Filing at a Glance

Company: CUNA Mutual Insurance Society

Product Name: Level Term	SERFF Tr Num: CUNA-125664620	State: ArkansasLH
TOI: L04I Individual Life - Term	SERFF Status: Closed	State Tr Num: 39150
Sub-TOI: L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium	Co Tr Num: 2008-TERMAMEND	State Status: Approved-Closed
Filing Type: Form	Co Status:	Reviewer(s): Linda Bird
	Authors: Kari Hamrick, Kathy Strauser, Carma Bouska, Kimberly Steggall	Disposition Date: 06/02/2008
	Date Submitted: 05/30/2008	Disposition Status: Approved
Implementation Date Requested: On Approval		Implementation Date:

State Filing Description:

General Information

Project Name:	Status of Filing in Domicile: Authorized
Project Number:	Date Approved in Domicile: 05/20/2008
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 06/02/2008	
State Status Changed: 06/02/2008	Deemer Date:
Corresponding Filing Tracking Number:	

Filing Description:

The attached forms are provided for your review and approval. They are in final print with the exception of ink, font style, paper stock and logo. This submission does not contain any unusual or possibly controversial items from normal industry standards.

The purpose of this filing is to make policy form 2000-TERM compliant with the 2001 CSO requirements. This level term policy was approved by the Department on July 14, 2003 and provides level term periods of 10, 15, 20 and 30 years. This product continues to be non-illustrative for all term period choices.

Form 2008-TERMAMEND is a new Amendment to Policy form and does not replace any existing form. This amendment revises policy form 2000-TERM. Section 6.2 is revised by setting a default order of payment of proceeds when there is no named beneficiary. Section 8.1 is revised by changing the settlement option rate from 4% to 2%. Section 9.1 and 9.3 revised the conversion section. Upon approval, the amendment language will be incorporated into the policy form. This endorsement will not affect existing policyholders but will be used with policies issued effective with a future specific date yet to be determined, however, no later than 12-31-2008.

Form 2008-OIRAMEND is a new Amendment to Rider form and does not replace any existing form. This amendment revises rider form 2000-OIR, also approved by the Department on July 14, 2003. This amendment revises the conversion privilege and like 2008-TERMAMEND will not affect existing insureds. It will be used with riders issued effective as of a future date and thereafter.

Applications A-DRTERMAPP-2008 and TERMAPP-2008 will be used to apply for this term coverage. Application A-DRTERMAPP-2008 is a new application and does not replace any existing applications. It will be used when an applicant wishes to apply for coverage amounts of $25,000 to $199,999. This application may also be used to apply for other simplified underwritten life products. Application TERMAPP-2008 replaces TERMAPP-2003 and EZTERM-2003 which were approved by the Department on February 28, 2003. It will be used when an applicant wishes to apply for coverage amounts of $200,000 and greater. In these cases, medical form MED-2002 approved by the Department on June 23, 2003 will be used. Application TERMAPP-2008 may also be used to apply for other fully underwritten life products.
Upon approval, the applications will be printed on paper and a wet signature obtained. It may also be available to be printed through a secured site on the internet. In the future, when technology permits, fields within the application may be completed on-line and electronic signatures may be obtained.

NOTE: The previously-approved forms listed above were made under the CUNA Mutual Life Insurance Company entity. Effective December 31, 2007, CUNA Mutual Life Insurance Company (NAIC 65749) merged into CUNA Mutual Insurance Society (NAIC 62626). All necessary regulatory filings due to our company merger have been completed and

approved by your state.

Rates attached under Supporting Documentation are for "new business only."

Thank you for your time in reviewing this submission.

Company and Contact

Filing Contact Information

Kimberly Steggall, Compliance Administrator
2000 Heritage Way
Waverly, IA 50677

kimberly.steggall@cunamutual.com
(319) 483-3082 [Phone]
(319) 483-3500[FAX]

Filing Company Information

CUNA Mutual Insurance Society	CoCode: 62626	State of Domicile: Iowa
2000 Heritage Way	Group Code: 306	Company Type:
Waverly, IA 50677	Group Name:	State ID Number:
(319) 352-4090 ext. [Phone]	FEIN Number: 39-0230590	

Filing Fees

Fee Required?	Yes
Fee Amount:	$130.00
Retaliatory?	No
Fee Explanation:	$80 for 2 Amendments & 2 Applications $50 for rates filing
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
CUNA Mutual Insurance Society	$130.00	05/30/2008	20592709

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	06/02/2008	06/02/2008

SERFF Tracking Number:	*CUNA-125664620*	*State:*	*Arkansas*
Filing Company:	*CUNA Mutual Insurance Society*	*State Tracking Number:*	*39150*
Company Tracking Number:	*2008-TERMAMEND*		
TOI:	*L04I Individual Life - Term*	*Sub-TOI:*	*L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium*
Product Name:	*Level Term*		
Project Name/Number:	*/*		

Disposition

Disposition Date: 06/02/2008
Implementation Date:
Status: Approved
Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*CUNA-125664620*	*State:*	*Arkansas*
Filing Company:	*CUNA Mutual Insurance Society*	*State Tracking Number:*	*39150*
Company Tracking Number:	*2008-TERMAMEND*		
TOI:	*L04I Individual Life - Term*	*Sub-TOI:*	*L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium*
Product Name:	*Level Term*		
Project Name/Number:	*/*		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Rates		Yes
Form	Amendment to Policy		Yes
Form	Amendment to Rider		Yes
Form	Application for Term Life Insurance Plan		Yes
Form	Term Life Insurance Application		Yes

Form Schedule

Lead Form Number:

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	2008-TERMAMEND	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Amendment to Policy	Initial		56	2008-TERMAMEND.pdf
	2008-OIRAMEND	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Amendment to Rider	Initial		54	2008-OIRAMEND.pdf
	A-DRTERMAPP-2008	Application/Enrollment Form	Application for Term Life Insurance Plan	Initial		50	A-DRTERMAPP-2008.pdf
	TERMAPP-2008	Application/Enrollment Form	Term Life Insurance Application	Initial		50	termapp-2008 with brackets.pdf

CUNA MUTUAL GROUP

CUNA Mutual Insurance Society

2000 Heritage Way
Waverly, Iowa 50677

AMENDMENT TO POLICY

SECTION 6.2 IS DELETED. IT IS REPLACED WITH THE FOLLOWING:

6.2 What happens if a beneficiary dies before the insured or no beneficiary is named?

Only a beneficiary who outlives the insured is eligible to receive the death proceeds. If no primary beneficiary outlives the insured, the death proceeds will be paid to the contingent beneficiary. If no beneficiary is named or if no primary or contingent beneficiary outlives the insured, death proceeds will be paid to the insured's spouse, if living, otherwise to the insured's estate.

SECTION 8.1 IS DELETED. IT IS REPLACED WITH THE FOLLOWING:

8.1 What settlement options are available?

There are 4 settlement options available for payment of proceeds. They are described below. Other methods of payment may be available upon agreement between you and us.

OPTION 1—Interest Payments. Interest will be paid on the proceeds which we will hold as a principal sum during the lifetime of the payee. Payments may be made either once a year or once a month. We will determine the rate of interest from time to time, but it will not be less than an effective annual rate of 2.00%.

OPTION 2—Payments for a Specified Period. Monthly payments will be made for a chosen number of years, not less than ten (10), nor more than thirty (30). If the original payee dies before payments have been made for the chosen number of years: (a) payments will be continued for the remainder of the period to the successor payee; or (b) the present value of the remaining payments, computed at the interest rate used to create the Option 2 rates, will be paid to the successor payee or to the last surviving payee's estate, if there is no successor payee.

Dividends, if any, will be payable as determined by us. We do not anticipate any dividends will be paid.

OPTION 3—Life Income – Guaranteed Period Certain. Monthly payments will be made for as long as the payee lives. If the original payee dies before all of the payments have been made for the guaranteed period certain: (a) payments will be continued during the remainder of the guaranteed period certain to the successor payee; or (b) the present value of the remaining payments, computed at the interest rate used to create the Option 3 rates, will be paid to the successor payee or to the last surviving payee's estate, if there is no successor payee.

The guaranteed period certain choices are: 0 years (which is a life income only); 5 years; 10 years; 15 years; 20 years; or for a specific number of years so that the total of all the guaranteed monthly payments will be at least equal to the amount of the proceeds applied under the option.

We will require satisfactory proof of the payee's age and gender. Dividends, if any, will be payable as determined by us. We do not anticipate any dividends will be paid.

OPTION 4—Joint and Survivor Life Income – 10 Year Guaranteed Period Certain. Monthly payments will be made for as long as either of the original payees is living. If at the death of the second surviving payee, payments have been made for less than ten (10) years: (a) payments will be continued during the remainder of the guaranteed period certain to the successor payee; or (b) the present value of the remaining payments, computed at the interest rate used to create the Option 4 rates, will be paid to the successor payee or to the last surviving payee's estate, if there is no successor payee.

We will require satisfactory proof of each payee's age and gender. Dividends, if any, will be payable as determined by us. We do not anticipate any dividends will be paid.

8.2 What rates will be used to determine monthly payments for Options 2, 3 and 4?

The rates shown in the following tables are used to determine the minimum payment values for monthly payments. Higher current rates may be offered. Current rates are available upon your request to our home office.

The Option 2 rates shown are based on the settlement option rate of 2.00%.

The Option 3 and 4 rates are based on the Annuity 2000 Table and with compound interest at the settlement option rate of 2.00%. Rates for years payable and guaranteed periods certain not shown, if allowed by us, will be calculated on an actuarially equivalent basis and will be available upon your request.

The amount of each monthly payment for Options 3 and 4 is based on each payee's gender and their adjusted age as of the date of the first payment. The adjusted age is the age last birthday minus the applicable number of years shown in the Age Reduction column of the following table. The policy years elapsed are measured from the policy issue date to the effective date of the settlement option. Any partial year is considered a full policy year.

Policy Years Elapsed	Age Reduction
0-10	0 years
11-20	1 years
21-30	2 years
31-40	3 years
41+	4 years

OPTION 2—Payments for a Specified Period. The amount of each monthly payment for each $1,000 of proceeds applied under this option is shown in the following table.

Number of Years	Monthly Payments
10	9.18
15	6.42
20	5.04
25	4.22
30	3.68

OPTION 3 – Life Income – Guaranteed Period Certain. The amount of each monthly payment for each $1,000 of proceeds applied under this option is shown in the following table.

	MALE						FEMALE					
	Adjusted Ages						Adjusted Ages					
Years	**55**	**60**	**65**	**70**	**75**	**80**	**55**	**60**	**65**	**70**	**75**	**80**
0	3.90	4.42	5.12	6.10	7.44	9.31	3.60	4.04	4.63	5.46	6.66	8.44
5	3.89	4.40	5.08	6.00	7.21	8.76	3.60	4.03	4.61	5.41	6.54	8.11
10	3.86	4.34	4.95	5.70	6.57	7.46	3.58	4.00	4.54	5.25	6.16	7.17
15	3.80	4.22	4.71	5.23	5.72	6.08	3.55	3.93	4.41	4.97	5.54	6.00
20	3.70	4.04	4.38	4.68	4.88	4.99	3.49	3.83	4.20	4.56	4.83	4.97

OPTION 4 – Joint and Survivor Life Income – 10 Year Guaranteed Period Certain. The amount of each monthly payment for each $1,000 of proceeds applied under this option is shown in the following table.

MALE ADJUSTED AGE	FEMALE ADJUSTED AGE					
	55	**60**	**65**	**70**	**75**	**80**
60	3.23	3.40	3.55	3.67	3.75	3.81
65	3.34	3.57	3.79	3.98	4.13	4.23
70	3.43	3.72	4.02	4.31	4.56	4.75
75	3.49	3.83	4.21	4.62	5.01	5.32
80	3.53	3.90	4.35	4.87	5.42	5.91

SECTIONS 9.1 AND 9.3 ARE DELETED. THESE SECTIONS ARE REPLACED WITH THE FOLLOWING:

9.1 Can this insurance be converted to a new policy?

You may convert this policy to any individual life insurance policy, other than term life insurance, that we make available for such conversions provided:

a.) you complete an application requesting conversion on or before the final conversion date shown on the policy data page; and
b.) all premiums due on this policy have been paid.

9.3 What basis will be used to determine the premium for the new policy?

The premium for the new policy will be based on the following factors:

a.) the insured's age on the date of conversion;
b.) the insured's gender; and
c.) the premium class for the new policy.

The premium class for the new policy will be determined as follows:

a.) if this policy is converted on or prior to the 7th policy anniversary, the premium class will be a comparable premium class, as determined by us; and
b.) if this policy is converted after the 7th policy anniversary, the premium class will be a premium class determined by us to be used for all such conversions.

In no event may this policy be converted after the final conversion date shown on the policy data page. The issue date for the new policy will be the date of conversion for this policy. Any premium paid beyond the date of conversion for this policy will be applied to the premiums of the new policy.

CUNA Mutual Insurance Society

President

CUNA MUTUAL GROUP

CUNA Mutual Insurance Society

2000 Heritage Way
Waverly, Iowa 50677

AMENDMENT TO RIDER

SECTIONS 5.1 AND 5.3 ARE DELETED. THESE SECTIONS ARE REPLACED WITH THE FOLLOWING:

5.1 Can the insurance provided by this rider be converted to a new policy?

The insurance provided by this rider for each other insured may be converted to any individual life insurance policy, other than term life insurance, that we make available for such conversions provided:

a.) this rider is in force;
b.) you complete an application requesting conversion on or before the final conversion date shown on the applicable rider data page; and
c.) all premiums due on this rider have been paid.

If the policy to which this rider is attached is terminated due to the death of the insured, each other insured has a 60 day period following the insured's death to convert their coverage provided:

a.) you complete an application requesting conversion during this 60 day period; and
b.) the insured's death occurred on or before the final conversion date shown on the applicable rider data page.

If an other insured dies during this 60-day conversion period, we will pay the insurance amount for that other insured, less any rider premium for that other insured, to the beneficiary.

5.3 What basis will be used to determine the premium for the new policy?

The premium for the new policy will be based on the following factors:

a.) the other insured's age on the date of conversion;
b.) the other insured's gender; and
c.) the premium class for the new policy.

The premium class for the new policy will be determined as follows:

a.) if this rider is converted on or prior to the 7th rider anniversary, the premium class will be a comparable premium class, as determined by us; and
b.) if this policy is converted after the 7th rider anniversary, the premium class will be a premium class determined by us to be used for all such conversions.

In no event may this rider be converted after the final conversion date shown on the applicable rider data page. The issue date for the new policy will be the date of conversion for this rider. Any premium paid beyond the date of conversion for this rider will be applied to the premiums of the new policy.

CUNA Mutual Insurance Society

President

CUNA MUTUAL GROUP

CUNA Mutual Insurance Society
[P.O. Box 61, 2000 Heritage Way]
[Waverly, IA 50677]

APPLICATION FOR [30 YEAR] TERM LIFE INSURANCE PLAN

COMPLETE ALL INFORMATION [(Please print in black ink.)]

Amount of Term Coverage (check one):
If no amount is checked, smallest coverage amount is assumed.

☐ $150,000 ☐ $100,000 ☐ $75,000 ☐ $50,000
☐ Other $_____ (Min $25,000; Max $199,999)

John A. Member
123 Main Street
Address Line 2
Anytown, US 12345

___ - ___ - ___ Social Security Number ___ Date of Birth ___ Age

( ) ___ Home Phone Number ___ Best Time to Call ☐ a.m. ☐ p.m.

( ) ___ Work Phone Number ___ Best Time to Call ☐ a.m. ☐ p.m.

[E-mail Address*:_____]

Are You a US Citizen? ☐ Yes ☐ No

Gender ☐ M ☐ F ___ Occupation

___ft. ___in. Height ___ Weight ___lbs. ___ State Where Born

___ Beneficiary Name ___ Relationship to You
(For additional beneficiaries, please include a separate sheet with names and relationships, then date and sign.)

___ Your Physician or Clinic (if none, write "None") City State

COMPLETE ALL SPOUSE INFORMATION [(if to be insured.) (Please print in black ink.)]

Amount of Term [Rider] Coverage (check one): [(*If applying.)*]
[*Only available if Applicant is also applying.*] If no amount is checked, smallest coverage amount is assumed.

☐ $150,000 ☐ $100,000 ☐ $75,000 ☐ $50,000
☐ Other $_____ (Min $25,000; Max $199,999)

___ Name
___ Address
___ City State Zip

___ - ___ - ___ Social Security Number ___ Date of Birth ___ Age

( ) ___ Home Phone Number ___ Best Time to Call ☐ a.m. ☐ p.m.

( ) ___ Work Phone Number ___ Best Time to Call ☐ a.m. ☐ p.m.

[E-mail Address*:_____]

Are You a US Citizen? ☐ Yes ☐ No

Gender ☐ M ☐ F ___ Occupation

___ft. ___in. Height ___ Weight ___lbs. ___ State Where Born

___ Beneficiary Name ___ Relationship to You
(For additional beneficiaries, please include a separate sheet with names and relationships, then date and sign.)

___ Your Physician or Clinic (if none, write "None") City State

* By providing your e-mail address above you are consenting to receive educational materials as well as additional information regarding products or services we offer. You have the right to stop future e-mail solicitations at any time. Directions on how to unsubscribe will be provided in all e-mails which we send to you. CUNA Mutual will not sell or rent your e-mail address.

