

Critical Illness Insurance



RATE SHEETS

Premium Worksheet

A separate Premium Worksheet should be completed for each person applying for coverage. Please check your calculations thoroughly to avoid any delays in processing. Each calculation should be rounded to the nearest .01. Critical Illness proposal software is also available for the calculation process.

Premium Worksheet Mutual of Omaha's Critical Illness

Applicant	Valued Client		
Policy Form	CI		
Age	40	Sex	M
		Smoker	<input type="checkbox"/>
		Nonsmoker	<input checked="" type="checkbox"/>
1. Annual Premium Rate per \$1,000 of Benefit			13.32
2. Units of Coverage: (Policy Benefit Amount per \$1,000 = units)		X	75
3. Total Base Premium Amount			<u>\$999.00</u>
Optional Riders			
4. Disability Rider	$75 \times 1.92 =$		
	<u>\$144.00</u>	+	\$144.00
	<i>Units Rate</i>		
	<i>(Maximum benefit is \$100,000)</i>		
5. AD&D Rider	$25 \times 1.08 =$		
	<u>\$27.00</u>	+	\$27.00
	<i>Units Rate</i>		
	<i>(Number of units can be less than or equal to the number of units in the Base Policy. Maximum is \$250,000, not to exceed base amount)</i>		
6. Total Base and Riders (Lines 3+4+5=6)			\$1,170.00
7. Policy Fee (Add \$50 for single or \$25 per person for a married couple)		+	50.00
8. TOTAL Annual Premium (Lines 6+7=8)			\$1,220.00
9. Modal Factor (Enter Modal Factor) Monthly = .0875, Quarterly = .26, Semi-annual = .515		X	.0875
10. Total amount to be submitted with application			<u>\$106.75</u>

NATIONAL
CRITICAL ILLNESS – Policy/Certificate Form CI/CI1/CCI/CCI1

Annual Premiums per \$1,000 Maximum Benefit Amount*								
ISSUE AGE	MALE LIVES				FEMALE LIVES			
	NONTOBACCO		TOBACCO		NONTOBACCO		TOBACCO	
	BAND 1	BAND 2	BAND 1	BAND 2	BAND 1	BAND 2	BAND 1	BAND 2
20	6.12	3.60	7.02	4.08	5.04	3.00	5.76	3.48
21	6.48	3.72	7.38	4.32	5.22	3.12	6.12	3.60
22	6.66	3.96	7.74	4.56	5.40	3.12	6.48	3.84
23	7.02	4.08	8.28	4.80	5.58	3.24	6.84	3.96
24	7.20	4.20	8.64	5.04	5.76	3.36	7.20	4.20
25	7.56	4.44	9.18	5.40	5.94	3.48	7.56	4.44
26	7.74	4.56	9.54	5.64	6.30	3.60	7.92	4.68
27	8.10	4.68	10.08	6.00	6.48	3.84	8.28	4.92
28	8.28	4.92	10.62	6.24	6.66	3.96	8.82	5.16
29	8.64	5.04	11.34	6.60	7.02	4.08	9.18	5.40
30	9.00	5.28	11.88	6.96	7.20	4.20	9.72	5.76
31	9.18	5.40	12.42	7.32	7.56	4.44	10.26	6.00
32	9.54	5.64	13.14	7.68	7.74	4.56	10.80	6.36
33	9.90	5.76	13.86	8.16	8.10	4.68	11.34	6.72
34	10.26	6.00	14.58	8.52	8.28	4.92	12.06	7.08
35	10.44	6.12	15.30	9.00	8.64	5.04	12.60	7.44
36	10.98	6.48	16.56	9.72	9.00	5.28	13.68	8.04
37	11.52	6.72	18.00	10.56	9.54	5.52	14.76	8.64
38	12.06	7.08	19.44	11.40	9.90	5.88	15.84	9.24
39	12.60	7.44	21.06	12.36	10.44	6.12	16.92	9.96
40	13.32	7.80	22.68	13.32	10.80	6.36	18.18	10.68
41	13.86	8.16	24.30	14.28	11.34	6.72	19.44	11.40
42	14.58	8.52	26.10	15.36	11.88	6.96	20.70	12.12
43	15.12	8.88	28.08	16.44	12.42	7.32	22.14	12.96
44	15.84	9.24	30.06	17.64	12.96	7.56	23.58	13.80
45	16.56	9.72	32.04	18.84	13.50	7.92	25.02	14.64
46	17.28	10.08	34.02	19.92	13.86	8.16	26.10	15.36
47	18.18	10.56	36.18	21.24	14.40	8.40	27.36	15.96
48	18.90	11.16	38.34	22.44	14.76	8.64	28.44	16.68
49	19.80	11.64	40.50	23.76	15.12	8.88	29.70	17.40
50	20.52	12.12	42.66	25.08	15.66	9.12	30.78	18.00
51	21.42	12.60	45.00	26.40	16.02	9.36	31.86	18.72
52	22.32	13.08	47.16	27.72	16.38	9.60	33.12	19.32
53	23.04	13.56	49.50	29.04	16.74	9.72	34.20	20.04
54	23.76	14.04	51.66	30.36	16.92	9.96	35.28	20.64
55	24.66	14.40	53.82	31.68	17.28	10.08	36.18	21.24
56	25.74	15.12	55.80	32.64	17.82	10.44	37.26	21.84
57	26.82	15.72	57.60	33.72	18.18	10.68	38.34	22.56
58	27.90	16.44	59.40	34.80	18.72	11.04	39.42	23.16
59	29.16	17.04	61.20	35.88	19.26	11.28	40.50	23.76

is level premiums for life, therefore the above rates are per \$500 Maximum Benefit Amount after the reduction.

