Band III: \$100,001–\$500,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.88	2.64	2.62	3.89
25–29	2.69	4.35	3.89	6.18
30–34	4.23	8.52	5.11	8.99
35–39	7.06	15.61	7.07	13.84
40–44	11.32	27.69	10.03	21.41
45–49	16.10	41.35	13.49	30.26
50–54	21.99	58.74	17.69	41.40
55–59	28.92	78.13	22.42	53.41
60–64	31.38	n/a	24.16	n/a

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.51	2.27	2.28	3.58
25–29	2.31	3.98	3.52	5.80
30–34	3.91	7.91	4.74	8.68
35–39	6.75	15.30	6.75	13.53
40–44	11.00	27.37	9.71	21.09
45–49	16.07	41.04	13.14	29.95
50–54	21.69	58.38	17.40	41.09
55–59	28.62	77.80	22.13	53.11
60–64	31.02	n/a	23.82	n/a

Child Coverage—All Bands	
4.56	

Juvenile Conversion—All Bands	
4.85	

Florida Rates — Annual Rates per \$1,000 Coverage: 30-Year Plan

Premium Band I: \$10,000–\$50,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	4.74	6.67	5.41	7.54
25–29	5.94	9.54	6.96	11.53
30–34	7.96	14.41	8.48	14.26
35–39	11.62	23.19	10.83	20.15
40–44	17.22	35.48	14.58	28.85
45–49	23.63	52.82	18.75	40.14
50–54	28.69	76.81	24.14	55.51
55–59	39.39	110.65	31.30	74.57
60–64	52.15	n/a	40.21	n/a

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	2.36	4.25	3.22	5.48
25–29	3.66	7.25	5.16	9.19
30–34	5.89	12.40	7.03	13.39
35–39	9.63	21.13	9.86	18.60
40–44	15.19	33.85	13.81	27.27
45–49	21.54	51.11	18.49	38.37
50–54	26.73	74.60	22.25	53.48
55–59	37.27	108.28	29.28	72.40
60–64	50.00	n/a	38.09	n/a

Premium Band II: \$50,001–\$100,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	3.30	5.20	3.99	6.21
25–29	4.49	8.02	6.05	9.97
30–34	6.63	13.06	7.81	14.04
35–39	10.33	19.78	9.92	19.05
40–44	14.76	32.61	13.24	26.95
45–49	20.03	50.68	17.36	38.65
50–54	27.19	74.50	22.73	53.58
55–59	37.68	107.88	29.74	72.35
60–64	50.49	n/a	38.64	n/a

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	2.32	4.19	3.17	5.39
25–29	3.61	7.14	5.08	9.05
30–34	5.80	12.21	6.93	13.19
35–39	9.50	19.52	9.71	18.25
40–44	14.68	31.62	12.40	26.16
45–49	19.33	49.72	16.62	37.67
50–54	26.33	73.48	21.90	52.68
55–59	36.72	106.66	28.83	71.32
60–64	49.24	n/a	37.52	n/a

Premium Band III: \$100,001–\$500,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	2.62	4.45	3.15	5.03
25–29	3.74	7.28	4.66	8.06
30–34	5.60	11.98	6.14	11.56
35–39	8.64	18.34	8.35	15.66
40–44	13.11	28.21	10.49	22.03
45–49	16.36	41.44	13.64	30.40
50–54	22.00	58.75	17.71	41.42
55–59	28.93	78.14	22.43	53.42
60–64	32.53	n/a	25.23	n/a

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	2.24	4.07	2.77	4.65
25–29	3.36	6.91	4.28	7.68
30–34	5.22	11.59	5.75	11.16
35–39	8.32	17.98	7.96	15.50
40–44	12.77	27.92	10.47	21.75
45–49	16.29	41.12	13.39	30.12
50–54	21.70	58.39	17.41	41.11
55–59	28.63	77.81	22.15	53.12
60–64	32.13	n/a	24.87	n/a

Child Coverage—All Bands

4.67

Juvenile Conversion—All Bands

5.99

Florida Rates — Annual Rates per \$1,000 Coverage: Lifetime Plan

Premium Band I: \$10,000–\$50,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	7.09	8.84	6.24	9.26
25–29	8.62	11.38	7.48	12.31
30–34	10.64	16.58	9.04	15.75
35–39	14.24	24.34	11.33	20.99
40–44	19.60	36.17	15.28	28.87
45–49	25.52	52.85	18.90	40.41
50–54	32.35	76.83	24.25	55.56
55–59	42.05	110.69	31.38	74.66
60–64	56.20	n/a	40.34	n/a

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	6.76	8.26	5.48	7.48
25–29	8.21	10.76	6.57	10.42
30–34	10.19	14.52	7.84	13.71
35–39	12.88	22.31	10.21	18.86
40–44	18.82	34.14	13.94	27.28
45–49	24.76	51.13	18.50	38.49
50–54	31.71	74.66	22.41	53.53
55–59	39.62	108.41	29.39	72.52
60–64	50.12	n/a	38.29	n/a

Premium Band II: \$50,001–\$100,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	6.99	8.11	5.67	7.87
25–29	8.49	10.58	6.80	10.95
30–34	9.99	13.76	8.11	14.20
35–39	12.07	20.44	10.16	19.28
40–44	15.29	32.65	13.33	27.13
45–49	20.21	50.94	17.57	38.73
50–54	27.22	74.52	22.83	53.63
55–59	37.75	107.93	29.82	72.44
60–64	50.58	n/a	38.75	n/a

