



Rate sheet prepared by Web User on 4/28/2022 7:47:08 PM.
 California Payroll Premium rates are 10 Month for industry Class A.

The rates shown on this insert page are for illustration purposes only; they do not imply coverage.
 For more information about policy/plan benefits and limitations, please refer to the accompanying
 product brochure for each insurance policy/plan listed below.

CRITICAL CARE PROTECTION POLICY - Series A74300

Individual					One Parent Family				
Age	Premium	FOBBR	SHERR	Total	Age	Premium	FOBBR	SHERR	Total
18-35	\$21.37	\$2.81	\$1.40	\$25.58	18-35	\$36.35	\$2.96	\$1.56	\$40.87
36-45	\$30.26	\$5.15	\$3.43	\$38.84	36-45	\$42.90	\$5.46	\$3.43	\$51.79
46-55	\$44.62	\$6.08	\$5.62	\$56.32	46-55	\$55.22	\$6.24	\$5.62	\$67.08
56-64	\$61.78	\$6.71	\$7.96	\$76.44	56-64	\$77.84	\$7.02	\$8.11	\$92.98

Insured/Spouse					Two Parent Family				
Age	Premium	FOBBR	SHERR	Total	Age	Premium	FOBBR	SHERR	Total
18-35	\$41.03	\$5.62	\$2.81	\$49.45	18-35	\$46.49	\$5.77	\$2.96	\$55.22
36-45	\$54.29	\$10.30	\$5.77	\$70.36	36-45	\$59.12	\$10.61	\$6.24	\$75.97
46-55	\$83.62	\$12.17	\$9.67	\$105.46	46-55	\$88.61	\$12.32	\$10.45	\$111.38
56-64	\$119.18	\$13.42	\$14.82	\$147.42	56-64	\$127.61	\$13.73	\$15.60	\$156.94

FOBBR: First Occurrence Building Benefit Rider (Rider Series A74050)

SHERR: Specified Health Event Recovery Benefit Rider (Rider Series A74051)

Continue To The Next Page For Specified Disease Lump Sum Rates



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SPECIFIED DISEASE LUMP SUM POLICY - Series A73100

Age	Coverage	Non-Smoker Premium	Non-Smoker Total
18-24	INDIVIDUAL	\$5.30	\$5.30
25-29		\$5.93	\$5.93
30-34		\$7.80	\$7.80
35-39		\$10.61	\$10.61
40-44		\$13.73	\$13.73
45-49		\$16.69	\$16.69
50-54		\$19.50	\$19.50
55-59		\$22.15	\$22.15
60-64		\$26.05	\$26.05

18-24	HUSBAND WIFE	\$8.58	\$8.58
25-29		\$9.67	\$9.67
30-34		\$12.64	\$12.64
35-39		\$16.69	\$16.69
40-44		\$20.90	\$20.90
45-49		\$25.43	\$25.43
50-54		\$30.58	\$30.58
55-59		\$35.88	\$35.88
60-64		\$44.15	\$44.15

18-24	ONE-PARENT FAMILY	\$5.30	\$5.30
25-29		\$5.93	\$5.93
30-34		\$7.80	\$7.80
35-39		\$10.61	\$10.61
40-44		\$13.73	\$13.73
45-49		\$16.69	\$16.69
50-54		\$19.50	\$19.50
55-59		\$22.15	\$22.15
60-64		\$26.05	\$26.05

18-24	TWO-PARENT FAMILY	\$8.58	\$8.58
25-29		\$9.67	\$9.67
30-34		\$12.64	\$12.64
35-39		\$16.69	\$16.69
40-44		\$20.90	\$20.90
45-49		\$25.43	\$25.43
50-54		\$30.58	\$30.58
55-59		\$35.88	\$35.88
60-64		\$44.15	\$44.15

Premium: Specified Disease Lump Sum(A73100) - Benefit Amount (\$10,000)