## Filing at a Glance

Company: Provident Life and Accident Insurance Company

| | | |
|---|---|---|
| Product Name: 750 Filing | SERFF Tr Num: UNUM-126368574 | State: Arkansas |
| TOI: H11I Individual Health - Disability Income | SERFF Status: Closed-Approved-Closed | State Tr Num: 44030 |
| Sub-TOI: H11I.004 Other | Co Tr Num: 750 | State Status: Approved-Closed |
| Filing Type: Form | | Reviewer(s): Rosalind Minor |
| | Authors: Brian Caldwell, Julie Mader | Disposition Date: 11/16/2009 |
| | Date Submitted: 11/12/2009 | Disposition Status: Approved-Closed |
| Implementation Date Requested: On Approval | | Implementation Date: |
| State Filing Description: | | |

## General Information

| | |
|---|---|
| Project Name: | Status of Filing in Domicile: Not Filed |
| Project Number: 750 | Date Approved in Domicile: |
| Requested Filing Mode: Review & Approval | Domicile Status Comments: Not yet filed or approved |
| Explanation for Combination/Other: | Market Type: Franchise |
| Submission Type: New Submission | Group Market Size: |
| Overall Rate Impact: | Group Market Type: |
| Filing Status Changed: 11/16/2009 | Explanation for Other Group Market Type: |
| | State Status Changed: 11/16/2009 |
| Deemer Date: | Created By: Brian Caldwell |
| Submitted By: Brian Caldwell | Corresponding Filing Tracking Number: |

Filing Description:

Enclosed for filing is a new noncancellable, guaranteed continuable disability income policy form 750 and related forms. These forms are new and do not replace any existing forms.

Policy Form 750 is noncancellable to the insured's 65th birthday or five years from the Policy Effective Date, whichever is the longer period. If the policy contains a To Age 67 benefit period, the Policy Expiration Date will be the insured's 67th birthday or five years from the Policy Effective Date, whichever is the longer period. This policy is renewable for life if the insured continues full-time employment after the Policy Expiration Date.

For your convenience, a list of all forms being filed for approval and brief descriptions of the optional benefit riders are enclosed.
Rates and actuarial memorandum for this policy is enclosed.  We believe you will find them to be self-explanatory.

We reserve the right at any time to make non-material changes to these forms including, but not limited to, paper stock, type face (but not font size) and page layout made necessary by unavoidable changes.

We appreciate your review of this filing.  If you have any questions concerning the forms, please contact me at 1-800-451-8475, extension 41925, or by email at bcaldwell@@unum.com.  If you have questions concerning the rates for this policy, please contact our actuary, James Abril, at 1-800-451-8475, extension 76476 or by email at jabril@unum.com.

## Company and Contact

**Filing Contact Information**

| | |
|---|---|
| Brian Caldwell, Contract Consultant | BCaldwell2@unum.com |
| One Fountain Square | 800-974-2266 [Phone] |
| Chattanooga, TN 37402 | |

**Filing Company Information**

| | | |
|---|---|---|
| Provident Life and Accident Insurance Company | CoCode: 68195 | State of Domicile: Tennessee |
| 1 Fountain Square | Group Code: 565 | Company Type: |
| Chattanooga, TN  37402 | Group Name: | State ID Number: |
| (800) 451-8475 ext. [Phone] | FEIN Number: 62-0331200 | |

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## Filing Fees

| | |
|---|---|
| Fee Required? | Yes |
| Fee Amount: | $50.00 |
| Retaliatory? | No |
| Fee Explanation: | Fee for policy filing |
| Per Company: | No |

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|---|---|---|---|

| | | | |
|---|---|---|---|
| Provident Life and Accident Insurance Company | $50.00 | 11/12/2009 | 31994936 |

# Correspondence Summary

### Dispositions

| Status | Created By | Created On | Date Submitted |
|---|---|---|---|
| Approved-Closed | Rosalind Minor | 11/16/2009 | 11/16/2009 |

## Amendments

| Schedule | Schedule Item Name | Created By | Created On | Date Submitted |
|---|---|---|---|---|
| Form | Disability Income Policy | Brian Caldwell | 11/13/2009 | 11/13/2009 |

# Disposition

Disposition Date: 11/16/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

| | | | |
|---|---|---|---|
| *SERFF Tracking Number:* | *UNUM-126368574* | *State:* | *Arkansas* |
| *Filing Company:* | *Provident Life and Accident Insurance Company* | *State Tracking Number:* | *44030* |
| *Company Tracking Number:* | *750* | | |
| *TOI:* | *H11I Individual Health - Disability Income* | *Sub-TOI:* | *H11I.004 Other* |
| *Product Name:* | *750 Filing* | | |
| *Project Name/Number:* | */750* | | |

| Schedule | Schedule Item | Schedule Item Status | Public Access |
|---|---|---|---|
| **Supporting Document** | Flesch Certification | Approved-Closed | Yes |
| **Supporting Document** | Application | Approved-Closed | Yes |
| **Supporting Document** | Health - Actuarial Justification | Approved-Closed | Yes |
| **Supporting Document** | Outline of Coverage | Approved-Closed | Yes |
| **Supporting Document** | Filing Letter | Approved-Closed | Yes |
| **Supporting Document** | Certification Regulation 19 | Approved-Closed | Yes |
| **Form *(revised)*** | Disability Income Policy | Approved-Closed | Yes |
| **Form** | Disability Income Policy | Replaced | Yes |
| **Form** | Policy Riders | Approved-Closed | Yes |
| **Rate** | Actuarial Memorandum | Approved-Closed | No |
| **Rate** | Standard Ratebook | Approved-Closed | Yes |
| **Rate** | 750 Discounts Addendum | Approved-Closed | No |
| **Rate** | 750 LC Addendum | Approved-Closed | No |

**Amendment Letter**

Submitted Date: 11/13/2009

**Comments:**

I attached our 750 policy again as for some reason, the original attachment was not able to be viewed.

**Changed Items:**

**Form Schedule Item Changes:**

**Form Schedule Item Changes:**

| Form Number | Form Type | Form Name | Action | Form Action Other | Previous Filing # | Replaced Form # | Readability Score | Attachments |
|---|---|---|---|---|---|---|---|---|
| 750 | Policy/Contract/Fraternal Certificate | Disability Income Policy | Initial | | | | 51.600 | 750.pdf |

# Form Schedule

**Lead Form Number: 750**

| Schedule Item Status | Form Number | Form Type | Form Name | Action | Action Specific Data | Readability | Attachment |
|---|---|---|---|---|---|---|---|
| Approved-Closed 11/16/2009 | 750 | Policy/Contract/Fraternal Certificate | Disability Income Policy | Initial | | 51.600 | 750.pdf |
| Approved-Closed 11/16/2009 | 750 Riders | Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider | Policy Riders | Initial | | 52.700 | 750 Riders.pdf |

Provident Life and Accident Insurance Company
1 Fountain Square
Chattanooga, TN 37402

**(John Doe), the Insured**

**Policy Number (123456789)**
**Disability Income Policy**

**IMPORTANT NOTICE**

Please read the copy of the application attached to this Policy. Omissions or misstatements in the application could cause an otherwise valid claim to be denied. Carefully check the application and write to Us within 10 days if any information shown on it is not correct and complete, or if any past medical history has been left out of the application. This application is a part of the Policy; and the Policy was issued on the basis that the answers to all questions and the information shown on the application are correct and complete.

**NON-CANCELLABLE AND GUARANTEED RENEWABLE TO THE NON-CAN EXPIRATION DATE, NO CHANGE IN PREMIUM RATES.** As long as the premium is paid on time, We cannot change Your Policy or its premium rate until the Non-Can Expiration Date shown in the Policy Schedule on Page 3.

**RENEWAL OPTION AFTER YOU REACH THE NON-CAN EXPIRATION DATE. SUBJECT TO CHANGE IN PREMIUM RATES.** You may continue Your Policy for a Total Disability benefit with a limited benefit period while You are Actively Employed. There is no age limit. This option is explained in Part 4.

**THIRTY DAY RIGHT TO EXAMINE POLICY.** If You are not satisfied with Your Policy, You may return the Policy to Us or Your authorized representative through whom it was purchased by midnight of the thirtieth day after the date You receive it. If You return the Policy by mail, it must be properly addressed, postage prepaid, and postmarked no later than midnight of that thirtieth day. Our mailing address is 1 Fountain Square, Chattanooga, TN 37402. Within ten days after We receive the Policy, We will refund any premium You have paid. The Policy will be considered to have never been issued.

**Read Your Policy Carefully.** It is a legal contract between You and Us.

Signed for by Provident Life and Accident Insurance Company

Vice President, Corporate Secretary
and Assistant General Counsel

Chairman, President and
Chief Executive Officer

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A copy of Your application, added benefits You have purchased, and any added provisions are attached at the back of Your Policy and are part of Your Policy.

# POLICY SCHEDULE

Insured - (John Provident)
Policy Effective Date - (January 1, 2009)
Non-Can Expiration Date - (January 1, 2034)

Owner - (John Doe)
Policy Number - (123456789)
Occupation Class - (A1)

## Summary of Premium

(Non-Tobacco User)

| | |
|---|---|
| Annual Premium for Disability Benefits | $(xxx.xx) |
| Annual Premium for Additional Benefits | $( xx.xx) |
| Total Annual Premium | $(xxx.xx) |
| Your Discounted (Quarterly) Premium | $(xxx.xx) |

Other Premium Paying Methods:

$(xxx.xx) Annual
$(xxx.xx) Semi-Annual
$(xxx.xx) Monthly (Insurematic Bank Draft)

## Maximum Benefit Periods

The length of Your Maximum Benefit Periods may be different according to Your Age when You are Disabled. Please refer to the Table of Maximum Benefit Periods section for specifics.

## Table of Total Disability Benefits

| Elimination Period | Maximum Benefit Periods For Total Disability | Total Disability Monthly Amount |
|---|---|---|
| (90) Days | (To Age 65) | ($2,000.00) |
| (365) Days | (5 Years) | ($1,000.00) |

## Benefits for Residual Disability and Recovery

| | |
|---|---|
| Residual Disability Effective Date: | (January 1, 2009) |
| Maximum Benefit Period for Residual Disability: | (Same as the Maximum Benefit Periods for Total Disabilty) |
| Work Incentive Period: | (3) Months |
| Maximum Benefit Period for Recovery Benefits: | (60) Months |
| Residual Expiration Date: | (January 1, 2034) |

## UPDATE Increase Benefits

UPDATE Effective Date: (January 1, 2009)

Schedule of UPDATE Increases:

| Increase Date | Monthly Benefit Increase | (Quarterly) Premium Increase |
|---|---|---|
| (January 1, 2010) | ($200) | $(xx.xx) |
| (January 1, 2011) | $(200) | $(xx.xx) |
| (January 1, 2012) | $(200) | $(xx.xx) |

## Voluntary Suspension During Unemployment (VS)

VS Effective Date: (January 1, 2009)

VS Expiration Date: (January 1, 2034)

## Table of Additional Benefits

| Description | |
|---|---|
| Catastrophic Disability Benefit (CAT): | Premium $(xx.xx) |
| CAT Effective Date: | (January 1, 2009) |
| CAT Expiration Date: | (January 1, 2034) |
| Catastrophic Disability Elimination Period: | (90) Days |
| Catastrophic Disability Benefit Amount: | $(2,500) per month |
| Maximum Benefit Period for Catastrophic Disability: | (To Age 65) |
| Social Insurance Substitute Benefit (SIS) | Premium $(xx.xx) |
| SIS Effective Date: | (January 1, 2009) |
| SIS Expiration Date: | (January 1, 2034) |
| Maximum SIS Benefit: | $(1,000) per month |
| SIS Elimination Period: | (90) Days |
| Maximum Benefit Period for SIS: | (To Age 65) |
| Cost of Living Adjustment Option (COLA CPI) | Premium $(xx.xx) |
| COLA CPI Effective Date: | (January 1, 2009) |
| COLA CPI Expiration Date: | (January 1, 2034) |
| Fixed Cost of Living Adjustment Option (COLA FIXED) | Premium $(xx.xx) |
| COLA FIXED Effective Date: | (January 1, 2009) |
| COLA FIXED Expiration Date: | (January 1, 2034) |
| Guaranteed Right to Purchase Increase (GPI) | Premium $(xx.xx) |
| GPI Effective Date: | (January 1, 2009) |
| GPI Expiration Date: | (January 1, 2025) |
| GPI Maximum Increase: | $(2,500) |

| | |
|---|---|
| LTD Insurability Option (LTD) | Premium $(xx.xx) |
| LTD Effective Date: | (January 1, 2009) |
| LTD Expiration Date: | (January 1, 2029) |
| LTD Insurability Increase Amount: | $(1,500) |
| Lifetime Continuation Option (LC) | Premium $(xx.xx) |
| LC Effective Date: | (January 1, 2009) |
| LC Expiration Date: | (January 1, 2039) |
| Benefit Amount for Long Term Care Policy: | $(3,000 per month) |
| Lifetime Maximum Benefit Amount for Long Term Care Policy: | $(108,000) |
| Long Term Care Policy Elimination Period: | (90 Days) |
| Additional Total Only Monthly Benefit (ATO) | Premium $(xx.xx) |
| ATO Effective Date: | (January 1, 2009) |
| ATO Expiration Date: | (January 1, 2039) |
| ATO Elimination Period: | (90 Days) |
| Maximum Benefit Period for Additional Total Only Monthly Benefit: | (To Age 65) |
| Additional Total Only Monthly Benefit: | $(1,000) |
| Serious Illness Benefit (SI) | Premium $(xx.xx) |
| SI Effective Date: | (January 1, 2009) |
| SI Expiration Date: | (January 1, 2034) |
| Serious Illness Elimination Period: | (xx Days) |
| Serious Illness Benefit Amount: | $(xxxx) |

----------**Table of Maximum Benefit Periods**----------

The length of Your Maximum Benefit Periods may be different according to Your Age when You are Disabled. Please refer to the following for specifics.

**For Maximum Benefit Period To Age 65:**

| If Disability Begins | The Benefit Period is |
|---|---|
| Before Age 61 | To Age 65 |
| At Age 61, but before Age 62 | 48 Months |
| At Age 62, but before Age 63 | 42 Months |
| At Age 63, but before Age 64 | 36 Months |
| At Age 64, but before Age 65 | 30 Months |
| At or after Age 65, but before Age 75 | 24 Months |
| At or after Age 75 | 12 Months |

**For Maximum Benefit Period 5 Years:**

| If Disability Begins | The Benefit Period is |
|---|---|
| Before Age 61 | 60 Months |
| At Age 61, but before Age 62 | 48 Months |
| At Age 62, but before Age 63 | 42 Months |
| At Age 63, but before Age 64 | 36 Months |
| At Age 64, but before Age 65 | 30 Months |
| At or after Age 65, but before Age 75 | 24 Months |
| At or after Age 75 | 12 Months |

## INTRODUCTION

This Policy is a legal contract between You and Us. It is issued in consideration of the payment, in advance, of the premium and of Your statements and representations in the application(s). A copy of the application(s) is attached and is part of Your Policy. Omissions and misstatements in the application(s) could cause an otherwise valid claim to be denied or Your Policy to be rescinded.

We agree to pay benefits subject to all of the provisions contained in Your Policy. You agree to do all that would be reasonably expected to mitigate any loss. Loss must begin while Your Policy is in force.

## PART 1 - DEFINITIONS

Capitalized terms have special meanings. They are important in describing Your rights and Our rights under Your Policy. Refer back to these Definitions as You read Your Policy.

**Actively Employed** means that You are actively and regularly employed a minimum of 30 hours per week.

**Age** means Your birthday upon which You turn the specified age (for example, Age 65 means Your 65th birthday).

**Any Occupation** means Any Occupation for which You are reasonably fitted based on education, training or experience.

**Contest** means that We question the validity of coverage under Your Policy by letter to You. This contest is effective on the date We mail the letter and refund the premium to You.

**Disability** or **Disabled** means that You are Totally Disabled. Disability must start while this Policy is in force. A Disability begins with an Elimination Period and has a Maximum Benefit Period applied to it.

**Effective Date** means the date that Your Policy, rider or policy change takes effect. It is shown in the Policy Schedule.

**Elimination Period** means the number of days that must elapse during a Disability before benefits start to accrue. The number of days is shown in the Policy Schedule. Subject to the terms of the Recurrent Disability provision, these days need not be consecutive; they can be accumulated during a Disability to satisfy an Elimination Period. Benefits are not payable, nor do they accrue, during an Elimination Period.

**Expiration Date** means the date on which Your Policy is no longer Non-Cancellable and Guaranteed Renewable or a rider ends. It is shown in the Policy Schedule.

**Injury** or **Injuries** means accidental bodily injury that occurs after the Effective Date and while Your Policy is in force.

**Insured** is named in the Policy Schedule.

**Maximum Benefit Periods for Total Disability** is the maximum length of time We will pay monthly Total Disability benefits for any one continuous Disability.

**Mental Disorders** means any disorder (except dementia resulting from stroke, trauma, infections or degenerative diseases such as Alzheimer's disease) classified in the Diagnostic and Statistical Manual of Mental Disorders (DSM), published by the American Psychiatric Association, most current as of the start of a Disability. Such disorders include, but are not limited to psychotic, emotional or behavioral disorders, or disorders relatable to stress or to substance abuse or dependency. If the DSM is discontinued or replaced, these disorders will be those classified in the diagnostic manual then in use by the American Psychiatric Association as of the start of a Disability.

**Owner** means the person or entity who owns Your Policy. The Insured is the Owner unless the Policy Schedule or Our records show otherwise. The rights of the Owner are described in Part 6 - The Contract.

**Physician** means a person who is licensed by the jurisdiction in which he or she practices and who acts within the scope of the license to treat the Injury or Sickness causing the Disability. A Physician cannot be You or anyone related to You by blood or marriage, a business or professional partner, or any person who has a financial affiliation or business interest with You. A Physician must be a licensed psychiatrist or a licensed doctoral level psychologist if a Disability is due to a Mental Disorder.

**Physician's Care** means the regular and personal care of a Physician as frequently as is medically required according to standard medical practice, and which, under prevailing medical standards, is appropriate for the condition causing the Disability.

**Policy** means the legal contract between You and Us. The Policy, any application(s), the Policy Schedule(s) and any attached papers that We call riders, amendments, or endorsements make up the entire contract between You and Us.

**Sickness** means sickness or disease that first manifests itself after the Effective Date and while Your Policy is in force. It includes Disability from surgery performed to improve Your appearance or prevent disfigurement or to transplant part of Your body to someone else.

**Total Disability** or **Totally Disabled** means that because of Injuries or Sickness:

1. You are not able to perform the material and substantial duties of Your Occupation; and

2. You are not engaged in Any Occupation; and

3. You are receiving Physician's Care. We will waive this requirement if We receive written proof acceptable to Us that further Physician's Care would be of no benefit to You.

**Total Disability Monthly Amount** is shown in the Policy Schedule.

**We, Our,** and **Us** refers to The Provident Life and Accident Insurance Company and its affiliates.

**You, Your,** and **Yourself** refers to the Insured named in the Policy Schedule.

**Your Occupation** means the occupation or occupations in which You are regularly engaged at the time You become Disabled.

**Total Disability** or **Totally Disabled,** for the first 24 months of benefit payments during a Disability, means that because of Injury or Sickness:

1. You are not able to perform the material and substantial duties of Your Occupation; and

2. You are not engaged in Any Occupation; and

3. You are receiving Physician's Care. We will waive this requirement if We receive written proof acceptable to Us that further Physician's Care would be of no benefit to You.

After Total Disability benefits have been payable for 24 months during a Disability, then Total Disability means that because of Injury or Sickness:

1. You are not able to perform the material and substantial duties of Any Occupation; and

2. You are receiving Physician's Care. We will waive this requirement if We receive written proof acceptable to Us that further Physician's Care would be of no benefit to You.

**Total Disability Monthly Amount** is shown in the Policy Schedule.

**We, Our,** and **Us** refers to The Provident Life and Accident Insurance Company and its affiliates.

**You, Your,** and **Yourself** refers to the Insured named in the Policy Schedule.

**Your Occupation** means the occupation or occupations in which You are regularly engaged at the time You become Disabled.

## PART 2 - EXCLUSIONS

**Exclusions**
We will not provide benefits for a Disability contributed to or caused by:

1. war or act of war, whether declared or undeclared; or
2. the suspension, revocation or surrender of Your professional license to practice in Your Occupation; or
3. Your commission or attempt to commit a crime, or Your being engaged in an illegal occupation; or
4. intentionally self-inflicted injuries; or
5. any loss We have excluded by name or specific description (any such exclusion will appear in the Policy Schedule).

We will not provide benefits for any period in which You are incarcerated during a Disability.

We will not pay benefits for more than 12 months while You reside outside the United States or Canada during a Disability. You will be considered to reside outside these countries when You have been outside the United States or Canada for a total period of 6 months or more during any 12 consecutive months during a Disability.

## PART 2 - EXCLUSIONS AND LIMITATIONS

### Exclusions

We will not provide benefits for a Disability contributed to or caused by:

1. war or act of war, whether declared or undeclared; or
2. the suspension, revocation or surrender of Your professional license to practice in Your Occupation; or
3. Your commission or attempt to commit a crime, or Your being engaged in an illegal occupation; or
4. intentionally self-inflicted injuries; or
5. any loss We have excluded by name or specific description (any such exclusion will appear in the Policy Schedule).

We will not provide benefits for any period in which You are incarcerated during a Disability.

We will not pay benefits for more than 12 months while You reside outside the United States or Canada during a Disability. You will be considered to reside outside these countries when You have been outside the United States or Canada for a total period of 6 months or more during any 12 consecutive months during a Disability.

### Limitation for All Mental Disorders

#### Definitions

**Hospital** means an institution legally operating as a facility that:

1. is mainly engaged in providing in-patient medical care for diagnosis and treatment of Injury or Sickness; and
2. is supervised by a staff of Physicians on the premises; and
3. provides on the premises 24 hour nursing services by registered graduate nurses.

In no event will **Hospital** include any institution:

1. which is run mainly as a rest, nursing or convalescent home; or
2. in which any part is mainly for the care of the aged; or
3. which is engaged in the schooling of its patients.

#### Limitation

Benefits for Disability caused or contributed to by Mental Disorders will be limited in the aggregate to a maximum of 24 monthly payments during the life of this Policy.

After the maximum monthly payments have been made and subject to the provisions of this Policy, We will only pay benefits due to a Disability from Mental Disorders while You are continuously confined as an in-patient in a Hospital under the care of a Physician, but not to exceed the Maximum Benefit Periods for Total Disability.

## PART 2 - EXCLUSIONS AND LIMITATIONS

### Exclusions

We will not provide benefits for a Disability contributed to or caused by:

1. war or act of war, whether declared or undeclared; or
2. the suspension, revocation or surrender of Your professional license to practice in Your Occupation; or
3. Your commission or attempt to commit a crime, or Your being engaged in an illegal occupation; or
4. intentionally self-inflicted injuries; or
5. any loss We have excluded by name or specific description (any such exclusion will appear in the Policy Schedule).

We will not provide benefits for any period in which You are incarcerated during a Disability.

We will not pay benefits for more than 12 months while You reside outside the United States or Canada during a Disability. You will be considered to reside outside these countries when You have been outside the United States or Canada for a total period of 6 months or more during any 12 consecutive months during a Disability.

### Limitation for All Mental Disorders

#### Definitions

**Hospital** means an institution legally operating as a facility that:

1. is mainly engaged in providing in-patient medical care for diagnosis and treatment of Injury or Sickness; and
2. is supervised by a staff of Physicians on the premises; and
3. provides on the premises 24 hour nursing services by registered graduate nurses.

In no event will **Hospital** include any institution:

1. which is run mainly as a rest, nursing or convalescent home; or
2. in which any part is mainly for the care of the aged; or
3. which is engaged in the schooling of its patients.

#### Limitation

Benefits for Disability caused or contributed to by Mental Disorders will be limited in the aggregate to a maximum of 60 monthly payments during the life of this Policy.

After the maximum monthly payments have been made and subject to the provisions of this Policy, We will only pay benefits due to a Disability from Mental Disorders while You are continuously confined as an in-patient in a Hospital under the care of a Physician, but not to exceed the Maximum Benefit Periods for Total Disability.

## PART 3 - PREMIUM AND REINSTATEMENT

### Payment of Premium

The first premium for Your Policy is due on the Effective Date shown in the Policy Schedule. Later premiums are payable on or before the date they are due.

The first term of Your Policy begins on the Effective Date shown in the Policy Schedule. Later terms are periods for which You pay renewal premiums. All terms will begin and end at 12:01 A.M., Standard Time at Your residence.

You can continue the Policy in force from term to term by paying premiums when due. The renewal premium for each term is due on the day the preceding term ends, subject to the Grace Period.

Your premium mode and frequency are shown in the Policy Schedule. You may request a change in the premium mode at any time subject to Our approval. However, We will not permit a change in premium mode during any period in which You are Disabled. The change will be effective on the next applicable premium due date. Your modal premium may vary depending on the frequency elected.

### Grace Period

After the first premium has been paid, a grace period of 31 days is allowed for late payment of premium. Your Policy will remain in force during the grace period.

If the premium is not paid when it is due or within the grace period, the Policy will lapse.

### Reinstatement

If a renewal premium is not paid before the Grace Period ends, the Policy will lapse.

If We receive the premium due within 62 days from the date the premium was due, We will not require an application for reinstatement. The reinstated Policy will cover only loss that results from Injuries that occur after the date of reinstatement or Sickness that is first manifested more than 10 days after the date of the reinstatement.

After 62 days You may apply to reinstate this Policy within six months from the date of the Policy lapse by: 1) completing an application for reinstatement and 2) paying the full amount of overdue premium. If Your application is approved, the Policy will be reinstated as of the approval date. If We fail to act on Your application (by approving or disapproving it) within 45 days from the date We receive Your application, the Policy will be reinstated on that 45th day.

The reinstated Policy will cover only loss that results from Injuries that occur after the date of reinstatement or Sickness that is first manifested more than 10 days after that date. In all other respects, Your rights and Ours will remain the same, subject to any provisions noted on or attached to the reinstated Policy.

If We or one of Our authorized representatives accept the overdue premiums without requiring an application for reinstatement, the Policy will be reinstated.

**Premium Refund**
We will make pro-rata refunds of premium:

1. in the event of Your death (such refunds will be made to Your estate for any premium paid for a period beyond the date of Your death); or
2. if You suspend Your Policy in accordance with the Suspension During Military Service provision.

**Suspension During Military Service**
If You enter full time, active duty in the military service of any nation or international authority, You may suspend this Policy. However, You may not suspend the Policy during active military training lasting three months or less. The Policy will not be in force while it is suspended, and You will not have to pay any premiums. When We receive Your written request to suspend the Policy, We will refund the pro-rata portion of any premium paid for a period beyond the date We receive Your request.

If Your full time active duty in military service ends before the Non-Can Expiration Date, You may place this Policy back in force without evidence of insurability. Your coverage will start again when:

1. We receive Your written request to place the Policy back in force; and
2. You have paid the pro-rata premium for coverage until the next premium due date.

We must receive Your request and premium payment within 90 days after the date Your active duty service in the military ends. Premiums will be at the same rate they would have been had Your Policy remained in force. The Policy will not cover any loss due to Injuries that occur or Sickness that is first manifested while the Policy is suspended. In all other respects, You and We will have the same rights under the Policy as before it was suspended.

**Waiver of Premium**
After 90 days of Disability resulting from Injuries or Sickness not excluded from coverage, We will:

1. refund any premiums for this Policy that were due and paid while You were Disabled; and
2. waive the payment of premiums that thereafter become due for as long as the Disability continues.

After the Disability ends, to keep this Policy in force You must resume the payment of premiums by paying the pro-rata premium until the next premium due date. Thereafter premiums will be due and payable as provided in the Policy.

For premiums to be waived, You must provide Us with satisfactory proof of Disability.

## PART 4 - RENEWAL OPTION IF EMPLOYED
## BENEFITS FOR TOTAL DISABILITY - LIMITED BENEFIT PERIOD

**Renewal Option**
After the Non-Can Expiration Date, You may continue Your Policy if:

1. You are not Disabled; and
2. You remain Actively Employed; and
3. the premium is paid on time.

We can require proof that You have continued to be Actively Employed after the Non-Can Expiration Date.

The Policy must be in force when You elect this option.

The only benefits that will continue under this option are benefits for Total Disability. All other benefits and options in force on the Non-Can Expiration Date will end on that date, unless otherwise stated in Your Policy.

If You elect this option, We will pay the Total Disability Monthly Amount subject to the same provisions, exceptions and limitations in the Policy.

**Maximum Benefit Period for Total Disability**

For Disability starting:

1. after the Non-Can Expiration Date, but before Age 75, the Maximum Benefit Period for Total Disability will be 24 months or the period shown in the Policy Schedule if less; and
2. after Age 75, the Maximum Benefit Period for Total Disability will be 12 months.

**Premiums after the Non-Can Expiration Date**
The premium will be the rate then in effect for Your Rating Group. We can change the premium rate but only if We change the rate for everyone who has this policy form in Your Rating Group in Your state.

**Rating Group** means all person of the same age and occupational class residing in the same state.

## PART 5 - CLAIMS

**Time of Loss**
All losses must occur while Your Policy is in force.

**Written Notice of Claim**
Written notice of claim must be given to Us within 30 days after Your Disability begins. If this cannot be done, then notice must be given as soon as reasonably possible. In no event will We consider benefits for Disability for a period of more than six months prior to receipt of Written Notice of Claim, unless You were legally incapacitated.

**Claim Forms**
After We receive the written notice of claim, We will send You Our proof of loss forms within 15 days. If We do not, You will meet the written proof of loss requirements if You send Us, within the time set forth below, a written statement of the nature and extent of Your loss.

**Written Proof of Loss**
Written proof of loss must be sent to Us within 90 days after each monthly period for which You are claiming benefits. If that is not reasonably possible, Your claim will not be reduced or denied for that reason if such proof is filed as soon as is reasonably possible. However, unless You are legally incapacitated, written proof must be given within one year after the date it was required.

We can require any proof that We consider necessary to consider Your claim. This may include medical information, personal and business tax returns filed with the Internal Revenue Service, financial statements, accountant's statements or other proof acceptable to Us.

**Examinations**
At Our expense, We can require that You undergo a medical examination, functional capacity examination, psychiatric examination, and/or psychological examination including any related tests as are reasonably necessary to the performance of the examination by a Physician or specialist appropriate for Your condition at such time and place and as frequently as We may reasonably require. We reserve the right to select the examiner. We will pay for the examination, including the costs associated with Your travel to the examination, if the examination cannot be conducted locally.

You must meet with Our representative for a personal interview or review of records at such time and as frequently as We reasonably require. We or an independent accountant retained by Us shall have the right to examine the financial records of You and Your business as often as We may reasonably require.

If You fail to submit to an examination, We may deny benefits.

**Responsibility to Obtain Appropriate Medical Care**
You have the responsibility to obtain all reasonably appropriate Physician's Care and treatment for the condition upon which the claim for benefits under the Policy is based.

**Duty to Cooperate**
You have the duty to cooperate with Us concerning all matters relating to this Policy and claims hereunder. This cooperation includes, but is not limited to:

1. submitting all required forms and other proof of loss in accordance with the Policy provisions; and
2. obtaining appropriate Physician's Care for the condition(s) upon which Your claim for benefits under the Policy is based; and
3. doing all that would be reasonably expected to mitigate any loss.

**Time of Payment Of Claims**
After We receive satisfactory written proof of loss, We will pay all benefits We owe You at the end of each monthly period of Disability. For periods less than one month, We will pay 1/30th of the benefit for each day of Disability. The balance of any unpaid benefits will be paid at the end of the claim.

For benefits that are not payable periodically, We will pay all benefits due upon receipt of satisfactory written proof of loss.

**Payment of Claims**
All benefits payable under this Policy will be paid to the Owner, unless assigned to another person.

If the person who is to receive benefit payments is not competent to give valid release, We can pay up to $1,000 to any one of this person's relatives who We believe is entitled to it.

If the person who is to receive benefit payments dies, We will pay benefits due to the estate of this person. If the estate has not been created, We can pay up to $1,000 to any one of this person's relatives who We believe is entitled to it.

We will not be liable to anyone for the amount We pay in good faith.

## PART 6 - THE CONTRACT

**Entire Contract; Changes**
This Policy (with the application and attached papers) is the entire contract between You and Us. No change in this Policy or waiver of its provisions will be effective unless approved by a Company officer. This approval must be endorsed or attached to this Policy.

**Conformity With State Statutes**
Any provisions in this Policy which, on its Effective Date, conflict with the laws of the state in which You reside on the Effective Date are amended to meet the minimum requirements of such laws.

**Legal Action**
You cannot bring legal action within 60 days from the date Written Proof of Loss is given. You cannot bring it after 3 years from the date Written Proof of Loss is required.

**Policy Ownership**
You are the Owner of this Policy unless Our records show otherwise. The Owner has the right to:

1. receive any benefits due under this Policy; and
2. assign this Policy; and
3. exercise other rights that this Policy provides, or that We permit.

**Assignment**
We will not be bound by an assignment of Your Policy for any claim unless We receive and acknowledge a written assignment at Our home office before We pay the benefits claimed. The written assignment must specify the rights which are assigned and for how long. We will not be responsible for the validity of any assignment. An absolute assignment is a change of Owner to the assignee. A collateral assignment is not a change of the Owner; in this case, unless otherwise stated in the collateral assignment, benefits will be paid jointly to the Owner and the assignee.

**Misstatement of Age**
If Your age is misstated on the application, We will change the benefits under the Policy to reflect the benefits premiums You paid would have purchased at Your correct age.

We will refund any premiums You have paid if We would not have issued the Policy at Your correct age. We will also make a refund if coverage would have ended before We accepted the premium.

We will only refund premiums paid for coverage not received. We will deduct any amounts paid to any designated person or entity.

## PART 7 - TIME LIMIT ON CERTAIN DEFENSES

**Misstatement in An Application**
After three years from an Effective Date, no misstatements or omissions, except fraudulent misstatements or omissions, made by You on an application will be used:

1. to void or Contest the Policy, policy change or reinstatement; or
2. to deny a claim under this Policy, policy change or reinstatement for loss incurred or Disability that starts after the end of such three year period.

## PART 8 - CONCURRENT DISABILITY, RECURRENT DISABILITY AND SEPARATE PERIODS OF DISABILITY

**Concurrent Disability**
Concurrent disabilities are disabilities arising from more than one cause at the same time. They will be treated as a single Disability. In no event will We pay longer than the Maximum Benefit Period for any one continuous Disability.

**Recurrent Disability**
After the end of a Disability, if You become Disabled again from the same or related causes:

1. if such recurrence is within 6 months of the end of the prior period, We will deem it a continuation of the prior Disability; or
2. if a period of Disability is separated by 6 months or more, You will need to satisfy a new Elimination Period and a new Maximum Benefit Period will apply.

**Separate Periods of Disability**
If You continue to be Disabled after a Maximum Benefit Period ends, You will not be eligible for a new Maximum Benefit Period unless:

1. Your Disability ends; and
2. The Policy remains in force in accordance with Part 3. Payment of Premium; and
3. You have satisfied all other terms and conditions of the Policy.

**Benefits for Total Disability**
If You are Totally Disabled, We will pay benefits as follows:

1. Benefits start to accrue on the day of Total Disability following the Elimination Period.
2. The Total Disability Monthly Amount will be paid for as long as Total Disability continues, but not beyond the Maximum Benefit Periods for Total Disability.

**Survivor Benefit**
If You die after the Elimination Period, but prior to the Non-Can Expiration Date and while You are receiving Total Disability Benefits, We will pay 3 times the Total Disability Monthly Amount payable at the time You die. This benefit is payable in addition to any other benefit of Your Policy.

**Rehabilitation Benefit**
Rehabilitation will be voluntary on Your part and on Our part. If You and We agree on a program of occupational rehabilitation in advance, We will pay for the program as set forth in a written agreement. The goal of the program must be to return You to work.

The extent of Our role will be determined by Us in a written agreement. Generally, We may pay the expenses of the program that are not already covered by some other social or insurance program. Some of the services that might be provided could include, but are not limited to:

1. coordination of physical rehabilitation and medical services;
2. financial and business planning;
3. vocational evaluation and transferable skills analysis;
4. career counseling and retraining;
5. labor market surveys and job placement services; and
6. evaluation of necessary worksite modifications and adaptive equipment.

We can periodically review the program and Your progress in it. We will continue to pay for the agreed upon program as long as We determine that it is helping You return to work.

Participation in the program will not, of itself, be considered a recovery from Injury or Sickness.

## TIME LIMIT ON CERTAIN DEFENSES AND PRE-EXISTING CONDITION LIMITATION RIDER

This rider is a part of Your Policy to which it is attached. It is subject to the terms and conditions of Your Policy. All provisions of Your Policy apply to this rider and remain the same except where We change them by this rider.

This rider is effective on the Policy Effective Date shown in the Policy Schedule.

The Time Limit on Certain Defenses provision in Part 7 of Your Policy is changed by the addition of the Pre-existing Conditions section as follows:

## PART 7 - TIME LIMIT ON CERTAIN DEFENSES AND PRE-EXISTING CONDITION LIMITATION

### TIME LIMIT ON CERTAIN DEFENSES

**Misstatements in An Application**
After three years from an Effective Date, no misstatements or omissions, except fraudulent misstatements or omissions, made by You on an application will be used:

1. to void or Contest the Policy, policy change or reinstatement; or

2. to deny a claim under this Policy, policy change or reinstatement for loss incurred or Disability that starts after the end of such three year period.

**Pre-Existing Conditions**
No claim for loss incurred or Disability that starts after twelve months from an Effective Date will be reduced or denied on the ground that a sickness or physical condition existed before an Effective Date.

The following Pre-existing Condition Limitation is added to Part 7 of Your Policy:

### PRE-EXISTING CONDITION LIMITATION

You have a Pre-Existing Condition if, at any time during the 3 months just prior to an Effective Date, You have an Injury or Sickness, or the symptoms of an Injury or Sickness, whether diagnosed or not, for which You:

1. received treatment, consultation, care or services, including diagnostic measures; or

2. took prescribed drugs or medicines; or

3. were recommended by a Physician to receive treatment, consultation, care or services, including diagnostic measures during this period; or

4. were previously prescribed medicine to be taken during this period; or

5. had symptoms for which an ordinarily prudent person would have consulted a Physician.

We will not pay benefits for a Disability that begins in the first 12 months after an Effective Date caused by, contributed to by, or resulting from Your Pre-Existing Condition.

The Pre-Existing Condition Limitation will also apply to an increase in coverage subject to the Effective Date of the increased coverage. An increase in coverage includes, but is not limited to:

1. a decrease in an elimination period;
2. an increase in a benefit period;
3. an increase in a benefit amount; or
4. an addition of a benefit rider.

**PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY**

President and Chief Executive Officer

## TIME LIMIT ON CERTAIN DEFENSES AND PRE-EXISTING CONDITION LIMITATION RIDER

This rider is a part of Your Policy to which it is attached. It is subject to the terms and conditions of Your Policy. All provisions of Your Policy apply to this rider and remain the same except where We change them by this rider.

This rider is effective on the Policy Effective Date shown in the Policy Schedule.

The Time Limit on Certain Defenses provision in Part 7 of Your Policy is changed by the addition of the Pre-existing Conditions section as follows:

### PART 7 - TIME LIMIT ON CERTAIN DEFENSES AND PRE-EXISTING CONDITION LIMITATION

### TIME LIMIT ON CERTAIN DEFENSES

**Misstatements in An Application**
After three years from an Effective Date, no misstatements or omissions, except fraudulent misstatements or omissions, made by You on an application will be used:

1. to void or Contest the Policy, policy change or reinstatement; or

2. to deny a claim under this Policy, policy change or reinstatement for loss incurred or Disability that starts after the end of such three year period.

**Pre-Existing Conditions**
No claim for loss incurred or Disability that starts after twelve months from an Effective Date will be reduced or denied on the ground that a sickness or physical condition existed before an Effective Date.

The following Pre-existing Condition Limitation is added to Part 7 of Your Policy:

### PRE-EXISTING CONDITION LIMITATION

You have a Pre-Existing Condition if, at any time during the 6 months just prior to an Effective Date, You have an Injury or Sickness, or the symptoms of an Injury or Sickness, whether diagnosed or not, for which You:

1. received treatment, consultation, care or services, including diagnostic measures; or

2. took prescribed drugs or medicines; or

3. were recommended by a Physician to receive treatment, consultation, care or services, including diagnostic measures during this period; or

4. were previously prescribed medicine to be taken during this period; or

5. had symptoms for which an ordinarily prudent person would have consulted a Physician.

We will not pay benefits for a Disability that begins in the first 12 months after an Effective Date caused by, contributed to by, or resulting from Your Pre-Existing Condition.

The Pre-Existing Condition Limitation will also apply to an increase in coverage subject to the Effective Date of the increased coverage. An increase in coverage includes, but is not limited to:

1. a decrease in an elimination period;
2. an increase in a benefit period;
3. an increase in a benefit amount; or
4. an addition of a benefit rider.

**PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY**

President and Chief Executive Officer

## TIME LIMIT ON CERTAIN DEFENSES AND PRE-EXISTING CONDITION LIMITATION RIDER

This rider is a part of Your Policy to which it is attached. It is subject to the terms and conditions of Your Policy. All provisions of Your Policy apply to this rider and remain the same except where We change them by this rider.

This rider is effective on the Policy Effective Date shown in the Policy Schedule.

The Time Limit on Certain Defenses provision in Part 7 of Your Policy is changed by the addition of the Pre-existing Conditions section as follows:

## PART 7 - TIME LIMIT ON CERTAIN DEFENSES AND PRE-EXISTING CONDITION LIMITATION

### TIME LIMIT ON CERTAIN DEFENSES

**Misstatements in An Application**
After three years from an Effective Date, no misstatements or omissions, except fraudulent misstatements or omissions, made by You on an application will be used:

1. to void or Contest the Policy, policy change or reinstatement; or

2. to deny a claim under this Policy, policy change or reinstatement for loss incurred or Disability that starts after the end of such three year period.

**Pre-Existing Conditions**
No claim for loss incurred or Disability that starts after twelve months from an Effective Date will be reduced or denied on the ground that a sickness or physical condition existed before an Effective Date.

The following Pre-existing Condition Limitation is added to Part 7 of Your Policy:

### PRE-EXISTING CONDITION LIMITATION

You have a Pre-Existing Condition if, at any time during the 12 months just prior to an Effective Date, You have an Injury or Sickness, or the symptoms of an Injury or Sickness, whether diagnosed or not, for which You:

1. received treatment, consultation, care or services, including diagnostic measures; or

2. took prescribed drugs or medicines; or

3. were recommended by a Physician to receive treatment, consultation, care or services, including diagnostic measures during this period; or

4. were previously prescribed medicine to be taken during this period; or

5. had symptoms for which an ordinarily prudent person would have consulted a Physician.

We will not pay benefits for a Disability that begins in the first 12 months after an Effective Date caused by, contributed to by, or resulting from Your Pre-Existing Condition.

The Pre-Existing Condition Limitation will also apply to an increase in coverage subject to the Effective Date of the increased coverage. An increase in coverage includes, but is not limited to:

1. a decrease in an elimination period;
2. an increase in a benefit period;
3. an increase in a benefit amount; or
4. an addition of a benefit rider.

**PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY**

President and Chief Executive Officer

**BENEFITS FOR RESIDUAL DISABILITY RIDER (RES)**

This rider is a part of Your Policy to which it is attached. This benefit is subject to the terms and conditions of this rider and Your Policy. All provisions of Your Policy apply to this rider and remain the same except where We change them by this rider.

This rider is effective on the Residual Disability Effective Date shown in the Policy Schedule.

Your Policy is amended by adding or changing the following provisions:

**DEFINITIONS**

**CPU-U** means the unadjusted Consumer Price Index for All Urban Consumers, United States City Average, All Items. It is published by the United States Department of Labor. If the CPI-U is discontinued or if its method of computation is changed, We may use another nationally published index. We will choose an index which is similar in scope and purpose to the CPI-U. The CPI-U will then mean the index which is chosen.

**CPI-U Change** means the result of a computation We will make as of each Review Date. We will divide the CPI-U for the most recent Index Month by the CPU-U for the Index Month prior to the most recent Index Month.

**CPI-U Factor** means the result of the CPI-U Change as of the current Review Date multiplied by the CPI-U Change for each prior Review Date occurring since the Disability began. The CPI-U Factor as of the first Review Date will equal the CPI-U Change as of that Review Date. The CPI-U Factor is determined as of each Review Date while Disability continues.

**Disability or Disabled,** as defined in Your Policy, is amended to include Residual Disability or Residually Disabled.

**Index Month** means the calendar month four months prior to the calendar month in which a Review Date occurs. The first Index Month for any Disability will be the calendar month four months prior to the month that Your Disability began.

**Loss of Earnings** for any month means Your Prior Earnings minus Your Monthly Earnings in the month for which a benefit is claimed. This difference will be considered a Loss of Earnings to the extent it is due to the Injury or Sickness that caused the Disability. The Loss of Earnings must be at least 20% of Prior Earnings.

**Maximum Benefit Period for Residual Disability** is the maximum length of time We will pay Residual Disability Benefits for any one continuous Disability. It is shown in the Policy Schedule. In no event will Residual Disability Benefits be paid beyond the Maximum Benefit Periods for Total Disability.

**Monthly Earnings** means Your gross salary, wages, commissions, bonuses, fees and income earned by You from Your business, profession or employment. If You own any portion of a business or profession, it also means:

1. Your share of the income earned by that business or profession;
2. Minus Your share of the usual and customary business expenses which are deductible for Federal income tax purposes. These expenses must not be in excess of the comparable monthly expenses incurred prior to the start of the Elimination Period and must be similar in type. Salaries and other remuneration, including benefits, paid to or for any member of Your family are not considered usual and customary business expenses unless that person was employed 60 days prior to Your Disability;
3. Plus Your salary;
4. Plus any contributions to a pension or profit sharing plan made by the business on Your behalf.

Monthly Earnings does not include:

1. Income received from retirement plans, interest, dividends, capital gains, rents, royalties or disability income policies; or
2. Income not derived from Your business, profession or employment.

We will allow either the cash or accrual method of accounting in determining income and expenses. During a Disability the same method must be used when determining Loss of Earnings.

Any bonuses received during a Disability will be equally allocated over the period in which it was earned. Adjustments may be made to benefits previously paid or to future benefit payments.

**Prior Earnings** means the greater of Your Monthly Earnings:

1. for the 12 months just prior to the Disability for which claim is made; or
2. for the fiscal year with the higher earnings of the last two fiscal years prior to the Disability for which claim is made.

Starting as of the first Review Date, We will make an inflation adjustment to Your Prior Earnings. We will multiply Your Prior earnings by the CPI-U Factor. The result will be used until the next Review Date to compute Residual Disability Benefit amounts payable. The inflation adjustment increase will be at least 2% of Your Prior Earnings amount. In no event will the inflation adjustment increase be more than 10% of Your Prior Earnings amount.

**Residual Disability or Residually Disabled** means that You are not Totally Disabled, but due to Injury or Sickness:

1. You are not able to perform one or more of the material and substantial duties of Your Occupation; or You are not able to perform them for as long as normally required to perform them; and

2. You are receiving Physician's Care. We will waive this requirement if We receive written proof acceptable to Us that further care would be of no benefit to You.

After the end of the Elimination Period, Residual Disability or Residually Disabled also means You incur a Loss of Earnings while You are engaged in Any Occupation.

**Review Date** means each anniversary of the date that benefits begin to accrue for a Disability after the Elimination Period has been satisfied.

**Work Incentive Period** for Residual Disability is shown in the Policy Schedule.

## RESIDUAL DISABILITY BENEFITS

If You are Residually Disabled, benefits start to accrue on the day of Residual Disability following the Elimination Period or after Your Total Disability ends, if later. The Residual Disability Monthly Amount cannot exceed the Total Disability Monthly Amount and will be paid for as long as Residual Disability continues, but not beyond the Maximum Benefit Period for Residual Disability.

We will pay benefits as follows:

During the Work Incentive Period, the following formula will be used:

Prior Earnings minus (-) Monthly Earnings = Residual Disability Monthly Amount

After the Work Incentive Period, the following formula will be used:

| | | | | |
|---|---|---|---|---|
| Loss of Earnings / Prior Earnings | X | Total Disability Monthly Amount | = | Residual Disability Monthly Amount |

If the Loss of Earnings equals 75% or greater of Prior Earnings, We will deem the loss to be 100% of Prior Earnings.

Residual Disability benefits will not be paid for any days for which Total Disability benefits are paid.

## TERMINATION

This rider will end:

1. On the Residual Disability Expiration Date;
2. If the premium for Your Policy or this rider is not paid on time;
3. Upon Your written request to end this rider; or
4. On the date Your Policy terminates;

whichever happens first.

**PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY**

President and Chief Executive Officer

## BENEFITS FOR RESIDUAL DISABILITY AND RECOVERY RIDER (RES-REC)

This rider is a part of Your Policy to which it is attached. This benefit is subject to the terms and conditions of this rider and Your Policy. All provisions of Your Policy apply to this rider and remain the same except where We change them by this rider.

This rider is effective on the Residual Disability Effective Date shown in the Policy Schedule.

Your Policy is amended by adding or changing the following provisions:

### DEFINITIONS

**CPU-U** means the unadjusted Consumer Price Index for All Urban Consumers, United States City Average, All Items. It is published by the United States Department of Labor. If the CPI-U is discontinued or if its method of computation is changed, We may use another nationally published index. We will choose an index which is similar in scope and purpose to the CPI-U. The CPI-U will then mean the index which is chosen.

**CPI-U Change** means the result of a computation We will make as of each Review Date. We will divide the CPI-U for the most recent Index Month by the CPU-U for the Index Month prior to the most recent Index Month.

**CPI-U Factor** means the result of the CPI-U Change as of the current Review Date multiplied by the CPI-U Change for each prior Review Date occurring since the Disability began. The CPI-U Factor as of the first Review Date will equal the CPI-U Change as of that Review Date. The CPI-U Factor is determined as of each Review Date while Disability continues.

**Disability or Disabled,** as defined in Your Policy, is amended to include Residual Disability or Residually Disabled.

**Full-Time Work** means working at least as many hours as You worked prior to Disability. In no event will We consider Full-Time Work to mean more than 50 hours per week.

**Index Month** means the calendar month four months prior to the calendar month in which a Review Date occurs. The first Index Month for any Disability will be the calendar month four months prior to the month that Your Disability began.

**Loss of Earnings** for any month means Your Prior Earnings minus Your Monthly Earnings in the month for which a benefit is claimed. This difference will be considered a Loss of Earnings to the extent it is due to the Injury or Sickness that caused the Disability. The Loss of Earnings must be at least 20% of Prior Earnings.

**Maximum Benefit Period for Residual Disability** is the maximum length of time We will pay Residual Disability Benefits for any one continuous Disability. It is shown in the Policy Schedule. In no event will Residual Disability Benefits be paid beyond the Maximum Benefit Periods for Total Disability.

**Maximum Benefit Period for Recovery** is the maximum length of time We will pay monthly benefits for Recovery. It is shown in the Policy Schedule. In no event will Recovery Benefits be paid beyond the Maximum Benefit Periods for Total or Residual Disability.

**Monthly Earnings** means Your gross salary, wages, commissions, bonuses, fees and income earned by You from Your business, profession or employment. If You own any portion of a business or profession, it also means:

1. Your share of the income earned by that business or profession;
2. Minus Your share of the usual and customary business expenses which are deductible for Federal income tax purposes. These expenses must not be in excess of the comparable monthly expenses incurred prior to the start of the Elimination Period and must be similar in type. Salaries and other remuneration, including benefits, paid to or for any member of Your family are not considered usual and customary business expenses unless that person was employed 60 days prior to Your Disability;
3. Plus Your salary;
4. Plus any contributions to a pension or profit sharing plan made by the business on Your behalf.

Monthly Earnings does not include:

1. Income received from retirement plans, interest, dividends, capital gains, rents, royalties or disability income policies; or
2. Income not derived from Your business, profession or employment.

We will allow either the cash or accrual method of accounting in determining income and expenses. During a Disability the same method must be used when determining Loss of Earnings.

Any bonuses received during a Disability will be equally allocated over the period in which it was earned. Adjustments may be made to benefits previously paid or to future benefit payments.

**Prior Earnings** means the greater of Your Monthly Earnings:

1. for the 12 months just prior to the Disability for which claim is made; or
2. for the fiscal year with the higher earnings of the last two fiscal years prior to the Disability for which claim is made.

Starting as of the first Review Date, We will make an inflation adjustment to Your Prior Earnings. We will multiply Your Prior earnings by the CPI-U Factor. The result will be used until the next Review Date to compute Residual Disability Benefit amounts payable. The inflation adjustment increase will be at least 2% of Your Prior Earnings amount. In no event will the inflation adjustment increase be more than 10% of Your Prior Earnings amount.

**Recovery** means that, following a Disability that continued at least until the end of the Elimination Period:

1. You have returned to Full-Time Work in Your Occupation; and
2. You incur a Loss of Earnings of at least 20% that is due to the prior Disability; and
3. Your Policy remains in force in accordance with Part 3. Payment of Premium.

Recovery Benefits will end the first month in which Your Loss of Earnings is less than 20% of Your Prior Earnings.

**Residual Disability or Residually Disabled** means that You are not Totally Disabled, but due to Injury or Sickness:

1. You are not able to perform one or more of the material and substantial duties of Your Occupation; or You are not able to perform them for as long as normally required to perform them; and

2. You are receiving Physician's Care. We will waive this requirement if We receive written proof acceptable to Us that further care would be of no benefit to You.

After the end of the Elimination Period, Residual Disability or Residually Disabled also means You incur a Loss of Earnings while You are engaged in Any Occupation.

**Review Date** means each anniversary of the date that benefits begin to accrue for a Disability after the Elimination Period has been satisfied.

**Work Incentive Period** for Residual Disability is shown in the Policy Schedule.

## RESIDUAL DISABILITY BENEFITS

If You are Residually Disabled, benefits start to accrue on the day of Residual Disability following the Elimination Period or after Your Total Disability ends, if later. The Residual Disability Monthly Amount cannot exceed the Total Disability Monthly Amount and will be paid for as long as Residual Disability continues, but not beyond the Maximum Benefit Period for Residual Disability.

We will pay benefits as follows:

During the Work Incentive Period, the following formula will be used:

Prior Earnings minus (-) Monthly Earnings = Residual Disability Monthly Amount

After the Work Incentive Period, the following formula will be used:

| | | | | |
|---|---|---|---|---|
| Loss of Earnings / Prior Earnings | X | Total Disability Monthly Amount | = | Residual Disability Monthly Amount |

If the Loss of Earnings equals 75% or greater of Prior Earnings, We will deem the loss to be 100% of Prior Earnings.

Residual Disability benefits will not be paid for any days for which Total Disability benefits are paid.

## BENEFITS FOR RECOVERY

If You experience a Recovery, We will pay benefits as follows:

1. Benefits start to accrue on the day after Your Disability ends.

2. The Recovery Benefit will be calculated each month using the following formula:

| | | | | |
|---|---|---|---|---|
| Loss of Earnings / Prior Earnings | X | Total Disability Monthly Amount | = | Recovery Benefit |

Recovery Benefits will end the first month in which Your Loss of Earnings is less than 20% of Your Prior Earnings.

## TERMINATION

This rider will end:

1. On the Residual Disability Expiration Date;
2. If the premium for Your Policy or this rider is not paid on time;
3. Upon Your written request to end this rider; or
4. On the date Your Policy terminates;

whichever happens first.

**PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY**

President and Chief Executive Officer

## BENEFITS FOR RESIDUAL DISABILITY PLUS AND RECOVERY RIDER (RES-PLUS)

This rider is a part of Your Policy to which it is attached. This benefit is subject to the terms and conditions of this rider and Your Policy. All provisions of Your Policy apply to this rider and remain the same except where We change them by this rider.

This rider is effective on the Residual Disability Effective Date shown in the Policy Schedule.

Your Policy is amended by adding or changing the following provisions:

### DEFINITIONS

**CPU-U** means the unadjusted Consumer Price Index for All Urban Consumers, United States City Average, All Items. It is published by the United States Department of Labor. If the CPI-U is discontinued or if its method of computation is changed, We may use another nationally published index. We will choose an index which is similar in scope and purpose to the CPI-U. The CPI-U will then mean the index which is chosen.

**CPI-U Change** means the result of a computation We will make as of each Review Date. We will divide the CPI-U for the most recent Index Month by the CPU-U for the Index Month prior to the most recent Index Month.

**CPI-U Factor** means the result of the CPI-U Change as of the current Review Date multiplied by the CPI-U Change for each prior Review Date occurring since the Disability began. The CPI-U Factor as of the first Review Date will equal the CPI-U Change as of that Review Date. The CPI-U Factor is determined as of each Review Date while Disability continues.

**Disability or Disabled,** as defined in Your Policy, is amended to include Residual Disability or Residually Disabled.

**Full-Time Work** means working at least as many hours as You worked prior to Disability. In no event will We consider Full-Time Work to mean more than 50 hours per week.

**Index Month** means the calendar month four months prior to the calendar month in which a Review Date occurs. The first Index Month for any Disability will be the calendar month four months prior to the month that Your Disability began.

**Loss of Earnings** for any month means Your Prior Earnings minus Your Monthly Earnings in the month for which a benefit is claimed. This difference will be considered a Loss of Earnings to the extent it is due to the Injury or Sickness that caused the Disability. The Loss of Earnings must be at least 20% of Prior Earnings.

**Maximum Benefit Period for Residual Disability** is the maximum length of time We will pay Residual Disability Benefits for any one continuous Disability. It is shown in the Policy Schedule. In no event will Residual Disability Benefits be paid beyond the Maximum Benefit Periods for Total Disability.

**Maximum Benefit Period for Recovery** is the maximum length of time We will pay monthly benefits for Recovery. It is shown in the Policy Schedule. In no event will Recovery Benefits be paid beyond the Maximum Benefit Periods for Total or Residual Disability.

**Monthly Earnings** means Your gross salary, wages, commissions, bonuses, fees and income earned by You from Your business, profession or employment. If You own any portion of a business or profession, it also means:

1. Your share of the income earned by that business or profession;
2. Minus Your share of the usual and customary business expenses which are deductible for Federal income tax purposes. These expenses must not be in excess of the comparable monthly expenses incurred prior to the start of the Elimination Period and must be similar in type. Salaries and other remuneration, including benefits, paid to or for any member of Your family are not considered usual and customary business expenses unless that person was employed 60 days prior to Your Disability;
3. Plus Your salary;
4. Plus any contributions to a pension or profit sharing plan made by the business on Your behalf.

Monthly Earnings does not include:

1. Income received from retirement plans, interest, dividends, capital gains, rents, royalties or disability income policies; or
2. Income not derived from Your business, profession or employment.

We will allow either the cash or accrual method of accounting in determining income and expenses. During a Disability the same method must be used when determining Loss of Earnings.

Any bonuses received during a Disability will be equally allocated over the period in which it was earned. Adjustments may be made to benefits previously paid or to future benefit payments.

**Other Disability Coverage** means coverage or benefit payments made for disability and provided by:

1. Individual, association or group disability income coverage; and
2. Formal employer provided sick pay plans, salary continuation plans or other Disability income benefits; and
3. Any Workers' Compensation or Occupational Disease law or similar law; and
4. Retirement and disability fund programs of any federal, state, county, municipal or other governmental subdivision.

**Prior Earnings** means the greater of Your Monthly Earnings:

1. for the 12 months just prior to the Disability for which claim is made; or
2. for the fiscal year with the higher earnings of the last two fiscal years prior to the Disability for which claim is made.

Starting as of the first Review Date, We will make an inflation adjustment to Your Prior Earnings. We will multiply Your Prior earnings by the CPI-U Factor. The result will be used until the next Review Date to compute Residual Disability Benefit amounts payable. The inflation adjustment increase will be at least 2% of Your Prior Earnings amount. In no event will the inflation adjustment increase be more than 10% of Your Prior Earnings amount.

**Recovery** means that, following a Disability that continued at least until the end of the Elimination Period:

1. You have returned to Full-Time Work in Your Occupation; and
2. You incur a Loss of Earnings of at least 20% that is due to the prior Disability; and
3. Your Policy remains in force in accordance with Part 3. Payment of Premium.

Recovery Benefits will end the first month in which Your Loss of Earnings is less than 20% of Your Prior Earnings.

**Residual Disability or Residually Disabled** means that You are not Totally Disabled, but due to Injury or Sickness:

1. You are not able to perform one or more of the material and substantial duties of Your Occupation; or You are not able to perform them for as long as normally required to perform them; and

2. You are receiving Physician's Care. We will waive this requirement if We receive written proof acceptable to Us that further care would be of no benefit to You.

After the end of the Elimination Period, Residual Disability or Residually Disabled also means You incur a Loss of Earnings while You are engaged in Any Occupation.

**Review Date** means each anniversary of the date that benefits begin to accrue for a Disability after the Elimination Period has been satisfied.