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	6.66	7.91	5.39	7.23
25–29	8.08	10.32	6.47	10.21
30–34	9.80	13.42	7.73	13.45
35–39	11.83	19.65	9.99	18.51
40–44	14.98	31.82	12.57	26.33
45–49	19.41	50.05	16.79	37.88
50–54	26.35	73.51	22.01	52.71
55–59	36.78	106.71	28.92	71.40
60–64	49.33	n/a	37.65	n/a

Premium Band III: \$100,001–\$500,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	6.22	7.50	4.91	7.01
25–29	7.35	9.90	6.04	9.32
30–34	8.87	12.65	7.17	11.95
35–39	10.58	18.50	8.68	16.01
40–44	13.39	28.30	10.94	22.11
45–49	16.60	41.53	13.73	30.53
50–54	22.01	58.76	17.72	41.43
55–59	28.94	78.16	22.44	53.43
60–64	33.33	n/a	25.28	n/a

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	6.10	7.35	4.76	6.72
25–29	7.20	9.78	5.91	9.04
30–34	8.69	12.52	7.09	11.66
35–39	10.37	18.22	8.59	15.70
40–44	13.27	27.99	10.83	21.80
45–49	16.52	41.21	13.45	30.22
50–54	21.71	58.40	17.42	41.12
55–59	28.64	77.82	22.16	53.13
60–64	32.18	n/a	24.92	n/a

Child Coverage—All Bands	
4.79	

Juvenile Conversion—All Bands	
7.15	

Florida Rates — Annual Rates per \$1,000 Coverage

Benefit Extension Rider/Accidental Death and Dismemberment Rider/Medical Personnel HIV Rider

Benefit Extension Rider

MALE COVERAGE										
Issue Age	Non-nicotine					Nicotine				
	10 Yr Plan	15 Yr Plan	20 Yr Plan	30 Yr Plan	Lifetime Plan	10 Yr Plan	15 Yr Plan	20 Yr Plan	30 Yr Plan	Lifetime Plan
18–24	0.36	0.47	0.68	0.89	0.99	0.86	1.25	1.64	2.07	2.34
25–29	0.46	0.66	0.87	1.12	1.25	1.07	2.00	2.04	2.59	2.92
30–34	0.64	0.91	1.20	1.55	1.74	1.50	2.21	2.86	3.64	4.09
35–39	0.89	1.54	1.66	2.15	2.42	2.07	2.83	3.96	5.02	5.64
40–44	1.31	1.78	2.45	3.17	3.56	3.03	4.15	5.80	7.36	8.29
45–49	1.66	2.28	3.14	4.05	4.56	3.89	5.30	7.42	9.42	10.60
50–54	2.19	2.98	4.10	5.30	5.96	5.46	7.44	10.43	13.25	14.90
55–59	2.59	3.52	4.86	6.27	7.05	6.62	9.04	12.65	16.07	18.08
60–64	n/a	4.37	6.02	7.76	8.73	n/a	n/a	n/a	n/a	n/a

FEMALE COVERAGE										
Issue Age	Non-nicotine					Nicotine				
	10 Yr Plan	15 Yr Plan	20 Yr Plan	30 Yr Plan	Lifetime Plan	10 Yr Plan	15 Yr Plan	20 Yr Plan	30 Yr Plan	Lifetime Plan
18–24	0.38	0.51	0.71	0.91	1.08	0.95	1.29	1.80	2.28	2.57
25–29	0.44	0.60	0.83	1.07	1.27	1.12	1.52	2.12	2.70	3.03
30–34	0.51	0.70	0.96	1.23	1.46	1.28	1.74	2.44	3.10	3.49
35–39	0.64	0.88	1.20	1.55	1.85	1.77	2.42	3.39	4.30	4.83
40–44	0.79	1.07	1.48	1.90	2.27	2.00	2.72	3.82	4.85	5.45
45–49	0.96	1.31	1.80	2.33	2.76	2.43	3.32	4.64	5.89	6.62
50–54	1.21	1.65	2.28	2.94	3.49	3.09	4.21	5.89	7.48	8.41
55–59	1.65	2.10	2.90	3.73	4.43	3.90	5.32	7.46	9.46	10.65
60–64	n/a	2.52	3.47	4.47	5.31	n/a	n/a	n/a	n/a	n/a

CHILD COVERAGE					
Age	10 Year Plan	15 Year Plan	20 Year Plan	30 Year Plan	Lifetime Plan
All Ages	1.14	1.71	2.28	2.91	3.11

Accidental Death and Dismemberment Rider

Annual Rates Per \$25,000 coverage (Each Unit is \$25,000)

Age	10 Year Plan*	15 Year Plan	20 Year Plan	30 Year Plan	Lifetime Plan
All Ages	29.25	31.25	35.25	41.00	42.25

Medical Personnel HIV Rider

Annual Rates Per \$1,000 coverage

Age	10 Year Plan*	15 Year Plan	20 Year Plan	30 Year Plan	Lifetime Plan
18–39	0.43	0.56	0.72	0.80	0.84
40–64	0.18	0.19	0.25	0.31	0.34

*Issue ages 18–59

Montana Rates — Annual Rates per \$1,000 Coverage: 10-Year Plan

Premium Band I: \$10,000–\$50,000

Primary Insured		
Issue Age	Unisex	
	Non-Nicotine	Nicotine
18–24	2.93	3.58
25–29	3.59	4.73
30–34	4.54	6.70
35–39	6.54	11.37
40–44	9.90	20.48
45–49	14.30	34.33
50–54	18.82	48.73
55–59	26.34	70.02
60–64	n/a	n/a