PLEASE ANSWER THESE QUESTIONS:	APPLICANT	SPOUSE
Will the coverage you are applying for replace, discontinue, or change any life coverage or annuities in this or any other company? (If yes, please list below. Use additional sheet if necessary.)	☐Yes ☐No	☐Yes ☐No

Policy Number	Name of Company	Insured's Name

1. Within the last 5 years, have you had a driver's license suspended or revoked or had a moving violation or accident?	☐Yes ☐No	☐Yes ☐No
2. Have you engaged in the last three years, or plan to engage in: flights as a pilot, ballooning, hang gliding, sky/scuba diving, vehicle racing, or similar sports?	☐Yes ☐No	☐Yes ☐No
3. Have you been convicted of a felony within the last ten years?	☐Yes ☐No	☐Yes ☐No
4. Do you plan to travel or reside outside the U.S. or Canada within the next two years?	☐Yes ☐No	☐Yes ☐No
5. Have you ever used sedatives, stimulants, narcotics or hallucinogens except as prescribed by a physician?	☐Yes ☐No	☐Yes ☐No
6. Have you ever had life or disability income insurance denied, rated, or otherwise modified?	☐Yes ☐No	☐Yes ☐No
7. Have you used tobacco in any form (including a nicotine substitute) within the last 12 months?	☐Yes ☐No	☐Yes ☐No
8. Have you ever been treated or advised to seek treatment for use of alcohol or drugs?	☐Yes ☐No	☐Yes ☐No

CONTINUE ON BACK AND SIGN AND DATE

	APPLICANT	SPOUSE
9. Have you ever been treated for or diagnosed by a member of the medical profession as having:		
a. Diabetes; high blood pressure; cancer; heart condition; lupus; paralysis or stroke; alcoholism; or disorders related to: intestines; breathing; blood; seizures; mental or nervous system; muscles; liver; or kidney?	☐Yes ☐No	☐Yes ☐No
b. Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC), or tested positive for antibodies to the AIDS virus?	☐Yes ☐No	☐Yes ☐No
10. Within the last 5 years, have you consulted a physician or received treatment for any disease, injury, or illness not listed in number 9a, or 9b?	☐Yes ☐No	☐Yes ☐No
11. Are you unable to work because of any illness or injury?	☐Yes ☐No	☐Yes ☐No

Give dates and details below for any "Yes" answers to questions 1-11 above. If more space is needed, attach a signed and dated separate sheet:

Question Number	Name of Person	Details or Reasons	Dates Began	Dates Ended	Details of Treatment or Follow-Up	Name & Address of Physician, Clinic or Hospital

TEMPORARY INSURANCE AGREEMENT

This Agreement provides life insurance on the proposed insured(s) for a **LIMITED TIME** while CUNA Mutual Insurance Society ("the Company") considers your application for a new policy.

COVERAGE BEGINS under this Agreement when we receive your application in our Administrative Office along with the full first premium required by the Company.

COVERAGE ENDS automatically under this Agreement on the EARLIEST of the following: (1) When coverage starts under the policy applied for; (2) When we offer coverage other than as applied for; (3) When we mail notice to the owner of our decision to decline the application or terminate coverage under this Agreement; (4) When you request cancellation; or (5) 60 days after the date of the application.

COVERAGE EXCLUSIONS. No coverage will take effect under this Agreement if: (1) Any proposed insured commits suicide; (2) Any proposed insured has received, sought or had recommended any treatment for cancer, stroke, or any disease or disorder of the heart, liver or immune system within the past 12 months; (3) Any proposed insured has been advised to be hospitalized or is a patient in a hospital or medical facility at the time of this Agreement; (4) The application contains material misrepresentation or is fraudulently completed; or (5) Payment of premium is not honored for payment when first presented or the Company is unable to collect the first premium payment due to incomplete or incorrect payment information.

IF ANY OF THE CONDITIONS OF THIS AGREEMENT ARE NOT MET, IT IS NOT IN EFFECT AND THE COMPANY'S SOLE LIABILITY WILL BE TO RETURN ANY PREMIUM RECEIVED TO YOU.

PAYMENT INFORMATION

AUTOMATIC PAYMENT AUTHORIZATION: By signing below, I (the applicant shown above) **authorize** CUNA Mutual Insurance Society to retain my account information and deduct premiums each month from my credit union **[share draft (checking)] account** for the life coverage applied for on this application. This authorization will remain in effect until revoked by me in writing or by telephone.

Deductions will be determined by the policy effective date unless another date is selected. Circle the day of the month you prefer to be billed: [**1 5 10 15 20 25 Other Day** _____]

(Note: Allow 2 business days from the above selected date for deductions to occur from your account. The *first* deduction may not be deducted on the day of the month you have selected. We will notify you in writing before the deduction occurs.)

AGREEMENT – AUTHORIZATION – SIGNATURE

All my statements and answers are true and complete to the best of my knowledge and belief. I understand insurance becomes effective [except as stated in the Temporary Insurance Agreement] only if: (1) my application is approved and a policy issued; (2) my first full payment is received while I am alive and within 21 days of my policy's effective date; and (3) my health and other factors that affect approval of my application do not change between the date I sign this application and the effective date of coverage.

I authorize any health care providers, pharmacy benefit manager or other pharmaceutical firm, insurance companies, MIB, Inc., consumer reporting agency, the Department of Motor Vehicles, financial institution, or employer having information about my physical or mental condition, prescription drug records, financial status, employment status, or other relevant information about me, to give all information (except psychiatric treatment notes) to CUNA Mutual Insurance Society ("Company") or its reinsurers to determine eligibility for insurance or benefits. Information obtained will be released only to reinsurers, MIB, Inc., persons performing business duties as delegated or contracted for by the Company related to my application and subsequent insurance-related functions, as permitted or required by law, or as I further authorize. Some of the health information obtained may be disclosed to persons or organizations that are not subject to federal health information privacy laws, resulting in the information no longer being protected under such laws.

I agree this authorization is valid for 24 months, a copy is as valid as the original, and I or my authorized representative can receive a copy upon request. For purposes of collecting information in connection with a claim for benefits, this Authorization is valid for the duration of the claim. I understand that: (1) I can revoke this authorization at any time by written request to the Company; (2) revocation of this authorization will not affect any prior action taken by the Company in reliance upon this authorization; and (3) failure to sign, or revocation of this authorization may impair the Company's ability to evaluate claims or process applications and may be a basis for denying this application or a claim for benefits. The Notice to Applicant has been received by me.

X _____ X _____

Applicant's Signature Date Signed Spouse's Signature (if applying) Date Signed

X _____

Account Owner's Signature (if other than Applicant/Spouse) Date Signed

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance may be guilty of a crime and subject to fines, confinement in prison and denial of insurance benefits, depending on state law.
RESIDENTS OF DC: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

CUNA MUTUAL GROUP

CUNA Mutual Insurance Society
2000 Heritage Way • Waverly, IA 50677

Office Use Only: 02

TERM LIFE INSURANCE APPLICATION

Organization ID _____

1. Proposed Insured

Name _____ (First / Middle / Last)

Address _____

City _____ State _____ ZIP _____

Driver's Lic. No. & State of Issue _____

Occupation _____

Annual Income $ _____

Gender ☐ Male ☐ Female Birth State ____

Date of Birth _____ (Month / Day / Year)

Soc. Sec. No. _____

Best Time to Call:

Home Phone _____ ☐ Day ☐ Eve

Cell Phone _____ ☐ Day ☐ Eve

Work Phone _____ ☐ Day ☐ Eve

2. Owner if other than Proposed Insured *Complete and check a, b, or c.*

Name _____

Address _____

City _____ State _____ ZIP _____

☐ Social Security No. or ☐ EIN No. _____

Daytime Phone _____

☐ a. Individual(s): U.S. Citizen? ☐ Yes ☐ No

Date of Birth: _____

Relationship to Proposed Insured _____

☐ b. Corporation or Business

☐ c. Trust: *If valid trust (under state law), estate or pension trust, give name of trust and EIN of the legal entity; otherwise, name of grantor-trustee and their Social Security Number.*

3. Plan of Insurance *Enter Death Benefit Amount and check only one Plan Type.*

Death Benefit Amount $ _____

Plan Type ☐ 10 Year Term ☐ 15 Year Term ☐ 20 Year Term ☐ 30 Year Term

4. Proposed Rate Classification *Check only one Rate Classification; if applicable, complete Table or Flat Extra.*

☐ Standard Non-Tobacco (N)
☐ Standard Tobacco (S)

☐ Preferred Plus Non-Tobacco (A)
☐ Preferred Non-Tobacco (P)
☐ Standard Plus Non-Tobacco (R)
☐ Standard Plus Tobacco (T)

Rate classes A, P, R and T are only available with face amounts of $200,000 or greater.

Table _____

Flat Extra _____

5. Riders for Primary Insured

☐ Waiver of Premium

6. Proposed Other Insured - Rider(s) *Use separate sheet if needed; collect owner and other insured(s) signatures (if over age 15) and date.*

Name _____ (First / Middle / Last)

Relationship to Insured _____

Driver's Lic. No. & State of Issue _____

Death Benefit Amount $ _____

Beneficiary _____

Gender ☐ Male ☐ Female Birth State ____

Date of Birth _____ (Month / Day / Year)

Occupation _____

Proposed Rate Class ☐N ☐S ☐A ☐P ☐R ☐T

Beneficiary's Relationship to Proposed Other Insured _____

Name _____ (First / Middle / Last)

Relationship to Insured _____

Driver's Lic. No. & State of Issue _____

Death Benefit Amount $ _____

Beneficiary _____

Gender ☐ Male ☐ Female Birth State ____

Date of Birth _____ (Month / Day / Year)

Occupation _____

Proposed Rate Class ☐N ☐S ☐A ☐P ☐R ☐T

Beneficiary's Relationship to Proposed Other Insured _____

Office Use Only: 02

6. Proposed Other Insured - Rider(s) continued

Name _____ (First / Middle / Last)

Gender ☐ Male ☐ Female Birth State ____

Relationship to Insured _____

Date of Birth _____ (Month / Day / Year)

Driver's Lic. No. & State of Issue _____

Occupation _____

Death Benefit Amount $ _____

Proposed Rate Class ☐N ☐S ☐A ☐P ☐R ☐T

Beneficiary _____

Beneficiary's Relationship to Proposed Other Insured _____

7. Replacement Questions

a. Does any proposed insured have any existing life insurance or annuities in this or any other company? ☐ Yes ☐ No

b. Total Life Insurance Coverage (including those being replaced): ☐ Check here if no coverage.

Insured Name	Company	Amount	Year Issued
		$	
		$	
		$	

c. Will the proposed coverage replace, discontinue or change any existing life insurance or annuities in this or any other company? ☐ Yes ☐ No If yes, what company? _____ What policy number? _____

8. Beneficiary(ies) *Named beneficiaries may be changed by the owner unless it is otherwise specified.*

Primary Beneficiary(ies): *The primary beneficiary(ies) named will receive any proceeds that may be payable upon death.*

First and Last Name	Relationship	Address

Contingent Beneficiary(ies): *The contingent beneficiary(ies) named will receive the proceeds ONLY if no primary beneficiary is living at that time.*

First and Last Name	Relationship	Address

9. Payment Information *Complete both a and b.*

a. Initial Payment $ _____ ☐ Draft through ACH ☐ Check *Make checks payable to:* ***CUNA Mutual Insurance Society***

b. Mode Premium $ _____ ACH: ☐ Monthly ☐ Quarterly ☐ Semiannually ☐ Annually

Direct Bill: ☐ Quarterly ☐ Semiannually ☐ Annually ☐ Other _____

10. Automatic Payment Plan Authorization (ACH)

I authorize CUNA Mutual Insurance Society and the financial institution named below to retain my account information and to initiate deductions or credits to my account either by electronic funds transfer or paper draft. This authorization will remain in effect until revoked by me in writing or by telephone.

Deductions will be determined by the policy effective date unless another draft date (1-28) is selected: _____ (Monthly Day(1-28))

Type of Account: ☐ Share Draft/Checking *Attach voided check.* ☐ Share Account/Savings *Only available for accounts accepting electronic deductions.*

For Share Accounts/Savings:

Financial Institution _____ (Name / Address / Phone)

Account Number _____ Routing Number _____

Signature of Account Owner (if other than Proposed Insured) _____

Office Use Only: 02

11. Personal Statement(s)

a. For any proposed insured: *Use separate sheet if needed, collect owner and other insured(s) signatures (if over age 15) and date.*

Name	Height	Weight	Attending Physician Name and Address
Proposed Insured	Feet/Inches		
Proposed Other Insured - Rider	Feet/Inches		
Proposed Other Insured - Rider	Feet/Inches		
Proposed Other Insured - Rider	Feet/Inches		

b. Has any proposed insured:

1. Used tobacco in any form including nicotine substitute within the last 12 months?..... ☐ Yes ☐ No
2. Used tobacco in any form including nicotine substitute within the last 24 months?..... ☐ Yes ☐ No
3. Used tobacco in any form including nicotine substitute within the last 36 months?..... ☐ Yes ☐ No
4. Ever had life or disability income insurance denied, rated, or otherwise modified?..... ☐ Yes ☐ No
5. Within the last five years, had a driver's license suspended or revoked or had a moving violation or accident? ..... ☐ Yes ☐ No
6. Engaged in the last three years or plan to engage in: flights as a pilot, ballooning, hang gliding, sky/scuba diving, vehicle racing, or similar sports? *If yes, include appropriate form(s).* ..... ☐ Yes ☐ No
7. Been convicted of a felony within the last ten years? ..... ☐ Yes ☐ No
8. Ever used sedatives, stimulants, narcotics or hallucinogens except as prescribed by a physician? ..... ☐ Yes ☐ No
9. Ever been treated or advised to seek treatment for use of alcohol or drugs? ..... ☐ Yes ☐ No

c. Does any proposed insured plan to travel or reside outside the U.S. or Canada within the next two years? .. ☐ Yes ☐ No

d. Are all proposed insured(s) a citizen of the United States?
If yes, no details needed. If no, details and documentation required. ..... ☐ Yes ☐ No

e. Has any proposed insured ever been treated for or diagnosed by a member of the medical profession as having:

1. Diabetes; high blood pressure; cancer; heart condition; lupus; paralysis or stroke; alcoholism; or disorders related to: intestines; breathing; blood; seizures; mental or nervous system; muscles; liver; or kidney? ..... ☐ Yes ☐ No
2. Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC), or tested positive for antibodies to the AIDS virus? ..... ☐ Yes ☐ No

f. Has any proposed insured, during the last 5 years, consulted a physician or received treatment for any disease, injury, or illness not listed in Question number 11e?..... ☐ Yes ☐ No

g. Is any proposed insured unable to work because of any illness or injury? ..... ☐ Yes ☐ No

Please provide details of "Yes" answers (IDENTIFY QUESTION, PERSON, CIRCLE APPLICABLE ITEMS). Include diagnoses, treatment, dates, duration and names and addresses of all attending physicians and medical facilities.

12. Temporary Insurance Eligibility Question

Has any proposed insured:

☐ Yes ☐ No (a) Within the last 12 months, received, sought or had recommended any treatment for: cancer; stroke; any disease of the heart; any disease of the liver; any disease of the immune system; or alcohol/drug use?

☐ Yes ☐ No (b) Been advised to be hospitalized or is a patient in a hospital or medical facility at the time of this application?

If either question is answered yes or left blank, no agent of CUNA Mutual Insurance Society (Company) is authorized to accept money and NO COVERAGE will take effect under the Temporary Insurance Agreement.

13. Temporary Insurance Agreement

This Agreement provides a **LIMITED AMOUNT** of life insurance on the proposed insured(s) for a **LIMITED TIME** while the Company considers the application for a new policy. Coverage provided under this Agreement does not apply to any rider providing waiver of premium.

a. **THIS TEMPORARY COVERAGE AMOUNT** is limited to the amount of coverage applied for up to a maximum benefit of $500,000 per proposed insured.

b. **COVERAGE BEGINS** under this Agreement when we receive the full first premium required by the Company.

c. **COVERAGE ENDS** automatically under this Agreement on the EARLIEST of the following: 1) When coverage starts under the policy applied for; 2) When we offer coverage other than as applied for; 3) When we mail notice to the owner of our decision to decline the application or terminate coverage under this Agreement; 4) When you request cancellation; or 5) 60 days after the date of the application.

d. **COVERAGE EXCLUSIONS.** No coverage will take effect under this Agreement if: 1) Any proposed insured commits suicide; 2) The application contains material misrepresentation or is fraudulently completed; or 3) Payment of premium is not honored for payment when first presented or the Company is unable to collect the first premium payment due to incomplete or incorrect payment information.

IF ANY OF THE CONDITIONS OF THIS AGREEMENT ARE NOT MET, IT IS NOT IN EFFECT AND THE COMPANY'S SOLE LIABILITY WILL BE TO RETURN ANY PREMIUM ACCEPTED TO THE OWNER.

14. Remarks

15. Home Office Use Only

Office Use Only: 02

16. Agreement/Authorization

All my statements and answers are true and complete to the best of my knowledge and belief. This application and any supplemental application(s) will be the basis of any insurance issued. Except as stated in the Temporary Insurance Agreement, **if eligible,** I understand this insurance becomes effective only if: (1) my application is approved and a policy issued; (2) my first full payment is received while I am alive; and (3) my health and other factors that affect approval of my application do not change between the date I sign this application and the effective date of coverage. Agents or examiners cannot determine insurability, change terms of the application, or make a contract for the Company. In states where written consent is required, my agreement in writing is required for entries made by the Company in Section 15 as to age, plan, riders, amount, benefits, or rate class.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance, may be guilty of a crime and subject to fines and confinement in prison, depending on state law.

I authorize any health care providers, pharmacy benefit manager or other pharmaceutical firm, insurance companies, the MIB, Inc., consumer reporting agency, the Department of Motor Vehicles, financial institution, or employer having information about my physical or mental condition, prescription drug records, financial status, employment status, or other relevant information about me or my minor children to give all information (except psychiatric treatment notes) to the Company or its reinsurers to determine eligibility for insurance or benefits. Information obtained will be released only to reinsurers, the MIB, Inc., persons performing business duties as delegated or contracted for by the Company related to my application and subsequent insurance-related functions, as permitted or required by law, or as I further authorize. Some of the health information noted above may be disclosed to persons or organizations that are not subject to federal health information privacy laws, resulting in the information no longer being protected under such laws. The Important Notice to Applicants for Insurance has been received by me.

I agree this authorization is valid for 24 months, a copy is as valid as the original, and I or my authorized representative can receive a copy upon request. For the purposes of collecting information in connection with a claim for benefits, this Authorization is valid for the duration of the claim. I understand that: (1) I can revoke this authorization at any time by giving written request to the Company; (2) revocation of this authorization will not affect any prior action taken by the Company in reliance upon this authorization; and (3) failure to sign, or revocation of this authorization may impair the Company's ability to evaluate claims or process applications and may be a basis for denying this application or a claim for benefits. The Important Notice to Applicants for Insurance has been received by me.