**Work Incentive Period** for Residual Disability is shown in the Policy Schedule.

## RESIDUAL DISABILITY BENEFITS

If You are Residually Disabled, benefits start to accrue on the day of Residual Disability following the Elimination Period or after Your Total Disability ends, if later. The Residual Disability Monthly Amount cannot exceed the Total Disability Monthly Amount and will be paid for as long as Residual Disability continues, but not beyond the Maximum Benefit Period for Residual Disability.

We will pay benefits as follows:

During the Work Incentive Period, the following formula will be used:

Prior Earnings minus (-) Monthly Earnings = Residual Disability Monthly Amount

After the Work Incentive Period, monthly benefits for Residual Disability will be reduced if the total of the following exceeds Your Prior Earnings:

1. Your Monthly Earnings in the month for which You are Residually Disabled; plus
2. Other Disability Coverage in the month You are claiming Residual Disability; plus
3. The Total Disability Monthly Amount shown on Page 3.

The reduced monthly benefit will be the greater of 1. or 2. below:

1. $\frac{\text{Loss of Earnings}}{\text{Prior Earnings}}$ X Total Disability Monthly Amount = Residual Disability Monthly Amount

   If the Loss of Earnings equals 75% or greater of Prior Earnings, We will deem the loss to be 100% of Prior Earnings.

2. Prior Earnings minus (-) Monthly Earnings (-) Other Disability Coverage in the month in which You are claiming Residual Disability = Residual Disability Monthly Amount.

Residual Disability benefits will not be paid for any days for which Total Disability benefits are paid.

**BENEFITS FOR RECOVERY**

If You experience a Recovery, We will pay benefits as follows:

1. Benefits start to accrue on the day after Your Disability ends.

2. The Recovery Benefit will be calculated each month using the following formula:

$\frac{\text{Loss of Earnings}}{\text{Prior Earnings}}$ X Total Disability Monthly Amount = Recovery Benefit

Recovery Benefits will end the first month in which Your Loss of Earnings is less than 20% of Your Prior Earnings.

**TERMINATION**

This rider will end:

1. On the Residual Disability Expiration Date;
2. If the premium for Your Policy or this rider is not paid on time;
3. Upon Your written request to end this rider; or
4. On the date Your Policy terminates;

whichever happens first.

**PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY**

President and Chief Executive Officer

**UPDATE INCREASE BENEFIT RIDER (UPDATE)**

This rider is a part of Your Policy to which it is attached. This benefit is subject to the terms and conditions of this rider and Your Policy. All provisions of Your Policy apply to this rider and remain the same except where We change them by this rider.

This rider is effective on the UPDATE Effective Date shown in the Policy Schedule.

Your Policy is amended by adding or changing the following provisions:

## BENEFITS

This rider provides UPDATE Increases which will be automatically added to Your Total Disability Monthly Amount shown in the Policy Schedule, without evidence of insurability. This will be done on each UPDATE Increase Date.

These increases are subject to the timely payment of the proper premium. These premiums are based on Your age on the UPDATE Increase Date. They are listed in the Schedule of UPDATE Increases shown in the Policy Schedule.

An UPDATE Increase will only apply to a Disability that starts after the UPDATE Increase Date. It will not apply to a continuation of a prior Disability (see the Recurrent Disability provision of this Policy). If the premium for the Policy is being waived (see the Waiver of Premium Section) on the UPDATE Increase Date, the premium for the increase will also be waived. When You resume paying premiums for the Policy, You must also start paying premiums for the UPDATE Increase.

You may refuse an Increase by notifying Us in writing 30 days prior to the UPDATE Increase Date. Your refusal of an increase will not affect the remaining UPDATE Increases. If the renewal premium that includes the premium for the increase is not paid in full the first time it is billed, We will consider the increase for that date to be refused.

## TERMINATION

This rider will end:

1. After the last UPDATE Increase Date shown in the Policy Schedule;
2. If the premium for Your Policy is not paid on time;
3. Upon Your written request to end this rider; or
4. On the date Your Policy terminates;

whichever happens first.

**PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY**

President and Chief Executive Officer

## VOLUNTARY SUSPENSION DURING UNEMPLOYMENT RIDER (VS)

This rider is a part of Your Policy to which it is attached. This benefit is subject to the terms and conditions of this rider and Your Policy. All provisions of Your Policy apply to this rider and remain the same except where We change them by this rider.

This rider is effective on the VS Effective Date shown in the Policy Schedule.

Your Policy is amended by adding the following provision:

**Voluntary Suspension During Unemployment**
After this rider has been in force for at least one year from the Effective Date, if You become unemployed and receive state or federal unemployment benefits for at least 60 consecutive days, You may suspend Your Policy for up to one year. Premiums must be paid to date of suspension. We will refund the pro-rata portion of any premium paid beyond the date of the suspension.

**Suspension Period** means the period of time during which Your Policy is suspended.

The Suspension Period will begin when we receive all of the following:

1. a written request to suspend coverage due to Your current unemployment; and
2. a determination letter from the appropriate state or federal agency responsible for administering unemployment benefits indicating that You have qualified for unemployment benefits; and;
3. proof that You have been receiving unemployment benefits for at least 60 consecutive days.

You must be unemployed on the date We receive Your written request.

During the Suspension Period, Your Policy is not in force and no benefits are payable. No Policy options or rider options are exercisable during the Suspension Period.

The Suspension Period will end the earlier of:

1. One year after the date of the suspension; or,
2. the date We receive Your request to end the suspension.

You will be required to pay the pro-rata premium for coverage until the next premium due date.

Premiums will be at the same rate they would have been had Your Policy remained in force. Your Policy will not cover any loss due to Injuries that occur or Sickness that first manifested while Your Policy is suspended. In all other respects, You and We will have the same rights under Your Policy as before it was suspended.

You cannot suspend coverage for a subsequent period of unemployment until 2 years have elapsed from the end of the previous Suspension Period.

## TERMINATION

This rider will end:

1. On the VS Expiration Date;
2. If the premium for Your Policy is not paid on time;
3. On the date Your Policy terminates;

whichever happens first.

**PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY**

President and Chief Executive Officer

## CATASTROPHIC DISABILITY BENEFIT RIDER (CAT)

This rider is a part of Your Policy to which it is attached. This benefit is subject to the terms and conditions of this rider and Your Policy. All provisions of Your Policy apply to this rider and remain the same except where We change them by this rider.

This rider is effective on the CAT Effective Date shown in the Policy Schedule.

Your Policy is amended by adding or changing the following provisions:

### DEFINITIONS

**Activities of Daily Living (ADLs)** are:

1. **Bathing** - means washing Yourself by sponge bath; or in either a tub or shower, including the task of getting into or out of the tub or shower.

2. **Dressing** - means putting on and taking off all items of clothing and any necessary braces, fasteners, or artificial limbs.

3. **Toileting** - means getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.

4. **Transferring** - means moving into or out of a bed, chair, or wheelchair.

5. **Continence** - means the ability to maintain control of bowel or bladder function; or when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).

6. **Eating** - means feeding Yourself by getting food into the body from a receptacle (such as plate, cup or table) or by feeding tube or intravenously.

**ADL Disabled** means that, because of Injuries or Sickness, You are unable to perform two or more Activities of Daily Living (ADLs) without Stand-by Assistance.

**Catastrophic Disability** or **Catastrophically Disabled** means that, because of Injuries or Sickness, You are:

1. Cognitively Impaired and You are receiving Physician's Care. We will waive this requirement if We receive written proof acceptable to Us that further Physician's Care would be of no benefit to You; or
2. ADL Disabled.

Catastrophic Disability does not include a disability that is contributed to or caused by a condition diagnosed as being within one or more of the following category of disorders: sleep, learning, attention deficit hyperactivity, substance use-related, schizophrenia/other psychotic, mood, anxiety, somatoform, disassociative, or personality as defined by the code of Diagnostic and Statistical Manual of the Mental Disorders published by the American Psychiatric Association (APA). If that manual is discontinued, We will use the replacement chosen by the APA.

**Catastrophic Disability Benefit Amount** is shown in the Policy Schedule.

**Catastrophic Disablity Elimination Period** means the number of days that must elapse during a Catastrophic Disability before benefits start to accrue. The number of days is shown in the Policy Schedule. Subject to the terms of the Recurrent Disability provision, these days need not be consecutive; they can be accumulated during a Disability to satisfy an Catastrophic Disability Elimination Period. Benefits are not payable, nor do they accrue, during an Catastrophic Disability Elimination Period.

A **Cognitive Impairment or Cognitively Impaired** means that because of Injuries or Sickness, You suffer a severe deterioration and/or loss of cognitive capacity that results in the need for Substantial Supervision, by another person to protect his/her self or others from threats to health or safety. Cognitive impairment of this severity must be evidenced by global impairment of ADLs as demonstrated by standardized neurocognitive testing.

Examples of conditions that might result in Cognitive Impairment, include, but are not limited to, the following:

1. Moderate to severe Alzheimer's disease;
2. Severe traumatic brain injury;
3. Parkinson's dementia;
4. Huntington's dementia;
5. Vascular dementia; and
6. Severe cerebral vascular accident

**Disability** or **Disabled,** as defined in Your Policy, is amended to include Catastrophically Disabled or Presumptively Disabled.

**Maximum Benefit Period for Catastrophic Disability** is the maximum length of time We will pay Catastrophic Disability Benefits for any one continuous Catastrophic Disability. It is shown in the Policy Schedule.

**Presumptive Disability** or **Presumptively Disabled** means, that, because of Injuries or Sickness, You suffer the total and irrecoverable loss of:

1. speech;
2. hearing in both ears;
3. sight in both eyes; or
4. use of both arms, both legs, or one arm and one leg.

**Stand-by Assistance** means the presence of another person within arm's reach of You that is necessary to prevent, by physical intervention, injury to You in the performance of an Activity of Daily Living or to provide cueing by verbal prompting to assist You in the performance of an Activity of Daily Living.

**Substantial Supervision** means the continual supervision by another person to protect You or others from threats to health or safety (such as may result from wandering) when you have a Severe Cognitive Impairment. Such supervision may include cueing by verbal prompting, gestures, or other similar demonstrations.

## BENEFITS

### Benefits for Catastrophic Disability

If You are Catastrophically Disabled, We will pay benefits as follows:

1. Benefits start to accrue on the day of Catastrophic Disability following the Catastrophic Disability Elimination Period.
2. The Catastrophic Disability Monthly Amount will be paid for as long as Your Catastrophic Disability continues, but not beyond the Maximum Benefit Period for Catastrophic Disability.

### Benefits for Presumptive Disability

If You are Presumptively Disabled, We will pay benefits as follows:

1. Benefits start to accrue on the day Your Presumptive Disability begins.
2. The Total Disability Monthly Amount will be paid for as long as Your Presumptive Disability continues, but not beyond the Maximum Benefit Period for Total Disability.
3. The Catastrophic Disability Monthly Amount will be paid for as long as Your Presumptive Disability continues, but not beyond the Maximum Benefit Period for Catastrophic Disability.

We will presume You to be Presumptively Disabled as long as such loss continues, whether or not You are able to work or earn an income.

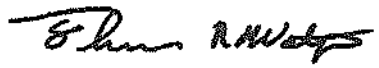
## TERMINATION

This rider will end:

1. On the CAT Expiration Date;
2. If the premium for Your Policy or this rider is not paid on time;
3. Upon Your written request to end this rider; or
4. On the date Your Policy terminates;

whichever happens first.

**PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY**



President and Chief Executive Officer

## SOCIAL INSURANCE SUBSTITUTE BENEFIT RIDER (SIS)

This rider is a part of Your Policy to which it is attached. This benefit is subject to the terms and conditions of this rider and Your Policy. All provisions of Your Policy apply to this rider and remain the same except where We change them by this rider.

This rider is effective on the SIS Effective Date shown in the Policy Schedule.

Your Policy is amended by adding or changing the following provisions:

### DEFINITIONS

**Maximum SIS Benefit** is shown in the Policy Schedule.

**Maximum Benefit Period for SIS** is the maximum length of time We will pay SIS Benefits for any one continuous Disability. It is shown in the Policy Schedule.

**SIS Benefit** is an amount that will be in addition to the Total Disability Monthly Amount. The amount of the SIS Benefit depends on the amount of Your Social Insurance Benefits:

1. If You receive no Social Insurance Benefits, the SIS Benefit is the Maximum SIS Benefit.
2. If You receive Social Insurance Benefits, the SIS Benefit is the Maximum SIS Benefit minus the Social Insurance Benefits You receive.
3. If You receive Social Insurance Benefits that are equal to or greater than the Maximum SIS Benefit, the SIS Benefit is zero.

Any legislated automatic increases in Your Social Insurance Benefits during a Disability will not be included in the computing of the SIS Benefit.

**SIS Elimination Period** means the number of days that must elapse during a Disability before benefits start to accrue. The number of days is shown in the Policy Schedule. Subject to the terms of the Recurrent Disability provision, these days need not be consecutive; they can be accumulated during a Disability to satisfy an SIS Elimination Period. Benefits are not payable, nor do they accrue, during an SIS Elimination Period.

**Social Insurance Benefits** means payments made for disability that begins after the SIS Effective Date:

1. under the federal Social Security Act or any similar federal, state or local government law (Social Security benefits include: a) a Primary Insurance Amount (PIA) to You; or b) a PIA to You and a Family Benefit for Your dependents);
2. under any Workers' Compensation or Occupational Disease law or similar law;
3. any state disability or temporary disability law; or
4. under retirement and disability fund programs of any federal, state, county, municipal or other governmental subdivision.

## BENEFITS

If You are Disabled:

1. The SIS Benefit will start to accrue on the day of Disability after the SIS Elimination Period. It will be added to and paid with the Total Disability Monthly Amount at the end of each month of Disability.
2. The SIS Benefit will be added for as long as Disability continues, but not beyond the end of the SIS Benefit Period.

## PROOF OF SOCIAL INSURANCE BENEFITS

To receive the SIS Benefit, You must give Us satisfactory proof of the status of Your Social Insurance Benefits when and as often as We may reasonably require. When a member of Your family may be entitled to Social Insurance Benefits because of Your Disability, these same proof requirements apply.

The proof for any legislated benefits must include the correspondence with the Social Insurance provider. The proof must show that:

1. You have applied for Social Insurance Benefits for which You may be entitled;
2. Your claim for these Social Insurance Benefits has been approved, denied or is still pending; and
3. If denied, You are following any appeals processes available to You. If You are still denied Social Insurance Benefits after completing the appeals process, We can require You to reapply for them as often as is reasonable.

The proof for any retirement and disability fund benefits provided to government employees by any federal, state, county, municipal or other governmental subdivision must include the correspondence You have with Your employer. The proof must show that:

1. You have applied for the disability benefits to which You may be entitled; and
2. Your claim for these benefits has been approved, denied or is still pending.

We cannot at any time require You to elect early (or reduced) retirement benefits from Social Security or any other retirement plan for which You may be eligible in order to receive the SIS Benefit.

## ATTORNEY FEES

We will reimburse You for attorney fees You incur for services provided for a hearing before an Administrative Law Judge, a review of the hearing by the Appeals Council, or a civil action in the U.S. District court. The most We will pay for attorney fees during a Disability is an amount equal to the Maximum SIS Benefit. We will not reimburse You for attorney fees for services which were provided before Your initial filing for Social Security benefits is denied, and before You have requested and received a reconsideration of the denial.

## REIMBURSEMENT

If the first payment of Social Insurance Benefits includes a retroactive benefit, You do not have to refund any amounts We may have paid under this rider for the same Disability that the retroactive benefit covers.

## TERMINATION

This rider will end:

1. On the SIS Expiration Date;
2. If the premium for Your Policy or this rider is not paid on time;
3. Upon Your written request to end this rider; or
4. On the date Your Policy terminates;

whichever happens first.

**PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY**

President and Chief Executive Officer

## CPI COST OF LIVING ADJUSTMENTS RIDER (COLA CPI)

This rider is a part of Your Policy to which it is attached. This benefit is subject to the terms and conditions of this rider and Your Policy. All provisions of Your Policy apply to this rider and remain the same except where We change them by this rider.

This rider is effective on the COLA CPI Effective Date shown in the Policy Schedule.

Your Policy is amended by adding or changing the following provisions:

### DEFINITIONS

**Adjusted Additional Total Only Monthly Benefit** is the Additional Total Only Monthly Benefit multiplied by the Benefit Factor for a Review Period.

**Adjusted Catastrophic Disability Benefit** is the Catastrophic Disability Benefit multiplied by the Benefit Factor for a Review Period.

**Adjusted SIS Benefit** is the SIS Benefit as described in the Social Insurance Substitute Rider multiplied by the Benefit Factor for a Review Period.

**Adjusted Total Disability Monthly Amount** is the Total Disability Monthly Amount multiplied by the Benefit Factor for a Review Period.

**Benefit Factor** is determined by dividing the CPI-U for the latest Index Month by the CPI-U for the first Index Month. We will compute it on each Review Date during a Disability. It will apply to the Review Period that follows. The Benefit Factor will not be less than 2% or greater than 7% on each Review Date.

**CPI-U** means the unadjusted Consumer Price Index for All Urban Consumers, United States City Average, All Items. It is published by the United States Department of Labor. If the CPI-U is discontinued or if its method of computation is changed, We may use another nationally published index. We will choose an index which is similar in scope and purpose to the CPI-U. The CPI-U will then mean the index which is chosen.

**Index Month** means the calendar month four months prior to a Review Date. But, the first Index Month means the calendar month four months prior to the start of a Disability. We will measure all changes in the CPI-U from the first Index Month.

**Review Date** means each anniversary of the date that benefits begin to accrue for a Disability after the Elimination Period has been satisfied.

**Review Period** means a one year period ending on a Review Date.

## BENEFITS

For continuing periods of Disability, We will compute cost of living increases on each Review Date. Monthly benefits which thereafter accrue during that Disability will be adjusted as follows:

1. On each Review Date, We will compute the Benefit Factor and the Adjusted Total Disability Monthly Amount for the Review Period that follows.

2. For any Total Disability Monthly Amount that accrues during a Review Period, We will pay instead the Adjusted Total Disability Monthly Amount.

3. For any Catastrophic Disability Benefit (if included in Your Policy,) that accrues during a Review Period, We will pay instead the Adjusted Catastrophic Disability Benefit.

4. For any Additional Total Only Monthly Benefit (if included in Your Policy,) that accrues during a Review Period, We will pay instead the Adjusted Additional Total Only Monthly Benefit.

5. For any SIS Benefit (if included in Your Policy) that accrues during the Review Period, We will pay instead the Adjusted SIS Benefit.

6. We will adjust any Residual Disability Monthly Amount, or Recovery Benefit, if included in Your policy, which accrues during a Review Period. To do this, We will use the Adjusted Total Disability Monthly Amount in the formula to determine each benefit that is to be paid during that Review Period. It will be used in the formula instead of the Total Disability Monthly Amount.

7. Computations of Cost of Living Adjustments will end on the earliest of:
   a. the end of the Disability (see definition of Disability);
   b. the end of a benefit period; or
   c. the COLA CPI Expiration Date.

If the computations end because of (a) or (b) above, benefit amounts for a new Disability will revert to those shown in the Policy Schedule. Benefits payable for the first 12 months of a new Disability will not include a Cost of Living Adjustment. A new first Index Month and Review Date will apply to each new Disability where benefits are payable for more than 12 months.

If the computations end because of (c) above and if any benefits continue to be payable, We will apply to those benefits the Benefit Factor that last applied before the COLA CPI Expiration Date. This factor will continue to apply to any benefits paid during that Disability.

## QUALIFIED RIGHT TO INCREASE TOTAL DISABILITY MONTHLY AMOUNT TO ADJUSTED AMOUNT

You may increase benefits when You return to active and gainful full-time work after the end of a Disability during which Cost of Living Adjustments were made, if:

1. You have not reached Your 60th birthday on the date You elect the increase; and
2. within 90 days after the Disability ends, You make application to Us on a form which We will furnish You upon request. On this form, You must confirm that You are actively and gainfully employed full-time. Other evidence of insurability will not be required.

You may increase up to the amount of the Adjusted Total Disability Monthly Amount, Adjusted Catastrophic Disability Monthly Amount and Adjusted Additional Total Only Monthly Benefit (if included in Your Policy), whatever applies to Your Disability, which was used to determine the last monthly claim payment. This qualified right to increase does not apply to SIS Benefits (if included in Your Policy).

The effective date of the increase will be the first of the month after We approve Your application for the increase. The required additonal premium must be paid within 31 days of that date. Later premiums for the increase must be paid as part of the renewal premiums for Your Policy.

The premium for the increase will be based on Your attained age at the time of the increase. It will also be based on Our table of premium rates then in effect.

The increase in benefit will apply to a Disability that starts after the effective date of the increase.

If You do not elect and obtain this increase, the Monthly Amount will be the amount shown in the Policy Schedule.

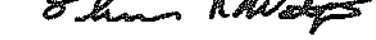
## TERMINATION

This rider will end:

1. On the COLA CPI Expiration Date;
2. If the premium for Your Policy or this rider is not paid on time;
3. Upon Your written request to end this rider; or
4. On the date Your Policy terminates;

whichever happens first.

**PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY**



President and Chief Executive Officer

## FIXED 3% COST OF LIVING ADJUSTMENTS RIDER (COLA FIXED)

This rider is a part of Your Policy to which it is attached. This benefit is subject to the terms and conditions of this rider and Your Policy. All provisions of Your Policy apply to this rider and remain the same except where We change them by this rider.

This rider is effective on the COLA FIXED Effective Date shown in the Policy Schedule.

Your Policy is amended by adding or changing the following provisions:

### DEFINITIONS

**Adjusted Additional Total Only Monthly Benefit** is the Additional Total Only Monthly Benefit increased each year on the Review Date by 3% of the Adjusted Additional Total Only Monthly Benefit in effect on that date.

**Adjusted Catastrophic Disability Benefit** is the Catastrophic Disability Benefit increased each year on the Review Date by 3% of the Adjusted Catastrophic Disability Benefit in effect on that date.

**Adjusted SIS Benefit** is the SIS Benefit as described in the Social Insurance Substitute Rider increased each year on the Review Date by 3% of the Adjusted SIS Benefit in effect on that date.

**Adjusted Total Disability Monthly Amount** is the Total Disability Monthly Amount increased each year on the Review Date by 3% of the Adjusted Total Disability Monthly Amount in effect on that date.

**Review Date** means each anniversary of the date that benefits begin to accrue for a Disability after the Elimination Period has been satisfied.

**Review Period** means a one year period ending on a Review Date.

### BENEFITS

For continuing periods of Disability, We will compute cost of living increases on each Review Date. Monthly benefits which thereafter accrue during that Disability will be adjusted as follows:

1. For any Total Disability Monthly Amount that accrues during a Review Period, We will pay instead the Adjusted Total Disability Monthly Amount.

2. For any Catastrophic Disability Benefit (if included in Your Policy,) that accrues during a Review Period, We will pay instead the Adjusted Catastrophic Disability Benefit.

3. For any Additional Total Only Monthly Benefit (if included in Your Policy,) that accrues during a Review Period, We will pay instead the Adjusted Additional Total Only Monthly Benefit.

4. For any SIS Benefit (if included in Your Policy) that accrues during the Review Period, We will pay instead the Adjusted SIS Benefit.

5. We will adjust any Residual Disability Monthly Amount or Recovery Benefit, if included in Your Policy, which accrues during a Review Period. To do this, We will use the Adjusted Total Disability Monthly Amount in the formula to determine each benefit that is to be paid during that Review Period. It will be used in the formula instead of the Total Disability Monthly Amount.

6. Computations of Cost of Living Adjustments will end on the earliest of:

   a. the end of the Disability (see definition of Disability);
   b. the end of a benefit period; or
   c. the COLA FIXED Expiration Date.

If the computations end because of (a) or (b) above, benefit amounts for a new Disability will revert to those shown in the Policy Schedule. Benefits payable for the first 12 months of a new Disability will not include a Cost of Living Adjustment. A new Review Date will apply to each new Disability where benefits are payable for more than 12 months.

If the computations end because of (c) above and if any benefits continue to be payable, they will be paid at the adjusted amounts in effect just prior to the COLA FIXED Expiration Date. These amounts will continue to apply to any benefits paid during that Disability.

**QUALIFIED RIGHT TO INCREASE TOTAL DISABILITY MONTHLY AMOUNT TO ADJUSTED AMOUNT**

You may increase benefits when You return to active and gainful full-time work after the end of a Disability during which Cost of Living Adjustments were made, if:

1. You have not reached Your 60th birthday on the date You elect the increase; and
2. within 90 days after the Disability ends, You make application to Us on a form which We will furnish You upon request. On this form, You must confirm that You are actively and gainfully employed full-time. Other evidence of insurability will not be required.

You may increase up to the amount of the Adjusted Total Disability Monthly Amount, Adjusted Catastrophic Disability Monthly Amount and Adjusted Additional Total Only Monthly Benefit (if included in Your Policy), whatever applies to Your Disability, which was used to determine the last monthly claim payment. This qualifed right to increase does not apply to SIS Benefits (if included in Your Policy).

The effective date of the increase will be the first of the month after We approve Your application for the increase. The required additional premium must be paid within 31 days of that date. Later premiums for the increase must be paid as part of the renewal premiums for Your Policy.

The premium for the increase will be based on Your attained age at the time of the increase. It will also be based on Our table of premium rates then in effect.

The increase in benefit will apply to new Disabilities which start after the effective date of the increase.

If You do not elect and obtain this increase, the Total Disability Monthly Amount will revert to the amount shown in the Policy Schedule for new Disabilities.

## TERMINATION

This rider will end:

1. On the COLA FIXED Expiration Date;
2. If the premium for Your Policy or this rider is not paid on time;
3. Upon Your written request to end this rider; or
4. On the date Your Policy terminates;

whichever happens first.

**PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY**

President and Chief Executive Officer

## GUARANTEED RIGHT TO PURCHASE INCREASE RIDER (GPI)

This rider is a part of Your Policy to which it is attached. This benefit is subject to the terms and conditions of this rider and Your Policy. All provisions of Your Policy apply to this rider and remain the same except where We change them by this rider.

This rider is effective on the GPI Effective Date shown in the Policy Schedule.

Your Policy is amended by adding or changing the following provisions:

### DEFINITIONS

**GPI Maximum Increase** is shown in the Policy Schedule.

**GPI Option Date** means each anniversary of the Effective Date of Your policy starting with the first and ending with the one which falls on or next follows Your 55th birthday. If a GPI Option Date does not coincide with a renewal date for Your Policy, it will change to coincide with the next renewal date.

**GPI Option Period** means the period which begins 60 days before and ends 31 days after a GPI Option Date.

### BENEFITS

On each GPI Option Date You have the right to increase the Total Disability Monthly Amount shown on Page 3. You may do so without submitting evidence of physical insurability by following the rules set forth below.

Increases will be made only upon formal application by You and must be approved by Us. You must apply within an GPI Option Period. The Effective Date of an increase will be shown on the Policy Schedule issued at the time of the increase.

### TO QUALIFY FOR AN INCREASE

The amount of an increase will be subject to each of the following:

1. Your earned income is sufficient for an increase; and

2. An increase, when combined with all other loss of time benefits then in force with Us and other insurers, may not exceed the amount We would issue to You as a new applicant of Your class of risk. This amount will be subject to Our published underwriting rules and issue and participation limits for this policy form on the day You apply for an increase or on the GPI Effective Date, which ever results in a higher amount; and

3. The sum of all increases can not exceed the GPI Maximum Increase shown on Page 3.

If you do not qualify for an increase on an GPI Option Date, You can still apply for an increase during a later GPI Option Period.

## EXERCISING AN OPTION WHILE DISABLED

You can apply for one increase during any GPI Option Period even though You are Disabled. Your monthly rate of earned income will be considered as the greater of the average of Your earned income:

1. For the 12 months just prior to the date of Your request for an increase in the Total Disability Monthly Amount; or
2. For the fiscal year with the highest earnings of the last two fiscal years prior to the date of Your request.

Any increase applied for during a Disability will not apply to that Disability, but will apply to any new Disability.

## WHEN AN INCREASE IS EFFECTIVE

An increase in Your Total Disability Monthly Amount under this option will be effective as of the GPI Option Date. However, if Your application for an increase in Your Total Disability Monthly Amount is dated within 31 days after the GPI Option Date, then the effective date of an increase in Your Total Disability Monthly Amount under this option will be effective as of the date of Your application. If the GPI Option Date upon which an increase is elected occurs while You are Disabled, the increased Total Disability Monthly Amount will only apply to a new Disability.

## THE PREMIUM

The first premium for an increase must be paid within 31 days; later premiums must be paid as part of the premium for Your Policy. If the premium for Your Policy is being waived (see Waiver of Premium provision) on the Effective Date of the increase, you will not have to start paying the premium for the increase until the premium for Your Policy becomes payable again.

The premium for each increase will be based on Your attained age on the date of Your application for each increase. It will also be based on:

1. Our premium rates in effect at the time of the increase; and
2. The Occupation Class shown on Your most recent Policy Schedule.

When an increase is exercised, the premium for this Option will be reduced. The reduced premium will be based on the GPI Maximum Increase remaining.

## TERMINATION

This rider will end:

1. On the GPI Expiration Date;
2. On the date the GPI Maximum Increase has been exercised;
3. If the premium for Your Policy or this rider is not paid on time;
4. Upon Your written request to end this rider; or
5. On the date Your Policy terminates;

whichever happens first.

**PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY**

President and Chief Executive Officer

## LONG TERM DISABILITY INSURABILITY OPTION RIDER (LTD)

This rider is a part of Your Policy to which it is attached. This benefit is subject to the terms and conditions of this rider and Your Policy. All provisions of Your Policy apply to this rider and remain the same except where We change them by this rider.

This rider is effective on the LTD Effective Date shown in the Policy Schedule.

Your Policy is amended by adding or changing the following provisions:

### DEFINITIONS

**LTD Insurability Increase Amount** is the amount by which the Total Disability Monthly Amount can be increased during the LTD Insurability Option Period. That amount is shown in the Policy Schedule.

**LTD Insurability Option Date** means:

1. The date Your employment relationship ends, for reason other than disability, with an employer that has group long term disability insurance plan in force under which You are covered at the time Your employment terminates; or

2. The date on which the group long term disability insurance plan under which you are covered terminates or is reduced with no intention of its subsequent equivalent replacement; or

3. The date You are no longer Disabled and not covered under a group long term disability insurance plan.

This Option may be exercised only one-time.

**LTD Insurability Option Period** means the 90 day period that begins on the LTD Insurability Option Date.

### BENEFITS

During the LTD Insurability Option Period, You have the one-time right to increase Your Total Disability Monthly Amount. If We approve Your application for an increase, the increased Total Disability Monthly Amount will apply only to a new Disability.

The increases will be made only upon formal application by You and must be approved by Us. You must apply within the LTD Insurability Option Period. The Effective Date of the increase will be shown on the Policy Schedule issued at the time of the increase.

### TO QUALIFY FOR AN INCREASE

You will qualify for the increase if You apply during the LTD Insurability Option Period, and:

1. You are Actively Employed and not eligible for coverage under a group long term disability insurance plan; and

2. Your earned income is sufficient for an increase; and

3. The increase, when combined with all Your disability income coverage in force with Us and other insurers or any government agency, is not more than the maximum coverage We offer to new applicants of Your class of risk. This will be determined by Our published underwriting rules and issue and participation limits for this rider on the day You apply for an increase or on the LTD Effective Date, whichever results in a higher amount.

We may require proof of Your earned income. This could include tax returns or other proof that We may require.

## WHEN AN INCREASE IS EFFECTIVE

The increase in Your Total Disability Monthly Amount under this option will be effective as of the LTD Insurability Option Date. However, if Your application for the increase in Your Total Disability Monthly Amount is dated within 31 days after the LTD Insurability Option Date, then the effective date of the increase in Your Total Disability Monthly Amount under this option will be effective as of the date of Your application.

## THE PREMIUM

The premium for the increase will be at the rate for Your age on the LTD Insurability Option Date. To determine Your premium, We will use the Occupation Class shown on Your most recent Policy Schedule.

You must make the first payment of the premium for the increase to Our Home Office. You must do this no later than 31 days after the LTD Insurability Option Date.

## TERMINATION

This rider will end:

1. On the LTD Expiration Date;
2. On the date the LTD Option has been exercised;
3. If the premium for Your Policy or this rider is not paid on time;
4. Upon Your written request to end this rider; or
5. On the date Your Policy terminates;

whichever happens first.

**PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY**

President and Chief Executive Officer

## LIFETIME CONTINUATION OPTION RIDER (LC)

This rider is a part of Your Policy to which it is attached. This benefit is subject to the terms and conditions of this rider and Your Policy. All provisions of Your Policy apply to this rider and remain the same except where We change them by this rider.

This rider is effective on the LC Effective Date shown in the Policy Schedule.

Your Policy is amended by adding or changing the following provisions:

### DEFINITIONS

**Benefit Amount for Long Term Care Policy** is shown in the Policy Schedule. It is the benefit amount We will issue to You under the Long Term Care Policy, subject to Your timely payment of premiums for Your Policy.

**Lifetime Maximum Benefit Amount for Long Term Care Policy** is shown in the Policy Schedule. It is the total dollar amount of benefits that will be paid under the Long Term Care Policy.

**Long Term Care Policy** means a long term care policy that is subject to the following terms:

1. It will be a long term care policy that is offered by Us or Our affiliates at the time the exchange is made and will be issued with the Long Term Care Policy Elimination Period, Benefit Amount for Long Term Care Policy and Lifetime Maximum Benefit Amount for Long Term Care Policy; and
2. It will meet or exceed all applicable federal and state minimum standards in effect for such policies at the time the exchange is made; and
3. The premium for the Long Term Care Policy will be the premium We charge for Your age and Long Term Care Benefit Amount at the time the exchange is made.

### BENEFITS

You may elect to exchange Your Policy for a Long Term Care Policy without submitting evidence of insurability:

1. At age 60 to age 70 if You are not Disabled; or
2. At age 65 to age 70 if You are Disabled, but have received the maximum benefits allowable under this Policy; or
3. At age 70. If You are Disabled and receiving benefits on this date, You may defer the exchange until You have received the maximum benefit amount for the Disability.

## TERMINATION

This rider will end:

1. On the LC Expiration Date;
2. When You exchange Your Policy for a Long Term Care Policy under the Lifetime Continuation Option Rider;
3. If the premium for Your Policy or this rider is not paid on time;
4. Upon Your written request to end this rider; or
5. On the date Your Policy terminates;

whichever happens first.

**PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY**

President and Chief Executive Officer

## ADDITIONAL TOTAL ONLY MONTHLY BENEFIT RIDER (ATO)

This rider is a part of Your Policy to which it is attached. This benefit is subject to the terms and conditions of this rider and Your Policy. All provisions of Your Policy apply to this rider and remain the same except where We change them by this rider.

This rider is effective on the ATO Effective Date shown in the Policy Schedule.

Your Policy is amended by adding or changing the following provisions:

### DEFINITIONS

**Additional Total Only Monthly Benefit** is shown in the Policy Schedule.

**ATO Elimination Period** means the number of days that must elapse during a Disability before benefits become payable. The number of days is shown in the Policy Schedule. Subject to the terms of the Recurrent Disability provision, these days need not be consecutive; they can be accumulated during a Disability to satisfy an ATO Elimination Period. Benefits are not payable, nor do they accrue, during an ATO Elimination Period.

**Maximum Benefit Period for Additional Total Only Monthly Benefit** is the maximum length of time We will pay Additional Total Only Monthly Benefits for any one continuous Disability. It is shown in the Policy Schedule. In no event will Additional Total Only Monthly Benefits be paid beyond the Maximum Benefit Periods for Total Disability.

### BENEFITS

If you become Totally Disabled after the ATO Effective Date, We will pay benefits as follows:

1. Benefits start to accrue on the day of Total Disability following the ATO Elimination Period shown in the Policy Schedule.

2. The Additional Total Only Monthly Benefit shown in the Policy Schedule will be paid for as long as Total Disability continues, but not beyond the Maximum Benefit Period for Additional Total Only Monthly Benefit.

These benefits are payable in addition to the other benefits provided by Your Policy.

## TERMINATION

This rider will end:

1. On the ATO Expiration Date;
2. If the premium for Your Policy or this rider is not paid on time;
3. Upon Your written request to end this rider; or
4. On the date Your Policy terminates;

whichever happens first.

**PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY**

President and Chief Executive Officer

## SERIOUS ILLNESS BENEFIT RIDER (SI)

This rider is a part of Your Policy to which it is attached. This benefit is subject to the terms and conditions of this rider and Your Policy. All provisions of Your Policy apply to this rider and remain the same except where We change them by this rider.

This rider is effective on the SI Effective Date shown in the Policy Schedule.

Your Policy is amended by adding or changing the following provisions:

### DEFINITIONS

**Cancer** means a disease which is identified by the presence of malignant cells or a malignant tumor characterized by the uncontrolled and abnormal growth and spread of invasive malignant cells. The following are not to be construed as Cancer for the purposes of this rider:

1. pre-malignant conditions or conditions with malignant potential;

2. carcinoma in situ;

3. Basal cell carcinoma and squamous cell carcinoma of the skin, unless metastatic disease develops; and

4. melanoma that is diagnosed as Clark's Level I or II or Breslow less than .75 mm or melanoma in situ.

**Heart Attack (Myocardial Infarction)** means there is an identifiable clinical event consistent with a heart attack that results in some permanent functional loss of heart contraction detectable by a regional contraction abnormality study on an imaging study, and which is defined as having two of the following three:

1. typical chest pain;

2. electrocardiographic (EKG) changes indicative of Myocardial Infarction; in the case of Myocardial Infarction associated with percutaneous coronary intervention (balloon angioplasty, stent implantation, and related procedures to increase the flow of blood through the coronary arteries), evolving ST elevations or new Q wave changes must be documented and included as one of the criteria on establishing a diagnosis; or

3. elevation of biochemical markers of myocardial necrosis.

**Serious Illness Benefit Amount** is shown in the Policy Schedule.

**Serious Illness Elimination Period** means the number of days of Serious Illness that must elapse before the benefit becomes payable. The number of days is shown in the Policy Schedule. Subject to the terms of the Recurrent Disability provision, these days need not be consecutive; they can be accumulated during a Disability to satisfy the Serious Illness Elimination Period. This Benefit is not payable during a Serious Illness Elimination Period.

**Stroke** means cerebrovascular incident including infarction of brain tissue, cerebral and subarachnoid hemorrhage, cerebral embolism and cerebral thrombosis. The diagnosis must be supported by:

1. evidence of persistent neurological deficits confirmed by a neurologist at least 30 days after the event; and

2. confirmatory neuroimaging studies consistent with the diagnosis of a new Stroke.

The following are not to be construed as a Stroke for purposes of this rider:

1. transient ischemic attack;

2. brain Injury related to trauma or infection;

3. brain Injury associated with hypoxia, anoxia or hypotension;

4. vascular disease affecting the eye or optic nerve; and

5. ischemic disorders of the vestibular system.

## BENEFITS

If You are Totally Disabled due to Cancer, Stroke or Heart Attack, We will pay the Serious Illness Benefit Amount at the end of the Serious Illness Elimination Period if you remain continuously Totally Disabled from either Cancer, Stroke or Heart Attack.

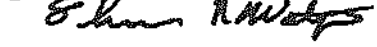
## TERMINATION

This rider will end:

1. On the SI Expiration Date:
2. When you have received the Serious Illness Benefit Amount;
3. If the premium for Your Policy or this rider is not paid on time;
4. Upon Your written request to end this rider; or
5. On the date Your Policy terminates;

whichever happens first.

**PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY**



President and Chief Executive Officer

# POLICY CHANGE RIDER

Insured - (John Doe)
Policy Number - (123456)
Policy Change Effective Date - January 1, 2015

At Your request, and in consideration of: 1) the statements in Your application, if any, and: 2) the timely payment of premiums associated with this Policy Change it is agreed that the above Policy is changed as of the Policy Change Effective Date.

This rider, the attached Policy Schedule and any additional attachments are part of Your Policy and are effective on the Policy Change Effective Date. All provisions of Your Policy apply to this rider and remain the same except where changed by this rider.

**PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY**

President and Chief Executive Officer

# Rate/Rule Schedule

| Schedule Item Status: | Document Name: | Affected Form Numbers: (Separated with commas) | Rate Action:* | Rate Action Information: | Attachments |
|---|---|---|---|---|---|
| Approved-Closed 11/16/2009 | Standard Ratebook | 750 et al | New | | 750 Standard Ratebook.pdf |

**Policy Form 750**
**Disability Income Policy and Riders**
**Premium Rates and Factors**

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Form 750 NonSmoker - Unisex Rates 2 Year BP
Class P1
Base Coverage 24 Month MNAD, 24 Month Residual

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 6.56 | 4.90 | 4.45 | 3.86 |
| 26 | 7.00 | 5.28 | 4.77 | 4.13 |
| 27 | 7.44 | 5.66 | 5.08 | 4.40 |
| 28 | 7.56 | 5.67 | 5.24 | 4.54 |
| 29 | 7.70 | 5.71 | 5.39 | 4.68 |
| 30 | 7.91 | 5.87 | 5.51 | 4.77 |
| 31 | 8.28 | 6.18 | 5.60 | 4.85 |
| 32 | 8.71 | 6.55 | 5.70 | 4.93 |
| 33 | 9.15 | 6.93 | 6.00 | 5.22 |
| 34 | 9.57 | 7.26 | 6.28 | 5.47 |
| 35 | 9.93 | 7.52 | 6.52 | 5.66 |
| 36 | 10.25 | 7.74 | 6.71 | 5.83 |
| 37 | 10.55 | 7.91 | 6.88 | 5.97 |
| 38 | 10.85 | 8.08 | 7.06 | 6.11 |
| 39 | 11.19 | 8.31 | 7.26 | 6.30 |
| 40 | 11.56 | 8.59 | 7.51 | 6.52 |
| 41 | 11.87 | 8.85 | 7.74 | 6.73 |
| 42 | 12.37 | 9.26 | 8.09 | 7.07 |
| 43 | 13.01 | 9.78 | 8.56 | 7.50 |
| 44 | 13.53 | 10.24 | 8.97 | 7.87 |
| 45 | 14.39 | 10.97 | 9.62 | 8.44 |
| 46 | 14.96 | 11.46 | 10.07 | 8.85 |
| 47 | 15.74 | 12.07 | 10.66 | 9.34 |
| 48 | 16.54 | 12.70 | 11.25 | 9.86 |
| 49 | 17.43 | 13.37 | 11.89 | 10.41 |
| 50 | 18.42 | 14.11 | 12.60 | 11.05 |
| 51 | 19.55 | 14.94 | 13.39 | 11.77 |
| 52 | 20.83 | 15.91 | 14.26 | 12.60 |
| 53 | 22.41 | 17.13 | 15.36 | 13.63 |
| 54 | 24.14 | 18.47 | 16.55 | 14.74 |
| 55 | 25.98 | 19.92 | 17.83 | 15.93 |
| 56 | 27.88 | 21.44 | 19.16 | 17.11 |
| 57 | 29.78 | 22.99 | 20.54 | 18.24 |
| 58 | 31.71 | 24.64 | 22.04 | 19.36 |
| 59 | 33.82 | 26.56 | 23.82 | 20.61 |
| 60 | 36.51 | 29.25 | 26.32 | 22.36 |
| 61 | 40.57 | 33.61 | 30.30 | 25.44 |
| 62 | 41.02 | 35.17 | 31.76 | 26.40 |
| 63 | 42.13 | 35.69 | 32.28 | 26.61 |
| 64 | 42.76 | 37.00 | 33.50 | 27.40 |
| 65 | 44.13 | 38.20 | 34.63 | 28.10 |
| 66 | 47.47 | 40.95 | 37.13 | 30.12 |
| 67 | 51.08 | 43.90 | 39.81 | 32.30 |
| 68 | 54.94 | 47.06 | 42.67 | 34.63 |
| 69 | 59.09 | 50.46 | 45.75 | 37.12 |
| 70 | 63.57 | 54.10 | 49.04 | 39.81 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates 2 Year BP
Class A1
Base Coverage 24 Month MNAD, 24 Month Residual

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 7.72 | 5.76 | 5.24 | 4.54 |
| 26 | 8.24 | 6.21 | 5.61 | 4.86 |
| 27 | 8.75 | 6.66 | 5.98 | 5.18 |
| 28 | 8.89 | 6.67 | 6.16 | 5.34 |
| 29 | 9.06 | 6.72 | 6.34 | 5.51 |
| 30 | 9.31 | 6.91 | 6.48 | 5.61 |
| 31 | 9.74 | 7.27 | 6.59 | 5.71 |
| 32 | 10.25 | 7.71 | 6.70 | 5.80 |
| 33 | 10.77 | 8.15 | 7.06 | 6.14 |
| 34 | 11.26 | 8.54 | 7.39 | 6.43 |
| 35 | 11.68 | 8.85 | 7.67 | 6.66 |
| 36 | 12.06 | 9.10 | 7.89 | 6.86 |
| 37 | 12.41 | 9.30 | 8.09 | 7.02 |
| 38 | 12.77 | 9.50 | 8.30 | 7.19 |
| 39 | 13.16 | 9.78 | 8.54 | 7.41 |
| 40 | 13.60 | 10.11 | 8.84 | 7.67 |
| 41 | 13.97 | 10.41 | 9.10 | 7.92 |
| 42 | 14.55 | 10.89 | 9.52 | 8.32 |
| 43 | 15.30 | 11.51 | 10.07 | 8.82 |
| 44 | 15.92 | 12.05 | 10.55 | 9.26 |
| 45 | 16.93 | 12.90 | 11.32 | 9.93 |
| 46 | 17.60 | 13.48 | 11.85 | 10.41 |
| 47 | 18.52 | 14.20 | 12.54 | 10.99 |
| 48 | 19.46 | 14.94 | 13.24 | 11.60 |
| 49 | 20.50 | 15.73 | 13.99 | 12.25 |
| 50 | 21.67 | 16.60 | 14.82 | 13.00 |
| 51 | 23.00 | 17.58 | 15.75 | 13.85 |
| 52 | 24.50 | 18.72 | 16.78 | 14.82 |
| 53 | 26.37 | 20.15 | 18.07 | 16.03 |
| 54 | 28.40 | 21.73 | 19.47 | 17.34 |
| 55 | 30.57 | 23.44 | 20.98 | 18.74 |
| 56 | 32.80 | 25.22 | 22.54 | 20.13 |
| 57 | 35.04 | 27.05 | 24.16 | 21.46 |
| 58 | 37.31 | 28.99 | 25.93 | 22.78 |
| 59 | 39.79 | 31.25 | 28.02 | 24.25 |
| 60 | 42.95 | 34.41 | 30.96 | 26.31 |
| 61 | 47.73 | 39.54 | 35.65 | 29.93 |
| 62 | 48.26 | 41.38 | 37.37 | 31.06 |
| 63 | 49.57 | 41.99 | 37.98 | 31.30 |
| 64 | 50.30 | 43.53 | 39.41 | 32.23 |
| 65 | 51.92 | 44.94 | 40.74 | 33.06 |
| 66 | 55.85 | 48.18 | 43.68 | 35.44 |
| 67 | 60.09 | 51.65 | 46.83 | 38.00 |
| 68 | 64.63 | 55.37 | 50.20 | 40.74 |
| 69 | 69.52 | 59.36 | 53.82 | 43.67 |
| 70 | 74.79 | 63.65 | 57.69 | 46.83 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates 2 Year BP
Class B1
Base Coverage 24 Month MNAD, 24 Month Residual

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 8.53 | 6.67 | 6.01 | 5.22 |
| 26 | 9.12 | 7.16 | 6.40 | 5.55 |
| 27 | 9.71 | 7.64 | 6.77 | 5.88 |
| 28 | 9.92 | 7.67 | 6.99 | 6.05 |
| 29 | 10.15 | 7.76 | 7.20 | 6.24 |
| 30 | 10.41 | 7.94 | 7.34 | 6.36 |
| 31 | 10.80 | 8.30 | 7.47 | 6.46 |
| 32 | 11.29 | 8.74 | 7.60 | 6.56 |
| 33 | 11.79 | 9.18 | 8.00 | 6.93 |
| 34 | 12.26 | 9.58 | 8.35 | 7.24 |
| 35 | 12.70 | 9.90 | 8.64 | 7.48 |
| 36 | 13.08 | 10.17 | 8.86 | 7.68 |
| 37 | 13.46 | 10.42 | 9.07 | 7.87 |
| 38 | 13.83 | 10.68 | 9.32 | 8.08 |
| 39 | 14.23 | 11.00 | 9.63 | 8.35 |
| 40 | 14.68 | 11.40 | 10.01 | 8.70 |
| 41 | 15.04 | 11.77 | 10.37 | 9.04 |
| 42 | 15.61 | 12.35 | 10.92 | 9.54 |
| 43 | 16.37 | 13.07 | 11.60 | 10.16 |
| 44 | 17.01 | 13.70 | 12.20 | 10.68 |
| 45 | 18.10 | 14.66 | 13.09 | 11.47 |
| 46 | 18.89 | 15.32 | 13.69 | 12.01 |
| 47 | 19.94 | 16.16 | 14.44 | 12.67 |
| 48 | 21.03 | 17.01 | 15.19 | 13.32 |
| 49 | 22.27 | 17.92 | 15.99 | 14.01 |
| 50 | 23.64 | 18.91 | 16.86 | 14.80 |
| 51 | 25.16 | 20.03 | 17.86 | 15.70 |
| 52 | 26.85 | 21.29 | 19.02 | 16.76 |
| 53 | 28.88 | 22.87 | 20.49 | 18.08 |
| 54 | 31.06 | 24.63 | 22.13 | 19.56 |
| 55 | 33.34 | 26.51 | 23.88 | 21.10 |
| 56 | 35.67 | 28.46 | 25.74 | 22.67 |
| 57 | 38.01 | 30.47 | 27.67 | 24.20 |
| 58 | 40.42 | 32.64 | 29.72 | 25.69 |
| 59 | 43.13 | 35.19 | 32.12 | 27.33 |
| 60 | 46.59 | 38.77 | 35.44 | 29.65 |
| 61 | 51.78 | 44.55 | 40.82 | 33.73 |
| 62 | 52.36 | 46.62 | 42.78 | 35.01 |
| 63 | 53.77 | 47.31 | 43.48 | 35.27 |
| 64 | 54.57 | 49.04 | 45.14 | 36.32 |
| 65 | 56.31 | 50.63 | 46.66 | 37.27 |
| 66 | 60.71 | 54.36 | 50.10 | 40.02 |
| 67 | 65.44 | 58.38 | 53.80 | 42.98 |
| 68 | 70.53 | 62.70 | 57.79 | 46.16 |
| 69 | 76.04 | 67.33 | 62.04 | 49.56 |
| 70 | 81.95 | 72.29 | 66.64 | 53.22 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates 2 Year BP
Class C1 C2
Base Coverage 24 Month MNAD, 24 Month Residual

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 9.53 | 7.57 | 6.95 | 6.02 |
| 26 | 10.22 | 8.14 | 7.40 | 6.41 |
| 27 | 10.92 | 8.69 | 7.84 | 6.79 |
| 28 | 11.01 | 8.74 | 7.86 | 6.96 |
| 29 | 11.16 | 8.81 | 7.89 | 7.14 |
| 30 | 11.49 | 9.00 | 7.99 | 7.23 |
| 31 | 12.07 | 9.36 | 8.25 | 7.32 |
| 32 | 12.75 | 9.82 | 8.57 | 7.41 |
| 33 | 13.43 | 10.29 | 8.95 | 7.76 |
| 34 | 14.03 | 10.71 | 9.31 | 8.08 |
| 35 | 14.51 | 11.05 | 9.62 | 8.37 |
| 36 | 14.89 | 11.33 | 9.92 | 8.61 |
| 37 | 15.22 | 11.58 | 10.21 | 8.85 |
| 38 | 15.55 | 11.85 | 10.52 | 9.11 |
| 39 | 15.93 | 12.20 | 10.87 | 9.42 |
| 40 | 16.41 | 12.61 | 11.28 | 9.79 |
| 41 | 16.81 | 13.00 | 11.63 | 10.13 |
| 42 | 17.50 | 13.60 | 12.16 | 10.62 |
| 43 | 18.39 | 14.35 | 12.82 | 11.23 |
| 44 | 19.16 | 15.01 | 13.38 | 11.74 |
| 45 | 20.41 | 16.04 | 14.26 | 12.51 |
| 46 | 21.27 | 16.76 | 14.87 | 13.05 |
| 47 | 22.42 | 17.70 | 15.67 | 13.74 |
| 48 | 23.60 | 18.66 | 16.50 | 14.45 |
| 49 | 24.91 | 19.71 | 17.42 | 15.27 |
| 50 | 26.41 | 20.89 | 18.47 | 16.22 |
| 51 | 28.15 | 22.25 | 19.68 | 17.32 |
| 52 | 30.17 | 23.82 | 21.04 | 18.62 |
| 53 | 32.68 | 25.76 | 22.74 | 20.22 |
| 54 | 35.48 | 27.89 | 24.60 | 21.98 |
| 55 | 38.45 | 30.17 | 26.57 | 23.83 |
| 56 | 41.49 | 32.52 | 28.63 | 25.67 |
| 57 | 44.51 | 34.90 | 30.74 | 27.41 |
| 58 | 47.49 | 37.41 | 32.99 | 29.12 |
| 59 | 50.62 | 40.34 | 35.67 | 30.99 |
| 60 | 54.55 | 44.42 | 39.39 | 33.62 |
| 61 | 60.61 | 51.03 | 45.37 | 38.22 |
| 62 | 61.29 | 53.42 | 47.55 | 39.68 |
| 63 | 62.95 | 54.21 | 48.33 | 39.99 |
| 64 | 63.87 | 56.18 | 50.14 | 41.16 |
| 65 | 65.93 | 58.00 | 51.83 | 42.23 |
| 66 | 71.28 | 62.43 | 55.80 | 45.46 |
| 67 | 77.08 | 67.22 | 60.07 | 48.93 |
| 68 | 83.35 | 72.34 | 64.66 | 52.68 |
| 69 | 90.12 | 77.88 | 69.61 | 56.71 |
| 70 | 97.46 | 83.84 | 74.92 | 61.03 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates 2 Year BP
Class D1
Base Coverage 24 Month MNAD, 24 Month Residual

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 13.46 | 10.60 | 9.98 | 8.65 |
| 26 | 14.29 | 11.46 | 10.55 | 9.17 |
| 27 | 15.09 | 12.30 | 11.12 | 9.66 |
| 28 | 15.57 | 12.38 | 11.31 | 9.82 |
| 29 | 16.04 | 12.44 | 11.51 | 9.98 |
| 30 | 16.35 | 12.61 | 11.59 | 10.03 |
| 31 | 16.63 | 13.02 | 11.66 | 10.09 |
| 32 | 16.92 | 13.56 | 11.73 | 10.13 |
| 33 | 17.82 | 14.12 | 12.11 | 10.50 |
| 34 | 18.57 | 14.59 | 12.46 | 10.82 |
| 35 | 19.12 | 14.97 | 12.77 | 11.09 |
| 36 | 19.50 | 15.27 | 13.05 | 11.32 |
| 37 | 19.77 | 15.52 | 13.32 | 11.55 |
| 38 | 20.02 | 15.78 | 13.62 | 11.82 |
| 39 | 20.36 | 16.11 | 13.97 | 12.14 |
| 40 | 20.83 | 16.54 | 14.39 | 12.52 |
| 41 | 21.24 | 16.89 | 14.72 | 12.84 |
| 42 | 22.05 | 17.53 | 15.28 | 13.35 |
| 43 | 23.13 | 18.37 | 15.99 | 14.00 |
| 44 | 24.09 | 19.07 | 16.57 | 14.53 |
| 45 | 25.62 | 20.24 | 17.53 | 15.37 |
| 46 | 26.66 | 21.01 | 18.16 | 15.93 |
| 47 | 28.03 | 22.07 | 19.03 | 16.70 |
| 48 | 29.42 | 23.14 | 19.93 | 17.49 |
| 49 | 30.93 | 24.34 | 20.96 | 18.42 |
| 50 | 32.65 | 25.71 | 22.15 | 19.51 |
| 51 | 34.65 | 27.30 | 23.55 | 20.82 |
| 52 | 37.00 | 29.14 | 25.20 | 22.38 |
| 53 | 40.00 | 31.46 | 27.25 | 24.32 |
| 54 | 43.38 | 34.02 | 29.53 | 26.47 |
| 55 | 47.03 | 36.78 | 31.98 | 28.73 |
| 56 | 50.81 | 39.63 | 34.53 | 30.96 |
| 57 | 54.57 | 42.55 | 37.12 | 33.10 |
| 58 | 58.25 | 45.60 | 39.86 | 35.16 |
| 59 | 62.10 | 49.16 | 43.09 | 37.41 |
| 60 | 66.87 | 54.11 | 47.56 | 40.58 |
| 61 | 74.31 | 62.18 | 54.77 | 46.15 |
| 62 | 75.15 | 65.09 | 57.42 | 47.90 |
| 63 | 77.18 | 66.05 | 58.35 | 48.28 |
| 64 | 78.31 | 68.47 | 60.55 | 49.70 |
| 65 | 80.82 | 70.68 | 62.60 | 50.99 |
| 66 | 87.89 | 76.39 | 67.64 | 55.10 |
| 67 | 95.58 | 82.54 | 73.09 | 59.54 |
| 68 | 103.93 | 89.18 | 78.98 | 64.33 |
| 69 | 113.02 | 96.37 | 85.34 | 69.52 |
| 70 | 122.90 | 104.13 | 92.22 | 75.12 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates 2 Year BP
Class E1
Base Coverage 24 Month MNAD, 24 Month Residual

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 19.42 | 14.61 | 13.74 | 11.91 |
| 26 | 20.46 | 15.55 | 14.32 | 12.43 |
| 27 | 21.50 | 16.49 | 14.89 | 12.93 |
| 28 | 21.61 | 16.54 | 15.15 | 13.14 |
| 29 | 21.85 | 16.63 | 15.40 | 13.36 |
| 30 | 22.32 | 16.86 | 15.51 | 13.43 |
| 31 | 23.17 | 17.42 | 15.61 | 13.50 |
| 32 | 24.16 | 18.15 | 15.70 | 13.56 |
| 33 | 25.15 | 18.91 | 16.22 | 14.05 |
| 34 | 25.98 | 19.57 | 16.71 | 14.50 |
| 35 | 26.62 | 20.12 | 17.16 | 14.90 |
| 36 | 27.12 | 20.54 | 17.55 | 15.24 |
| 37 | 27.56 | 20.91 | 17.94 | 15.58 |
| 38 | 28.03 | 21.28 | 18.36 | 15.92 |
| 39 | 28.63 | 21.73 | 18.84 | 16.36 |
| 40 | 29.41 | 22.31 | 19.41 | 16.87 |
| 41 | 30.08 | 22.77 | 19.86 | 17.31 |
| 42 | 31.23 | 23.61 | 20.60 | 17.99 |
| 43 | 32.76 | 24.75 | 21.57 | 18.87 |
| 44 | 34.04 | 25.71 | 22.34 | 19.58 |
| 45 | 36.15 | 27.31 | 23.67 | 20.77 |
| 46 | 37.55 | 28.42 | 24.55 | 21.55 |
| 47 | 39.42 | 29.88 | 25.76 | 22.60 |
| 48 | 41.33 | 31.38 | 27.03 | 23.72 |
| 49 | 43.45 | 33.03 | 28.44 | 24.99 |
| 50 | 45.86 | 34.88 | 30.05 | 26.47 |
| 51 | 48.69 | 36.97 | 31.91 | 28.21 |
| 52 | 51.95 | 39.36 | 34.02 | 30.22 |
| 53 | 56.11 | 42.32 | 36.67 | 32.72 |
| 54 | 60.73 | 45.57 | 39.55 | 35.47 |
| 55 | 65.69 | 49.04 | 42.65 | 38.30 |
| 56 | 70.80 | 52.63 | 45.85 | 41.13 |
| 57 | 75.90 | 56.36 | 49.17 | 43.86 |
| 58 | 80.95 | 60.32 | 52.74 | 46.52 |
| 59 | 86.31 | 65.07 | 57.02 | 49.52 |
| 60 | 93.03 | 71.70 | 63.01 | 53.77 |
| 61 | 103.35 | 82.38 | 72.55 | 61.12 |
| 62 | 104.52 | 86.21 | 76.07 | 63.47 |
| 63 | 107.35 | 87.49 | 77.29 | 63.97 |
| 64 | 108.93 | 90.68 | 80.21 | 65.84 |
| 65 | 112.42 | 93.64 | 82.92 | 67.55 |
| 66 | 122.26 | 101.18 | 89.60 | 72.99 |
| 67 | 132.96 | 109.33 | 96.82 | 78.87 |
| 68 | 144.59 | 118.15 | 104.61 | 85.22 |
| 69 | 157.23 | 127.65 | 113.04 | 92.09 |
| 70 | 170.97 | 137.94 | 122.16 | 99.52 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates 2 Year BP
Class F1
Base Coverage 24 Month MNAD, 24 Month Residual