Spouse		
Issue Age	Unisex	
	Non-Nicotine	Nicotine
18–24	1.36	2.05
25–29	2.06	3.28
30–34	3.05	5.27
35–39	5.12	9.94
40–44	8.47	19.02
45–49	12.86	32.85
50–54	17.47	47.33
55–59	24.95	68.59
60–64	n/a	n/a

Premium Band II: \$50,001–\$100,000

Primary Insured		
Issue Age	Unisex	
	Non-Nicotine	Nicotine
18–24	1.95	2.63
25–29	2.64	3.83
30–34	3.58	5.76
35–39	5.61	10.34
40–44	8.91	19.26
45–49	13.21	32.83
50–54	17.49	46.87
55–59	24.86	67.89
60–64	n/a	n/a

Spouse		
Issue Age	Unisex	
	Non-Nicotine	Nicotine
18–24	1.33	2.02
25–29	2.02	3.22
30–34	2.99	5.17
35–39	5.02	9.74
40–44	8.31	18.65
45–49	12.61	32.20
50–54	16.92	46.27
55–59	24.28	67.23
60–64	n/a	n/a

Premium Band III: \$100,001–\$500,000

Primary Insured		
Issue Age	Unisex	
	Non-Nicotine	Nicotine
18–24	1.50	2.02
25–29	2.01	2.91
30–34	2.74	4.42
35–39	4.37	8.12
40–44	7.02	15.32
45–49	10.40	25.88
50–54	13.79	36.71
55–59	19.44	51.89
60–64	n/a	n/a

Spouse		
Issue Age	Unisex	
	Non-Nicotine	Nicotine
18–24	1.21	1.72
25–29	1.71	2.62
30–34	2.45	4.15
35–39	4.10	7.84
40–44	6.75	15.04
45–49	10.12	25.59
50–54	13.54	36.45
55–59	19.18	51.62
60–64	n/a	n/a

Child Coverage—All Bands

3.80

Juvenile Conversion—All Bands

4.12

Montana Rates — Annual Rates per \$1,000 Coverage: 15-Year Plan

Premium Band I: \$10,000–\$50,000

Primary Insured		
Issue Age	Unisex	
	Non-Nicotine	Nicotine
18–24	3.00	3.77
25–29	3.83	5.31
30–34	5.02	7.92
35–39	7.30	13.67
40–44	10.76	23.44
45–49	15.70	36.28
50–54	20.33	52.26
55–59	28.40	74.64
60–64	36.73	n/a

Spouse		
Issue Age	Unisex	
	Non-Nicotine	Nicotine
18–24	1.49	2.31
25–29	2.31	3.83
30–34	3.58	6.57
35–39	5.93	12.30
40–44	9.40	22.05
45–49	14.32	34.92
50–54	19.03	50.89
55–59	27.06	73.20
60–64	35.24	n/a

Premium Band II: \$50,001–\$100,000

Primary Insured		
Issue Age	Unisex	
	Non-Nicotine	Nicotine
18–24	2.07	2.86
25–29	2.89	4.34
30–34	4.08	7.02
35–39	6.39	12.66
40–44	9.81	22.24
45–49	14.64	34.73
50–54	19.10	50.59
55–59	27.17	72.58
60–64	35.36	n/a

Spouse		
Issue Age	Unisex	
	Non-Nicotine	Nicotine
18–24	1.46	2.27
25–29	2.27	3.77
30–34	3.52	6.46
35–39	5.83	12.09
40–44	9.24	21.65
45–49	14.06	34.09
50–54	18.55	49.98
55–59	26.58	71.89
60–64	34.61	n/a

Premium Band III: \$100,001–\$500,000

Primary Insured		
Issue Age	Unisex	
	Non-Nicotine	Nicotine
18–24	1.56	2.17
25–29	2.19	3.33
30–34	3.16	5.54
35–39	5.07	10.26
40–44	7.83	18.07
45–49	11.66	29.57
50–54	15.21	39.97
55–59	21.27	55.15
60–64	22.87	n/a

Spouse		
Issue Age	Unisex	
	Non-Nicotine	Nicotine
18–24	1.28	1.90
25–29	1.91	3.06
30–34	2.91	5.29
35–39	4.82	10.01
40–44	7.58	17.82
45–49	11.41	29.31
50–54	14.98	39.72
55–59	21.02	54.88
60–64	22.61	n/a

Child Coverage—All Bands

3.90

Juvenile Conversion—All Bands

4.43

Montana Rates — Annual Rates per \$1,000 Coverage: 20-Year Plan

Premium Band I: \$10,000–\$50,000

Primary Insured		
Issue Age	Unisex	
	Non-Nicotine	Nicotine
18–24	3.33	4.26
25–29	4.34	6.15
30–34	5.63	9.19
35–39	7.98	15.14
40–44	11.69	25.26
45–49	16.48	37.45
50–54	21.47	54.07
55–59	28.82	75.74
60–64	37.53	n/a

Spouse		
Issue Age	Unisex	
	Non-Nicotine	Nicotine
18–24	1.63	2.60
25–29	2.63	4.49
30–34	4.02	7.68
35–39	6.45	13.63
40–44	10.19	23.70
45–49	15.23	36.02
50–54	20.10	52.60
55–59	27.31	73.53
60–64	35.91	n/a

Premium Band II: \$50,001–\$100,000

Primary Insured		
Issue Age	Unisex	
	Non-Nicotine	Nicotine
18–24	2.29	3.23
25–29	3.27	5.05
30–34	4.58	8.17
35–39	6.96	14.03
40–44	10.64	23.94
45–49	14.91	35.53
50–54	20.14	52.21
55–59	27.50	74.06
60–64	36.12	n/a