If a corporation, business, or individual other than the proposed insured is named as owner in Section 2, I, the proposed insured, hereby consent to this coverage. I understand I have no rights of ownership to the policy, including the right to name a beneficiary.

Signed on _____ at _____
Date City/State

_____ _____
Signature of Proposed Insured(if age 16 & over; otherwise, Parent or Guardian) Signature of Owner (if other than Proposed Insured)

Signature of Proposed Other Insured - Rider (if age 16 & over; otherwise, Parent or Guardian)	Signature of Proposed Other Insured - Rider (if age 16 & over; otherwise, Parent or Guardian)	Signature of Proposed Other Insured - Rider (if age 16 & over; otherwise, Parent or Guardian)
Signature of Proposed Other Insured - Rider (if age 16 & over; otherwise, Parent or Guardian)	Signature of Proposed Other Insured - Rider (if age 16 & over; otherwise, Parent or Guardian)	Signature of Proposed Other Insured - Rider (if age 16 & over; otherwise, Parent or Guardian)
Signature of Proposed Other Insured - Rider (if age 16 & over; otherwise, Parent or Guardian)	Signature of Proposed Other Insured - Rider (if age 16 & over; otherwise, Parent or Guardian)	Signature of Proposed Other Insured - Rider (if age 16 & over; otherwise, Parent or Guardian)

17. Agent Questions

To the best of your knowledge:

a. Does any proposed insured have any existing life insurance or annuities with our company or any other company? ..... ☐ Yes ☐ No

b. Will this policy replace, discontinue, or change any existing life insurance or annuities? ..... ☐ Yes ☐ No

If yes, I hereby confirm:

1) This replacement meets the standards identified in CUNA Mutual's Statement Regarding the Acceptability of Life and Annuity Replacements Sales.
2) The following sales material was used: _____
   If no sales material used, check here: ☐
3) Reason(s) for replacement: _____

_____
Signature of Agent Date Agent No.

Rate Information

Rate data does NOT apply to filing.

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice 05/23/2008

Comments:

Attachments:

AR Certif of Compliance with Rule 19 & 49.pdf

AR FFF109.pdf

Review Status:

Bypassed -Name: Application 05/23/2008

Bypass Reason: Applications are included in this filing.

Comments:

Review Status:

Satisfied -Name: Life & Annuity - Acturial Memo 05/23/2008

Comments:

Attachment:

Actuarial Memorandum Term 2008 051908.pdf

Review Status:

Satisfied -Name: Rates 05/28/2008

Comments:

Attachment:

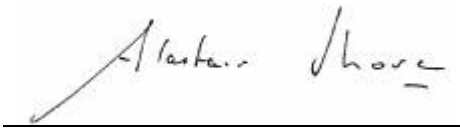
2008-05-22 08MLT Final Premiums per $1000.pdf

Certificate of Compliance with
Arkansas Rule and Regulation 19 & 49

Insurer: CUNA Mutual Insurance Society

Form Number(s): 2008-TERMAMEND
2008-OIRAMEND
A-DRTERMAPP-2008(B)
TERMAPP-2008

I hereby certify that to the best of my knowledge and belief, the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulations 19 and 49.



Signature of Company Officer

Alastair Shore
Name

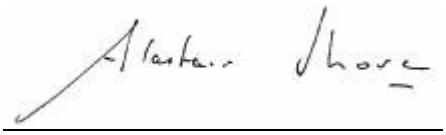
Sr. Vice President – Chief Underwriter
Title

May 27, 2008
Date

CERTIFICATION

This is to certify that the attached Policy Forms comply with the requirements of the Life and Disability Insurance Policy Language Simplification Act. The Flesch reading ease scores for these form(s) are shown below.

Form Number(s) and Title(s):		**Flesch Score:**
2008-TERMAMEND	Amendment to Policy	56
2008-OIRAMEND	Amendment to Rider	54
A-DRTERMAPP-2008(B)	Application for Term Life Insurance	50
TERMAPP-2008	Term Life Insurance Application	50



Signature of Officer of the Company

May 28, 2008
Date

FFF109

CUNA MUTUAL INSURANCE SOCIETY

ACTUARIAL MEMORANDUM

TERM LIFE INSURANCE POLICY TO 90

With Initial Term Period of 10, 15, 20 or 30 Years

Policy and Rider Forms 2000-TERM and 2000-OIR

PRODUCT DESCRIPTION

Benefits

These forms are renewable term life insurance products with level death benefits payable to age 90. The policyholder has the right of renewing the coverage at the end of each year by continuing premium payments. There are no surrender benefits.

Premiums

Premiums are level for an initial period of 10, 15, 20 or 30 years. Premiums for this initial period vary by face amount band, issue age, gender, tobacco use, and underwriting classification. Premiums after the initial period increase annually and vary by attained age, gender, and tobacco use.

Premiums are payable to age 90 and are guaranteed for all durations.

Conversion Provision

The conversion provision provides for a current date change, without evidence of insurability, to any individual life insurance policy, other than term life insurance, that CUNA Mutual Insurance Society makes available for such conversions. For issue ages through 65, the conversion option can be exercised until the earlier of the age 70 policy anniversary or the end of the initial level premium period. For issue ages over 65, the conversion option is available for the first 5 policy years.

The premium for the new policy will be based upon the insured's age on the date of conversion, the insured's gender, and the premium class for the new policy. If the policy is converted on or prior to the 7th policy anniversary, the premium class will be a comparable premium class, as determined by CUNA Mutual Insurance Society; and if the policy is converted after the 7th policy anniversary, the premium class will be a premium class determined by CUNA Mutual Insurance Society to be used for all such conversions.

Participating

These forms are participating. However, they are not expected to contribute to divisible surplus and are not expected to pay dividends.

RESERVES

Method

Reserves are calculated according to the Commissioners Reserve Valuation Method and are in compliance with Regulation XXX. This method involves calculation of a "basic" and a "minimum" reserve. The basic reserve is the greater of the reserve calculated on a "segmented" or "unitary" basis.

Reserves are based on curtate functions. CUNA Mutual Insurance Society will hold an additional IPC reserve to reflect immediate payment of claims.

Interest Rate

The valuation interest rate is 4.0% for calculation of both the basic and the minimum reserves. The valuation interest rate is subject to variation for new issue years each year, in accordance with the Standard Valuation Law.

Basic Reserves and Valuation Net Premiums

Mortality Bases

Reserves are based on the 2001 Commissioners' Standard Ordinary (CSO) Mortality Tables. The actual mortality tables used vary by face amount band. The different mortality bases reflect the differences in the type of individual underwriting prior to policy issuance.

Band 1 policies, available for face amounts of $25,000 to $199,999, are issued on a "simple underwritten" basis. Calculations for the basic reserves are based on *modified* 2001 CSO 25-year Select and Ultimate Mortality Tables, Sex Distinct, Smoker Distinct, Age Last Birthday. For policies with an initial level premium period of less than 25 years, the select factors are used only during the level premium paying period. The modification reflects underwriting and market characteristics. Factors used to modify 2001 CSO mortality are provided for sample issue ages in Exhibit 1.

Band 2 (face amounts $200,000 to $499,999), Band 3 (face amounts $500,000 to $999,999) and Band 4 (face amounts $1,000,000 and over) policies are issued on a fully underwritten basis. Calculations for the basic reserves are based on the 2001 CSO 25-year Select and Ultimate Mortality Tables, Sex Distinct, Smoker Distinct, Age Last Birthday. For policies with an initial level premium period of less than 25 years, the select factors are used only during the level premium paying period.

2

The basic reserve for all bands is always greater than or equal to the floor reserve of one-half the tabular cost of insurance using the 2001 CSO Ultimate Mortality Table.

Sample Segmented Calculation

For male, non-tobacco user, Band 2, issue age 45, and 30 year initial level premium period,

the first year net premium is:

$$\alpha = 1000 \times A_{45:\overline{1}|} = 1.01$$

and the terminal reserve at the end of the first year is zero.

The net premium for the remainder of this segment (i.e. the next 29 years) is:

$$\beta = 1000 \times A_{46:\overline{29}|} \div \ddot{a}_{46:\overline{29}|} = 136.764 \div 16.620 = 8.23$$

The floor reserve at each duration t is one-half the tabular cost of insurance, c_{45+t-1}', using the 2001 CSO Ultimate Mortality Table:

$$\tfrac{1}{2}(c_{45+t-1}') = \tfrac{1}{2}\left(\left((1/1.04) \times d_{45+t-1}'\right) / l_{45+t-1}'\right)$$

For this example, the floor reserve for the fifth policy year is:

$$1000 \times \tfrac{1}{2}(c_{49}') = 1000 \times \tfrac{1}{2}\left(\left((1/1.04) \times d_{49}\right)' / l_{49}'\right) = 3.08$$

The terminal reserve at the end of the fifth policy year is:

$${}_5V_{45} = 1000 \times A_{50:\overline{25}|} - \beta \times \ddot{a}_{50:\overline{25}|} = 153.910 - (8.23 \times 15.138) = 29.34$$

After the first segment, equivalent in length to the level premium-paying period, this form becomes an "attained age based YRT" policy, with gross premiums which increase annually and always exceed the valuation net premium. This results in terminal reserves which are zero, and mean reserves which are one-half the annual cost tabular cost of insurance.

Sample Unitary Calculation

The first year net premium is:

$$\alpha = 1000 \times A_{45:\overline{1}|} = 1.01$$

And the terminal reserve at the end of the first year is zero.

The net premium for the remainder of the coverage period varies by duration.
For each year, t, it is:

$$\beta_t = r \times GP_t$$

where "r" is the present value of the future benefits divided by the present value of the future gross premiums, and GP_t is the gross premium in duration t .

The present value of future benefits is:

$$PVB = 1000 \times A_{46:44\urcorner} = 265.967$$

Assuming that this policy is in the "standard" underwriting class, and has a face amount of $200,000, the per $1,000 gross premium, GP_t , is $4.60 for t = 2,...,30; $84.08 for t = 31. Thereafter, GP_t is 200% of the 2001 CSO Ultimate Mortality rates, Sex Distinct, Smoker Distinct, Age Last Birthday. Therefore, the present value of future gross premiums is:

$$PVGP = \left(\sum_{t=2}^{45} GP_t \times D_{45+t-1} \right) \div D_{46} = 345.191$$

.

and, r = 265.967 ÷ 345.191 = .77

Using this value of r, $\beta_t = 3.54$ for t = 2…30, $\beta_{31} = 64.78$, and β_t increases thereafter as 154% (.77 x 200%) of the 2001 CSO mortality rates.

The terminal reserve at duration 5 is:

$${}_5V_{45} = 1000 \times A_{50:40\urcorner} - \left(\sum_{t=6}^{45} \beta_t \times D_{45+t-1} \right) \div D_{50}$$

which reduces to ${}_5V_{45} = 306.088 - 297.536 = 8.55$

For this form, the slope of the gross premiums generally results in unitary terminal reserves which are very small, or even negative. Hence, in most cases, the segmented method results in the higher reserve.

Deficiency Reserves

Deficiency reserves are defined as the excess of the "minimum" reserves over the basic reserves. The calculation method is the same as the method used for basic segmented reserves, except that in calculating the present value of future net premiums, the gross premium is substituted for the net premium whenever the gross premium is less than the net premium.

The basis for calculating the minimum reserve is identical to that for the basic reserve, except that for Bands 2, 3 and 4, the company will apply an "X factor" during the first segment. The actual values of the X factors may vary by issue age, gender, tobacco use, underwriting classification, and duration, as determined by company and industry experience.

Sample Calculation

In order to demonstrate the method, the sample calculation below assumes the following X factors: 43% in duration 1, 52% in duration 2, 60% in duration 3, 61% in durations 4-13, 63% in duration 14, 65% in durations 15-22, 68% in duration 23, 71% in duration 24, 74% in duration 25, 75% in duration 26, 76% in durations 27-28, 77% in duration 29, and 78% in duration 30.

This example assumes a face amount of $200,000. Band 2 premiums apply. The initial gross premium (GP) per $1,000 of coverage is $4.60 plus a policy fee equivalent of $50/200 = .25 for a total of $4.85 per $1,000 of coverage. The first year net premium is:

$$\alpha = 1000 \times A_{45:1\urcorner} = 0.43$$

which is less than the gross premium, and results in a first year terminal reserve of zero.

The net premium for the remainder of the first segment is:

$$\beta = 1000 \times A_{46:29\urcorner} \div \ddot{a}_{46:29\urcorner} = 94.366 \div 16.311 = 5.79$$

In this case, the net premium is greater than the gross premium, so the minimum reserve calculation uses the gross premium. For example, in duration 5,

$${}_5V_{45} = 1000 \times A_{50:25\urcorner} - GP \times \ddot{a}_{50:25\urcorner} = 111.105 - (4.85 \times 15.505) = 35.91$$

This results in a minimum reserve which is greater than the basic reserve, hence there is a deficiency reserve of 35.91 – 29.34 = 6.57. This is a common result for the 30-year level premium version, especially in the higher issue ages.

Minimum reserves after the first segment are based on the attained age YRT method, and are always equal to the basic reserve using the same method

NONFORFEITURE VALUES

This form does not include any nonforfeiture values. The calculation of the minimum cash value requirement shows negative amounts for all issue ages and premium patterns. The calculation is similar to the reserves, in that the minimum cash value in any year is the excess of the present value of future benefits over the present value of future Adjusted Premiums.

As an example, consider the policy data used above, mortality equal to the basic reserve basis (2001CSO, 25-year S&U, sex and smoker distinct, ALB) and interest of 5.50%.

The present value of the Adjusted Premiums (PVFAP) at issue is equal to the sum of the present value of the benefits plus an amount "E" which is defined as $10.00 plus 125% of the nonforfeiture net level premium.

For this form, the nonforfeiture net level premium =

$$1000 \times A_{45:45\urcorner} \div \ddot{a}_{45:45\urcorner} = 172.718 / 15.609 = 11.065$$

Therefore, $PVFAP = (1000 \times A_{45:45\urcorner}) + 10.00 + (1.25 \times 11.065)$

$$= 172.718 + 10.00 + 13.831 = 196.549$$

Adjusted Premiums are a level percent "R" of the gross premiums (excluding policy fee).

The present value of future gross premiums is:

$$PVGP = \left(\sum_{t=1}^{45} GP_t \times D_{45+t-1} \right) \div D_{45} = 220.358$$

.

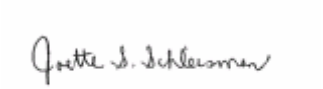
and $R = PVFAP / PVFGP = 196.549 / 220.358 = .89$

Then the minimum cash value at the end of the fifth policy year is:

$${}_5MCV_{45} = 1000 \times A_{50:40\urcorner} - \left(\sum_{t=6}^{45} AP_t \times D_{45+t-1} \right) \div D_{50}$$

$$= 218.885 - 234.614 = -15.73$$

Similar calculations show that minimum cash values are less than zero for all combinations of issue age, gender, and tobacco use available for sale.



Joette S. Schleisman, FSA, MAAA
LTCi and Life Pricing Actuary
CUNA Mutual Insurance Society

May 20, 2008

Date

Exhibit 1

Reserve Modification Factors for Band 1

The following tables provide samples of factors applied to 2001 CSO 25-Year Select & Ultimate Mortality Rates (Sex and Smoker Distinct, ALB) to derive mortality rates used to calculate basic and minimum reserves for Band 1 policies. Factors for issue ages 16 to 65 not shown in the tables were linearly interpolated between the values shown for ages included in these tables. Factors for issue ages under 16 are equal to one at all durations. Factors for issue ages over 65 are equal to those shown for age 65.