Band 1: Initial Maximum Benefit Amount up to \$100,000

Band 2: Initial Maximum Benefit Amount of \$100,000 to \$250,000

For Individuals add \$50.00 policy fee (each year).

For Couples add \$25.00 policy fee per person (each year).

Modal factors: Monthly = .0875, Quarterly = .26, Semi-annual = .515.

(Applied after the policy fee is added.)

**ARIZONA AND LOUISIANA
CRITICAL ILLNESS POLICIES CI and CI1**

Annual Premiums per \$1,000 Maximum Benefit Amount*								
ISSUE AGE	MALE LIVES				FEMALE LIVES			
	NONTOBACCO		TOBACCO		NONTOBACCO		TOBACCO	
	BAND 1	BAND 2	BAND 1	BAND 2	BAND 1	BAND 2	BAND 1	BAND 2
20	6.48	3.84	7.38	4.32	5.22	3.12	6.12	3.60
21	6.84	3.96	7.74	4.56	5.40	3.24	6.48	3.84
22	7.02	4.20	8.10	4.80	5.76	3.24	6.84	4.08
23	7.38	4.32	8.64	5.04	5.94	3.36	7.20	4.20
24	7.56	4.44	9.00	5.28	6.12	3.48	7.56	4.44
25	7.92	4.68	9.72	5.64	6.30	3.60	7.92	4.68
26	8.10	4.80	10.08	5.88	6.66	3.84	8.28	4.92
27	8.46	4.92	10.62	6.36	6.84	4.08	8.64	5.16
28	8.64	5.16	11.16	6.60	7.02	4.20	9.18	5.40
29	9.00	5.28	11.88	6.96	7.38	4.32	9.72	5.64
30	9.54	5.52	12.42	7.32	7.56	4.44	10.26	6.00
31	9.72	5.64	12.96	7.68	7.92	4.68	10.80	6.36
32	10.08	5.88	13.86	8.04	8.10	4.80	11.34	6.72
33	10.44	6.00	14.58	8.52	8.46	4.92	11.88	7.08
34	10.80	6.36	15.30	9.00	8.64	5.16	12.60	7.44
35	10.98	6.48	16.02	9.48	9.00	5.28	13.32	7.80
36	11.52	6.84	17.46	10.20	9.54	5.52	14.40	8.40
37	12.06	7.08	18.90	11.04	10.08	5.76	15.48	9.12
38	12.60	7.44	20.34	12.00	10.44	6.12	16.56	9.72
39	13.32	7.80	22.14	12.96	10.98	6.48	17.82	10.44
40	14.04	8.16	23.76	14.04	11.34	6.72	19.08	11.16
41	14.58	8.52	25.56	15.00	11.88	7.08	20.34	12.00
42	15.30	9.00	27.36	16.08	12.42	7.32	21.78	12.72
43	15.84	9.36	29.52	17.28	12.96	7.68	23.22	13.56
44	16.56	9.72	31.50	18.48	13.68	7.92	24.84	14.52
45	17.46	10.20	33.66	19.80	14.22	8.28	26.28	15.36
46	18.18	10.56	35.64	20.88	14.58	8.52	27.36	16.08
47	19.08	11.04	37.98	22.32	15.12	8.88	28.80	16.80
48	19.80	11.76	40.32	23.52	15.48	9.12	29.88	17.52
49	20.88	12.24	42.48	24.96	15.84	9.36	31.14	18.24
50	21.60	12.72	44.82	26.28	16.38	9.60	32.40	18.96
51	22.50	13.20	47.34	27.72	16.74	9.84	33.48	19.68
52	23.40	13.68	49.50	29.16	17.28	10.08	34.74	20.28
53	24.12	14.28	52.02	30.48	17.64	10.20	36.00	21.00
54	25.02	14.76	54.18	31.92	17.82	10.44	37.08	21.72
55	25.92	15.12	56.52	33.24	18.18	10.56	37.98	22.32
56	27.00	15.84	58.68	34.32	18.72	10.92	39.06	22.92
57	28.08	16.56	60.48	35.40	19.08	11.16	40.32	23.64
58	29.34	17.28	62.46	36.60	19.62	11.64	41.40	24.36
59	30.60	17.88	64.26	37.68	20.16	11.88	42.48	24.96

*At attained age 65 (or five years after issue if later): the Maximum Benefit Amount is reduced by 50%. The rating structure is level premiums for life, therefore the above rates are per \$500 Maximum Benefit Amount after the reduction.