Spouse		
Issue Age	Unisex	
	Non-Nicotine	Nicotine
18–24	1.60	2.55
25–29	2.58	4.41
30–34	3.95	7.54
35–39	6.34	13.39
40–44	10.01	23.28
45–49	14.31	35.24
50–54	19.53	51.51
55–59	26.82	72.22
60–64	35.27	n/a

Premium Band III: \$100,001–\$500,000

Primary Insured		
Issue Age	Unisex	
	Non-Nicotine	Nicotine
18–24	1.76	2.53
25–29	2.56	4.10
30–34	3.69	7.02
35–39	5.69	12.02
40–44	8.71	20.31
45–49	12.14	29.77
50–54	16.36	41.87
55–59	21.28	55.16
60–64	23.12	n/a

Spouse		
Issue Age	Unisex	
	Non-Nicotine	Nicotine
18–24	1.47	2.25
25–29	2.25	3.80
30–34	3.42	6.63
35–39	5.44	11.77
40–44	8.45	20.05
45–49	12.02	29.52
50–54	16.11	41.60
55–59	21.03	54.89
60–64	22.84	n/a

Child Coverage—All Bands
4.00

Juvenile Conversion—All Bands
4.85

Montana Rates — Annual Rates per \$1,000 Coverage: 30-Year Plan

Premium Band I: \$10,000–\$50,000

Primary Insured		
Issue Age	Unisex	
	Non-Nicotine	Nicotine
18–24	4.04	5.66
25–29	5.12	8.33
30–34	6.59	11.57
35–39	9.11	17.72
40–44	13.04	26.65
45–49	17.48	38.69
50–54	21.67	55.07
55–59	29.16	77.59
60–64	38.21	n/a

Spouse		
Issue Age	Unisex	
	Non-Nicotine	Nicotine
18–24	2.18	3.83
25–29	3.43	6.47
30–34	5.12	10.32
35–39	7.84	16.22
40–44	11.81	25.35
45–49	16.39	37.32
50–54	20.11	53.35
55–59	27.48	75.75
60–64	36.48	n/a

Premium Band II: \$50,001–\$100,000

Primary Insured		
Issue Age	Unisex	
	Non-Nicotine	Nicotine
18–24	2.88	4.52
25–29	4.12	7.10
30–34	5.73	10.85
35–39	8.20	15.71
40–44	11.41	24.47
45–49	15.29	36.99
50–54	20.49	53.33
55–59	27.83	75.54
60–64	36.90	n/a

Spouse		
Issue Age	Unisex	
	Non-Nicotine	Nicotine
18–24	2.15	3.77
25–29	3.39	6.38
30–34	5.04	10.17
35–39	7.73	15.33
40–44	11.10	23.74
45–49	14.71	36.21
50–54	19.80	52.55
55–59	27.07	74.62
60–64	35.93	n/a

Premium Band III: \$100,001–\$500,000

Primary Insured		
Issue Age	Unisex	
	Non-Nicotine	Nicotine
18–24	2.28	3.78
25–29	3.32	6.12
30–34	4.69	9.52
35–39	6.87	13.93
40–44	9.73	20.82
45–49	12.31	29.91
50–54	16.37	41.88
55–59	21.29	55.17
60–64	23.95	n/a

Spouse		
Issue Age	Unisex	
	Non-Nicotine	Nicotine
18–24	1.98	3.47
25–29	3.01	5.82
30–34	4.38	9.21
35–39	6.59	13.70
40–44	9.56	20.58
45–49	12.20	29.66
50–54	16.12	41.61
55–59	21.04	54.90
60–64	23.64	n/a

Child Coverage—All Bands
4.10

Juvenile Conversion—All Bands
5.99

Montana Rates — Annual Rates per \$1,000 Coverage: Lifetime Plan

Premium Band I: \$10,000–\$50,000

Primary Insured		
Issue Age	Unisex	
	Non-Nicotine	Nicotine
18–24	5.44	7.27
25–29	6.58	9.48
30–34	8.06	13.10
35–39	10.54	18.55
40–44	14.41	26.81
45–49	18.44	38.70
50–54	23.48	55.10
55–59	30.47	77.65
60–64	40.20	n/a

Spouse		
Issue Age	Unisex	
	Non-Nicotine	Nicotine
18–24	5.04	6.41
25–29	6.09	8.57
30–34	7.46	11.45
35–39	9.53	16.88
40–44	13.60	25.36
45–49	17.95	37.33
50–54	22.57	53.39
55–59	28.65	75.85
60–64	36.60	n/a

Premium Band II: \$50,001–\$100,000

Primary Insured		
Issue Age	Unisex	
	Non-Nicotine	Nicotine
18–24	5.21	6.46
25–29	6.30	8.65
30–34	7.45	11.24
35–39	9.11	16.11
40–44	11.70	24.55
45–49	15.45	37.14
50–54	20.53	53.36
55–59	27.88	75.59
60–64	36.97	n/a

Spouse		
Issue Age	Unisex	
	Non-Nicotine	Nicotine
18–24	4.96	6.16
25–29	6.00	8.28
30–34	7.23	10.83
35–39	8.95	15.48
40–44	11.30	23.89
45–49	14.81	36.44
50–54	19.85	52.57
55–59	27.12	74.67
60–64	36.01	n/a

Premium Band III: \$100,001–\$500,000

Primary Insured		
Issue Age	Unisex	
	Non-Nicotine	Nicotine
18–24	4.60	5.89
25–29	5.51	7.80
30–34	6.60	9.98
35–39	7.92	14.12
40–44	10.01	20.83
45–49	12.46	29.94
50–54	16.38	41.89
55–59	21.30	55.18
60–64	24.28	n/a