			Male Non-Tobacco			
	16	**25**	**35**	**45**	**55**	**65**
1	1.00	1.42	1.05	1.00	1.09	1.70
2	1.00	1.22	1.04	1.19	1.09	1.60
3	1.00	1.24	1.21	1.46	1.37	1.79
4	1.00	1.05	1.17	1.36	1.30	1.72
5	1.00	1.00	1.15	1.28	1.29	1.59
6	1.00	1.00	1.11	1.21	1.22	1.59
7	1.00	1.00	1.11	1.13	1.13	1.60
8	1.00	1.00	1.11	1.11	1.09	1.65
9	1.00	1.00	1.12	1.09	1.06	1.64
10	1.00	1.00	1.09	1.10	1.06	1.60
11	1.00	1.00	1.08	1.10	1.09	1.54
12	1.00	1.00	1.04	1.08	1.09	1.43
13	1.00	1.00	1.01	1.10	1.09	1.37
14	1.00	1.00	1.00	1.14	1.13	1.33
15	1.00	1.00	1.00	1.15	1.15	1.25
16	1.00	1.00	1.00	1.15	1.14	1.25
17	1.00	1.00	1.01	1.15	1.14	1.25
18	1.00	1.00	1.03	1.14	1.15	1.25
19	1.00	1.00	1.04	1.14	1.13	1.25
20	1.00	1.00	1.05	1.15	1.11	1.25
21	1.00	1.00	1.08	1.17		
22	1.00	1.00	1.07	1.17		
23	1.00	1.00	1.07	1.16		
24	1.00	1.00	1.08	1.14		
25	1.00	1.00	1.10	1.13		
26	1.00	1.01	1.06	1.08		
27	1.00	1.01	1.05	1.08		
28	1.00	1.01	1.04	1.06		
29	1.00	1.01	1.02	1.06		
30	1.00	1.00	1.01	1.06		

			Male Tobacco			
	16	**25**	**35**	**45**	**55**	**65**
1	1.00	1.52	1.10	1.04	1.03	1.27
2	1.00	1.31	1.06	1.22	1.01	1.18
3	1.00	1.29	1.29	1.55	1.26	1.35
4	1.00	1.10	1.18	1.48	1.25	1.30
5	1.00	1.05	1.14	1.39	1.28	1.23
6	1.00	1.03	1.12	1.32	1.27	1.34
7	1.00	1.03	1.12	1.24	1.24	1.41
8	1.00	1.01	1.13	1.20	1.20	1.49
9	1.00	1.01	1.14	1.18	1.18	1.53
10	1.00	1.01	1.12	1.16	1.17	1.51
11	1.00	1.02	1.13	1.13	1.17	1.50
12	1.00	1.04	1.13	1.10	1.17	1.41
13	1.00	1.04	1.12	1.11	1.19	1.38
14	1.00	1.03	1.12	1.17	1.25	1.40
15	1.00	1.02	1.16	1.22	1.29	1.41
16	1.00	1.00	1.21	1.25	1.31	1.41
17	1.00	1.01	1.24	1.26	1.34	1.41
18	1.00	1.02	1.26	1.25	1.37	1.41
19	1.00	1.04	1.28	1.23	1.40	1.41
20	1.00	1.06	1.28	1.24	1.44	1.41
21	1.00	1.08	1.29	1.30		
22	1.00	1.05	1.28	1.32		
23	1.00	1.06	1.29	1.32		
24	1.00	1.09	1.33	1.31		
25	1.00	1.12	1.37	1.30		
26	1.00	1.14	1.32	1.26		
27	1.00	1.14	1.31	1.25		
28	1.00	1.14	1.29	1.24		
29	1.00	1.13	1.27	1.24		
30	1.00	1.11	1.25	1.24		

			Female Non-Tobacco			
	16	**25**	**35**	**45**	**55**	**65**
1	1.00	1.00	1.00	1.00	1.00	1.00
2	1.00	1.00	1.00	1.00	1.00	1.00
3	1.00	1.08	1.07	1.01	1.00	1.08
4	1.00	1.00	1.12	1.03	1.00	1.14
5	1.00	1.00	1.22	1.03	1.00	1.19
6	1.00	1.00	1.26	1.02	1.00	1.19
7	1.00	1.00	1.26	1.00	1.00	1.15
8	1.00	1.00	1.23	1.00	1.00	1.09
9	1.00	1.00	1.19	1.00	1.00	1.07
10	1.00	1.00	1.17	1.00	1.00	1.04
11	1.00	1.00	1.18	1.00	1.00	1.00
12	1.00	1.00	1.14	1.00	1.00	1.00
13	1.00	1.00	1.11	1.00	1.00	1.00
14	1.00	1.00	1.08	1.00	1.00	1.00
15	1.00	1.00	1.03	1.00	1.00	1.00
16	1.00	1.02	1.00	1.00	1.00	1.00
17	1.00	1.06	1.00	1.00	1.00	1.00
18	1.00	1.11	1.00	1.00	1.00	1.00
19	1.00	1.12	1.00	1.00	1.00	1.00
20	1.00	1.14	1.00	1.00	1.00	1.00
21	1.00	1.16	1.00	1.00		
22	1.00	1.16	1.00	1.00		
23	1.00	1.15	1.00	1.00		
24	1.00	1.15	1.00	1.00		
25	1.00	1.15	1.00	1.00		
26	1.00	1.15	1.00	1.00		
27	1.00	1.15	1.00	1.00		
28	1.00	1.14	1.00	1.00		
29	1.00	1.14	1.00	1.00		
30	1.00	1.14	1.00	1.00		

			Female Tobacco			
	16	**25**	**35**	**45**	**55**	**65**
1	1.00	1.25	1.00	1.00	1.00	1.00
2	1.00	1.19	1.03	1.00	1.00	1.00
3	1.00	1.18	1.15	1.00	1.00	1.00
4	1.00	1.11	1.21	1.00	1.00	1.00
5	1.00	1.01	1.26	1.00	1.00	1.00
6	1.00	1.00	1.31	1.00	1.00	1.02
7	1.00	1.00	1.29	1.00	1.00	1.05
8	1.00	1.00	1.26	1.00	1.00	1.04
9	1.00	1.00	1.24	1.00	1.00	1.03
10	1.00	1.00	1.20	1.00	1.00	1.02
11	1.00	1.00	1.18	1.00	1.00	1.01
12	1.00	1.00	1.13	1.00	1.00	1.01
13	1.00	1.00	1.08	1.00	1.00	1.01
14	1.00	1.01	1.05	1.00	1.00	1.02
15	1.00	1.04	1.01	1.00	1.00	1.05
16	1.00	1.07	1.00	1.00	1.00	1.05
17	1.00	1.10	1.00	1.00	1.00	1.05
18	1.00	1.14	1.00	1.00	1.00	1.05
19	1.00	1.14	1.00	1.00	1.00	1.05
20	1.00	1.15	1.00	1.00	1.00	1.05
21	1.00	1.18	1.00	1.00		
22	1.00	1.19	1.00	1.00		
23	1.00	1.19	1.00	1.00		
24	1.00	1.18	1.00	1.00		
25	1.00	1.17	1.00	1.00		
26	1.00	1.16	1.00	1.00		
27	1.00	1.16	1.00	1.00		
28	1.00	1.16	1.00	1.00		
29	1.00	1.15	1.00	1.00		
30	1.00	1.15	1.00	1.00		

10 Year Level Term
Pol Fee = $50

BAND 1

Iss Age	MALE NON-TOBACCO P+	MALE NON-TOBACCO P	MALE NON-TOBACCO S+	MALE NON-TOBACCO S	MALE TOBACCO S+	MALE TOBACCO S	FEMALE NON-TOBACCO P+	FEMALE NON-TOBACCO P	FEMALE NON-TOBACCO S+	FEMALE NON-TOBACCO S	FEMALE TOBACCO S+	FEMALE TOBACCO S
0				0.98						0.74		
1				0.98						0.74		
2				0.98						0.74		
3				0.98						0.74		
4				0.98						0.74		
5				0.98						0.74		
6				0.98						0.74		
7				0.98						0.74		
8				0.98						0.74		
9				0.98						0.74		
10				0.98						0.74		
11				0.98						0.74		
12				0.98						0.74		
13				0.98						0.74		
14				0.98						0.74		
15				0.98						0.74		
16				0.98		1.80				0.74		1.09
17				0.98		1.80				0.74		1.09
18				0.98		1.80				0.74		1.09
19				0.98		1.80				0.74		1.09
20				0.98		1.80				0.74		1.09
21				0.98		1.80				0.74		1.09
22				0.98		1.80				0.74		1.09
23				0.98		1.80				0.74		1.09
24				0.98		1.80				0.74		1.09
25				0.98		1.80				0.74		1.09
26				0.99		1.85				0.77		1.16
27				1.01		1.90				0.80		1.23
28				1.02		1.95				0.83		1.31
29				1.03		2.00				0.86		1.39
30				1.05		2.05				0.89		1.47
31				1.06		2.10				0.93		1.56
32				1.07		2.16				0.96		1.66
33				1.09		2.21				1.00		1.76
34				1.10		2.27				1.04		1.87
35				1.12		2.33				1.08		1.99
36				1.22		2.55				1.14		2.14
37				1.33		2.78				1.21		2.29
38				1.44		3.04				1.28		2.46
39				1.57		3.31				1.35		2.65
40				1.71		3.62				1.42		2.84
41				1.87		3.95				1.51		3.05
42				2.03		4.32				1.59		3.28
43				2.21		4.71				1.68		3.52
44				2.41		5.15				1.78		3.78
45				2.63		5.62				1.88		4.06
46				2.86		6.14				2.02		4.35
47				3.12		6.70				2.17		4.65
48				3.40		7.31				2.34		4.99
49				3.70		7.98				2.52		5.34
50				4.03		8.71				2.71		5.72
51				4.40		9.51				2.91		6.13
52				4.79		10.39				3.13		6.57
53				5.22		11.34				3.37		7.03
54				5.69		12.38				3.62		7.53
55				6.20		13.51				3.89		8.07
56				7.01		14.93				4.30		8.71
57				7.92		16.50				4.75		9.41
58				8.96		18.23				5.24		10.16
59				10.12		20.14				5.79		10.97
60				11.44		22.25				6.39		11.84
61				12.94		24.59				7.06		12.78
62				14.63		27.17				7.80		13.80
63				16.53		30.02				8.61		14.90
64				18.69		33.16				9.51		16.09
65				21.13		36.64				10.50		17.37
66				23.45		40.38				11.66		18.97
67				26.03		44.50				12.94		20.71
68				28.90		49.04				14.36		22.62
69				32.08		54.04				15.94		24.70
70				35.61		59.55				17.69		26.97

10 Year Level Term
Pol Fee = $50

BAND 2

Iss Age	MALE NON-TOBACCO P+	MALE NON-TOBACCO P	MALE NON-TOBACCO S+	MALE NON-TOBACCO S	MALE TOBACCO S+	MALE TOBACCO S	FEMALE NON-TOBACCO P+	FEMALE NON-TOBACCO P	FEMALE NON-TOBACCO S+	FEMALE NON-TOBACCO S	FEMALE TOBACCO S+	FEMALE TOBACCO S
0												
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16	0.28	0.40	0.60	0.70	1.13	1.49	0.24	0.32	0.48	0.60	0.82	1.00
17	0.28	0.40	0.60	0.70	1.13	1.49	0.24	0.32	0.48	0.60	0.82	1.00
18	0.28	0.40	0.60	0.70	1.13	1.49	0.24	0.32	0.48	0.60	0.82	1.00
19	0.28	0.40	0.60	0.70	1.13	1.49	0.24	0.32	0.48	0.60	0.82	1.00
20	0.28	0.40	0.60	0.70	1.13	1.49	0.24	0.32	0.48	0.60	0.82	1.00
21	0.28	0.40	0.60	0.70	1.13	1.49	0.24	0.32	0.48	0.60	0.82	1.00
22	0.28	0.40	0.60	0.70	1.13	1.49	0.24	0.32	0.48	0.60	0.82	1.00
23	0.28	0.40	0.60	0.70	1.13	1.49	0.24	0.32	0.48	0.60	0.82	1.00
24	0.28	0.40	0.60	0.70	1.13	1.49	0.24	0.32	0.48	0.60	0.82	1.00
25	0.28	0.40	0.60	0.70	1.13	1.49	0.24	0.32	0.48	0.60	0.82	1.00
26	0.28	0.40	0.61	0.71	1.15	1.50	0.24	0.32	0.49	0.62	0.84	1.03
27	0.28	0.41	0.62	0.72	1.17	1.52	0.24	0.32	0.50	0.63	0.86	1.07
28	0.29	0.41	0.63	0.73	1.20	1.55	0.24	0.33	0.51	0.65	0.88	1.10
29	0.29	0.42	0.63	0.74	1.22	1.57	0.24	0.34	0.52	0.67	0.89	1.14
30	0.30	0.42	0.64	0.75	1.24	1.59	0.25	0.34	0.53	0.68	0.91	1.18
31	0.30	0.42	0.65	0.76	1.27	1.61	0.25	0.35	0.54	0.70	0.93	1.21
32	0.31	0.43	0.66	0.77	1.30	1.63	0.25	0.35	0.55	0.72	0.95	1.25
33	0.31	0.43	0.67	0.78	1.32	1.65	0.25	0.36	0.56	0.74	0.98	1.29
34	0.31	0.44	0.68	0.79	1.35	1.67	0.25	0.36	0.57	0.76	1.00	1.34
35	0.32	0.44	0.69	0.80	1.38	1.70	0.25	0.37	0.58	0.78	1.02	1.38
36	0.35	0.48	0.74	0.87	1.48	1.84	0.27	0.40	0.61	0.82	1.10	1.48
37	0.37	0.52	0.80	0.95	1.60	2.00	0.29	0.43	0.64	0.87	1.18	1.59
38	0.40	0.56	0.87	1.03	1.72	2.18	0.32	0.46	0.67	0.91	1.28	1.71
39	0.44	0.61	0.93	1.12	1.85	2.37	0.35	0.50	0.71	0.96	1.38	1.84
40	0.47	0.66	1.01	1.22	2.00	2.57	0.37	0.54	0.74	1.01	1.48	1.98
41	0.51	0.71	1.09	1.33	2.15	2.80	0.41	0.59	0.78	1.07	1.60	2.12
42	0.55	0.77	1.17	1.45	2.32	3.04	0.44	0.63	0.82	1.13	1.72	2.28
43	0.60	0.83	1.27	1.57	2.49	3.31	0.48	0.68	0.87	1.19	1.86	2.45
44	0.65	0.90	1.37	1.71	2.69	3.60	0.52	0.74	0.91	1.25	2.00	2.64
45	0.70	0.98	1.48	1.86	2.89	3.91	0.56	0.80	0.96	1.32	2.16	2.83
46	0.77	1.07	1.58	1.99	3.15	4.23	0.61	0.86	1.03	1.41	2.30	2.98
47	0.86	1.16	1.70	2.14	3.43	4.57	0.66	0.93	1.11	1.50	2.44	3.13
48	0.95	1.27	1.83	2.29	3.73	4.94	0.73	1.00	1.19	1.60	2.60	3.29
49	1.05	1.39	1.96	2.46	4.06	5.35	0.79	1.08	1.28	1.70	2.76	3.46
50	1.16	1.51	2.10	2.64	4.42	5.78	0.86	1.17	1.37	1.82	2.94	3.64
51	1.29	1.65	2.26	2.83	4.81	6.25	0.94	1.26	1.47	1.94	3.13	3.82
52	1.42	1.81	2.42	3.03	5.24	6.76	1.03	1.36	1.58	2.06	3.33	4.02
53	1.58	1.97	2.60	3.25	5.70	7.31	1.12	1.46	1.70	2.20	3.54	4.22
54	1.74	2.15	2.79	3.48	6.20	7.91	1.22	1.58	1.82	2.35	3.76	4.44
55	1.93	2.35	3.00	3.74	6.75	8.55	1.33	1.70	1.96	2.50	4.00	4.72
56	2.15	2.60	3.31	4.17	7.45	9.44	1.46	1.84	2.15	2.75	4.34	5.08
57	2.40	2.88	3.65	4.65	8.23	10.42	1.59	2.00	2.36	3.03	4.71	5.50
58	2.68	3.18	4.03	5.19	9.09	11.51	1.74	2.16	2.59	3.33	5.10	6.05
59	2.99	3.52	4.44	5.80	10.04	12.70	1.90	2.35	2.85	3.66	5.53	6.59
60	3.34	3.90	4.90	6.47	11.08	14.02	2.08	2.54	3.13	4.03	6.00	7.19
61	3.73	4.31	5.40	7.22	12.24	15.48	2.27	2.75	3.44	4.44	6.56	7.84
62	4.16	4.77	5.96	8.06	13.52	17.09	2.48	2.99	3.77	4.88	7.10	8.55
63	4.64	5.28	6.58	8.99	14.93	18.87	2.71	3.24	4.15	5.37	7.68	9.32
64	5.18	5.84	7.25	10.04	16.48	20.83	2.96	3.51	4.55	5.91	8.32	10.16
65	5.78	6.46	8.00	11.20	18.20	23.00	3.23	3.80	5.00	6.50	9.05	11.08
66	6.47	7.24	8.96	12.54	20.24	25.35	3.59	4.22	5.55	7.22	9.96	12.18
67	7.24	8.10	10.05	14.05	22.51	27.93	3.98	4.68	6.16	8.01	10.95	13.40
68	8.11	9.08	11.26	15.74	25.03	31.06	4.42	5.20	6.84	8.89	12.05	14.74
69	9.09	10.16	12.63	17.62	27.83	34.54	4.91	5.77	7.59	9.87	13.25	16.22
70	10.18	11.38	14.16	19.74	30.95	38.41	5.45	6.40	8.43	10.95	14.58	17.84