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 22.33 | 17.81 | 16.76 | 14.53 |
| 26 | 23.40 | 18.97 | 17.47 | 15.17 |
| 27 | 24.45 | 20.13 | 18.18 | 15.79 |
| 28 | 25.19 | 20.17 | 18.35 | 15.94 |
| 29 | 25.93 | 20.17 | 18.55 | 16.07 |
| 30 | 26.40 | 20.30 | 18.53 | 16.05 |
| 31 | 26.85 | 20.79 | 18.52 | 16.02 |
| 32 | 27.28 | 21.50 | 18.49 | 15.99 |
| 33 | 28.66 | 22.29 | 19.05 | 16.52 |
| 34 | 29.89 | 23.03 | 19.62 | 17.04 |
| 35 | 30.90 | 23.67 | 20.18 | 17.51 |
| 36 | 31.68 | 24.23 | 20.70 | 17.96 |
| 37 | 32.30 | 24.74 | 21.23 | 18.42 |
| 38 | 32.90 | 25.27 | 21.80 | 18.91 |
| 39 | 33.55 | 25.87 | 22.42 | 19.47 |
| 40 | 34.37 | 26.59 | 23.12 | 20.11 |
| 41 | 35.01 | 27.16 | 23.66 | 20.64 |
| 42 | 36.23 | 28.13 | 24.53 | 21.44 |
| 43 | 37.89 | 29.43 | 25.64 | 22.45 |
| 44 | 39.32 | 30.49 | 26.52 | 23.25 |
| 45 | 41.73 | 32.32 | 28.05 | 24.61 |
| 46 | 43.37 | 33.54 | 29.04 | 25.48 |
| 47 | 45.59 | 35.22 | 30.42 | 26.70 |
| 48 | 47.88 | 36.97 | 31.89 | 27.99 |
| 49 | 50.37 | 38.90 | 33.53 | 29.47 |
| 50 | 53.19 | 41.08 | 35.43 | 31.21 |
| 51 | 56.41 | 43.58 | 37.63 | 33.26 |
| 52 | 60.05 | 46.41 | 40.13 | 35.64 |
| 53 | 64.62 | 49.93 | 43.25 | 38.60 |
| 54 | 69.64 | 53.77 | 46.67 | 41.83 |
| 55 | 75.04 | 57.85 | 50.29 | 45.17 |
| 56 | 80.58 | 62.08 | 54.07 | 48.50 |
| 57 | 86.18 | 66.44 | 57.97 | 51.69 |
| 58 | 91.81 | 71.11 | 62.18 | 54.85 |
| 59 | 97.90 | 76.69 | 67.23 | 58.38 |
| 60 | 105.60 | 84.53 | 74.31 | 63.40 |
| 61 | 117.35 | 97.12 | 85.55 | 72.07 |
| 62 | 118.67 | 101.65 | 89.68 | 74.83 |
| 63 | 121.88 | 103.16 | 91.14 | 75.42 |
| 64 | 123.68 | 106.91 | 94.59 | 77.63 |
| 65 | 127.65 | 110.39 | 97.76 | 79.64 |
| 66 | 138.81 | 119.28 | 105.63 | 86.06 |
| 67 | 150.95 | 128.89 | 114.14 | 92.98 |
| 68 | 164.16 | 139.27 | 123.34 | 100.48 |
| 69 | 178.51 | 150.49 | 133.28 | 108.57 |
| 70 | 194.12 | 162.63 | 144.02 | 117.33 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates 2 Year BP
Class G1
Base Coverage 24 Month MNAD, 24 Month Residual

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 33.50 | 26.72 | 25.14 | 21.80 |
| 26 | 35.10 | 28.46 | 26.21 | 22.76 |
| 27 | 36.68 | 30.20 | 27.27 | 23.69 |
| 28 | 37.79 | 30.26 | 27.53 | 23.91 |
| 29 | 38.90 | 30.26 | 27.83 | 24.11 |
| 30 | 39.60 | 30.45 | 27.80 | 24.08 |
| 31 | 40.28 | 31.19 | 27.78 | 24.03 |
| 32 | 40.92 | 32.25 | 27.74 | 23.99 |
| 33 | 42.99 | 33.44 | 28.58 | 24.78 |
| 34 | 44.84 | 34.55 | 29.43 | 25.56 |
| 35 | 46.35 | 35.51 | 30.27 | 26.27 |
| 36 | 47.52 | 36.35 | 31.05 | 26.94 |
| 37 | 48.45 | 37.11 | 31.85 | 27.63 |
| 38 | 49.35 | 37.91 | 32.70 | 28.37 |
| 39 | 50.33 | 38.81 | 33.63 | 29.21 |
| 40 | 51.56 | 39.89 | 34.68 | 30.17 |
| 41 | 52.52 | 40.74 | 35.49 | 30.96 |
| 42 | 54.35 | 42.20 | 36.80 | 32.16 |
| 43 | 56.84 | 44.15 | 38.46 | 33.68 |
| 44 | 58.98 | 45.74 | 39.78 | 34.88 |
| 45 | 62.60 | 48.48 | 42.08 | 36.92 |
| 46 | 65.06 | 50.31 | 43.56 | 38.22 |
| 47 | 68.39 | 52.83 | 45.63 | 40.05 |
| 48 | 71.82 | 55.46 | 47.84 | 41.99 |
| 49 | 75.56 | 58.35 | 50.30 | 44.21 |
| 50 | 79.79 | 61.62 | 53.15 | 46.82 |
| 51 | 84.62 | 65.37 | 56.45 | 49.89 |
| 52 | 90.08 | 69.62 | 60.20 | 53.46 |
| 53 | 96.93 | 74.90 | 64.88 | 57.90 |
| 54 | 104.46 | 80.66 | 70.01 | 62.75 |
| 55 | 112.56 | 86.78 | 75.44 | 67.76 |
| 56 | 120.87 | 93.12 | 81.11 | 72.75 |
| 57 | 129.27 | 99.66 | 86.96 | 77.54 |
| 58 | 137.72 | 106.67 | 93.27 | 82.28 |
| 59 | 146.85 | 115.04 | 100.85 | 87.57 |
| 60 | 158.40 | 126.80 | 111.47 | 95.10 |
| 61 | 176.03 | 145.68 | 128.33 | 108.11 |
| 62 | 178.01 | 152.48 | 134.52 | 112.25 |
| 63 | 182.82 | 154.74 | 136.71 | 113.13 |
| 64 | 185.52 | 160.37 | 141.89 | 116.45 |
| 65 | 191.48 | 165.59 | 146.64 | 119.46 |
| 66 | 208.22 | 178.92 | 158.45 | 129.09 |
| 67 | 226.43 | 193.34 | 171.21 | 139.47 |
| 68 | 246.24 | 208.91 | 185.01 | 150.72 |
| 69 | 267.77 | 225.74 | 199.92 | 162.86 |
| 70 | 291.18 | 243.95 | 216.03 | 176.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates 5 Year BP
Class P1
Base Coverage 24 Month MNAD, 24 Month Residual

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 8.96 | 6.70 | 6.21 | 5.41 |
| 26 | 9.97 | 7.58 | 7.00 | 6.10 |
| 27 | 10.97 | 8.47 | 7.77 | 6.79 |
| 28 | 11.85 | 9.24 | 8.32 | 7.28 |
| 29 | 12.51 | 9.79 | 8.70 | 7.62 |
| 30 | 12.87 | 10.07 | 8.93 | 7.83 |
| 31 | 13.12 | 10.25 | 9.13 | 8.00 |
| 32 | 13.38 | 10.42 | 9.35 | 8.18 |
| 33 | 13.70 | 10.67 | 9.61 | 8.40 |
| 34 | 14.11 | 10.99 | 9.92 | 8.67 |
| 35 | 14.62 | 11.39 | 10.26 | 8.99 |
| 36 | 15.23 | 11.85 | 10.63 | 9.33 |
| 37 | 15.87 | 12.34 | 11.01 | 9.70 |
| 38 | 16.55 | 12.84 | 11.42 | 10.07 |
| 39 | 17.25 | 13.32 | 11.84 | 10.46 |
| 40 | 17.94 | 13.80 | 12.28 | 10.88 |
| 41 | 18.45 | 14.14 | 12.63 | 11.20 |
| 42 | 19.19 | 14.68 | 13.18 | 11.69 |
| 43 | 20.13 | 15.39 | 13.90 | 12.33 |
| 44 | 20.94 | 16.05 | 14.55 | 12.91 |
| 45 | 22.31 | 17.20 | 15.64 | 13.88 |
| 46 | 23.34 | 18.16 | 16.48 | 14.66 |
| 47 | 24.73 | 19.46 | 17.62 | 15.69 |
| 48 | 26.15 | 20.85 | 18.79 | 16.76 |
| 49 | 27.64 | 22.33 | 19.99 | 17.88 |
| 50 | 29.17 | 23.83 | 21.25 | 19.01 |
| 51 | 30.67 | 25.34 | 22.50 | 20.12 |
| 52 | 32.12 | 26.76 | 23.72 | 21.18 |
| 53 | 33.77 | 28.30 | 25.09 | 22.33 |
| 54 | 35.42 | 29.75 | 26.48 | 23.38 |
| 55 | 37.09 | 31.16 | 27.89 | 24.38 |
| 56 | 38.88 | 32.62 | 29.38 | 25.32 |
| 57 | 40.84 | 34.24 | 30.99 | 26.27 |
| 58 | 43.05 | 36.09 | 32.78 | 27.31 |
| 59 | 45.42 | 38.24 | 34.73 | 28.48 |
| 60 | 47.70 | 40.57 | 36.78 | 29.84 |
| 61 | 49.25 | 42.64 | 38.66 | 31.37 |
| 62 | 47.05 | 41.62 | 37.73 | 30.61 |
| 63 | 45.70 | 39.50 | 35.81 | 29.05 |
| 64 | 44.49 | 38.88 | 35.25 | 28.59 |
| 65 | 44.13 | 38.20 | 34.63 | 28.10 |
| 66 | 47.47 | 40.95 | 37.13 | 30.12 |
| 67 | 51.08 | 43.90 | 39.81 | 32.30 |
| 68 | 54.94 | 47.06 | 42.67 | 34.63 |
| 69 | 59.09 | 50.46 | 45.75 | 37.12 |
| 70 | 63.57 | 54.10 | 49.04 | 39.81 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates 5 Year BP
Class A1
Base Coverage 24 Month MNAD, 24 Month Residual

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 10.54 | 7.88 | 7.31 | 6.37 |
| 26 | 11.73 | 8.92 | 8.23 | 7.18 |
| 27 | 12.90 | 9.97 | 9.14 | 7.99 |
| 28 | 13.94 | 10.87 | 9.79 | 8.57 |
| 29 | 14.72 | 11.52 | 10.24 | 8.97 |
| 30 | 15.14 | 11.85 | 10.51 | 9.21 |
| 31 | 15.44 | 12.06 | 10.74 | 9.41 |
| 32 | 15.74 | 12.26 | 11.00 | 9.62 |
| 33 | 16.12 | 12.55 | 11.31 | 9.88 |
| 34 | 16.60 | 12.93 | 11.67 | 10.20 |
| 35 | 17.20 | 13.40 | 12.07 | 10.58 |
| 36 | 17.92 | 13.94 | 12.51 | 10.98 |
| 37 | 18.67 | 14.52 | 12.95 | 11.41 |
| 38 | 19.47 | 15.10 | 13.43 | 11.85 |
| 39 | 20.29 | 15.67 | 13.93 | 12.30 |
| 40 | 21.10 | 16.23 | 14.45 | 12.80 |
| 41 | 21.71 | 16.64 | 14.86 | 13.18 |
| 42 | 22.58 | 17.27 | 15.51 | 13.75 |
| 43 | 23.68 | 18.10 | 16.35 | 14.50 |
| 44 | 24.64 | 18.88 | 17.12 | 15.19 |
| 45 | 26.25 | 20.24 | 18.40 | 16.33 |
| 46 | 27.46 | 21.36 | 19.39 | 17.25 |
| 47 | 29.09 | 22.89 | 20.73 | 18.46 |
| 48 | 30.77 | 24.53 | 22.10 | 19.72 |
| 49 | 32.52 | 26.27 | 23.52 | 21.03 |
| 50 | 34.32 | 28.04 | 25.00 | 22.37 |
| 51 | 36.08 | 29.81 | 26.47 | 23.67 |
| 52 | 37.79 | 31.48 | 27.91 | 24.92 |
| 53 | 39.73 | 33.29 | 29.52 | 26.27 |
| 54 | 41.67 | 35.00 | 31.15 | 27.51 |
| 55 | 43.64 | 36.66 | 32.81 | 28.68 |
| 56 | 45.74 | 38.38 | 34.56 | 29.79 |
| 57 | 48.05 | 40.28 | 36.46 | 30.91 |
| 58 | 50.65 | 42.46 | 38.56 | 32.13 |
| 59 | 53.43 | 44.99 | 40.86 | 33.51 |
| 60 | 56.12 | 47.73 | 43.27 | 35.11 |
| 61 | 57.94 | 50.17 | 45.48 | 36.90 |
| 62 | 55.35 | 48.96 | 44.39 | 36.01 |
| 63 | 53.76 | 46.47 | 42.13 | 34.18 |
| 64 | 52.34 | 45.74 | 41.47 | 33.64 |
| 65 | 51.92 | 44.94 | 40.74 | 33.06 |
| 66 | 55.85 | 48.18 | 43.68 | 35.44 |
| 67 | 60.09 | 51.65 | 46.83 | 38.00 |
| 68 | 64.63 | 55.37 | 50.20 | 40.74 |
| 69 | 69.52 | 59.36 | 53.82 | 43.67 |
| 70 | 74.79 | 63.65 | 57.69 | 46.83 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates 5 Year BP
Class B1
Base Coverage 24 Month MNAD, 24 Month Residual

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 11.66 | 9.11 | 8.42 | 7.32 |
| 26 | 13.00 | 10.28 | 9.40 | 8.20 |
| 27 | 14.33 | 11.46 | 10.38 | 9.07 |
| 28 | 15.55 | 12.53 | 11.07 | 9.71 |
| 29 | 16.43 | 13.28 | 11.57 | 10.19 |
| 30 | 16.85 | 13.60 | 11.88 | 10.44 |
| 31 | 17.09 | 13.76 | 12.16 | 10.66 |
| 32 | 17.31 | 13.89 | 12.46 | 10.89 |
| 33 | 17.64 | 14.13 | 12.78 | 11.17 |
| 34 | 18.10 | 14.49 | 13.16 | 11.50 |
| 35 | 18.72 | 14.99 | 13.57 | 11.87 |
| 36 | 19.45 | 15.60 | 14.03 | 12.30 |
| 37 | 20.26 | 16.27 | 14.54 | 12.79 |
| 38 | 21.09 | 16.97 | 15.10 | 13.33 |
| 39 | 21.92 | 17.66 | 15.70 | 13.89 |
| 40 | 22.76 | 18.34 | 16.37 | 14.51 |
| 41 | 23.35 | 18.84 | 16.95 | 15.02 |
| 42 | 24.23 | 19.57 | 17.78 | 15.76 |
| 43 | 25.36 | 20.53 | 18.83 | 16.69 |
| 44 | 26.34 | 21.43 | 19.78 | 17.54 |
| 45 | 28.10 | 22.99 | 21.27 | 18.88 |
| 46 | 29.46 | 24.28 | 22.41 | 19.91 |
| 47 | 31.32 | 26.03 | 23.86 | 21.26 |
| 48 | 33.28 | 27.90 | 25.36 | 22.63 |
| 49 | 35.34 | 29.90 | 26.89 | 24.05 |
| 50 | 37.43 | 31.92 | 28.46 | 25.47 |
| 51 | 39.48 | 33.91 | 30.04 | 26.86 |
| 52 | 41.42 | 35.79 | 31.62 | 28.19 |
| 53 | 43.55 | 37.78 | 33.47 | 29.63 |
| 54 | 45.59 | 39.65 | 35.37 | 31.00 |
| 55 | 47.62 | 41.45 | 37.36 | 32.30 |
| 56 | 49.75 | 43.30 | 39.48 | 33.57 |
| 57 | 52.13 | 45.37 | 41.75 | 34.85 |
| 58 | 54.86 | 47.78 | 44.22 | 36.23 |
| 59 | 57.90 | 50.65 | 46.85 | 37.78 |
| 60 | 60.87 | 53.76 | 49.54 | 39.57 |
| 61 | 62.86 | 56.51 | 52.07 | 41.60 |
| 62 | 60.04 | 55.15 | 50.82 | 40.59 |
| 63 | 58.31 | 52.35 | 48.24 | 38.53 |
| 64 | 56.76 | 51.52 | 47.47 | 37.92 |
| 65 | 56.31 | 50.63 | 46.66 | 37.27 |
| 66 | 60.71 | 54.36 | 50.10 | 40.02 |
| 67 | 65.44 | 58.38 | 53.80 | 42.98 |
| 68 | 70.53 | 62.70 | 57.79 | 46.16 |
| 69 | 76.04 | 67.33 | 62.04 | 49.56 |
| 70 | 81.95 | 72.29 | 66.64 | 53.22 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates 5 Year BP
Class C1 C2
Base Coverage 24 Month MNAD, 24 Month Residual

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 13.01 | 10.33 | 9.74 | 8.47 |
| 26 | 14.55 | 11.69 | 10.85 | 9.48 |
| 27 | 16.10 | 13.04 | 11.98 | 10.49 |
| 28 | 17.28 | 14.25 | 12.86 | 11.29 |
| 29 | 18.15 | 15.08 | 13.47 | 11.83 |
| 30 | 18.66 | 15.40 | 13.74 | 12.06 |
| 31 | 19.10 | 15.52 | 13.90 | 12.18 |
| 32 | 19.55 | 15.62 | 14.06 | 12.30 |
| 33 | 20.08 | 15.83 | 14.32 | 12.51 |
| 34 | 20.69 | 16.20 | 14.66 | 12.82 |
| 35 | 21.38 | 16.70 | 15.13 | 13.24 |
| 36 | 22.13 | 17.36 | 15.69 | 13.78 |
| 37 | 22.91 | 18.09 | 16.34 | 14.38 |
| 38 | 23.73 | 18.83 | 17.01 | 15.03 |
| 39 | 24.56 | 19.56 | 17.72 | 15.68 |
| 40 | 25.46 | 20.29 | 18.46 | 16.35 |
| 41 | 26.11 | 20.79 | 19.01 | 16.85 |
| 42 | 27.14 | 21.55 | 19.80 | 17.56 |
| 43 | 28.47 | 22.54 | 20.80 | 18.46 |
| 44 | 29.64 | 23.48 | 21.69 | 19.24 |
| 45 | 31.65 | 25.15 | 23.18 | 20.57 |
| 46 | 33.17 | 26.54 | 24.33 | 21.63 |
| 47 | 35.20 | 28.49 | 25.90 | 23.06 |
| 48 | 37.32 | 30.61 | 27.54 | 24.58 |
| 49 | 39.54 | 32.92 | 29.31 | 26.23 |
| 50 | 41.85 | 35.31 | 31.18 | 27.92 |
| 51 | 44.19 | 37.72 | 33.07 | 29.65 |
| 52 | 46.53 | 40.04 | 35.00 | 31.33 |
| 53 | 49.23 | 42.51 | 37.15 | 33.13 |
| 54 | 51.98 | 44.87 | 39.34 | 34.84 |
| 55 | 54.81 | 47.16 | 41.56 | 36.44 |
| 56 | 57.82 | 49.45 | 43.87 | 37.95 |
| 57 | 61.02 | 51.95 | 46.35 | 39.44 |
| 58 | 64.45 | 54.79 | 49.05 | 41.01 |
| 59 | 67.96 | 58.05 | 51.98 | 42.78 |
| 60 | 71.24 | 61.57 | 55.03 | 44.82 |
| 61 | 73.58 | 64.73 | 57.84 | 47.13 |
| 62 | 70.29 | 63.19 | 56.47 | 46.00 |
| 63 | 68.25 | 59.97 | 53.59 | 43.66 |
| 64 | 66.44 | 59.02 | 52.73 | 42.96 |
| 65 | 65.93 | 58.00 | 51.83 | 42.23 |
| 66 | 71.28 | 62.43 | 55.80 | 45.46 |
| 67 | 77.08 | 67.22 | 60.07 | 48.93 |
| 68 | 83.35 | 72.34 | 64.66 | 52.68 |
| 69 | 90.12 | 77.88 | 69.61 | 56.71 |
| 70 | 97.46 | 83.84 | 74.92 | 61.03 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates 5 Year BP
Class D1
Base Coverage 24 Month MNAD, 24 Month Residual

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 18.39 | 14.48 | 13.96 | 12.15 |
| 26 | 20.33 | 16.45 | 15.49 | 13.52 |
| 27 | 22.27 | 18.43 | 17.01 | 14.89 |
| 28 | 23.44 | 20.02 | 18.12 | 15.92 |
| 29 | 24.28 | 21.04 | 18.82 | 16.56 |
| 30 | 24.80 | 21.40 | 19.04 | 16.75 |
| 31 | 25.36 | 21.50 | 19.12 | 16.79 |
| 32 | 25.99 | 21.57 | 19.22 | 16.83 |
| 33 | 26.71 | 21.79 | 19.39 | 16.96 |
| 34 | 27.48 | 22.18 | 19.70 | 17.22 |
| 35 | 28.24 | 22.75 | 20.14 | 17.63 |
| 36 | 29.01 | 23.46 | 20.69 | 18.16 |
| 37 | 29.77 | 24.25 | 21.34 | 18.80 |
| 38 | 30.56 | 25.05 | 22.02 | 19.47 |
| 39 | 31.39 | 25.82 | 22.78 | 20.16 |
| 40 | 32.30 | 26.56 | 23.52 | 20.86 |
| 41 | 32.99 | 27.02 | 24.05 | 21.33 |
| 42 | 34.19 | 27.78 | 24.89 | 22.07 |
| 43 | 35.81 | 28.88 | 25.97 | 23.02 |
| 44 | 37.27 | 29.84 | 26.87 | 23.82 |
| 45 | 39.76 | 31.75 | 28.52 | 25.30 |
| 46 | 41.59 | 33.31 | 29.73 | 26.41 |
| 47 | 44.04 | 35.53 | 31.45 | 28.00 |
| 48 | 46.52 | 37.98 | 33.28 | 29.73 |
| 49 | 49.10 | 40.65 | 35.26 | 31.60 |
| 50 | 51.72 | 43.44 | 37.38 | 33.59 |
| 51 | 54.39 | 46.26 | 39.60 | 35.63 |
| 52 | 57.09 | 48.99 | 41.88 | 37.65 |
| 53 | 60.25 | 51.94 | 44.50 | 39.85 |
| 54 | 63.55 | 54.77 | 47.21 | 41.95 |
| 55 | 67.05 | 57.50 | 49.99 | 43.92 |
| 56 | 70.79 | 60.31 | 52.89 | 45.80 |
| 57 | 74.81 | 63.35 | 55.98 | 47.65 |
| 58 | 79.06 | 66.81 | 59.29 | 49.56 |
| 59 | 83.39 | 70.78 | 62.82 | 51.69 |
| 60 | 87.34 | 75.04 | 66.44 | 54.13 |
| 61 | 90.22 | 78.90 | 69.86 | 56.90 |
| 62 | 86.18 | 77.00 | 68.18 | 55.55 |
| 63 | 83.67 | 73.07 | 64.72 | 52.73 |
| 64 | 81.48 | 71.93 | 63.69 | 51.89 |
| 65 | 80.82 | 70.68 | 62.60 | 50.99 |
| 66 | 87.89 | 76.39 | 67.64 | 55.10 |
| 67 | 95.58 | 82.54 | 73.09 | 59.54 |
| 68 | 103.93 | 89.18 | 78.98 | 64.33 |
| 69 | 113.02 | 96.37 | 85.34 | 69.52 |
| 70 | 122.90 | 104.13 | 92.22 | 75.12 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates 5 Year BP
Class E1
Base Coverage 24 Month MNAD, 24 Month Residual

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 26.50 | 19.94 | 19.22 | 16.74 |
| 26 | 29.12 | 22.33 | 21.01 | 18.34 |
| 27 | 31.73 | 24.71 | 22.80 | 19.93 |
| 28 | 33.79 | 26.77 | 24.20 | 21.26 |
| 29 | 35.32 | 28.14 | 25.15 | 22.14 |
| 30 | 36.08 | 28.62 | 25.47 | 22.41 |
| 31 | 36.62 | 28.77 | 25.60 | 22.48 |
| 32 | 37.11 | 28.88 | 25.73 | 22.52 |
| 33 | 37.69 | 29.18 | 25.99 | 22.71 |
| 34 | 38.42 | 29.73 | 26.43 | 23.09 |
| 35 | 39.31 | 30.55 | 27.06 | 23.68 |
| 36 | 40.34 | 31.57 | 27.85 | 24.43 |
| 37 | 41.50 | 32.67 | 28.74 | 25.30 |
| 38 | 42.77 | 33.77 | 29.70 | 26.24 |
| 39 | 44.14 | 34.82 | 30.70 | 27.18 |
| 40 | 45.62 | 35.82 | 31.73 | 28.13 |
| 41 | 46.71 | 36.40 | 32.42 | 28.76 |
| 42 | 48.46 | 37.43 | 33.54 | 29.75 |
| 43 | 50.74 | 38.90 | 34.99 | 31.02 |
| 44 | 52.71 | 40.24 | 36.24 | 32.13 |
| 45 | 56.10 | 42.87 | 38.51 | 34.15 |
| 46 | 58.59 | 45.03 | 40.20 | 35.71 |
| 47 | 61.93 | 48.12 | 42.59 | 37.91 |
| 48 | 65.38 | 51.49 | 45.11 | 40.30 |
| 49 | 68.98 | 55.14 | 47.83 | 42.87 |
| 50 | 72.68 | 58.94 | 50.70 | 45.56 |
| 51 | 76.42 | 62.65 | 53.63 | 48.25 |
| 52 | 80.19 | 66.18 | 56.58 | 50.86 |
| 53 | 84.55 | 69.92 | 59.91 | 53.65 |
| 54 | 89.03 | 73.40 | 63.26 | 56.23 |
| 55 | 93.70 | 76.72 | 66.69 | 58.62 |
| 56 | 98.69 | 80.12 | 70.28 | 60.87 |
| 57 | 104.07 | 83.90 | 74.15 | 63.11 |
| 58 | 109.87 | 88.37 | 78.42 | 65.55 |
| 59 | 115.87 | 93.65 | 83.11 | 68.37 |
| 60 | 121.50 | 99.42 | 88.03 | 71.70 |
| 61 | 125.49 | 104.50 | 92.55 | 75.38 |
| 62 | 119.86 | 102.00 | 90.33 | 73.58 |
| 63 | 116.39 | 96.80 | 85.73 | 69.84 |
| 64 | 113.33 | 95.28 | 84.37 | 68.73 |
| 65 | 112.42 | 93.64 | 82.92 | 67.55 |
| 66 | 122.26 | 101.18 | 89.60 | 72.99 |
| 67 | 132.96 | 109.33 | 96.82 | 78.87 |
| 68 | 144.59 | 118.15 | 104.61 | 85.22 |
| 69 | 157.23 | 127.65 | 113.04 | 92.09 |
| 70 | 170.97 | 137.94 | 122.16 | 99.52 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates 5 Year BP
Class F1
Base Coverage 24 Month MNAD, 24 Month Residual

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 30.49 | 24.32 | 23.44 | 20.42 |
| 26 | 33.28 | 27.24 | 25.64 | 22.38 |
| 27 | 36.08 | 30.16 | 27.83 | 24.34 |
| 28 | 38.08 | 32.60 | 29.40 | 25.83 |
| 29 | 39.53 | 34.08 | 30.30 | 26.68 |
| 30 | 40.30 | 34.41 | 30.42 | 26.76 |
| 31 | 41.03 | 34.30 | 30.35 | 26.63 |
| 32 | 41.89 | 34.20 | 30.32 | 26.54 |
| 33 | 42.96 | 34.39 | 30.54 | 26.67 |
| 34 | 44.22 | 34.99 | 31.03 | 27.11 |
| 35 | 45.64 | 35.96 | 31.81 | 27.84 |
| 36 | 47.12 | 37.25 | 32.83 | 28.82 |
| 37 | 48.65 | 38.67 | 34.01 | 29.95 |
| 38 | 50.19 | 40.11 | 35.27 | 31.15 |
| 39 | 51.71 | 41.45 | 36.53 | 32.35 |
| 40 | 53.28 | 42.69 | 37.80 | 33.52 |
| 41 | 54.39 | 43.40 | 38.66 | 34.29 |
| 42 | 56.21 | 44.59 | 39.95 | 35.44 |
| 43 | 58.69 | 46.27 | 41.63 | 36.91 |
| 44 | 60.88 | 47.75 | 43.04 | 38.14 |
| 45 | 64.77 | 50.72 | 45.64 | 40.47 |
| 46 | 67.68 | 53.17 | 47.56 | 42.24 |
| 47 | 71.63 | 56.72 | 50.30 | 44.79 |
| 48 | 75.71 | 60.66 | 53.23 | 47.55 |
| 49 | 79.96 | 64.94 | 56.41 | 50.56 |
| 50 | 84.26 | 69.42 | 59.79 | 53.72 |
| 51 | 88.52 | 73.86 | 63.25 | 56.90 |
| 52 | 92.69 | 78.07 | 66.73 | 59.97 |
| 53 | 97.42 | 82.50 | 70.67 | 63.26 |
| 54 | 102.18 | 86.61 | 74.63 | 66.31 |
| 55 | 107.09 | 90.52 | 78.65 | 69.12 |
| 56 | 112.35 | 94.49 | 82.86 | 71.75 |
| 57 | 118.16 | 98.89 | 87.40 | 74.38 |
| 58 | 124.58 | 104.13 | 92.43 | 77.25 |
| 59 | 131.43 | 110.34 | 97.95 | 80.59 |
| 60 | 137.94 | 117.18 | 103.77 | 84.53 |
| 61 | 142.47 | 123.20 | 109.10 | 88.87 |
| 62 | 136.09 | 120.24 | 106.50 | 86.76 |
| 63 | 132.15 | 114.14 | 101.08 | 82.35 |
| 64 | 128.67 | 112.32 | 99.47 | 81.04 |
| 65 | 127.65 | 110.39 | 97.76 | 79.64 |
| 66 | 138.81 | 119.28 | 105.63 | 86.06 |
| 67 | 150.95 | 128.89 | 114.14 | 92.98 |
| 68 | 164.16 | 139.27 | 123.34 | 100.48 |
| 69 | 178.51 | 150.49 | 133.28 | 108.57 |
| 70 | 194.12 | 162.63 | 144.02 | 117.33 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates 5 Year BP
Class G1
Base Coverage 24 Month MNAD, 24 Month Residual

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 45.74 | 36.48 | 35.16 | 30.63 |
| 26 | 49.92 | 40.86 | 38.46 | 33.57 |
| 27 | 54.12 | 45.24 | 41.75 | 36.51 |
| 28 | 57.12 | 48.90 | 44.10 | 38.75 |
| 29 | 59.30 | 51.12 | 45.45 | 40.02 |
| 30 | 60.45 | 51.62 | 45.63 | 40.14 |
| 31 | 61.55 | 51.45 | 45.53 | 39.95 |
| 32 | 62.84 | 51.30 | 45.48 | 39.81 |
| 33 | 64.44 | 51.59 | 45.81 | 40.01 |
| 34 | 66.33 | 52.49 | 46.55 | 40.67 |
| 35 | 68.46 | 53.94 | 47.72 | 41.76 |
| 36 | 70.68 | 55.88 | 49.25 | 43.23 |
| 37 | 72.98 | 58.01 | 51.02 | 44.93 |
| 38 | 75.29 | 60.17 | 52.91 | 46.73 |
| 39 | 77.57 | 62.18 | 54.80 | 48.53 |
| 40 | 79.92 | 64.04 | 56.70 | 50.28 |
| 41 | 81.59 | 65.10 | 57.99 | 51.44 |
| 42 | 84.32 | 66.89 | 59.93 | 53.16 |
| 43 | 88.04 | 69.41 | 62.45 | 55.37 |
| 44 | 91.32 | 71.63 | 64.56 | 57.21 |
| 45 | 97.16 | 76.08 | 68.46 | 60.71 |
| 46 | 101.52 | 79.76 | 71.34 | 63.36 |
| 47 | 107.45 | 85.08 | 75.45 | 67.19 |
| 48 | 113.57 | 90.99 | 79.85 | 71.33 |
| 49 | 119.94 | 97.41 | 84.62 | 75.84 |
| 50 | 126.39 | 104.13 | 89.69 | 80.58 |
| 51 | 132.78 | 110.79 | 94.88 | 85.35 |
| 52 | 139.04 | 117.11 | 100.10 | 89.96 |
| 53 | 146.13 | 123.75 | 106.01 | 94.89 |
| 54 | 153.27 | 129.92 | 111.95 | 99.47 |
| 55 | 160.64 | 135.78 | 117.98 | 103.68 |
| 56 | 168.53 | 141.74 | 124.29 | 107.63 |
| 57 | 177.24 | 148.34 | 131.10 | 111.57 |
| 58 | 186.87 | 156.20 | 138.65 | 115.88 |
| 59 | 197.15 | 165.51 | 146.93 | 120.89 |
| 60 | 206.91 | 175.77 | 155.66 | 126.80 |
| 61 | 213.71 | 184.80 | 163.65 | 133.31 |
| 62 | 204.14 | 180.36 | 159.75 | 130.14 |
| 63 | 198.23 | 171.21 | 151.62 | 123.53 |
| 64 | 193.01 | 168.48 | 149.21 | 121.56 |
| 65 | 191.48 | 165.59 | 146.64 | 119.46 |
| 66 | 208.22 | 178.92 | 158.45 | 129.09 |
| 67 | 226.43 | 193.34 | 171.21 | 139.47 |
| 68 | 246.24 | 208.91 | 185.01 | 150.72 |
| 69 | 267.77 | 225.74 | 199.92 | 162.86 |
| 70 | 291.18 | 243.95 | 216.03 | 176.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-65 BP
Class P1
Base Coverage 24 Month MNAD, 24 Month Residual

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 15.21 | 12.82 | 11.68 | 9.99 |
| 26 | 15.79 | 13.36 | 12.23 | 10.46 |
| 27 | 16.36 | 13.91 | 12.80 | 10.91 |
| 28 | 17.03 | 14.20 | 13.08 | 11.19 |
| 29 | 17.65 | 14.59 | 13.44 | 11.52 |
| 30 | 18.05 | 15.02 | 13.81 | 11.82 |
| 31 | 18.43 | 15.59 | 14.34 | 12.21 |
| 32 | 18.83 | 16.22 | 14.93 | 12.67 |
| 33 | 19.30 | 16.86 | 15.51 | 13.12 |
| 34 | 19.82 | 17.45 | 16.07 | 13.56 |
| 35 | 20.46 | 17.99 | 16.57 | 13.96 |
| 36 | 21.18 | 18.50 | 16.99 | 14.33 |
| 37 | 21.96 | 18.99 | 17.41 | 14.69 |
| 38 | 22.81 | 19.51 | 17.83 | 15.06 |
| 39 | 23.69 | 20.08 | 18.31 | 15.44 |
| 40 | 24.58 | 20.71 | 18.87 | 15.89 |
| 41 | 25.22 | 21.22 | 19.30 | 16.19 |
| 42 | 26.10 | 22.02 | 20.03 | 16.74 |
| 43 | 27.17 | 23.02 | 20.94 | 17.43 |
| 44 | 27.95 | 23.81 | 21.68 | 17.98 |
| 45 | 29.34 | 25.14 | 22.93 | 18.95 |
| 46 | 30.13 | 25.93 | 23.69 | 19.52 |
| 47 | 31.25 | 26.97 | 24.68 | 20.31 |
| 48 | 32.33 | 27.91 | 25.60 | 21.04 |
| 49 | 33.41 | 28.85 | 26.49 | 21.75 |
| 50 | 34.51 | 29.77 | 27.34 | 22.44 |
| 51 | 35.58 | 30.69 | 28.19 | 23.12 |
| 52 | 36.66 | 31.64 | 29.00 | 23.79 |
| 53 | 37.97 | 32.84 | 30.06 | 24.61 |
| 54 | 39.27 | 34.07 | 31.08 | 25.42 |
| 55 | 40.57 | 35.28 | 32.11 | 26.18 |
| 56 | 41.88 | 36.43 | 33.09 | 26.91 |
| 57 | 43.23 | 37.49 | 33.99 | 27.59 |
| 58 | 44.64 | 38.44 | 34.82 | 28.23 |
| 59 | 46.13 | 39.37 | 35.67 | 28.92 |
| 60 | 47.70 | 40.57 | 36.78 | 29.84 |
| 61 | 49.25 | 42.64 | 38.66 | 31.37 |
| 62 | 47.05 | 41.62 | 37.73 | 30.61 |
| 63 | 45.70 | 39.50 | 35.81 | 29.05 |
| 64 | 44.49 | 38.88 | 35.25 | 28.59 |
| 65 | 44.13 | 38.20 | 34.63 | 28.10 |
| 66 | 47.47 | 40.95 | 37.13 | 30.12 |
| 67 | 51.08 | 43.90 | 39.81 | 32.30 |
| 68 | 54.94 | 47.06 | 42.67 | 34.63 |
| 69 | 59.09 | 50.46 | 45.75 | 37.12 |
| 70 | 63.57 | 54.10 | 49.04 | 39.81 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-65 BP
Class A1
Base Coverage 24 Month MNAD, 24 Month Residual

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 17.89 | 15.08 | 13.74 | 11.75 |
| 26 | 18.58 | 15.72 | 14.39 | 12.30 |
| 27 | 19.25 | 16.36 | 15.06 | 12.84 |
| 28 | 20.03 | 16.71 | 15.39 | 13.17 |
| 29 | 20.77 | 17.17 | 15.81 | 13.55 |
| 30 | 21.24 | 17.67 | 16.25 | 13.91 |
| 31 | 21.68 | 18.34 | 16.87 | 14.37 |
| 32 | 22.15 | 19.08 | 17.56 | 14.90 |
| 33 | 22.70 | 19.83 | 18.25 | 15.43 |
| 34 | 23.32 | 20.53 | 18.90 | 15.95 |
| 35 | 24.07 | 21.17 | 19.49 | 16.42 |
| 36 | 24.92 | 21.77 | 19.99 | 16.86 |
| 37 | 25.84 | 22.34 | 20.48 | 17.28 |
| 38 | 26.84 | 22.95 | 20.98 | 17.72 |
| 39 | 27.87 | 23.62 | 21.54 | 18.17 |
| 40 | 28.92 | 24.37 | 22.20 | 18.69 |
| 41 | 29.67 | 24.97 | 22.71 | 19.05 |
| 42 | 30.71 | 25.91 | 23.56 | 19.69 |
| 43 | 31.96 | 27.08 | 24.64 | 20.51 |
| 44 | 32.88 | 28.01 | 25.50 | 21.15 |
| 45 | 34.52 | 29.58 | 26.98 | 22.29 |
| 46 | 35.45 | 30.51 | 27.87 | 22.96 |
| 47 | 36.77 | 31.73 | 29.04 | 23.89 |
| 48 | 38.04 | 32.84 | 30.12 | 24.75 |
| 49 | 39.31 | 33.94 | 31.16 | 25.59 |
| 50 | 40.60 | 35.02 | 32.16 | 26.40 |
| 51 | 41.86 | 36.11 | 33.16 | 27.20 |
| 52 | 43.13 | 37.22 | 34.12 | 27.99 |
| 53 | 44.67 | 38.64 | 35.36 | 28.95 |
| 54 | 46.20 | 40.08 | 36.57 | 29.90 |
| 55 | 47.73 | 41.50 | 37.78 | 30.80 |
| 56 | 49.27 | 42.86 | 38.93 | 31.66 |
| 57 | 50.86 | 44.10 | 39.99 | 32.46 |
| 58 | 52.52 | 45.22 | 40.97 | 33.21 |
| 59 | 54.27 | 46.32 | 41.97 | 34.02 |
| 60 | 56.12 | 47.73 | 43.27 | 35.11 |
| 61 | 57.94 | 50.17 | 45.48 | 36.90 |
| 62 | 55.35 | 48.96 | 44.39 | 36.01 |
| 63 | 53.76 | 46.47 | 42.13 | 34.18 |
| 64 | 52.34 | 45.74 | 41.47 | 33.64 |
| 65 | 51.92 | 44.94 | 40.74 | 33.06 |
| 66 | 55.85 | 48.18 | 43.68 | 35.44 |
| 67 | 60.09 | 51.65 | 46.83 | 38.00 |
| 68 | 64.63 | 55.37 | 50.20 | 40.74 |
| 69 | 69.52 | 59.36 | 53.82 | 43.67 |
| 70 | 74.79 | 63.65 | 57.69 | 46.83 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-65 BP
Class B1
Base Coverage 24 Month MNAD, 24 Month Residual

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 19.76 | 17.51 | 15.86 | 13.57 |
| 26 | 20.57 | 18.16 | 16.51 | 14.09 |
| 27 | 21.38 | 18.82 | 17.14 | 14.62 |
| 28 | 22.34 | 19.25 | 17.44 | 14.97 |
| 29 | 23.17 | 19.79 | 17.90 | 15.40 |
| 30 | 23.64 | 20.29 | 18.42 | 15.82 |
| 31 | 24.00 | 20.93 | 19.12 | 16.34 |
| 32 | 24.37 | 21.64 | 19.91 | 16.90 |
| 33 | 24.84 | 22.35 | 20.68 | 17.46 |
| 34 | 25.45 | 23.05 | 21.37 | 17.98 |
| 35 | 26.19 | 23.72 | 21.96 | 18.47 |
| 36 | 27.07 | 24.37 | 22.48 | 18.94 |
| 37 | 28.04 | 25.05 | 23.02 | 19.41 |
| 38 | 29.07 | 25.78 | 23.62 | 19.95 |
| 39 | 30.15 | 26.61 | 24.32 | 20.53 |
| 40 | 31.19 | 27.53 | 25.17 | 21.21 |
| 41 | 31.92 | 28.25 | 25.89 | 21.72 |
| 42 | 32.95 | 29.37 | 26.99 | 22.56 |
| 43 | 34.23 | 30.75 | 28.36 | 23.59 |
| 44 | 35.18 | 31.82 | 29.44 | 24.40 |
| 45 | 36.98 | 33.62 | 31.17 | 25.74 |
| 46 | 38.03 | 34.68 | 32.19 | 26.51 |
| 47 | 39.59 | 36.09 | 33.47 | 27.52 |
| 48 | 41.12 | 37.37 | 34.58 | 28.42 |
| 49 | 42.69 | 38.63 | 35.63 | 29.27 |
| 50 | 44.28 | 39.85 | 36.63 | 30.08 |
| 51 | 45.82 | 41.10 | 37.64 | 30.88 |
| 52 | 47.27 | 42.32 | 38.68 | 31.65 |
| 53 | 48.96 | 43.87 | 40.07 | 32.66 |
| 54 | 50.56 | 45.40 | 41.52 | 33.69 |
| 55 | 52.10 | 46.92 | 43.01 | 34.69 |
| 56 | 53.59 | 48.36 | 44.46 | 35.67 |
| 57 | 55.16 | 49.66 | 45.80 | 36.59 |
| 58 | 56.87 | 50.88 | 46.99 | 37.46 |
| 59 | 58.78 | 52.12 | 48.13 | 38.36 |
| 60 | 60.87 | 53.76 | 49.54 | 39.57 |
| 61 | 62.86 | 56.51 | 52.07 | 41.60 |
| 62 | 60.04 | 55.15 | 50.82 | 40.59 |
| 63 | 58.31 | 52.35 | 48.24 | 38.53 |
| 64 | 56.76 | 51.52 | 47.47 | 37.92 |
| 65 | 56.31 | 50.63 | 46.66 | 37.27 |
| 66 | 60.71 | 54.36 | 50.10 | 40.02 |
| 67 | 65.44 | 58.38 | 53.80 | 42.98 |
| 68 | 70.53 | 62.70 | 57.79 | 46.16 |
| 69 | 76.04 | 67.33 | 62.04 | 49.56 |
| 70 | 81.95 | 72.29 | 66.64 | 53.22 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-65 BP
Class C1 C2
Base Coverage 24 Month MNAD, 24 Month Residual

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 22.07 | 19.86 | 18.33 | 15.68 |
| 26 | 23.06 | 20.63 | 19.07 | 16.29 |
| 27 | 24.03 | 21.41 | 19.80 | 16.88 |
| 28 | 24.86 | 21.93 | 20.30 | 17.37 |
| 29 | 25.67 | 22.51 | 20.84 | 17.86 |
| 30 | 26.24 | 23.01 | 21.29 | 18.22 |
| 31 | 26.85 | 23.64 | 21.86 | 18.64 |
| 32 | 27.51 | 24.34 | 22.49 | 19.09 |
| 33 | 28.25 | 25.05 | 23.16 | 19.59 |
| 34 | 29.04 | 25.77 | 23.82 | 20.10 |
| 35 | 29.87 | 26.45 | 24.48 | 20.64 |
| 36 | 30.76 | 27.15 | 25.15 | 21.22 |
| 37 | 31.70 | 27.87 | 25.86 | 21.82 |
| 38 | 32.71 | 28.65 | 26.62 | 22.46 |
| 39 | 33.78 | 29.53 | 27.45 | 23.13 |
| 40 | 34.91 | 30.48 | 28.36 | 23.86 |
| 41 | 35.70 | 31.22 | 29.03 | 24.36 |
| 42 | 36.91 | 32.35 | 30.07 | 25.13 |
| 43 | 38.43 | 33.78 | 31.35 | 26.10 |
| 44 | 39.57 | 34.90 | 32.33 | 26.79 |
| 45 | 41.62 | 36.82 | 34.02 | 28.10 |
| 46 | 42.81 | 37.96 | 34.99 | 28.82 |
| 47 | 44.50 | 39.52 | 36.32 | 29.87 |
| 48 | 46.14 | 41.01 | 37.57 | 30.88 |
| 49 | 47.82 | 42.53 | 38.83 | 31.91 |
| 50 | 49.53 | 44.10 | 40.12 | 32.97 |
| 51 | 51.30 | 45.70 | 41.44 | 34.06 |
| 52 | 53.10 | 47.35 | 42.80 | 35.16 |
| 53 | 55.33 | 49.39 | 44.49 | 36.52 |
| 54 | 57.61 | 51.43 | 46.20 | 37.87 |
| 55 | 59.93 | 53.41 | 47.87 | 39.14 |
| 56 | 62.27 | 55.24 | 49.42 | 40.32 |
| 57 | 64.57 | 56.87 | 50.83 | 41.39 |
| 58 | 66.83 | 58.31 | 52.10 | 42.38 |
| 59 | 69.04 | 59.73 | 53.36 | 43.42 |
| 60 | 71.24 | 61.57 | 55.03 | 44.82 |
| 61 | 73.58 | 64.73 | 57.84 | 47.13 |
| 62 | 70.29 | 63.19 | 56.47 | 46.00 |
| 63 | 68.25 | 59.97 | 53.59 | 43.66 |
| 64 | 66.44 | 59.02 | 52.73 | 42.96 |
| 65 | 65.93 | 58.00 | 51.83 | 42.23 |
| 66 | 71.28 | 62.43 | 55.80 | 45.46 |
| 67 | 77.08 | 67.22 | 60.07 | 48.93 |
| 68 | 83.35 | 72.34 | 64.66 | 52.68 |
| 69 | 90.12 | 77.88 | 69.61 | 56.71 |
| 70 | 97.46 | 83.84 | 74.92 | 61.03 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-65 BP
Class D1
Base Coverage 24 Month MNAD, 24 Month Residual

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 31.19 | 27.77 | 26.24 | 22.45 |
| 26 | 32.22 | 28.98 | 27.11 | 23.15 |
| 27 | 33.25 | 30.19 | 27.98 | 23.85 |
| 28 | 33.80 | 30.86 | 28.54 | 24.42 |
| 29 | 34.42 | 31.51 | 29.12 | 24.99 |
| 30 | 34.93 | 32.03 | 29.54 | 25.30 |
| 31 | 35.68 | 32.71 | 30.07 | 25.64 |
| 32 | 36.58 | 33.49 | 30.65 | 26.00 |
| 33 | 37.54 | 34.31 | 31.27 | 26.42 |
| 34 | 38.48 | 35.11 | 31.88 | 26.87 |
| 35 | 39.40 | 35.85 | 32.47 | 27.34 |
| 36 | 40.28 | 36.57 | 33.07 | 27.87 |
| 37 | 41.17 | 37.28 | 33.71 | 28.44 |
| 38 | 42.11 | 38.05 | 34.42 | 29.06 |
| 39 | 43.15 | 38.91 | 35.22 | 29.72 |
| 40 | 44.29 | 39.87 | 36.12 | 30.42 |
| 41 | 45.09 | 40.49 | 36.72 | 30.80 |
| 42 | 46.50 | 41.65 | 37.74 | 31.55 |
| 43 | 48.32 | 43.16 | 39.07 | 32.51 |
| 44 | 49.72 | 44.28 | 40.00 | 33.14 |
| 45 | 52.24 | 46.42 | 41.82 | 34.50 |
| 46 | 53.68 | 47.57 | 42.72 | 35.17 |
| 47 | 55.68 | 49.25 | 44.09 | 36.26 |
| 48 | 57.53 | 50.85 | 45.37 | 37.32 |
| 49 | 59.38 | 52.50 | 46.71 | 38.44 |
| 50 | 61.24 | 54.22 | 48.11 | 39.64 |
| 51 | 63.15 | 56.03 | 49.62 | 40.92 |
| 52 | 65.14 | 57.92 | 51.23 | 42.26 |
| 53 | 67.70 | 60.31 | 53.30 | 43.92 |
| 54 | 70.43 | 62.74 | 55.45 | 45.60 |
| 55 | 73.28 | 65.14 | 57.58 | 47.21 |
| 56 | 76.22 | 67.38 | 59.60 | 48.69 |
| 57 | 79.16 | 69.38 | 61.41 | 50.01 |
| 58 | 82.00 | 71.13 | 62.99 | 51.22 |
| 59 | 84.70 | 72.85 | 64.51 | 52.47 |
| 60 | 87.34 | 75.04 | 66.44 | 54.13 |
| 61 | 90.22 | 78.90 | 69.86 | 56.90 |
| 62 | 86.18 | 77.00 | 68.18 | 55.55 |
| 63 | 83.67 | 73.07 | 64.72 | 52.73 |
| 64 | 81.48 | 71.93 | 63.69 | 51.89 |
| 65 | 80.82 | 70.68 | 62.60 | 50.99 |
| 66 | 87.89 | 76.39 | 67.64 | 55.10 |
| 67 | 95.58 | 82.54 | 73.09 | 59.54 |
| 68 | 103.93 | 89.18 | 78.98 | 64.33 |
| 69 | 113.02 | 96.37 | 85.34 | 69.52 |
| 70 | 122.90 | 104.13 | 92.22 | 75.12 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-65 BP
Class E1
Base Coverage 24 Month MNAD, 24 Month Residual

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 44.96 | 38.26 | 36.16 | 30.93 |
| 26 | 46.17 | 39.38 | 36.86 | 31.48 |
| 27 | 47.37 | 40.50 | 37.55 | 32.01 |
| 28 | 48.67 | 41.23 | 38.13 | 32.65 |
| 29 | 49.98 | 42.11 | 38.90 | 33.38 |
| 30 | 50.76 | 42.84 | 39.49 | 33.83 |
| 31 | 51.49 | 43.80 | 40.25 | 34.31 |
| 32 | 52.22 | 44.89 | 41.09 | 34.86 |
| 33 | 53.02 | 46.04 | 41.96 | 35.44 |
| 34 | 53.90 | 47.15 | 42.82 | 36.09 |
| 35 | 54.90 | 48.19 | 43.67 | 36.76 |
| 36 | 56.06 | 49.22 | 44.52 | 37.52 |
| 37 | 57.42 | 50.22 | 45.41 | 38.31 |
| 38 | 58.95 | 51.29 | 46.38 | 39.15 |
| 39 | 60.65 | 52.43 | 47.47 | 40.04 |
| 40 | 62.51 | 53.72 | 48.66 | 40.98 |
| 41 | 63.80 | 54.56 | 49.45 | 41.51 |
| 42 | 65.85 | 56.12 | 50.85 | 42.50 |
| 43 | 68.41 | 58.18 | 52.67 | 43.81 |
| 44 | 70.28 | 59.72 | 53.96 | 44.69 |
| 45 | 73.70 | 62.65 | 56.46 | 46.59 |
| 46 | 75.58 | 64.31 | 57.78 | 47.56 |
| 47 | 78.27 | 66.69 | 59.71 | 49.09 |
| 48 | 80.81 | 68.94 | 61.52 | 50.58 |
| 49 | 83.39 | 71.23 | 63.36 | 52.15 |
| 50 | 86.01 | 73.54 | 65.25 | 53.77 |
| 51 | 88.71 | 75.88 | 67.19 | 55.43 |
| 52 | 91.48 | 78.25 | 69.20 | 57.10 |
| 53 | 95.02 | 81.18 | 71.74 | 59.14 |
| 54 | 98.68 | 84.08 | 74.31 | 61.12 |
| 55 | 102.43 | 86.88 | 76.82 | 62.97 |
| 56 | 106.27 | 89.50 | 79.17 | 64.68 |
| 57 | 110.11 | 91.88 | 81.32 | 66.23 |
| 58 | 113.93 | 94.08 | 83.30 | 67.73 |
| 59 | 117.70 | 96.37 | 85.33 | 69.40 |
| 60 | 121.50 | 99.42 | 88.03 | 71.70 |
| 61 | 125.49 | 104.50 | 92.55 | 75.38 |
| 62 | 119.86 | 102.00 | 90.33 | 73.58 |
| 63 | 116.39 | 96.80 | 85.73 | 69.84 |
| 64 | 113.33 | 95.28 | 84.37 | 68.73 |
| 65 | 112.42 | 93.64 | 82.92 | 67.55 |
| 66 | 122.26 | 101.18 | 89.60 | 72.99 |
| 67 | 132.96 | 109.33 | 96.82 | 78.87 |
| 68 | 144.59 | 118.15 | 104.61 | 85.22 |
| 69 | 157.23 | 127.65 | 113.04 | 92.09 |
| 70 | 170.97 | 137.94 | 122.16 | 99.52 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-65 BP
Class F1
Base Coverage 24 Month MNAD, 24 Month Residual

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 51.73 | 46.64 | 44.07 | 37.70 |
| 26 | 52.80 | 48.03 | 44.95 | 38.38 |
| 27 | 53.86 | 49.43 | 45.82 | 39.06 |
| 28 | 54.81 | 50.23 | 46.29 | 39.63 |
| 29 | 55.89 | 51.01 | 46.82 | 40.18 |
| 30 | 56.65 | 51.48 | 47.10 | 40.36 |
| 31 | 57.67 | 52.20 | 47.63 | 40.63 |
| 32 | 58.95 | 53.14 | 48.36 | 41.03 |
| 33 | 60.42 | 54.25 | 49.27 | 41.61 |
| 34 | 62.03 | 55.46 | 50.27 | 42.37 |
| 35 | 63.73 | 56.72 | 51.34 | 43.24 |
| 36 | 65.49 | 58.05 | 52.50 | 44.24 |
| 37 | 67.29 | 59.42 | 53.73 | 45.32 |
| 38 | 69.14 | 60.87 | 55.05 | 46.46 |
| 39 | 71.05 | 62.39 | 56.46 | 47.64 |
| 40 | 73.02 | 64.01 | 57.96 | 48.80 |
| 41 | 74.29 | 65.03 | 58.92 | 49.45 |
| 42 | 76.42 | 66.81 | 60.53 | 50.60 |
| 43 | 79.19 | 69.14 | 62.62 | 52.10 |
| 44 | 81.20 | 70.80 | 64.03 | 53.04 |
| 45 | 85.11 | 74.10 | 66.89 | 55.20 |
| 46 | 87.32 | 75.90 | 68.32 | 56.24 |
| 47 | 90.51 | 78.58 | 70.51 | 57.98 |
| 48 | 93.56 | 81.17 | 72.58 | 59.68 |
| 49 | 96.64 | 83.85 | 74.71 | 61.48 |
| 50 | 99.69 | 86.61 | 76.92 | 63.39 |
| 51 | 102.74 | 89.43 | 79.22 | 65.35 |
| 52 | 105.74 | 92.29 | 81.60 | 67.33 |
| 53 | 109.49 | 95.79 | 84.61 | 69.75 |
| 54 | 113.26 | 99.23 | 87.64 | 72.07 |
| 55 | 117.09 | 102.51 | 90.58 | 74.26 |
| 56 | 121.00 | 105.54 | 93.34 | 76.25 |
| 57 | 125.02 | 108.27 | 95.85 | 78.06 |
| 58 | 129.18 | 110.83 | 98.15 | 79.82 |
| 59 | 133.49 | 113.55 | 100.57 | 81.80 |
| 60 | 137.94 | 117.18 | 103.77 | 84.53 |
| 61 | 142.47 | 123.20 | 109.10 | 88.87 |
| 62 | 136.09 | 120.24 | 106.50 | 86.76 |
| 63 | 132.15 | 114.14 | 101.08 | 82.35 |
| 64 | 128.67 | 112.32 | 99.47 | 81.04 |
| 65 | 127.65 | 110.39 | 97.76 | 79.64 |
| 66 | 138.81 | 119.28 | 105.63 | 86.06 |
| 67 | 150.95 | 128.89 | 114.14 | 92.98 |
| 68 | 164.16 | 139.27 | 123.34 | 100.48 |
| 69 | 178.51 | 150.49 | 133.28 | 108.57 |
| 70 | 194.12 | 162.63 | 144.02 | 117.33 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-65 BP
Class G1
Base Coverage 24 Month MNAD, 24 Month Residual

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 77.60 | 69.96 | 66.11 | 56.55 |
| 26 | 79.20 | 72.05 | 67.43 | 57.57 |
| 27 | 80.79 | 74.15 | 68.73 | 58.59 |
| 28 | 82.22 | 75.35 | 69.44 | 59.45 |
| 29 | 83.84 | 76.52 | 70.23 | 60.27 |
| 30 | 84.98 | 77.22 | 70.65 | 60.54 |
| 31 | 86.51 | 78.30 | 71.45 | 60.95 |
| 32 | 88.43 | 79.71 | 72.54 | 61.55 |
| 33 | 90.63 | 81.38 | 73.91 | 62.42 |
| 34 | 93.05 | 83.19 | 75.41 | 63.56 |
| 35 | 95.60 | 85.08 | 77.01 | 64.86 |
| 36 | 98.24 | 87.08 | 78.75 | 66.36 |
| 37 | 100.94 | 89.13 | 80.60 | 67.98 |
| 38 | 103.71 | 91.31 | 82.58 | 69.69 |
| 39 | 106.58 | 93.59 | 84.69 | 71.46 |
| 40 | 109.53 | 96.02 | 86.94 | 73.20 |
| 41 | 111.44 | 97.55 | 88.38 | 74.18 |
| 42 | 114.63 | 100.22 | 90.80 | 75.90 |
| 43 | 118.79 | 103.71 | 93.93 | 78.15 |
| 44 | 121.80 | 106.20 | 96.05 | 79.56 |
| 45 | 127.67 | 111.15 | 100.34 | 82.80 |
| 46 | 130.98 | 113.85 | 102.48 | 84.36 |
| 47 | 135.77 | 117.87 | 105.77 | 86.97 |
| 48 | 140.34 | 121.76 | 108.87 | 89.52 |
| 49 | 144.96 | 125.78 | 112.07 | 92.22 |
| 50 | 149.54 | 129.92 | 115.38 | 95.09 |
| 51 | 154.11 | 134.15 | 118.83 | 98.03 |
| 52 | 158.61 | 138.44 | 122.40 | 101.00 |
| 53 | 164.24 | 143.69 | 126.92 | 104.63 |
| 54 | 169.89 | 148.85 | 131.46 | 108.11 |
| 55 | 175.64 | 153.77 | 135.87 | 111.39 |
| 56 | 181.50 | 158.31 | 140.01 | 114.38 |
| 57 | 187.53 | 162.41 | 143.78 | 117.09 |
| 58 | 193.77 | 166.25 | 147.23 | 119.73 |
| 59 | 200.24 | 170.33 | 150.86 | 122.70 |
| 60 | 206.91 | 175.77 | 155.66 | 126.80 |
| 61 | 213.71 | 184.80 | 163.65 | 133.31 |
| 62 | 204.14 | 180.36 | 159.75 | 130.14 |
| 63 | 198.23 | 171.21 | 151.62 | 123.53 |
| 64 | 193.01 | 168.48 | 149.21 | 121.56 |
| 65 | 191.48 | 165.59 | 146.64 | 119.46 |
| 66 | 208.22 | 178.92 | 158.45 | 129.09 |
| 67 | 226.43 | 193.34 | 171.21 | 139.47 |
| 68 | 246.24 | 208.91 | 185.01 | 150.72 |
| 69 | 267.77 | 225.74 | 199.92 | 162.86 |
| 70 | 291.18 | 243.95 | 216.03 | 176.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-67 BP
Class P1
Base Coverage 24 Month MNAD, 24 Month Residual