Spouse		
Issue Age	Unisex	
	Non-Nicotine	Nicotine
18–24	4.49	5.73
25–29	5.39	7.65
30–34	6.49	9.82
35–39	7.79	13.88
40–44	9.91	20.59
45–49	12.33	29.69
50–54	16.13	41.62
55–59	21.05	54.91
60–64	23.68	n/a

Child Coverage—All Bands
4.20

Juvenile Conversion—All Bands
7.15

Montana Rates — Annual Rates per \$1,000 Coverage

Benefit Extension Rider/Accidental Death and Dismemberment Rider/Medical Personnel HIV Rider

Benefit Extension Rider

UNISEX COVERAGE										
Issue Age	Non-nicotine					Nicotine				
	10 Yr Plan	15 Yr Plan	20 Yr Plan	30 Yr Plan	Lifetime Plan	10 Yr Plan	15 Yr Plan	20 Yr Plan	30 Yr Plan	Lifetime Plan
18–24	0.32	0.43	0.61	0.79	0.90	0.78	1.11	1.50	1.89	2.13
25–29	0.40	0.56	0.75	0.96	1.10	0.96	1.58	1.82	2.31	2.60
30–34	0.52	0.72	0.97	1.25	1.43	1.24	1.78	2.36	3.00	3.38
35–39	0.69	1.12	1.30	1.68	1.92	1.71	2.34	3.27	4.15	4.67
40–44	0.97	1.31	1.81	2.34	2.67	2.30	3.14	4.39	5.58	6.27
45–49	1.21	1.66	2.28	2.95	3.37	2.90	3.95	5.53	7.02	7.90
50–54	1.58	2.15	2.96	3.82	4.36	3.96	5.39	7.56	9.60	10.79
55–59	1.94	2.59	3.57	4.61	5.26	4.85	6.63	9.28	11.78	13.25
60–64	n/a	3.18	4.38	5.65	6.46	n/a	n/a	n/a	n/a	n/a

CHILD COVERAGE

Age	10 Year Plan	15 Year Plan	20 Year Plan	30 Year Plan	Lifetime Plan
All Ages	1.00	1.50	2.00	2.55	2.73

Accidental Death and Dismemberment Rider

Annual Rates Per \$25,000 coverage (Each Unit is \$25,000)

Age	10 Year Plan*	15 Year Plan	20 Year Plan	30 Year Plan	Lifetime Plan
All Ages	25.75	27.50	31.00	36.00	37.00

Medical Personnel HIV Rider

Annual Rates Per \$1,000 coverage

Age	10 Year Plan*	15 Year Plan	20 Year Plan	30 Year Plan	Lifetime Plan
18–39	0.38	0.49	0.63	0.70	0.74
40–64	0.16	0.17	0.22	0.27	0.30

*Issue age 18–59

Pennsylvania Rates — Annual Rates per \$1,000 Coverage: To Age 65 Plan

Premium Band I: \$10,000–\$50,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	5.15	6.55	4.53	6.94
25–29	6.26	8.57	5.66	9.42
30–34	7.72	12.03	6.92	12.21
35–39	10.33	18.07	8.72	16.43
40–44	14.23	27.53	11.09	22.52
45–49	18.52	41.14	14.34	31.40
50–54	23.48	58.79	18.26	42.64
55	30.52	80.34	23.01	55.31

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	4.91	5.99	3.98	5.48
25–29	5.96	7.81	4.77	7.88
30–34	7.40	10.76	5.69	10.55
35–39	9.35	16.79	7.41	14.65
40–44	13.66	26.23	10.12	20.58
45–49	17.97	39.80	13.43	29.23
50–54	23.01	57.13	16.26	40.43
55	28.76	78.69	21.33	53.05

Premium Band II: \$50,001–\$100,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	5.08	5.89	4.11	5.80
25–29	6.17	7.68	4.93	8.02
30–34	7.25	10.34	5.89	10.52
35–39	8.76	15.84	7.37	14.31
40–44	11.10	24.43	9.68	19.82
45–49	14.67	36.97	12.75	28.11
50–54	19.76	54.09	16.57	38.93
55	27.40	78.34	21.65	52.58

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	4.83	5.74	3.92	5.25
25–29	5.87	7.49	4.70	7.49
30–34	7.11	9.74	5.61	9.99
35–39	8.59	15.23	7.25	13.77
40–44	10.87	23.81	9.13	19.27
45–49	14.09	36.32	12.19	27.50
50–54	19.13	53.35	15.98	38.26
55	26.69	77.45	20.99	51.82

Premium Band III: \$100,001–\$500,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	4.52	5.45	3.56	5.09
25–29	5.34	7.18	4.38	6.92
30–34	6.44	9.41	5.20	9.06
35–39	7.68	14.29	6.30	12.36
40–44	9.72	21.82	8.03	17.08
45–49	12.54	32.82	10.60	24.15
50–54	16.42	45.49	13.45	32.17
55	21.01	59.27	16.88	41.22

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	4.43	5.34	3.46	4.88
25–29	5.23	7.10	4.29	6.69
30–34	6.31	9.13	5.15	8.83
35–39	7.52	14.07	6.24	12.12
40–44	9.63	21.58	7.86	16.84
45–49	12.30	32.57	10.36	23.90
50–54	16.20	45.21	13.22	31.93
55	20.79	59.02	16.62	40.99