10 Year Level Term
Pol Fee = $50

BAND 3

Iss Age	MALE NON-TOBACCO P+	MALE NON-TOBACCO P	MALE NON-TOBACCO S+	MALE NON-TOBACCO S	MALE TOBACCO S+	MALE TOBACCO S	FEMALE NON-TOBACCO P+	FEMALE NON-TOBACCO P	FEMALE NON-TOBACCO S+	FEMALE NON-TOBACCO S	FEMALE TOBACCO S+	FEMALE TOBACCO S
0												
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16	0.26	0.38	0.56	0.67	1.08	1.44	0.23	0.30	0.45	0.58	0.79	0.97
17	0.26	0.38	0.56	0.67	1.08	1.44	0.23	0.30	0.45	0.58	0.79	0.97
18	0.26	0.38	0.56	0.67	1.08	1.44	0.23	0.30	0.45	0.58	0.79	0.97
19	0.26	0.38	0.56	0.67	1.08	1.44	0.23	0.30	0.45	0.58	0.79	0.97
20	0.26	0.38	0.56	0.67	1.08	1.44	0.23	0.30	0.45	0.58	0.79	0.97
21	0.26	0.38	0.56	0.67	1.08	1.44	0.23	0.30	0.45	0.58	0.79	0.97
22	0.26	0.38	0.56	0.67	1.08	1.44	0.23	0.30	0.45	0.58	0.79	0.97
23	0.26	0.38	0.56	0.67	1.08	1.44	0.23	0.30	0.45	0.58	0.79	0.97
24	0.26	0.38	0.56	0.67	1.08	1.44	0.23	0.30	0.45	0.58	0.79	0.97
25	0.26	0.38	0.56	0.67	1.08	1.44	0.23	0.30	0.45	0.58	0.79	0.97
26	0.26	0.38	0.57	0.68	1.10	1.46	0.23	0.30	0.46	0.59	0.81	1.00
27	0.27	0.39	0.58	0.69	1.13	1.47	0.23	0.31	0.47	0.61	0.82	1.03
28	0.27	0.39	0.59	0.70	1.15	1.49	0.23	0.31	0.48	0.62	0.84	1.06
29	0.27	0.40	0.60	0.71	1.17	1.51	0.23	0.32	0.49	0.64	0.86	1.09
30	0.27	0.40	0.61	0.72	1.20	1.52	0.24	0.32	0.49	0.66	0.88	1.13
31	0.28	0.40	0.61	0.73	1.22	1.54	0.24	0.33	0.50	0.67	0.90	1.16
32	0.28	0.41	0.62	0.74	1.25	1.56	0.24	0.33	0.51	0.69	0.92	1.20
33	0.28	0.41	0.63	0.75	1.28	1.57	0.24	0.34	0.52	0.71	0.94	1.23
34	0.29	0.42	0.64	0.76	1.30	1.59	0.24	0.35	0.53	0.73	0.96	1.27
35	0.29	0.42	0.65	0.77	1.33	1.61	0.24	0.35	0.54	0.75	0.98	1.31
36	0.31	0.46	0.70	0.84	1.43	1.75	0.26	0.38	0.57	0.79	1.06	1.41
37	0.34	0.49	0.76	0.91	1.54	1.90	0.28	0.41	0.60	0.83	1.14	1.51
38	0.37	0.54	0.82	0.99	1.66	2.07	0.31	0.44	0.64	0.88	1.23	1.63
39	0.41	0.58	0.89	1.08	1.79	2.25	0.34	0.48	0.67	0.93	1.33	1.75
40	0.44	0.63	0.96	1.18	1.93	2.45	0.36	0.52	0.71	0.98	1.43	1.88
41	0.48	0.68	1.04	1.28	2.08	2.67	0.40	0.56	0.75	1.03	1.55	2.03
42	0.52	0.74	1.13	1.40	2.24	2.90	0.43	0.61	0.79	1.09	1.67	2.18
43	0.57	0.80	1.22	1.52	2.42	3.16	0.47	0.66	0.83	1.15	1.80	2.34
44	0.62	0.87	1.32	1.65	2.60	3.44	0.51	0.72	0.88	1.21	1.94	2.52
45	0.68	0.95	1.43	1.80	2.80	3.74	0.55	0.77	0.93	1.28	2.09	2.67
46	0.75	1.03	1.53	1.93	3.05	4.04	0.60	0.84	1.00	1.36	2.23	2.83
47	0.83	1.13	1.65	2.07	3.32	4.37	0.65	0.90	1.07	1.45	2.36	2.99
48	0.92	1.23	1.77	2.22	3.61	4.73	0.71	0.97	1.15	1.55	2.51	3.15
49	1.02	1.35	1.90	2.38	3.92	5.12	0.78	1.05	1.24	1.65	2.67	3.31
50	1.13	1.47	2.04	2.56	4.26	5.53	0.85	1.13	1.33	1.76	2.84	3.48
51	1.25	1.61	2.19	2.74	4.64	6.00	0.93	1.23	1.43	1.88	3.01	3.66
52	1.38	1.76	2.35	2.94	5.04	6.49	1.01	1.32	1.53	2.00	3.20	3.85
53	1.53	1.93	2.52	3.16	5.44	7.01	1.10	1.43	1.65	2.14	3.40	4.04
54	1.70	2.10	2.71	3.39	5.91	7.55	1.20	1.54	1.77	2.28	3.62	4.25
55	1.88	2.30	2.91	3.63	6.48	8.19	1.31	1.66	1.90	2.43	3.90	4.55
56	2.10	2.54	3.21	4.06	7.17	9.01	1.43	1.80	2.09	2.68	4.18	4.88
57	2.34	2.81	3.55	4.53	7.94	10.01	1.56	1.95	2.30	2.95	4.54	5.33
58	2.60	3.11	3.93	5.06	8.79	11.06	1.71	2.11	2.53	3.24	4.93	5.82
59	2.90	3.44	4.34	5.65	9.72	12.23	1.86	2.29	2.78	3.57	5.34	6.35
60	3.23	3.80	4.79	6.31	10.76	13.52	2.03	2.48	3.06	3.93	5.83	6.93
61	3.60	4.20	5.30	7.04	11.91	14.95	2.22	2.68	3.37	4.33	6.34	7.57
62	4.02	4.64	5.85	7.87	13.19	16.53	2.42	2.90	3.71	4.77	6.89	8.26
63	4.47	5.13	6.47	8.78	14.59	18.27	2.64	3.15	4.08	5.25	7.48	9.02
64	4.99	5.67	7.15	9.81	16.15	20.20	2.88	3.41	4.49	5.77	8.14	9.85
65	5.56	6.27	7.90	10.95	17.88	22.33	3.15	3.69	4.94	6.36	8.84	10.75
66	6.23	7.03	8.86	12.29	19.85	24.79	3.49	4.09	5.48	7.06	9.73	11.83
67	7.00	7.89	9.95	13.79	22.03	27.51	3.88	4.54	6.08	7.83	10.70	13.01
68	7.85	8.86	11.16	15.47	24.45	30.54	4.30	5.04	6.75	8.69	11.77	14.31
69	8.81	9.94	12.52	17.36	27.14	33.90	4.78	5.60	7.50	9.65	12.95	15.75
70	9.88	11.15	14.05	19.48	30.13	37.63	5.30	6.21	8.32	10.71	14.24	17.32

10 Year Level Term
Pol Fee = $50

BAND 4

Iss Age	MALE NON-TOBACCO P+	MALE NON-TOBACCO P	MALE NON-TOBACCO S+	MALE NON-TOBACCO S	MALE TOBACCO S+	MALE TOBACCO S	FEMALE NON-TOBACCO P+	FEMALE NON-TOBACCO P	FEMALE NON-TOBACCO S+	FEMALE NON-TOBACCO S	FEMALE TOBACCO S+	FEMALE TOBACCO S
0												
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16	0.25	0.36	0.51	0.61	0.97	1.30	0.22	0.27	0.41	0.52	0.71	0.87
17	0.25	0.36	0.51	0.61	0.97	1.30	0.22	0.27	0.41	0.52	0.71	0.87
18	0.25	0.36	0.51	0.61	0.97	1.30	0.22	0.27	0.41	0.52	0.71	0.87
19	0.25	0.36	0.51	0.61	0.97	1.30	0.22	0.27	0.41	0.52	0.71	0.87
20	0.25	0.36	0.51	0.61	0.97	1.30	0.22	0.27	0.41	0.52	0.71	0.87
21	0.25	0.36	0.51	0.61	0.97	1.30	0.22	0.27	0.41	0.52	0.71	0.87
22	0.25	0.36	0.51	0.61	0.97	1.30	0.22	0.27	0.41	0.52	0.71	0.87
23	0.25	0.36	0.51	0.61	0.97	1.30	0.22	0.27	0.41	0.52	0.71	0.87
24	0.25	0.36	0.51	0.61	0.97	1.30	0.22	0.27	0.41	0.52	0.71	0.87
25	0.25	0.36	0.51	0.61	0.97	1.30	0.22	0.27	0.41	0.52	0.71	0.87
26	0.25	0.36	0.52	0.62	0.99	1.31	0.22	0.27	0.41	0.53	0.72	0.90
27	0.25	0.36	0.52	0.62	1.01	1.32	0.22	0.28	0.42	0.55	0.74	0.93
28	0.25	0.36	0.53	0.63	1.03	1.34	0.22	0.29	0.43	0.56	0.76	0.96
29	0.25	0.37	0.54	0.64	1.06	1.35	0.22	0.29	0.44	0.58	0.77	0.98
30	0.25	0.37	0.54	0.65	1.08	1.37	0.23	0.30	0.45	0.59	0.79	1.01
31	0.25	0.37	0.55	0.66	1.10	1.38	0.23	0.30	0.45	0.61	0.81	1.05
32	0.26	0.37	0.56	0.67	1.12	1.40	0.23	0.31	0.46	0.62	0.83	1.08
33	0.26	0.37	0.57	0.67	1.15	1.42	0.23	0.32	0.47	0.64	0.85	1.11
34	0.26	0.38	0.58	0.68	1.17	1.43	0.23	0.32	0.48	0.66	0.87	1.14
35	0.26	0.38	0.58	0.69	1.20	1.45	0.23	0.33	0.49	0.67	0.88	1.18
36	0.28	0.41	0.63	0.75	1.29	1.57	0.25	0.36	0.52	0.71	0.95	1.27
37	0.31	0.45	0.68	0.82	1.39	1.71	0.27	0.39	0.54	0.75	1.03	1.36
38	0.34	0.49	0.74	0.89	1.50	1.86	0.30	0.42	0.57	0.79	1.11	1.47
39	0.37	0.53	0.80	0.97	1.61	2.03	0.33	0.45	0.61	0.83	1.20	1.58
40	0.41	0.58	0.87	1.06	1.74	2.21	0.35	0.49	0.64	0.88	1.29	1.70
41	0.45	0.63	0.94	1.15	1.87	2.40	0.38	0.53	0.67	0.93	1.39	1.82
42	0.49	0.69	1.01	1.26	2.02	2.61	0.41	0.58	0.71	0.98	1.50	1.96
43	0.53	0.75	1.10	1.37	2.17	2.84	0.45	0.62	0.75	1.03	1.62	2.11
44	0.58	0.82	1.19	1.49	2.34	3.09	0.48	0.68	0.79	1.09	1.75	2.27
45	0.64	0.89	1.29	1.62	2.52	3.37	0.52	0.73	0.84	1.15	1.88	2.44
46	0.70	0.97	1.38	1.74	2.74	3.64	0.56	0.79	0.90	1.23	2.00	2.56
47	0.78	1.05	1.48	1.86	2.98	3.94	0.61	0.84	0.96	1.32	2.13	2.69
48	0.86	1.15	1.59	2.00	3.24	4.26	0.67	0.91	1.04	1.42	2.26	2.83
49	0.94	1.25	1.71	2.15	3.53	4.61	0.72	0.97	1.11	1.52	2.40	2.98
50	1.04	1.36	1.83	2.30	3.84	4.98	0.78	1.05	1.20	1.63	2.55	3.13
51	1.15	1.48	1.97	2.47	4.17	5.39	0.85	1.12	1.28	1.74	2.71	3.29
52	1.26	1.61	2.11	2.65	4.54	5.83	0.92	1.21	1.38	1.87	2.88	3.46
53	1.39	1.75	2.27	2.84	4.93	6.30	1.00	1.30	1.48	2.00	3.06	3.64
54	1.54	1.90	2.44	3.05	5.36	6.81	1.09	1.39	1.59	2.14	3.25	3.83
55	1.69	2.07	2.62	3.27	5.83	7.37	1.18	1.50	1.71	2.30	3.51	4.10
56	1.89	2.29	2.89	3.65	6.45	8.15	1.29	1.62	1.88	2.52	3.76	4.39
57	2.10	2.53	3.20	4.08	7.14	9.01	1.41	1.76	2.07	2.76	4.08	4.79
58	2.34	2.80	3.53	4.55	7.91	9.96	1.54	1.90	2.28	3.02	4.44	5.23
59	2.61	3.09	3.90	5.08	8.75	11.01	1.68	2.06	2.50	3.31	4.83	5.71
60	2.91	3.42	4.31	5.68	9.69	12.17	1.83	2.23	2.76	3.63	5.25	6.24
61	3.24	3.78	4.77	6.34	10.72	13.45	2.00	2.41	3.03	3.97	5.70	6.81
62	3.61	4.18	5.27	7.08	11.87	14.87	2.18	2.61	3.34	4.35	6.20	7.44
63	4.03	4.62	5.82	7.91	13.13	16.44	2.38	2.83	3.67	4.77	6.74	8.12
64	4.49	5.10	6.43	8.83	14.54	18.18	2.59	3.07	4.04	5.22	7.32	8.87
65	5.00	5.64	7.11	9.86	16.09	20.10	2.83	3.32	4.44	5.72	7.96	9.68
66	5.60	6.32	7.96	11.04	17.86	22.31	3.14	3.68	4.93	6.35	8.75	10.65
67	6.27	7.08	8.92	12.37	19.83	24.76	3.49	4.09	5.48	7.05	9.63	11.71
68	7.03	7.93	9.99	13.85	22.01	27.48	3.87	4.54	6.08	7.82	10.59	12.88
69	7.87	8.88	11.19	15.51	24.43	30.51	4.30	5.04	6.75	8.69	11.65	14.17
70	8.81	9.94	12.53	17.37	27.11	33.86	4.77	5.59	7.49	9.64	12.82	15.59

15 Year Level Term
Pol Fee = $50

BAND 1

Iss Age	MALE NON-TOBACCO P+	MALE NON-TOBACCO P	MALE NON-TOBACCO S+	MALE NON-TOBACCO S	MALE TOBACCO S+	MALE TOBACCO S	FEMALE NON-TOBACCO P+	FEMALE NON-TOBACCO P	FEMALE NON-TOBACCO S+	FEMALE NON-TOBACCO S	FEMALE TOBACCO S+	FEMALE TOBACCO S
0				1.08						0.75		
1				1.08						0.75		
2				1.08						0.75		
3				1.08						0.75		
4				1.08						0.75		
5				1.08						0.75		
6				1.08						0.75		
7				1.08						0.75		
8				1.08						0.75		
9				1.08						0.75		
10				1.08						0.75		
11				1.08						0.75		
12				1.08						0.75		
13				1.08						0.75		
14				1.08						0.75		
15				1.08						0.75		
16				1.08		1.91				0.75		1.20
17				1.08		1.91				0.75		1.20
18				1.08		1.91				0.75		1.20
19				1.08		1.91				0.75		1.20
20				1.08		1.91				0.75		1.20
21				1.08		1.91				0.75		1.20
22				1.08		1.91				0.75		1.20
23				1.08		1.91				0.75		1.20
24				1.08		1.91				0.75		1.20
25				1.08		1.91				0.75		1.20
26				1.11		2.01				0.78		1.29
27				1.15		2.11				0.81		1.38
28				1.18		2.22				0.84		1.48
29				1.21		2.33				0.88		1.58
30				1.25		2.45				0.91		1.69
31				1.28		2.58				0.95		1.81
32				1.32		2.71				0.99		1.94
33				1.36		2.85				1.03		2.08
34				1.40		3.00				1.07		2.23
35				1.44		3.15				1.11		2.39
36				1.57		3.47				1.20		2.57
37				1.71		3.81				1.30		2.77
38				1.87		4.19				1.40		2.98
39				2.04		4.61				1.52		3.20
40				2.23		5.07				1.64		3.44
41				2.43		5.58				1.77		3.70
42				2.65		6.13				1.91		3.98
43				2.90		6.74				2.07		4.29
44				3.16		7.41				2.23		4.61
45				3.45		8.15				2.41		4.96
46				3.80		8.92				2.62		5.35
47				4.18		9.77				2.85		5.77
48				4.60		10.69				3.10		6.23
49				5.06		11.70				3.37		6.72
50				5.57		12.81				3.67		7.25
51				6.13		14.02				3.99		7.82
52				6.75		15.35				4.34		8.43
53				7.43		16.80				4.72		9.10
54				8.18		18.39				5.14		9.82
55				9.00		20.13				5.59		10.59
56				10.12		22.12				6.19		11.75
57				11.38		24.31				6.86		13.03
58				12.80		26.72				7.60		14.45
59				14.39		29.37				8.43		16.03
60				16.19		32.28				9.34		17.78
61				18.20		35.47				10.34		19.72
62				20.47		38.98				11.46		21.87
63				23.02		42.84				12.70		24.26
64				25.89		47.08				14.07		26.90
65				29.11		51.75				15.59		29.84
66												
67												
68												
69												
70												