Band 1: Initial Maximum Benefit Amount up to \$100,000

Band 2: Initial Maximum Benefit Amount of \$100,000 to \$250,000

For Individuals Policy Form CI add \$50.00 policy fee (each year).

For Couples Policy Form CI1 add \$25.00 policy fee per person (each year).

Modal factors: Monthly = .0875, Quarterly = .26, Semi-annual = .515.

(Applied after the policy fee is added.)

**ARKANSAS AND FLORIDA
CRITICAL ILLNESS – Policies CI and CI1**

Annual Premiums per \$1,000 Maximum Benefit Amount*								
ISSUE AGE	MALE LIVES				FEMALE LIVES			
	NONTOBACCO		TOBACCO		NONTOBACCO		TOBACCO	
	BAND 1	BAND 2	BAND 1	BAND 2	BAND 1	BAND 2	BAND 1	BAND 2
20	6.12	3.60	7.02	4.08	5.04	3.00	5.76	3.48
21	6.48	3.72	7.38	4.32	5.22	3.12	6.12	3.60
22	6.66	3.96	7.74	4.56	5.40	3.12	6.48	3.84
23	7.02	4.08	8.28	4.80	5.58	3.24	6.84	3.96
24	7.20	4.20	8.64	5.04	5.76	3.36	7.20	4.20
25	7.56	4.44	9.18	5.40	5.94	3.48	7.56	4.44
26	7.74	4.56	9.54	5.64	6.30	3.72	7.92	4.68
27	8.10	4.80	10.08	5.88	6.48	3.84	8.28	4.80
28	8.28	4.80	10.62	6.24	6.66	3.96	8.82	5.16
29	8.64	5.04	11.34	6.60	7.02	4.08	9.18	5.40
30	9.00	5.28	11.88	6.96	7.20	4.20	9.72	5.76
31	9.18	5.40	12.42	7.32	7.56	4.44	10.26	6.00
32	9.54	5.64	13.14	7.68	7.74	4.56	10.80	6.36
33	9.90	5.76	13.86	8.16	8.10	4.80	11.34	6.60
34	10.26	6.00	14.58	8.52	8.28	4.80	12.06	7.08
35	10.26	6.00	15.12	8.88	8.64	5.04	12.42	7.32
36	10.80	6.36	16.56	9.72	9.00	5.28	13.50	7.92
37	11.34	6.60	18.00	10.56	9.54	5.64	14.76	8.64
38	11.88	6.96	19.44	11.40	9.90	5.76	15.84	9.24
39	12.42	7.32	21.06	12.36	10.44	6.12	16.92	9.96
40	13.14	7.68	22.68	13.32	10.80	6.36	18.18	10.68
41	13.68	8.04	24.30	14.28	11.34	6.60	19.44	11.40
42	14.22	8.40	25.92	15.24	11.70	6.84	20.52	12.00
43	14.76	8.64	27.36	16.08	12.24	7.20	21.60	12.72
44	15.30	9.00	28.98	17.04	12.60	7.44	22.86	13.44
45	16.02	9.36	30.96	18.12	13.14	7.68	24.30	14.28
46	16.56	9.72	32.58	19.08	13.50	7.92	25.20	14.76
47	17.10	10.08	34.02	19.92	13.68	8.04	26.10	15.36
48	17.64	10.32	35.64	20.88	14.04	8.28	27.18	15.96
49	18.18	10.68	37.26	21.84	14.40	8.40	28.08	16.44
50	18.90	11.04	38.88	22.80	14.76	8.64	28.98	17.04
51	19.44	11.40	40.32	23.64	14.94	8.76	29.88	17.52
52	19.98	11.76	41.94	24.60	15.30	9.00	30.78	18.00
53	20.52	12.00	43.56	25.56	15.66	9.24	31.68	18.60
54	21.06	12.36	45.00	26.40	16.02	9.36	32.76	19.20
55	21.60	12.72	46.62	27.36	16.20	9.48	33.48	19.68
56	22.50	13.20	48.42	28.44	16.74	9.84	34.56	20.28
57	23.58	13.80	49.86	29.28	17.10	10.08	35.46	20.76
58	24.48	14.40	51.48	30.24	17.46	10.20	36.54	21.48
59	25.56	15.00	53.10	31.20	18.00	10.56	37.44	21.96

is level premiums for life, therefore the above rates are per \$500 Maximum Benefit Amount after the reduction.

Band 1: Initial Maximum Benefit Amount up to \$100,000

Band 2: Initial Maximum Benefit Amount of \$100,000 to \$250,000

For Individuals Policy Form CI add \$50.00 policy fee (each year).

For Couples Policy Form CI1 add \$25.00 policy fee per person (each year).

Modal factors: Monthly = .0875, Quarterly = .26, Semi-annual = .515.

(Applied after the policy fee is added.)