Child Coverage—All Bands	
3.78	

Juvenile Conversion—All Bands	
6.44	

Pennsylvania Rates — Annual Rates per \$1,000 Coverage

Benefit Extension Rider/Accidental Death and Dismemberment Rider

Benefit Extension Rider

Issue Age	Male		Issue Age	Female	
	Non-Nicotine	Nicotine		Non-Nicotine	Nicotine
18–24	0.78	1.85	18–24	0.86	2.03
25–29	0.99	2.30	25–29	1.00	2.39
30–34	1.38	3.23	30–34	1.15	2.75
35–39	1.91	4.46	35–39	1.46	3.82
40–44	2.81	6.54	40–44	1.79	4.30
45–49	3.60	8.37	45–49	2.18	5.23
50–54	4.71	11.76	50–54	2.75	6.64
55	5.56	14.27	55	3.50	8.41

CHILD(REN) COVERAGE

Age	All Plans
All Ages	2.46

Accidental Death and Dismemberment Rider

Annual Rate Per \$25,000 coverage (Each Unit is \$25,000)

Age	All Plans
18-55	30.00

Virginia Rates — Annual Rates per \$1,000 Coverage: 10-Year Plan

Premium Band I: \$10,000–\$50,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.89	2.15	2.25	2.78
25–29	2.04	2.43	2.97	3.99
30–34	2.66	3.65	3.51	5.13
35–39	4.18	7.03	4.44	7.24
40–44	6.58	13.69	5.94	11.05
45–49	9.17	22.43	8.10	17.10
50–54	12.19	32.50	10.17	23.22
55–59	16.24	44.60	13.70	32.51
60–64	n/a	n/a	n/a	n/a

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	0.95	1.07	1.23	1.78
25–29	1.00	1.45	1.91	2.96
30–34	1.54	2.54	2.48	4.14
35–39	2.88	5.73	3.43	6.24
40–44	5.28	12.38	4.94	10.04
45–49	7.86	21.10	7.10	16.08
50–54	10.86	31.13	9.23	22.26
55–59	15.27	43.60	12.74	31.52
60–64	n/a	n/a	n/a	n/a

Premium Band II: \$50,001–\$100,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.30	1.48	1.61	2.16
25–29	1.41	1.84	2.29	3.32
30–34	1.92	2.89	2.85	4.47
35–39	3.19	5.79	3.78	6.54
40–44	5.33	11.79	5.26	10.27
45–49	7.91	20.37	7.37	16.19
50–54	10.62	29.60	9.30	22.01
55–59	15.22	43.20	12.74	31.07
60–64	n/a	n/a	n/a	n/a

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	0.90	1.05	1.20	1.75
25–29	0.98	1.42	1.87	2.90
30–34	1.51	2.49	2.43	4.06
35–39	2.79	5.38	3.37	6.11
40–44	4.87	11.22	4.84	9.84
45–49	7.49	19.93	6.95	15.76
50–54	10.22	29.18	8.91	21.60
55–59	14.81	42.73	12.34	30.64
60–64	n/a	n/a	n/a	n/a

Premium Band III: \$100,001–\$500,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.05	1.15	1.26	1.69
25–29	1.08	1.41	1.77	2.55
30–34	1.50	2.25	2.18	3.42
35–39	2.53	4.66	2.91	5.04
40–44	4.37	9.82	4.08	7.99
45–49	6.30	16.24	5.72	12.56
50–54	8.53	23.62	7.27	17.12
55–59	12.07	33.31	9.96	23.98
60–64	n/a	n/a	n/a	n/a

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	0.66	0.86	1.00	1.43
25–29	0.81	1.13	1.50	2.29
30–34	1.22	1.99	1.92	3.16
35–39	2.27	4.41	2.65	4.77
40–44	4.12	9.57	3.82	7.72
45–49	6.03	15.98	5.46	12.30
50–54	8.28	23.36	7.02	16.87
55–59	11.81	33.04	9.71	23.72
60–64	n/a	n/a	n/a	n/a

Child Coverage—All Bands

2.29

Juvenile Conversion—All Bands

4.12

Virginia Rates — Annual Rates per \$1,000 Coverage: 15-Year Plan

Premium Band I: \$10,000–\$50,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.93	2.24	2.36	2.98
25–29	2.23	2.84	3.10	4.27
30–34	3.03	4.63	3.73	5.62
35–39	4.72	8.82	4.78	8.16
40–44	7.04	15.56	6.38	12.37
45–49	9.89	24.77	8.72	18.80
50–54	12.83	34.05	10.93	25.02
55–59	17.70	47.83	14.56	33.92
60–64	22.88	n/a	18.26	n/a

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.05	1.20	1.37	2.03
25–29	1.18	1.82	2.05	3.25
30–34	1.93	3.44	2.71	4.67
35–39	3.50	7.59	3.79	7.19
40–44	5.81	14.31	5.42	11.40
45–49	8.64	23.48	7.74	17.80
50–54	11.56	32.72	10.01	24.07
55–59	16.67	46.82	13.62	32.95
60–64	21.85	n/a	17.23	n/a

Premium Band II: \$50,001–\$100,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.40	1.59	1.73	2.38
25–29	1.58	2.18	2.43	3.59
30–34	2.29	3.77	3.06	4.97
35–39	3.73	7.40	4.12	7.47
40–44	5.87	13.57	5.72	11.59
45–49	8.86	21.87	8.01	17.90
50–54	11.63	31.91	10.10	23.83
55–59	16.78	46.47	13.69	32.79
60–64	21.97	n/a	17.40	n/a