15 Year Level Term
Pol Fee = $50

BAND 2

Iss Age	MALE NON-TOBACCO P+	P	S+	S	MALE TOBACCO S+	S	FEMALE NON-TOBACCO P+	P	S+	S	FEMALE TOBACCO S+	S
0												
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16	0.36	0.52	0.66	0.89	1.50	1.70	0.34	0.38	0.54	0.68	0.99	1.14
17	0.36	0.52	0.66	0.89	1.50	1.70	0.34	0.38	0.54	0.68	0.99	1.14
18	0.36	0.52	0.66	0.89	1.50	1.70	0.34	0.38	0.54	0.68	0.99	1.14
19	0.36	0.52	0.66	0.89	1.50	1.70	0.34	0.38	0.54	0.68	0.99	1.14
20	0.36	0.52	0.66	0.89	1.50	1.70	0.34	0.38	0.54	0.68	0.99	1.14
21	0.36	0.52	0.66	0.89	1.50	1.70	0.34	0.38	0.54	0.68	0.99	1.14
22	0.36	0.52	0.66	0.89	1.50	1.70	0.34	0.38	0.54	0.68	0.99	1.14
23	0.36	0.52	0.66	0.89	1.50	1.70	0.34	0.38	0.54	0.68	0.99	1.14
24	0.36	0.52	0.66	0.89	1.50	1.70	0.34	0.38	0.54	0.68	0.99	1.14
25	0.36	0.52	0.66	0.89	1.50	1.70	0.34	0.38	0.54	0.68	0.99	1.14
26	0.36	0.52	0.67	0.91	1.54	1.76	0.34	0.39	0.55	0.69	1.02	1.20
27	0.36	0.52	0.67	0.92	1.57	1.83	0.35	0.39	0.55	0.71	1.05	1.27
28	0.36	0.52	0.68	0.94	1.61	1.89	0.35	0.40	0.56	0.73	1.08	1.34
29	0.36	0.52	0.69	0.95	1.65	1.96	0.35	0.40	0.56	0.74	1.12	1.42
30	0.36	0.52	0.70	0.97	1.69	2.03	0.35	0.41	0.57	0.76	1.15	1.50
31	0.36	0.52	0.70	0.99	1.73	2.11	0.35	0.42	0.57	0.77	1.19	1.58
32	0.36	0.52	0.71	1.00	1.78	2.19	0.35	0.42	0.58	0.79	1.23	1.67
33	0.36	0.52	0.72	1.02	1.82	2.27	0.35	0.43	0.58	0.81	1.26	1.77
34	0.36	0.52	0.73	1.04	1.87	2.35	0.35	0.43	0.58	0.83	1.30	1.87
35	0.36	0.52	0.74	1.06	1.91	2.44	0.35	0.44	0.59	0.84	1.35	1.97
36	0.40	0.56	0.80	1.13	2.06	2.66	0.38	0.48	0.63	0.90	1.45	2.10
37	0.44	0.61	0.87	1.22	2.21	2.90	0.41	0.52	0.67	0.95	1.56	2.25
38	0.49	0.67	0.95	1.31	2.38	3.16	0.44	0.56	0.72	1.02	1.68	2.40
39	0.54	0.72	1.04	1.40	2.57	3.45	0.47	0.61	0.77	1.08	1.82	2.56
40	0.60	0.79	1.13	1.50	2.76	3.76	0.51	0.66	0.82	1.15	1.96	2.74
41	0.66	0.86	1.24	1.61	2.97	4.10	0.55	0.72	0.87	1.22	2.11	2.92
42	0.73	0.93	1.35	1.73	3.20	4.47	0.59	0.78	0.93	1.30	2.28	3.12
43	0.81	1.01	1.47	1.86	3.44	4.87	0.64	0.85	1.00	1.38	2.45	3.33
44	0.90	1.10	1.60	1.99	3.71	5.31	0.69	0.92	1.06	1.47	2.64	3.56
45	0.99	1.20	1.75	2.14	3.99	5.80	0.74	1.00	1.13	1.56	2.85	3.80
46	1.08	1.32	1.91	2.37	4.45	6.33	0.80	1.07	1.24	1.69	3.09	4.12
47	1.19	1.46	2.08	2.62	4.96	6.91	0.86	1.15	1.35	1.81	3.36	4.46
48	1.30	1.61	2.28	2.90	5.52	7.55	0.92	1.23	1.47	1.95	3.65	4.84
49	1.43	1.78	2.48	3.21	6.16	8.25	0.99	1.32	1.61	2.10	3.96	5.24
50	1.57	1.96	2.71	3.55	6.86	9.01	1.07	1.41	1.75	2.27	4.30	5.68
51	1.72	2.16	2.96	3.93	7.65	9.84	1.15	1.52	1.91	2.44	4.67	6.16
52	1.88	2.38	3.23	4.35	8.52	10.74	1.23	1.62	2.08	2.63	5.08	6.68
53	2.06	2.63	3.53	4.82	9.50	11.74	1.33	1.74	2.27	2.83	5.51	7.24
54	2.26	2.90	3.85	5.33	10.59	12.82	1.43	1.87	2.48	3.05	5.99	7.84
55	2.48	3.20	4.20	5.90	11.80	14.00	1.53	2.00	2.70	3.28	6.50	8.50
56	2.77	3.58	4.68	6.50	12.98	15.31	1.71	2.22	2.96	3.69	7.11	9.26
57	3.10	3.99	5.22	7.16	14.28	16.74	1.91	2.47	3.24	4.14	7.78	10.09
58	3.46	4.46	5.83	7.88	15.70	18.30	2.13	2.75	3.55	4.65	8.52	10.99
59	3.87	4.99	6.50	8.68	17.27	20.01	2.37	3.06	3.90	5.23	9.32	11.97
60	4.33	5.57	7.25	9.56	19.00	21.88	2.64	3.41	4.27	5.87	10.20	13.04
61	4.84	6.22	8.08	10.53	20.90	23.93	2.95	3.79	4.68	6.60	11.16	14.20
62	5.41	6.95	9.01	11.60	22.99	26.16	3.29	4.21	5.13	7.41	12.21	15.47
63	6.06	7.77	10.05	12.78	25.29	28.61	3.66	4.69	5.62	8.32	13.36	16.85
64	6.77	8.68	11.21	14.07	27.82	31.28	4.08	5.21	6.16	9.35	14.62	18.36
65	7.57	9.70	12.50	15.50	30.60	34.20	4.55	5.80	6.75	10.50	16.00	20.00
66												
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15 Year Level Term
Pol Fee = $50

BAND 3

Iss Age	MALE NON-TOBACCO P+	P	S+	S	MALE TOBACCO S+	S	FEMALE NON-TOBACCO P+	P	S+	S	FEMALE TOBACCO S+	S
0												
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16	0.32	0.45	0.59	0.84	1.44	1.65	0.31	0.36	0.48	0.63	0.93	1.09
17	0.32	0.45	0.59	0.84	1.44	1.65	0.31	0.36	0.48	0.63	0.93	1.09
18	0.32	0.45	0.59	0.84	1.44	1.65	0.31	0.36	0.48	0.63	0.93	1.09
19	0.32	0.45	0.59	0.84	1.44	1.65	0.31	0.36	0.48	0.63	0.93	1.09
20	0.32	0.45	0.59	0.84	1.44	1.65	0.31	0.36	0.48	0.63	0.93	1.09
21	0.32	0.45	0.59	0.84	1.44	1.65	0.31	0.36	0.48	0.63	0.93	1.09
22	0.32	0.45	0.59	0.84	1.44	1.65	0.31	0.36	0.48	0.63	0.93	1.09
23	0.32	0.45	0.59	0.84	1.44	1.65	0.31	0.36	0.48	0.63	0.93	1.09
24	0.32	0.45	0.59	0.84	1.44	1.65	0.31	0.36	0.48	0.63	0.93	1.09
25	0.32	0.45	0.59	0.84	1.44	1.65	0.31	0.36	0.48	0.63	0.93	1.09
26	0.32	0.45	0.61	0.85	1.48	1.70	0.31	0.36	0.49	0.64	0.96	1.15
27	0.32	0.46	0.62	0.87	1.51	1.76	0.31	0.37	0.49	0.66	0.99	1.22
28	0.32	0.46	0.63	0.89	1.55	1.81	0.31	0.38	0.50	0.67	1.02	1.29
29	0.32	0.46	0.64	0.90	1.59	1.87	0.31	0.38	0.51	0.69	1.06	1.37
30	0.32	0.47	0.66	0.92	1.63	1.93	0.31	0.39	0.52	0.70	1.09	1.45
31	0.33	0.47	0.67	0.93	1.67	2.00	0.31	0.40	0.53	0.72	1.13	1.53
32	0.33	0.47	0.68	0.95	1.71	2.06	0.31	0.41	0.54	0.74	1.17	1.62
33	0.33	0.48	0.70	0.97	1.76	2.13	0.32	0.41	0.55	0.75	1.21	1.71
34	0.33	0.48	0.71	0.98	1.80	2.20	0.32	0.42	0.56	0.77	1.25	1.81
35	0.33	0.48	0.73	1.00	1.85	2.27	0.32	0.43	0.57	0.79	1.29	1.92
36	0.37	0.53	0.79	1.08	1.99	2.49	0.35	0.46	0.61	0.84	1.39	2.05
37	0.41	0.58	0.86	1.15	2.13	2.73	0.37	0.51	0.65	0.90	1.50	2.19
38	0.45	0.63	0.94	1.24	2.29	2.99	0.41	0.55	0.70	0.96	1.61	2.34
39	0.51	0.69	1.02	1.33	2.47	3.28	0.44	0.60	0.75	1.02	1.74	2.51
40	0.56	0.76	1.11	1.43	2.65	3.60	0.48	0.65	0.80	1.09	1.87	2.68
41	0.63	0.83	1.21	1.54	2.85	3.94	0.52	0.70	0.85	1.16	2.01	2.86
42	0.70	0.90	1.32	1.65	3.06	4.32	0.56	0.77	0.91	1.23	2.17	3.06
43	0.78	0.99	1.43	1.77	3.29	4.74	0.61	0.83	0.97	1.32	2.34	3.27
44	0.86	1.08	1.56	1.90	3.54	5.20	0.66	0.90	1.03	1.40	2.52	3.50
45	0.96	1.18	1.70	2.04	3.80	5.70	0.72	0.98	1.10	1.49	2.71	3.74
46	1.05	1.30	1.85	2.27	4.25	6.21	0.78	1.05	1.20	1.61	2.96	4.03
47	1.16	1.43	2.02	2.52	4.75	6.77	0.83	1.13	1.31	1.74	3.22	4.35
48	1.27	1.58	2.20	2.80	5.31	7.38	0.90	1.21	1.42	1.88	3.51	4.70
49	1.39	1.74	2.39	3.10	5.94	8.05	0.97	1.29	1.55	2.03	3.82	5.07
50	1.53	1.91	2.61	3.44	6.64	8.77	1.04	1.38	1.68	2.20	4.16	5.47
51	1.67	2.11	2.84	3.82	7.42	9.56	1.12	1.48	1.83	2.37	4.54	5.90
52	1.84	2.32	3.09	4.24	8.30	10.42	1.21	1.58	1.99	2.56	4.94	6.37
53	2.02	2.56	3.37	4.71	9.28	11.36	1.30	1.69	2.17	2.77	5.38	6.87
54	2.21	2.81	3.67	5.23	10.38	12.38	1.40	1.81	2.36	2.99	5.87	7.41
55	2.43	3.10	4.00	5.80	11.60	13.50	1.50	1.94	2.57	3.23	6.39	8.00
56	2.71	3.47	4.46	6.38	12.74	14.78	1.68	2.16	2.82	3.62	6.98	8.72
57	3.03	3.88	4.98	7.01	14.00	16.17	1.87	2.40	3.09	4.06	7.63	9.51
58	3.39	4.34	5.56	7.71	15.38	17.70	2.08	2.68	3.39	4.55	8.34	10.37
59	3.79	4.85	6.21	8.48	16.90	19.37	2.32	2.98	3.72	5.11	9.11	11.31
60	4.24	5.43	6.93	9.33	18.56	21.20	2.59	3.32	4.08	5.73	9.95	12.33
61	4.74	6.07	7.73	10.26	20.39	23.21	2.88	3.69	4.48	6.42	10.87	13.44
62	5.30	6.79	8.63	11.28	22.40	25.40	3.22	4.11	4.91	7.20	11.88	14.66
63	5.92	7.59	9.63	12.40	24.61	27.80	3.58	4.58	5.39	8.08	12.98	15.98
64	6.62	8.49	10.75	13.64	27.04	30.43	3.99	5.10	5.91	9.06	14.19	17.43
65	7.41	9.50	12.00	15.00	29.70	33.30	4.45	5.68	6.48	10.16	15.50	19.00
66												
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15 Year Level Term
Pol Fee = $50

BAND 4 BAND4

Iss Age	MALE NON-TOBACCO P+	MALE NON-TOBACCO P	MALE NON-TOBACCO S+	MALE NON-TOBACCO S	MALE TOBACCO S+	MALE TOBACCO S	FEMALE NON-TOBACCO P+	FEMALE NON-TOBACCO P	FEMALE NON-TOBACCO S+	FEMALE NON-TOBACCO S	FEMALE TOBACCO S+	FEMALE TOBACCO S
0												
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16	0.29	0.37	0.53	0.76	1.30	1.57	0.28	0.32	0.43	0.56	0.83	1.04
17	0.29	0.37	0.53	0.76	1.30	1.57	0.28	0.32	0.43	0.56	0.83	1.04
18	0.29	0.37	0.53	0.76	1.30	1.57	0.28	0.32	0.43	0.56	0.83	1.04
19	0.29	0.37	0.53	0.76	1.30	1.57	0.28	0.32	0.43	0.56	0.83	1.04
20	0.29	0.37	0.53	0.76	1.30	1.57	0.28	0.32	0.43	0.56	0.83	1.04
21	0.29	0.37	0.53	0.76	1.30	1.57	0.28	0.32	0.43	0.56	0.83	1.04
22	0.29	0.37	0.53	0.76	1.30	1.57	0.28	0.32	0.43	0.56	0.83	1.04
23	0.29	0.37	0.53	0.76	1.30	1.57	0.28	0.32	0.43	0.56	0.83	1.04
24	0.29	0.37	0.53	0.76	1.30	1.57	0.28	0.32	0.43	0.56	0.83	1.04
25	0.29	0.37	0.53	0.76	1.30	1.57	0.28	0.32	0.43	0.56	0.83	1.04
26	0.29	0.38	0.55	0.77	1.33	1.61	0.28	0.33	0.44	0.58	0.86	1.09
27	0.29	0.38	0.56	0.78	1.36	1.66	0.28	0.33	0.45	0.59	0.89	1.15
28	0.29	0.39	0.57	0.80	1.40	1.70	0.28	0.34	0.45	0.61	0.92	1.21
29	0.29	0.39	0.58	0.81	1.43	1.74	0.28	0.35	0.46	0.62	0.95	1.27
30	0.29	0.40	0.59	0.83	1.47	1.79	0.28	0.35	0.47	0.63	0.98	1.34
31	0.29	0.41	0.60	0.84	1.51	1.84	0.28	0.36	0.48	0.65	1.02	1.41
32	0.29	0.41	0.62	0.85	1.54	1.89	0.28	0.36	0.49	0.66	1.05	1.48
33	0.29	0.42	0.63	0.87	1.58	1.94	0.28	0.37	0.50	0.68	1.09	1.56
34	0.30	0.43	0.64	0.89	1.62	1.99	0.29	0.38	0.51	0.70	1.12	1.64
35	0.30	0.44	0.65	0.90	1.66	2.04	0.29	0.39	0.52	0.71	1.16	1.73
36	0.33	0.48	0.71	0.97	1.79	2.24	0.31	0.42	0.55	0.76	1.25	1.85
37	0.37	0.52	0.77	1.04	1.92	2.45	0.34	0.45	0.59	0.81	1.35	1.97
38	0.41	0.57	0.84	1.12	2.06	2.69	0.37	0.49	0.63	0.86	1.45	2.11
39	0.46	0.62	0.92	1.20	2.22	2.95	0.40	0.54	0.67	0.92	1.56	2.26
40	0.51	0.68	1.00	1.29	2.38	3.24	0.43	0.58	0.72	0.98	1.68	2.41
41	0.56	0.74	1.09	1.38	2.56	3.55	0.47	0.63	0.76	1.04	1.81	2.58
42	0.63	0.81	1.19	1.49	2.75	3.89	0.51	0.69	0.82	1.11	1.95	2.75
43	0.70	0.89	1.29	1.60	2.96	4.27	0.55	0.75	0.87	1.18	2.10	2.94
44	0.78	0.97	1.41	1.71	3.18	4.68	0.60	0.81	0.93	1.26	2.27	3.15
45	0.86	1.06	1.53	1.84	3.42	5.13	0.65	0.89	0.99	1.35	2.44	3.36
46	0.95	1.17	1.67	2.04	3.82	5.59	0.70	0.95	1.08	1.45	2.66	3.63
47	1.04	1.29	1.82	2.27	4.28	6.10	0.75	1.01	1.18	1.57	2.90	3.92
48	1.14	1.42	1.98	2.52	4.78	6.64	0.81	1.08	1.28	1.69	3.16	4.23
49	1.25	1.56	2.15	2.79	5.34	7.24	0.87	1.16	1.39	1.83	3.44	4.56
50	1.37	1.72	2.35	3.10	5.98	7.89	0.94	1.24	1.52	1.98	3.75	4.92
51	1.51	1.90	2.56	3.44	6.68	8.61	1.01	1.33	1.65	2.13	4.08	5.31
52	1.65	2.09	2.78	3.82	7.47	9.38	1.09	1.42	1.80	2.31	4.45	5.73
53	1.81	2.30	3.03	4.24	8.30	10.23	1.17	1.52	1.95	2.49	4.85	6.18
54	1.99	2.53	3.30	4.70	9.26	11.15	1.26	1.63	2.13	2.69	5.28	6.67
55	2.18	2.79	3.60	5.22	10.24	12.15	1.35	1.74	2.31	2.90	5.75	7.20
56	2.44	3.12	4.02	5.74	11.40	13.30	1.51	1.94	2.54	3.26	6.28	7.85
57	2.73	3.49	4.48	6.31	12.60	14.55	1.68	2.16	2.78	3.65	6.87	8.56
58	3.05	3.90	5.01	6.94	13.84	15.93	1.87	2.41	3.05	4.10	7.50	9.33
59	3.41	4.37	5.59	7.63	15.21	17.43	2.09	2.68	3.35	4.60	8.20	10.18
60	3.81	4.88	6.24	8.39	16.71	19.08	2.33	2.99	3.67	5.15	8.96	11.10
61	4.26	5.46	6.96	9.23	18.35	20.89	2.60	3.32	4.03	5.78	9.79	12.10
62	4.77	6.11	7.77	10.15	20.16	22.86	2.89	3.70	4.42	6.48	10.69	13.19
63	5.33	6.83	8.67	11.16	22.15	25.02	3.23	4.12	4.85	7.27	11.68	14.38
64	5.96	7.64	9.68	12.28	24.33	27.38	3.60	4.59	5.32	8.15	12.77	15.68
65	6.66	8.55	10.80	13.50	26.73	29.97	4.01	5.11	5.83	9.15	13.95	17.10
66												
67												
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20 Year Level Term
Pol Fee = $50

BAND 1

Iss Age	MALE NON-TOBACCO P+	MALE NON-TOBACCO P	MALE NON-TOBACCO S+	MALE NON-TOBACCO S	MALE TOBACCO S+	MALE TOBACCO S	FEMALE NON-TOBACCO P+	FEMALE NON-TOBACCO P	FEMALE NON-TOBACCO S+	FEMALE NON-TOBACCO S	FEMALE TOBACCO S+	FEMALE TOBACCO S
0				1.12						0.78		
1				1.12						0.78		
2				1.12						0.78		
3				1.12						0.78		
4				1.12						0.78		
5				1.12						0.78		
6				1.12						0.78		
7				1.12						0.78		
8				1.12						0.78		
9				1.12						0.78		
10				1.12						0.78		
11				1.12						0.78		
12				1.12						0.78		
13				1.12						0.78		
14				1.12						0.78		
15				1.12						0.78		
16				1.12		2.10				0.78		1.57
17				1.12		2.10				0.78		1.57
18				1.12		2.10				0.78		1.57
19				1.12		2.10				0.78		1.57
20				1.12		2.10				0.78		1.57
21				1.12		2.10				0.78		1.57
22				1.12		2.10				0.78		1.57
23				1.12		2.10				0.78		1.57
24				1.12		2.10				0.78		1.57
25				1.12		2.10				0.78		1.57
26				1.16		2.23				0.79		1.66
27				1.21		2.37				0.80		1.75
28				1.25		2.51				0.81		1.85
29				1.30		2.66				0.83		1.96
30				1.35		2.83				0.86		2.07
31				1.41		3.00				0.90		2.18
32				1.46		3.18				0.95		2.30
33				1.52		3.38				1.01		2.43
34				1.58		3.59				1.10		2.57
35				1.65		3.81				1.22		2.72
36				1.83		4.18				1.37		2.94
37				2.05		4.58				1.55		3.18
38				2.28		5.03				1.75		3.43
39				2.54		5.52				1.97		3.71
40				2.84		6.05				2.20		4.01
41				3.16		6.64				2.44		4.34
42				3.53		7.29				2.68		4.69
43				3.94		8.00				2.93		5.07
44				4.41		8.78				3.18		5.48
45				4.89		9.63				3.44		5.93
46				5.38		10.56				3.70		6.44
47				5.88		11.58				3.96		7.00
48				6.39		12.69				4.22		7.61
49				6.92		13.92				4.49		8.27
50				7.48		15.26				4.77		8.98
51				8.09		16.73				5.06		9.76
52				8.76		18.35				5.35		10.61
53				9.50		20.12				5.64		11.53
54				10.32		22.06				5.94		12.53
55				11.22		24.18				6.24		13.61
56				12.20		26.49				6.62		14.77
57				13.25		28.98				7.01		16.01
58				14.39		31.65				7.46		17.33
59				15.61		34.51				7.95		18.73
60				16.90		37.54				8.44		20.21
61												
62												
63												
64												
65												
66												
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20 Year Level Term
Pol Fee = $50