CALIFORNIA
CRITICAL ILLNESS – Policy/Certificate Form CI/CI1

Annual Premiums per \$1,000 Maximum Benefit Amount*								
ISSUE AGE	MALE LIVES				FEMALE LIVES			
	NONTOBACCO		TOBACCO		NONTOBACCO		TOBACCO	
	BAND 1	BAND 2	BAND 1	BAND 2	BAND 1	BAND 2	BAND 1	BAND 2
20	6.12	3.60	7.02	4.08	5.76	3.48	6.12	3.72
21	6.48	3.72	7.38	4.32	5.94	3.60	6.48	3.84
22	6.66	3.96	7.74	4.56	6.12	3.60	7.02	4.08
23	7.02	4.08	8.28	4.80	6.30	3.72	7.38	4.20
24	7.20	4.20	8.64	5.04	6.48	3.84	7.74	4.44
25	7.56	4.44	9.18	5.40	6.84	3.96	8.10	4.80
26	7.74	4.56	9.54	5.64	7.20	4.08	8.46	5.04
27	8.10	4.68	10.08	6.00	7.38	4.32	8.82	5.28
28	8.28	4.92	10.62	6.24	7.56	4.56	9.36	5.52
29	8.64	5.04	11.34	6.60	7.92	4.68	9.90	5.76
30	9.00	5.28	11.88	6.96	8.28	4.80	10.44	6.12
31	9.18	5.40	12.42	7.32	8.64	5.04	10.98	6.48
32	9.54	5.64	13.14	7.68	8.82	5.16	11.52	6.84
33	9.90	5.76	13.86	8.16	9.18	5.28	12.06	7.20
34	10.26	6.00	14.58	8.52	9.36	5.64	12.96	7.56
35	10.44	6.12	15.30	9.00	9.90	5.76	13.50	7.92
36	10.98	6.48	16.56	9.72	10.26	6.00	14.58	8.64
37	11.52	6.72	18.00	10.56	10.80	6.24	15.84	9.24
38	12.06	7.08	19.44	11.40	11.34	6.72	16.92	9.84
39	12.60	7.44	21.06	12.36	11.88	6.96	18.18	10.68
40	13.32	7.80	22.68	13.32	12.24	7.20	19.44	11.40
41	13.86	8.16	24.30	14.28	12.96	7.68	20.88	12.24
42	14.58	8.52	26.10	15.36	13.50	7.92	22.14	12.96
43	15.12	8.88	28.08	16.44	14.22	8.40	23.76	13.92
44	15.84	9.24	30.06	17.64	14.76	8.64	25.20	14.76
45	16.56	9.72	32.04	18.84	15.48	9.00	26.82	15.72
46	17.28	10.08	34.02	19.92	15.84	9.36	27.90	16.44
47	18.18	10.56	36.18	21.24	16.38	9.60	29.34	17.04
48	18.90	11.16	38.34	22.44	16.74	9.84	30.42	17.88
49	19.80	11.64	40.50	23.76	17.28	10.08	31.86	18.60
50	20.52	12.12	42.66	25.08	17.82	10.44	32.94	19.32
51	21.42	12.60	45.00	26.40	18.18	10.68	34.02	20.04
52	22.32	13.08	47.16	27.72	18.72	10.92	35.46	20.64
53	23.04	13.56	49.50	29.04	19.08	11.04	36.54	21.48
54	23.76	14.04	51.66	30.36	19.26	11.40	37.80	22.08
55	24.66	14.40	53.82	31.68	19.62	11.52	38.70	22.68
56	25.74	15.12	55.80	32.64	20.34	11.88	39.78	23.40
57	26.82	15.72	57.60	33.72	20.70	12.12	41.04	24.12
58	27.90	16.44	59.40	34.80	21.42	12.60	42.12	24.84
59	29.16	17.04	61.20	35.88	21.96	12.84	43.38	25.44

*At attained age 65 (or five years after issue if later): the Maximum Benefit Amount is reduced by 50%. The rating structure is level premiums for life, therefore the above rates are per \$500 Maximum Benefit Amount after the reduction.

Band 1: Initial Maximum Benefit Amount up to \$100,000

Band 2: Initial Maximum Benefit Amount of \$100,000 to \$250,000

For Policy Form CI add \$50.00 policy fee (each year).

For Policy Form CI1 add \$25.00 policy fee (each year).

Modal factors: Monthly = .0875, Quarterly = .26, Semi-annual = .515.

(Applied after the policy fee is added.)

IOWA
CRITICAL ILLNESS – Policies CI-19682, CI1-19683 and CIW-19684
Annual Premiums after Maximum Benefit Amount is exhausted

All Lives – \$180.00

No policy fee applies

To obtain semi-annual and quarterly premiums, divide the above quoted premium by 2 and 4, respectively. To obtain the monthly premium for direct bill, including all attached riders, divide the total annual premium by 12 and add \$2.00. To obtain the monthly premium for bank service plan, including all attached riders, divide the total annual premium by 12.