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 15.66 | 13.39 | 12.53 | 10.71 |
| 26 | 16.39 | 14.14 | 13.40 | 11.43 |
| 27 | 17.13 | 14.88 | 14.26 | 12.16 |
| 28 | 17.82 | 15.23 | 14.71 | 12.58 |
| 29 | 18.48 | 15.66 | 15.16 | 12.98 |
| 30 | 18.90 | 16.11 | 15.58 | 13.32 |
| 31 | 19.31 | 16.72 | 16.12 | 13.74 |
| 32 | 19.75 | 17.40 | 16.74 | 14.20 |
| 33 | 20.26 | 18.11 | 17.37 | 14.69 |
| 34 | 20.88 | 18.76 | 17.95 | 15.15 |
| 35 | 21.56 | 19.35 | 18.48 | 15.59 |
| 36 | 22.36 | 19.91 | 18.96 | 16.00 |
| 37 | 23.24 | 20.44 | 19.41 | 16.38 |
| 38 | 24.17 | 21.02 | 19.87 | 16.77 |
| 39 | 25.17 | 21.66 | 20.40 | 17.20 |
| 40 | 26.17 | 22.39 | 21.00 | 17.66 |
| 41 | 26.92 | 22.98 | 21.46 | 18.01 |
| 42 | 27.93 | 23.87 | 22.25 | 18.60 |
| 43 | 29.12 | 25.01 | 23.30 | 19.37 |
| 44 | 30.00 | 25.90 | 24.16 | 20.02 |
| 45 | 31.56 | 27.39 | 25.59 | 21.15 |
| 46 | 32.44 | 28.30 | 26.50 | 21.85 |
| 47 | 33.73 | 29.49 | 27.71 | 22.78 |
| 48 | 34.98 | 30.62 | 28.82 | 23.68 |
| 49 | 36.31 | 31.73 | 29.89 | 24.55 |
| 50 | 37.70 | 32.90 | 30.93 | 25.38 |
| 51 | 39.16 | 34.09 | 31.92 | 26.19 |
| 52 | 40.71 | 35.37 | 32.87 | 26.95 |
| 53 | 42.59 | 36.96 | 34.02 | 27.85 |
| 54 | 44.53 | 38.59 | 35.14 | 28.71 |
| 55 | 46.49 | 40.21 | 36.22 | 29.52 |
| 56 | 48.42 | 41.74 | 37.21 | 30.27 |
| 57 | 50.29 | 43.10 | 38.17 | 30.97 |
| 58 | 52.07 | 44.25 | 39.05 | 31.65 |
| 59 | 53.79 | 45.31 | 40.01 | 32.42 |
| 60 | 55.49 | 46.64 | 41.28 | 33.49 |
| 61 | 57.32 | 49.03 | 43.40 | 35.21 |
| 62 | 53.64 | 46.89 | 41.50 | 33.68 |
| 63 | 51.05 | 43.62 | 38.60 | 31.32 |
| 64 | 47.72 | 41.21 | 36.48 | 29.60 |
| 65 | 44.13 | 38.20 | 34.63 | 28.10 |
| 66 | 47.47 | 40.95 | 37.13 | 30.12 |
| 67 | 51.08 | 43.90 | 39.81 | 32.30 |
| 68 | 54.94 | 47.06 | 42.67 | 34.63 |
| 69 | 59.09 | 50.46 | 45.75 | 37.12 |
| 70 | 63.57 | 54.10 | 49.04 | 39.81 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-67 BP
Class A1
Base Coverage 24 Month MNAD, 24 Month Residual

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 18.42 | 15.75 | 14.74 | 12.60 |
| 26 | 19.28 | 16.63 | 15.76 | 13.45 |
| 27 | 20.15 | 17.50 | 16.78 | 14.31 |
| 28 | 20.96 | 17.92 | 17.30 | 14.80 |
| 29 | 21.74 | 18.42 | 17.83 | 15.27 |
| 30 | 22.23 | 18.95 | 18.33 | 15.67 |
| 31 | 22.72 | 19.67 | 18.96 | 16.17 |
| 32 | 23.24 | 20.47 | 19.69 | 16.71 |
| 33 | 23.84 | 21.30 | 20.44 | 17.28 |
| 34 | 24.56 | 22.07 | 21.12 | 17.82 |
| 35 | 25.37 | 22.77 | 21.74 | 18.34 |
| 36 | 26.30 | 23.42 | 22.31 | 18.82 |
| 37 | 27.34 | 24.05 | 22.84 | 19.27 |
| 38 | 28.44 | 24.73 | 23.38 | 19.73 |
| 39 | 29.61 | 25.48 | 24.00 | 20.23 |
| 40 | 30.79 | 26.34 | 24.70 | 20.78 |
| 41 | 31.67 | 27.04 | 25.25 | 21.19 |
| 42 | 32.86 | 28.08 | 26.18 | 21.88 |
| 43 | 34.26 | 29.42 | 27.41 | 22.79 |
| 44 | 35.29 | 30.47 | 28.42 | 23.55 |
| 45 | 37.13 | 32.22 | 30.11 | 24.88 |
| 46 | 38.17 | 33.29 | 31.18 | 25.70 |
| 47 | 39.68 | 34.69 | 32.60 | 26.80 |
| 48 | 41.15 | 36.02 | 33.91 | 27.86 |
| 49 | 42.72 | 37.33 | 35.17 | 28.88 |
| 50 | 44.35 | 38.70 | 36.39 | 29.86 |
| 51 | 46.07 | 40.11 | 37.55 | 30.81 |
| 52 | 47.89 | 41.61 | 38.67 | 31.71 |
| 53 | 50.11 | 43.48 | 40.02 | 32.77 |
| 54 | 52.39 | 45.40 | 41.34 | 33.78 |
| 55 | 54.69 | 47.31 | 42.61 | 34.73 |
| 56 | 56.96 | 49.11 | 43.78 | 35.61 |
| 57 | 59.17 | 50.71 | 44.90 | 36.43 |
| 58 | 61.26 | 52.06 | 45.94 | 37.24 |
| 59 | 63.28 | 53.30 | 47.07 | 38.14 |
| 60 | 65.28 | 54.87 | 48.57 | 39.40 |
| 61 | 67.43 | 57.68 | 51.06 | 41.42 |
| 62 | 63.11 | 55.17 | 48.82 | 39.62 |
| 63 | 60.06 | 51.32 | 45.41 | 36.85 |
| 64 | 56.14 | 48.48 | 42.92 | 34.82 |
| 65 | 51.92 | 44.94 | 40.74 | 33.06 |
| 66 | 55.85 | 48.18 | 43.68 | 35.44 |
| 67 | 60.09 | 51.65 | 46.83 | 38.00 |
| 68 | 64.63 | 55.37 | 50.20 | 40.74 |
| 69 | 69.52 | 59.36 | 53.82 | 43.67 |
| 70 | 74.79 | 63.65 | 57.69 | 46.83 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-67 BP
Class B1
Base Coverage 24 Month MNAD, 24 Month Residual

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 20.34 | 18.27 | 17.01 | 14.57 |
| 26 | 21.36 | 19.20 | 18.05 | 15.42 |
| 27 | 22.37 | 20.11 | 19.09 | 16.28 |
| 28 | 23.38 | 20.64 | 19.62 | 16.83 |
| 29 | 24.25 | 21.22 | 20.21 | 17.37 |
| 30 | 24.74 | 21.76 | 20.77 | 17.84 |
| 31 | 25.14 | 22.46 | 21.53 | 18.37 |
| 32 | 25.57 | 23.23 | 22.34 | 18.96 |
| 33 | 26.11 | 24.02 | 23.14 | 19.54 |
| 34 | 26.79 | 24.78 | 23.86 | 20.10 |
| 35 | 27.62 | 25.52 | 24.49 | 20.61 |
| 36 | 28.58 | 26.24 | 25.08 | 21.12 |
| 37 | 29.66 | 26.98 | 25.65 | 21.65 |
| 38 | 30.81 | 27.80 | 26.30 | 22.21 |
| 39 | 32.02 | 28.72 | 27.08 | 22.85 |
| 40 | 33.22 | 29.76 | 28.01 | 23.59 |
| 41 | 34.06 | 30.59 | 28.78 | 24.16 |
| 42 | 35.25 | 31.83 | 30.00 | 25.08 |
| 43 | 36.69 | 33.38 | 31.54 | 26.24 |
| 44 | 37.78 | 34.61 | 32.79 | 27.18 |
| 45 | 39.75 | 36.61 | 34.78 | 28.73 |
| 46 | 40.97 | 37.84 | 36.01 | 29.66 |
| 47 | 42.72 | 39.46 | 37.55 | 30.88 |
| 48 | 44.50 | 40.99 | 38.92 | 31.99 |
| 49 | 46.39 | 42.50 | 40.20 | 33.03 |
| 50 | 48.36 | 44.05 | 41.43 | 34.02 |
| 51 | 50.42 | 45.65 | 42.63 | 34.97 |
| 52 | 52.49 | 47.31 | 43.83 | 35.86 |
| 53 | 54.92 | 49.36 | 45.37 | 36.97 |
| 54 | 57.33 | 51.45 | 46.93 | 38.07 |
| 55 | 59.68 | 53.49 | 48.49 | 39.13 |
| 56 | 61.96 | 55.40 | 50.01 | 40.12 |
| 57 | 64.18 | 57.11 | 51.42 | 41.07 |
| 58 | 66.37 | 58.59 | 52.70 | 42.00 |
| 59 | 68.56 | 60.00 | 53.98 | 43.04 |
| 60 | 70.81 | 61.81 | 55.60 | 44.43 |
| 61 | 73.14 | 64.98 | 58.47 | 46.69 |
| 62 | 68.46 | 62.15 | 55.91 | 44.66 |
| 63 | 65.15 | 57.80 | 52.00 | 41.53 |
| 64 | 60.89 | 54.61 | 49.13 | 39.25 |
| 65 | 56.31 | 50.63 | 46.66 | 37.27 |
| 66 | 60.71 | 54.36 | 50.10 | 40.02 |
| 67 | 65.44 | 58.38 | 53.80 | 42.98 |
| 68 | 70.53 | 62.70 | 57.79 | 46.16 |
| 69 | 76.04 | 67.33 | 62.04 | 49.56 |
| 70 | 81.95 | 72.29 | 66.64 | 53.22 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-67 BP
Class C1 C2
Base Coverage 24 Month MNAD, 24 Month Residual

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 22.72 | 20.73 | 19.67 | 16.84 |
| 26 | 23.94 | 21.81 | 20.87 | 17.83 |
| 27 | 25.14 | 22.88 | 22.06 | 18.82 |
| 28 | 26.02 | 23.51 | 22.81 | 19.53 |
| 29 | 26.82 | 24.13 | 23.50 | 20.15 |
| 30 | 27.43 | 24.67 | 24.00 | 20.54 |
| 31 | 28.12 | 25.36 | 24.57 | 20.95 |
| 32 | 28.88 | 26.11 | 25.22 | 21.40 |
| 33 | 29.70 | 26.91 | 25.92 | 21.90 |
| 34 | 30.59 | 27.69 | 26.62 | 22.46 |
| 35 | 31.51 | 28.45 | 27.33 | 23.03 |
| 36 | 32.50 | 29.22 | 28.06 | 23.66 |
| 37 | 33.54 | 30.01 | 28.83 | 24.33 |
| 38 | 34.67 | 30.88 | 29.65 | 25.02 |
| 39 | 35.88 | 31.86 | 30.56 | 25.77 |
| 40 | 37.16 | 32.95 | 31.55 | 26.56 |
| 41 | 38.10 | 33.79 | 32.28 | 27.08 |
| 42 | 39.50 | 35.07 | 33.43 | 27.94 |
| 43 | 41.21 | 36.67 | 34.88 | 29.03 |
| 44 | 42.49 | 37.95 | 36.00 | 29.84 |
| 45 | 44.76 | 40.08 | 37.96 | 31.35 |
| 46 | 46.12 | 41.41 | 39.15 | 32.24 |
| 47 | 48.02 | 43.21 | 40.76 | 33.50 |
| 48 | 49.93 | 44.96 | 42.29 | 34.74 |
| 49 | 51.93 | 46.79 | 43.83 | 36.01 |
| 50 | 54.11 | 48.72 | 45.38 | 37.30 |
| 51 | 56.44 | 50.77 | 46.95 | 38.58 |
| 52 | 58.96 | 52.94 | 48.49 | 39.85 |
| 53 | 62.08 | 55.58 | 50.37 | 41.36 |
| 54 | 65.36 | 58.25 | 52.21 | 42.80 |
| 55 | 68.70 | 60.87 | 53.96 | 44.14 |
| 56 | 71.99 | 63.30 | 55.58 | 45.37 |
| 57 | 75.12 | 65.39 | 57.06 | 46.47 |
| 58 | 77.96 | 67.16 | 58.42 | 47.52 |
| 59 | 80.49 | 68.77 | 59.85 | 48.70 |
| 60 | 82.89 | 70.79 | 61.77 | 50.31 |
| 61 | 85.62 | 74.43 | 64.93 | 52.89 |
| 62 | 80.13 | 71.20 | 62.12 | 50.60 |
| 63 | 76.27 | 66.22 | 57.79 | 47.07 |
| 64 | 71.28 | 62.56 | 54.58 | 44.46 |
| 65 | 65.93 | 58.00 | 51.83 | 42.23 |
| 66 | 71.28 | 62.43 | 55.80 | 45.46 |
| 67 | 77.08 | 67.22 | 60.07 | 48.93 |
| 68 | 83.35 | 72.34 | 64.66 | 52.68 |
| 69 | 90.12 | 77.88 | 69.61 | 56.71 |
| 70 | 97.46 | 83.84 | 74.92 | 61.03 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-67 BP
Class D1
Base Coverage 24 Month MNAD, 24 Month Residual

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 32.10 | 28.99 | 28.16 | 24.09 |
| 26 | 33.46 | 30.63 | 29.67 | 25.34 |
| 27 | 34.79 | 32.27 | 31.18 | 26.58 |
| 28 | 35.38 | 33.08 | 32.07 | 27.46 |
| 29 | 35.99 | 33.79 | 32.82 | 28.15 |
| 30 | 36.53 | 34.35 | 33.27 | 28.49 |
| 31 | 37.36 | 35.09 | 33.80 | 28.81 |
| 32 | 38.38 | 35.96 | 34.37 | 29.16 |
| 33 | 39.47 | 36.86 | 34.99 | 29.55 |
| 34 | 40.55 | 37.73 | 35.61 | 30.01 |
| 35 | 41.57 | 38.55 | 36.24 | 30.52 |
| 36 | 42.56 | 39.35 | 36.89 | 31.08 |
| 37 | 43.56 | 40.15 | 37.58 | 31.70 |
| 38 | 44.64 | 41.01 | 38.35 | 32.37 |
| 39 | 45.83 | 41.98 | 39.21 | 33.09 |
| 40 | 47.17 | 43.08 | 40.18 | 33.84 |
| 41 | 48.14 | 43.82 | 40.82 | 34.26 |
| 42 | 49.76 | 45.15 | 41.96 | 35.08 |
| 43 | 51.81 | 46.86 | 43.47 | 36.17 |
| 44 | 53.39 | 48.14 | 44.56 | 36.90 |
| 45 | 56.19 | 50.55 | 46.66 | 38.50 |
| 46 | 57.80 | 51.89 | 47.79 | 39.35 |
| 47 | 60.08 | 53.85 | 49.47 | 40.67 |
| 48 | 62.24 | 55.75 | 51.07 | 41.99 |
| 49 | 64.49 | 57.77 | 52.72 | 43.39 |
| 50 | 66.88 | 59.93 | 54.41 | 44.85 |
| 51 | 69.48 | 62.27 | 56.19 | 46.36 |
| 52 | 72.33 | 64.77 | 58.03 | 47.89 |
| 53 | 75.98 | 67.90 | 60.33 | 49.74 |
| 54 | 79.91 | 71.10 | 62.66 | 51.54 |
| 55 | 84.02 | 74.26 | 64.92 | 53.22 |
| 56 | 88.15 | 77.20 | 67.03 | 54.76 |
| 57 | 92.10 | 79.77 | 68.93 | 56.14 |
| 58 | 95.66 | 81.93 | 70.63 | 57.44 |
| 59 | 98.76 | 83.87 | 72.34 | 58.84 |
| 60 | 101.63 | 86.31 | 74.58 | 60.76 |
| 61 | 104.96 | 90.72 | 78.42 | 63.88 |
| 62 | 98.25 | 86.77 | 75.01 | 61.10 |
| 63 | 93.50 | 80.69 | 69.76 | 56.84 |
| 64 | 87.40 | 76.25 | 65.92 | 53.69 |
| 65 | 80.82 | 70.68 | 62.60 | 50.99 |
| 66 | 87.89 | 76.39 | 67.64 | 55.10 |
| 67 | 95.58 | 82.54 | 73.09 | 59.54 |
| 68 | 103.93 | 89.18 | 78.98 | 64.33 |
| 69 | 113.02 | 96.37 | 85.34 | 69.52 |
| 70 | 122.90 | 104.13 | 92.22 | 75.12 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-67 BP
Class E1
Base Coverage 24 Month MNAD, 24 Month Residual

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 46.28 | 39.94 | 38.80 | 33.20 |
| 26 | 47.94 | 41.61 | 40.32 | 34.44 |
| 27 | 49.58 | 43.29 | 41.84 | 35.67 |
| 28 | 50.95 | 44.21 | 42.87 | 36.70 |
| 29 | 52.29 | 45.17 | 43.86 | 37.64 |
| 30 | 53.11 | 45.94 | 44.50 | 38.12 |
| 31 | 53.93 | 46.98 | 45.25 | 38.59 |
| 32 | 54.78 | 48.18 | 46.07 | 39.09 |
| 33 | 55.72 | 49.43 | 46.95 | 39.68 |
| 34 | 56.74 | 50.67 | 47.84 | 40.32 |
| 35 | 57.89 | 51.82 | 48.74 | 41.05 |
| 36 | 59.21 | 52.95 | 49.66 | 41.85 |
| 37 | 60.73 | 54.07 | 50.63 | 42.70 |
| 38 | 62.47 | 55.27 | 51.68 | 43.62 |
| 39 | 64.41 | 56.58 | 52.85 | 44.58 |
| 40 | 66.55 | 58.04 | 54.13 | 45.60 |
| 41 | 68.09 | 59.03 | 54.98 | 46.16 |
| 42 | 70.45 | 60.81 | 56.53 | 47.25 |
| 43 | 73.34 | 63.15 | 58.57 | 48.74 |
| 44 | 75.47 | 64.92 | 60.08 | 49.76 |
| 45 | 79.25 | 68.23 | 63.00 | 51.99 |
| 46 | 81.39 | 70.16 | 64.62 | 53.19 |
| 47 | 84.46 | 72.91 | 66.98 | 55.08 |
| 48 | 87.43 | 75.59 | 69.23 | 56.93 |
| 49 | 90.57 | 78.37 | 71.50 | 58.86 |
| 50 | 93.94 | 81.28 | 73.80 | 60.82 |
| 51 | 97.61 | 84.33 | 76.10 | 62.79 |
| 52 | 101.59 | 87.49 | 78.40 | 64.69 |
| 53 | 106.62 | 91.37 | 81.23 | 66.96 |
| 54 | 111.95 | 95.27 | 83.98 | 69.07 |
| 55 | 117.42 | 99.05 | 86.61 | 71.01 |
| 56 | 122.88 | 102.54 | 89.06 | 72.75 |
| 57 | 128.11 | 105.64 | 91.29 | 74.35 |
| 58 | 132.91 | 108.33 | 93.42 | 75.95 |
| 59 | 137.25 | 110.93 | 95.71 | 77.84 |
| 60 | 141.36 | 114.30 | 98.82 | 80.48 |
| 61 | 146.00 | 120.17 | 103.88 | 84.62 |
| 62 | 136.67 | 114.93 | 99.36 | 80.94 |
| 63 | 130.06 | 106.90 | 92.41 | 75.29 |
| 64 | 121.57 | 101.01 | 87.32 | 71.13 |
| 65 | 112.42 | 93.64 | 82.92 | 67.55 |
| 66 | 122.26 | 101.18 | 89.60 | 72.99 |
| 67 | 132.96 | 109.33 | 96.82 | 78.87 |
| 68 | 144.59 | 118.15 | 104.61 | 85.22 |
| 69 | 157.23 | 127.65 | 113.04 | 92.09 |
| 70 | 170.97 | 137.94 | 122.16 | 99.52 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-67 BP
Class F1
Base Coverage 24 Month MNAD, 24 Month Residual

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 53.24 | 48.69 | 47.30 | 40.47 |
| 26 | 54.81 | 50.77 | 49.18 | 41.99 |
| 27 | 56.37 | 52.84 | 51.06 | 43.51 |
| 28 | 57.39 | 53.86 | 52.06 | 44.54 |
| 29 | 58.49 | 54.74 | 52.81 | 45.30 |
| 30 | 59.28 | 55.23 | 53.10 | 45.47 |
| 31 | 60.43 | 56.00 | 53.57 | 45.68 |
| 32 | 61.84 | 57.02 | 54.25 | 46.02 |
| 33 | 63.51 | 58.24 | 55.13 | 46.58 |
| 34 | 65.31 | 59.59 | 56.16 | 47.33 |
| 35 | 67.22 | 60.98 | 57.30 | 48.26 |
| 36 | 69.17 | 62.45 | 58.54 | 49.33 |
| 37 | 71.20 | 63.99 | 59.90 | 50.52 |
| 38 | 73.29 | 65.60 | 61.33 | 51.76 |
| 39 | 75.47 | 67.33 | 62.87 | 53.03 |
| 40 | 77.77 | 69.17 | 64.48 | 54.30 |
| 41 | 79.29 | 70.37 | 65.51 | 54.99 |
| 42 | 81.76 | 72.42 | 67.31 | 56.27 |
| 43 | 84.88 | 75.05 | 69.66 | 57.95 |
| 44 | 87.19 | 76.98 | 71.32 | 59.07 |
| 45 | 91.53 | 80.70 | 74.63 | 61.58 |
| 46 | 94.04 | 82.80 | 76.42 | 62.91 |
| 47 | 97.67 | 85.92 | 79.10 | 65.04 |
| 48 | 101.25 | 89.00 | 81.68 | 67.17 |
| 49 | 104.97 | 92.27 | 84.32 | 69.40 |
| 50 | 108.91 | 95.72 | 87.00 | 71.70 |
| 51 | 113.07 | 99.38 | 89.74 | 74.02 |
| 52 | 117.43 | 103.18 | 92.46 | 76.30 |
| 53 | 122.85 | 107.80 | 95.80 | 78.96 |
| 54 | 128.47 | 112.42 | 99.06 | 81.47 |
| 55 | 134.20 | 116.86 | 102.14 | 83.74 |
| 56 | 139.90 | 120.92 | 104.98 | 85.76 |
| 57 | 145.45 | 124.49 | 107.58 | 87.62 |
| 58 | 150.71 | 127.63 | 110.08 | 89.50 |
| 59 | 155.67 | 130.71 | 112.79 | 91.73 |
| 60 | 160.50 | 134.74 | 116.48 | 94.88 |
| 61 | 165.76 | 141.66 | 122.47 | 99.76 |
| 62 | 155.16 | 135.50 | 117.15 | 95.44 |
| 63 | 147.67 | 126.03 | 108.98 | 88.78 |
| 64 | 138.02 | 119.07 | 102.95 | 83.87 |
| 65 | 127.65 | 110.39 | 97.76 | 79.64 |
| 66 | 138.81 | 119.28 | 105.63 | 86.06 |
| 67 | 150.95 | 128.89 | 114.14 | 92.98 |
| 68 | 164.16 | 139.27 | 123.34 | 100.48 |
| 69 | 178.51 | 150.49 | 133.28 | 108.57 |
| 70 | 194.12 | 162.63 | 144.02 | 117.33 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-67 BP
Class G1
Base Coverage 24 Month MNAD, 24 Month Residual

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 79.86 | 73.04 | 70.95 | 60.71 |
| 26 | 82.22 | 76.16 | 73.77 | 62.99 |
| 27 | 84.56 | 79.26 | 76.59 | 65.27 |
| 28 | 86.09 | 80.79 | 78.09 | 66.81 |
| 29 | 87.74 | 82.11 | 79.22 | 67.95 |
| 30 | 88.92 | 82.85 | 79.65 | 68.21 |
| 31 | 90.65 | 84.00 | 80.36 | 68.52 |
| 32 | 92.76 | 85.53 | 81.38 | 69.03 |
| 33 | 95.27 | 87.36 | 82.70 | 69.87 |
| 34 | 97.97 | 89.39 | 84.24 | 71.00 |
| 35 | 100.83 | 91.47 | 85.95 | 72.39 |
| 36 | 103.76 | 93.68 | 87.81 | 74.00 |
| 37 | 106.80 | 95.99 | 89.85 | 75.78 |
| 38 | 109.94 | 98.40 | 92.00 | 77.64 |
| 39 | 113.21 | 101.00 | 94.31 | 79.55 |
| 40 | 116.66 | 103.76 | 96.72 | 81.45 |
| 41 | 118.94 | 105.56 | 98.27 | 82.49 |
| 42 | 122.64 | 108.63 | 100.97 | 84.41 |
| 43 | 127.32 | 112.58 | 104.49 | 86.93 |
| 44 | 130.79 | 115.47 | 106.98 | 88.61 |
| 45 | 137.30 | 121.05 | 111.95 | 92.37 |
| 46 | 141.06 | 124.20 | 114.63 | 94.37 |
| 47 | 146.51 | 128.88 | 118.65 | 97.56 |
| 48 | 151.88 | 133.50 | 122.52 | 100.76 |
| 49 | 157.46 | 138.41 | 126.48 | 104.10 |
| 50 | 163.37 | 143.58 | 130.50 | 107.55 |
| 51 | 169.61 | 149.07 | 134.61 | 111.03 |
| 52 | 176.15 | 154.77 | 138.69 | 114.45 |
| 53 | 184.28 | 161.70 | 143.70 | 118.44 |
| 54 | 192.71 | 168.63 | 148.59 | 122.21 |
| 55 | 201.30 | 175.29 | 153.21 | 125.61 |
| 56 | 209.85 | 181.38 | 157.47 | 128.64 |
| 57 | 218.18 | 186.74 | 161.37 | 131.43 |
| 58 | 226.07 | 191.45 | 165.12 | 134.25 |
| 59 | 233.51 | 196.07 | 169.19 | 137.60 |
| 60 | 240.75 | 202.11 | 174.72 | 142.32 |
| 61 | 248.64 | 212.49 | 183.71 | 149.64 |
| 62 | 232.74 | 203.25 | 175.73 | 143.16 |
| 63 | 221.51 | 189.05 | 163.47 | 133.17 |
| 64 | 207.03 | 178.61 | 154.43 | 125.81 |
| 65 | 191.48 | 165.59 | 146.64 | 119.46 |
| 66 | 208.22 | 178.92 | 158.45 | 129.09 |
| 67 | 226.43 | 193.34 | 171.21 | 139.47 |
| 68 | 246.24 | 208.91 | 185.01 | 150.72 |
| 69 | 267.77 | 225.74 | 199.92 | 162.86 |
| 70 | 291.18 | 243.95 | 216.03 | 176.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates 5 Year BP
Class P1
Full BP Own Occ Rates - Base

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 0.72 | 0.34 | 0.31 | 0.27 |
| 26 | 0.80 | 0.38 | 0.35 | 0.31 |
| 27 | 0.88 | 0.42 | 0.39 | 0.34 |
| 28 | 1.07 | 0.46 | 0.42 | 0.36 |
| 29 | 1.25 | 0.59 | 0.52 | 0.46 |
| 30 | 1.42 | 0.60 | 0.54 | 0.47 |
| 31 | 1.57 | 0.72 | 0.64 | 0.56 |
| 32 | 1.74 | 0.73 | 0.65 | 0.57 |
| 33 | 1.92 | 0.75 | 0.67 | 0.59 |
| 34 | 2.12 | 0.88 | 0.79 | 0.69 |
| 35 | 2.34 | 0.91 | 0.82 | 0.72 |
| 36 | 2.59 | 1.07 | 0.96 | 0.84 |
| 37 | 2.86 | 1.11 | 0.99 | 0.87 |
| 38 | 2.98 | 1.16 | 1.03 | 0.91 |
| 39 | 3.11 | 1.20 | 1.07 | 0.94 |
| 40 | 3.23 | 1.24 | 1.11 | 0.98 |
| 41 | 3.32 | 1.27 | 1.14 | 1.01 |
| 42 | 3.45 | 1.32 | 1.19 | 1.05 |
| 43 | 3.62 | 1.39 | 1.25 | 1.11 |
| 44 | 3.77 | 1.44 | 1.31 | 1.16 |
| 45 | 4.24 | 1.55 | 1.41 | 1.25 |
| 46 | 4.43 | 1.63 | 1.48 | 1.32 |
| 47 | 4.70 | 1.75 | 1.59 | 1.41 |
| 48 | 4.97 | 1.88 | 1.69 | 1.51 |
| 49 | 5.25 | 2.01 | 1.80 | 1.61 |
| 50 | 5.54 | 1.91 | 1.70 | 1.52 |
| 51 | 5.83 | 2.03 | 1.80 | 1.61 |
| 52 | 6.10 | 2.14 | 1.90 | 1.69 |
| 53 | 6.08 | 1.98 | 1.76 | 1.56 |
| 54 | 6.02 | 2.08 | 1.85 | 1.64 |
| 55 | 5.56 | 1.87 | 1.67 | 1.46 |
| 56 | 5.44 | 1.96 | 1.76 | 1.52 |
| 57 | 5.31 | 1.71 | 1.55 | 1.31 |
| 58 | 4.74 | 1.44 | 1.31 | 1.09 |
| 59 | 4.54 | 1.53 | 1.39 | 1.14 |
| 60 | 3.82 | 1.22 | 1.10 | 0.90 |
| 61 | 3.45 | 1.28 | 1.16 | 0.94 |
| 62 | 2.35 | 0.83 | 0.75 | 0.61 |
| 63 | 1.37 | 0.40 | 0.36 | 0.29 |
| 64 | 0.89 | 0.39 | 0.35 | 0.29 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates 5 Year BP
Class A1
Full BP Own Occ Rates - Base

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 0.84 | 0.39 | 0.37 | 0.32 |
| 26 | 0.94 | 0.45 | 0.41 | 0.36 |
| 27 | 1.03 | 0.50 | 0.46 | 0.40 |
| 28 | 1.25 | 0.54 | 0.49 | 0.43 |
| 29 | 1.47 | 0.69 | 0.61 | 0.54 |
| 30 | 1.67 | 0.71 | 0.63 | 0.55 |
| 31 | 1.85 | 0.84 | 0.75 | 0.66 |
| 32 | 2.05 | 0.86 | 0.77 | 0.67 |
| 33 | 2.26 | 0.88 | 0.79 | 0.69 |
| 34 | 2.49 | 1.03 | 0.93 | 0.82 |
| 35 | 2.75 | 1.07 | 0.97 | 0.85 |
| 36 | 3.05 | 1.25 | 1.13 | 0.99 |
| 37 | 3.36 | 1.31 | 1.17 | 1.03 |
| 38 | 3.50 | 1.36 | 1.21 | 1.07 |
| 39 | 3.65 | 1.41 | 1.25 | 1.11 |
| 40 | 3.80 | 1.46 | 1.30 | 1.15 |
| 41 | 3.91 | 1.50 | 1.34 | 1.19 |
| 42 | 4.06 | 1.55 | 1.40 | 1.24 |
| 43 | 4.26 | 1.63 | 1.47 | 1.31 |
| 44 | 4.44 | 1.70 | 1.54 | 1.37 |
| 45 | 4.99 | 1.82 | 1.66 | 1.47 |
| 46 | 5.22 | 1.92 | 1.75 | 1.55 |
| 47 | 5.53 | 2.06 | 1.87 | 1.66 |
| 48 | 5.85 | 2.21 | 1.99 | 1.77 |
| 49 | 6.18 | 2.36 | 2.12 | 1.89 |
| 50 | 6.52 | 2.24 | 2.00 | 1.79 |
| 51 | 6.86 | 2.38 | 2.12 | 1.89 |
| 52 | 7.18 | 2.52 | 2.23 | 1.99 |
| 53 | 7.15 | 2.33 | 2.07 | 1.84 |
| 54 | 7.08 | 2.45 | 2.18 | 1.93 |
| 55 | 6.55 | 2.20 | 1.97 | 1.72 |
| 56 | 6.40 | 2.30 | 2.07 | 1.79 |
| 57 | 6.25 | 2.01 | 1.82 | 1.55 |
| 58 | 5.57 | 1.70 | 1.54 | 1.29 |
| 59 | 5.34 | 1.80 | 1.63 | 1.34 |
| 60 | 4.49 | 1.43 | 1.30 | 1.05 |
| 61 | 4.06 | 1.51 | 1.36 | 1.11 |
| 62 | 2.77 | 0.98 | 0.89 | 0.72 |
| 63 | 1.61 | 0.46 | 0.42 | 0.34 |
| 64 | 1.05 | 0.46 | 0.41 | 0.34 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates 5 Year BP
Class B1
Full BP Own Occ Rates - Base

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18- | | | | |
| 25 | 1.17 | 0.46 | 0.42 | 0.37 |
| 26 | 1.30 | 0.51 | 0.47 | 0.41 |
| 27 | 1.43 | 0.57 | 0.52 | 0.45 |
| 28 | 1.71 | 0.75 | 0.66 | 0.58 |
| 29 | 2.14 | 0.80 | 0.69 | 0.61 |
| 30 | 2.36 | 0.95 | 0.83 | 0.73 |
| 31 | 2.73 | 0.96 | 0.85 | 0.75 |
| 32 | 2.94 | 1.11 | 1.00 | 0.87 |
| 33 | 3.18 | 1.13 | 1.02 | 0.89 |
| 34 | 3.62 | 1.16 | 1.05 | 0.92 |
| 35 | 3.93 | 1.35 | 1.22 | 1.07 |
| 36 | 4.47 | 1.40 | 1.26 | 1.11 |
| 37 | 4.86 | 1.46 | 1.31 | 1.15 |
| 38 | 5.06 | 1.53 | 1.36 | 1.20 |
| 39 | 5.26 | 1.59 | 1.41 | 1.25 |
| 40 | 5.69 | 1.83 | 1.64 | 1.45 |
| 41 | 5.84 | 1.88 | 1.70 | 1.50 |
| 42 | 6.06 | 1.96 | 1.78 | 1.58 |
| 43 | 6.34 | 2.05 | 1.88 | 1.67 |
| 44 | 6.59 | 2.14 | 1.98 | 1.75 |
| 45 | 7.31 | 2.30 | 2.13 | 1.89 |
| 46 | 7.66 | 2.43 | 2.24 | 1.99 |
| 47 | 8.14 | 2.60 | 2.39 | 2.13 |
| 48 | 8.65 | 2.79 | 2.54 | 2.26 |
| 49 | 9.19 | 2.99 | 2.69 | 2.41 |
| 50 | 9.73 | 3.19 | 2.85 | 2.55 |
| 51 | 10.26 | 3.39 | 3.00 | 2.69 |
| 52 | 10.77 | 3.58 | 3.16 | 2.82 |
| 53 | 10.45 | 3.40 | 3.01 | 2.67 |
| 54 | 10.03 | 3.17 | 2.83 | 2.48 |
| 55 | 9.52 | 3.32 | 2.99 | 2.58 |
| 56 | 8.96 | 3.03 | 2.76 | 2.35 |
| 57 | 8.34 | 2.72 | 2.51 | 2.09 |
| 58 | 7.68 | 2.39 | 2.21 | 1.81 |
| 59 | 6.95 | 2.53 | 2.34 | 1.89 |
| 60 | 6.09 | 2.15 | 1.98 | 1.58 |
| 61 | 5.03 | 1.70 | 1.56 | 1.25 |
| 62 | 3.60 | 1.10 | 1.02 | 0.81 |
| 63 | 2.33 | 1.05 | 0.96 | 0.77 |
| 64 | 1.14 | 0.52 | 0.47 | 0.38 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates 5 Year BP
Class C1
Full BP Own Occ Rates - Base

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18- | | | | |
| 25 | 2.99 | 0.83 | 0.78 | 0.68 |
| 26 | 3.35 | 0.94 | 0.87 | 0.76 |
| 27 | 3.70 | 1.04 | 0.96 | 0.84 |
| 28 | 3.97 | 1.28 | 1.16 | 1.02 |
| 29 | 4.36 | 1.51 | 1.35 | 1.18 |
| 30 | 4.48 | 1.54 | 1.37 | 1.21 |
| 31 | 4.78 | 1.71 | 1.53 | 1.34 |
| 32 | 4.89 | 1.87 | 1.69 | 1.48 |
| 33 | 5.22 | 2.06 | 1.86 | 1.63 |
| 34 | 5.59 | 2.27 | 2.05 | 1.79 |
| 35 | 5.77 | 2.34 | 2.12 | 1.85 |
| 36 | 6.20 | 2.60 | 2.35 | 2.07 |
| 37 | 6.64 | 2.89 | 2.61 | 2.30 |
| 38 | 6.88 | 3.20 | 2.89 | 2.56 |
| 39 | 7.37 | 3.52 | 3.19 | 2.82 |
| 40 | 7.64 | 3.65 | 3.32 | 2.94 |
| 41 | 8.09 | 3.95 | 3.61 | 3.20 |
| 42 | 8.41 | 4.31 | 3.96 | 3.51 |
| 43 | 9.11 | 4.51 | 4.16 | 3.69 |
| 44 | 9.48 | 4.70 | 4.34 | 3.85 |
| 45 | 10.44 | 5.03 | 4.64 | 4.11 |
| 46 | 10.95 | 5.31 | 4.87 | 4.33 |
| 47 | 11.97 | 5.70 | 5.18 | 4.61 |
| 48 | 12.69 | 6.12 | 5.51 | 4.92 |
| 49 | 13.05 | 6.25 | 5.57 | 4.98 |
| 50 | 13.81 | 6.71 | 5.92 | 5.30 |
| 51 | 14.14 | 6.79 | 5.95 | 5.34 |
| 52 | 14.89 | 7.21 | 6.30 | 5.64 |
| 53 | 14.77 | 7.23 | 6.32 | 5.63 |
| 54 | 14.55 | 7.18 | 6.29 | 5.57 |
| 55 | 14.25 | 6.60 | 5.82 | 5.10 |
| 56 | 13.88 | 6.43 | 5.70 | 4.93 |
| 57 | 13.42 | 6.23 | 5.56 | 4.73 |
| 58 | 12.25 | 6.03 | 5.40 | 4.51 |
| 59 | 11.55 | 5.22 | 4.68 | 3.85 |
| 60 | 9.97 | 4.93 | 4.40 | 3.59 |
| 61 | 8.09 | 3.88 | 3.47 | 2.83 |
| 62 | 5.62 | 3.16 | 2.82 | 2.30 |
| 63 | 4.10 | 1.80 | 1.61 | 1.31 |
| 64 | 1.99 | 1.18 | 1.05 | 0.86 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates 5 Year BP
Class D1
Full BP Own Occ Rates - Base

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 2.39 | 0.72 | 0.70 | 0.61 |
| 26 | 2.64 | 0.82 | 0.77 | 0.68 |
| 27 | 2.90 | 0.92 | 0.85 | 0.74 |
| 28 | 3.28 | 1.20 | 1.09 | 0.96 |
| 29 | 3.64 | 1.26 | 1.13 | 0.99 |
| 30 | 3.97 | 1.50 | 1.33 | 1.17 |
| 31 | 4.31 | 1.51 | 1.34 | 1.18 |
| 32 | 4.68 | 1.73 | 1.54 | 1.35 |
| 33 | 5.07 | 1.74 | 1.55 | 1.36 |
| 34 | 5.50 | 2.00 | 1.77 | 1.55 |
| 35 | 5.65 | 2.05 | 1.81 | 1.59 |
| 36 | 6.09 | 2.35 | 2.07 | 1.82 |
| 37 | 6.55 | 2.43 | 2.13 | 1.88 |
| 38 | 6.72 | 2.76 | 2.42 | 2.14 |
| 39 | 7.22 | 3.10 | 2.73 | 2.42 |
| 40 | 7.43 | 3.45 | 3.06 | 2.71 |
| 41 | 7.92 | 3.78 | 3.37 | 2.99 |
| 42 | 8.21 | 4.17 | 3.73 | 3.31 |
| 43 | 8.59 | 4.33 | 3.90 | 3.45 |
| 44 | 8.94 | 4.77 | 4.30 | 3.81 |
| 45 | 9.94 | 5.08 | 4.56 | 4.05 |
| 46 | 10.40 | 5.66 | 5.05 | 4.49 |
| 47 | 11.01 | 6.04 | 5.35 | 4.76 |
| 48 | 11.63 | 6.46 | 5.66 | 5.05 |
| 49 | 11.78 | 6.50 | 5.64 | 5.06 |
| 50 | 12.41 | 6.95 | 5.98 | 5.37 |
| 51 | 12.51 | 6.94 | 5.94 | 5.34 |
| 52 | 13.13 | 7.35 | 6.28 | 5.65 |
| 53 | 12.65 | 7.27 | 6.23 | 5.58 |
| 54 | 12.07 | 7.12 | 6.14 | 5.45 |
| 55 | 12.07 | 6.90 | 6.00 | 5.27 |
| 56 | 11.33 | 6.63 | 5.82 | 5.04 |
| 57 | 10.47 | 6.34 | 5.60 | 4.77 |
| 58 | 9.49 | 6.01 | 5.34 | 4.46 |
| 59 | 9.17 | 5.66 | 5.03 | 4.14 |
| 60 | 7.86 | 4.50 | 3.99 | 3.25 |
| 61 | 6.32 | 3.95 | 3.49 | 2.85 |
| 62 | 4.31 | 3.08 | 2.73 | 2.22 |
| 63 | 3.35 | 2.19 | 1.94 | 1.58 |
| 64 | 1.63 | 0.72 | 0.64 | 0.52 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates 5 Year BP
Class E1
Full BP Own Occ Rates - Base

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 2.65 | 1.00 | 0.96 | 0.84 |
| 26 | 2.91 | 1.12 | 1.05 | 0.92 |
| 27 | 3.17 | 1.24 | 1.14 | 1.00 |
| 28 | 3.72 | 1.61 | 1.45 | 1.28 |
| 29 | 4.24 | 1.69 | 1.51 | 1.33 |
| 30 | 4.69 | 2.00 | 1.78 | 1.57 |
| 31 | 5.13 | 2.01 | 1.79 | 1.57 |
| 32 | 5.57 | 2.31 | 2.06 | 1.80 |
| 33 | 6.03 | 2.33 | 2.08 | 1.82 |
| 34 | 6.53 | 2.68 | 2.38 | 2.08 |
| 35 | 6.68 | 2.75 | 2.44 | 2.13 |
| 36 | 7.26 | 3.16 | 2.79 | 2.44 |
| 37 | 7.89 | 3.27 | 2.87 | 2.53 |
| 38 | 8.13 | 3.38 | 2.97 | 2.62 |
| 39 | 8.39 | 3.83 | 3.38 | 2.99 |
| 40 | 8.67 | 3.94 | 3.49 | 3.09 |
| 41 | 8.87 | 4.37 | 3.89 | 3.45 |
| 42 | 9.21 | 4.49 | 4.02 | 3.57 |
| 43 | 9.64 | 4.67 | 4.20 | 3.72 |
| 44 | 10.01 | 4.83 | 4.35 | 3.86 |
| 45 | 10.66 | 5.14 | 4.62 | 4.10 |
| 46 | 11.13 | 5.40 | 4.82 | 4.29 |
| 47 | 11.77 | 5.77 | 5.11 | 4.55 |
| 48 | 12.42 | 5.66 | 4.96 | 4.43 |
| 49 | 12.42 | 6.07 | 5.26 | 4.72 |
| 50 | 13.08 | 5.89 | 5.07 | 4.56 |
| 51 | 12.99 | 6.27 | 5.36 | 4.83 |
| 52 | 13.63 | 5.96 | 5.09 | 4.58 |
| 53 | 13.53 | 5.59 | 4.79 | 4.29 |
| 54 | 13.35 | 5.87 | 5.06 | 4.50 |
| 55 | 12.18 | 5.37 | 4.67 | 4.10 |
| 56 | 11.84 | 5.61 | 4.92 | 4.26 |
| 57 | 11.45 | 5.03 | 4.45 | 3.79 |
| 58 | 10.99 | 4.42 | 3.92 | 3.28 |
| 59 | 9.27 | 4.68 | 4.16 | 3.42 |
| 60 | 8.51 | 3.98 | 3.52 | 2.87 |
| 61 | 7.53 | 3.14 | 2.78 | 2.26 |
| 62 | 4.79 | 2.04 | 1.81 | 1.47 |
| 63 | 3.49 | 1.94 | 1.71 | 1.40 |
| 64 | 1.13 | 0.95 | 0.84 | 0.69 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates 5 Year BP
Class F1
Full BP Own Occ Rates - Base

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18- | | | | |
| 25 | 3.05 | 1.22 | 1.17 | 1.02 |
| 26 | 3.33 | 1.36 | 1.28 | 1.12 |
| 27 | 3.61 | 1.51 | 1.39 | 1.22 |
| 28 | 4.19 | 1.96 | 1.76 | 1.55 |
| 29 | 4.74 | 2.04 | 1.82 | 1.60 |
| 30 | 5.24 | 2.41 | 2.13 | 1.87 |
| 31 | 5.74 | 2.40 | 2.12 | 1.86 |
| 32 | 6.28 | 2.74 | 2.43 | 2.12 |
| 33 | 6.87 | 2.75 | 2.44 | 2.13 |
| 34 | 7.52 | 3.15 | 2.79 | 2.44 |
| 35 | 7.76 | 3.24 | 2.86 | 2.51 |
| 36 | 8.48 | 3.73 | 3.28 | 2.88 |
| 37 | 9.24 | 3.87 | 3.40 | 3.00 |
| 38 | 9.54 | 4.01 | 3.53 | 3.12 |
| 39 | 9.82 | 4.56 | 4.02 | 3.56 |
| 40 | 10.12 | 4.70 | 4.16 | 3.69 |
| 41 | 10.33 | 5.21 | 4.64 | 4.11 |
| 42 | 10.68 | 5.35 | 4.79 | 4.25 |
| 43 | 11.15 | 5.55 | 5.00 | 4.43 |
| 44 | 11.57 | 5.73 | 5.16 | 4.58 |
| 45 | 12.31 | 6.09 | 5.48 | 4.86 |
| 46 | 12.86 | 6.38 | 5.71 | 5.07 |
| 47 | 13.61 | 6.81 | 6.04 | 5.37 |
| 48 | 14.38 | 6.67 | 5.86 | 5.23 |
| 49 | 14.39 | 7.14 | 6.21 | 5.56 |
| 50 | 15.17 | 6.94 | 5.98 | 5.37 |
| 51 | 15.05 | 7.39 | 6.33 | 5.69 |
| 52 | 15.76 | 7.03 | 6.01 | 5.40 |
| 53 | 15.59 | 6.60 | 5.65 | 5.06 |
| 54 | 15.33 | 6.93 | 5.97 | 5.30 |
| 55 | 13.92 | 6.34 | 5.51 | 4.84 |
| 56 | 13.48 | 6.61 | 5.80 | 5.02 |
| 57 | 13.00 | 5.93 | 5.24 | 4.46 |
| 58 | 12.46 | 5.21 | 4.62 | 3.86 |
| 59 | 10.51 | 5.52 | 4.90 | 4.03 |
| 60 | 9.66 | 4.69 | 4.15 | 3.38 |
| 61 | 8.55 | 3.70 | 3.27 | 2.67 |
| 62 | 5.44 | 2.40 | 2.13 | 1.74 |
| 63 | 3.96 | 2.28 | 2.02 | 1.65 |
| 64 | 1.29 | 1.12 | 0.99 | 0.81 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates 5 Year BP
Class G1
Full BP Own Occ Rates - Base

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18- | | | | |
| 25 | 4.57 | 1.82 | 1.76 | 1.53 |
| 26 | 4.99 | 2.04 | 1.92 | 1.68 |
| 27 | 5.41 | 2.26 | 2.09 | 1.83 |
| 28 | 6.28 | 2.93 | 2.65 | 2.33 |
| 29 | 7.12 | 3.07 | 2.73 | 2.40 |
| 30 | 7.86 | 3.61 | 3.19 | 2.81 |
| 31 | 8.62 | 3.60 | 3.19 | 2.80 |
| 32 | 9.43 | 4.10 | 3.64 | 3.18 |
| 33 | 10.31 | 4.13 | 3.66 | 3.20 |
| 34 | 11.28 | 4.72 | 4.19 | 3.66 |
| 35 | 11.64 | 4.85 | 4.29 | 3.76 |
| 36 | 12.72 | 5.59 | 4.93 | 4.32 |
| 37 | 13.87 | 5.80 | 5.10 | 4.49 |
| 38 | 14.31 | 6.02 | 5.29 | 4.67 |
| 39 | 14.74 | 6.84 | 6.03 | 5.34 |
| 40 | 15.18 | 7.04 | 6.24 | 5.53 |
| 41 | 15.50 | 7.81 | 6.96 | 6.17 |
| 42 | 16.02 | 8.03 | 7.19 | 6.38 |
| 43 | 16.73 | 8.33 | 7.49 | 6.64 |
| 44 | 17.35 | 8.60 | 7.75 | 6.87 |
| 45 | 18.46 | 9.13 | 8.22 | 7.29 |
| 46 | 19.29 | 9.57 | 8.56 | 7.60 |
| 47 | 20.42 | 10.21 | 9.05 | 8.06 |
| 48 | 21.58 | 10.01 | 8.78 | 7.85 |
| 49 | 21.59 | 10.72 | 9.31 | 8.34 |
| 50 | 22.75 | 10.41 | 8.97 | 8.06 |
| 51 | 22.57 | 11.08 | 9.49 | 8.54 |
| 52 | 23.64 | 10.54 | 9.01 | 8.10 |
| 53 | 23.38 | 9.90 | 8.48 | 7.59 |
| 54 | 22.99 | 10.39 | 8.96 | 7.96 |
| 55 | 20.88 | 9.50 | 8.26 | 7.26 |
| 56 | 20.22 | 9.92 | 8.70 | 7.53 |
| 57 | 19.50 | 8.90 | 7.87 | 6.69 |
| 58 | 18.69 | 7.81 | 6.93 | 5.79 |
| 59 | 15.77 | 8.28 | 7.35 | 6.04 |
| 60 | 14.48 | 7.03 | 6.23 | 5.07 |
| 61 | 12.82 | 5.54 | 4.91 | 4.00 |
| 62 | 8.17 | 3.61 | 3.20 | 2.60 |
| 63 | 5.95 | 3.42 | 3.03 | 2.47 |
| 64 | 1.93 | 1.68 | 1.49 | 1.22 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-65 BP
Class P1
Full BP Own Occ Rates - Base

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 1.22 | 0.64 | 0.58 | 0.50 |
| 26 | 1.26 | 0.67 | 0.61 | 0.52 |
| 27 | 1.31 | 0.70 | 0.64 | 0.55 |
| 28 | 1.53 | 0.71 | 0.65 | 0.56 |
| 29 | 1.77 | 0.88 | 0.81 | 0.69 |
| 30 | 1.99 | 0.90 | 0.83 | 0.71 |
| 31 | 2.21 | 1.09 | 1.00 | 0.85 |
| 32 | 2.45 | 1.14 | 1.05 | 0.89 |
| 33 | 2.70 | 1.18 | 1.09 | 0.92 |
| 34 | 2.97 | 1.40 | 1.29 | 1.08 |
| 35 | 3.27 | 1.44 | 1.33 | 1.12 |
| 36 | 3.60 | 1.67 | 1.53 | 1.29 |
| 37 | 3.95 | 1.71 | 1.57 | 1.32 |
| 38 | 4.11 | 1.76 | 1.60 | 1.36 |
| 39 | 4.26 | 1.81 | 1.65 | 1.39 |
| 40 | 4.42 | 1.86 | 1.70 | 1.43 |
| 41 | 4.54 | 1.91 | 1.74 | 1.46 |
| 42 | 4.70 | 1.98 | 1.80 | 1.51 |
| 43 | 4.89 | 2.07 | 1.88 | 1.57 |
| 44 | 5.03 | 2.14 | 1.95 | 1.62 |
| 45 | 5.57 | 2.26 | 2.06 | 1.71 |
| 46 | 5.72 | 2.33 | 2.13 | 1.76 |
| 47 | 5.94 | 2.43 | 2.22 | 1.83 |
| 48 | 6.14 | 2.51 | 2.30 | 1.89 |
| 49 | 6.35 | 2.60 | 2.38 | 1.96 |
| 50 | 6.56 | 2.38 | 2.19 | 1.80 |
| 51 | 6.76 | 2.46 | 2.26 | 1.85 |
| 52 | 6.97 | 2.53 | 2.32 | 1.90 |
| 53 | 6.83 | 2.30 | 2.10 | 1.72 |
| 54 | 6.68 | 2.38 | 2.18 | 1.78 |
| 55 | 6.09 | 2.12 | 1.93 | 1.57 |
| 56 | 5.86 | 2.19 | 1.99 | 1.61 |
| 57 | 5.62 | 1.87 | 1.70 | 1.38 |
| 58 | 4.91 | 1.54 | 1.39 | 1.13 |
| 59 | 4.61 | 1.57 | 1.43 | 1.16 |
| 60 | 3.82 | 1.22 | 1.10 | 0.90 |
| 61 | 3.45 | 1.28 | 1.16 | 0.94 |
| 62 | 2.35 | 0.83 | 0.75 | 0.61 |
| 63 | 1.37 | 0.40 | 0.36 | 0.29 |
| 64 | 0.89 | 0.39 | 0.35 | 0.29 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-65 BP
Class A1
Full BP Own Occ Rates - Base

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 1.43 | 0.75 | 0.69 | 0.59 |
| 26 | 1.49 | 0.79 | 0.72 | 0.62 |
| 27 | 1.54 | 0.82 | 0.75 | 0.64 |
| 28 | 1.80 | 0.84 | 0.77 | 0.66 |
| 29 | 2.08 | 1.03 | 0.95 | 0.81 |
| 30 | 2.34 | 1.06 | 0.98 | 0.83 |
| 31 | 2.60 | 1.28 | 1.18 | 1.01 |
| 32 | 2.88 | 1.34 | 1.23 | 1.04 |
| 33 | 3.18 | 1.39 | 1.28 | 1.08 |
| 34 | 3.50 | 1.64 | 1.51 | 1.28 |
| 35 | 3.85 | 1.69 | 1.56 | 1.31 |
| 36 | 4.24 | 1.96 | 1.80 | 1.52 |
| 37 | 4.65 | 2.01 | 1.84 | 1.56 |
| 38 | 4.83 | 2.07 | 1.89 | 1.59 |
| 39 | 5.02 | 2.13 | 1.94 | 1.64 |
| 40 | 5.21 | 2.19 | 2.00 | 1.68 |
| 41 | 5.34 | 2.25 | 2.04 | 1.71 |
| 42 | 5.53 | 2.33 | 2.12 | 1.77 |
| 43 | 5.75 | 2.44 | 2.22 | 1.85 |
| 44 | 5.92 | 2.52 | 2.30 | 1.90 |
| 45 | 6.56 | 2.66 | 2.43 | 2.01 |
| 46 | 6.74 | 2.75 | 2.51 | 2.07 |
| 47 | 6.99 | 2.86 | 2.61 | 2.15 |
| 48 | 7.23 | 2.96 | 2.71 | 2.23 |
| 49 | 7.47 | 3.05 | 2.80 | 2.30 |
| 50 | 7.71 | 2.80 | 2.57 | 2.11 |
| 51 | 7.95 | 2.89 | 2.65 | 2.18 |
| 52 | 8.19 | 2.98 | 2.73 | 2.24 |
| 53 | 8.04 | 2.70 | 2.48 | 2.03 |
| 54 | 7.85 | 2.81 | 2.56 | 2.09 |
| 55 | 7.16 | 2.49 | 2.27 | 1.85 |
| 56 | 6.90 | 2.57 | 2.34 | 1.90 |
| 57 | 6.61 | 2.21 | 2.00 | 1.62 |
| 58 | 5.78 | 1.81 | 1.64 | 1.33 |
| 59 | 5.43 | 1.85 | 1.68 | 1.36 |
| 60 | 4.49 | 1.43 | 1.30 | 1.05 |
| 61 | 4.06 | 1.51 | 1.36 | 1.11 |
| 62 | 2.77 | 0.98 | 0.89 | 0.72 |
| 63 | 1.61 | 0.46 | 0.42 | 0.34 |
| 64 | 1.05 | 0.46 | 0.41 | 0.34 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-65 BP
Class B1
Full BP Own Occ Rates - Base

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 1.98 | 0.88 | 0.79 | 0.68 |
| 26 | 2.06 | 0.91 | 0.83 | 0.70 |
| 27 | 2.14 | 0.94 | 0.86 | 0.73 |
| 28 | 2.46 | 1.16 | 1.05 | 0.90 |
| 29 | 3.01 | 1.19 | 1.07 | 0.92 |
| 30 | 3.31 | 1.42 | 1.29 | 1.11 |
| 31 | 3.84 | 1.47 | 1.34 | 1.14 |
| 32 | 4.14 | 1.73 | 1.59 | 1.35 |
| 33 | 4.47 | 1.79 | 1.65 | 1.40 |
| 34 | 5.09 | 1.84 | 1.71 | 1.44 |
| 35 | 5.50 | 2.13 | 1.98 | 1.66 |
| 36 | 6.23 | 2.19 | 2.02 | 1.70 |
| 37 | 6.73 | 2.25 | 2.07 | 1.75 |
| 38 | 6.98 | 2.32 | 2.13 | 1.80 |
| 39 | 7.24 | 2.39 | 2.19 | 1.85 |
| 40 | 7.80 | 2.75 | 2.52 | 2.12 |
| 41 | 7.98 | 2.83 | 2.59 | 2.17 |
| 42 | 8.24 | 2.94 | 2.70 | 2.26 |
| 43 | 8.56 | 3.08 | 2.84 | 2.36 |
| 44 | 8.80 | 3.18 | 2.94 | 2.44 |
| 45 | 9.61 | 3.36 | 3.12 | 2.57 |
| 46 | 9.89 | 3.47 | 3.22 | 2.65 |
| 47 | 10.29 | 3.61 | 3.35 | 2.75 |
| 48 | 10.69 | 3.74 | 3.46 | 2.84 |
| 49 | 11.10 | 3.86 | 3.56 | 2.93 |
| 50 | 11.51 | 3.99 | 3.66 | 3.01 |
| 51 | 11.91 | 4.11 | 3.76 | 3.09 |
| 52 | 12.29 | 4.23 | 3.87 | 3.17 |
| 53 | 11.75 | 3.95 | 3.61 | 2.94 |
| 54 | 11.12 | 3.63 | 3.32 | 2.70 |
| 55 | 10.42 | 3.75 | 3.44 | 2.78 |
| 56 | 9.65 | 3.39 | 3.11 | 2.50 |
| 57 | 8.83 | 2.98 | 2.75 | 2.20 |
| 58 | 7.96 | 2.54 | 2.35 | 1.87 |
| 59 | 7.05 | 2.61 | 2.41 | 1.92 |
| 60 | 6.09 | 2.15 | 1.98 | 1.58 |
| 61 | 5.03 | 1.70 | 1.56 | 1.25 |
| 62 | 3.60 | 1.10 | 1.02 | 0.81 |
| 63 | 2.33 | 1.05 | 0.96 | 0.77 |
| 64 | 1.14 | 0.52 | 0.47 | 0.38 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-65 BP
Class C1
Full BP Own Occ Rates - Base

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 5.08 | 1.59 | 1.47 | 1.25 |
| 26 | 5.30 | 1.65 | 1.53 | 1.30 |
| 27 | 5.53 | 1.71 | 1.58 | 1.35 |
| 28 | 5.72 | 1.97 | 1.83 | 1.56 |
| 29 | 6.16 | 2.25 | 2.08 | 1.79 |
| 30 | 6.30 | 2.30 | 2.13 | 1.82 |
| 31 | 6.71 | 2.60 | 2.40 | 2.05 |
| 32 | 6.88 | 2.92 | 2.70 | 2.29 |
| 33 | 7.35 | 3.26 | 3.01 | 2.55 |
| 34 | 7.84 | 3.61 | 3.33 | 2.81 |
| 35 | 8.06 | 3.70 | 3.43 | 2.89 |
| 36 | 8.61 | 4.07 | 3.77 | 3.18 |
| 37 | 9.19 | 4.46 | 4.14 | 3.49 |
| 38 | 9.49 | 4.87 | 4.53 | 3.82 |
| 39 | 10.13 | 5.32 | 4.94 | 4.16 |
| 40 | 10.47 | 5.49 | 5.10 | 4.29 |
| 41 | 11.07 | 5.93 | 5.52 | 4.63 |
| 42 | 11.44 | 6.47 | 6.01 | 5.03 |
| 43 | 12.30 | 6.76 | 6.27 | 5.22 |
| 44 | 12.66 | 6.98 | 6.47 | 5.36 |
| 45 | 13.73 | 7.36 | 6.80 | 5.62 |
| 46 | 14.13 | 7.59 | 7.00 | 5.76 |
| 47 | 15.13 | 7.90 | 7.26 | 5.97 |
| 48 | 15.69 | 8.20 | 7.51 | 6.18 |
| 49 | 15.78 | 8.08 | 7.38 | 6.06 |
| 50 | 16.34 | 8.38 | 7.62 | 6.26 |
| 51 | 16.42 | 8.23 | 7.46 | 6.13 |
| 52 | 16.99 | 8.52 | 7.70 | 6.33 |
| 53 | 16.60 | 8.40 | 7.56 | 6.21 |
| 54 | 16.13 | 8.23 | 7.39 | 6.06 |
| 55 | 15.58 | 7.48 | 6.70 | 5.48 |
| 56 | 14.94 | 7.18 | 6.42 | 5.24 |
| 57 | 14.21 | 6.82 | 6.10 | 4.97 |
| 58 | 12.70 | 6.41 | 5.73 | 4.66 |
| 59 | 11.74 | 5.38 | 4.80 | 3.91 |
| 60 | 9.97 | 4.93 | 4.40 | 3.59 |
| 61 | 8.09 | 3.88 | 3.47 | 2.83 |
| 62 | 5.62 | 3.16 | 2.82 | 2.30 |
| 63 | 4.10 | 1.80 | 1.61 | 1.31 |
| 64 | 1.99 | 1.18 | 1.05 | 0.86 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-65 BP
Class D1
Full BP Own Occ Rates - Base