BAND 2

Iss Age	MALE NON-TOBACCO P+	P	S+	S	MALE TOBACCO S+	S	FEMALE NON-TOBACCO P+	P	S+	S	FEMALE TOBACCO S+	S
0												
1												
2												
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4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16	0.48	0.63	0.80	0.95	1.80	1.93	0.43	0.47	0.65	0.68	1.40	1.50
17	0.48	0.63	0.80	0.95	1.80	1.93	0.43	0.47	0.65	0.68	1.40	1.50
18	0.48	0.63	0.80	0.95	1.80	1.93	0.43	0.47	0.65	0.68	1.40	1.50
19	0.48	0.63	0.80	0.95	1.80	1.93	0.43	0.47	0.65	0.68	1.40	1.50
20	0.48	0.63	0.80	0.95	1.80	1.93	0.43	0.47	0.65	0.68	1.40	1.50
21	0.48	0.63	0.80	0.95	1.80	1.93	0.43	0.47	0.65	0.68	1.40	1.50
22	0.48	0.63	0.80	0.95	1.80	1.93	0.43	0.47	0.65	0.68	1.40	1.50
23	0.48	0.63	0.80	0.95	1.80	1.93	0.43	0.47	0.65	0.68	1.40	1.50
24	0.48	0.63	0.80	0.95	1.80	1.93	0.43	0.47	0.65	0.68	1.40	1.50
25	0.48	0.63	0.80	0.95	1.80	1.93	0.43	0.47	0.65	0.68	1.40	1.50
26	0.48	0.64	0.81	0.97	1.85	2.02	0.43	0.48	0.65	0.69	1.44	1.56
27	0.48	0.64	0.83	0.99	1.90	2.11	0.43	0.49	0.66	0.71	1.47	1.62
28	0.48	0.65	0.84	1.02	1.96	2.21	0.43	0.50	0.66	0.74	1.51	1.68
29	0.48	0.66	0.86	1.04	2.01	2.31	0.43	0.51	0.67	0.76	1.55	1.74
30	0.49	0.67	0.87	1.06	2.07	2.42	0.43	0.52	0.67	0.78	1.59	1.81
31	0.49	0.67	0.89	1.09	2.13	2.53	0.43	0.53	0.68	0.80	1.63	1.88
32	0.49	0.68	0.90	1.12	2.19	2.65	0.43	0.54	0.68	0.83	1.67	1.95
33	0.49	0.69	0.92	1.14	2.25	2.78	0.43	0.55	0.69	0.85	1.72	2.03
34	0.50	0.70	0.93	1.17	2.31	2.90	0.43	0.56	0.69	0.87	1.76	2.10
35	0.50	0.70	0.95	1.20	2.38	3.04	0.43	0.57	0.70	0.90	1.81	2.19
36	0.55	0.76	1.03	1.29	2.60	3.34	0.47	0.62	0.76	0.96	1.94	2.38
37	0.61	0.83	1.12	1.39	2.86	3.68	0.51	0.66	0.82	1.03	2.09	2.60
38	0.67	0.90	1.22	1.50	3.13	4.05	0.55	0.71	0.88	1.11	2.26	2.84
39	0.74	0.98	1.33	1.61	3.44	4.45	0.60	0.77	0.95	1.19	2.43	3.10
40	0.82	1.06	1.45	1.73	3.77	4.90	0.66	0.83	1.02	1.27	2.62	3.38
41	0.91	1.15	1.57	1.86	4.14	5.39	0.71	0.89	1.11	1.36	2.82	3.69
42	1.00	1.25	1.71	2.01	4.54	5.92	0.78	0.96	1.19	1.46	3.04	4.02
43	1.11	1.36	1.86	2.16	4.97	6.52	0.84	1.03	1.29	1.57	3.27	4.39
44	1.22	1.47	2.02	2.32	5.46	7.07	0.92	1.11	1.39	1.68	3.53	4.72
45	1.35	1.60	2.20	2.50	5.99	7.69	1.00	1.20	1.50	1.80	3.80	5.08
46	1.48	1.75	2.40	2.79	6.52	8.39	1.09	1.30	1.63	1.96	4.14	5.51
47	1.62	1.92	2.62	3.11	7.09	9.14	1.18	1.40	1.78	2.13	4.52	5.95
48	1.77	2.10	2.86	3.46	7.72	9.84	1.28	1.51	1.93	2.32	4.92	6.35
49	1.94	2.31	3.13	3.86	8.41	10.69	1.40	1.63	2.11	2.53	5.36	6.77
50	2.13	2.53	3.41	4.30	9.15	11.41	1.52	1.77	2.29	2.75	5.85	7.23
51	2.33	2.77	3.73	4.79	9.97	12.28	1.65	1.91	2.49	2.99	6.37	7.71
52	2.56	3.03	4.07	5.34	10.85	13.22	1.79	2.06	2.71	3.26	6.95	8.23
53	2.80	3.32	4.45	5.96	11.81	14.23	1.95	2.23	2.95	3.55	7.57	8.73
54	3.07	3.64	4.85	6.64	12.86	15.33	2.12	2.41	3.22	3.86	8.26	9.37
55	3.36	3.99	5.30	7.40	14.00	16.50	2.30	2.60	3.50	4.20	9.00	10.00
56	3.67	4.37	5.80	8.24	15.23	17.74	2.53	2.84	3.82	4.57	9.77	10.67
57	4.00	4.78	6.35	9.16	16.55	19.05	2.77	3.10	4.14	4.97	10.57	11.38
58	4.35	5.22	6.95	10.16	17.96	20.43	3.03	3.37	4.50	5.40	11.40	12.13
59	4.72	5.69	7.60	11.24	19.46	21.88	3.31	3.65	4.88	5.86	12.26	12.92
60	5.11	6.19	8.30	12.40	21.05	23.40	3.60	3.94	5.27	6.35	13.15	13.75
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20 Year Level Term
Pol Fee = $50

BAND 3

Iss Age	MALE NON-TOBACCO P+	MALE NON-TOBACCO P	MALE NON-TOBACCO S+	MALE NON-TOBACCO S	MALE TOBACCO S+	MALE TOBACCO S	FEMALE NON-TOBACCO P+	FEMALE NON-TOBACCO P	FEMALE NON-TOBACCO S+	FEMALE NON-TOBACCO S	FEMALE TOBACCO S+	FEMALE TOBACCO S
0												
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16	0.45	0.60	0.70	0.90	1.70	1.87	0.40	0.45	0.57	0.64	1.32	1.38
17	0.45	0.60	0.70	0.90	1.70	1.87	0.40	0.45	0.57	0.64	1.32	1.38
18	0.45	0.60	0.70	0.90	1.70	1.87	0.40	0.45	0.57	0.64	1.32	1.38
19	0.45	0.60	0.70	0.90	1.70	1.87	0.40	0.45	0.57	0.64	1.32	1.38
20	0.45	0.60	0.70	0.90	1.70	1.87	0.40	0.45	0.57	0.64	1.32	1.38
21	0.45	0.60	0.70	0.90	1.70	1.87	0.40	0.45	0.57	0.64	1.32	1.38
22	0.45	0.60	0.70	0.90	1.70	1.87	0.40	0.45	0.57	0.64	1.32	1.38
23	0.45	0.60	0.70	0.90	1.70	1.87	0.40	0.45	0.57	0.64	1.32	1.38
24	0.45	0.60	0.70	0.90	1.70	1.87	0.40	0.45	0.57	0.64	1.32	1.38
25	0.45	0.60	0.70	0.90	1.70	1.87	0.40	0.45	0.57	0.64	1.32	1.38
26	0.45	0.61	0.72	0.92	1.74	1.95	0.40	0.46	0.58	0.66	1.35	1.44
27	0.45	0.62	0.74	0.94	1.79	2.03	0.40	0.46	0.59	0.68	1.38	1.49
28	0.46	0.62	0.75	0.96	1.83	2.12	0.41	0.47	0.60	0.69	1.42	1.55
29	0.46	0.63	0.77	0.98	1.88	2.21	0.41	0.48	0.60	0.71	1.45	1.62
30	0.46	0.64	0.79	0.99	1.93	2.31	0.41	0.48	0.61	0.73	1.48	1.68
31	0.46	0.65	0.81	1.02	1.98	2.41	0.41	0.49	0.62	0.75	1.52	1.75
32	0.47	0.66	0.83	1.04	2.03	2.51	0.41	0.50	0.63	0.77	1.55	1.82
33	0.47	0.67	0.86	1.06	2.08	2.62	0.42	0.51	0.64	0.78	1.59	1.89
34	0.47	0.67	0.88	1.08	2.13	2.73	0.42	0.52	0.65	0.80	1.62	1.97
35	0.47	0.68	0.90	1.10	2.19	2.85	0.42	0.53	0.66	0.83	1.66	2.05
36	0.52	0.74	0.97	1.19	2.40	3.14	0.45	0.57	0.71	0.89	1.80	2.24
37	0.58	0.81	1.06	1.29	2.65	3.45	0.49	0.61	0.77	0.96	1.94	2.45
38	0.64	0.88	1.14	1.39	2.91	3.79	0.53	0.66	0.82	1.03	2.10	2.68
39	0.71	0.95	1.24	1.50	3.21	4.17	0.57	0.71	0.88	1.11	2.27	2.94
40	0.79	1.04	1.34	1.62	3.53	4.59	0.62	0.77	0.95	1.19	2.45	3.21
41	0.87	1.13	1.45	1.76	3.88	5.05	0.66	0.83	1.02	1.29	2.65	3.51
42	0.97	1.23	1.57	1.90	4.28	5.56	0.72	0.90	1.10	1.38	2.86	3.84
43	1.07	1.33	1.70	2.05	4.71	6.11	0.77	0.97	1.18	1.49	3.10	4.21
44	1.19	1.45	1.85	2.22	5.18	6.73	0.84	1.04	1.27	1.60	3.35	4.60
45	1.31	1.58	2.00	2.40	5.70	7.40	0.90	1.13	1.36	1.73	3.62	4.89
46	1.44	1.73	2.19	2.67	6.21	7.99	0.99	1.22	1.49	1.88	3.95	5.28
47	1.58	1.89	2.40	2.97	6.77	8.63	1.08	1.33	1.63	2.04	4.31	5.66
48	1.73	2.08	2.63	3.31	7.38	9.33	1.18	1.44	1.78	2.22	4.70	6.09
49	1.90	2.28	2.89	3.68	8.05	10.07	1.29	1.57	1.94	2.41	5.13	6.55
50	2.08	2.50	3.16	4.10	8.77	10.88	1.41	1.71	2.12	2.62	5.60	6.99
51	2.28	2.74	3.47	4.56	9.56	11.75	1.54	1.85	2.32	2.85	6.12	7.46
52	2.50	3.00	3.80	5.08	10.42	12.70	1.68	2.01	2.53	3.09	6.68	7.97
53	2.74	3.29	4.16	5.65	11.36	13.71	1.84	2.19	2.77	3.36	7.29	8.51
54	3.01	3.61	4.56	6.29	12.38	14.81	2.01	2.38	3.02	3.66	7.95	9.08
55	3.30	3.96	5.00	7.00	13.50	16.00	2.20	2.59	3.30	3.97	8.68	9.70
56	3.61	4.34	5.48	7.78	14.69	17.19	2.42	2.82	3.62	4.31	9.46	10.36
57	3.94	4.75	6.00	8.63	15.96	18.44	2.66	3.07	3.93	4.69	10.29	11.07
58	4.29	5.19	6.56	9.55	17.22	19.77	2.92	3.33	4.29	5.08	11.16	11.83
59	4.66	5.66	7.16	10.54	18.57	21.19	3.20	3.60	4.67	5.49	12.09	12.63
60	5.05	6.16	7.80	11.60	19.99	22.64	3.48	3.87	5.06	5.90	13.06	13.49
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20 Year Level Term
Pol Fee = $50

BAND 4 BAND4

Iss Age	MALE NON-TOBACCO P+	MALE NON-TOBACCO P	MALE NON-TOBACCO S+	MALE NON-TOBACCO S	MALE TOBACCO S+	MALE TOBACCO S	FEMALE NON-TOBACCO P+	FEMALE NON-TOBACCO P	FEMALE NON-TOBACCO S+	FEMALE NON-TOBACCO S	FEMALE TOBACCO S+	FEMALE TOBACCO S
0												
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16	0.43	0.57	0.66	0.86	1.53	1.78	0.38	0.44	0.54	0.61	1.19	1.24
17	0.43	0.57	0.66	0.86	1.53	1.78	0.38	0.44	0.54	0.61	1.19	1.24
18	0.43	0.57	0.66	0.86	1.53	1.78	0.38	0.44	0.54	0.61	1.19	1.24
19	0.43	0.57	0.66	0.86	1.53	1.78	0.38	0.44	0.54	0.61	1.19	1.24
20	0.43	0.57	0.66	0.86	1.53	1.78	0.38	0.44	0.54	0.61	1.19	1.24
21	0.43	0.57	0.66	0.86	1.53	1.78	0.38	0.44	0.54	0.61	1.19	1.24
22	0.43	0.57	0.66	0.86	1.53	1.78	0.38	0.44	0.54	0.61	1.19	1.24
23	0.43	0.57	0.66	0.86	1.53	1.78	0.38	0.44	0.54	0.61	1.19	1.24
24	0.43	0.57	0.66	0.86	1.53	1.78	0.38	0.44	0.54	0.61	1.19	1.24
25	0.43	0.57	0.66	0.86	1.53	1.78	0.38	0.44	0.54	0.61	1.19	1.24
26	0.43	0.57	0.68	0.88	1.57	1.85	0.38	0.45	0.55	0.63	1.22	1.29
27	0.43	0.58	0.70	0.90	1.61	1.92	0.37	0.45	0.55	0.64	1.25	1.34
28	0.43	0.59	0.71	0.92	1.65	1.99	0.37	0.46	0.56	0.66	1.27	1.40
29	0.43	0.60	0.73	0.94	1.69	2.06	0.37	0.46	0.57	0.67	1.30	1.46
30	0.44	0.60	0.75	0.96	1.73	2.14	0.37	0.47	0.58	0.69	1.33	1.51
31	0.44	0.61	0.77	0.99	1.78	2.22	0.37	0.48	0.59	0.71	1.36	1.57
32	0.44	0.62	0.79	1.01	1.82	2.30	0.37	0.48	0.60	0.72	1.40	1.64
33	0.44	0.63	0.81	1.04	1.87	2.38	0.36	0.49	0.61	0.74	1.43	1.70
34	0.44	0.64	0.83	1.06	1.92	2.47	0.36	0.49	0.62	0.76	1.46	1.77
35	0.45	0.64	0.85	1.09	1.97	2.57	0.36	0.50	0.63	0.78	1.49	1.84
36	0.49	0.70	0.92	1.18	2.16	2.83	0.39	0.54	0.67	0.84	1.62	2.02
37	0.55	0.76	1.00	1.27	2.38	3.12	0.43	0.58	0.72	0.90	1.75	2.21
38	0.61	0.83	1.08	1.38	2.62	3.44	0.47	0.63	0.78	0.97	1.89	2.41
39	0.67	0.90	1.17	1.49	2.89	3.80	0.51	0.68	0.84	1.05	2.04	2.64
40	0.74	0.98	1.27	1.61	3.18	4.19	0.55	0.73	0.90	1.13	2.21	2.89
41	0.82	1.06	1.37	1.74	3.50	4.62	0.60	0.79	0.97	1.21	2.39	3.16
42	0.91	1.16	1.49	1.88	3.85	5.10	0.66	0.85	1.04	1.31	2.58	3.42
43	1.01	1.26	1.61	2.03	4.23	5.62	0.72	0.91	1.12	1.41	2.79	3.71
44	1.12	1.37	1.74	2.20	4.66	6.10	0.78	0.99	1.20	1.52	3.01	4.04
45	1.24	1.49	1.89	2.38	5.13	6.69	0.86	1.06	1.29	1.63	3.26	4.38
46	1.36	1.63	2.07	2.62	5.59	7.25	0.94	1.16	1.41	1.77	3.55	4.74
47	1.49	1.78	2.27	2.89	6.10	7.87	1.03	1.26	1.54	1.93	3.88	5.11
48	1.63	1.96	2.49	3.18	6.64	8.51	1.13	1.36	1.68	2.10	4.23	5.48
49	1.79	2.15	2.73	3.51	7.24	9.19	1.24	1.48	1.84	2.28	4.62	5.86
50	1.96	2.35	2.99	3.87	7.89	9.92	1.36	1.61	2.01	2.48	5.04	6.27
51	2.15	2.58	3.28	4.27	8.61	10.69	1.50	1.75	2.19	2.69	5.50	6.71
52	2.36	2.83	3.59	4.70	9.38	11.52	1.65	1.90	2.39	2.92	6.01	7.17
53	2.58	3.10	3.93	5.18	10.23	12.41	1.81	2.07	2.61	3.18	6.56	7.66
54	2.83	3.40	4.31	5.71	11.15	13.37	1.98	2.24	2.86	3.45	7.16	8.17
55	3.11	3.73	4.73	6.30	12.15	14.40	2.18	2.44	3.12	3.75	7.81	8.73
56	3.41	4.08	5.18	6.95	13.23	15.50	2.39	2.67	3.41	4.09	8.51	9.33
57	3.73	4.46	5.66	7.66	14.39	16.67	2.61	2.92	3.71	4.47	9.26	9.98
58	4.08	4.86	6.18	8.43	15.63	17.91	2.85	3.18	4.06	4.85	10.07	10.68
59	4.46	5.29	6.74	9.26	16.95	19.22	3.11	3.44	4.42	5.24	10.92	11.43
60	4.86	5.75	7.33	10.15	18.35	20.60	3.39	3.70	4.79	5.63	11.83	12.22
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67												
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30 Year
Level Term
Pol Fee = $50