**MONTANA
CRITICAL ILLNESS POLICIES CI and CI1**

Annual Premiums per \$1,000 Maximum Benefit Amount*				
ISSUE AGE	ALL LIVES NONTOBACCO		ALL LIVES TOBACCO	
	BAND 1	BAND 2	BAND 1	BAND 2
	20	5.94	3.48	6.66
21	6.12	3.60	7.02	4.20
22	6.30	3.72	7.38	4.44
23	6.66	3.84	7.92	4.56
24	6.84	3.96	8.28	4.80
25	7.20	4.20	8.82	5.16
26	7.38	4.32	9.18	5.40
27	7.74	4.44	9.72	5.76
28	7.92	4.68	10.26	6.00
29	8.28	4.80	10.80	6.36
30	8.64	5.04	11.34	6.72
31	8.82	5.16	11.88	6.96
32	9.18	5.40	12.60	7.32
33	9.54	5.52	13.32	7.80
34	9.72	5.76	14.04	8.16
35	10.08	5.88	14.58	8.64
36	10.44	6.24	15.84	9.36
37	10.98	6.48	17.28	10.08
38	11.52	6.84	18.54	10.92
39	12.06	7.08	19.98	11.76
40	12.78	7.44	21.60	12.72
41	13.32	7.80	23.04	13.56
42	13.86	8.16	24.84	14.52
43	14.40	8.52	26.64	15.60
44	15.12	8.88	28.44	16.68
45	15.84	9.24	30.24	17.76
46	16.38	9.60	32.04	18.84
47	17.28	10.08	34.02	19.92
48	17.82	10.56	35.82	21.00
49	18.72	10.92	37.80	22.20
50	19.26	11.40	39.78	23.28
51	20.16	11.76	41.76	24.48
52	20.88	12.24	43.74	25.68
53	21.42	12.60	45.72	26.76
54	22.14	13.08	47.52	27.96
55	22.86	13.32	49.50	29.04
56	23.76	13.92	51.12	30.00
57	24.66	14.52	52.74	30.96
58	25.56	15.12	54.36	31.92
59	26.64	15.60	55.98	32.88

*At attained age 65 (or five years after issue if later): the Maximum Benefit Amount is reduced by 50%. The rating structure is level premiums for life, therefore the above rates are per \$500 Maximum Benefit Amount after the reduction.

Band 1: Initial Maximum Benefit Amount up to \$100,000

Band 2: Initial Maximum Benefit Amount of \$100,000 to \$250,000

For Individuals Policy Form CI add \$50.00 policy fee (each year).

For Couples Policy Form CI1 add \$25.00 policy fee per person (each year).

Modal factors: Monthly = .0875, Quarterly = .26, Semi-annual = .515.

(Applied after the policy fee is added.)

NORTH DAKOTA
CRITICAL ILLNESS – Policy/Certificate Form CI/CI1

Annual Premiums per \$1,000 Maximum Benefit Amount*								
ISSUE AGE	MALE LIVES				FEMALE LIVES			
	NONTOBACCO		TOBACCO		NONTOBACCO		TOBACCO	
	BAND 1	BAND 2	BAND 1	BAND 2	BAND 1	BAND 2	BAND 1	BAND 2
20	5.76	3.48	6.66	3.84	4.86	2.88	5.40	3.36
21	6.12	3.48	7.02	4.08	5.04	3.00	5.76	3.48
22	6.30	3.72	7.38	4.32	5.22	3.00	6.12	3.60
23	6.66	3.84	7.92	4.56	5.22	3.12	6.48	3.72
24	6.84	3.96	8.28	4.80	5.40	3.24	6.84	3.96
25	7.20	4.20	8.64	5.16	5.58	3.36	7.20	4.20
26	7.38	4.32	9.00	5.40	5.94	3.48	7.56	4.44
27	7.74	4.44	9.54	5.76	6.12	3.60	7.92	4.68
28	7.92	4.68	10.08	5.88	6.30	3.72	8.46	4.92
29	8.28	4.80	10.80	6.24	6.66	3.84	8.64	5.16
30	8.64	5.04	11.34	6.60	6.84	3.96	9.18	5.52
31	8.64	5.16	11.88	6.96	7.20	4.20	9.72	5.76
32	9.00	5.40	12.42	7.32	7.38	4.32	10.26	6.00
33	9.36	5.52	13.14	7.80	7.74	4.44	10.80	6.36
34	9.72	5.76	13.86	8.04	7.92	4.68	11.52	6.72
35	9.90	5.76	14.58	8.52	8.28	4.80	12.06	7.08
36	10.44	6.12	15.66	9.24	8.64	5.04	12.96	7.68
37	10.98	6.36	17.10	10.08	9.00	5.28	14.04	8.16
38	11.52	6.72	18.54	10.80	9.36	5.64	15.12	8.76
39	12.06	7.08	19.98	11.76	9.90	5.76	16.02	9.48
40	12.60	7.44	21.60	12.60	10.26	6.00	17.28	10.20
41	13.14	7.80	23.04	13.56	10.80	6.36	18.54	10.80
42	13.86	8.04	24.84	14.64	11.34	6.60	19.62	11.52
43	14.40	8.40	26.64	15.60	11.88	6.96	21.06	12.36
44	15.12	8.76	28.62	16.80	12.24	7.20	22.32	13.08
45	15.66	9.24	30.42	17.88	12.78	7.56	23.76	13.92
46	16.38	9.60	32.40	18.96	13.14	7.80	24.84	14.64
47	17.28	10.08	34.38	20.16	13.68	8.04	25.92	15.12
48	18.00	10.56	36.36	21.36	14.04	8.16	27.00	15.84
49	18.90	11.04	38.52	22.56	14.40	8.40	28.26	16.56
50	19.44	11.52	40.50	23.88	14.94	8.64	29.16	17.16
51	20.34	12.00	42.84	25.08	15.30	8.88	30.24	17.76
52	21.24	12.48	44.82	26.28	15.48	9.12	31.50	18.36
53	21.96	12.84	46.98	27.60	15.84	9.24	32.58	19.08
54	22.50	13.32	49.14	28.80	16.02	9.48	33.48	19.56
55	23.40	13.68	51.12	30.12	16.38	9.60	34.38	20.16
56	24.48	14.40	53.10	30.96	16.92	9.96	35.46	20.76
57	25.56	14.88	54.72	32.04	17.28	10.20	36.36	21.48
58	26.46	15.60	56.52	33.12	17.82	10.44	37.44	21.96
59	27.72	16.20	58.14	34.08	18.36	10.68	38.52	22.56