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 4.05 | 1.39 | 1.31 | 1.12 |
| 26 | 4.19 | 1.45 | 1.36 | 1.16 |
| 27 | 4.32 | 1.51 | 1.40 | 1.19 |
| 28 | 4.73 | 1.85 | 1.71 | 1.47 |
| 29 | 5.16 | 1.89 | 1.75 | 1.50 |
| 30 | 5.59 | 2.24 | 2.07 | 1.77 |
| 31 | 6.07 | 2.29 | 2.10 | 1.79 |
| 32 | 6.58 | 2.68 | 2.45 | 2.08 |
| 33 | 7.13 | 2.74 | 2.50 | 2.11 |
| 34 | 7.70 | 3.16 | 2.87 | 2.42 |
| 35 | 7.88 | 3.23 | 2.92 | 2.46 |
| 36 | 8.46 | 3.66 | 3.31 | 2.79 |
| 37 | 9.06 | 3.73 | 3.37 | 2.84 |
| 38 | 9.26 | 4.19 | 3.79 | 3.20 |
| 39 | 9.92 | 4.67 | 4.23 | 3.57 |
| 40 | 10.19 | 5.18 | 4.70 | 3.95 |
| 41 | 10.82 | 5.67 | 5.14 | 4.31 |
| 42 | 11.16 | 6.25 | 5.66 | 4.73 |
| 43 | 11.60 | 6.47 | 5.86 | 4.88 |
| 44 | 11.93 | 7.08 | 6.40 | 5.30 |
| 45 | 13.06 | 7.43 | 6.69 | 5.52 |
| 46 | 13.42 | 8.09 | 7.26 | 5.98 |
| 47 | 13.92 | 8.37 | 7.50 | 6.16 |
| 48 | 14.38 | 8.64 | 7.71 | 6.34 |
| 49 | 14.25 | 8.40 | 7.47 | 6.15 |
| 50 | 14.70 | 8.68 | 7.70 | 6.34 |
| 51 | 14.52 | 8.40 | 7.44 | 6.14 |
| 52 | 14.98 | 8.69 | 7.68 | 6.34 |
| 53 | 14.22 | 8.44 | 7.46 | 6.15 |
| 54 | 13.38 | 8.16 | 7.21 | 5.93 |
| 55 | 13.19 | 7.82 | 6.91 | 5.67 |
| 56 | 12.20 | 7.41 | 6.56 | 5.36 |
| 57 | 11.08 | 6.94 | 6.14 | 5.00 |
| 58 | 9.84 | 6.40 | 5.67 | 4.61 |
| 59 | 9.32 | 5.83 | 5.16 | 4.20 |
| 60 | 7.86 | 4.50 | 3.99 | 3.25 |
| 61 | 6.32 | 3.95 | 3.49 | 2.85 |
| 62 | 4.31 | 3.08 | 2.73 | 2.22 |
| 63 | 3.35 | 2.19 | 1.94 | 1.58 |
| 64 | 1.63 | 0.72 | 0.64 | 0.52 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-65 BP
Class E1
Full BP Own Occ Rates - Base

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 4.50 | 1.91 | 1.81 | 1.55 |
| 26 | 4.62 | 1.97 | 1.84 | 1.57 |
| 27 | 4.74 | 2.03 | 1.88 | 1.60 |
| 28 | 5.35 | 2.47 | 2.29 | 1.96 |
| 29 | 6.00 | 2.53 | 2.33 | 2.00 |
| 30 | 6.60 | 3.00 | 2.76 | 2.37 |
| 31 | 7.21 | 3.07 | 2.82 | 2.40 |
| 32 | 7.83 | 3.59 | 3.29 | 2.79 |
| 33 | 8.48 | 3.68 | 3.36 | 2.84 |
| 34 | 9.16 | 4.24 | 3.85 | 3.25 |
| 35 | 9.33 | 4.34 | 3.93 | 3.31 |
| 36 | 10.09 | 4.92 | 4.45 | 3.75 |
| 37 | 10.91 | 5.02 | 4.54 | 3.83 |
| 38 | 11.20 | 5.13 | 4.64 | 3.92 |
| 39 | 11.52 | 5.77 | 5.22 | 4.40 |
| 40 | 11.88 | 5.91 | 5.35 | 4.51 |
| 41 | 12.12 | 6.55 | 5.93 | 4.98 |
| 42 | 12.51 | 6.73 | 6.10 | 5.10 |
| 43 | 13.00 | 6.98 | 6.32 | 5.26 |
| 44 | 13.35 | 7.17 | 6.48 | 5.36 |
| 45 | 14.00 | 7.52 | 6.78 | 5.59 |
| 46 | 14.36 | 7.72 | 6.93 | 5.71 |
| 47 | 14.87 | 8.00 | 7.17 | 5.89 |
| 48 | 15.35 | 7.58 | 6.77 | 5.56 |
| 49 | 15.01 | 7.84 | 6.97 | 5.74 |
| 50 | 15.48 | 7.35 | 6.53 | 5.38 |
| 51 | 15.08 | 7.59 | 6.72 | 5.54 |
| 52 | 15.55 | 7.04 | 6.23 | 5.14 |
| 53 | 15.20 | 6.49 | 5.74 | 4.73 |
| 54 | 14.80 | 6.73 | 5.94 | 4.89 |
| 55 | 13.32 | 6.08 | 5.38 | 4.41 |
| 56 | 12.75 | 6.27 | 5.54 | 4.53 |
| 57 | 12.11 | 5.51 | 4.88 | 3.97 |
| 58 | 11.39 | 4.70 | 4.17 | 3.39 |
| 59 | 9.42 | 4.82 | 4.27 | 3.47 |
| 60 | 8.51 | 3.98 | 3.52 | 2.87 |
| 61 | 7.53 | 3.14 | 2.78 | 2.26 |
| 62 | 4.79 | 2.04 | 1.81 | 1.47 |
| 63 | 3.49 | 1.94 | 1.71 | 1.40 |
| 64 | 1.13 | 0.95 | 0.84 | 0.69 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-65 BP
Class F1
Full BP Own Occ Rates - Base

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 5.17 | 2.33 | 2.20 | 1.89 |
| 26 | 5.28 | 2.40 | 2.25 | 1.92 |
| 27 | 5.39 | 2.47 | 2.29 | 1.95 |
| 28 | 6.03 | 3.01 | 2.78 | 2.38 |
| 29 | 6.71 | 3.06 | 2.81 | 2.41 |
| 30 | 7.36 | 3.60 | 3.30 | 2.83 |
| 31 | 8.07 | 3.65 | 3.33 | 2.84 |
| 32 | 8.84 | 4.25 | 3.87 | 3.28 |
| 33 | 9.67 | 4.34 | 3.94 | 3.33 |
| 34 | 10.55 | 4.99 | 4.52 | 3.81 |
| 35 | 10.83 | 5.10 | 4.62 | 3.89 |
| 36 | 11.79 | 5.81 | 5.25 | 4.42 |
| 37 | 12.79 | 5.94 | 5.37 | 4.53 |
| 38 | 13.14 | 6.09 | 5.51 | 4.65 |
| 39 | 13.50 | 6.86 | 6.21 | 5.24 |
| 40 | 13.87 | 7.04 | 6.38 | 5.37 |
| 41 | 14.12 | 7.80 | 7.07 | 5.93 |
| 42 | 14.52 | 8.02 | 7.26 | 6.07 |
| 43 | 15.05 | 8.30 | 7.51 | 6.25 |
| 44 | 15.43 | 8.50 | 7.68 | 6.36 |
| 45 | 16.17 | 8.89 | 8.03 | 6.62 |
| 46 | 16.59 | 9.11 | 8.20 | 6.75 |
| 47 | 17.20 | 9.43 | 8.46 | 6.96 |
| 48 | 17.78 | 8.93 | 7.98 | 6.56 |
| 49 | 17.40 | 9.22 | 8.22 | 6.76 |
| 50 | 17.94 | 8.66 | 7.69 | 6.34 |
| 51 | 17.47 | 8.94 | 7.92 | 6.54 |
| 52 | 17.98 | 8.31 | 7.34 | 6.06 |
| 53 | 17.52 | 7.66 | 6.77 | 5.58 |
| 54 | 16.99 | 7.94 | 7.01 | 5.77 |
| 55 | 15.22 | 7.18 | 6.34 | 5.20 |
| 56 | 14.52 | 7.39 | 6.53 | 5.34 |
| 57 | 13.75 | 6.50 | 5.75 | 4.68 |
| 58 | 12.92 | 5.54 | 4.91 | 3.99 |
| 59 | 10.68 | 5.68 | 5.03 | 4.09 |
| 60 | 9.66 | 4.69 | 4.15 | 3.38 |
| 61 | 8.55 | 3.70 | 3.27 | 2.67 |
| 62 | 5.44 | 2.40 | 2.13 | 1.74 |
| 63 | 3.96 | 2.28 | 2.02 | 1.65 |
| 64 | 1.29 | 1.12 | 0.99 | 0.81 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-65 BP
Class G1
Full BP Own Occ Rates - Base

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 7.76 | 3.50 | 3.31 | 2.83 |
| 26 | 7.92 | 3.60 | 3.37 | 2.88 |
| 27 | 8.08 | 3.71 | 3.44 | 2.93 |
| 28 | 9.04 | 4.52 | 4.17 | 3.57 |
| 29 | 10.06 | 4.59 | 4.21 | 3.62 |
| 30 | 11.05 | 5.41 | 4.95 | 4.24 |
| 31 | 12.11 | 5.48 | 5.00 | 4.27 |
| 32 | 13.26 | 6.38 | 5.80 | 4.92 |
| 33 | 14.50 | 6.51 | 5.91 | 4.99 |
| 34 | 15.82 | 7.49 | 6.79 | 5.72 |
| 35 | 16.25 | 7.66 | 6.93 | 5.84 |
| 36 | 17.68 | 8.71 | 7.88 | 6.64 |
| 37 | 19.18 | 8.91 | 8.06 | 6.80 |
| 38 | 19.70 | 9.13 | 8.26 | 6.97 |
| 39 | 20.25 | 10.29 | 9.32 | 7.86 |
| 40 | 20.81 | 10.56 | 9.56 | 8.05 |
| 41 | 21.17 | 11.71 | 10.61 | 8.90 |
| 42 | 21.78 | 12.03 | 10.90 | 9.11 |
| 43 | 22.57 | 12.45 | 11.27 | 9.38 |
| 44 | 23.14 | 12.74 | 11.53 | 9.55 |
| 45 | 24.26 | 13.34 | 12.04 | 9.94 |
| 46 | 24.89 | 13.66 | 12.30 | 10.12 |
| 47 | 25.80 | 14.14 | 12.69 | 10.44 |
| 48 | 26.66 | 13.39 | 11.98 | 9.85 |
| 49 | 26.09 | 13.84 | 12.33 | 10.14 |
| 50 | 26.92 | 12.99 | 11.54 | 9.51 |
| 51 | 26.20 | 13.42 | 11.88 | 9.80 |
| 52 | 26.96 | 12.46 | 11.02 | 9.09 |
| 53 | 26.28 | 11.50 | 10.15 | 8.37 |
| 54 | 25.48 | 11.91 | 10.52 | 8.65 |
| 55 | 22.83 | 10.76 | 9.51 | 7.80 |
| 56 | 21.78 | 11.08 | 9.80 | 8.01 |
| 57 | 20.63 | 9.74 | 8.63 | 7.03 |
| 58 | 19.38 | 8.31 | 7.36 | 5.99 |
| 59 | 16.02 | 8.52 | 7.54 | 6.14 |
| 60 | 14.48 | 7.03 | 6.23 | 5.07 |
| 61 | 12.82 | 5.54 | 4.91 | 4.00 |
| 62 | 8.17 | 3.61 | 3.20 | 2.60 |
| 63 | 5.95 | 3.42 | 3.03 | 2.47 |
| 64 | 1.93 | 1.68 | 1.49 | 1.22 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-67 BP
Class P1
Full BP Own Occ Rates - Base

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 1.25 | 0.67 | 0.63 | 0.54 |
| 26 | 1.31 | 0.71 | 0.67 | 0.57 |
| 27 | 1.37 | 0.74 | 0.71 | 0.61 |
| 28 | 1.60 | 0.76 | 0.74 | 0.63 |
| 29 | 1.85 | 0.94 | 0.91 | 0.78 |
| 30 | 2.08 | 0.97 | 0.93 | 0.80 |
| 31 | 2.32 | 1.17 | 1.13 | 0.96 |
| 32 | 2.57 | 1.22 | 1.17 | 0.99 |
| 33 | 2.84 | 1.27 | 1.22 | 1.03 |
| 34 | 3.13 | 1.50 | 1.44 | 1.21 |
| 35 | 3.45 | 1.55 | 1.48 | 1.25 |
| 36 | 3.80 | 1.79 | 1.71 | 1.44 |
| 37 | 4.18 | 1.84 | 1.75 | 1.47 |
| 38 | 4.35 | 1.89 | 1.79 | 1.51 |
| 39 | 4.53 | 1.95 | 1.84 | 1.55 |
| 40 | 4.71 | 2.02 | 1.89 | 1.59 |
| 41 | 4.85 | 2.07 | 1.93 | 1.62 |
| 42 | 5.03 | 2.15 | 2.00 | 1.67 |
| 43 | 5.24 | 2.25 | 2.10 | 1.74 |
| 44 | 5.40 | 2.33 | 2.17 | 1.80 |
| 45 | 6.00 | 2.47 | 2.30 | 1.90 |
| 46 | 6.16 | 2.55 | 2.39 | 1.97 |
| 47 | 6.41 | 2.65 | 2.49 | 2.05 |
| 48 | 6.65 | 2.76 | 2.59 | 2.13 |
| 49 | 6.90 | 2.86 | 2.69 | 2.21 |
| 50 | 7.16 | 2.63 | 2.47 | 2.03 |
| 51 | 7.44 | 2.73 | 2.55 | 2.10 |
| 52 | 7.73 | 2.83 | 2.63 | 2.16 |
| 53 | 7.67 | 2.59 | 2.38 | 1.95 |
| 54 | 7.57 | 2.70 | 2.46 | 2.01 |
| 55 | 6.97 | 2.41 | 2.17 | 1.77 |
| 56 | 6.78 | 2.50 | 2.23 | 1.82 |
| 57 | 6.54 | 2.16 | 1.91 | 1.55 |
| 58 | 5.73 | 1.77 | 1.56 | 1.27 |
| 59 | 5.38 | 1.81 | 1.60 | 1.30 |
| 60 | 4.44 | 1.40 | 1.24 | 1.00 |
| 61 | 4.01 | 1.47 | 1.30 | 1.06 |
| 62 | 2.68 | 0.94 | 0.83 | 0.67 |
| 63 | 1.53 | 0.44 | 0.39 | 0.31 |
| 64 | 0.95 | 0.41 | 0.36 | 0.30 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-67 BP
Class A1
Full BP Own Occ Rates - Base

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 1.47 | 0.79 | 0.74 | 0.63 |
| 26 | 1.54 | 0.83 | 0.79 | 0.67 |
| 27 | 1.61 | 0.88 | 0.84 | 0.72 |
| 28 | 1.89 | 0.90 | 0.87 | 0.74 |
| 29 | 2.17 | 1.11 | 1.07 | 0.92 |
| 30 | 2.45 | 1.14 | 1.10 | 0.94 |
| 31 | 2.73 | 1.38 | 1.33 | 1.13 |
| 32 | 3.02 | 1.43 | 1.38 | 1.17 |
| 33 | 3.34 | 1.49 | 1.43 | 1.21 |
| 34 | 3.68 | 1.77 | 1.69 | 1.43 |
| 35 | 4.06 | 1.82 | 1.74 | 1.47 |
| 36 | 4.47 | 2.11 | 2.01 | 1.69 |
| 37 | 4.92 | 2.16 | 2.06 | 1.73 |
| 38 | 5.12 | 2.23 | 2.10 | 1.78 |
| 39 | 5.33 | 2.29 | 2.16 | 1.82 |
| 40 | 5.54 | 2.37 | 2.22 | 1.87 |
| 41 | 5.70 | 2.43 | 2.27 | 1.91 |
| 42 | 5.91 | 2.53 | 2.36 | 1.97 |
| 43 | 6.17 | 2.65 | 2.47 | 2.05 |
| 44 | 6.35 | 2.74 | 2.56 | 2.12 |
| 45 | 7.05 | 2.90 | 2.71 | 2.24 |
| 46 | 7.25 | 3.00 | 2.81 | 2.31 |
| 47 | 7.54 | 3.12 | 2.93 | 2.41 |
| 48 | 7.82 | 3.24 | 3.05 | 2.51 |
| 49 | 8.12 | 3.36 | 3.17 | 2.60 |
| 50 | 8.43 | 3.10 | 2.91 | 2.39 |
| 51 | 8.75 | 3.21 | 3.00 | 2.46 |
| 52 | 9.10 | 3.33 | 3.09 | 2.54 |
| 53 | 9.02 | 3.04 | 2.80 | 2.29 |
| 54 | 8.91 | 3.18 | 2.89 | 2.36 |
| 55 | 8.20 | 2.84 | 2.56 | 2.08 |
| 56 | 7.97 | 2.95 | 2.63 | 2.14 |
| 57 | 7.69 | 2.54 | 2.25 | 1.82 |
| 58 | 6.74 | 2.08 | 1.84 | 1.49 |
| 59 | 6.33 | 2.13 | 1.88 | 1.53 |
| 60 | 5.22 | 1.65 | 1.46 | 1.18 |
| 61 | 4.72 | 1.73 | 1.53 | 1.24 |
| 62 | 3.16 | 1.10 | 0.98 | 0.79 |
| 63 | 1.80 | 0.51 | 0.45 | 0.37 |
| 64 | 1.12 | 0.48 | 0.43 | 0.35 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-67 BP
Class B1
Full BP Own Occ Rates - Base

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 2.03 | 0.91 | 0.85 | 0.73 |
| 26 | 2.14 | 0.96 | 0.90 | 0.77 |
| 27 | 2.24 | 1.01 | 0.95 | 0.81 |
| 28 | 2.57 | 1.24 | 1.18 | 1.01 |
| 29 | 3.15 | 1.27 | 1.21 | 1.04 |
| 30 | 3.46 | 1.52 | 1.45 | 1.25 |
| 31 | 4.02 | 1.57 | 1.51 | 1.29 |
| 32 | 4.35 | 1.86 | 1.79 | 1.52 |
| 33 | 4.70 | 1.92 | 1.85 | 1.56 |
| 34 | 5.36 | 1.98 | 1.91 | 1.61 |
| 35 | 5.80 | 2.30 | 2.20 | 1.85 |
| 36 | 6.57 | 2.36 | 2.26 | 1.90 |
| 37 | 7.12 | 2.43 | 2.31 | 1.95 |
| 38 | 7.39 | 2.50 | 2.37 | 2.00 |
| 39 | 7.68 | 2.58 | 2.44 | 2.06 |
| 40 | 8.31 | 2.98 | 2.80 | 2.36 |
| 41 | 8.52 | 3.06 | 2.88 | 2.42 |
| 42 | 8.81 | 3.18 | 3.00 | 2.51 |
| 43 | 9.17 | 3.34 | 3.15 | 2.62 |
| 44 | 9.45 | 3.46 | 3.28 | 2.72 |
| 45 | 10.34 | 3.66 | 3.48 | 2.87 |
| 46 | 10.65 | 3.78 | 3.60 | 2.97 |
| 47 | 11.11 | 3.95 | 3.76 | 3.09 |
| 48 | 11.57 | 4.10 | 3.89 | 3.20 |
| 49 | 12.06 | 4.25 | 4.02 | 3.30 |
| 50 | 12.57 | 4.41 | 4.14 | 3.40 |
| 51 | 13.11 | 4.57 | 4.26 | 3.50 |
| 52 | 13.65 | 4.73 | 4.38 | 3.59 |
| 53 | 13.18 | 4.44 | 4.08 | 3.33 |
| 54 | 12.61 | 4.12 | 3.75 | 3.05 |
| 55 | 11.94 | 4.28 | 3.88 | 3.13 |
| 56 | 11.15 | 3.88 | 3.50 | 2.81 |
| 57 | 10.27 | 3.43 | 3.09 | 2.46 |
| 58 | 9.29 | 2.93 | 2.64 | 2.10 |
| 59 | 8.23 | 3.00 | 2.70 | 2.15 |
| 60 | 7.08 | 2.47 | 2.22 | 1.78 |
| 61 | 5.85 | 1.95 | 1.75 | 1.40 |
| 62 | 4.11 | 1.24 | 1.12 | 0.89 |
| 63 | 2.61 | 1.16 | 1.04 | 0.83 |
| 64 | 1.22 | 0.55 | 0.49 | 0.39 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-67 BP
Class C1
Full BP Own Occ Rates - Base

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 5.23 | 1.66 | 1.57 | 1.35 |
| 26 | 5.51 | 1.74 | 1.67 | 1.43 |
| 27 | 5.78 | 1.83 | 1.76 | 1.51 |
| 28 | 5.98 | 2.12 | 2.05 | 1.76 |
| 29 | 6.44 | 2.41 | 2.35 | 2.02 |
| 30 | 6.58 | 2.47 | 2.40 | 2.05 |
| 31 | 7.03 | 2.79 | 2.70 | 2.30 |
| 32 | 7.22 | 3.13 | 3.03 | 2.57 |
| 33 | 7.72 | 3.50 | 3.37 | 2.85 |
| 34 | 8.26 | 3.88 | 3.73 | 3.14 |
| 35 | 8.51 | 3.98 | 3.83 | 3.22 |
| 36 | 9.10 | 4.38 | 4.21 | 3.55 |
| 37 | 9.73 | 4.80 | 4.61 | 3.89 |
| 38 | 10.05 | 5.25 | 5.04 | 4.25 |
| 39 | 10.76 | 5.73 | 5.50 | 4.64 |
| 40 | 11.15 | 5.93 | 5.68 | 4.78 |
| 41 | 11.81 | 6.42 | 6.13 | 5.15 |
| 42 | 12.25 | 7.01 | 6.69 | 5.59 |
| 43 | 13.19 | 7.33 | 6.98 | 5.81 |
| 44 | 13.60 | 7.59 | 7.20 | 5.97 |
| 45 | 14.77 | 8.02 | 7.59 | 6.27 |
| 46 | 15.22 | 8.28 | 7.83 | 6.45 |
| 47 | 16.33 | 8.64 | 8.15 | 6.70 |
| 48 | 16.98 | 8.99 | 8.46 | 6.95 |
| 49 | 17.14 | 8.89 | 8.33 | 6.84 |
| 50 | 17.86 | 9.26 | 8.62 | 7.09 |
| 51 | 18.06 | 9.14 | 8.45 | 6.94 |
| 52 | 18.87 | 9.53 | 8.73 | 7.17 |
| 53 | 18.62 | 9.45 | 8.56 | 7.03 |
| 54 | 18.30 | 9.32 | 8.35 | 6.85 |
| 55 | 17.86 | 8.52 | 7.55 | 6.18 |
| 56 | 17.28 | 8.23 | 7.23 | 5.90 |
| 57 | 16.53 | 7.85 | 6.85 | 5.58 |
| 58 | 14.81 | 7.39 | 6.43 | 5.23 |
| 59 | 13.68 | 6.19 | 5.39 | 4.38 |
| 60 | 11.60 | 5.66 | 4.94 | 4.02 |
| 61 | 9.42 | 4.47 | 3.90 | 3.17 |
| 62 | 6.41 | 3.56 | 3.11 | 2.53 |
| 63 | 4.58 | 1.99 | 1.73 | 1.41 |
| 64 | 2.14 | 1.25 | 1.09 | 0.89 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-67 BP
Class D1
Full BP Own Occ Rates - Base

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 4.17 | 1.45 | 1.41 | 1.20 |
| 26 | 4.35 | 1.53 | 1.48 | 1.27 |
| 27 | 4.52 | 1.61 | 1.56 | 1.33 |
| 28 | 4.95 | 1.98 | 1.92 | 1.65 |
| 29 | 5.40 | 2.03 | 1.97 | 1.69 |
| 30 | 5.84 | 2.40 | 2.33 | 1.99 |
| 31 | 6.35 | 2.46 | 2.37 | 2.02 |
| 32 | 6.91 | 2.88 | 2.75 | 2.33 |
| 33 | 7.50 | 2.95 | 2.80 | 2.36 |
| 34 | 8.11 | 3.40 | 3.20 | 2.70 |
| 35 | 8.31 | 3.47 | 3.26 | 2.75 |
| 36 | 8.94 | 3.94 | 3.69 | 3.11 |
| 37 | 9.58 | 4.02 | 3.76 | 3.17 |
| 38 | 9.82 | 4.51 | 4.22 | 3.56 |
| 39 | 10.54 | 5.04 | 4.71 | 3.97 |
| 40 | 10.85 | 5.60 | 5.22 | 4.40 |
| 41 | 11.55 | 6.13 | 5.71 | 4.80 |
| 42 | 11.94 | 6.77 | 6.29 | 5.26 |
| 43 | 12.43 | 7.03 | 6.52 | 5.43 |
| 44 | 12.81 | 7.70 | 7.13 | 5.90 |
| 45 | 14.05 | 8.09 | 7.47 | 6.16 |
| 46 | 14.45 | 8.82 | 8.12 | 6.69 |
| 47 | 15.02 | 9.15 | 8.41 | 6.91 |
| 48 | 15.56 | 9.48 | 8.68 | 7.14 |
| 49 | 15.48 | 9.24 | 8.44 | 6.94 |
| 50 | 16.05 | 9.59 | 8.71 | 7.18 |
| 51 | 15.98 | 9.34 | 8.43 | 6.95 |
| 52 | 16.64 | 9.72 | 8.70 | 7.18 |
| 53 | 15.96 | 9.51 | 8.45 | 6.96 |
| 54 | 15.18 | 9.24 | 8.15 | 6.70 |
| 55 | 15.12 | 8.91 | 7.79 | 6.39 |
| 56 | 14.10 | 8.49 | 7.37 | 6.02 |
| 57 | 12.89 | 7.98 | 6.89 | 5.61 |
| 58 | 11.48 | 7.37 | 6.36 | 5.17 |
| 59 | 10.86 | 6.71 | 5.79 | 4.71 |
| 60 | 9.15 | 5.18 | 4.47 | 3.65 |
| 61 | 7.35 | 4.54 | 3.92 | 3.19 |
| 62 | 4.91 | 3.47 | 3.00 | 2.44 |
| 63 | 3.74 | 2.42 | 2.09 | 1.71 |
| 64 | 1.75 | 0.76 | 0.66 | 0.54 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-67 BP
Class E1
Full BP Own Occ Rates - Base

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 4.63 | 2.00 | 1.94 | 1.66 |
| 26 | 4.79 | 2.08 | 2.02 | 1.72 |
| 27 | 4.96 | 2.16 | 2.09 | 1.78 |
| 28 | 5.60 | 2.65 | 2.57 | 2.20 |
| 29 | 6.27 | 2.71 | 2.63 | 2.26 |
| 30 | 6.90 | 3.22 | 3.12 | 2.67 |
| 31 | 7.55 | 3.29 | 3.17 | 2.70 |
| 32 | 8.22 | 3.85 | 3.69 | 3.13 |
| 33 | 8.92 | 3.95 | 3.76 | 3.17 |
| 34 | 9.65 | 4.56 | 4.31 | 3.63 |
| 35 | 9.84 | 4.66 | 4.39 | 3.69 |
| 36 | 10.66 | 5.30 | 4.97 | 4.19 |
| 37 | 11.54 | 5.41 | 5.06 | 4.27 |
| 38 | 11.87 | 5.53 | 5.17 | 4.36 |
| 39 | 12.24 | 6.22 | 5.81 | 4.90 |
| 40 | 12.64 | 6.38 | 5.95 | 5.02 |
| 41 | 12.94 | 7.08 | 6.60 | 5.54 |
| 42 | 13.39 | 7.30 | 6.78 | 5.67 |
| 43 | 13.93 | 7.58 | 7.03 | 5.85 |
| 44 | 14.34 | 7.79 | 7.21 | 5.97 |
| 45 | 15.06 | 8.19 | 7.56 | 6.24 |
| 46 | 15.46 | 8.42 | 7.75 | 6.38 |
| 47 | 16.05 | 8.75 | 8.04 | 6.61 |
| 48 | 16.61 | 8.31 | 7.62 | 6.26 |
| 49 | 16.30 | 8.62 | 7.87 | 6.47 |
| 50 | 16.91 | 8.13 | 7.38 | 6.08 |
| 51 | 16.59 | 8.43 | 7.61 | 6.28 |
| 52 | 17.27 | 7.87 | 7.06 | 5.82 |
| 53 | 17.06 | 7.31 | 6.50 | 5.36 |
| 54 | 16.79 | 7.62 | 6.72 | 5.53 |
| 55 | 15.26 | 6.93 | 6.06 | 4.97 |
| 56 | 14.75 | 7.18 | 6.23 | 5.09 |
| 57 | 14.09 | 6.34 | 5.48 | 4.46 |
| 58 | 13.29 | 5.42 | 4.67 | 3.80 |
| 59 | 10.98 | 5.55 | 4.79 | 3.89 |
| 60 | 9.90 | 4.57 | 3.95 | 3.22 |
| 61 | 8.76 | 3.61 | 3.12 | 2.54 |
| 62 | 5.47 | 2.30 | 1.99 | 1.62 |
| 63 | 3.90 | 2.14 | 1.85 | 1.51 |
| 64 | 1.22 | 1.01 | 0.87 | 0.71 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-67 BP
Class F1
Full BP Own Occ Rates - Base

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 5.32 | 2.43 | 2.37 | 2.02 |
| 26 | 5.48 | 2.54 | 2.46 | 2.10 |
| 27 | 5.64 | 2.64 | 2.55 | 2.18 |
| 28 | 6.31 | 3.23 | 3.12 | 2.67 |
| 29 | 7.02 | 3.28 | 3.17 | 2.72 |
| 30 | 7.71 | 3.87 | 3.72 | 3.18 |
| 31 | 8.46 | 3.92 | 3.75 | 3.20 |
| 32 | 9.28 | 4.56 | 4.34 | 3.68 |
| 33 | 10.16 | 4.66 | 4.41 | 3.73 |
| 34 | 11.10 | 5.36 | 5.05 | 4.26 |
| 35 | 11.43 | 5.49 | 5.16 | 4.34 |
| 36 | 12.45 | 6.25 | 5.85 | 4.93 |
| 37 | 13.53 | 6.40 | 5.99 | 5.05 |
| 38 | 13.93 | 6.56 | 6.13 | 5.18 |
| 39 | 14.34 | 7.41 | 6.92 | 5.83 |
| 40 | 14.78 | 7.61 | 7.09 | 5.97 |
| 41 | 15.07 | 8.44 | 7.86 | 6.60 |
| 42 | 15.53 | 8.69 | 8.08 | 6.75 |
| 43 | 16.13 | 9.01 | 8.36 | 6.95 |
| 44 | 16.57 | 9.24 | 8.56 | 7.09 |
| 45 | 17.39 | 9.68 | 8.96 | 7.39 |
| 46 | 17.87 | 9.94 | 9.17 | 7.55 |
| 47 | 18.56 | 10.31 | 9.49 | 7.80 |
| 48 | 19.24 | 9.79 | 8.98 | 7.39 |
| 49 | 18.89 | 10.15 | 9.28 | 7.63 |
| 50 | 19.60 | 9.57 | 8.70 | 7.17 |
| 51 | 19.22 | 9.94 | 8.97 | 7.40 |
| 52 | 19.96 | 9.29 | 8.32 | 6.87 |
| 53 | 19.66 | 8.62 | 7.66 | 6.32 |
| 54 | 19.27 | 8.99 | 7.92 | 6.52 |
| 55 | 17.45 | 8.18 | 7.15 | 5.86 |
| 56 | 16.79 | 8.46 | 7.35 | 6.00 |
| 57 | 16.00 | 7.47 | 6.45 | 5.26 |
| 58 | 15.07 | 6.38 | 5.50 | 4.48 |
| 59 | 12.45 | 6.54 | 5.64 | 4.59 |
| 60 | 11.24 | 5.39 | 4.66 | 3.80 |
| 61 | 9.95 | 4.25 | 3.67 | 2.99 |
| 62 | 6.21 | 2.71 | 2.34 | 1.91 |
| 63 | 4.43 | 2.52 | 2.18 | 1.78 |
| 64 | 1.38 | 1.19 | 1.03 | 0.84 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-67 BP
Class G1
Full BP Own Occ Rates - Base

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 7.99 | 3.65 | 3.55 | 3.04 |
| 26 | 8.22 | 3.81 | 3.69 | 3.15 |
| 27 | 8.46 | 3.96 | 3.83 | 3.26 |
| 28 | 9.47 | 4.85 | 4.69 | 4.01 |
| 29 | 10.53 | 4.93 | 4.75 | 4.08 |
| 30 | 11.56 | 5.80 | 5.58 | 4.77 |
| 31 | 12.69 | 5.88 | 5.63 | 4.80 |
| 32 | 13.91 | 6.84 | 6.51 | 5.52 |
| 33 | 15.24 | 6.99 | 6.62 | 5.59 |
| 34 | 16.65 | 8.05 | 7.58 | 6.39 |
| 35 | 17.14 | 8.23 | 7.74 | 6.52 |
| 36 | 18.68 | 9.37 | 8.78 | 7.40 |
| 37 | 20.29 | 9.60 | 8.99 | 7.58 |
| 38 | 20.89 | 9.84 | 9.20 | 7.76 |
| 39 | 21.51 | 11.11 | 10.37 | 8.75 |
| 40 | 22.17 | 11.41 | 10.64 | 8.96 |
| 41 | 22.60 | 12.67 | 11.79 | 9.90 |
| 42 | 23.30 | 13.04 | 12.12 | 10.13 |
| 43 | 24.19 | 13.51 | 12.54 | 10.43 |
| 44 | 24.85 | 13.86 | 12.84 | 10.63 |
| 45 | 26.09 | 14.53 | 13.43 | 11.08 |
| 46 | 26.80 | 14.90 | 13.76 | 11.32 |
| 47 | 27.84 | 15.47 | 14.24 | 11.71 |
| 48 | 28.86 | 14.69 | 13.48 | 11.08 |
| 49 | 28.34 | 15.23 | 13.91 | 11.45 |
| 50 | 29.41 | 14.36 | 13.05 | 10.76 |
| 51 | 28.83 | 14.91 | 13.46 | 11.10 |
| 52 | 29.95 | 13.93 | 12.48 | 10.30 |
| 53 | 29.48 | 12.94 | 11.50 | 9.48 |
| 54 | 28.91 | 13.49 | 11.89 | 9.78 |
| 55 | 26.17 | 12.27 | 10.72 | 8.79 |
| 56 | 25.18 | 12.70 | 11.02 | 9.00 |
| 57 | 24.00 | 11.20 | 9.68 | 7.89 |
| 58 | 22.61 | 9.57 | 8.26 | 6.71 |
| 59 | 18.68 | 9.80 | 8.46 | 6.88 |
| 60 | 16.85 | 8.08 | 6.99 | 5.69 |
| 61 | 14.92 | 6.37 | 5.51 | 4.49 |
| 62 | 9.31 | 4.07 | 3.51 | 2.86 |
| 63 | 6.65 | 3.78 | 3.27 | 2.66 |
| 64 | 2.07 | 1.79 | 1.54 | 1.26 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates 5 Year BP
Class P1
Full BP Residual - Base

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 0.99 | 0.80 | 0.75 | 0.65 |
| 26 | 1.10 | 0.91 | 0.84 | 0.73 |
| 27 | 1.21 | 1.02 | 0.93 | 0.81 |
| 28 | 1.30 | 1.11 | 1.00 | 0.87 |
| 29 | 1.38 | 1.17 | 1.04 | 0.91 |
| 30 | 1.42 | 1.21 | 1.07 | 0.94 |
| 31 | 1.44 | 1.23 | 1.10 | 0.96 |
| 32 | 1.47 | 1.25 | 1.12 | 0.98 |
| 33 | 1.51 | 1.28 | 1.15 | 1.01 |
| 34 | 1.55 | 1.32 | 1.19 | 1.04 |
| 35 | 1.61 | 1.37 | 1.23 | 1.08 |
| 36 | 1.68 | 1.42 | 1.28 | 1.12 |
| 37 | 1.75 | 1.48 | 1.32 | 1.16 |
| 38 | 1.82 | 1.54 | 1.37 | 1.21 |
| 39 | 1.90 | 1.60 | 1.42 | 1.26 |
| 40 | 1.97 | 1.66 | 1.47 | 1.31 |
| 41 | 2.03 | 1.70 | 1.52 | 1.34 |
| 42 | 2.11 | 1.76 | 1.58 | 1.40 |
| 43 | 2.21 | 1.85 | 1.67 | 1.48 |
| 44 | 2.30 | 1.93 | 1.75 | 1.55 |
| 45 | 2.45 | 2.06 | 1.88 | 1.67 |
| 46 | 2.57 | 2.18 | 1.98 | 1.76 |
| 47 | 2.72 | 2.34 | 2.11 | 1.88 |
| 48 | 2.88 | 2.50 | 2.25 | 2.01 |
| 49 | 3.04 | 2.68 | 2.40 | 2.15 |
| 50 | 3.21 | 2.86 | 2.55 | 2.28 |
| 51 | 3.37 | 3.04 | 2.70 | 2.41 |
| 52 | 3.53 | 3.21 | 2.85 | 2.54 |
| 53 | 3.71 | 3.40 | 3.01 | 2.68 |
| 54 | 3.90 | 3.57 | 3.18 | 2.81 |
| 55 | 4.08 | 3.74 | 3.35 | 2.93 |
| 56 | 4.28 | 3.91 | 3.53 | 3.04 |
| 57 | 4.49 | 4.11 | 3.72 | 3.15 |
| 58 | 4.14 | 3.79 | 3.44 | 2.87 |
| 59 | 3.75 | 3.44 | 3.13 | 2.56 |
| 60 | 3.28 | 3.04 | 2.76 | 2.24 |
| 61 | 2.71 | 2.56 | 2.32 | 1.88 |
| 62 | 1.94 | 1.87 | 1.70 | 1.38 |
| 63 | 1.26 | 1.19 | 1.07 | 0.87 |
| 64 | 0.61 | 0.58 | 0.53 | 0.43 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates 5 Year BP
Class A1
Full BP Residual - Base

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 1.16 | 0.95 | 0.88 | 0.76 |
| 26 | 1.29 | 1.07 | 0.99 | 0.86 |
| 27 | 1.42 | 1.20 | 1.10 | 0.96 |
| 28 | 1.53 | 1.30 | 1.17 | 1.03 |
| 29 | 1.62 | 1.38 | 1.23 | 1.08 |
| 30 | 1.67 | 1.42 | 1.26 | 1.11 |
| 31 | 1.70 | 1.45 | 1.29 | 1.13 |
| 32 | 1.73 | 1.47 | 1.32 | 1.15 |
| 33 | 1.77 | 1.51 | 1.36 | 1.19 |
| 34 | 1.83 | 1.55 | 1.40 | 1.22 |
| 35 | 1.89 | 1.61 | 1.45 | 1.27 |
| 36 | 1.97 | 1.67 | 1.50 | 1.32 |
| 37 | 2.05 | 1.74 | 1.55 | 1.37 |
| 38 | 2.14 | 1.81 | 1.61 | 1.42 |
| 39 | 2.23 | 1.88 | 1.67 | 1.48 |
| 40 | 2.32 | 1.95 | 1.73 | 1.54 |
| 41 | 2.39 | 2.00 | 1.78 | 1.58 |
| 42 | 2.48 | 2.07 | 1.86 | 1.65 |
| 43 | 2.60 | 2.17 | 1.96 | 1.74 |
| 44 | 2.71 | 2.27 | 2.05 | 1.82 |
| 45 | 2.89 | 2.43 | 2.21 | 1.96 |
| 46 | 3.02 | 2.56 | 2.33 | 2.07 |
| 47 | 3.20 | 2.75 | 2.49 | 2.22 |
| 48 | 3.38 | 2.94 | 2.65 | 2.37 |
| 49 | 3.58 | 3.15 | 2.82 | 2.52 |
| 50 | 3.78 | 3.36 | 3.00 | 2.68 |
| 51 | 3.97 | 3.58 | 3.18 | 2.84 |
| 52 | 4.16 | 3.78 | 3.35 | 2.99 |
| 53 | 4.37 | 3.99 | 3.54 | 3.15 |
| 54 | 4.58 | 4.20 | 3.74 | 3.30 |
| 55 | 4.80 | 4.40 | 3.94 | 3.44 |
| 56 | 5.03 | 4.61 | 4.15 | 3.57 |
| 57 | 5.29 | 4.83 | 4.38 | 3.71 |
| 58 | 4.88 | 4.46 | 4.05 | 3.37 |
| 59 | 4.41 | 4.05 | 3.68 | 3.02 |
| 60 | 3.86 | 3.58 | 3.25 | 2.63 |
| 61 | 3.19 | 3.01 | 2.73 | 2.21 |
| 62 | 2.28 | 2.20 | 2.00 | 1.62 |
| 63 | 1.48 | 1.39 | 1.26 | 1.03 |
| 64 | 0.72 | 0.69 | 0.62 | 0.50 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates 5 Year BP
Class B1
Full BP Residual - Base

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 1.40 | 1.09 | 1.01 | 0.88 |
| 26 | 1.56 | 1.23 | 1.13 | 0.98 |
| 27 | 1.72 | 1.38 | 1.25 | 1.09 |
| 28 | 1.87 | 1.50 | 1.33 | 1.17 |
| 29 | 1.97 | 1.59 | 1.39 | 1.22 |
| 30 | 2.02 | 1.63 | 1.43 | 1.25 |
| 31 | 2.05 | 1.65 | 1.46 | 1.28 |
| 32 | 2.08 | 1.67 | 1.50 | 1.31 |
| 33 | 2.12 | 1.70 | 1.53 | 1.34 |
| 34 | 2.17 | 1.74 | 1.58 | 1.38 |
| 35 | 2.25 | 1.80 | 1.63 | 1.42 |
| 36 | 2.33 | 1.87 | 1.68 | 1.48 |
| 37 | 2.43 | 1.95 | 1.74 | 1.53 |
| 38 | 2.53 | 2.04 | 1.81 | 1.60 |
| 39 | 2.63 | 2.12 | 1.88 | 1.67 |
| 40 | 2.73 | 2.20 | 1.96 | 1.74 |
| 41 | 2.80 | 2.26 | 2.03 | 1.80 |
| 42 | 2.91 | 2.35 | 2.13 | 1.89 |
| 43 | 3.04 | 2.46 | 2.26 | 2.00 |
| 44 | 3.16 | 2.57 | 2.37 | 2.10 |
| 45 | 3.37 | 2.76 | 2.55 | 2.27 |
| 46 | 3.54 | 2.91 | 2.69 | 2.39 |
| 47 | 3.76 | 3.12 | 2.86 | 2.55 |
| 48 | 3.99 | 3.35 | 3.04 | 2.72 |
| 49 | 4.24 | 3.59 | 3.23 | 2.89 |
| 50 | 4.49 | 3.83 | 3.42 | 3.06 |
| 51 | 4.74 | 4.07 | 3.60 | 3.22 |
| 52 | 4.97 | 4.29 | 3.79 | 3.38 |
| 53 | 5.23 | 4.53 | 4.02 | 3.56 |
| 54 | 5.47 | 4.76 | 4.24 | 3.72 |
| 55 | 5.71 | 4.97 | 4.48 | 3.88 |
| 56 | 5.97 | 5.20 | 4.74 | 4.03 |
| 57 | 6.26 | 5.44 | 5.01 | 4.18 |
| 58 | 5.76 | 5.02 | 4.64 | 3.80 |
| 59 | 5.21 | 4.56 | 4.22 | 3.40 |
| 60 | 4.57 | 4.03 | 3.72 | 2.97 |
| 61 | 3.77 | 3.39 | 3.12 | 2.50 |
| 62 | 2.70 | 2.48 | 2.29 | 1.83 |
| 63 | 1.75 | 1.57 | 1.45 | 1.16 |
| 64 | 0.85 | 0.77 | 0.71 | 0.57 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates 5 Year BP
Class C1
Full BP Residual - Base

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 1.56 | 1.24 | 1.17 | 1.02 |
| 26 | 1.75 | 1.40 | 1.30 | 1.14 |
| 27 | 1.93 | 1.56 | 1.44 | 1.26 |
| 28 | 2.07 | 1.71 | 1.54 | 1.35 |
| 29 | 2.18 | 1.81 | 1.62 | 1.42 |
| 30 | 2.24 | 1.85 | 1.65 | 1.45 |
| 31 | 2.29 | 1.86 | 1.67 | 1.46 |
| 32 | 2.35 | 1.87 | 1.69 | 1.48 |
| 33 | 2.41 | 1.90 | 1.72 | 1.50 |
| 34 | 2.48 | 1.94 | 1.76 | 1.54 |
| 35 | 2.57 | 2.00 | 1.82 | 1.59 |
| 36 | 2.66 | 2.08 | 1.88 | 1.65 |
| 37 | 2.75 | 2.17 | 1.96 | 1.73 |
| 38 | 2.85 | 2.26 | 2.04 | 1.80 |
| 39 | 2.95 | 2.35 | 2.13 | 1.88 |
| 40 | 3.06 | 2.43 | 2.22 | 1.96 |
| 41 | 3.13 | 2.49 | 2.28 | 2.02 |
| 42 | 3.26 | 2.59 | 2.38 | 2.11 |
| 43 | 3.42 | 2.70 | 2.50 | 2.22 |
| 44 | 3.56 | 2.82 | 2.60 | 2.31 |
| 45 | 3.80 | 3.02 | 2.78 | 2.47 |
| 46 | 3.98 | 3.18 | 2.92 | 2.60 |
| 47 | 4.22 | 3.42 | 3.11 | 2.77 |
| 48 | 4.48 | 3.67 | 3.30 | 2.95 |
| 49 | 4.74 | 3.95 | 3.52 | 3.15 |
| 50 | 5.02 | 4.24 | 3.74 | 3.35 |
| 51 | 5.30 | 4.53 | 3.97 | 3.56 |
| 52 | 5.58 | 4.80 | 4.20 | 3.76 |
| 53 | 5.91 | 5.10 | 4.46 | 3.98 |
| 54 | 6.24 | 5.38 | 4.72 | 4.18 |
| 55 | 6.58 | 5.66 | 4.99 | 4.37 |
| 56 | 6.94 | 5.93 | 5.26 | 4.55 |
| 57 | 7.32 | 6.23 | 5.56 | 4.73 |
| 58 | 6.77 | 5.75 | 5.15 | 4.31 |
| 59 | 6.12 | 5.22 | 4.68 | 3.85 |
| 60 | 5.34 | 4.62 | 4.13 | 3.36 |
| 61 | 4.41 | 3.88 | 3.47 | 2.83 |
| 62 | 3.16 | 2.84 | 2.54 | 2.07 |
| 63 | 2.05 | 1.80 | 1.61 | 1.31 |
| 64 | 1.00 | 0.89 | 0.79 | 0.64 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates 5 Year BP
Class D1
Full BP Residual - Base

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 2.39 | 1.30 | 1.26 | 1.09 |
| 26 | 2.64 | 1.48 | 1.39 | 1.22 |
| 27 | 2.90 | 1.66 | 1.53 | 1.34 |
| 28 | 3.05 | 1.80 | 1.63 | 1.43 |
| 29 | 3.16 | 1.89 | 1.69 | 1.49 |
| 30 | 3.22 | 1.93 | 1.71 | 1.51 |
| 31 | 3.30 | 1.94 | 1.72 | 1.51 |
| 32 | 3.38 | 1.94 | 1.73 | 1.51 |
| 33 | 3.47 | 1.96 | 1.75 | 1.53 |
| 34 | 3.57 | 2.00 | 1.77 | 1.55 |
| 35 | 3.67 | 2.05 | 1.81 | 1.59 |
| 36 | 3.77 | 2.11 | 1.86 | 1.63 |
| 37 | 3.87 | 2.18 | 1.92 | 1.69 |
| 38 | 3.97 | 2.25 | 1.98 | 1.75 |
| 39 | 4.08 | 2.32 | 2.05 | 1.81 |
| 40 | 4.20 | 2.39 | 2.12 | 1.88 |
| 41 | 4.29 | 2.43 | 2.16 | 1.92 |
| 42 | 4.44 | 2.50 | 2.24 | 1.99 |
| 43 | 4.66 | 2.60 | 2.34 | 2.07 |
| 44 | 4.85 | 2.69 | 2.42 | 2.14 |
| 45 | 5.17 | 2.86 | 2.57 | 2.28 |
| 46 | 5.41 | 3.00 | 2.68 | 2.38 |
| 47 | 5.73 | 3.20 | 2.83 | 2.52 |
| 48 | 6.05 | 3.42 | 3.00 | 2.68 |
| 49 | 6.38 | 3.66 | 3.17 | 2.84 |
| 50 | 6.72 | 3.91 | 3.36 | 3.02 |
| 51 | 7.07 | 4.16 | 3.56 | 3.21 |
| 52 | 7.42 | 4.41 | 3.77 | 3.39 |
| 53 | 7.83 | 4.67 | 4.01 | 3.59 |
| 54 | 8.26 | 4.93 | 4.25 | 3.78 |
| 55 | 8.72 | 5.18 | 4.50 | 3.95 |
| 56 | 9.20 | 5.43 | 4.76 | 4.12 |
| 57 | 9.73 | 5.70 | 5.04 | 4.29 |
| 58 | 8.99 | 5.26 | 4.67 | 3.90 |
| 59 | 8.13 | 4.78 | 4.24 | 3.49 |
| 60 | 7.10 | 4.22 | 3.74 | 3.04 |
| 61 | 5.86 | 3.55 | 3.14 | 2.56 |
| 62 | 4.20 | 2.60 | 2.30 | 1.87 |
| 63 | 2.72 | 1.64 | 1.46 | 1.19 |
| 64 | 1.32 | 0.81 | 0.72 | 0.58 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates 5 Year BP
Class E1
Full BP Residual - Base

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 2.12 | 1.00 | 0.96 | 0.84 |
| 26 | 2.33 | 1.12 | 1.05 | 0.92 |
| 27 | 2.54 | 1.24 | 1.14 | 1.00 |
| 28 | 2.70 | 1.34 | 1.21 | 1.06 |
| 29 | 2.83 | 1.41 | 1.26 | 1.11 |
| 30 | 2.89 | 1.43 | 1.27 | 1.12 |
| 31 | 2.93 | 1.44 | 1.28 | 1.12 |
| 32 | 2.97 | 1.44 | 1.29 | 1.13 |
| 33 | 3.02 | 1.46 | 1.30 | 1.14 |
| 34 | 3.07 | 1.49 | 1.32 | 1.15 |
| 35 | 3.14 | 1.53 | 1.35 | 1.18 |
| 36 | 3.23 | 1.58 | 1.39 | 1.22 |
| 37 | 3.32 | 1.63 | 1.44 | 1.27 |
| 38 | 3.42 | 1.69 | 1.49 | 1.31 |
| 39 | 3.53 | 1.74 | 1.54 | 1.36 |
| 40 | 3.65 | 1.79 | 1.59 | 1.41 |
| 41 | 3.74 | 1.82 | 1.62 | 1.44 |
| 42 | 3.88 | 1.87 | 1.68 | 1.49 |
| 43 | 4.06 | 1.95 | 1.75 | 1.55 |
| 44 | 4.22 | 2.01 | 1.81 | 1.61 |
| 45 | 4.49 | 2.14 | 1.93 | 1.71 |
| 46 | 4.69 | 2.25 | 2.01 | 1.79 |
| 47 | 4.95 | 2.41 | 2.13 | 1.90 |
| 48 | 5.23 | 2.57 | 2.26 | 2.02 |
| 49 | 5.52 | 2.76 | 2.39 | 2.14 |
| 50 | 5.81 | 2.95 | 2.54 | 2.28 |
| 51 | 6.11 | 3.13 | 2.68 | 2.41 |
| 52 | 6.42 | 3.31 | 2.83 | 2.54 |
| 53 | 6.76 | 3.50 | 3.00 | 2.68 |
| 54 | 7.12 | 3.67 | 3.16 | 2.81 |
| 55 | 7.50 | 3.84 | 3.33 | 2.93 |
| 56 | 7.90 | 4.01 | 3.51 | 3.04 |
| 57 | 8.33 | 4.20 | 3.71 | 3.16 |
| 58 | 7.69 | 3.87 | 3.43 | 2.87 |
| 59 | 6.95 | 3.51 | 3.12 | 2.56 |
| 60 | 6.08 | 3.11 | 2.75 | 2.24 |
| 61 | 5.02 | 2.61 | 2.31 | 1.88 |
| 62 | 3.60 | 1.91 | 1.69 | 1.38 |
| 63 | 2.33 | 1.21 | 1.07 | 0.87 |
| 64 | 1.13 | 0.60 | 0.53 | 0.43 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates 5 Year BP
Class F1
Full BP Residual - Base

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 2.44 | 1.22 | 1.17 | 1.02 |
| 26 | 2.66 | 1.36 | 1.28 | 1.12 |
| 27 | 2.89 | 1.51 | 1.39 | 1.22 |
| 28 | 3.05 | 1.63 | 1.47 | 1.29 |
| 29 | 3.16 | 1.70 | 1.52 | 1.33 |
| 30 | 3.22 | 1.72 | 1.52 | 1.34 |
| 31 | 3.28 | 1.72 | 1.52 | 1.33 |
| 32 | 3.35 | 1.71 | 1.52 | 1.33 |
| 33 | 3.44 | 1.72 | 1.53 | 1.33 |
| 34 | 3.54 | 1.75 | 1.55 | 1.36 |
| 35 | 3.65 | 1.80 | 1.59 | 1.39 |
| 36 | 3.77 | 1.86 | 1.64 | 1.44 |
| 37 | 3.89 | 1.93 | 1.70 | 1.50 |
| 38 | 4.02 | 2.01 | 1.76 | 1.56 |
| 39 | 4.14 | 2.07 | 1.83 | 1.62 |
| 40 | 4.26 | 2.13 | 1.89 | 1.68 |
| 41 | 4.35 | 2.17 | 1.93 | 1.71 |
| 42 | 4.50 | 2.23 | 2.00 | 1.77 |
| 43 | 4.70 | 2.31 | 2.08 | 1.85 |
| 44 | 4.87 | 2.39 | 2.15 | 1.91 |
| 45 | 5.18 | 2.54 | 2.28 | 2.02 |
| 46 | 5.41 | 2.66 | 2.38 | 2.11 |
| 47 | 5.73 | 2.84 | 2.52 | 2.24 |
| 48 | 6.06 | 3.03 | 2.66 | 2.38 |
| 49 | 6.40 | 3.25 | 2.82 | 2.53 |
| 50 | 6.74 | 3.47 | 2.99 | 2.69 |
| 51 | 7.08 | 3.69 | 3.16 | 2.85 |
| 52 | 7.42 | 3.90 | 3.34 | 3.00 |
| 53 | 7.79 | 4.13 | 3.53 | 3.16 |
| 54 | 8.17 | 4.33 | 3.73 | 3.32 |
| 55 | 8.57 | 4.53 | 3.93 | 3.46 |
| 56 | 8.99 | 4.72 | 4.14 | 3.59 |
| 57 | 9.45 | 4.94 | 4.37 | 3.72 |
| 58 | 8.72 | 4.56 | 4.04 | 3.38 |
| 59 | 7.89 | 4.14 | 3.67 | 3.02 |
| 60 | 6.90 | 3.66 | 3.24 | 2.64 |
| 61 | 5.70 | 3.08 | 2.73 | 2.22 |
| 62 | 4.08 | 2.25 | 2.00 | 1.63 |
| 63 | 2.64 | 1.43 | 1.26 | 1.03 |
| 64 | 1.29 | 0.70 | 0.62 | 0.51 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates 5 Year BP
Class G1
Full BP Residual - Base

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 3.66 | 1.82 | 1.76 | 1.53 |
| 26 | 3.99 | 2.04 | 1.92 | 1.68 |
| 27 | 4.33 | 2.26 | 2.09 | 1.83 |
| 28 | 4.57 | 2.45 | 2.21 | 1.94 |
| 29 | 4.74 | 2.56 | 2.27 | 2.00 |
| 30 | 4.84 | 2.58 | 2.28 | 2.01 |
| 31 | 4.92 | 2.57 | 2.28 | 2.00 |
| 32 | 5.03 | 2.57 | 2.27 | 1.99 |
| 33 | 5.16 | 2.58 | 2.29 | 2.00 |
| 34 | 5.31 | 2.62 | 2.33 | 2.03 |
| 35 | 5.48 | 2.70 | 2.39 | 2.09 |
| 36 | 5.65 | 2.79 | 2.46 | 2.16 |
| 37 | 5.84 | 2.90 | 2.55 | 2.25 |
| 38 | 6.02 | 3.01 | 2.65 | 2.34 |
| 39 | 6.21 | 3.11 | 2.74 | 2.43 |
| 40 | 6.39 | 3.20 | 2.84 | 2.51 |
| 41 | 6.53 | 3.26 | 2.90 | 2.57 |
| 42 | 6.75 | 3.34 | 3.00 | 2.66 |
| 43 | 7.04 | 3.47 | 3.12 | 2.77 |
| 44 | 7.31 | 3.58 | 3.23 | 2.86 |
| 45 | 7.77 | 3.80 | 3.42 | 3.04 |
| 46 | 8.12 | 3.99 | 3.57 | 3.17 |
| 47 | 8.60 | 4.25 | 3.77 | 3.36 |
| 48 | 9.09 | 4.55 | 3.99 | 3.57 |
| 49 | 9.60 | 4.87 | 4.23 | 3.79 |
| 50 | 10.11 | 5.21 | 4.48 | 4.03 |
| 51 | 10.62 | 5.54 | 4.74 | 4.27 |
| 52 | 11.12 | 5.86 | 5.01 | 4.50 |
| 53 | 11.69 | 6.19 | 5.30 | 4.74 |
| 54 | 12.26 | 6.50 | 5.60 | 4.97 |
| 55 | 12.85 | 6.79 | 5.90 | 5.18 |
| 56 | 13.48 | 7.09 | 6.21 | 5.38 |
| 57 | 14.18 | 7.42 | 6.56 | 5.58 |
| 58 | 13.08 | 6.83 | 6.07 | 5.07 |
| 59 | 11.83 | 6.21 | 5.51 | 4.53 |
| 60 | 10.35 | 5.49 | 4.86 | 3.96 |
| 61 | 8.55 | 4.62 | 4.09 | 3.33 |
| 62 | 6.12 | 3.38 | 3.00 | 2.44 |
| 63 | 3.96 | 2.14 | 1.90 | 1.54 |
| 64 | 1.93 | 1.05 | 0.93 | 0.76 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-65 BP
Class P1
Full BP Residual - Base