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.00	1.17	1.34	1.98
25–29	1.16	1.78	2.01	3.19
30–34	1.90	3.38	2.66	4.58
35–39	3.34	6.98	3.72	7.06
40–44	5.47	13.17	5.31	11.19
45–49	8.46	21.32	7.60	17.48
50–54	11.24	31.47	9.72	23.42
55–59	16.37	45.97	13.29	32.36
60–64	21.46	n/a	16.91	n/a

Premium Band III: \$100,001–\$500,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.10	1.20	1.32	1.83
25–29	1.21	1.69	1.84	2.74
30–34	1.79	3.02	2.33	3.82
35–39	3.05	6.34	3.17	5.84
40–44	4.83	11.59	4.45	9.15
45–49	7.13	18.65	6.25	14.06
50–54	9.39	25.51	7.96	18.73
55–59	13.27	35.50	10.71	25.22
60–64	14.32	n/a	11.34	n/a

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	0.70	0.95	1.09	1.60
25–29	0.96	1.44	1.60	2.50
30–34	1.56	2.79	2.09	3.59
35–39	2.82	6.12	2.95	5.61
40–44	4.60	11.37	4.23	8.92
45–49	6.90	18.41	6.02	13.83
50–54	9.17	25.27	7.75	18.50
55–59	13.04	35.25	10.49	25.00
60–64	14.07	n/a	11.11	n/a

Child Coverage—All Bands

2.37

Juvenile Conversion—All Bands

4.43

Virginia Rates — Annual Rates per \$1,000 Coverage: 20-Year Plan

Premium Band I: \$10,000–\$50,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	2.12	2.53	2.55	3.23
25–29	2.51	3.34	3.38	4.70
30–34	3.41	5.60	4.08	6.25
35–39	5.09	9.86	5.19	8.94
40–44	7.55	16.85	6.85	13.29
45–49	10.40	25.80	8.87	18.93
50–54	13.66	35.64	11.48	25.89
55–59	17.86	48.48	14.71	34.50
60–64	23.35	n/a	18.67	n/a

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.10	1.37	1.44	2.17
25–29	1.37	2.22	2.21	3.57
30–34	2.19	4.33	2.94	5.18
35–39	3.81	8.58	4.09	7.90
40–44	6.26	15.53	5.80	12.22
45–49	9.15	24.44	8.23	17.89
50–54	12.31	34.22	10.51	24.88
55–59	16.81	46.83	13.68	33.42
60–64	22.25	n/a	17.58	n/a

Premium Band II: \$50,001–\$100,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.42	1.83	1.85	2.57
25–29	1.81	2.62	2.65	3.95
30–34	2.58	4.49	3.34	5.53
35–39	4.06	8.32	4.45	8.19
40–44	6.37	14.65	6.14	12.46
45–49	9.03	22.77	8.16	18.02
50–54	12.27	32.88	10.62	24.65
55–59	16.97	47.50	13.88	33.32
60–64	22.43	n/a	17.80	n/a

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.05	1.35	1.41	2.13
25–29	1.35	2.18	2.17	3.51
30–34	2.16	4.06	2.89	5.09
35–39	3.63	7.77	4.02	7.75
40–44	5.94	14.15	5.70	12.00
45–49	8.61	22.18	7.73	17.58
50–54	11.84	32.40	10.20	24.20
55–59	16.51	45.98	13.43	32.83
60–64	21.85	n/a	17.26	n/a

Premium Band III: \$100,001–\$500,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.25	1.46	1.47	2.06
25–29	1.48	2.22	2.06	3.12
30–34	2.17	4.09	2.62	4.42
35–39	3.43	7.48	3.53	6.67
40–44	5.34	12.97	4.91	10.18
45–49	7.47	19.51	6.51	14.29
50–54	10.17	26.74	8.54	19.65
55–59	13.32	35.55	10.75	25.27
60–64	14.45	n/a	11.57	n/a

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.00	1.22	1.25	1.85
25–29	1.24	1.99	1.82	2.88
30–34	1.95	3.74	2.39	4.22
35–39	3.22	7.25	3.32	6.46
40–44	5.12	12.73	4.69	9.97
45–49	7.39	19.28	6.29	14.08
50–54	9.97	26.53	8.34	19.44
55–59	13.11	35.33	10.56	25.06
60–64	14.21	n/a	11.35	n/a

Child Coverage—All Bands

2.43

Juvenile Conversion—All Bands

4.85

Virginia Rates — Annual Rates per \$1,000 Coverage: 30-Year Plan

Premium Band I: \$10,000–\$50,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	2.55	3.41	2.90	3.89
25–29	3.08	4.85	3.62	5.74
30–34	4.10	7.63	4.32	7.00
35–39	5.89	12.08	5.41	9.82
40–44	8.41	18.91	7.15	13.89
45–49	11.03	27.07	9.09	19.14
50–54	13.88	35.78	11.59	26.14
55–59	18.04	49.89	14.91	34.98
60–64	23.74	n/a	19.04	n/a

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.28	2.13	1.71	2.75
25–29	1.87	3.63	2.60	4.47
30–34	2.88	6.40	3.47	6.42
35–39	4.66	10.84	4.78	8.92
40–44	7.17	17.62	6.62	12.98
45–49	9.86	25.73	8.79	18.18
50–54	12.55	34.37	10.53	25.01
55–59	16.89	48.63	13.79	33.79
60–64	22.58	n/a	17.88	n/a