*At attained age 65 (or five years after issue if later): the Maximum Benefit Amount is reduced by 50%. The rating structure is level premiums for life, therefore the above rates are per \$500 Maximum Benefit Amount after the reduction.

Band 1: Initial Maximum Benefit Amount up to \$100,000

Band 2: Initial Maximum Benefit Amount of \$100,000 to \$250,000

For Individuals add \$50.00 policy fee (each year).

For Couples add \$25.00 policy fee per person (each year).

Modal factors: Monthly=.0875, Quarterly=.26, Semi-annual=.515.

(Applied after the policy fee is added.)

WASHINGTON
CRITICAL ILLNESS – Policies CI and CI1

Annual Premiums per \$1,000 Maximum Benefit Amount*								
ISSUE AGE	MALE LIVES				FEMALE LIVES			
	NONTOBACCO		TOBACCO		NONTOBACCO		TOBACCO	
	BAND 1	BAND 2	BAND 1	BAND 2	BAND 1	BAND 2	BAND 1	BAND 2
20	5.40	3.12	6.12	3.60	4.50	2.64	5.04	3.12
21	5.76	3.24	6.48	3.84	4.68	2.76	5.40	3.12
22	5.94	3.48	6.84	3.96	4.68	2.76	5.76	3.36
23	6.12	3.60	7.20	4.20	4.86	2.88	5.94	3.48
24	6.30	3.72	7.56	4.44	5.04	3.00	6.30	3.72
25	6.66	3.96	8.10	4.80	5.22	3.12	6.66	3.96
26	6.84	3.96	8.46	4.92	5.58	3.12	7.02	4.08
27	7.20	4.08	8.82	5.28	5.76	3.36	7.20	4.32
28	7.20	4.32	9.36	5.52	5.94	3.48	7.74	4.56
29	7.56	4.44	9.90	5.76	6.12	3.60	8.10	4.80
30	7.92	4.68	10.44	6.12	6.30	3.72	8.64	5.04
31	8.10	4.80	10.98	6.48	6.66	3.96	9.00	5.28
32	8.46	4.92	11.52	6.72	6.84	3.96	9.54	5.64
33	8.64	5.04	12.24	7.20	7.20	4.08	9.90	5.88
34	9.00	5.28	12.78	7.44	7.20	4.32	10.62	6.24
35	9.18	5.40	13.50	7.92	7.56	4.44	11.16	6.60
36	9.72	5.76	14.58	8.52	7.92	4.68	12.06	7.08
37	10.08	5.88	15.84	9.24	8.46	4.80	12.96	7.56
38	10.62	6.24	17.10	10.08	8.64	5.16	13.86	8.16
39	11.16	6.60	18.54	10.92	9.18	5.40	14.94	8.76
40	11.70	6.84	19.98	11.76	9.54	5.64	16.02	9.36
41	12.24	7.20	21.42	12.60	9.90	5.88	17.10	10.08
42	12.78	7.44	23.04	13.56	10.44	6.12	18.18	10.68
43	13.32	7.80	24.66	14.52	10.98	6.48	19.44	11.40
44	13.86	8.16	26.46	15.48	11.34	6.60	20.70	12.12
45	14.58	8.52	28.26	16.56	11.88	6.96	21.96	12.84
46	15.12	8.88	29.88	17.52	12.24	7.20	23.04	13.56
47	16.02	9.24	31.86	18.72	12.60	7.44	24.12	14.04
48	16.56	9.84	33.66	19.80	12.96	7.56	25.02	14.64
49	17.46	10.20	35.64	20.88	13.32	7.80	26.10	15.36
50	18.00	10.68	37.62	22.08	13.86	8.04	27.00	15.84
51	18.90	11.04	39.60	23.28	14.04	8.28	28.08	16.44
52	19.62	11.52	41.58	24.36	14.40	8.40	29.16	17.04
53	20.34	11.88	43.56	25.56	14.76	8.52	30.06	17.64
54	20.88	12.36	45.54	26.76	14.94	8.76	30.96	18.12
55	21.78	12.72	47.34	27.84	15.12	8.88	31.86	18.72
56	22.68	13.32	49.14	28.68	15.66	9.24	32.76	19.20
57	23.58	13.80	50.76	29.64	16.02	9.36	33.66	19.80
58	24.48	14.52	52.20	30.60	16.56	9.72	34.74	20.40
59	25.74	15.00	53.82	31.56	16.92	9.96	35.64	20.88

*At attained age 65 (or five years after issue if later): the Maximum Benefit Amount is reduced by 50%. The rating structure is level premiums for life, therefore the above rates are per \$500 Maximum Benefit Amount after the reduction.