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 1.67 | 1.54 | 1.40 | 1.20 |
| 26 | 1.74 | 1.60 | 1.47 | 1.26 |
| 27 | 1.80 | 1.67 | 1.54 | 1.31 |
| 28 | 1.87 | 1.70 | 1.57 | 1.34 |
| 29 | 1.94 | 1.75 | 1.61 | 1.38 |
| 30 | 1.99 | 1.80 | 1.66 | 1.42 |
| 31 | 2.03 | 1.87 | 1.72 | 1.47 |
| 32 | 2.07 | 1.95 | 1.79 | 1.52 |
| 33 | 2.12 | 2.02 | 1.86 | 1.57 |
| 34 | 2.18 | 2.09 | 1.93 | 1.63 |
| 35 | 2.25 | 2.16 | 1.99 | 1.68 |
| 36 | 2.33 | 2.22 | 2.04 | 1.72 |
| 37 | 2.42 | 2.28 | 2.09 | 1.76 |
| 38 | 2.51 | 2.34 | 2.14 | 1.81 |
| 39 | 2.61 | 2.41 | 2.20 | 1.85 |
| 40 | 2.70 | 2.49 | 2.26 | 1.91 |
| 41 | 2.77 | 2.55 | 2.32 | 1.94 |
| 42 | 2.87 | 2.64 | 2.40 | 2.01 |
| 43 | 2.99 | 2.76 | 2.51 | 2.09 |
| 44 | 3.07 | 2.86 | 2.60 | 2.16 |
| 45 | 3.23 | 3.02 | 2.75 | 2.27 |
| 46 | 3.31 | 3.11 | 2.84 | 2.34 |
| 47 | 3.44 | 3.24 | 2.96 | 2.44 |
| 48 | 3.56 | 3.35 | 3.07 | 2.52 |
| 49 | 3.68 | 3.46 | 3.18 | 2.61 |
| 50 | 3.80 | 3.57 | 3.28 | 2.69 |
| 51 | 3.91 | 3.68 | 3.38 | 2.77 |
| 52 | 4.03 | 3.80 | 3.48 | 2.85 |
| 53 | 4.18 | 3.94 | 3.61 | 2.95 |
| 54 | 4.32 | 4.09 | 3.73 | 3.05 |
| 55 | 4.46 | 4.23 | 3.85 | 3.14 |
| 56 | 4.61 | 4.37 | 3.97 | 3.23 |
| 57 | 4.76 | 4.50 | 4.08 | 3.31 |
| 58 | 4.30 | 4.04 | 3.66 | 2.96 |
| 59 | 3.81 | 3.54 | 3.21 | 2.60 |
| 60 | 3.28 | 3.04 | 2.76 | 2.24 |
| 61 | 2.71 | 2.56 | 2.32 | 1.88 |
| 62 | 1.94 | 1.87 | 1.70 | 1.38 |
| 63 | 1.26 | 1.19 | 1.07 | 0.87 |
| 64 | 0.61 | 0.58 | 0.53 | 0.43 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-65 BP
Class A1
Full BP Residual - Base

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 1.97 | 1.81 | 1.65 | 1.41 |
| 26 | 2.04 | 1.89 | 1.73 | 1.48 |
| 27 | 2.12 | 1.96 | 1.81 | 1.54 |
| 28 | 2.20 | 2.01 | 1.85 | 1.58 |
| 29 | 2.28 | 2.06 | 1.90 | 1.63 |
| 30 | 2.34 | 2.12 | 1.95 | 1.67 |
| 31 | 2.38 | 2.20 | 2.02 | 1.72 |
| 32 | 2.44 | 2.29 | 2.11 | 1.79 |
| 33 | 2.50 | 2.38 | 2.19 | 1.85 |
| 34 | 2.57 | 2.46 | 2.27 | 1.91 |
| 35 | 2.65 | 2.54 | 2.34 | 1.97 |
| 36 | 2.74 | 2.61 | 2.40 | 2.02 |
| 37 | 2.84 | 2.68 | 2.46 | 2.07 |
| 38 | 2.95 | 2.75 | 2.52 | 2.13 |
| 39 | 3.07 | 2.83 | 2.58 | 2.18 |
| 40 | 3.18 | 2.92 | 2.66 | 2.24 |
| 41 | 3.26 | 3.00 | 2.73 | 2.29 |
| 42 | 3.38 | 3.11 | 2.83 | 2.36 |
| 43 | 3.52 | 3.25 | 2.96 | 2.46 |
| 44 | 3.62 | 3.36 | 3.06 | 2.54 |
| 45 | 3.80 | 3.55 | 3.24 | 2.67 |
| 46 | 3.90 | 3.66 | 3.34 | 2.76 |
| 47 | 4.04 | 3.81 | 3.48 | 2.87 |
| 48 | 4.18 | 3.94 | 3.61 | 2.97 |
| 49 | 4.32 | 4.07 | 3.74 | 3.07 |
| 50 | 4.47 | 4.20 | 3.86 | 3.17 |
| 51 | 4.60 | 4.33 | 3.98 | 3.26 |
| 52 | 4.74 | 4.47 | 4.09 | 3.36 |
| 53 | 4.91 | 4.64 | 4.24 | 3.47 |
| 54 | 5.08 | 4.81 | 4.39 | 3.59 |
| 55 | 5.25 | 4.98 | 4.53 | 3.70 |
| 56 | 5.42 | 5.14 | 4.67 | 3.80 |
| 57 | 5.59 | 5.29 | 4.80 | 3.90 |
| 58 | 5.06 | 4.75 | 4.30 | 3.49 |
| 59 | 4.48 | 4.17 | 3.78 | 3.06 |
| 60 | 3.86 | 3.58 | 3.25 | 2.63 |
| 61 | 3.19 | 3.01 | 2.73 | 2.21 |
| 62 | 2.28 | 2.20 | 2.00 | 1.62 |
| 63 | 1.48 | 1.39 | 1.26 | 1.03 |
| 64 | 0.72 | 0.69 | 0.62 | 0.50 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-65 BP
Class B1
Full BP Residual - Base

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 2.37 | 2.10 | 1.90 | 1.63 |
| 26 | 2.47 | 2.18 | 1.98 | 1.69 |
| 27 | 2.57 | 2.26 | 2.06 | 1.75 |
| 28 | 2.68 | 2.31 | 2.09 | 1.80 |
| 29 | 2.78 | 2.37 | 2.15 | 1.85 |
| 30 | 2.84 | 2.43 | 2.21 | 1.90 |
| 31 | 2.88 | 2.51 | 2.29 | 1.96 |
| 32 | 2.92 | 2.60 | 2.39 | 2.03 |
| 33 | 2.98 | 2.68 | 2.48 | 2.10 |
| 34 | 3.05 | 2.77 | 2.56 | 2.16 |
| 35 | 3.14 | 2.85 | 2.64 | 2.22 |
| 36 | 3.25 | 2.92 | 2.70 | 2.27 |
| 37 | 3.36 | 3.01 | 2.76 | 2.33 |
| 38 | 3.49 | 3.09 | 2.83 | 2.39 |
| 39 | 3.62 | 3.19 | 2.92 | 2.46 |
| 40 | 3.74 | 3.30 | 3.02 | 2.55 |
| 41 | 3.83 | 3.39 | 3.11 | 2.61 |
| 42 | 3.95 | 3.52 | 3.24 | 2.71 |
| 43 | 4.11 | 3.69 | 3.40 | 2.83 |
| 44 | 4.22 | 3.82 | 3.53 | 2.93 |
| 45 | 4.44 | 4.03 | 3.74 | 3.09 |
| 46 | 4.56 | 4.16 | 3.86 | 3.18 |
| 47 | 4.75 | 4.33 | 4.02 | 3.30 |
| 48 | 4.93 | 4.48 | 4.15 | 3.41 |
| 49 | 5.12 | 4.64 | 4.28 | 3.51 |
| 50 | 5.31 | 4.78 | 4.40 | 3.61 |
| 51 | 5.50 | 4.93 | 4.52 | 3.71 |
| 52 | 5.67 | 5.08 | 4.64 | 3.80 |
| 53 | 5.88 | 5.26 | 4.81 | 3.92 |
| 54 | 6.07 | 5.45 | 4.98 | 4.04 |
| 55 | 6.25 | 5.63 | 5.16 | 4.16 |
| 56 | 6.43 | 5.80 | 5.34 | 4.28 |
| 57 | 6.62 | 5.96 | 5.50 | 4.39 |
| 58 | 5.97 | 5.34 | 4.93 | 3.93 |
| 59 | 5.29 | 4.69 | 4.33 | 3.45 |
| 60 | 4.57 | 4.03 | 3.72 | 2.97 |
| 61 | 3.77 | 3.39 | 3.12 | 2.50 |
| 62 | 2.70 | 2.48 | 2.29 | 1.83 |
| 63 | 1.75 | 1.57 | 1.45 | 1.16 |
| 64 | 0.85 | 0.77 | 0.71 | 0.57 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-65 BP
Class C1
Full BP Residual - Base

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 2.65 | 2.38 | 2.20 | 1.88 |
| 26 | 2.77 | 2.48 | 2.29 | 1.95 |
| 27 | 2.88 | 2.57 | 2.38 | 2.03 |
| 28 | 2.98 | 2.63 | 2.44 | 2.08 |
| 29 | 3.08 | 2.70 | 2.50 | 2.14 |
| 30 | 3.15 | 2.76 | 2.55 | 2.19 |
| 31 | 3.22 | 2.84 | 2.62 | 2.24 |
| 32 | 3.30 | 2.92 | 2.70 | 2.29 |
| 33 | 3.39 | 3.01 | 2.78 | 2.35 |
| 34 | 3.48 | 3.09 | 2.86 | 2.41 |
| 35 | 3.58 | 3.17 | 2.94 | 2.48 |
| 36 | 3.69 | 3.26 | 3.02 | 2.55 |
| 37 | 3.80 | 3.34 | 3.10 | 2.62 |
| 38 | 3.93 | 3.44 | 3.19 | 2.70 |
| 39 | 4.05 | 3.54 | 3.29 | 2.78 |
| 40 | 4.19 | 3.66 | 3.40 | 2.86 |
| 41 | 4.28 | 3.75 | 3.48 | 2.92 |
| 42 | 4.43 | 3.88 | 3.61 | 3.02 |
| 43 | 4.61 | 4.05 | 3.76 | 3.13 |
| 44 | 4.75 | 4.19 | 3.88 | 3.21 |
| 45 | 4.99 | 4.42 | 4.08 | 3.37 |
| 46 | 5.14 | 4.56 | 4.20 | 3.46 |
| 47 | 5.34 | 4.74 | 4.36 | 3.58 |
| 48 | 5.54 | 4.92 | 4.51 | 3.71 |
| 49 | 5.74 | 5.10 | 4.66 | 3.83 |
| 50 | 5.94 | 5.29 | 4.81 | 3.96 |
| 51 | 6.16 | 5.48 | 4.97 | 4.09 |
| 52 | 6.37 | 5.68 | 5.14 | 4.22 |
| 53 | 6.64 | 5.93 | 5.34 | 4.38 |
| 54 | 6.91 | 6.17 | 5.54 | 4.54 |
| 55 | 7.19 | 6.41 | 5.74 | 4.70 |
| 56 | 7.47 | 6.63 | 5.93 | 4.84 |
| 57 | 7.75 | 6.82 | 6.10 | 4.97 |
| 58 | 7.02 | 6.12 | 5.47 | 4.45 |
| 59 | 6.21 | 5.38 | 4.80 | 3.91 |
| 60 | 5.34 | 4.62 | 4.13 | 3.36 |
| 61 | 4.41 | 3.88 | 3.47 | 2.83 |
| 62 | 3.16 | 2.84 | 2.54 | 2.07 |
| 63 | 2.05 | 1.80 | 1.61 | 1.31 |
| 64 | 1.00 | 0.89 | 0.79 | 0.64 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-65 BP
Class D1
Full BP Residual - Base

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 4.05 | 2.50 | 2.36 | 2.02 |
| 26 | 4.19 | 2.61 | 2.44 | 2.08 |
| 27 | 4.32 | 2.72 | 2.52 | 2.15 |
| 28 | 4.39 | 2.78 | 2.57 | 2.20 |
| 29 | 4.47 | 2.84 | 2.62 | 2.25 |
| 30 | 4.54 | 2.88 | 2.66 | 2.28 |
| 31 | 4.64 | 2.94 | 2.71 | 2.31 |
| 32 | 4.76 | 3.01 | 2.76 | 2.34 |
| 33 | 4.88 | 3.09 | 2.81 | 2.38 |
| 34 | 5.00 | 3.16 | 2.87 | 2.42 |
| 35 | 5.12 | 3.23 | 2.92 | 2.46 |
| 36 | 5.24 | 3.29 | 2.98 | 2.51 |
| 37 | 5.35 | 3.36 | 3.03 | 2.56 |
| 38 | 5.47 | 3.42 | 3.10 | 2.62 |
| 39 | 5.61 | 3.50 | 3.17 | 2.67 |
| 40 | 5.76 | 3.59 | 3.25 | 2.74 |
| 41 | 5.86 | 3.64 | 3.30 | 2.77 |
| 42 | 6.05 | 3.75 | 3.40 | 2.84 |
| 43 | 6.28 | 3.88 | 3.52 | 2.93 |
| 44 | 6.46 | 3.99 | 3.60 | 2.98 |
| 45 | 6.79 | 4.18 | 3.76 | 3.11 |
| 46 | 6.98 | 4.28 | 3.84 | 3.17 |
| 47 | 7.24 | 4.43 | 3.97 | 3.26 |
| 48 | 7.48 | 4.58 | 4.08 | 3.36 |
| 49 | 7.72 | 4.73 | 4.20 | 3.46 |
| 50 | 7.96 | 4.88 | 4.33 | 3.57 |
| 51 | 8.21 | 5.04 | 4.47 | 3.68 |
| 52 | 8.47 | 5.21 | 4.61 | 3.80 |
| 53 | 8.80 | 5.43 | 4.80 | 3.95 |
| 54 | 9.16 | 5.65 | 4.99 | 4.10 |
| 55 | 9.53 | 5.86 | 5.18 | 4.25 |
| 56 | 9.91 | 6.06 | 5.36 | 4.38 |
| 57 | 10.29 | 6.24 | 5.53 | 4.50 |
| 58 | 9.33 | 5.60 | 4.96 | 4.03 |
| 59 | 8.26 | 4.92 | 4.35 | 3.54 |
| 60 | 7.10 | 4.22 | 3.74 | 3.04 |
| 61 | 5.86 | 3.55 | 3.14 | 2.56 |
| 62 | 4.20 | 2.60 | 2.30 | 1.87 |
| 63 | 2.72 | 1.64 | 1.46 | 1.19 |
| 64 | 1.32 | 0.81 | 0.72 | 0.58 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-65 BP
Class E1
Full BP Residual - Base

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 3.60 | 1.91 | 1.81 | 1.55 |
| 26 | 3.69 | 1.97 | 1.84 | 1.57 |
| 27 | 3.79 | 2.03 | 1.88 | 1.60 |
| 28 | 3.89 | 2.06 | 1.91 | 1.63 |
| 29 | 4.00 | 2.11 | 1.95 | 1.67 |
| 30 | 4.06 | 2.14 | 1.97 | 1.69 |
| 31 | 4.12 | 2.19 | 2.01 | 1.72 |
| 32 | 4.18 | 2.24 | 2.05 | 1.74 |
| 33 | 4.24 | 2.30 | 2.10 | 1.77 |
| 34 | 4.31 | 2.36 | 2.14 | 1.80 |
| 35 | 4.39 | 2.41 | 2.18 | 1.84 |
| 36 | 4.48 | 2.46 | 2.23 | 1.88 |
| 37 | 4.59 | 2.51 | 2.27 | 1.92 |
| 38 | 4.72 | 2.56 | 2.32 | 1.96 |
| 39 | 4.85 | 2.62 | 2.37 | 2.00 |
| 40 | 5.00 | 2.69 | 2.43 | 2.05 |
| 41 | 5.10 | 2.73 | 2.47 | 2.08 |
| 42 | 5.27 | 2.81 | 2.54 | 2.13 |
| 43 | 5.47 | 2.91 | 2.63 | 2.19 |
| 44 | 5.62 | 2.99 | 2.70 | 2.23 |
| 45 | 5.90 | 3.13 | 2.82 | 2.33 |
| 46 | 6.05 | 3.22 | 2.89 | 2.38 |
| 47 | 6.26 | 3.33 | 2.99 | 2.45 |
| 48 | 6.46 | 3.45 | 3.08 | 2.53 |
| 49 | 6.67 | 3.56 | 3.17 | 2.61 |
| 50 | 6.88 | 3.68 | 3.26 | 2.69 |
| 51 | 7.10 | 3.79 | 3.36 | 2.77 |
| 52 | 7.32 | 3.91 | 3.46 | 2.86 |
| 53 | 7.60 | 4.06 | 3.59 | 2.96 |
| 54 | 7.89 | 4.20 | 3.72 | 3.06 |
| 55 | 8.19 | 4.34 | 3.84 | 3.15 |
| 56 | 8.50 | 4.48 | 3.96 | 3.23 |
| 57 | 8.81 | 4.59 | 4.07 | 3.31 |
| 58 | 7.98 | 4.12 | 3.64 | 2.96 |
| 59 | 7.06 | 3.61 | 3.20 | 2.60 |
| 60 | 6.08 | 3.11 | 2.75 | 2.24 |
| 61 | 5.02 | 2.61 | 2.31 | 1.88 |
| 62 | 3.60 | 1.91 | 1.69 | 1.38 |
| 63 | 2.33 | 1.21 | 1.07 | 0.87 |
| 64 | 1.13 | 0.60 | 0.53 | 0.43 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-65 BP
Class F1
Full BP Residual - Base

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 4.14 | 2.33 | 2.20 | 1.89 |
| 26 | 4.22 | 2.40 | 2.25 | 1.92 |
| 27 | 4.31 | 2.47 | 2.29 | 1.95 |
| 28 | 4.38 | 2.51 | 2.31 | 1.98 |
| 29 | 4.47 | 2.55 | 2.34 | 2.01 |
| 30 | 4.53 | 2.57 | 2.36 | 2.02 |
| 31 | 4.61 | 2.61 | 2.38 | 2.03 |
| 32 | 4.72 | 2.66 | 2.42 | 2.05 |
| 33 | 4.83 | 2.71 | 2.46 | 2.08 |
| 34 | 4.96 | 2.77 | 2.51 | 2.12 |
| 35 | 5.10 | 2.84 | 2.57 | 2.16 |
| 36 | 5.24 | 2.90 | 2.63 | 2.21 |
| 37 | 5.38 | 2.97 | 2.69 | 2.27 |
| 38 | 5.53 | 3.04 | 2.75 | 2.32 |
| 39 | 5.68 | 3.12 | 2.82 | 2.38 |
| 40 | 5.84 | 3.20 | 2.90 | 2.44 |
| 41 | 5.94 | 3.25 | 2.95 | 2.47 |
| 42 | 6.11 | 3.34 | 3.03 | 2.53 |
| 43 | 6.34 | 3.46 | 3.13 | 2.61 |
| 44 | 6.50 | 3.54 | 3.20 | 2.65 |
| 45 | 6.81 | 3.71 | 3.34 | 2.76 |
| 46 | 6.99 | 3.80 | 3.42 | 2.81 |
| 47 | 7.24 | 3.93 | 3.53 | 2.90 |
| 48 | 7.48 | 4.06 | 3.63 | 2.98 |
| 49 | 7.73 | 4.19 | 3.74 | 3.07 |
| 50 | 7.98 | 4.33 | 3.85 | 3.17 |
| 51 | 8.22 | 4.47 | 3.96 | 3.27 |
| 52 | 8.46 | 4.61 | 4.08 | 3.37 |
| 53 | 8.76 | 4.79 | 4.23 | 3.49 |
| 54 | 9.06 | 4.96 | 4.38 | 3.60 |
| 55 | 9.37 | 5.13 | 4.53 | 3.71 |
| 56 | 9.68 | 5.28 | 4.67 | 3.81 |
| 57 | 10.00 | 5.41 | 4.79 | 3.90 |
| 58 | 9.04 | 4.85 | 4.29 | 3.49 |
| 59 | 8.01 | 4.26 | 3.77 | 3.07 |
| 60 | 6.90 | 3.66 | 3.24 | 2.64 |
| 61 | 5.70 | 3.08 | 2.73 | 2.22 |
| 62 | 4.08 | 2.25 | 2.00 | 1.63 |
| 63 | 2.64 | 1.43 | 1.26 | 1.03 |
| 64 | 1.29 | 0.70 | 0.62 | 0.51 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-65 BP
Class G1
Full BP Residual - Base

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 6.21 | 3.50 | 3.31 | 2.83 |
| 26 | 6.34 | 3.60 | 3.37 | 2.88 |
| 27 | 6.46 | 3.71 | 3.44 | 2.93 |
| 28 | 6.58 | 3.77 | 3.47 | 2.97 |
| 29 | 6.71 | 3.83 | 3.51 | 3.01 |
| 30 | 6.80 | 3.86 | 3.53 | 3.03 |
| 31 | 6.92 | 3.92 | 3.57 | 3.05 |
| 32 | 7.07 | 3.99 | 3.63 | 3.08 |
| 33 | 7.25 | 4.07 | 3.70 | 3.12 |
| 34 | 7.44 | 4.16 | 3.77 | 3.18 |
| 35 | 7.65 | 4.25 | 3.85 | 3.24 |
| 36 | 7.86 | 4.35 | 3.94 | 3.32 |
| 37 | 8.08 | 4.46 | 4.03 | 3.40 |
| 38 | 8.30 | 4.57 | 4.13 | 3.48 |
| 39 | 8.53 | 4.68 | 4.23 | 3.57 |
| 40 | 8.76 | 4.80 | 4.35 | 3.66 |
| 41 | 8.92 | 4.88 | 4.42 | 3.71 |
| 42 | 9.17 | 5.01 | 4.54 | 3.80 |
| 43 | 9.50 | 5.19 | 4.70 | 3.91 |
| 44 | 9.74 | 5.31 | 4.80 | 3.98 |
| 45 | 10.21 | 5.56 | 5.02 | 4.14 |
| 46 | 10.48 | 5.69 | 5.12 | 4.22 |
| 47 | 10.86 | 5.89 | 5.29 | 4.35 |
| 48 | 11.23 | 6.09 | 5.44 | 4.48 |
| 49 | 11.60 | 6.29 | 5.60 | 4.61 |
| 50 | 11.96 | 6.50 | 5.77 | 4.75 |
| 51 | 12.33 | 6.71 | 5.94 | 4.90 |
| 52 | 12.69 | 6.92 | 6.12 | 5.05 |
| 53 | 13.14 | 7.18 | 6.35 | 5.23 |
| 54 | 13.59 | 7.44 | 6.57 | 5.41 |
| 55 | 14.05 | 7.69 | 6.79 | 5.57 |
| 56 | 14.52 | 7.92 | 7.00 | 5.72 |
| 57 | 15.00 | 8.12 | 7.19 | 5.85 |
| 58 | 13.56 | 7.27 | 6.44 | 5.24 |
| 59 | 12.01 | 6.39 | 5.66 | 4.60 |
| 60 | 10.35 | 5.49 | 4.86 | 3.96 |
| 61 | 8.55 | 4.62 | 4.09 | 3.33 |
| 62 | 6.12 | 3.38 | 3.00 | 2.44 |
| 63 | 3.96 | 2.14 | 1.90 | 1.54 |
| 64 | 1.93 | 1.05 | 0.93 | 0.76 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-67 BP
Class P1
Full BP Residual - Base

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 1.72 | 1.61 | 1.50 | 1.29 |
| 26 | 1.80 | 1.70 | 1.61 | 1.37 |
| 27 | 1.88 | 1.79 | 1.71 | 1.46 |
| 28 | 1.96 | 1.83 | 1.77 | 1.51 |
| 29 | 2.03 | 1.88 | 1.82 | 1.56 |
| 30 | 2.08 | 1.93 | 1.87 | 1.60 |
| 31 | 2.12 | 2.01 | 1.93 | 1.65 |
| 32 | 2.17 | 2.09 | 2.01 | 1.70 |
| 33 | 2.23 | 2.17 | 2.08 | 1.76 |
| 34 | 2.30 | 2.25 | 2.15 | 1.82 |
| 35 | 2.37 | 2.32 | 2.22 | 1.87 |
| 36 | 2.46 | 2.39 | 2.28 | 1.92 |
| 37 | 2.56 | 2.45 | 2.33 | 1.97 |
| 38 | 2.66 | 2.52 | 2.38 | 2.01 |
| 39 | 2.77 | 2.60 | 2.45 | 2.06 |
| 40 | 2.88 | 2.69 | 2.52 | 2.12 |
| 41 | 2.96 | 2.76 | 2.58 | 2.16 |
| 42 | 3.07 | 2.86 | 2.67 | 2.23 |
| 43 | 3.20 | 3.00 | 2.80 | 2.32 |
| 44 | 3.30 | 3.11 | 2.90 | 2.40 |
| 45 | 3.47 | 3.29 | 3.07 | 2.54 |
| 46 | 3.57 | 3.40 | 3.18 | 2.62 |
| 47 | 3.71 | 3.54 | 3.33 | 2.73 |
| 48 | 3.85 | 3.67 | 3.46 | 2.84 |
| 49 | 3.99 | 3.81 | 3.59 | 2.95 |
| 50 | 4.15 | 3.95 | 3.71 | 3.05 |
| 51 | 4.31 | 4.09 | 3.83 | 3.14 |
| 52 | 4.48 | 4.24 | 3.94 | 3.23 |
| 53 | 4.68 | 4.44 | 4.08 | 3.34 |
| 54 | 4.90 | 4.63 | 4.22 | 3.45 |
| 55 | 5.11 | 4.83 | 4.35 | 3.54 |
| 56 | 5.33 | 5.01 | 4.47 | 3.63 |
| 57 | 5.53 | 5.17 | 4.58 | 3.72 |
| 58 | 5.01 | 4.65 | 4.10 | 3.32 |
| 59 | 4.44 | 4.08 | 3.60 | 2.92 |
| 60 | 3.81 | 3.50 | 3.10 | 2.51 |
| 61 | 3.15 | 2.94 | 2.60 | 2.11 |
| 62 | 2.21 | 2.11 | 1.87 | 1.52 |
| 63 | 1.40 | 1.31 | 1.16 | 0.94 |
| 64 | 0.66 | 0.62 | 0.55 | 0.44 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-67 BP
Class A1
Full BP Residual - Base

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 2.03 | 1.89 | 1.77 | 1.51 |
| 26 | 2.12 | 2.00 | 1.89 | 1.61 |
| 27 | 2.22 | 2.10 | 2.01 | 1.72 |
| 28 | 2.31 | 2.15 | 2.08 | 1.78 |
| 29 | 2.39 | 2.21 | 2.14 | 1.83 |
| 30 | 2.45 | 2.27 | 2.20 | 1.88 |
| 31 | 2.50 | 2.36 | 2.28 | 1.94 |
| 32 | 2.56 | 2.46 | 2.36 | 2.01 |
| 33 | 2.62 | 2.56 | 2.45 | 2.07 |
| 34 | 2.70 | 2.65 | 2.53 | 2.14 |
| 35 | 2.79 | 2.73 | 2.61 | 2.20 |
| 36 | 2.89 | 2.81 | 2.68 | 2.26 |
| 37 | 3.01 | 2.89 | 2.74 | 2.31 |
| 38 | 3.13 | 2.97 | 2.81 | 2.37 |
| 39 | 3.26 | 3.06 | 2.88 | 2.43 |
| 40 | 3.39 | 3.16 | 2.96 | 2.49 |
| 41 | 3.48 | 3.24 | 3.03 | 2.54 |
| 42 | 3.61 | 3.37 | 3.14 | 2.63 |
| 43 | 3.77 | 3.53 | 3.29 | 2.73 |
| 44 | 3.88 | 3.66 | 3.41 | 2.83 |
| 45 | 4.08 | 3.87 | 3.61 | 2.99 |
| 46 | 4.20 | 3.99 | 3.74 | 3.08 |
| 47 | 4.36 | 4.16 | 3.91 | 3.22 |
| 48 | 4.53 | 4.32 | 4.07 | 3.34 |
| 49 | 4.70 | 4.48 | 4.22 | 3.47 |
| 50 | 4.88 | 4.64 | 4.37 | 3.58 |
| 51 | 5.07 | 4.81 | 4.51 | 3.70 |
| 52 | 5.27 | 4.99 | 4.64 | 3.81 |
| 53 | 5.51 | 5.22 | 4.80 | 3.93 |
| 54 | 5.76 | 5.45 | 4.96 | 4.05 |
| 55 | 6.02 | 5.68 | 5.11 | 4.17 |
| 56 | 6.27 | 5.89 | 5.25 | 4.27 |
| 57 | 6.51 | 6.09 | 5.39 | 4.37 |
| 58 | 5.90 | 5.47 | 4.82 | 3.91 |
| 59 | 5.22 | 4.80 | 4.24 | 3.43 |
| 60 | 4.49 | 4.12 | 3.64 | 2.96 |
| 61 | 3.71 | 3.46 | 3.06 | 2.49 |
| 62 | 2.60 | 2.48 | 2.20 | 1.78 |
| 63 | 1.65 | 1.54 | 1.36 | 1.11 |
| 64 | 0.77 | 0.73 | 0.64 | 0.52 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-67 BP
Class B1
Full BP Residual - Base

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 2.44 | 2.19 | 2.04 | 1.75 |
| 26 | 2.56 | 2.30 | 2.17 | 1.85 |
| 27 | 2.68 | 2.41 | 2.29 | 1.95 |
| 28 | 2.81 | 2.48 | 2.35 | 2.02 |
| 29 | 2.91 | 2.55 | 2.43 | 2.08 |
| 30 | 2.97 | 2.61 | 2.49 | 2.14 |
| 31 | 3.02 | 2.70 | 2.58 | 2.20 |
| 32 | 3.07 | 2.79 | 2.68 | 2.28 |
| 33 | 3.13 | 2.88 | 2.78 | 2.34 |
| 34 | 3.21 | 2.97 | 2.86 | 2.41 |
| 35 | 3.31 | 3.06 | 2.94 | 2.47 |
| 36 | 3.43 | 3.15 | 3.01 | 2.53 |
| 37 | 3.56 | 3.24 | 3.08 | 2.60 |
| 38 | 3.70 | 3.34 | 3.16 | 2.67 |
| 39 | 3.84 | 3.45 | 3.25 | 2.74 |
| 40 | 3.99 | 3.57 | 3.36 | 2.83 |
| 41 | 4.09 | 3.67 | 3.45 | 2.90 |
| 42 | 4.23 | 3.82 | 3.60 | 3.01 |
| 43 | 4.40 | 4.01 | 3.78 | 3.15 |
| 44 | 4.53 | 4.15 | 3.93 | 3.26 |
| 45 | 4.77 | 4.39 | 4.17 | 3.45 |
| 46 | 4.92 | 4.54 | 4.32 | 3.56 |
| 47 | 5.13 | 4.74 | 4.51 | 3.71 |
| 48 | 5.34 | 4.92 | 4.67 | 3.84 |
| 49 | 5.57 | 5.10 | 4.82 | 3.96 |
| 50 | 5.80 | 5.29 | 4.97 | 4.08 |
| 51 | 6.05 | 5.48 | 5.12 | 4.20 |
| 52 | 6.30 | 5.68 | 5.26 | 4.30 |
| 53 | 6.59 | 5.92 | 5.44 | 4.44 |
| 54 | 6.88 | 6.17 | 5.63 | 4.57 |
| 55 | 7.16 | 6.42 | 5.82 | 4.70 |
| 56 | 7.44 | 6.65 | 6.00 | 4.81 |
| 57 | 7.70 | 6.85 | 6.17 | 4.93 |
| 58 | 6.97 | 6.15 | 5.53 | 4.41 |
| 59 | 6.17 | 5.40 | 4.86 | 3.87 |
| 60 | 5.31 | 4.64 | 4.17 | 3.33 |
| 61 | 4.39 | 3.90 | 3.51 | 2.80 |
| 62 | 3.08 | 2.80 | 2.52 | 2.01 |
| 63 | 1.95 | 1.73 | 1.56 | 1.25 |
| 64 | 0.91 | 0.82 | 0.74 | 0.59 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-67 BP
Class C1
Full BP Residual - Base

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 2.73 | 2.49 | 2.36 | 2.02 |
| 26 | 2.87 | 2.62 | 2.50 | 2.14 |
| 27 | 3.02 | 2.75 | 2.65 | 2.26 |
| 28 | 3.12 | 2.82 | 2.74 | 2.34 |
| 29 | 3.22 | 2.90 | 2.82 | 2.42 |
| 30 | 3.29 | 2.96 | 2.88 | 2.46 |
| 31 | 3.37 | 3.04 | 2.95 | 2.51 |
| 32 | 3.47 | 3.13 | 3.03 | 2.57 |
| 33 | 3.56 | 3.23 | 3.11 | 2.63 |
| 34 | 3.67 | 3.32 | 3.19 | 2.70 |
| 35 | 3.78 | 3.41 | 3.28 | 2.76 |
| 36 | 3.90 | 3.51 | 3.37 | 2.84 |
| 37 | 4.02 | 3.60 | 3.46 | 2.92 |
| 38 | 4.16 | 3.71 | 3.56 | 3.00 |
| 39 | 4.31 | 3.82 | 3.67 | 3.09 |
| 40 | 4.46 | 3.95 | 3.79 | 3.19 |
| 41 | 4.57 | 4.05 | 3.87 | 3.25 |
| 42 | 4.74 | 4.21 | 4.01 | 3.35 |
| 43 | 4.95 | 4.40 | 4.19 | 3.48 |
| 44 | 5.10 | 4.55 | 4.32 | 3.58 |
| 45 | 5.37 | 4.81 | 4.56 | 3.76 |
| 46 | 5.53 | 4.97 | 4.70 | 3.87 |
| 47 | 5.76 | 5.19 | 4.89 | 4.02 |
| 48 | 5.99 | 5.40 | 5.07 | 4.17 |
| 49 | 6.23 | 5.61 | 5.26 | 4.32 |
| 50 | 6.49 | 5.85 | 5.45 | 4.48 |
| 51 | 6.77 | 6.09 | 5.63 | 4.63 |
| 52 | 7.08 | 6.35 | 5.82 | 4.78 |
| 53 | 7.45 | 6.67 | 6.04 | 4.96 |
| 54 | 7.84 | 6.99 | 6.27 | 5.14 |
| 55 | 8.24 | 7.30 | 6.48 | 5.30 |
| 56 | 8.64 | 7.60 | 6.67 | 5.44 |
| 57 | 9.01 | 7.85 | 6.85 | 5.58 |
| 58 | 8.19 | 7.05 | 6.13 | 4.99 |
| 59 | 7.24 | 6.19 | 5.39 | 4.38 |
| 60 | 6.22 | 5.31 | 4.63 | 3.77 |
| 61 | 5.14 | 4.47 | 3.90 | 3.17 |
| 62 | 3.61 | 3.20 | 2.80 | 2.28 |
| 63 | 2.29 | 1.99 | 1.73 | 1.41 |
| 64 | 1.07 | 0.94 | 0.82 | 0.67 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-67 BP
Class D1
Full BP Residual - Base

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 4.17 | 2.61 | 2.53 | 2.17 |
| 26 | 4.35 | 2.76 | 2.67 | 2.28 |
| 27 | 4.52 | 2.90 | 2.81 | 2.39 |
| 28 | 4.60 | 2.98 | 2.89 | 2.47 |
| 29 | 4.68 | 3.04 | 2.95 | 2.53 |
| 30 | 4.75 | 3.09 | 2.99 | 2.56 |
| 31 | 4.86 | 3.16 | 3.04 | 2.59 |
| 32 | 4.99 | 3.24 | 3.09 | 2.62 |
| 33 | 5.13 | 3.32 | 3.15 | 2.66 |
| 34 | 5.27 | 3.40 | 3.20 | 2.70 |
| 35 | 5.40 | 3.47 | 3.26 | 2.75 |
| 36 | 5.53 | 3.54 | 3.32 | 2.80 |
| 37 | 5.66 | 3.61 | 3.38 | 2.85 |
| 38 | 5.80 | 3.69 | 3.45 | 2.91 |
| 39 | 5.96 | 3.78 | 3.53 | 2.98 |
| 40 | 6.13 | 3.88 | 3.62 | 3.05 |
| 41 | 6.26 | 3.94 | 3.67 | 3.08 |
| 42 | 6.47 | 4.06 | 3.78 | 3.16 |
| 43 | 6.74 | 4.22 | 3.91 | 3.26 |
| 44 | 6.94 | 4.33 | 4.01 | 3.32 |
| 45 | 7.30 | 4.55 | 4.20 | 3.47 |
| 46 | 7.51 | 4.67 | 4.30 | 3.54 |
| 47 | 7.81 | 4.85 | 4.45 | 3.66 |
| 48 | 8.09 | 5.02 | 4.60 | 3.78 |
| 49 | 8.38 | 5.20 | 4.74 | 3.91 |
| 50 | 8.69 | 5.39 | 4.90 | 4.04 |
| 51 | 9.03 | 5.60 | 5.06 | 4.17 |
| 52 | 9.40 | 5.83 | 5.22 | 4.31 |
| 53 | 9.88 | 6.11 | 5.43 | 4.48 |
| 54 | 10.39 | 6.40 | 5.64 | 4.64 |
| 55 | 10.92 | 6.68 | 5.84 | 4.79 |
| 56 | 11.46 | 6.95 | 6.03 | 4.93 |
| 57 | 11.97 | 7.18 | 6.20 | 5.05 |
| 58 | 10.88 | 6.45 | 5.56 | 4.52 |
| 59 | 9.63 | 5.66 | 4.88 | 3.97 |
| 60 | 8.26 | 4.85 | 4.20 | 3.42 |
| 61 | 6.82 | 4.08 | 3.53 | 2.87 |
| 62 | 4.79 | 2.93 | 2.53 | 2.06 |
| 63 | 3.04 | 1.82 | 1.57 | 1.28 |
| 64 | 1.42 | 0.86 | 0.74 | 0.60 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-67 BP
Class E1
Full BP Residual - Base

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 3.70 | 2.00 | 1.94 | 1.66 |
| 26 | 3.84 | 2.08 | 2.02 | 1.72 |
| 27 | 3.97 | 2.16 | 2.09 | 1.78 |
| 28 | 4.08 | 2.21 | 2.14 | 1.84 |
| 29 | 4.18 | 2.26 | 2.19 | 1.88 |
| 30 | 4.25 | 2.30 | 2.23 | 1.91 |
| 31 | 4.31 | 2.35 | 2.26 | 1.93 |
| 32 | 4.38 | 2.41 | 2.30 | 1.95 |
| 33 | 4.46 | 2.47 | 2.35 | 1.98 |
| 34 | 4.54 | 2.53 | 2.39 | 2.02 |
| 35 | 4.63 | 2.59 | 2.44 | 2.05 |
| 36 | 4.74 | 2.65 | 2.48 | 2.09 |
| 37 | 4.86 | 2.70 | 2.53 | 2.14 |
| 38 | 5.00 | 2.76 | 2.58 | 2.18 |
| 39 | 5.15 | 2.83 | 2.64 | 2.23 |
| 40 | 5.32 | 2.90 | 2.71 | 2.28 |
| 41 | 5.45 | 2.95 | 2.75 | 2.31 |
| 42 | 5.64 | 3.04 | 2.83 | 2.36 |
| 43 | 5.87 | 3.16 | 2.93 | 2.44 |
| 44 | 6.04 | 3.25 | 3.00 | 2.49 |
| 45 | 6.34 | 3.41 | 3.15 | 2.60 |
| 46 | 6.51 | 3.51 | 3.23 | 2.66 |
| 47 | 6.76 | 3.65 | 3.35 | 2.75 |
| 48 | 6.99 | 3.78 | 3.46 | 2.85 |
| 49 | 7.25 | 3.92 | 3.58 | 2.94 |
| 50 | 7.52 | 4.06 | 3.69 | 3.04 |
| 51 | 7.81 | 4.22 | 3.81 | 3.14 |
| 52 | 8.13 | 4.37 | 3.92 | 3.23 |
| 53 | 8.53 | 4.57 | 4.06 | 3.35 |
| 54 | 8.96 | 4.76 | 4.20 | 3.45 |
| 55 | 9.39 | 4.95 | 4.33 | 3.55 |
| 56 | 9.83 | 5.13 | 4.45 | 3.64 |
| 57 | 10.25 | 5.28 | 4.56 | 3.72 |
| 58 | 9.30 | 4.74 | 4.09 | 3.32 |
| 59 | 8.24 | 4.16 | 3.59 | 2.92 |
| 60 | 7.07 | 3.57 | 3.09 | 2.52 |
| 61 | 5.84 | 3.00 | 2.60 | 2.12 |
| 62 | 4.10 | 2.15 | 1.86 | 1.52 |
| 63 | 2.60 | 1.34 | 1.16 | 0.94 |
| 64 | 1.22 | 0.63 | 0.55 | 0.44 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-67 BP
Class F1
Full BP Residual - Base

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 4.26 | 2.43 | 2.37 | 2.02 |
| 26 | 4.38 | 2.54 | 2.46 | 2.10 |
| 27 | 4.51 | 2.64 | 2.55 | 2.18 |
| 28 | 4.59 | 2.69 | 2.60 | 2.23 |
| 29 | 4.68 | 2.74 | 2.64 | 2.27 |
| 30 | 4.74 | 2.76 | 2.66 | 2.27 |
| 31 | 4.83 | 2.80 | 2.68 | 2.28 |
| 32 | 4.95 | 2.85 | 2.71 | 2.30 |
| 33 | 5.08 | 2.91 | 2.76 | 2.33 |
| 34 | 5.22 | 2.98 | 2.81 | 2.37 |
| 35 | 5.38 | 3.05 | 2.87 | 2.41 |
| 36 | 5.53 | 3.12 | 2.93 | 2.47 |
| 37 | 5.70 | 3.20 | 3.00 | 2.53 |
| 38 | 5.86 | 3.28 | 3.07 | 2.59 |
| 39 | 6.04 | 3.37 | 3.14 | 2.65 |
| 40 | 6.22 | 3.46 | 3.22 | 2.72 |
| 41 | 6.34 | 3.52 | 3.28 | 2.75 |
| 42 | 6.54 | 3.62 | 3.37 | 2.81 |
| 43 | 6.79 | 3.75 | 3.48 | 2.90 |
| 44 | 6.98 | 3.85 | 3.57 | 2.95 |
| 45 | 7.32 | 4.04 | 3.73 | 3.08 |
| 46 | 7.52 | 4.14 | 3.82 | 3.15 |
| 47 | 7.81 | 4.30 | 3.96 | 3.25 |
| 48 | 8.10 | 4.45 | 4.08 | 3.36 |
| 49 | 8.40 | 4.61 | 4.22 | 3.47 |
| 50 | 8.71 | 4.79 | 4.35 | 3.59 |
| 51 | 9.05 | 4.97 | 4.49 | 3.70 |
| 52 | 9.39 | 5.16 | 4.62 | 3.82 |
| 53 | 9.83 | 5.39 | 4.79 | 3.95 |
| 54 | 10.28 | 5.62 | 4.95 | 4.07 |
| 55 | 10.74 | 5.84 | 5.11 | 4.19 |
| 56 | 11.19 | 6.05 | 5.25 | 4.29 |
| 57 | 11.64 | 6.22 | 5.38 | 4.38 |
| 58 | 10.55 | 5.58 | 4.82 | 3.92 |
| 59 | 9.34 | 4.90 | 4.23 | 3.44 |
| 60 | 8.03 | 4.21 | 3.64 | 2.97 |
| 61 | 6.63 | 3.54 | 3.06 | 2.49 |
| 62 | 4.65 | 2.54 | 2.20 | 1.79 |
| 63 | 2.95 | 1.58 | 1.36 | 1.11 |
| 64 | 1.38 | 0.74 | 0.64 | 0.52 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-67 BP
Class G1
Full BP Residual - Base

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 6.39 | 3.65 | 3.55 | 3.04 |
| 26 | 6.58 | 3.81 | 3.69 | 3.15 |
| 27 | 6.76 | 3.96 | 3.83 | 3.26 |
| 28 | 6.89 | 4.04 | 3.90 | 3.34 |
| 29 | 7.02 | 4.11 | 3.96 | 3.40 |
| 30 | 7.11 | 4.14 | 3.98 | 3.41 |
| 31 | 7.25 | 4.20 | 4.02 | 3.43 |
| 32 | 7.42 | 4.28 | 4.07 | 3.45 |
| 33 | 7.62 | 4.37 | 4.14 | 3.49 |
| 34 | 7.84 | 4.47 | 4.21 | 3.55 |
| 35 | 8.07 | 4.57 | 4.30 | 3.62 |
| 36 | 8.30 | 4.68 | 4.39 | 3.70 |
| 37 | 8.54 | 4.80 | 4.49 | 3.79 |
| 38 | 8.80 | 4.92 | 4.60 | 3.88 |
| 39 | 9.06 | 5.05 | 4.72 | 3.98 |
| 40 | 9.33 | 5.19 | 4.84 | 4.07 |
| 41 | 9.52 | 5.28 | 4.91 | 4.12 |
| 42 | 9.81 | 5.43 | 5.05 | 4.22 |
| 43 | 10.19 | 5.63 | 5.22 | 4.35 |
| 44 | 10.46 | 5.77 | 5.35 | 4.43 |
| 45 | 10.98 | 6.05 | 5.60 | 4.62 |
| 46 | 11.28 | 6.21 | 5.73 | 4.72 |
| 47 | 11.72 | 6.44 | 5.93 | 4.88 |
| 48 | 12.15 | 6.68 | 6.13 | 5.04 |
| 49 | 12.60 | 6.92 | 6.32 | 5.21 |
| 50 | 13.07 | 7.18 | 6.53 | 5.38 |
| 51 | 13.57 | 7.45 | 6.73 | 5.55 |
| 52 | 14.09 | 7.74 | 6.93 | 5.72 |
| 53 | 14.74 | 8.09 | 7.19 | 5.92 |
| 54 | 15.42 | 8.43 | 7.43 | 6.11 |
| 55 | 16.10 | 8.76 | 7.66 | 6.28 |
| 56 | 16.79 | 9.07 | 7.87 | 6.43 |
| 57 | 17.45 | 9.34 | 8.07 | 6.57 |
| 58 | 15.82 | 8.38 | 7.22 | 5.87 |
| 59 | 14.01 | 7.35 | 6.34 | 5.16 |
| 60 | 12.04 | 6.32 | 5.46 | 4.45 |
| 61 | 9.95 | 5.31 | 4.59 | 3.74 |
| 62 | 6.98 | 3.81 | 3.29 | 2.68 |
| 63 | 4.43 | 2.36 | 2.04 | 1.66 |
| 64 | 2.07 | 1.12 | 0.97 | 0.79 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-65 BP
Class P1
Residual Plus Rates

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 3.50 | 3.08 | 2.80 | 2.40 |
| 26 | 3.63 | 3.21 | 2.94 | 2.51 |
| 27 | 3.76 | 3.34 | 3.07 | 2.62 |
| 28 | 3.92 | 3.41 | 3.14 | 2.69 |
| 29 | 4.06 | 3.50 | 3.23 | 2.76 |
| 30 | 4.15 | 3.60 | 3.31 | 2.84 |
| 31 | 4.24 | 3.74 | 3.44 | 2.93 |
| 32 | 4.33 | 3.89 | 3.58 | 3.04 |
| 33 | 4.44 | 4.05 | 3.72 | 3.15 |
| 34 | 4.56 | 4.19 | 3.86 | 3.25 |
| 35 | 4.71 | 4.32 | 3.98 | 3.35 |
| 36 | 4.87 | 4.44 | 4.08 | 3.44 |
| 37 | 5.05 | 4.56 | 4.18 | 3.53 |
| 38 | 5.25 | 4.68 | 4.28 | 3.61 |
| 39 | 5.45 | 4.82 | 4.39 | 3.71 |
| 40 | 5.65 | 4.97 | 4.53 | 3.81 |
| 41 | 5.80 | 5.09 | 4.63 | 3.89 |
| 42 | 6.00 | 5.28 | 4.81 | 4.02 |
| 43 | 6.25 | 5.52 | 5.03 | 4.18 |
| 44 | 6.43 | 5.71 | 5.20 | 4.32 |
| 45 | 6.75 | 6.03 | 5.50 | 4.55 |
| 46 | 6.93 | 6.22 | 5.69 | 4.68 |
| 47 | 7.19 | 6.47 | 5.92 | 4.87 |
| 48 | 7.44 | 6.70 | 6.14 | 5.05 |
| 49 | 7.68 | 6.92 | 6.36 | 5.22 |
| 50 | 7.94 | 7.14 | 6.56 | 5.39 |
| 51 | 8.18 | 7.37 | 6.77 | 5.55 |
| 52 | 8.43 | 7.59 | 6.96 | 5.71 |
| 53 | 8.73 | 7.88 | 7.21 | 5.91 |
| 54 | 9.03 | 8.18 | 7.46 | 6.10 |
| 55 | 9.33 | 8.47 | 7.71 | 6.28 |
| 56 | 9.63 | 8.74 | 7.94 | 6.46 |
| 57 | 9.94 | 9.00 | 8.16 | 6.62 |
| 58 | 9.63 | 8.65 | 7.83 | 6.35 |
| 59 | 9.28 | 8.27 | 7.49 | 6.07 |
| 60 | 8.91 | 7.91 | 7.17 | 5.82 |
| 61 | 8.50 | 7.68 | 6.96 | 5.65 |
| 62 | 7.44 | 6.87 | 6.23 | 5.05 |
| 63 | 6.57 | 5.93 | 5.37 | 4.36 |
| 64 | 5.76 | 5.25 | 4.76 | 3.86 |
| 65 | 5.07 | 4.58 | 4.16 | 3.37 |
| 66 | 5.46 | 4.91 | 4.46 | 3.61 |
| 67 | 5.87 | 5.27 | 4.78 | 3.88 |
| 68 | 6.32 | 5.65 | 5.12 | 4.16 |
| 69 | 6.80 | 6.06 | 5.49 | 4.45 |
| 70 | 7.31 | 6.49 | 5.88 | 4.78 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-65 BP
Class A1
Residual Plus Rates

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 4.11 | 3.62 | 3.30 | 2.82 |
| 26 | 4.27 | 3.77 | 3.45 | 2.95 |
| 27 | 4.43 | 3.93 | 3.61 | 3.08 |
| 28 | 4.61 | 4.01 | 3.69 | 3.16 |
| 29 | 4.78 | 4.12 | 3.79 | 3.25 |
| 30 | 4.89 | 4.24 | 3.90 | 3.34 |
| 31 | 4.99 | 4.40 | 4.05 | 3.45 |
| 32 | 5.09 | 4.58 | 4.21 | 3.58 |
| 33 | 5.22 | 4.76 | 4.38 | 3.70 |
| 34 | 5.36 | 4.93 | 4.54 | 3.83 |
| 35 | 5.54 | 5.08 | 4.68 | 3.94 |
| 36 | 5.73 | 5.22 | 4.80 | 4.05 |
| 37 | 5.94 | 5.36 | 4.92 | 4.15 |
| 38 | 6.17 | 5.51 | 5.04 | 4.25 |
| 39 | 6.41 | 5.67 | 5.17 | 4.36 |
| 40 | 6.65 | 5.85 | 5.33 | 4.49 |
| 41 | 6.82 | 5.99 | 5.45 | 4.57 |
| 42 | 7.06 | 6.22 | 5.65 | 4.73 |
| 43 | 7.35 | 6.50 | 5.91 | 4.92 |
| 44 | 7.56 | 6.72 | 6.12 | 5.08 |
| 45 | 7.94 | 7.10 | 6.48 | 5.35 |
| 46 | 8.15 | 7.32 | 6.69 | 5.51 |
| 47 | 8.46 | 7.62 | 6.97 | 5.73 |
| 48 | 8.75 | 7.88 | 7.23 | 5.94 |
| 49 | 9.04 | 8.15 | 7.48 | 6.14 |
| 50 | 9.34 | 8.40 | 7.72 | 6.34 |
| 51 | 9.63 | 8.67 | 7.96 | 6.53 |
| 52 | 9.92 | 8.93 | 8.19 | 6.72 |
| 53 | 10.27 | 9.27 | 8.49 | 6.95 |
| 54 | 10.63 | 9.62 | 8.78 | 7.18 |
| 55 | 10.98 | 9.96 | 9.07 | 7.39 |
| 56 | 11.33 | 10.29 | 9.34 | 7.60 |
| 57 | 11.70 | 10.58 | 9.60 | 7.79 |
| 58 | 11.32 | 10.17 | 9.22 | 7.47 |
| 59 | 10.92 | 9.73 | 8.81 | 7.14 |
| 60 | 10.49 | 9.31 | 8.44 | 6.85 |
| 61 | 9.99 | 9.03 | 8.19 | 6.64 |
| 62 | 8.75 | 8.08 | 7.32 | 5.94 |
| 63 | 7.73 | 6.97 | 6.32 | 5.13 |
| 64 | 6.77 | 6.17 | 5.60 | 4.54 |
| 65 | 5.97 | 5.39 | 4.89 | 3.97 |
| 66 | 6.42 | 5.78 | 5.24 | 4.25 |
| 67 | 6.91 | 6.20 | 5.62 | 4.56 |
| 68 | 7.43 | 6.64 | 6.02 | 4.89 |
| 69 | 7.99 | 7.12 | 6.46 | 5.24 |
| 70 | 8.60 | 7.64 | 6.92 | 5.62 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-65 BP
Class B1
Residual Plus Rates

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 4.74 | 4.20 | 3.81 | 3.26 |
| 26 | 4.94 | 4.36 | 3.96 | 3.38 |
| 27 | 5.13 | 4.52 | 4.11 | 3.51 |
| 28 | 5.36 | 4.62 | 4.19 | 3.59 |
| 29 | 5.56 | 4.75 | 4.30 | 3.70 |
| 30 | 5.67 | 4.87 | 4.42 | 3.80 |
| 31 | 5.76 | 5.02 | 4.59 | 3.92 |
| 32 | 5.85 | 5.19 | 4.78 | 4.06 |
| 33 | 5.96 | 5.36 | 4.96 | 4.19 |
| 34 | 6.11 | 5.53 | 5.13 | 4.32 |
| 35 | 6.29 | 5.69 | 5.27 | 4.43 |
| 36 | 6.50 | 5.85 | 5.40 | 4.55 |
| 37 | 6.73 | 6.01 | 5.52 | 4.66 |
| 38 | 6.98 | 6.19 | 5.67 | 4.79 |
| 39 | 7.24 | 6.39 | 5.84 | 4.93 |
| 40 | 7.49 | 6.61 | 6.04 | 5.09 |
| 41 | 7.66 | 6.78 | 6.21 | 5.21 |
| 42 | 7.91 | 7.05 | 6.48 | 5.41 |
| 43 | 8.22 | 7.38 | 6.81 | 5.66 |
| 44 | 8.44 | 7.64 | 7.07 | 5.86 |
| 45 | 8.88 | 8.07 | 7.48 | 6.18 |
| 46 | 9.13 | 8.32 | 7.73 | 6.36 |
| 47 | 9.50 | 8.66 | 8.03 | 6.60 |
| 48 | 9.87 | 8.97 | 8.30 | 6.82 |
| 49 | 10.25 | 9.27 | 8.55 | 7.02 |
| 50 | 10.63 | 9.56 | 8.79 | 7.22 |
| 51 | 11.00 | 9.86 | 9.03 | 7.41 |
| 52 | 11.34 | 10.16 | 9.28 | 7.60 |
| 53 | 11.75 | 10.53 | 9.62 | 7.84 |
| 54 | 12.13 | 10.90 | 9.96 | 8.09 |
| 55 | 12.50 | 11.26 | 10.32 | 8.33 |
| 56 | 12.86 | 11.61 | 10.67 | 8.56 |
| 57 | 13.24 | 11.92 | 10.99 | 8.78 |
| 58 | 12.80 | 11.45 | 10.57 | 8.43 |
| 59 | 12.34 | 10.95 | 10.11 | 8.06 |
| 60 | 11.87 | 10.48 | 9.66 | 7.72 |
| 61 | 11.31 | 10.17 | 9.37 | 7.49 |
| 62 | 9.91 | 9.10 | 8.39 | 6.70 |
| 63 | 8.75 | 7.85 | 7.24 | 5.78 |
| 64 | 7.66 | 6.96 | 6.41 | 5.12 |
| 65 | 6.76 | 6.08 | 5.60 | 4.47 |
| 66 | 7.29 | 6.52 | 6.01 | 4.80 |
| 67 | 7.85 | 7.01 | 6.46 | 5.16 |
| 68 | 8.46 | 7.52 | 6.93 | 5.54 |
| 69 | 9.12 | 8.08 | 7.44 | 5.95 |
| 70 | 9.83 | 8.67 | 8.00 | 6.39 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-65 BP
Class C1
Residual Plus Rates

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 5.30 | 4.77 | 4.40 | 3.76 |
| 26 | 5.53 | 4.95 | 4.58 | 3.91 |
| 27 | 5.77 | 5.14 | 4.75 | 4.05 |
| 28 | 5.97 | 5.26 | 4.87 | 4.17 |
| 29 | 6.16 | 5.40 | 5.00 | 4.29 |
| 30 | 6.30 | 5.52 | 5.11 | 4.37 |
| 31 | 6.44 | 5.67 | 5.25 | 4.47 |
| 32 | 6.60 | 5.84 | 5.40 | 4.58 |
| 33 | 6.78 | 6.01 | 5.56 | 4.70 |
| 34 | 6.97 | 6.18 | 5.72 | 4.82 |
| 35 | 7.17 | 6.35 | 5.88 | 4.95 |
| 36 | 7.38 | 6.52 | 6.04 | 5.09 |
| 37 | 7.61 | 6.69 | 6.21 | 5.24 |
| 38 | 7.85 | 6.88 | 6.39 | 5.39 |
| 39 | 8.11 | 7.09 | 6.59 | 5.55 |
| 40 | 8.38 | 7.32 | 6.81 | 5.73 |
| 41 | 8.57 | 7.49 | 6.97 | 5.85 |
| 42 | 8.86 | 7.76 | 7.22 | 6.03 |
| 43 | 9.22 | 8.11 | 7.52 | 6.26 |
| 44 | 9.50 | 8.38 | 7.76 | 6.43 |
| 45 | 9.99 | 8.84 | 8.16 | 6.74 |
| 46 | 10.27 | 9.11 | 8.40 | 6.92 |
| 47 | 10.68 | 9.48 | 8.72 | 7.17 |
| 48 | 11.07 | 9.84 | 9.02 | 7.41 |
| 49 | 11.48 | 10.21 | 9.32 | 7.66 |
| 50 | 11.89 | 10.58 | 9.63 | 7.91 |
| 51 | 12.31 | 10.97 | 9.95 | 8.17 |
| 52 | 12.74 | 11.36 | 10.27 | 8.44 |
| 53 | 13.28 | 11.85 | 10.68 | 8.76 |
| 54 | 13.83 | 12.34 | 11.09 | 9.09 |
| 55 | 14.38 | 12.82 | 11.49 | 9.39 |
| 56 | 14.94 | 13.26 | 11.86 | 9.68 |
| 57 | 15.50 | 13.65 | 12.20 | 9.93 |
| 58 | 15.04 | 13.12 | 11.72 | 9.54 |
| 59 | 14.50 | 12.54 | 11.21 | 9.12 |
| 60 | 13.89 | 12.01 | 10.73 | 8.74 |
| 61 | 13.24 | 11.65 | 10.41 | 8.48 |
| 62 | 11.60 | 10.43 | 9.32 | 7.59 |
| 63 | 10.24 | 9.00 | 8.04 | 6.55 |
| 64 | 8.97 | 7.97 | 7.12 | 5.80 |
| 65 | 7.91 | 6.96 | 6.22 | 5.07 |
| 66 | 8.55 | 7.49 | 6.70 | 5.46 |
| 67 | 9.25 | 8.07 | 7.21 | 5.87 |
| 68 | 10.00 | 8.68 | 7.76 | 6.32 |
| 69 | 10.81 | 9.35 | 8.35 | 6.81 |
| 70 | 11.70 | 10.06 | 8.99 | 7.32 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-65 BP
Class D1
Residual Plus Rates

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 7.80 | 5.83 | 5.51 | 4.71 |
| 26 | 8.06 | 6.09 | 5.69 | 4.86 |
| 27 | 8.31 | 6.34 | 5.88 | 5.01 |
| 28 | 8.45 | 6.48 | 5.99 | 5.13 |
| 29 | 8.61 | 6.62 | 6.12 | 5.25 |
| 30 | 8.73 | 6.73 | 6.20 | 5.31 |
| 31 | 8.92 | 6.87 | 6.31 | 5.38 |
| 32 | 9.15 | 7.03 | 6.44 | 5.46 |
| 33 | 9.39 | 7.21 | 6.57 | 5.55 |
| 34 | 9.62 | 7.37 | 6.69 | 5.64 |
| 35 | 9.85 | 7.53 | 6.82 | 5.74 |
| 36 | 10.07 | 7.68 | 6.94 | 5.85 |
| 37 | 10.29 | 7.83 | 7.08 | 5.97 |
| 38 | 10.53 | 7.99 | 7.23 | 6.10 |
| 39 | 10.79 | 8.17 | 7.40 | 6.24 |
| 40 | 11.07 | 8.37 | 7.59 | 6.39 |
| 41 | 11.27 | 8.50 | 7.71 | 6.47 |
| 42 | 11.63 | 8.75 | 7.93 | 6.63 |
| 43 | 12.08 | 9.06 | 8.20 | 6.83 |
| 44 | 12.43 | 9.30 | 8.40 | 6.96 |
| 45 | 13.06 | 9.75 | 8.78 | 7.25 |
| 46 | 13.42 | 9.99 | 8.97 | 7.39 |
| 47 | 13.92 | 10.34 | 9.26 | 7.61 |
| 48 | 14.38 | 10.68 | 9.53 | 7.84 |
| 49 | 14.85 | 11.03 | 9.81 | 8.07 |
| 50 | 15.31 | 11.39 | 10.10 | 8.32 |
| 51 | 15.79 | 11.77 | 10.42 | 8.59 |
| 52 | 16.29 | 12.16 | 10.76 | 8.87 |
| 53 | 16.93 | 12.67 | 11.19 | 9.22 |
| 54 | 17.61 | 13.18 | 11.64 | 9.58 |
| 55 | 18.32 | 13.68 | 12.09 | 9.91 |
| 56 | 19.06 | 14.15 | 12.52 | 10.22 |
| 57 | 19.79 | 14.57 | 12.90 | 10.50 |
| 58 | 19.22 | 14.00 | 12.40 | 10.08 |
| 59 | 18.53 | 13.39 | 11.85 | 9.64 |
| 60 | 17.74 | 12.80 | 11.34 | 9.24 |
| 61 | 16.92 | 12.43 | 11.00 | 8.96 |
| 62 | 14.81 | 11.12 | 9.84 | 8.02 |
| 63 | 13.07 | 9.59 | 8.49 | 6.92 |
| 64 | 11.46 | 8.50 | 7.52 | 6.13 |
| 65 | 10.10 | 7.42 | 6.57 | 5.35 |
| 66 | 10.99 | 8.02 | 7.10 | 5.79 |
| 67 | 11.95 | 8.67 | 7.67 | 6.25 |
| 68 | 12.99 | 9.36 | 8.29 | 6.75 |
| 69 | 14.13 | 10.12 | 8.96 | 7.30 |
| 70 | 15.36 | 10.93 | 9.68 | 7.89 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-65 BP
Class E1
Residual Plus Rates