Premium Band II: \$50,001–\$100,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.78	2.63	2.13	3.16
25–29	2.32	3.90	3.09	4.91
30–34	3.28	6.32	3.91	6.79
35–39	4.93	10.36	4.88	9.12
40–44	7.03	16.54	6.42	12.78
45–49	9.39	23.94	8.33	18.21
50–54	12.47	33.61	10.82	25.13
55–59	17.16	48.53	14.07	33.84
60–64	22.88	n/a	18.20	n/a

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.26	2.10	1.68	2.71
25–29	1.84	3.42	2.56	4.40
30–34	2.82	5.80	3.42	6.33
35–39	4.47	9.83	4.71	8.67
40–44	6.79	15.99	5.96	12.34
45–49	8.87	23.37	7.91	17.68
50–54	11.99	33.08	10.36	24.64
55–59	16.64	47.91	13.58	33.29
60–64	22.24	n/a	17.61	n/a

Premium Band III: \$100,001–\$500,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.45	2.27	1.71	2.59
25–29	1.95	3.53	2.42	3.99
30–34	2.78	5.63	3.10	5.61
35–39	4.14	9.09	4.12	7.52
40–44	6.14	14.40	5.16	10.56
45–49	7.89	20.31	6.61	14.49
50–54	10.18	26.75	8.55	19.66
55–59	13.33	35.56	10.76	25.28
60–64	15.02	n/a	12.07	n/a

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	1.21	2.03	1.47	2.35
25–29	1.71	3.30	2.17	3.75
30–34	2.54	5.39	2.86	5.37
35–39	3.93	8.85	3.88	7.38
40–44	5.92	14.15	5.04	10.36
45–49	7.66	20.06	6.40	14.29
50–54	9.98	26.54	8.35	19.45
55–59	13.12	35.34	10.57	25.07
60–64	14.74	n/a	11.84	n/a

Child Coverage—All Bands

2.48

Juvenile Conversion—All Bands

5.99

Virginia Rates — Annual Rates per \$1,000 Coverage: Lifetime Plan

Premium Band I: \$10,000–\$50,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	3.63	4.88	3.31	4.74
25–29	4.31	6.32	3.89	6.18
30–34	5.22	8.72	4.61	7.78
35–39	6.83	12.78	5.68	10.24
40–44	9.23	19.08	7.51	13.94
45–49	11.87	27.23	9.19	19.26
50–54	14.92	35.88	11.67	26.19
55–59	19.26	49.95	14.98	35.05
60–64	25.58	n/a	19.13	n/a

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	3.25	3.92	2.75	3.70
25–29	3.90	5.11	3.26	5.09
30–34	4.79	7.49	3.85	6.62
35–39	5.99	11.53	4.94	9.00
40–44	8.65	17.80	6.67	12.99
45–49	11.30	25.90	8.80	18.21
50–54	14.40	34.45	10.60	25.04
55–59	17.94	48.69	13.84	33.84
60–64	22.64	n/a	17.97	n/a

Premium Band II: \$50,001–\$100,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	3.44	3.97	2.91	3.95
25–29	4.11	5.26	3.43	5.36
30–34	4.78	7.40	4.04	6.87
35–39	5.70	11.04	4.99	9.22
40–44	7.20	16.71	6.46	12.87
45–49	9.57	24.10	8.43	18.24
50–54	12.48	33.62	10.87	25.16
55–59	17.18	48.56	14.11	33.88
60–64	22.92	n/a	18.25	n/a

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	3.20	3.76	2.71	3.58
25–29	3.84	4.84	3.21	4.94
30–34	4.61	6.87	3.79	6.45
35–39	5.51	10.50	4.84	8.79
40–44	6.92	16.16	6.04	12.42
45–49	9.03	23.53	7.99	17.78
50–54	12.01	33.09	10.41	24.65
55–59	16.67	47.93	13.62	33.32
60–64	22.28	n/a	17.67	n/a

Premium Band III: \$100,001–\$500,000

Primary Insured				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	3.06	3.63	2.53	3.50
25–29	3.56	4.70	3.05	4.60
30–34	4.24	6.55	3.58	5.82
35–39	5.01	9.75	4.28	7.71
40–44	6.26	14.55	5.33	10.57
45–49	8.07	20.46	6.68	14.51
50–54	10.19	26.76	8.56	19.67
55–59	13.34	35.57	10.77	25.29
60–64	15.18	n/a	12.10	n/a

Spouse				
Issue Age	Male		Female	
	Non-Nicotine	Nicotine	Non-Nicotine	Nicotine
18–24	2.94	3.50	2.40	3.31
25–29	3.43	4.58	2.93	4.40
30–34	4.09	6.32	3.48	5.62
35–39	4.84	9.52	4.17	7.51
40–44	6.14	14.31	5.21	10.37
45–49	7.84	20.21	6.48	14.30
50–54	9.99	26.55	8.36	19.46
55–59	13.13	35.35	10.58	25.08
60–64	14.77	n/a	11.86	n/a

Child Coverage—All Bands

2.54

Juvenile Conversion—All Bands

7.15

Virginia Rates — Annual Rates per \$1,000 Coverage

Medical Personnel HIV Rider

Medical Personnel HIV Rider

Age	10 Year Plan*	15 Year Plan	20 Year Plan	30 Year Plan	Lifetime Plan
18-39	0.38	0.49	0.63	0.70	0.74
40-64	0.16	0.17	0.22	0.27	0.30

*Issue age 18-59

Policies issued by:

American General Life Insurance Company

2727-A Allen Parkway, Houston, Texas 77019

CriticalCare Plus Policy Form Number 05130

Benefit Extension Rider Form Number 05137

Accidental Death and Dismemberment Rider Form Number 05138

Medical Personnel HIV Rider Form Number 05139

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