Band 1: Initial Maximum Benefit Amount up to \$100,000

Band 2: Initial Maximum Benefit Amount of \$100,000 to \$250,000

For Individuals Policy Form CI add \$50.00 policy fee (each year).

For Couples Policy Form CI1 add \$25.00 policy fee per person (each year).

Modal factors: Monthly = .0875, Quarterly = .26, Semi-annual = .515.

(Applied after the policy fee is added.)

DISABILITY RIDER — 0HA5M

Annual Premiums per \$1,000 Disability Benefit Amount				
ISSUE AGE	MALE LIVES		FEMALE LIVES	
	NONTOBACCO	TOBACCO	NONTOBACCO	TOBACCO
20	0.72	0.84	0.36	0.48
21	0.72	0.96	0.36	0.60
22	0.72	0.96	0.48	0.60
23	0.72	0.96	0.48	0.60
24	0.84	1.08	0.48	0.60
25	0.84	1.08	0.48	0.60
26	0.84	1.08	0.48	0.72
27	0.96	1.20	0.60	0.72
28	0.96	1.20	0.60	0.84
29	0.96	1.32	0.60	0.84
30	1.08	1.44	0.72	0.84
31	1.08	1.44	0.72	0.96
32	1.20	1.56	0.72	0.96
33	1.20	1.68	0.84	1.08
34	1.32	1.68	0.84	1.08
35	1.32	1.80	0.84	1.20
36	1.44	1.92	0.96	1.20
37	1.56	2.04	0.96	1.32
38	1.68	2.28	1.08	1.44
39	1.80	2.40	1.20	1.56
40	1.92	2.64	1.20	1.56
41	2.16	2.76	1.32	1.68
42	2.28	3.00	1.32	1.80
43	2.52	3.24	1.44	1.92
44	2.64	3.48	1.56	2.04
45	2.88	3.84	1.68	2.16
46	3.12	4.08	1.80	2.40
47	3.36	4.44	1.92	2.52
48	3.60	4.80	2.04	2.64
49	3.96	5.28	2.16	2.76
50	4.20	5.64	2.28	3.00
51	4.56	6.12	2.40	3.12
52	4.92	6.48	2.52	3.36
53	5.28	6.96	2.64	3.60
54	5.64	7.44	2.88	3.84
55	5.88	7.92	3.12	4.20
56	6.12	8.28	3.36	4.44
57	6.36	8.52	3.36	4.56
58	6.36	8.52	3.36	4.56
59	5.88	7.92	3.12	4.08

**Accidental Death &
Dismemberment Rider-0HA6M**

**Annual Premiums per \$1,000
Maximum Benefit \$250,000
and not to exceed base amount
AD&D Benefit Amount**

Issue Age	All Lives
20 - 59	1.08

Modal factors: Monthly = .0875, Quarterly = .26, Semi-annual = .515.

**MONTANA
DISABILITY RIDER — OHA5M-24**

Annual Premiums per \$1,000 Disability Benefit Amount		
ISSUE AGE	ALL LIVES	
	NONTOBACCO	TOBACCO
20	0.60	0.72
21	0.60	0.84
22	0.72	0.84
23	0.72	0.84
24	0.72	0.96
25	0.72	0.96
26	0.72	0.96
27	0.84	1.08
28	0.84	1.08
29	0.84	1.20
30	0.96	1.32
31	0.96	1.32
32	1.08	1.44
33	1.08	1.56
34	1.20	1.56
35	1.20	1.68
36	1.32	1.80
37	1.44	1.92
38	1.56	2.04
39	1.68	2.16
40	1.80	2.40
41	1.92	2.52
42	2.04	2.76
43	2.28	2.88
44	2.40	3.12
45	2.64	3.48
46	2.76	3.72
47	3.00	3.96
48	3.24	4.32
49	3.48	4.68
50	3.72	5.04
51	4.08	5.40
52	4.32	5.76
53	4.68	6.12
54	4.92	6.60
55	5.16	6.96
56	5.40	7.32
57	5.64	7.56
58	5.64	7.56
59	5.16	6.96

Premium Worksheet – New York Only

A separate Premium Worksheet should be completed for each person applying for coverage. Please check your calculations thoroughly to avoid any delays in processing. Each calculation should be rounded to the nearest .01. Critical Illness proposal software is also available for the calculation process.