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 8.99 | 6.50 | 6.15 | 5.26 |
| 26 | 9.23 | 6.69 | 6.27 | 5.35 |
| 27 | 9.47 | 6.89 | 6.38 | 5.44 |
| 28 | 9.73 | 7.01 | 6.48 | 5.55 |
| 29 | 10.00 | 7.16 | 6.61 | 5.67 |
| 30 | 10.15 | 7.28 | 6.71 | 5.75 |
| 31 | 10.30 | 7.45 | 6.84 | 5.83 |
| 32 | 10.44 | 7.63 | 6.99 | 5.93 |
| 33 | 10.60 | 7.83 | 7.13 | 6.02 |
| 34 | 10.78 | 8.02 | 7.28 | 6.14 |
| 35 | 10.98 | 8.19 | 7.42 | 6.25 |
| 36 | 11.21 | 8.37 | 7.57 | 6.38 |
| 37 | 11.48 | 8.54 | 7.72 | 6.51 |
| 38 | 11.79 | 8.72 | 7.88 | 6.66 |
| 39 | 12.13 | 8.91 | 8.07 | 6.81 |
| 40 | 12.50 | 9.13 | 8.27 | 6.97 |
| 41 | 12.76 | 9.28 | 8.41 | 7.06 |
| 42 | 13.17 | 9.54 | 8.64 | 7.23 |
| 43 | 13.68 | 9.89 | 8.95 | 7.45 |
| 44 | 14.06 | 10.15 | 9.17 | 7.60 |
| 45 | 14.74 | 10.65 | 9.60 | 7.92 |
| 46 | 15.12 | 10.93 | 9.82 | 8.09 |
| 47 | 15.65 | 11.34 | 10.15 | 8.35 |
| 48 | 16.16 | 11.72 | 10.46 | 8.60 |
| 49 | 16.68 | 12.11 | 10.77 | 8.87 |
| 50 | 17.20 | 12.50 | 11.09 | 9.14 |
| 51 | 17.74 | 12.90 | 11.42 | 9.42 |
| 52 | 18.30 | 13.30 | 11.76 | 9.71 |
| 53 | 19.00 | 13.80 | 12.20 | 10.05 |
| 54 | 19.74 | 14.29 | 12.63 | 10.39 |
| 55 | 20.49 | 14.77 | 13.06 | 10.70 |
| 56 | 21.25 | 15.22 | 13.46 | 11.00 |
| 57 | 22.02 | 15.62 | 13.82 | 11.26 |
| 58 | 21.36 | 14.99 | 13.28 | 10.79 |
| 59 | 20.60 | 14.34 | 12.69 | 10.32 |
| 60 | 19.74 | 13.73 | 12.16 | 9.90 |
| 61 | 18.82 | 13.32 | 11.80 | 9.61 |
| 62 | 16.48 | 11.92 | 10.56 | 8.60 |
| 63 | 14.55 | 10.29 | 9.11 | 7.42 |
| 64 | 12.75 | 9.11 | 8.07 | 6.57 |
| 65 | 11.24 | 7.96 | 7.05 | 5.74 |
| 66 | 12.23 | 8.60 | 7.62 | 6.20 |
| 67 | 13.30 | 9.29 | 8.23 | 6.70 |
| 68 | 14.46 | 10.04 | 8.89 | 7.24 |
| 69 | 15.72 | 10.85 | 9.61 | 7.83 |
| 70 | 17.10 | 11.72 | 10.38 | 8.46 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-65 BP
Class F1
Residual Plus Rates

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 10.35 | 7.93 | 7.49 | 6.41 |
| 26 | 10.56 | 8.17 | 7.64 | 6.52 |
| 27 | 10.77 | 8.40 | 7.79 | 6.64 |
| 28 | 10.96 | 8.54 | 7.87 | 6.74 |
| 29 | 11.18 | 8.67 | 7.96 | 6.83 |
| 30 | 11.33 | 8.75 | 8.01 | 6.86 |
| 31 | 11.53 | 8.87 | 8.10 | 6.91 |
| 32 | 11.79 | 9.03 | 8.22 | 6.98 |
| 33 | 12.08 | 9.22 | 8.38 | 7.07 |
| 34 | 12.41 | 9.43 | 8.55 | 7.20 |
| 35 | 12.75 | 9.64 | 8.73 | 7.35 |
| 36 | 13.10 | 9.87 | 8.93 | 7.52 |
| 37 | 13.46 | 10.10 | 9.13 | 7.70 |
| 38 | 13.83 | 10.35 | 9.36 | 7.90 |
| 39 | 14.21 | 10.61 | 9.60 | 8.10 |
| 40 | 14.60 | 10.88 | 9.85 | 8.30 |
| 41 | 14.86 | 11.06 | 10.02 | 8.41 |
| 42 | 15.28 | 11.36 | 10.29 | 8.60 |
| 43 | 15.84 | 11.75 | 10.65 | 8.86 |
| 44 | 16.24 | 12.04 | 10.89 | 9.02 |
| 45 | 17.02 | 12.60 | 11.37 | 9.38 |
| 46 | 17.46 | 12.90 | 11.61 | 9.56 |
| 47 | 18.10 | 13.36 | 11.99 | 9.86 |
| 48 | 18.71 | 13.80 | 12.34 | 10.15 |
| 49 | 19.33 | 14.25 | 12.70 | 10.45 |
| 50 | 19.94 | 14.72 | 13.08 | 10.78 |
| 51 | 20.55 | 15.20 | 13.47 | 11.11 |
| 52 | 21.15 | 15.69 | 13.87 | 11.45 |
| 53 | 21.90 | 16.28 | 14.38 | 11.86 |
| 54 | 22.65 | 16.87 | 14.90 | 12.25 |
| 55 | 23.42 | 17.43 | 15.40 | 12.62 |
| 56 | 24.20 | 17.94 | 15.87 | 12.96 |
| 57 | 25.00 | 18.41 | 16.29 | 13.27 |
| 58 | 24.22 | 17.66 | 15.64 | 12.72 |
| 59 | 23.36 | 16.89 | 14.96 | 12.17 |
| 60 | 22.42 | 16.19 | 14.33 | 11.68 |
| 61 | 21.37 | 15.71 | 13.91 | 11.33 |
| 62 | 18.71 | 14.05 | 12.45 | 10.14 |
| 63 | 16.52 | 12.13 | 10.74 | 8.75 |
| 64 | 14.48 | 10.74 | 9.51 | 7.75 |
| 65 | 12.77 | 9.38 | 8.31 | 6.77 |
| 66 | 13.88 | 10.14 | 8.98 | 7.32 |
| 67 | 15.10 | 10.96 | 9.70 | 7.90 |
| 68 | 16.42 | 11.84 | 10.48 | 8.54 |
| 69 | 17.85 | 12.79 | 11.33 | 9.23 |
| 70 | 19.41 | 13.82 | 12.24 | 9.97 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-65 BP
Class G1
Residual Plus Rates

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 15.52 | 11.89 | 11.24 | 9.61 |
| 26 | 15.84 | 12.25 | 11.46 | 9.79 |
| 27 | 16.16 | 12.61 | 11.68 | 9.96 |
| 28 | 16.44 | 12.81 | 11.80 | 10.11 |
| 29 | 16.77 | 13.01 | 11.94 | 10.25 |
| 30 | 17.00 | 13.13 | 12.01 | 10.29 |
| 31 | 17.30 | 13.31 | 12.15 | 10.36 |
| 32 | 17.69 | 13.55 | 12.33 | 10.46 |
| 33 | 18.13 | 13.83 | 12.56 | 10.61 |
| 34 | 18.61 | 14.14 | 12.82 | 10.81 |
| 35 | 19.12 | 14.46 | 13.09 | 11.03 |
| 36 | 19.65 | 14.80 | 13.39 | 11.28 |
| 37 | 20.19 | 15.15 | 13.70 | 11.56 |
| 38 | 20.74 | 15.52 | 14.04 | 11.85 |
| 39 | 21.32 | 15.91 | 14.40 | 12.15 |
| 40 | 21.91 | 16.32 | 14.78 | 12.44 |
| 41 | 22.29 | 16.58 | 15.02 | 12.61 |
| 42 | 22.93 | 17.04 | 15.44 | 12.90 |
| 43 | 23.76 | 17.63 | 15.97 | 13.29 |
| 44 | 24.36 | 18.05 | 16.33 | 13.53 |
| 45 | 25.53 | 18.90 | 17.06 | 14.08 |
| 46 | 26.20 | 19.35 | 17.42 | 14.34 |
| 47 | 27.15 | 20.04 | 17.98 | 14.78 |
| 48 | 28.07 | 20.70 | 18.51 | 15.22 |
| 49 | 28.99 | 21.38 | 19.05 | 15.68 |
| 50 | 29.91 | 22.09 | 19.61 | 16.17 |
| 51 | 30.82 | 22.81 | 20.20 | 16.67 |
| 52 | 31.72 | 23.53 | 20.81 | 17.17 |
| 53 | 32.85 | 24.43 | 21.58 | 17.79 |
| 54 | 33.98 | 25.30 | 22.35 | 18.38 |
| 55 | 35.13 | 26.14 | 23.10 | 18.94 |
| 56 | 36.30 | 26.91 | 23.80 | 19.44 |
| 57 | 37.51 | 27.61 | 24.44 | 19.91 |
| 58 | 36.33 | 26.50 | 23.46 | 19.08 |
| 59 | 35.04 | 25.34 | 22.44 | 18.25 |
| 60 | 33.62 | 24.28 | 21.50 | 17.51 |
| 61 | 32.06 | 23.56 | 20.87 | 17.00 |
| 62 | 28.07 | 21.08 | 18.67 | 15.21 |
| 63 | 24.78 | 18.19 | 16.11 | 13.13 |
| 64 | 21.71 | 16.11 | 14.27 | 11.62 |
| 65 | 19.15 | 14.08 | 12.46 | 10.15 |
| 66 | 20.82 | 15.21 | 13.47 | 10.97 |
| 67 | 22.64 | 16.43 | 14.55 | 11.85 |
| 68 | 24.62 | 17.76 | 15.73 | 12.81 |
| 69 | 26.78 | 19.19 | 16.99 | 13.84 |
| 70 | 29.12 | 20.74 | 18.36 | 14.96 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-67 BP
Class P1
Residual Plus Rates

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 3.60 | 3.21 | 3.01 | 2.57 |
| 26 | 3.77 | 3.39 | 3.22 | 2.74 |
| 27 | 3.94 | 3.57 | 3.42 | 2.92 |
| 28 | 4.10 | 3.66 | 3.53 | 3.02 |
| 29 | 4.25 | 3.76 | 3.64 | 3.12 |
| 30 | 4.35 | 3.87 | 3.74 | 3.20 |
| 31 | 4.44 | 4.01 | 3.87 | 3.30 |
| 32 | 4.54 | 4.18 | 4.02 | 3.41 |
| 33 | 4.66 | 4.35 | 4.17 | 3.53 |
| 34 | 4.80 | 4.50 | 4.31 | 3.64 |
| 35 | 4.96 | 4.64 | 4.44 | 3.74 |
| 36 | 5.14 | 4.78 | 4.55 | 3.84 |
| 37 | 5.35 | 4.91 | 4.66 | 3.93 |
| 38 | 5.56 | 5.04 | 4.77 | 4.02 |
| 39 | 5.79 | 5.20 | 4.90 | 4.13 |
| 40 | 6.02 | 5.37 | 5.04 | 4.24 |
| 41 | 6.19 | 5.52 | 5.15 | 4.32 |
| 42 | 6.42 | 5.73 | 5.34 | 4.46 |
| 43 | 6.70 | 6.00 | 5.59 | 4.65 |
| 44 | 6.90 | 6.22 | 5.80 | 4.80 |
| 45 | 7.26 | 6.57 | 6.14 | 5.08 |
| 46 | 7.46 | 6.79 | 6.36 | 5.24 |
| 47 | 7.76 | 7.08 | 6.65 | 5.47 |
| 48 | 8.05 | 7.35 | 6.92 | 5.68 |
| 49 | 8.35 | 7.62 | 7.17 | 5.89 |
| 50 | 8.67 | 7.90 | 7.42 | 6.09 |
| 51 | 9.01 | 8.18 | 7.66 | 6.29 |
| 52 | 9.36 | 8.49 | 7.89 | 6.47 |
| 53 | 9.80 | 8.87 | 8.16 | 6.68 |
| 54 | 10.24 | 9.26 | 8.43 | 6.89 |
| 55 | 10.69 | 9.65 | 8.69 | 7.08 |
| 56 | 11.14 | 10.02 | 8.93 | 7.26 |
| 57 | 11.57 | 10.34 | 9.16 | 7.43 |
| 58 | 11.23 | 9.96 | 8.79 | 7.12 |
| 59 | 10.83 | 9.52 | 8.40 | 6.81 |
| 60 | 10.37 | 9.09 | 8.05 | 6.53 |
| 61 | 9.89 | 8.83 | 7.81 | 6.34 |
| 62 | 8.48 | 7.74 | 6.85 | 5.56 |
| 63 | 7.34 | 6.54 | 5.79 | 4.70 |
| 64 | 6.17 | 5.56 | 4.92 | 4.00 |
| 65 | 5.07 | 4.58 | 4.16 | 3.37 |
| 66 | 5.46 | 4.91 | 4.46 | 3.61 |
| 67 | 5.87 | 5.27 | 4.78 | 3.88 |
| 68 | 6.32 | 5.65 | 5.12 | 4.16 |
| 69 | 6.80 | 6.06 | 5.49 | 4.45 |
| 70 | 7.31 | 6.49 | 5.88 | 4.78 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-67 BP
Class A1
Residual Plus Rates

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 4.24 | 3.78 | 3.54 | 3.02 |
| 26 | 4.43 | 3.99 | 3.78 | 3.23 |
| 27 | 4.63 | 4.20 | 4.03 | 3.43 |
| 28 | 4.82 | 4.30 | 4.15 | 3.55 |
| 29 | 5.00 | 4.42 | 4.28 | 3.66 |
| 30 | 5.11 | 4.55 | 4.40 | 3.76 |
| 31 | 5.23 | 4.72 | 4.55 | 3.88 |
| 32 | 5.35 | 4.91 | 4.73 | 4.01 |
| 33 | 5.48 | 5.11 | 4.91 | 4.15 |
| 34 | 5.65 | 5.30 | 5.07 | 4.28 |
| 35 | 5.84 | 5.46 | 5.22 | 4.40 |
| 36 | 6.05 | 5.62 | 5.35 | 4.52 |
| 37 | 6.29 | 5.77 | 5.48 | 4.62 |
| 38 | 6.54 | 5.94 | 5.61 | 4.74 |
| 39 | 6.81 | 6.12 | 5.76 | 4.86 |
| 40 | 7.08 | 6.32 | 5.93 | 4.99 |
| 41 | 7.28 | 6.49 | 6.06 | 5.09 |
| 42 | 7.56 | 6.74 | 6.28 | 5.25 |
| 43 | 7.88 | 7.06 | 6.58 | 5.47 |
| 44 | 8.12 | 7.31 | 6.82 | 5.65 |
| 45 | 8.54 | 7.73 | 7.23 | 5.97 |
| 46 | 8.78 | 7.99 | 7.48 | 6.17 |
| 47 | 9.13 | 8.33 | 7.82 | 6.43 |
| 48 | 9.46 | 8.64 | 8.14 | 6.69 |
| 49 | 9.83 | 8.96 | 8.44 | 6.93 |
| 50 | 10.20 | 9.29 | 8.73 | 7.17 |
| 51 | 10.60 | 9.63 | 9.01 | 7.39 |
| 52 | 11.01 | 9.99 | 9.28 | 7.61 |
| 53 | 11.53 | 10.44 | 9.60 | 7.86 |
| 54 | 12.05 | 10.90 | 9.92 | 8.11 |
| 55 | 12.58 | 11.35 | 10.23 | 8.34 |
| 56 | 13.10 | 11.79 | 10.51 | 8.55 |
| 57 | 13.61 | 12.17 | 10.78 | 8.74 |
| 58 | 13.21 | 11.71 | 10.34 | 8.38 |
| 59 | 12.74 | 11.19 | 9.88 | 8.01 |
| 60 | 12.20 | 10.70 | 9.47 | 7.68 |
| 61 | 11.63 | 10.38 | 9.19 | 7.46 |
| 62 | 9.98 | 9.10 | 8.06 | 6.54 |
| 63 | 8.63 | 7.70 | 6.81 | 5.53 |
| 64 | 7.26 | 6.54 | 5.79 | 4.70 |
| 65 | 5.97 | 5.39 | 4.89 | 3.97 |
| 66 | 6.42 | 5.78 | 5.24 | 4.25 |
| 67 | 6.91 | 6.20 | 5.62 | 4.56 |
| 68 | 7.43 | 6.64 | 6.02 | 4.89 |
| 69 | 7.99 | 7.12 | 6.46 | 5.24 |
| 70 | 8.60 | 7.64 | 6.92 | 5.62 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-67 BP
Class B1
Residual Plus Rates

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 4.88 | 4.38 | 4.08 | 3.50 |
| 26 | 5.13 | 4.61 | 4.33 | 3.70 |
| 27 | 5.37 | 4.83 | 4.58 | 3.91 |
| 28 | 5.61 | 4.95 | 4.71 | 4.04 |
| 29 | 5.82 | 5.09 | 4.85 | 4.17 |
| 30 | 5.94 | 5.22 | 4.98 | 4.28 |
| 31 | 6.03 | 5.39 | 5.17 | 4.41 |
| 32 | 6.14 | 5.58 | 5.36 | 4.55 |
| 33 | 6.27 | 5.76 | 5.55 | 4.69 |
| 34 | 6.43 | 5.95 | 5.73 | 4.82 |
| 35 | 6.63 | 6.12 | 5.88 | 4.95 |
| 36 | 6.86 | 6.30 | 6.02 | 5.07 |
| 37 | 7.12 | 6.48 | 6.16 | 5.20 |
| 38 | 7.39 | 6.67 | 6.31 | 5.33 |
| 39 | 7.68 | 6.89 | 6.50 | 5.48 |
| 40 | 7.97 | 7.14 | 6.72 | 5.66 |
| 41 | 8.17 | 7.34 | 6.91 | 5.80 |
| 42 | 8.46 | 7.64 | 7.20 | 6.02 |
| 43 | 8.81 | 8.01 | 7.57 | 6.30 |
| 44 | 9.07 | 8.31 | 7.87 | 6.52 |
| 45 | 9.54 | 8.79 | 8.35 | 6.90 |
| 46 | 9.83 | 9.08 | 8.64 | 7.12 |
| 47 | 10.25 | 9.47 | 9.01 | 7.41 |
| 48 | 10.68 | 9.84 | 9.34 | 7.68 |
| 49 | 11.13 | 10.20 | 9.65 | 7.93 |
| 50 | 11.61 | 10.57 | 9.94 | 8.16 |
| 51 | 12.10 | 10.96 | 10.23 | 8.39 |
| 52 | 12.60 | 11.35 | 10.52 | 8.61 |
| 53 | 13.18 | 11.85 | 10.89 | 8.87 |
| 54 | 13.76 | 12.35 | 11.26 | 9.14 |
| 55 | 14.32 | 12.84 | 11.64 | 9.39 |
| 56 | 14.87 | 13.30 | 12.00 | 9.63 |
| 57 | 15.40 | 13.71 | 12.34 | 9.86 |
| 58 | 14.93 | 13.18 | 11.86 | 9.45 |
| 59 | 14.40 | 12.60 | 11.34 | 9.04 |
| 60 | 13.81 | 12.05 | 10.84 | 8.66 |
| 61 | 13.17 | 11.70 | 10.52 | 8.40 |
| 62 | 11.30 | 10.25 | 9.23 | 7.37 |
| 63 | 9.77 | 8.67 | 7.80 | 6.23 |
| 64 | 8.22 | 7.37 | 6.63 | 5.30 |
| 65 | 6.76 | 6.08 | 5.60 | 4.47 |
| 66 | 7.29 | 6.52 | 6.01 | 4.80 |
| 67 | 7.85 | 7.01 | 6.46 | 5.16 |
| 68 | 8.46 | 7.52 | 6.93 | 5.54 |
| 69 | 9.12 | 8.08 | 7.44 | 5.95 |
| 70 | 9.83 | 8.67 | 8.00 | 6.39 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-67 BP
Class C1
Residual Plus Rates

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 5.45 | 4.98 | 4.72 | 4.04 |
| 26 | 5.75 | 5.23 | 5.01 | 4.28 |
| 27 | 6.03 | 5.49 | 5.29 | 4.52 |
| 28 | 6.24 | 5.64 | 5.47 | 4.69 |
| 29 | 6.44 | 5.79 | 5.64 | 4.84 |
| 30 | 6.58 | 5.92 | 5.76 | 4.93 |
| 31 | 6.75 | 6.09 | 5.90 | 5.03 |
| 32 | 6.93 | 6.27 | 6.05 | 5.14 |
| 33 | 7.13 | 6.46 | 6.22 | 5.26 |
| 34 | 7.34 | 6.65 | 6.39 | 5.39 |
| 35 | 7.56 | 6.83 | 6.56 | 5.53 |
| 36 | 7.80 | 7.01 | 6.73 | 5.68 |
| 37 | 8.05 | 7.20 | 6.92 | 5.84 |
| 38 | 8.32 | 7.41 | 7.12 | 6.00 |
| 39 | 8.61 | 7.65 | 7.33 | 6.18 |
| 40 | 8.92 | 7.91 | 7.57 | 6.37 |
| 41 | 9.14 | 8.11 | 7.75 | 6.50 |
| 42 | 9.48 | 8.42 | 8.02 | 6.71 |
| 43 | 9.89 | 8.80 | 8.37 | 6.97 |
| 44 | 10.20 | 9.11 | 8.64 | 7.16 |
| 45 | 10.74 | 9.62 | 9.11 | 7.52 |
| 46 | 11.07 | 9.94 | 9.40 | 7.74 |
| 47 | 11.52 | 10.37 | 9.78 | 8.04 |
| 48 | 11.98 | 10.79 | 10.15 | 8.34 |
| 49 | 12.46 | 11.23 | 10.52 | 8.64 |
| 50 | 12.99 | 11.69 | 10.89 | 8.95 |
| 51 | 13.55 | 12.18 | 11.27 | 9.26 |
| 52 | 14.15 | 12.71 | 11.64 | 9.56 |
| 53 | 14.90 | 13.34 | 12.09 | 9.93 |
| 54 | 15.69 | 13.98 | 12.53 | 10.27 |
| 55 | 16.49 | 14.61 | 12.95 | 10.59 |
| 56 | 17.28 | 15.19 | 13.34 | 10.89 |
| 57 | 18.03 | 15.69 | 13.69 | 11.15 |
| 58 | 17.54 | 15.11 | 13.14 | 10.69 |
| 59 | 16.90 | 14.44 | 12.57 | 10.23 |
| 60 | 16.16 | 13.80 | 12.05 | 9.81 |
| 61 | 15.41 | 13.40 | 11.69 | 9.52 |
| 62 | 13.22 | 11.75 | 10.25 | 8.35 |
| 63 | 11.44 | 9.93 | 8.67 | 7.06 |
| 64 | 9.62 | 8.45 | 7.37 | 6.00 |
| 65 | 7.91 | 6.96 | 6.22 | 5.07 |
| 66 | 8.55 | 7.49 | 6.70 | 5.46 |
| 67 | 9.25 | 8.07 | 7.21 | 5.87 |
| 68 | 10.00 | 8.68 | 7.76 | 6.32 |
| 69 | 10.81 | 9.35 | 8.35 | 6.81 |
| 70 | 11.70 | 10.06 | 8.99 | 7.32 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-67 BP
Class D1
Residual Plus Rates

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 8.03 | 6.09 | 5.91 | 5.06 |
| 26 | 8.37 | 6.43 | 6.23 | 5.32 |
| 27 | 8.70 | 6.78 | 6.55 | 5.58 |
| 28 | 8.85 | 6.95 | 6.73 | 5.77 |
| 29 | 9.00 | 7.10 | 6.89 | 5.91 |
| 30 | 9.13 | 7.21 | 6.99 | 5.98 |
| 31 | 9.34 | 7.37 | 7.10 | 6.05 |
| 32 | 9.60 | 7.55 | 7.22 | 6.12 |
| 33 | 9.87 | 7.74 | 7.35 | 6.21 |
| 34 | 10.14 | 7.92 | 7.48 | 6.30 |
| 35 | 10.39 | 8.10 | 7.61 | 6.41 |
| 36 | 10.64 | 8.26 | 7.75 | 6.53 |
| 37 | 10.89 | 8.43 | 7.89 | 6.66 |
| 38 | 11.16 | 8.61 | 8.05 | 6.80 |
| 39 | 11.46 | 8.82 | 8.23 | 6.95 |
| 40 | 11.79 | 9.05 | 8.44 | 7.11 |
| 41 | 12.04 | 9.20 | 8.57 | 7.19 |
| 42 | 12.44 | 9.48 | 8.81 | 7.37 |
| 43 | 12.95 | 9.84 | 9.13 | 7.60 |
| 44 | 13.35 | 10.11 | 9.36 | 7.75 |
| 45 | 14.05 | 10.62 | 9.80 | 8.09 |
| 46 | 14.45 | 10.90 | 10.04 | 8.26 |
| 47 | 15.02 | 11.31 | 10.39 | 8.54 |
| 48 | 15.56 | 11.71 | 10.72 | 8.82 |
| 49 | 16.12 | 12.13 | 11.07 | 9.11 |
| 50 | 16.72 | 12.59 | 11.43 | 9.42 |
| 51 | 17.37 | 13.08 | 11.80 | 9.74 |
| 52 | 18.08 | 13.60 | 12.19 | 10.06 |
| 53 | 19.00 | 14.26 | 12.67 | 10.45 |
| 54 | 19.98 | 14.93 | 13.16 | 10.82 |
| 55 | 21.01 | 15.59 | 13.63 | 11.18 |
| 56 | 22.04 | 16.21 | 14.08 | 11.50 |
| 57 | 23.03 | 16.75 | 14.48 | 11.79 |
| 58 | 22.42 | 16.13 | 13.91 | 11.31 |
| 59 | 21.60 | 15.41 | 13.29 | 10.81 |
| 60 | 20.64 | 14.73 | 12.73 | 10.37 |
| 61 | 19.68 | 14.29 | 12.35 | 10.06 |
| 62 | 16.89 | 12.53 | 10.83 | 8.82 |
| 63 | 14.61 | 10.59 | 9.16 | 7.46 |
| 64 | 12.29 | 9.01 | 7.79 | 6.34 |
| 65 | 10.10 | 7.42 | 6.57 | 5.35 |
| 66 | 10.99 | 8.02 | 7.10 | 5.79 |
| 67 | 11.95 | 8.67 | 7.67 | 6.25 |
| 68 | 12.99 | 9.36 | 8.29 | 6.75 |
| 69 | 14.13 | 10.12 | 8.96 | 7.30 |
| 70 | 15.36 | 10.93 | 9.68 | 7.89 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-67 BP
Class E1
Residual Plus Rates

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 9.26 | 6.79 | 6.60 | 5.64 |
| 26 | 9.59 | 7.07 | 6.85 | 5.85 |
| 27 | 9.92 | 7.36 | 7.11 | 6.06 |
| 28 | 10.19 | 7.52 | 7.29 | 6.24 |
| 29 | 10.46 | 7.68 | 7.46 | 6.40 |
| 30 | 10.62 | 7.81 | 7.57 | 6.48 |
| 31 | 10.79 | 7.99 | 7.69 | 6.56 |
| 32 | 10.96 | 8.19 | 7.83 | 6.65 |
| 33 | 11.14 | 8.40 | 7.98 | 6.75 |
| 34 | 11.35 | 8.61 | 8.13 | 6.85 |
| 35 | 11.58 | 8.81 | 8.29 | 6.98 |
| 36 | 11.84 | 9.00 | 8.44 | 7.11 |
| 37 | 12.15 | 9.19 | 8.61 | 7.26 |
| 38 | 12.49 | 9.40 | 8.79 | 7.42 |
| 39 | 12.88 | 9.62 | 8.98 | 7.58 |
| 40 | 13.31 | 9.87 | 9.20 | 7.75 |
| 41 | 13.62 | 10.04 | 9.35 | 7.85 |
| 42 | 14.09 | 10.34 | 9.61 | 8.03 |
| 43 | 14.67 | 10.74 | 9.96 | 8.29 |
| 44 | 15.09 | 11.04 | 10.21 | 8.46 |
| 45 | 15.85 | 11.60 | 10.71 | 8.84 |
| 46 | 16.28 | 11.93 | 10.99 | 9.04 |
| 47 | 16.89 | 12.39 | 11.39 | 9.36 |
| 48 | 17.49 | 12.85 | 11.77 | 9.68 |
| 49 | 18.11 | 13.32 | 12.16 | 10.01 |
| 50 | 18.79 | 13.82 | 12.55 | 10.34 |
| 51 | 19.52 | 14.34 | 12.94 | 10.67 |
| 52 | 20.32 | 14.87 | 13.33 | 11.00 |
| 53 | 21.32 | 15.53 | 13.81 | 11.38 |
| 54 | 22.39 | 16.20 | 14.28 | 11.74 |
| 55 | 23.48 | 16.84 | 14.72 | 12.07 |
| 56 | 24.58 | 17.43 | 15.14 | 12.37 |
| 57 | 25.62 | 17.96 | 15.52 | 12.64 |
| 58 | 24.92 | 17.27 | 14.89 | 12.10 |
| 59 | 24.02 | 16.50 | 14.24 | 11.58 |
| 60 | 22.97 | 15.79 | 13.65 | 11.12 |
| 61 | 21.90 | 15.32 | 13.24 | 10.79 |
| 62 | 18.79 | 13.43 | 11.61 | 9.46 |
| 63 | 16.26 | 11.36 | 9.82 | 8.00 |
| 64 | 13.68 | 9.66 | 8.35 | 6.80 |
| 65 | 11.24 | 7.96 | 7.05 | 5.74 |
| 66 | 12.23 | 8.60 | 7.62 | 6.20 |
| 67 | 13.30 | 9.29 | 8.23 | 6.70 |
| 68 | 14.46 | 10.04 | 8.89 | 7.24 |
| 69 | 15.72 | 10.85 | 9.61 | 7.83 |
| 70 | 17.10 | 11.72 | 10.38 | 8.46 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-67 BP
Class F1
Residual Plus Rates

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 10.65 | 8.28 | 8.04 | 6.88 |
| 26 | 10.96 | 8.63 | 8.36 | 7.14 |
| 27 | 11.27 | 8.98 | 8.68 | 7.40 |
| 28 | 11.48 | 9.16 | 8.85 | 7.57 |
| 29 | 11.70 | 9.31 | 8.98 | 7.70 |
| 30 | 11.86 | 9.39 | 9.03 | 7.73 |
| 31 | 12.09 | 9.52 | 9.11 | 7.77 |
| 32 | 12.37 | 9.69 | 9.22 | 7.82 |
| 33 | 12.70 | 9.90 | 9.37 | 7.92 |
| 34 | 13.06 | 10.13 | 9.55 | 8.05 |
| 35 | 13.44 | 10.37 | 9.74 | 8.20 |
| 36 | 13.83 | 10.62 | 9.95 | 8.39 |
| 37 | 14.24 | 10.88 | 10.18 | 8.59 |
| 38 | 14.66 | 11.15 | 10.43 | 8.80 |
| 39 | 15.09 | 11.45 | 10.69 | 9.02 |
| 40 | 15.55 | 11.76 | 10.96 | 9.23 |
| 41 | 15.86 | 11.96 | 11.14 | 9.35 |
| 42 | 16.35 | 12.31 | 11.44 | 9.57 |
| 43 | 16.98 | 12.76 | 11.84 | 9.85 |
| 44 | 17.44 | 13.09 | 12.12 | 10.04 |
| 45 | 18.31 | 13.72 | 12.69 | 10.47 |
| 46 | 18.81 | 14.08 | 12.99 | 10.69 |
| 47 | 19.53 | 14.61 | 13.45 | 11.06 |
| 48 | 20.25 | 15.13 | 13.89 | 11.42 |
| 49 | 20.99 | 15.69 | 14.33 | 11.80 |
| 50 | 21.78 | 16.27 | 14.79 | 12.19 |
| 51 | 22.61 | 16.89 | 15.26 | 12.58 |
| 52 | 23.49 | 17.54 | 15.72 | 12.97 |
| 53 | 24.57 | 18.33 | 16.29 | 13.42 |
| 54 | 25.69 | 19.11 | 16.84 | 13.85 |
| 55 | 26.84 | 19.87 | 17.36 | 14.24 |
| 56 | 27.98 | 20.56 | 17.85 | 14.58 |
| 57 | 29.09 | 21.16 | 18.29 | 14.90 |
| 58 | 28.26 | 20.34 | 17.54 | 14.26 |
| 59 | 27.24 | 19.44 | 16.78 | 13.64 |
| 60 | 26.08 | 18.61 | 16.09 | 13.11 |
| 61 | 24.86 | 18.06 | 15.61 | 12.72 |
| 62 | 21.33 | 15.84 | 13.69 | 11.15 |
| 63 | 18.46 | 13.39 | 11.58 | 9.43 |
| 64 | 15.53 | 11.39 | 9.84 | 8.02 |
| 65 | 12.77 | 9.38 | 8.31 | 6.77 |
| 66 | 13.88 | 10.14 | 8.98 | 7.32 |
| 67 | 15.10 | 10.96 | 9.70 | 7.90 |
| 68 | 16.42 | 11.84 | 10.48 | 8.54 |
| 69 | 17.85 | 12.79 | 11.33 | 9.23 |
| 70 | 19.41 | 13.82 | 12.24 | 9.97 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-67 BP
Class G1
Residual Plus Rates

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 15.97 | 12.42 | 12.06 | 10.32 |
| 26 | 16.44 | 12.95 | 12.54 | 10.71 |
| 27 | 16.91 | 13.47 | 13.02 | 11.10 |
| 28 | 17.22 | 13.73 | 13.28 | 11.36 |
| 29 | 17.55 | 13.96 | 13.47 | 11.55 |
| 30 | 17.78 | 14.08 | 13.54 | 11.60 |
| 31 | 18.13 | 14.28 | 13.66 | 11.65 |
| 32 | 18.55 | 14.54 | 13.83 | 11.74 |
| 33 | 19.05 | 14.85 | 14.06 | 11.88 |
| 34 | 19.59 | 15.20 | 14.32 | 12.07 |
| 35 | 20.17 | 15.55 | 14.61 | 12.31 |
| 36 | 20.75 | 15.93 | 14.93 | 12.58 |
| 37 | 21.36 | 16.32 | 15.27 | 12.88 |
| 38 | 21.99 | 16.73 | 15.64 | 13.20 |
| 39 | 22.64 | 17.17 | 16.03 | 13.52 |
| 40 | 23.33 | 17.64 | 16.44 | 13.85 |
| 41 | 23.79 | 17.95 | 16.71 | 14.02 |
| 42 | 24.53 | 18.47 | 17.16 | 14.35 |
| 43 | 25.46 | 19.14 | 17.76 | 14.78 |
| 44 | 26.16 | 19.63 | 18.19 | 15.06 |
| 45 | 27.46 | 20.58 | 19.03 | 15.70 |
| 46 | 28.21 | 21.11 | 19.49 | 16.04 |
| 47 | 29.30 | 21.91 | 20.17 | 16.59 |
| 48 | 30.38 | 22.70 | 20.83 | 17.13 |
| 49 | 31.49 | 23.53 | 21.50 | 17.70 |
| 50 | 32.67 | 24.41 | 22.19 | 18.28 |
| 51 | 33.92 | 25.34 | 22.88 | 18.88 |
| 52 | 35.23 | 26.31 | 23.58 | 19.46 |
| 53 | 36.86 | 27.49 | 24.43 | 20.13 |
| 54 | 38.54 | 28.67 | 25.26 | 20.78 |
| 55 | 40.26 | 29.80 | 26.05 | 21.35 |
| 56 | 41.97 | 30.83 | 26.77 | 21.87 |
| 57 | 43.64 | 31.75 | 27.43 | 22.34 |
| 58 | 42.39 | 30.51 | 26.32 | 21.40 |
| 59 | 40.86 | 29.17 | 25.17 | 20.47 |
| 60 | 39.12 | 27.92 | 24.13 | 19.66 |
| 61 | 37.30 | 27.09 | 23.42 | 19.08 |
| 62 | 32.00 | 23.75 | 20.54 | 16.73 |
| 63 | 27.69 | 20.09 | 17.37 | 14.15 |
| 64 | 23.29 | 17.08 | 14.77 | 12.03 |
| 65 | 19.15 | 14.08 | 12.46 | 10.15 |
| 66 | 20.82 | 15.21 | 13.47 | 10.97 |
| 67 | 22.64 | 16.43 | 14.55 | 11.85 |
| 68 | 24.62 | 17.76 | 15.73 | 12.81 |
| 69 | 26.78 | 19.19 | 16.99 | 13.84 |
| 70 | 29.12 | 20.74 | 18.36 | 14.96 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates 2 Year BP
Class P1
Base Coverage 24 Month MNAD, Total Only

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 6.23 | 4.66 | 4.23 | 3.67 |
| 26 | 6.65 | 5.02 | 4.53 | 3.92 |
| 27 | 7.07 | 5.38 | 4.83 | 4.18 |
| 28 | 7.18 | 5.39 | 4.98 | 4.31 |
| 29 | 7.32 | 5.42 | 5.12 | 4.45 |
| 30 | 7.51 | 5.58 | 5.23 | 4.53 |
| 31 | 7.87 | 5.87 | 5.32 | 4.61 |
| 32 | 8.27 | 6.22 | 5.42 | 4.68 |
| 33 | 8.69 | 6.58 | 5.70 | 4.96 |
| 34 | 9.09 | 6.90 | 5.97 | 5.20 |
| 35 | 9.43 | 7.14 | 6.19 | 5.38 |
| 36 | 9.74 | 7.35 | 6.37 | 5.54 |
| 37 | 10.02 | 7.51 | 6.54 | 5.67 |
| 38 | 10.31 | 7.68 | 6.71 | 5.80 |
| 39 | 10.63 | 7.89 | 6.90 | 5.99 |
| 40 | 10.98 | 8.16 | 7.13 | 6.19 |
| 41 | 11.28 | 8.41 | 7.35 | 6.39 |
| 42 | 11.75 | 8.80 | 7.69 | 6.72 |
| 43 | 12.36 | 9.29 | 8.13 | 7.13 |
| 44 | 12.85 | 9.73 | 8.52 | 7.48 |
| 45 | 13.67 | 10.42 | 9.14 | 8.02 |
| 46 | 14.21 | 10.89 | 9.57 | 8.41 |
| 47 | 14.95 | 11.47 | 10.13 | 8.87 |
| 48 | 15.71 | 12.07 | 10.69 | 9.37 |
| 49 | 16.56 | 12.70 | 11.30 | 9.89 |
| 50 | 17.68 | 13.55 | 12.10 | 10.61 |
| 51 | 18.77 | 14.34 | 12.85 | 11.30 |
| 52 | 20.00 | 15.27 | 13.69 | 12.10 |
| 53 | 21.51 | 16.44 | 14.75 | 13.08 |
| 54 | 23.17 | 17.73 | 15.89 | 14.15 |
| 55 | 25.07 | 19.22 | 17.21 | 15.37 |
| 56 | 27.04 | 20.80 | 18.59 | 16.60 |
| 57 | 29.04 | 22.42 | 20.03 | 17.78 |
| 58 | 31.08 | 24.15 | 21.60 | 18.97 |
| 59 | 33.31 | 26.16 | 23.46 | 20.30 |
| 60 | 36.14 | 28.96 | 26.06 | 22.14 |
| 61 | 40.16 | 33.27 | 30.00 | 25.19 |
| 62 | 40.61 | 34.82 | 31.44 | 26.14 |
| 63 | 41.71 | 35.33 | 31.96 | 26.34 |
| 64 | 42.33 | 36.63 | 33.17 | 27.13 |
| 65 | 43.69 | 37.82 | 34.28 | 27.82 |
| 66 | 47.00 | 40.54 | 36.76 | 29.82 |
| 67 | 50.57 | 43.46 | 39.41 | 31.98 |
| 68 | 54.39 | 46.59 | 42.24 | 34.28 |
| 69 | 58.50 | 49.96 | 45.29 | 36.75 |
| 70 | 62.93 | 53.56 | 48.55 | 39.41 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates 2 Year BP
Class A1
Base Coverage 24 Month MNAD, Total Only

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 7.33 | 5.47 | 4.98 | 4.31 |
| 26 | 7.83 | 5.90 | 5.33 | 4.62 |
| 27 | 8.31 | 6.33 | 5.68 | 4.92 |
| 28 | 8.45 | 6.34 | 5.85 | 5.07 |
| 29 | 8.61 | 6.38 | 6.02 | 5.23 |
| 30 | 8.84 | 6.56 | 6.16 | 5.33 |
| 31 | 9.25 | 6.91 | 6.26 | 5.42 |
| 32 | 9.74 | 7.32 | 6.37 | 5.51 |
| 33 | 10.23 | 7.74 | 6.71 | 5.83 |
| 34 | 10.70 | 8.11 | 7.02 | 6.11 |
| 35 | 11.10 | 8.41 | 7.29 | 6.33 |
| 36 | 11.46 | 8.65 | 7.50 | 6.52 |
| 37 | 11.79 | 8.84 | 7.69 | 6.67 |
| 38 | 12.13 | 9.03 | 7.89 | 6.83 |
| 39 | 12.50 | 9.29 | 8.11 | 7.04 |
| 40 | 12.92 | 9.60 | 8.40 | 7.29 |
| 41 | 13.27 | 9.89 | 8.65 | 7.52 |
| 42 | 13.82 | 10.35 | 9.04 | 7.90 |
| 43 | 14.54 | 10.93 | 9.57 | 8.38 |
| 44 | 15.12 | 11.45 | 10.02 | 8.80 |
| 45 | 16.08 | 12.26 | 10.75 | 9.43 |
| 46 | 16.72 | 12.81 | 11.26 | 9.89 |
| 47 | 17.59 | 13.49 | 11.91 | 10.44 |
| 48 | 18.49 | 14.19 | 12.58 | 11.02 |
| 49 | 19.48 | 14.94 | 13.29 | 11.64 |
| 50 | 20.80 | 15.94 | 14.23 | 12.48 |
| 51 | 22.08 | 16.88 | 15.12 | 13.30 |
| 52 | 23.52 | 17.97 | 16.11 | 14.23 |
| 53 | 25.32 | 19.34 | 17.35 | 15.39 |
| 54 | 27.26 | 20.86 | 18.69 | 16.65 |
| 55 | 29.50 | 22.62 | 20.25 | 18.08 |
| 56 | 31.82 | 24.46 | 21.86 | 19.53 |
| 57 | 34.16 | 26.37 | 23.56 | 20.92 |
| 58 | 36.56 | 28.41 | 25.41 | 22.32 |
| 59 | 39.19 | 30.78 | 27.60 | 23.89 |
| 60 | 42.52 | 34.07 | 30.65 | 26.05 |
| 61 | 47.25 | 39.14 | 35.29 | 29.63 |
| 62 | 47.78 | 40.97 | 37.00 | 30.75 |
| 63 | 49.07 | 41.57 | 37.60 | 30.99 |
| 64 | 49.80 | 43.09 | 39.02 | 31.91 |
| 65 | 51.40 | 44.49 | 40.33 | 32.73 |
| 66 | 55.29 | 47.70 | 43.24 | 35.09 |
| 67 | 59.49 | 51.13 | 46.36 | 37.62 |
| 68 | 63.98 | 54.82 | 49.70 | 40.33 |
| 69 | 68.82 | 58.77 | 53.28 | 43.23 |
| 70 | 74.04 | 63.01 | 57.11 | 46.36 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates 2 Year BP
Class B1
Base Coverage 24 Month MNAD, Total Only

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 8.10 | 6.34 | 5.71 | 4.96 |
| 26 | 8.66 | 6.80 | 6.08 | 5.27 |
| 27 | 9.22 | 7.26 | 6.43 | 5.59 |
| 28 | 9.42 | 7.29 | 6.64 | 5.75 |
| 29 | 9.64 | 7.37 | 6.84 | 5.93 |
| 30 | 9.89 | 7.54 | 6.97 | 6.04 |
| 31 | 10.26 | 7.89 | 7.10 | 6.14 |
| 32 | 10.73 | 8.30 | 7.22 | 6.23 |
| 33 | 11.20 | 8.72 | 7.60 | 6.58 |
| 34 | 11.65 | 9.10 | 7.93 | 6.88 |
| 35 | 12.07 | 9.41 | 8.21 | 7.11 |
| 36 | 12.43 | 9.66 | 8.42 | 7.30 |
| 37 | 12.79 | 9.90 | 8.62 | 7.48 |
| 38 | 13.14 | 10.15 | 8.85 | 7.68 |
| 39 | 13.52 | 10.45 | 9.15 | 7.93 |
| 40 | 13.95 | 10.83 | 9.51 | 8.27 |
| 41 | 14.29 | 11.18 | 9.85 | 8.59 |
| 42 | 14.83 | 11.73 | 10.37 | 9.06 |
| 43 | 15.55 | 12.42 | 11.02 | 9.65 |
| 44 | 16.16 | 13.02 | 11.59 | 10.15 |
| 45 | 17.20 | 13.93 | 12.44 | 10.90 |
| 46 | 17.95 | 14.55 | 13.01 | 11.41 |
| 47 | 18.94 | 15.35 | 13.72 | 12.04 |
| 48 | 19.98 | 16.16 | 14.43 | 12.65 |
| 49 | 21.16 | 17.02 | 15.19 | 13.31 |
| 50 | 22.69 | 18.15 | 16.19 | 14.21 |
| 51 | 24.15 | 19.23 | 17.15 | 15.07 |
| 52 | 25.78 | 20.44 | 18.26 | 16.09 |
| 53 | 27.72 | 21.96 | 19.67 | 17.36 |
| 54 | 29.82 | 23.64 | 21.24 | 18.78 |
| 55 | 32.17 | 25.58 | 23.04 | 20.36 |
| 56 | 34.60 | 27.61 | 24.97 | 21.99 |
| 57 | 37.06 | 29.71 | 26.98 | 23.60 |
| 58 | 39.61 | 31.99 | 29.13 | 25.18 |
| 59 | 42.48 | 34.66 | 31.64 | 26.92 |
| 60 | 46.12 | 38.38 | 35.09 | 29.35 |
| 61 | 51.26 | 44.10 | 40.41 | 33.39 |
| 62 | 51.84 | 46.15 | 42.35 | 34.66 |
| 63 | 53.23 | 46.84 | 43.05 | 34.92 |
| 64 | 54.02 | 48.55 | 44.69 | 35.96 |
| 65 | 55.75 | 50.12 | 46.19 | 36.90 |
| 66 | 60.10 | 53.82 | 49.60 | 39.62 |
| 67 | 64.79 | 57.80 | 53.26 | 42.55 |
| 68 | 69.82 | 62.07 | 57.21 | 45.70 |
| 69 | 75.28 | 66.66 | 61.42 | 49.06 |
| 70 | 81.13 | 71.57 | 65.97 | 52.69 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates 2 Year BP
Class C1
Base Coverage 24 Month MNAD, Total Only

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 9.05 | 7.19 | 6.60 | 5.72 |
| 26 | 9.71 | 7.73 | 7.03 | 6.09 |
| 27 | 10.37 | 8.26 | 7.45 | 6.45 |
| 28 | 10.46 | 8.30 | 7.47 | 6.61 |
| 29 | 10.60 | 8.37 | 7.50 | 6.78 |
| 30 | 10.92 | 8.55 | 7.59 | 6.87 |
| 31 | 11.47 | 8.89 | 7.84 | 6.95 |
| 32 | 12.11 | 9.33 | 8.14 | 7.04 |
| 33 | 12.76 | 9.78 | 8.50 | 7.37 |
| 34 | 13.33 | 10.17 | 8.84 | 7.68 |
| 35 | 13.78 | 10.50 | 9.14 | 7.95 |
| 36 | 14.15 | 10.76 | 9.42 | 8.18 |
| 37 | 14.46 | 11.00 | 9.70 | 8.41 |
| 38 | 14.77 | 11.26 | 9.99 | 8.65 |
| 39 | 15.13 | 11.59 | 10.33 | 8.95 |
| 40 | 15.59 | 11.98 | 10.72 | 9.30 |
| 41 | 15.97 | 12.35 | 11.05 | 9.62 |
| 42 | 16.63 | 12.92 | 11.55 | 10.09 |
| 43 | 17.47 | 13.63 | 12.18 | 10.67 |
| 44 | 18.20 | 14.26 | 12.71 | 11.15 |
| 45 | 19.39 | 15.24 | 13.55 | 11.88 |
| 46 | 20.21 | 15.92 | 14.13 | 12.40 |
| 47 | 21.30 | 16.82 | 14.89 | 13.05 |
| 48 | 22.42 | 17.73 | 15.68 | 13.73 |
| 49 | 23.66 | 18.72 | 16.55 | 14.51 |
| 50 | 25.35 | 20.05 | 17.73 | 15.57 |
| 51 | 27.02 | 21.36 | 18.89 | 16.63 |
| 52 | 28.96 | 22.87 | 20.20 | 17.88 |
| 53 | 31.37 | 24.73 | 21.83 | 19.41 |
| 54 | 34.06 | 26.77 | 23.62 | 21.10 |
| 55 | 37.10 | 29.11 | 25.64 | 23.00 |
| 56 | 40.25 | 31.54 | 27.77 | 24.90 |
| 57 | 43.40 | 34.03 | 29.97 | 26.72 |
| 58 | 46.54 | 36.66 | 32.33 | 28.54 |
| 59 | 49.86 | 39.73 | 35.13 | 30.53 |
| 60 | 54.00 | 43.98 | 39.00 | 33.28 |
| 61 | 60.00 | 50.52 | 44.92 | 37.84 |
| 62 | 60.68 | 52.89 | 47.07 | 39.28 |
| 63 | 62.32 | 53.67 | 47.85 | 39.59 |
| 64 | 63.23 | 55.62 | 49.64 | 40.75 |
| 65 | 65.27 | 57.42 | 51.31 | 41.81 |
| 66 | 70.57 | 61.81 | 55.24 | 45.01 |
| 67 | 76.31 | 66.55 | 59.47 | 48.44 |
| 68 | 82.52 | 71.62 | 64.01 | 52.15 |
| 69 | 89.22 | 77.10 | 68.91 | 56.14 |
| 70 | 96.49 | 83.00 | 74.17 | 60.42 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates 2 Year BP
Class D1
Base Coverage 24 Month MNAD, Total Only

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 12.79 | 10.07 | 9.48 | 8.22 |
| 26 | 13.58 | 10.89 | 10.02 | 8.71 |
| 27 | 14.34 | 11.69 | 10.56 | 9.18 |
| 28 | 14.79 | 11.76 | 10.74 | 9.33 |
| 29 | 15.24 | 11.82 | 10.93 | 9.48 |
| 30 | 15.53 | 11.98 | 11.01 | 9.53 |
| 31 | 15.80 | 12.37 | 11.08 | 9.59 |
| 32 | 16.07 | 12.88 | 11.14 | 9.62 |
| 33 | 16.93 | 13.41 | 11.50 | 9.98 |
| 34 | 17.64 | 13.86 | 11.84 | 10.28 |
| 35 | 18.16 | 14.22 | 12.13 | 10.54 |
| 36 | 18.53 | 14.51 | 12.40 | 10.75 |
| 37 | 18.78 | 14.74 | 12.65 | 10.97 |
| 38 | 19.02 | 14.99 | 12.94 | 11.23 |
| 39 | 19.34 | 15.30 | 13.27 | 11.53 |
| 40 | 19.79 | 15.71 | 13.67 | 11.89 |
| 41 | 20.18 | 16.05 | 13.98 | 12.20 |
| 42 | 20.95 | 16.65 | 14.52 | 12.68 |
| 43 | 21.97 | 17.45 | 15.19 | 13.30 |
| 44 | 22.89 | 18.12 | 15.74 | 13.80 |
| 45 | 24.34 | 19.23 | 16.65 | 14.60 |
| 46 | 25.33 | 19.96 | 17.25 | 15.13 |
| 47 | 26.63 | 20.97 | 18.08 | 15.87 |
| 48 | 27.95 | 21.98 | 18.93 | 16.62 |
| 49 | 29.38 | 23.12 | 19.91 | 17.50 |
| 50 | 31.34 | 24.68 | 21.26 | 18.73 |
| 51 | 33.26 | 26.21 | 22.61 | 19.99 |
| 52 | 35.52 | 27.97 | 24.19 | 21.48 |
| 53 | 38.40 | 30.20 | 26.16 | 23.35 |
| 54 | 41.64 | 32.66 | 28.35 | 25.41 |
| 55 | 45.38 | 35.49 | 30.86 | 27.72 |
| 56 | 49.29 | 38.44 | 33.49 | 30.03 |
| 57 | 53.21 | 41.49 | 36.19 | 32.27 |
| 58 | 57.09 | 44.69 | 39.06 | 34.46 |
| 59 | 61.17 | 48.42 | 42.44 | 36.85 |
| 60 | 66.20 | 53.57 | 47.08 | 40.17 |
| 61 | 73.57 | 61.56 | 54.22 | 45.69 |
| 62 | 74.40 | 64.44 | 56.85 | 47.42 |
| 63 | 76.41 | 65.39 | 57.77 | 47.80 |
| 64 | 77.53 | 67.79 | 59.94 | 49.20 |
| 65 | 80.01 | 69.97 | 61.97 | 50.48 |
| 66 | 87.01 | 75.63 | 66.96 | 54.55 |
| 67 | 94.62 | 81.71 | 72.36 | 58.94 |
| 68 | 102.89 | 88.29 | 78.19 | 63.69 |
| 69 | 111.89 | 95.41 | 84.49 | 68.82 |
| 70 | 121.67 | 103.09 | 91.30 | 74.37 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates 2 Year BP
Class E1
Base Coverage 24 Month MNAD, Total Only

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 18.45 | 13.88 | 13.05 | 11.31 |
| 26 | 19.44 | 14.77 | 13.60 | 11.81 |
| 27 | 20.43 | 15.67 | 14.15 | 12.28 |
| 28 | 20.53 | 15.71 | 14.39 | 12.48 |
| 29 | 20.76 | 15.80 | 14.63 | 12.69 |
| 30 | 21.20 | 16.02 | 14.73 | 12.76 |
| 31 | 22.01 | 16.55 | 14.83 | 12.83 |
| 32 | 22.95 | 17.24 | 14.92 | 12.88 |
| 33 | 23.89 | 17.96 | 15.41 | 13.35 |
| 34 | 24.68 | 18.59 | 15.87 | 13.78 |
| 35 | 25.29 | 19.11 | 16.30 | 14.16 |
| 36 | 25.76 | 19.51 | 16.67 | 14.48 |
| 37 | 26.18 | 19.86 | 17.04 | 14.80 |
| 38 | 26.63 | 20.22 | 17.44 | 15.12 |
| 39 | 27.20 | 20.64 | 17.90 | 15.54 |
| 40 | 27.94 | 21.19 | 18.44 | 16.03 |
| 41 | 28.58 | 21.63 | 18.87 | 16.44 |
| 42 | 29.67 | 22.43 | 19.57 | 17.09 |
| 43 | 31.12 | 23.51 | 20.49 | 17.93 |
| 44 | 32.34 | 24.42 | 21.22 | 18.60 |
| 45 | 34.34 | 25.94 | 22.49 | 19.73 |
| 46 | 35.67 | 27.00 | 23.32 | 20.47 |
| 47 | 37.45 | 28.39 | 24.47 | 21.47 |
| 48 | 39.26 | 29.81 | 25.68 | 22.53 |
| 49 | 41.28 | 31.38 | 27.02 | 23.74 |
| 50 | 44.03 | 33.48 | 28.85 | 25.41 |
| 51 | 46.74 | 35.49 | 30.63 | 27.08 |
| 52 | 49.87 | 37.79 | 32.66 | 29.01 |
| 53 | 53.87 | 40.63 | 35.20 | 31.41 |
| 54 | 58.30 | 43.75 | 37.97 | 34.05 |
| 55 | 63.39 | 47.32 | 41.16 | 36.96 |
| 56 | 68.68 | 51.05 | 44.47 | 39.90 |
| 57 | 74.00 | 54.95 | 47.94 | 42.76 |
| 58 | 79.33 | 59.11 | 51.69 | 45.59 |
| 59 | 85.02 | 64.09 | 56.16 | 48.78 |
| 60 | 92.10 | 70.98 | 62.38 | 53.23 |
| 61 | 102.32 | 81.56 | 71.82 | 60.51 |
| 62 | 103.47 | 85.35 | 75.31 | 62.84 |
| 63 | 106.28 | 86.62 | 76.52 | 63.33 |
| 64 | 107.84 | 89.77 | 79.41 | 65.18 |
| 65 | 111.30 | 92.70 | 82.09 | 66.87 |
| 66 | 121.04 | 100.17 | 88.70 | 72.26 |
| 67 | 131.63 | 108.24 | 95.85 | 78.08 |
| 68 | 143.14 | 116.97 | 103.56 | 84.37 |
| 69 | 155.66 | 126.37 | 111.91 | 91.17 |
| 70 | 169.26 | 136.56 | 120.94 | 98.52 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates 2 Year BP
Class F1
Base Coverage 24 Month MNAD, Total Only

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 21.21 | 16.92 | 15.92 | 13.80 |
| 26 | 22.23 | 18.02 | 16.60 | 14.41 |
| 27 | 23.23 | 19.12 | 17.27 | 15.00 |
| 28 | 23.93 | 19.16 | 17.43 | 15.14 |
| 29 | 24.63 | 19.16 | 17.62 | 15.27 |
| 30 | 25.08 | 19.29 | 17.60 | 15.25 |
| 31 | 25.51 | 19.75 | 17.59 | 15.22 |
| 32 | 25.92 | 20.43 | 17.57 | 15.19 |
| 33 | 27.23 | 21.18 | 18.10 | 15.69 |
| 34 | 28.40 | 21.88 | 18.64 | 16.19 |
| 35 | 29.36 | 22.49 | 19.17 | 16.63 |
| 36 | 30.10 | 23.02 | 19.67 | 17.06 |
| 37 | 30.69 | 23.50 | 20.17 | 17.50 |
| 38 | 31.26 | 24.01 | 20.71 | 17.96 |
| 39 | 31.87 | 24.58 | 21.30 | 18.50 |
| 40 | 32.65 | 25.26 | 21.96 | 19.10 |
| 41 | 33.26 | 25.80 | 22.48 | 19.61 |
| 42 | 34.42 | 26.72 | 23.30 | 20.37 |
| 43 | 36.00 | 27.96 | 24.36 | 21.33 |
| 44 | 37.35 | 28.97 | 25.19 | 22.09 |
| 45 | 39.64 | 30.70 | 26.65 | 23.38 |
| 46 | 41.20 | 31.86 | 27.59 | 24.21 |
| 47 | 43.31 | 33.46 | 28.90 | 25.37 |
| 48 | 45.49 | 35.12 | 30.30 | 26.59 |
| 49 | 47.85 | 36.96 | 31.85 | 28.00 |
| 50 | 51.06 | 39.44 | 34.01 | 29.96 |
| 51 | 54.15 | 41.84 | 36.12 | 31.93 |
| 52 | 57.65 | 44.55 | 38.52 | 34.21 |
| 53 | 62.04 | 47.93 | 41.52 | 37.06 |
| 54 | 66.85 | 51.62 | 44.80 | 40.16 |
| 55 | 72.41 | 55.83 | 48.53 | 43.59 |
| 56 | 78.16 | 60.22 | 52.45 | 47.05 |
| 57 | 84.03 | 64.78 | 56.52 | 50.40 |
| 58 | 89.97 | 69.69 | 60.94 | 53.75 |
| 59 | 96.43 | 75.54 | 66.22 | 57.50 |
| 60 | 104.54 | 83.68 | 73.57 | 62.77 |
| 61 | 116.18 | 96.15 | 84.69 | 71.35 |
| 62 | 117.48 | 100.63 | 88.78 | 74.08 |
| 63 | 120.66 | 102.13 | 90.23 | 74.67 |
| 64 | 122.44 | 105.84 | 93.64 | 76.85 |
| 65 | 126.37 | 109.29 | 96.78 | 78.84 |
| 66 | 137.42 | 118.09 | 104.57 | 85.20 |
| 67 | 149.44 | 127.60 | 113.00 | 92.05 |
| 68 | 162.52 | 137.88 | 122.11 | 99.48 |
| 69 | 176.72 | 148.99 | 131.95 | 107.48 |
| 70 | 192.18 | 161.00 | 142.58 | 116.16 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates 2 Year BP
Class G1
Base Coverage 24 Month MNAD, Total Only