BAND 1

Iss Age	MALE NON-TOBACCO P+	MALE NON-TOBACCO P	MALE NON-TOBACCO S+	MALE NON-TOBACCO S	MALE TOBACCO S+	MALE TOBACCO S	FEMALE NON-TOBACCO P+	FEMALE NON-TOBACCO P	FEMALE NON-TOBACCO S+	FEMALE NON-TOBACCO S	FEMALE TOBACCO S+	FEMALE TOBACCO S
0				1.38						0.92		
1				1.38						0.92		
2				1.38						0.92		
3				1.38						0.92		
4				1.38						0.92		
5				1.38						0.92		
6				1.38						0.92		
7				1.38						0.92		
8				1.38						0.92		
9				1.38						0.92		
10				1.38						0.92		
11				1.38						0.92		
12				1.38						0.92		
13				1.38						0.92		
14				1.38						0.92		
15				1.38						0.92		
16				1.38		3.01				0.92		2.17
17				1.38		3.01				0.92		2.17
18				1.38		3.01				0.92		2.17
19				1.38		3.01				0.92		2.17
20				1.38		3.01				0.92		2.17
21				1.38		3.01				0.92		2.17
22				1.38		3.01				0.92		2.17
23				1.38		3.01				0.92		2.17
24				1.38		3.01				0.92		2.17
25				1.38		3.01				0.92		2.17
26				1.49		3.26				1.01		2.30
27				1.62		3.52				1.10		2.45
28				1.75		3.81				1.20		2.60
29				1.90		4.13				1.32		2.76
30				2.06		4.47				1.44		2.93
31				2.23		4.83				1.57		3.11
32				2.42		5.23				1.72		3.30
33				2.62		5.66				1.88		3.50
34				2.84		6.13				2.06		3.72
35				3.08		6.63				2.25		3.95
36				3.42		7.25				2.47		4.37
37				3.79		7.92				2.70		4.83
38				4.20		8.66				2.96		5.35
39				4.66		9.47				3.24		5.91
40				5.17		10.35				3.56		6.54
41				5.73						3.90		
42				6.36						4.27		
43				7.05						4.68		
44				7.82						5.13		
45				8.67						5.62		
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30 Year
Level Term
Pol Fee = $50

BAND 2

Iss Age	MALE NON-TOBACCO P+	MALE NON-TOBACCO P	MALE NON-TOBACCO S+	MALE NON-TOBACCO S	MALE TOBACCO S+	MALE TOBACCO S	FEMALE NON-TOBACCO P+	FEMALE NON-TOBACCO P	FEMALE NON-TOBACCO S+	FEMALE NON-TOBACCO S	FEMALE TOBACCO S+	FEMALE TOBACCO S
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15												
16	0.78	1.05	1.30	1.34	2.79	2.99	0.60	0.80	0.87	0.90	1.94	2.08
17	0.78	1.05	1.30	1.34	2.79	2.99	0.60	0.80	0.87	0.90	1.94	2.08
18	0.78	1.05	1.30	1.34	2.79	2.99	0.60	0.80	0.87	0.90	1.94	2.08
19	0.78	1.05	1.30	1.34	2.79	2.99	0.60	0.80	0.87	0.90	1.94	2.08
20	0.78	1.05	1.30	1.34	2.79	2.99	0.60	0.80	0.87	0.90	1.94	2.08
21	0.78	1.05	1.30	1.34	2.79	2.99	0.60	0.80	0.87	0.90	1.94	2.08
22	0.78	1.05	1.30	1.34	2.79	2.99	0.60	0.80	0.87	0.90	1.94	2.08
23	0.78	1.05	1.30	1.34	2.79	2.99	0.60	0.80	0.87	0.90	1.94	2.08
24	0.78	1.05	1.30	1.34	2.79	2.99	0.60	0.80	0.87	0.90	1.94	2.08
25	0.78	1.05	1.30	1.34	2.79	2.99	0.60	0.80	0.87	0.90	1.94	2.08
26	0.79	1.06	1.33	1.41	2.89	3.15	0.61	0.81	0.91	0.95	2.01	2.17
27	0.81	1.07	1.36	1.47	2.99	3.31	0.63	0.83	0.94	1.00	2.09	2.25
28	0.82	1.08	1.40	1.54	3.09	3.48	0.64	0.84	0.98	1.05	2.17	2.35
29	0.83	1.09	1.43	1.61	3.20	3.66	0.66	0.86	1.02	1.10	2.26	2.44
30	0.85	1.10	1.46	1.68	3.32	3.85	0.67	0.87	1.06	1.16	2.35	2.54
31	0.86	1.11	1.50	1.76	3.43	4.05	0.69	0.88	1.11	1.22	2.44	2.65
32	0.88	1.12	1.54	1.84	3.55	4.26	0.70	0.90	1.15	1.29	2.54	2.76
33	0.89	1.13	1.57	1.92	3.68	4.48	0.72	0.91	1.20	1.35	2.64	2.87
34	0.90	1.14	1.61	2.01	3.81	4.72	0.73	0.93	1.25	1.43	2.74	2.99
35	0.92	1.16	1.65	2.10	3.94	4.96	0.75	0.95	1.30	1.50	2.85	3.11
36	1.00	1.27	1.80	2.27	4.07	5.20	0.81	1.02	1.39	1.62	2.96	3.24
37	1.09	1.40	1.97	2.46	4.21	5.45	0.88	1.11	1.48	1.75	3.08	3.37
38	1.19	1.54	2.15	2.66	4.36	5.71	0.96	1.20	1.58	1.88	3.21	3.51
39	1.29	1.70	2.34	2.87	4.52	5.98	1.04	1.30	1.69	2.03	3.35	3.66
40	1.41	1.88	2.56	3.11	4.69	6.28	1.13	1.41	1.81	2.19	3.50	3.81
41	1.53	2.07	2.79	3.36			1.23	1.53	1.93	2.36		
42	1.67	2.28	3.05	3.64			1.33	1.65	2.06	2.55		
43	1.81	2.51	3.33	3.93			1.44	1.79	2.21	2.75		
44	1.98	2.76	3.64	4.25			1.57	1.94	2.36	2.97		
45	2.15	3.05	3.97	4.60			1.70	2.10	2.52	3.20		
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30 Year
Level Term
Pol Fee = $50

BAND 3

Iss Age	MALE NON-TOBACCO P+	MALE NON-TOBACCO P	MALE NON-TOBACCO S+	MALE NON-TOBACCO S	MALE TOBACCO S+	MALE TOBACCO S	FEMALE NON-TOBACCO P+	FEMALE NON-TOBACCO P	FEMALE NON-TOBACCO S+	FEMALE NON-TOBACCO S	FEMALE TOBACCO S+	FEMALE TOBACCO S
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16	0.75	1.00	1.26	1.29	2.70	2.93	0.58	0.76	0.84	0.87	1.92	2.06
17	0.75	1.00	1.26	1.29	2.70	2.93	0.58	0.76	0.84	0.87	1.92	2.06
18	0.75	1.00	1.26	1.29	2.70	2.93	0.58	0.76	0.84	0.87	1.92	2.06
19	0.75	1.00	1.26	1.29	2.70	2.93	0.58	0.76	0.84	0.87	1.92	2.06
20	0.75	1.00	1.26	1.29	2.70	2.93	0.58	0.76	0.84	0.87	1.92	2.06
21	0.75	1.00	1.26	1.29	2.70	2.93	0.58	0.76	0.84	0.87	1.92	2.06
22	0.75	1.00	1.26	1.29	2.70	2.93	0.58	0.76	0.84	0.87	1.92	2.06
23	0.75	1.00	1.26	1.29	2.70	2.93	0.58	0.76	0.84	0.87	1.92	2.06
24	0.75	1.00	1.26	1.29	2.70	2.93	0.58	0.76	0.84	0.87	1.92	2.06
25	0.75	1.00	1.26	1.29	2.70	2.93	0.58	0.76	0.84	0.87	1.92	2.06
26	0.76	1.01	1.29	1.35	2.79	3.07	0.59	0.77	0.88	0.91	1.99	2.14
27	0.77	1.02	1.32	1.41	2.89	3.23	0.60	0.79	0.91	0.96	2.06	2.22
28	0.79	1.03	1.35	1.47	2.99	3.39	0.62	0.80	0.95	1.01	2.13	2.31
29	0.80	1.04	1.38	1.54	3.10	3.57	0.63	0.82	0.99	1.06	2.21	2.40
30	0.81	1.05	1.42	1.61	3.20	3.75	0.64	0.83	1.03	1.11	2.29	2.49
31	0.83	1.06	1.45	1.68	3.31	3.94	0.66	0.84	1.07	1.17	2.38	2.59
32	0.84	1.07	1.48	1.75	3.43	4.14	0.67	0.86	1.11	1.23	2.47	2.69
33	0.85	1.08	1.52	1.83	3.55	4.35	0.69	0.87	1.16	1.29	2.56	2.79
34	0.87	1.09	1.56	1.91	3.67	4.57	0.70	0.89	1.20	1.36	2.65	2.90
35	0.88	1.10	1.59	2.00	3.80	4.80	0.72	0.90	1.25	1.43	2.75	3.01
36	0.96	1.22	1.74	2.17	3.93	5.04	0.78	0.98	1.33	1.55	2.85	3.12
37	1.05	1.34	1.90	2.35	4.07	5.30	0.85	1.06	1.41	1.67	2.96	3.24
38	1.14	1.48	2.08	2.55	4.22	5.58	0.92	1.15	1.49	1.81	3.08	3.37
39	1.25	1.63	2.27	2.77	4.38	5.88	1.00	1.25	1.58	1.96	3.21	3.51
40	1.36	1.80	2.48	3.00	4.55	6.20	1.09	1.35	1.68	2.11	3.35	3.66
41	1.48	1.99	2.71	3.25			1.19	1.47	1.78	2.29	-	-
42	1.62	2.19	2.96	3.53			1.29	1.59	1.89	2.47	-	-
43	1.76	2.42	3.23	3.83			1.40	1.72	2.00	2.68	-	-
44	1.93	2.67	3.53	4.15			1.53	1.87	2.12	2.89	-	-
45	2.10	2.94	3.86	4.50			1.66	2.03	2.25	3.13	-	-
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30 Year
Level Term
Pol Fee = $50

BAND 4 BAND4

Iss Age	MALE NON-TOBACCO P+	P	S+	S	MALE TOBACCO S+	S	FEMALE NON-TOBACCO P+	P	S+	S	FEMALE TOBACCO S+	S
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16	0.71	0.95	1.19	1.24	2.43	2.63	0.55	0.72	0.81	0.83	1.72	1.88
17	0.71	0.95	1.19	1.24	2.43	2.63	0.55	0.72	0.81	0.83	1.72	1.88
18	0.71	0.95	1.19	1.24	2.43	2.63	0.55	0.72	0.81	0.83	1.72	1.88
19	0.71	0.95	1.19	1.24	2.43	2.63	0.55	0.72	0.81	0.83	1.72	1.88
20	0.71	0.95	1.19	1.24	2.43	2.63	0.55	0.72	0.81	0.83	1.72	1.88
21	0.71	0.95	1.19	1.24	2.43	2.63	0.55	0.72	0.81	0.83	1.72	1.88
22	0.71	0.95	1.19	1.24	2.43	2.63	0.55	0.72	0.81	0.83	1.72	1.88
23	0.71	0.95	1.19	1.24	2.43	2.63	0.55	0.72	0.81	0.83	1.72	1.88
24	0.71	0.95	1.19	1.24	2.43	2.63	0.55	0.72	0.81	0.83	1.72	1.88
25	0.71	0.95	1.19	1.24	2.43	2.63	0.55	0.72	0.81	0.83	1.72	1.88
26	0.72	0.95	1.22	1.29	2.51	2.78	0.56	0.73	0.84	0.87	1.79	1.95
27	0.73	0.96	1.25	1.35	2.60	2.94	0.57	0.74	0.87	0.92	1.85	2.02
28	0.74	0.97	1.28	1.40	2.69	3.11	0.58	0.76	0.90	0.96	1.92	2.10
29	0.76	0.98	1.31	1.47	2.79	3.29	0.59	0.77	0.94	1.01	1.99	2.18
30	0.77	0.99	1.34	1.53	2.88	3.48	0.61	0.78	0.97	1.06	2.06	2.26
31	0.78	1.00	1.37	1.60	2.98	3.67	0.62	0.80	1.01	1.11	2.14	2.34
32	0.79	1.01	1.40	1.66	3.09	3.88	0.64	0.81	1.05	1.17	2.22	2.43
33	0.81	1.02	1.44	1.74	3.19	4.11	0.65	0.82	1.09	1.23	2.30	2.52
34	0.82	1.03	1.47	1.81	3.31	4.34	0.66	0.84	1.13	1.29	2.38	2.61
35	0.83	1.04	1.51	1.89	3.42	4.59	0.68	0.85	1.18	1.35	2.47	2.71
36	0.91	1.15	1.65	2.05	3.55	4.84	0.74	0.92	1.25	1.46	2.56	2.81
37	0.99	1.26	1.80	2.22	3.69	5.10	0.80	1.00	1.32	1.58	2.66	2.91
38	1.08	1.40	1.96	2.41	3.84	5.37	0.87	1.08	1.40	1.71	2.77	3.02
39	1.18	1.54	2.15	2.61	4.00	5.66	0.95	1.18	1.49	1.85	2.89	3.14
40	1.28	1.70	2.34	2.84	4.17	5.97	1.03	1.28	1.58	2.00	3.02	3.27
41	1.40	1.87	2.56	3.07			1.12	1.38	1.67	2.16		
42	1.53	2.07	2.80	3.33			1.22	1.50	1.77	2.34		
43	1.67	2.28	3.06	3.62			1.33	1.63	1.88	2.53		
44	1.82	2.51	3.34	3.92			1.44	1.76	1.99	2.74		
45	1.98	2.77	3.65	4.25			1.57	1.91	2.11	2.96		
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2008 Members Level Term ART Premiums per $1,000
All Risk Classes
Policy Fee = $50

Att Age	MNT	MT	FNT	FT
10	1.03		0.77	
11	1.04		0.78	
12	1.09		0.78	
13	1.16		0.79	
14	1.20		0.80	
15	1.32		0.81	
16	1.54		0.82	
17	1.74		0.84	
18	1.84		0.86	
19	1.88		0.90	
20	1.90		0.90	
21	1.90		0.94	
22	1.90		0.96	
23	1.92		0.96	
24	1.94		1.00	
25	1.98		1.02	
26	2.02	3.52	1.10	1.68
27	2.05	3.55	1.14	1.78
28	2.08	3.59	1.20	1.90
29	2.09	3.60	1.26	2.02
30	2.09	3.62	1.32	2.14
31	2.10	3.64	1.40	2.30
32	2.11	3.68	1.48	2.46
33	2.12	3.80	1.58	2.66
34	2.14	3.94	1.70	2.92
35	2.24	4.10	1.84	3.18
36	2.34	4.34	1.98	3.44
37	2.48	4.62	2.10	3.66
38	2.66	4.96	2.20	3.88
39	2.82	5.34	2.32	4.12
40	3.04	5.80	2.46	4.38
41	3.30	6.36	2.62	4.68
42	3.62	7.02	2.80	5.06
43	4.00	7.80	3.02	5.48
44	4.42	8.68	3.28	5.98
45	4.88	9.56	3.58	6.56
46	5.34	10.44	3.94	7.24
47	5.72	11.18	4.36	8.08
48	6.02	11.74	4.82	9.08
49	6.40	12.46	5.34	10.20
50	6.90	13.40	5.92	11.40
51	7.54	14.62	6.58	12.72
52	8.32	16.10	7.32	14.14
53	9.22	17.88	8.10	15.68
54	10.36	20.00	8.92	17.32
55	11.64	22.26	9.86	19.06
56	12.96	24.60	10.88	20.92
57	14.24	26.76	11.96	22.80
58	15.52	28.82	13.08	24.76
59	17.02	31.24	14.22	26.86
60	18.84	34.22	15.42	29.04
61	21.06	37.86	16.74	31.40
62	23.64	42.04	18.14	33.90
63	26.46	46.52	19.62	36.46
64	29.40	51.00	21.24	39.22
65	32.46	55.38	23.04	42.20
66	35.56	59.62	25.00	45.44
67	38.80	63.90	27.18	49.04
68	42.22	68.28	29.60	52.98
69	46.06	73.10	32.24	57.32
70	50.54	78.62	35.22	62.22
71	55.98	85.40	38.62	67.70
72	62.34	93.28	42.34	73.66
73	69.04	101.22	46.40	80.16
74	76.24	109.82	50.90	86.96
75	84.08	119.38	55.84	94.10
76	92.92	129.98	61.26	101.82
77	103.20	142.24	67.26	110.14
78	115.14	156.30	73.80	119.12
79	128.52	171.78	80.98	128.78
80	143.44	188.70	89.90	140.82
81	159.66	206.68	100.86	155.54
82	176.84	225.18	112.46	170.70
83	195.60	244.90	124.64	186.18
84	216.46	267.20	138.22	202.30
85	239.66	292.48	151.98	217.20
86	265.18	319.90	168.24	234.42
87	292.76	349.04	188.32	255.78
88	322.08	379.42	209.50	277.16
89	352.84	410.66	230.58	296.72