Premium Worksheet Mutual of Omaha's Critical Illness

Applicant	Valued Client		
Age	Sex	Smoker <input type="checkbox"/>	Nonsmoker <input checked="" type="checkbox"/>
40	M		
1. Annual Premium Rate per \$1,000 of Benefit			12.78
2. Units of Coverage: (Policy Benefit Amount per \$1,000 = units)		X	75
3. Total Base Premium Amount			\$958.50
4. Policy Fee (Add \$50 for single or \$25 per person for a married couple)		+	50.00
5. TOTAL Annual Premium (Lines 3+4=5)			\$1,008.50
6. Modal Factor (Enter Modal Factor) Monthly = .0875, Quarterly = .26, Semi-annual = .515.		X	.0875
7. Total amount to be submitted with application			\$88.24

**NEW YORK
CRITICAL ILLNESS – Policy CI2/CI3**

Annual Premiums per \$1,000 Maximum Benefit Amount*								
ISSUE AGE	MALE LIVES				FEMALE LIVES			
	NONTOBACCO		TOBACCO		NONTOBACCO		TOBACCO	
	BAND 1	BAND 2	BAND 1	BAND 2	BAND 1	BAND 2	BAND 1	BAND 2
20	4.32	2.52	5.58	3.24	3.42	2.04	4.50	2.64
21	4.50	2.64	5.76	3.36	3.60	2.16	4.68	2.76
22	4.68	2.76	6.12	3.60	3.78	2.28	4.86	2.88
23	4.86	2.88	6.30	3.72	4.14	2.40	5.22	3.00
24	5.04	3.00	6.48	3.84	4.32	2.52	5.40	3.24
25	5.40	3.12	6.84	3.96	4.50	2.64	5.76	3.36
26	5.76	3.36	7.56	4.44	4.68	2.76	6.30	3.72
27	6.12	3.60	8.10	4.80	5.04	3.00	6.84	3.96
28	6.48	3.72	8.82	5.16	5.40	3.12	7.38	4.32
29	6.84	3.96	9.54	5.52	5.58	3.36	7.92	4.56
30	7.20	4.20	10.26	6.00	5.94	3.48	8.46	4.92
31	7.56	4.44	10.80	6.36	6.30	3.60	9.00	5.28
32	7.92	4.68	11.52	6.72	6.48	3.84	9.54	5.52
33	8.28	4.92	12.24	7.20	6.84	3.96	10.08	5.88
34	8.64	5.04	12.96	7.56	7.02	4.20	10.44	6.12
35	9.00	5.28	13.50	7.92	7.38	4.32	10.98	6.48
36	9.72	5.76	15.30	9.00	7.92	4.68	12.42	7.32
37	10.62	6.24	17.10	10.08	8.46	5.04	13.86	8.16
38	11.34	6.60	18.90	11.16	9.18	5.40	15.30	9.00
39	12.06	7.08	20.88	12.24	9.72	5.64	16.74	9.84
40	12.78	7.56	22.68	13.20	10.26	6.00	18.18	10.56
41	13.68	8.04	24.48	14.28	10.80	6.36	19.44	11.40
42	14.40	8.40	26.28	15.36	11.52	6.72	20.88	12.24
43	15.12	8.88	28.08	16.44	12.06	7.08	22.32	13.08
44	15.84	9.36	29.88	17.52	12.60	7.44	23.76	13.92
45	16.74	9.72	31.68	18.60	13.14	7.80	25.20	14.76
46	18.18	10.68	34.74	20.40	14.04	8.28	26.82	15.84
47	19.62	11.52	37.80	22.20	14.94	8.76	28.62	16.80
48	21.06	12.36	41.04	24.00	15.66	9.24	30.42	17.88
49	22.50	13.20	44.10	25.80	16.56	9.72	32.22	18.96
50	23.94	14.04	47.16	27.72	17.28	10.20	34.02	19.92
51	25.56	15.00	50.22	29.52	18.18	10.68	35.82	21.00
52	27.00	15.84	53.46	31.32	18.90	11.16	37.62	21.96
53	28.44	16.68	56.52	33.12	19.80	11.64	39.24	23.04
54	29.88	17.52	59.58	34.92	20.52	12.12	41.04	24.12
55	31.32	18.36	62.64	36.84	21.42	12.60	42.84	25.08
56	34.38	20.16	67.32	39.48	23.04	13.56	45.72	26.76
57	37.26	21.84	71.82	42.12	24.66	14.52	48.42	28.44
58	40.14	23.64	76.32	44.76	26.46	15.48	51.30	30.12
59	43.20	25.32	80.82	47.52	28.08	16.44	54.00	31.68

*At attained age 65 (or five years after issue if later): the Maximum Benefit Amount is reduced by 50%. The rating structure is level premiums for life, therefore the above rates are per \$500 Maximum Benefit Amount after the reduction.

Band 1: Initial Maximum Benefit Amount up to \$100,000

Band 2: Initial Maximum Benefit Amount of \$100,000 to \$250,000

For Policy Form CI2 add \$50.00 policy fee (each year).

For Policy Form CI3 add \$25.00 policy fee per person (each year).

Modal factors: Monthly = 8.75%, Quarterly = 26.0%,

Semi-annual = 51.5% (Applied after the policy fee is added.)