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 31.83 | 25.38 | 23.88 | 20.71 |
| 26 | 33.35 | 27.04 | 24.90 | 21.62 |
| 27 | 34.85 | 28.69 | 25.91 | 22.51 |
| 28 | 35.90 | 28.75 | 26.15 | 22.71 |
| 29 | 36.96 | 28.75 | 26.44 | 22.90 |
| 30 | 37.62 | 28.93 | 26.41 | 22.88 |
| 31 | 38.27 | 29.63 | 26.39 | 22.83 |
| 32 | 38.87 | 30.64 | 26.35 | 22.79 |
| 33 | 40.84 | 31.77 | 27.15 | 23.54 |
| 34 | 42.60 | 32.82 | 27.96 | 24.28 |
| 35 | 44.03 | 33.73 | 28.76 | 24.96 |
| 36 | 45.14 | 34.53 | 29.50 | 25.59 |
| 37 | 46.03 | 35.25 | 30.26 | 26.25 |
| 38 | 46.88 | 36.01 | 31.07 | 26.95 |
| 39 | 47.81 | 36.87 | 31.95 | 27.75 |
| 40 | 48.98 | 37.90 | 32.95 | 28.66 |
| 41 | 49.89 | 38.70 | 33.72 | 29.41 |
| 42 | 51.63 | 40.09 | 34.96 | 30.55 |
| 43 | 54.00 | 41.94 | 36.54 | 32.00 |
| 44 | 56.03 | 43.45 | 37.79 | 33.14 |
| 45 | 59.47 | 46.06 | 39.98 | 35.07 |
| 46 | 61.81 | 47.79 | 41.38 | 36.31 |
| 47 | 64.97 | 50.19 | 43.35 | 38.05 |
| 48 | 68.23 | 52.69 | 45.45 | 39.89 |
| 49 | 71.78 | 55.43 | 47.79 | 42.00 |
| 50 | 76.60 | 59.16 | 51.02 | 44.95 |
| 51 | 81.24 | 62.76 | 54.19 | 47.89 |
| 52 | 86.48 | 66.84 | 57.79 | 51.32 |
| 53 | 93.05 | 71.90 | 62.28 | 55.58 |
| 54 | 100.28 | 77.43 | 67.21 | 60.24 |
| 55 | 108.62 | 83.74 | 72.80 | 65.39 |
| 56 | 117.24 | 90.33 | 78.68 | 70.57 |
| 57 | 126.04 | 97.17 | 84.79 | 75.60 |
| 58 | 134.97 | 104.54 | 91.40 | 80.63 |
| 59 | 144.65 | 113.31 | 99.34 | 86.26 |
| 60 | 156.82 | 125.53 | 110.36 | 94.15 |
| 61 | 174.27 | 144.22 | 127.05 | 107.03 |
| 62 | 176.23 | 150.96 | 133.17 | 111.13 |
| 63 | 180.99 | 153.19 | 135.34 | 112.00 |
| 64 | 183.66 | 158.77 | 140.47 | 115.29 |
| 65 | 189.57 | 163.93 | 145.17 | 118.27 |
| 66 | 206.14 | 177.13 | 156.87 | 127.80 |
| 67 | 224.17 | 191.41 | 169.50 | 138.08 |
| 68 | 243.78 | 206.82 | 183.16 | 149.21 |
| 69 | 265.09 | 223.48 | 197.92 | 161.23 |
| 70 | 288.27 | 241.51 | 213.87 | 174.24 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates 5 Year BP
Class P1
Base Coverage 24 Month MNAD, Total Only

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 8.51 | 6.37 | 5.90 | 5.14 |
| 26 | 9.47 | 7.20 | 6.65 | 5.80 |
| 27 | 10.42 | 8.05 | 7.38 | 6.45 |
| 28 | 11.26 | 8.78 | 7.90 | 6.92 |
| 29 | 11.88 | 9.30 | 8.27 | 7.24 |
| 30 | 12.23 | 9.57 | 8.48 | 7.44 |
| 31 | 12.46 | 9.74 | 8.67 | 7.60 |
| 32 | 12.71 | 9.90 | 8.88 | 7.77 |
| 33 | 13.02 | 10.14 | 9.13 | 7.98 |
| 34 | 13.40 | 10.44 | 9.42 | 8.24 |
| 35 | 13.89 | 10.82 | 9.75 | 8.54 |
| 36 | 14.47 | 11.26 | 10.10 | 8.86 |
| 37 | 15.08 | 11.72 | 10.46 | 9.22 |
| 38 | 15.72 | 12.20 | 10.85 | 9.57 |
| 39 | 16.39 | 12.65 | 11.25 | 9.94 |
| 40 | 17.04 | 13.11 | 11.67 | 10.34 |
| 41 | 17.53 | 13.43 | 12.00 | 10.64 |
| 42 | 18.23 | 13.95 | 12.52 | 11.11 |
| 43 | 19.12 | 14.62 | 13.21 | 11.71 |
| 44 | 19.89 | 15.25 | 13.82 | 12.26 |
| 45 | 21.19 | 16.34 | 14.86 | 13.19 |
| 46 | 22.17 | 17.25 | 15.66 | 13.93 |
| 47 | 23.49 | 18.49 | 16.74 | 14.91 |
| 48 | 24.84 | 19.81 | 17.85 | 15.92 |
| 49 | 26.26 | 21.21 | 18.99 | 16.99 |
| 50 | 28.00 | 22.88 | 20.40 | 18.25 |
| 51 | 29.44 | 24.33 | 21.60 | 19.32 |
| 52 | 30.84 | 25.69 | 22.77 | 20.33 |
| 53 | 32.42 | 27.17 | 24.09 | 21.44 |
| 54 | 34.00 | 28.56 | 25.42 | 22.44 |
| 55 | 35.79 | 30.07 | 26.91 | 23.53 |
| 56 | 37.71 | 31.64 | 28.50 | 24.56 |
| 57 | 39.82 | 33.38 | 30.22 | 25.61 |
| 58 | 42.19 | 35.37 | 32.12 | 26.76 |
| 59 | 44.74 | 37.67 | 34.21 | 28.05 |
| 60 | 47.22 | 40.16 | 36.41 | 29.54 |
| 61 | 48.76 | 42.21 | 38.27 | 31.06 |
| 62 | 46.58 | 41.20 | 37.35 | 30.30 |
| 63 | 45.24 | 39.11 | 35.45 | 28.76 |
| 64 | 44.05 | 38.49 | 34.90 | 28.30 |
| 65 | 43.69 | 37.82 | 34.28 | 27.82 |
| 66 | 47.00 | 40.54 | 36.76 | 29.82 |
| 67 | 50.57 | 43.46 | 39.41 | 31.98 |
| 68 | 54.39 | 46.59 | 42.24 | 34.28 |
| 69 | 58.50 | 49.96 | 45.29 | 36.75 |
| 70 | 62.93 | 53.56 | 48.55 | 39.41 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates 5 Year BP
Class A1
Base Coverage 24 Month MNAD, Total Only

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 10.01 | 7.49 | 6.94 | 6.05 |
| 26 | 11.14 | 8.47 | 7.82 | 6.82 |
| 27 | 12.26 | 9.47 | 8.68 | 7.59 |
| 28 | 13.24 | 10.33 | 9.30 | 8.14 |
| 29 | 13.98 | 10.94 | 9.73 | 8.52 |
| 30 | 14.38 | 11.26 | 9.98 | 8.75 |
| 31 | 14.67 | 11.46 | 10.20 | 8.94 |
| 32 | 14.95 | 11.65 | 10.45 | 9.14 |
| 33 | 15.31 | 11.92 | 10.74 | 9.39 |
| 34 | 15.77 | 12.28 | 11.09 | 9.69 |
| 35 | 16.34 | 12.73 | 11.47 | 10.05 |
| 36 | 17.02 | 13.24 | 11.88 | 10.43 |
| 37 | 17.74 | 13.79 | 12.30 | 10.84 |
| 38 | 18.50 | 14.35 | 12.76 | 11.26 |
| 39 | 19.28 | 14.89 | 13.23 | 11.69 |
| 40 | 20.05 | 15.42 | 13.73 | 12.16 |
| 41 | 20.62 | 15.81 | 14.12 | 12.52 |
| 42 | 21.45 | 16.41 | 14.73 | 13.06 |
| 43 | 22.50 | 17.20 | 15.53 | 13.78 |
| 44 | 23.41 | 17.94 | 16.26 | 14.43 |
| 45 | 24.94 | 19.23 | 17.48 | 15.51 |
| 46 | 26.09 | 20.29 | 18.42 | 16.39 |
| 47 | 27.64 | 21.75 | 19.69 | 17.54 |
| 48 | 29.23 | 23.30 | 21.00 | 18.73 |
| 49 | 30.89 | 24.96 | 22.34 | 19.98 |
| 50 | 32.95 | 26.92 | 24.00 | 21.48 |
| 51 | 34.64 | 28.62 | 25.41 | 22.72 |
| 52 | 36.28 | 30.22 | 26.79 | 23.92 |
| 53 | 38.14 | 31.96 | 28.34 | 25.22 |
| 54 | 40.00 | 33.60 | 29.90 | 26.41 |
| 55 | 42.11 | 35.38 | 31.66 | 27.68 |
| 56 | 44.37 | 37.23 | 33.52 | 28.90 |
| 57 | 46.85 | 39.27 | 35.55 | 30.14 |
| 58 | 49.64 | 41.61 | 37.79 | 31.49 |
| 59 | 52.63 | 44.32 | 40.25 | 33.01 |
| 60 | 55.56 | 47.25 | 42.84 | 34.76 |
| 61 | 57.36 | 49.67 | 45.03 | 36.53 |
| 62 | 54.80 | 48.47 | 43.95 | 35.65 |
| 63 | 53.22 | 46.01 | 41.71 | 33.84 |
| 64 | 51.82 | 45.28 | 41.06 | 33.30 |
| 65 | 51.40 | 44.49 | 40.33 | 32.73 |
| 66 | 55.29 | 47.70 | 43.24 | 35.09 |
| 67 | 59.49 | 51.13 | 46.36 | 37.62 |
| 68 | 63.98 | 54.82 | 49.70 | 40.33 |
| 69 | 68.82 | 58.77 | 53.28 | 43.23 |
| 70 | 74.04 | 63.01 | 57.11 | 46.36 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates 5 Year BP
Class B1
Base Coverage 24 Month MNAD, Total Only

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 11.08 | 8.65 | 8.00 | 6.95 |
| 26 | 12.35 | 9.77 | 8.93 | 7.79 |
| 27 | 13.61 | 10.89 | 9.86 | 8.62 |
| 28 | 14.77 | 11.90 | 10.52 | 9.22 |
| 29 | 15.61 | 12.62 | 10.99 | 9.68 |
| 30 | 16.01 | 12.92 | 11.29 | 9.92 |
| 31 | 16.24 | 13.07 | 11.55 | 10.13 |
| 32 | 16.44 | 13.20 | 11.84 | 10.35 |
| 33 | 16.76 | 13.42 | 12.14 | 10.61 |
| 34 | 17.20 | 13.77 | 12.50 | 10.93 |
| 35 | 17.78 | 14.24 | 12.89 | 11.28 |
| 36 | 18.48 | 14.82 | 13.33 | 11.69 |
| 37 | 19.25 | 15.46 | 13.81 | 12.15 |
| 38 | 20.04 | 16.12 | 14.35 | 12.66 |
| 39 | 20.82 | 16.78 | 14.92 | 13.20 |
| 40 | 21.62 | 17.42 | 15.55 | 13.78 |
| 41 | 22.18 | 17.90 | 16.10 | 14.27 |
| 42 | 23.02 | 18.59 | 16.89 | 14.97 |
| 43 | 24.09 | 19.50 | 17.89 | 15.86 |
| 44 | 25.02 | 20.36 | 18.79 | 16.66 |
| 45 | 26.70 | 21.84 | 20.21 | 17.94 |
| 46 | 27.99 | 23.07 | 21.29 | 18.91 |
| 47 | 29.75 | 24.73 | 22.67 | 20.20 |
| 48 | 31.62 | 26.51 | 24.09 | 21.50 |
| 49 | 33.57 | 28.41 | 25.55 | 22.85 |
| 50 | 35.93 | 30.64 | 27.32 | 24.45 |
| 51 | 37.90 | 32.55 | 28.84 | 25.79 |
| 52 | 39.76 | 34.36 | 30.36 | 27.06 |
| 53 | 41.81 | 36.27 | 32.13 | 28.44 |
| 54 | 43.77 | 38.06 | 33.96 | 29.76 |
| 55 | 45.95 | 40.00 | 36.05 | 31.17 |
| 56 | 48.26 | 42.00 | 38.30 | 32.56 |
| 57 | 50.83 | 44.24 | 40.71 | 33.98 |
| 58 | 53.76 | 46.82 | 43.34 | 35.51 |
| 59 | 57.03 | 49.89 | 46.15 | 37.21 |
| 60 | 60.26 | 53.22 | 49.04 | 39.17 |
| 61 | 62.23 | 55.94 | 51.55 | 41.18 |
| 62 | 59.44 | 54.60 | 50.31 | 40.18 |
| 63 | 57.73 | 51.83 | 47.76 | 38.14 |
| 64 | 56.19 | 51.00 | 47.00 | 37.54 |
| 65 | 55.75 | 50.12 | 46.19 | 36.90 |
| 66 | 60.10 | 53.82 | 49.60 | 39.62 |
| 67 | 64.79 | 57.80 | 53.26 | 42.55 |
| 68 | 69.82 | 62.07 | 57.21 | 45.70 |
| 69 | 75.28 | 66.66 | 61.42 | 49.06 |
| 70 | 81.13 | 71.57 | 65.97 | 52.69 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates 5 Year BP
Class C1
Base Coverage 24 Month MNAD, Total Only

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 12.36 | 9.81 | 9.25 | 8.05 |
| 26 | 13.82 | 11.11 | 10.31 | 9.01 |
| 27 | 15.30 | 12.39 | 11.38 | 9.97 |
| 28 | 16.42 | 13.54 | 12.22 | 10.73 |
| 29 | 17.24 | 14.33 | 12.80 | 11.24 |
| 30 | 17.73 | 14.63 | 13.05 | 11.46 |
| 31 | 18.15 | 14.74 | 13.21 | 11.57 |
| 32 | 18.57 | 14.84 | 13.36 | 11.69 |
| 33 | 19.08 | 15.04 | 13.60 | 11.88 |
| 34 | 19.66 | 15.39 | 13.93 | 12.18 |
| 35 | 20.31 | 15.87 | 14.37 | 12.58 |
| 36 | 21.02 | 16.49 | 14.91 | 13.09 |
| 37 | 21.76 | 17.19 | 15.52 | 13.66 |
| 38 | 22.54 | 17.89 | 16.16 | 14.28 |
| 39 | 23.33 | 18.58 | 16.83 | 14.90 |
| 40 | 24.19 | 19.28 | 17.54 | 15.53 |
| 41 | 24.80 | 19.75 | 18.06 | 16.01 |
| 42 | 25.78 | 20.47 | 18.81 | 16.68 |
| 43 | 27.05 | 21.41 | 19.76 | 17.54 |
| 44 | 28.16 | 22.31 | 20.61 | 18.28 |
| 45 | 30.07 | 23.89 | 22.02 | 19.54 |
| 46 | 31.51 | 25.21 | 23.11 | 20.55 |
| 47 | 33.44 | 27.07 | 24.61 | 21.91 |
| 48 | 35.45 | 29.08 | 26.16 | 23.35 |
| 49 | 37.56 | 31.27 | 27.84 | 24.92 |
| 50 | 40.18 | 33.90 | 29.93 | 26.80 |
| 51 | 42.42 | 36.21 | 31.75 | 28.46 |
| 52 | 44.67 | 38.44 | 33.60 | 30.08 |
| 53 | 47.26 | 40.81 | 35.66 | 31.80 |
| 54 | 49.90 | 43.08 | 37.77 | 33.45 |
| 55 | 52.89 | 45.51 | 40.11 | 35.16 |
| 56 | 56.09 | 47.97 | 42.55 | 36.81 |
| 57 | 59.49 | 50.65 | 45.19 | 38.45 |
| 58 | 63.16 | 53.69 | 48.07 | 40.19 |
| 59 | 66.94 | 57.18 | 51.20 | 42.14 |
| 60 | 70.53 | 60.95 | 54.48 | 44.37 |
| 61 | 72.84 | 64.08 | 57.26 | 46.66 |
| 62 | 69.59 | 62.56 | 55.91 | 45.54 |
| 63 | 67.57 | 59.37 | 53.05 | 43.22 |
| 64 | 65.78 | 58.43 | 52.20 | 42.53 |
| 65 | 65.27 | 57.42 | 51.31 | 41.81 |
| 66 | 70.57 | 61.81 | 55.24 | 45.01 |
| 67 | 76.31 | 66.55 | 59.47 | 48.44 |
| 68 | 82.52 | 71.62 | 64.01 | 52.15 |
| 69 | 89.22 | 77.10 | 68.91 | 56.14 |
| 70 | 96.49 | 83.00 | 74.17 | 60.42 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates 5 Year BP
Class D1
Base Coverage 24 Month MNAD, Total Only

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 17.47 | 13.76 | 13.26 | 11.54 |
| 26 | 19.31 | 15.63 | 14.72 | 12.84 |
| 27 | 21.16 | 17.51 | 16.16 | 14.15 |
| 28 | 22.27 | 19.02 | 17.21 | 15.12 |
| 29 | 23.07 | 19.99 | 17.88 | 15.73 |
| 30 | 23.56 | 20.33 | 18.09 | 15.91 |
| 31 | 24.09 | 20.43 | 18.16 | 15.95 |
| 32 | 24.69 | 20.49 | 18.26 | 15.99 |
| 33 | 25.37 | 20.70 | 18.42 | 16.11 |
| 34 | 26.11 | 21.07 | 18.72 | 16.36 |
| 35 | 26.83 | 21.61 | 19.13 | 16.75 |
| 36 | 27.56 | 22.29 | 19.66 | 17.25 |
| 37 | 28.28 | 23.04 | 20.27 | 17.86 |
| 38 | 29.03 | 23.80 | 20.92 | 18.50 |
| 39 | 29.82 | 24.53 | 21.64 | 19.15 |
| 40 | 30.69 | 25.23 | 22.34 | 19.82 |
| 41 | 31.34 | 25.67 | 22.85 | 20.26 |
| 42 | 32.48 | 26.39 | 23.65 | 20.97 |
| 43 | 34.02 | 27.44 | 24.67 | 21.87 |
| 44 | 35.41 | 28.35 | 25.53 | 22.63 |
| 45 | 37.77 | 30.16 | 27.09 | 24.04 |
| 46 | 39.51 | 31.64 | 28.24 | 25.09 |
| 47 | 41.84 | 33.75 | 29.88 | 26.60 |
| 48 | 44.19 | 36.08 | 31.62 | 28.24 |
| 49 | 46.65 | 38.62 | 33.50 | 30.02 |
| 50 | 49.65 | 41.70 | 35.88 | 32.25 |
| 51 | 52.21 | 44.41 | 38.02 | 34.20 |
| 52 | 54.81 | 47.03 | 40.20 | 36.14 |
| 53 | 57.84 | 49.86 | 42.72 | 38.26 |
| 54 | 61.01 | 52.58 | 45.32 | 40.27 |
| 55 | 64.70 | 55.49 | 48.24 | 42.38 |
| 56 | 68.67 | 58.50 | 51.30 | 44.43 |
| 57 | 72.94 | 61.77 | 54.58 | 46.46 |
| 58 | 77.48 | 65.47 | 58.10 | 48.57 |
| 59 | 82.14 | 69.72 | 61.88 | 50.91 |
| 60 | 86.47 | 74.29 | 65.78 | 53.59 |
| 61 | 89.32 | 78.11 | 69.16 | 56.33 |
| 62 | 85.32 | 76.23 | 67.50 | 54.99 |
| 63 | 82.83 | 72.34 | 64.07 | 52.20 |
| 64 | 80.67 | 71.21 | 63.05 | 51.37 |
| 65 | 80.01 | 69.97 | 61.97 | 50.48 |
| 66 | 87.01 | 75.63 | 66.96 | 54.55 |
| 67 | 94.62 | 81.71 | 72.36 | 58.94 |
| 68 | 102.89 | 88.29 | 78.19 | 63.69 |
| 69 | 111.89 | 95.41 | 84.49 | 68.82 |
| 70 | 121.67 | 103.09 | 91.30 | 74.37 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates 5 Year BP
Class E1
Base Coverage 24 Month MNAD, Total Only

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 25.18 | 18.94 | 18.26 | 15.90 |
| 26 | 27.66 | 21.21 | 19.96 | 17.42 |
| 27 | 30.14 | 23.47 | 21.66 | 18.93 |
| 28 | 32.10 | 25.43 | 22.99 | 20.20 |
| 29 | 33.55 | 26.73 | 23.89 | 21.03 |
| 30 | 34.28 | 27.19 | 24.20 | 21.29 |
| 31 | 34.79 | 27.33 | 24.32 | 21.36 |
| 32 | 35.25 | 27.44 | 24.44 | 21.39 |
| 33 | 35.81 | 27.72 | 24.69 | 21.57 |
| 34 | 36.50 | 28.24 | 25.11 | 21.94 |
| 35 | 37.34 | 29.02 | 25.71 | 22.50 |
| 36 | 38.32 | 29.99 | 26.46 | 23.21 |
| 37 | 39.43 | 31.04 | 27.30 | 24.04 |
| 38 | 40.63 | 32.08 | 28.22 | 24.93 |
| 39 | 41.93 | 33.08 | 29.17 | 25.82 |
| 40 | 43.34 | 34.03 | 30.14 | 26.72 |
| 41 | 44.37 | 34.58 | 30.80 | 27.32 |
| 42 | 46.04 | 35.56 | 31.86 | 28.26 |
| 43 | 48.20 | 36.96 | 33.24 | 29.47 |
| 44 | 50.07 | 38.23 | 34.43 | 30.52 |
| 45 | 53.30 | 40.73 | 36.58 | 32.44 |
| 46 | 55.66 | 42.78 | 38.19 | 33.92 |
| 47 | 58.83 | 45.71 | 40.46 | 36.01 |
| 48 | 62.11 | 48.92 | 42.85 | 38.29 |
| 49 | 65.53 | 52.38 | 45.44 | 40.73 |
| 50 | 69.77 | 56.58 | 48.67 | 43.74 |
| 51 | 73.36 | 60.14 | 51.48 | 46.32 |
| 52 | 76.98 | 63.53 | 54.32 | 48.83 |
| 53 | 81.17 | 67.12 | 57.51 | 51.50 |
| 54 | 85.47 | 70.46 | 60.73 | 53.98 |
| 55 | 90.42 | 74.03 | 64.36 | 56.57 |
| 56 | 95.73 | 77.72 | 68.17 | 59.04 |
| 57 | 101.47 | 81.80 | 72.30 | 61.53 |
| 58 | 107.67 | 86.60 | 76.85 | 64.24 |
| 59 | 114.13 | 92.25 | 81.86 | 67.34 |
| 60 | 120.29 | 98.43 | 87.15 | 70.98 |
| 61 | 124.24 | 103.46 | 91.62 | 74.63 |
| 62 | 118.66 | 100.98 | 89.43 | 72.84 |
| 63 | 115.23 | 95.83 | 84.87 | 69.14 |
| 64 | 112.20 | 94.33 | 83.53 | 68.04 |
| 65 | 111.30 | 92.70 | 82.09 | 66.87 |
| 66 | 121.04 | 100.17 | 88.70 | 72.26 |
| 67 | 131.63 | 108.24 | 95.85 | 78.08 |
| 68 | 143.14 | 116.97 | 103.56 | 84.37 |
| 69 | 155.66 | 126.37 | 111.91 | 91.17 |
| 70 | 169.26 | 136.56 | 120.94 | 98.52 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates 5 Year BP
Class F1
Base Coverage 24 Month MNAD, Total Only

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18- | | | | |
| 25 | 28.97 | 23.10 | 22.27 | 19.40 |
| 26 | 31.62 | 25.88 | 24.36 | 21.26 |
| 27 | 34.28 | 28.65 | 26.44 | 23.12 |
| 28 | 36.18 | 30.97 | 27.93 | 24.54 |
| 29 | 37.55 | 32.38 | 28.79 | 25.35 |
| 30 | 38.29 | 32.69 | 28.90 | 25.42 |
| 31 | 38.98 | 32.59 | 28.83 | 25.30 |
| 32 | 39.80 | 32.49 | 28.80 | 25.21 |
| 33 | 40.81 | 32.67 | 29.01 | 25.34 |
| 34 | 42.01 | 33.24 | 29.48 | 25.75 |
| 35 | 43.36 | 34.16 | 30.22 | 26.45 |
| 36 | 44.76 | 35.39 | 31.19 | 27.38 |
| 37 | 46.22 | 36.74 | 32.31 | 28.45 |
| 38 | 47.68 | 38.10 | 33.51 | 29.59 |
| 39 | 49.12 | 39.38 | 34.70 | 30.73 |
| 40 | 50.62 | 40.56 | 35.91 | 31.84 |
| 41 | 51.67 | 41.23 | 36.73 | 32.58 |
| 42 | 53.40 | 42.36 | 37.95 | 33.67 |
| 43 | 55.76 | 43.96 | 39.55 | 35.06 |
| 44 | 57.84 | 45.36 | 40.89 | 36.23 |
| 45 | 61.53 | 48.18 | 43.36 | 38.45 |
| 46 | 64.30 | 50.51 | 45.18 | 40.13 |
| 47 | 68.05 | 53.88 | 47.79 | 42.55 |
| 48 | 71.92 | 57.63 | 50.57 | 45.17 |
| 49 | 75.96 | 61.69 | 53.59 | 48.03 |
| 50 | 80.89 | 66.64 | 57.40 | 51.57 |
| 51 | 84.98 | 70.91 | 60.72 | 54.62 |
| 52 | 88.98 | 74.95 | 64.06 | 57.57 |
| 53 | 93.52 | 79.20 | 67.84 | 60.73 |
| 54 | 98.09 | 83.15 | 71.64 | 63.66 |
| 55 | 103.34 | 87.35 | 75.90 | 66.70 |
| 56 | 108.98 | 91.66 | 80.37 | 69.60 |
| 57 | 115.21 | 96.42 | 85.22 | 72.52 |
| 58 | 122.09 | 102.05 | 90.58 | 75.71 |
| 59 | 129.46 | 108.68 | 96.48 | 79.38 |
| 60 | 136.56 | 116.01 | 102.73 | 83.68 |
| 61 | 141.05 | 121.97 | 108.01 | 87.98 |
| 62 | 134.73 | 119.04 | 105.44 | 85.89 |
| 63 | 130.83 | 113.00 | 100.07 | 81.53 |
| 64 | 127.38 | 111.20 | 98.48 | 80.23 |
| 65 | 126.37 | 109.29 | 96.78 | 78.84 |
| 66 | 137.42 | 118.09 | 104.57 | 85.20 |
| 67 | 149.44 | 127.60 | 113.00 | 92.05 |
| 68 | 162.52 | 137.88 | 122.11 | 99.48 |
| 69 | 176.72 | 148.99 | 131.95 | 107.48 |
| 70 | 192.18 | 161.00 | 142.58 | 116.16 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates 5 Year BP
Class G1
Base Coverage 24 Month MNAD, Total Only

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18- | | | | |
| 25 | 43.45 | 34.66 | 33.40 | 29.10 |
| 26 | 47.42 | 38.82 | 36.54 | 31.89 |
| 27 | 51.41 | 42.98 | 39.66 | 34.68 |
| 28 | 54.26 | 46.46 | 41.90 | 36.81 |
| 29 | 56.34 | 48.56 | 43.18 | 38.02 |
| 30 | 57.43 | 49.04 | 43.35 | 38.13 |
| 31 | 58.47 | 48.88 | 43.25 | 37.95 |
| 32 | 59.70 | 48.74 | 43.21 | 37.82 |
| 33 | 61.22 | 49.01 | 43.52 | 38.01 |
| 34 | 63.01 | 49.87 | 44.22 | 38.64 |
| 35 | 65.04 | 51.24 | 45.33 | 39.67 |
| 36 | 67.15 | 53.09 | 46.79 | 41.07 |
| 37 | 69.33 | 55.11 | 48.47 | 42.68 |
| 38 | 71.53 | 57.16 | 50.26 | 44.39 |
| 39 | 73.69 | 59.07 | 52.06 | 46.10 |
| 40 | 75.92 | 60.84 | 53.87 | 47.77 |
| 41 | 77.51 | 61.85 | 55.09 | 48.87 |
| 42 | 80.10 | 63.55 | 56.93 | 50.50 |
| 43 | 83.64 | 65.94 | 59.33 | 52.60 |
| 44 | 86.75 | 68.05 | 61.33 | 54.35 |
| 45 | 92.30 | 72.28 | 65.04 | 57.67 |
| 46 | 96.44 | 75.77 | 67.77 | 60.19 |
| 47 | 102.08 | 80.83 | 71.68 | 63.83 |
| 48 | 107.89 | 86.44 | 75.86 | 67.76 |
| 49 | 113.94 | 92.54 | 80.39 | 72.05 |
| 50 | 121.33 | 99.96 | 86.10 | 77.36 |
| 51 | 127.47 | 106.36 | 91.08 | 81.94 |
| 52 | 133.48 | 112.43 | 96.10 | 86.36 |
| 53 | 140.28 | 118.80 | 101.77 | 91.09 |
| 54 | 147.14 | 124.72 | 107.47 | 95.49 |
| 55 | 155.02 | 131.03 | 113.85 | 100.05 |
| 56 | 163.47 | 137.49 | 120.56 | 104.40 |
| 57 | 172.81 | 144.63 | 127.82 | 108.78 |
| 58 | 183.13 | 153.08 | 135.88 | 113.56 |
| 59 | 194.19 | 163.03 | 144.73 | 119.08 |
| 60 | 204.84 | 174.01 | 154.10 | 125.53 |
| 61 | 211.57 | 182.95 | 162.01 | 131.98 |
| 62 | 202.10 | 178.56 | 158.15 | 128.84 |
| 63 | 196.25 | 169.50 | 150.10 | 122.29 |
| 64 | 191.08 | 166.80 | 147.72 | 120.34 |
| 65 | 189.57 | 163.93 | 145.17 | 118.27 |
| 66 | 206.14 | 177.13 | 156.87 | 127.80 |
| 67 | 224.17 | 191.41 | 169.50 | 138.08 |
| 68 | 243.78 | 206.82 | 183.16 | 149.21 |
| 69 | 265.09 | 223.48 | 197.92 | 161.23 |
| 70 | 288.27 | 241.51 | 213.87 | 174.24 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-65 BP
Class P1
Base Coverage 24 Month MNAD, Total Only

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 14.83 | 12.50 | 11.39 | 9.74 |
| 26 | 15.40 | 13.03 | 11.92 | 10.20 |
| 27 | 15.95 | 13.56 | 12.48 | 10.64 |
| 28 | 16.60 | 13.85 | 12.75 | 10.91 |
| 29 | 17.21 | 14.23 | 13.10 | 11.23 |
| 30 | 17.60 | 14.64 | 13.46 | 11.52 |
| 31 | 17.97 | 15.20 | 13.98 | 11.90 |
| 32 | 18.36 | 15.81 | 14.56 | 12.35 |
| 33 | 18.82 | 16.44 | 15.12 | 12.79 |
| 34 | 19.32 | 17.01 | 15.67 | 13.22 |
| 35 | 19.95 | 17.54 | 16.16 | 13.61 |
| 36 | 20.65 | 18.04 | 16.57 | 13.97 |
| 37 | 21.41 | 18.52 | 16.97 | 14.32 |
| 38 | 22.24 | 19.02 | 17.38 | 14.68 |
| 39 | 23.10 | 19.58 | 17.85 | 15.05 |
| 40 | 23.97 | 20.19 | 18.40 | 15.49 |
| 41 | 24.59 | 20.69 | 18.82 | 15.79 |
| 42 | 25.45 | 21.47 | 19.53 | 16.32 |
| 43 | 26.49 | 22.44 | 20.42 | 16.99 |
| 44 | 27.25 | 23.21 | 21.14 | 17.53 |
| 45 | 28.61 | 24.51 | 22.36 | 18.48 |
| 46 | 29.38 | 25.28 | 23.10 | 19.03 |
| 47 | 30.47 | 26.30 | 24.06 | 19.80 |
| 48 | 31.52 | 27.21 | 24.96 | 20.51 |
| 49 | 32.57 | 28.13 | 25.83 | 21.21 |
| 50 | 33.65 | 29.03 | 26.66 | 21.88 |
| 51 | 34.69 | 29.92 | 27.49 | 22.54 |
| 52 | 35.74 | 30.85 | 28.28 | 23.20 |
| 53 | 37.02 | 32.02 | 29.31 | 23.99 |
| 54 | 38.29 | 33.22 | 30.30 | 24.78 |
| 55 | 39.56 | 34.40 | 31.31 | 25.53 |
| 56 | 40.83 | 35.52 | 32.26 | 26.24 |
| 57 | 42.15 | 36.55 | 33.14 | 26.90 |
| 58 | 43.75 | 37.67 | 34.12 | 27.67 |
| 59 | 45.44 | 38.78 | 35.13 | 28.49 |
| 60 | 47.22 | 40.16 | 36.41 | 29.54 |
| 61 | 48.76 | 42.21 | 38.27 | 31.06 |
| 62 | 46.58 | 41.20 | 37.35 | 30.30 |
| 63 | 45.24 | 39.11 | 35.45 | 28.76 |
| 64 | 44.05 | 38.49 | 34.90 | 28.30 |
| 65 | 43.69 | 37.82 | 34.28 | 27.82 |
| 66 | 47.00 | 40.54 | 36.76 | 29.82 |
| 67 | 50.57 | 43.46 | 39.41 | 31.98 |
| 68 | 54.39 | 46.59 | 42.24 | 34.28 |
| 69 | 58.50 | 49.96 | 45.29 | 36.75 |
| 70 | 62.93 | 53.56 | 48.55 | 39.41 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-65 BP
Class A1
Base Coverage 24 Month MNAD, Total Only

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 17.44 | 14.70 | 13.40 | 11.46 |
| 26 | 18.12 | 15.33 | 14.03 | 11.99 |
| 27 | 18.77 | 15.95 | 14.68 | 12.52 |
| 28 | 19.53 | 16.29 | 15.01 | 12.84 |
| 29 | 20.25 | 16.74 | 15.41 | 13.21 |
| 30 | 20.71 | 17.23 | 15.84 | 13.56 |
| 31 | 21.14 | 17.88 | 16.45 | 14.01 |
| 32 | 21.60 | 18.60 | 17.12 | 14.53 |
| 33 | 22.13 | 19.33 | 17.79 | 15.04 |
| 34 | 22.74 | 20.02 | 18.43 | 15.55 |
| 35 | 23.47 | 20.64 | 19.00 | 16.01 |
| 36 | 24.30 | 21.23 | 19.49 | 16.44 |
| 37 | 25.19 | 21.78 | 19.97 | 16.85 |
| 38 | 26.17 | 22.38 | 20.46 | 17.28 |
| 39 | 27.17 | 23.03 | 21.00 | 17.72 |
| 40 | 28.20 | 23.76 | 21.65 | 18.22 |
| 41 | 28.93 | 24.35 | 22.14 | 18.57 |
| 42 | 29.94 | 25.26 | 22.97 | 19.20 |
| 43 | 31.16 | 26.40 | 24.02 | 20.00 |
| 44 | 32.06 | 27.31 | 24.86 | 20.62 |
| 45 | 33.66 | 28.84 | 26.31 | 21.73 |
| 46 | 34.56 | 29.75 | 27.17 | 22.39 |
| 47 | 35.85 | 30.94 | 28.31 | 23.29 |
| 48 | 37.09 | 32.02 | 29.37 | 24.13 |
| 49 | 38.33 | 33.09 | 30.38 | 24.95 |
| 50 | 39.59 | 34.14 | 31.36 | 25.74 |
| 51 | 40.81 | 35.21 | 32.33 | 26.52 |
| 52 | 42.05 | 36.29 | 33.27 | 27.29 |
| 53 | 43.55 | 37.67 | 34.48 | 28.23 |
| 54 | 45.05 | 39.08 | 35.66 | 29.15 |
| 55 | 46.54 | 40.46 | 36.84 | 30.03 |
| 56 | 48.04 | 41.79 | 37.96 | 30.87 |
| 57 | 49.59 | 43.00 | 38.99 | 31.65 |
| 58 | 51.47 | 44.32 | 40.15 | 32.55 |
| 59 | 53.46 | 45.63 | 41.34 | 33.51 |
| 60 | 55.56 | 47.25 | 42.84 | 34.76 |
| 61 | 57.36 | 49.67 | 45.03 | 36.53 |
| 62 | 54.80 | 48.47 | 43.95 | 35.65 |
| 63 | 53.22 | 46.01 | 41.71 | 33.84 |
| 64 | 51.82 | 45.28 | 41.06 | 33.30 |
| 65 | 51.40 | 44.49 | 40.33 | 32.73 |
| 66 | 55.29 | 47.70 | 43.24 | 35.09 |
| 67 | 59.49 | 51.13 | 46.36 | 37.62 |
| 68 | 63.98 | 54.82 | 49.70 | 40.33 |
| 69 | 68.82 | 58.77 | 53.28 | 43.23 |
| 70 | 74.04 | 63.01 | 57.11 | 46.36 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-65 BP
Class B1
Base Coverage 24 Month MNAD, Total Only

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18- | | | | |
| 25 | 19.27 | 17.07 | 15.46 | 13.23 |
| 26 | 20.06 | 17.71 | 16.10 | 13.74 |
| 27 | 20.85 | 18.35 | 16.71 | 14.25 |
| 28 | 21.78 | 18.77 | 17.00 | 14.60 |
| 29 | 22.59 | 19.30 | 17.45 | 15.02 |
| 30 | 23.05 | 19.78 | 17.96 | 15.42 |
| 31 | 23.40 | 20.41 | 18.64 | 15.93 |
| 32 | 23.76 | 21.10 | 19.41 | 16.48 |
| 33 | 24.22 | 21.79 | 20.16 | 17.02 |
| 34 | 24.81 | 22.47 | 20.84 | 17.53 |
| 35 | 25.54 | 23.13 | 21.41 | 18.01 |
| 36 | 26.39 | 23.76 | 21.92 | 18.47 |
| 37 | 27.34 | 24.42 | 22.44 | 18.92 |
| 38 | 28.34 | 25.14 | 23.03 | 19.45 |
| 39 | 29.40 | 25.94 | 23.71 | 20.02 |
| 40 | 30.41 | 26.84 | 24.54 | 20.68 |
| 41 | 31.12 | 27.54 | 25.24 | 21.18 |
| 42 | 32.13 | 28.64 | 26.32 | 22.00 |
| 43 | 33.37 | 29.98 | 27.65 | 23.00 |
| 44 | 34.30 | 31.02 | 28.70 | 23.79 |
| 45 | 36.06 | 32.78 | 30.39 | 25.10 |
| 46 | 37.08 | 33.81 | 31.39 | 25.85 |
| 47 | 38.60 | 35.19 | 32.63 | 26.83 |
| 48 | 40.09 | 36.44 | 33.72 | 27.71 |
| 49 | 41.62 | 37.66 | 34.74 | 28.54 |
| 50 | 43.17 | 38.85 | 35.71 | 29.33 |
| 51 | 44.67 | 40.07 | 36.70 | 30.11 |
| 52 | 46.09 | 41.26 | 37.71 | 30.86 |
| 53 | 47.74 | 42.77 | 39.07 | 31.84 |
| 54 | 49.30 | 44.27 | 40.48 | 32.85 |
| 55 | 50.80 | 45.75 | 41.93 | 33.82 |
| 56 | 52.25 | 47.15 | 43.35 | 34.78 |
| 57 | 53.78 | 48.42 | 44.66 | 35.68 |
| 58 | 55.73 | 49.86 | 46.05 | 36.71 |
| 59 | 57.90 | 51.34 | 47.41 | 37.78 |
| 60 | 60.26 | 53.22 | 49.04 | 39.17 |
| 61 | 62.23 | 55.94 | 51.55 | 41.18 |
| 62 | 59.44 | 54.60 | 50.31 | 40.18 |
| 63 | 57.73 | 51.83 | 47.76 | 38.14 |
| 64 | 56.19 | 51.00 | 47.00 | 37.54 |
| 65 | 55.75 | 50.12 | 46.19 | 36.90 |
| 66 | 60.10 | 53.82 | 49.60 | 39.62 |
| 67 | 64.79 | 57.80 | 53.26 | 42.55 |
| 68 | 69.82 | 62.07 | 57.21 | 45.70 |
| 69 | 75.28 | 66.66 | 61.42 | 49.06 |
| 70 | 81.13 | 71.57 | 65.97 | 52.69 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-65 BP
Class C1
Base Coverage 24 Month MNAD, Total Only

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18- | | | | |
| 25 | 21.52 | 19.36 | 17.87 | 15.29 |
| 26 | 22.48 | 20.11 | 18.59 | 15.88 |
| 27 | 23.43 | 20.87 | 19.31 | 16.46 |
| 28 | 24.24 | 21.38 | 19.79 | 16.94 |
| 29 | 25.03 | 21.95 | 20.32 | 17.41 |
| 30 | 25.58 | 22.43 | 20.76 | 17.76 |
| 31 | 26.18 | 23.05 | 21.31 | 18.17 |
| 32 | 26.82 | 23.73 | 21.93 | 18.61 |
| 33 | 27.54 | 24.42 | 22.58 | 19.10 |
| 34 | 28.31 | 25.13 | 23.22 | 19.60 |
| 35 | 29.12 | 25.79 | 23.87 | 20.12 |
| 36 | 29.99 | 26.47 | 24.52 | 20.69 |
| 37 | 30.91 | 27.17 | 25.21 | 21.27 |
| 38 | 31.89 | 27.93 | 25.95 | 21.90 |
| 39 | 32.94 | 28.79 | 26.76 | 22.55 |
| 40 | 34.04 | 29.72 | 27.65 | 23.26 |
| 41 | 34.81 | 30.44 | 28.30 | 23.75 |
| 42 | 35.99 | 31.54 | 29.32 | 24.50 |
| 43 | 37.47 | 32.94 | 30.57 | 25.45 |
| 44 | 38.58 | 34.03 | 31.52 | 26.12 |
| 45 | 40.58 | 35.90 | 33.17 | 27.40 |
| 46 | 41.74 | 37.01 | 34.12 | 28.10 |
| 47 | 43.39 | 38.53 | 35.41 | 29.12 |
| 48 | 44.99 | 39.98 | 36.63 | 30.11 |
| 49 | 46.62 | 41.47 | 37.86 | 31.11 |
| 50 | 48.29 | 43.00 | 39.12 | 32.15 |
| 51 | 50.02 | 44.56 | 40.40 | 33.21 |
| 52 | 51.77 | 46.17 | 41.73 | 34.28 |
| 53 | 53.95 | 48.16 | 43.38 | 35.61 |
| 54 | 56.17 | 50.14 | 45.05 | 36.92 |
| 55 | 58.43 | 52.07 | 46.67 | 38.16 |
| 56 | 60.71 | 53.86 | 48.18 | 39.31 |
| 57 | 62.96 | 55.45 | 49.56 | 40.36 |
| 58 | 65.49 | 57.14 | 51.06 | 41.53 |
| 59 | 68.00 | 58.83 | 52.56 | 42.77 |
| 60 | 70.53 | 60.95 | 54.48 | 44.37 |
| 61 | 72.84 | 64.08 | 57.26 | 46.66 |
| 62 | 69.59 | 62.56 | 55.91 | 45.54 |
| 63 | 67.57 | 59.37 | 53.05 | 43.22 |
| 64 | 65.78 | 58.43 | 52.20 | 42.53 |
| 65 | 65.27 | 57.42 | 51.31 | 41.81 |
| 66 | 70.57 | 61.81 | 55.24 | 45.01 |
| 67 | 76.31 | 66.55 | 59.47 | 48.44 |
| 68 | 82.52 | 71.62 | 64.01 | 52.15 |
| 69 | 89.22 | 77.10 | 68.91 | 56.14 |
| 70 | 96.49 | 83.00 | 74.17 | 60.42 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-65 BP
Class D1
Base Coverage 24 Month MNAD, Total Only

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 30.41 | 27.08 | 25.58 | 21.89 |
| 26 | 31.41 | 28.26 | 26.43 | 22.57 |
| 27 | 32.42 | 29.44 | 27.28 | 23.25 |
| 28 | 32.96 | 30.09 | 27.83 | 23.81 |
| 29 | 33.56 | 30.72 | 28.39 | 24.37 |
| 30 | 34.06 | 31.23 | 28.80 | 24.67 |
| 31 | 34.79 | 31.89 | 29.32 | 25.00 |
| 32 | 35.67 | 32.65 | 29.88 | 25.35 |
| 33 | 36.60 | 33.45 | 30.49 | 25.76 |
| 34 | 37.52 | 34.23 | 31.08 | 26.20 |
| 35 | 38.42 | 34.95 | 31.66 | 26.66 |
| 36 | 39.27 | 35.66 | 32.24 | 27.17 |
| 37 | 40.14 | 36.35 | 32.87 | 27.73 |
| 38 | 41.06 | 37.10 | 33.56 | 28.33 |
| 39 | 42.07 | 37.94 | 34.34 | 28.98 |
| 40 | 43.18 | 38.87 | 35.22 | 29.66 |
| 41 | 43.96 | 39.48 | 35.80 | 30.03 |
| 42 | 45.34 | 40.61 | 36.80 | 30.76 |
| 43 | 47.11 | 42.08 | 38.09 | 31.70 |
| 44 | 48.48 | 43.17 | 39.00 | 32.31 |
| 45 | 50.93 | 45.26 | 40.77 | 33.64 |
| 46 | 52.34 | 46.38 | 41.65 | 34.29 |
| 47 | 54.29 | 48.02 | 42.99 | 35.35 |
| 48 | 56.09 | 49.58 | 44.24 | 36.39 |
| 49 | 57.90 | 51.19 | 45.54 | 37.48 |
| 50 | 59.71 | 52.86 | 46.91 | 38.65 |
| 51 | 61.57 | 54.63 | 48.38 | 39.90 |
| 52 | 63.51 | 56.47 | 49.95 | 41.20 |
| 53 | 66.01 | 58.80 | 51.97 | 42.82 |
| 54 | 68.67 | 61.17 | 54.06 | 44.46 |
| 55 | 71.45 | 63.51 | 56.14 | 46.03 |
| 56 | 74.31 | 65.70 | 58.11 | 47.47 |
| 57 | 77.18 | 67.65 | 59.87 | 48.76 |
| 58 | 80.36 | 69.71 | 61.73 | 50.20 |
| 59 | 83.43 | 71.76 | 63.54 | 51.68 |
| 60 | 86.47 | 74.29 | 65.78 | 53.59 |
| 61 | 89.32 | 78.11 | 69.16 | 56.33 |
| 62 | 85.32 | 76.23 | 67.50 | 54.99 |
| 63 | 82.83 | 72.34 | 64.07 | 52.20 |
| 64 | 80.67 | 71.21 | 63.05 | 51.37 |
| 65 | 80.01 | 69.97 | 61.97 | 50.48 |
| 66 | 87.01 | 75.63 | 66.96 | 54.55 |
| 67 | 94.62 | 81.71 | 72.36 | 58.94 |
| 68 | 102.89 | 88.29 | 78.19 | 63.69 |
| 69 | 111.89 | 95.41 | 84.49 | 68.82 |
| 70 | 121.67 | 103.09 | 91.30 | 74.37 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-65 BP
Class E1
Base Coverage 24 Month MNAD, Total Only

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 43.84 | 37.30 | 35.26 | 30.16 |
| 26 | 45.02 | 38.40 | 35.94 | 30.69 |
| 27 | 46.19 | 39.49 | 36.61 | 31.21 |
| 28 | 47.45 | 40.20 | 37.18 | 31.83 |
| 29 | 48.73 | 41.06 | 37.93 | 32.55 |
| 30 | 49.49 | 41.77 | 38.50 | 32.98 |
| 31 | 50.20 | 42.71 | 39.24 | 33.45 |
| 32 | 50.91 | 43.77 | 40.06 | 33.99 |
| 33 | 51.69 | 44.89 | 40.91 | 34.55 |
| 34 | 52.55 | 45.97 | 41.75 | 35.19 |
| 35 | 53.53 | 46.99 | 42.58 | 35.84 |
| 36 | 54.66 | 47.99 | 43.41 | 36.58 |
| 37 | 55.98 | 48.96 | 44.27 | 37.35 |
| 38 | 57.48 | 50.01 | 45.22 | 38.17 |
| 39 | 59.13 | 51.12 | 46.28 | 39.04 |
| 40 | 60.95 | 52.38 | 47.44 | 39.96 |
| 41 | 62.21 | 53.20 | 48.21 | 40.47 |
| 42 | 64.20 | 54.72 | 49.58 | 41.44 |
| 43 | 66.70 | 56.73 | 51.35 | 42.71 |
| 44 | 68.52 | 58.23 | 52.61 | 43.57 |
| 45 | 71.86 | 61.08 | 55.05 | 45.43 |
| 46 | 73.69 | 62.70 | 56.34 | 46.37 |
| 47 | 76.31 | 65.02 | 58.22 | 47.86 |
| 48 | 78.79 | 67.22 | 59.98 | 49.32 |
| 49 | 81.31 | 69.45 | 61.78 | 50.85 |
| 50 | 83.86 | 71.70 | 63.62 | 52.43 |
| 51 | 86.49 | 73.98 | 65.51 | 54.04 |
| 52 | 89.19 | 76.29 | 67.47 | 55.67 |
| 53 | 92.64 | 79.15 | 69.95 | 57.66 |
| 54 | 96.21 | 81.98 | 72.45 | 59.59 |
| 55 | 99.87 | 84.71 | 74.90 | 61.40 |
| 56 | 103.61 | 87.26 | 77.19 | 63.06 |
| 57 | 107.36 | 89.58 | 79.29 | 64.57 |
| 58 | 111.65 | 92.20 | 81.63 | 66.38 |
| 59 | 115.93 | 94.92 | 84.05 | 68.36 |
| 60 | 120.29 | 98.43 | 87.15 | 70.98 |
| 61 | 124.24 | 103.46 | 91.62 | 74.63 |
| 62 | 118.66 | 100.98 | 89.43 | 72.84 |
| 63 | 115.23 | 95.83 | 84.87 | 69.14 |
| 64 | 112.20 | 94.33 | 83.53 | 68.04 |
| 65 | 111.30 | 92.70 | 82.09 | 66.87 |
| 66 | 121.04 | 100.17 | 88.70 | 72.26 |
| 67 | 131.63 | 108.24 | 95.85 | 78.08 |
| 68 | 143.14 | 116.97 | 103.56 | 84.37 |
| 69 | 155.66 | 126.37 | 111.91 | 91.17 |
| 70 | 169.26 | 136.56 | 120.94 | 98.52 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-65 BP
Class F1
Base Coverage 24 Month MNAD, Total Only

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 50.44 | 45.47 | 42.97 | 36.76 |
| 26 | 51.48 | 46.83 | 43.83 | 37.42 |
| 27 | 52.51 | 48.19 | 44.67 | 38.08 |
| 28 | 53.44 | 48.97 | 45.13 | 38.64 |
| 29 | 54.49 | 49.73 | 45.65 | 39.18 |
| 30 | 55.23 | 50.19 | 45.92 | 39.35 |
| 31 | 56.23 | 50.90 | 46.44 | 39.61 |
| 32 | 57.48 | 51.81 | 47.15 | 40.00 |
| 33 | 58.91 | 52.89 | 48.04 | 40.57 |
| 34 | 60.48 | 54.07 | 49.01 | 41.31 |
| 35 | 62.14 | 55.30 | 50.06 | 42.16 |
| 36 | 63.85 | 56.60 | 51.19 | 43.13 |
| 37 | 65.61 | 57.93 | 52.39 | 44.19 |
| 38 | 67.41 | 59.35 | 53.67 | 45.30 |
| 39 | 69.27 | 60.83 | 55.05 | 46.45 |
| 40 | 71.19 | 62.41 | 56.51 | 47.58 |
| 41 | 72.43 | 63.40 | 57.45 | 48.21 |
| 42 | 74.51 | 65.14 | 59.02 | 49.34 |
| 43 | 77.21 | 67.41 | 61.05 | 50.80 |
| 44 | 79.17 | 69.03 | 62.43 | 51.71 |
| 45 | 82.98 | 72.25 | 65.22 | 53.82 |
| 46 | 85.14 | 74.00 | 66.61 | 54.83 |
| 47 | 88.25 | 76.62 | 68.75 | 56.53 |
| 48 | 91.22 | 79.14 | 70.77 | 58.19 |
| 49 | 94.22 | 81.75 | 72.84 | 59.94 |
| 50 | 97.20 | 84.44 | 75.00 | 61.81 |
| 51 | 100.17 | 87.19 | 77.24 | 63.72 |
| 52 | 103.10 | 89.98 | 79.56 | 65.65 |
| 53 | 106.75 | 93.40 | 82.49 | 68.01 |
| 54 | 110.43 | 96.75 | 85.45 | 70.27 |
| 55 | 114.16 | 99.95 | 88.32 | 72.40 |
| 56 | 117.98 | 102.90 | 91.01 | 74.34 |
| 57 | 121.89 | 105.56 | 93.45 | 76.11 |
| 58 | 126.60 | 108.61 | 96.19 | 78.22 |
| 59 | 131.49 | 111.85 | 99.06 | 80.57 |
| 60 | 136.56 | 116.01 | 102.73 | 83.68 |
| 61 | 141.05 | 121.97 | 108.01 | 87.98 |
| 62 | 134.73 | 119.04 | 105.44 | 85.89 |
| 63 | 130.83 | 113.00 | 100.07 | 81.53 |
| 64 | 127.38 | 111.20 | 98.48 | 80.23 |
| 65 | 126.37 | 109.29 | 96.78 | 78.84 |
| 66 | 137.42 | 118.09 | 104.57 | 85.20 |
| 67 | 149.44 | 127.60 | 113.00 | 92.05 |
| 68 | 162.52 | 137.88 | 122.11 | 99.48 |
| 69 | 176.72 | 148.99 | 131.95 | 107.48 |
| 70 | 192.18 | 161.00 | 142.58 | 116.16 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-65 BP
Class G1
Base Coverage 24 Month MNAD, Total Only

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 75.66 | 68.21 | 64.46 | 55.14 |
| 26 | 77.22 | 70.25 | 65.74 | 56.13 |
| 27 | 78.77 | 72.30 | 67.01 | 57.13 |
| 28 | 80.16 | 73.47 | 67.70 | 57.96 |
| 29 | 81.74 | 74.61 | 68.47 | 58.76 |
| 30 | 82.86 | 75.29 | 68.88 | 59.03 |
| 31 | 84.35 | 76.34 | 69.66 | 59.43 |
| 32 | 86.22 | 77.72 | 70.73 | 60.01 |
| 33 | 88.36 | 79.35 | 72.06 | 60.86 |
| 34 | 90.72 | 81.11 | 73.52 | 61.97 |
| 35 | 93.21 | 82.95 | 75.08 | 63.24 |
| 36 | 95.78 | 84.90 | 76.78 | 64.70 |
| 37 | 98.42 | 86.90 | 78.59 | 66.28 |
| 38 | 101.12 | 89.03 | 80.52 | 67.95 |
| 39 | 103.92 | 91.25 | 82.57 | 69.67 |
| 40 | 106.79 | 93.62 | 84.77 | 71.37 |
| 41 | 108.65 | 95.11 | 86.17 | 72.33 |
| 42 | 111.76 | 97.71 | 88.53 | 74.00 |
| 43 | 115.82 | 101.12 | 91.58 | 76.20 |
| 44 | 118.76 | 103.55 | 93.65 | 77.57 |
| 45 | 124.48 | 108.37 | 97.83 | 80.73 |
| 46 | 127.71 | 111.00 | 99.92 | 82.25 |
| 47 | 132.38 | 114.92 | 103.13 | 84.80 |
| 48 | 136.83 | 118.72 | 106.15 | 87.28 |
| 49 | 141.34 | 122.64 | 109.27 | 89.91 |
| 50 | 145.80 | 126.67 | 112.50 | 92.71 |
| 51 | 150.26 | 130.80 | 115.86 | 95.58 |
| 52 | 154.64 | 134.98 | 119.34 | 98.48 |
| 53 | 160.13 | 140.10 | 123.75 | 102.01 |
| 54 | 165.64 | 145.13 | 128.17 | 105.41 |
| 55 | 171.25 | 149.93 | 132.47 | 108.61 |
| 56 | 176.96 | 154.35 | 136.51 | 111.52 |
| 57 | 182.84 | 158.35 | 140.19 | 114.16 |
| 58 | 189.89 | 162.93 | 144.29 | 117.34 |
| 59 | 197.24 | 167.78 | 148.60 | 120.86 |
| 60 | 204.84 | 174.01 | 154.10 | 125.53 |
| 61 | 211.57 | 182.95 | 162.01 | 131.98 |
| 62 | 202.10 | 178.56 | 158.15 | 128.84 |
| 63 | 196.25 | 169.50 | 150.10 | 122.29 |
| 64 | 191.08 | 166.80 | 147.72 | 120.34 |
| 65 | 189.57 | 163.93 | 145.17 | 118.27 |
| 66 | 206.14 | 177.13 | 156.87 | 127.80 |
| 67 | 224.17 | 191.41 | 169.50 | 138.08 |
| 68 | 243.78 | 206.82 | 183.16 | 149.21 |
| 69 | 265.09 | 223.48 | 197.92 | 161.23 |
| 70 | 288.27 | 241.51 | 213.87 | 174.24 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-67 BP
Class P1
Base Coverage 24 Month MNAD, Total Only

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 15.27 | 13.06 | 12.22 | 10.44 |
| 26 | 15.98 | 13.79 | 13.07 | 11.14 |
| 27 | 16.70 | 14.51 | 13.90 | 11.86 |
| 28 | 17.37 | 14.85 | 14.34 | 12.27 |
| 29 | 18.02 | 15.27 | 14.78 | 12.66 |
| 30 | 18.43 | 15.71 | 15.19 | 12.99 |
| 31 | 18.83 | 16.30 | 15.72 | 13.40 |
| 32 | 19.26 | 16.97 | 16.32 | 13.85 |
| 33 | 19.75 | 17.66 | 16.94 | 14.32 |
| 34 | 20.36 | 18.29 | 17.50 | 14.77 |
| 35 | 21.02 | 18.87 | 18.02 | 15.20 |
| 36 | 21.80 | 19.41 | 18.49 | 15.60 |
| 37 | 22.66 | 19.93 | 18.92 | 15.97 |
| 38 | 23.57 | 20.49 | 19.37 | 16.35 |
| 39 | 24.54 | 21.12 | 19.89 | 16.77 |
| 40 | 25.52 | 21.83 | 20.48 | 17.22 |
| 41 | 26.25 | 22.41 | 20.92 | 17.56 |
| 42 | 27.23 | 23.27 | 21.69 | 18.14 |
| 43 | 28.39 | 24.38 | 22.72 | 18.89 |
| 44 | 29.25 | 25.25 | 23.56 | 19.52 |
| 45 | 30.77 | 26.71 | 24.95 | 20.62 |
| 46 | 31.63 | 27.59 | 25.84 | 21.30 |
| 47 | 32.89 | 28.75 | 27.02 | 22.21 |
| 48 | 34.11 | 29.85 | 28.10 | 23.09 |
| 49 | 35.40 | 30.94 | 29.14 | 23.94 |
| 50 | 36.76 | 32.08 | 30.16 | 24.75 |
| 51 | 38.18 | 33.24 | 31.12 | 25.54 |
| 52 | 39.69 | 34.49 | 32.05 | 26.28 |
| 53 | 41.53 | 36.04 | 33.17 | 27.15 |
| 54 | 43.42 | 37.63 | 34.26 | 27.99 |
| 55 | 45.33 | 39.20 | 35.31 | 28.78 |
| 56 | 47.21 | 40.70 | 36.28 | 29.51 |
| 57 | 49.03 | 42.02 | 37.22 | 30.20 |
| 58 | 51.03 | 43.37 | 38.27 | 31.02 |
| 59 | 52.98 | 44.63 | 39.41 | 31.93 |
| 60 | 54.94 | 46.17 | 40.87 | 33.16 |
| 61 | 56.75 | 48.54 | 42.97 | 34.86 |
| 62 | 53.10 | 46.42 | 41.09 | 33.34 |
| 63 | 50.54 | 43.18 | 38.21 | 31.01 |
| 64 | 47.24 | 40.80 | 36.12 | 29.30 |
| 65 | 43.69 | 37.82 | 34.28 | 27.82 |
| 66 | 47.00 | 40.54 | 36.76 | 29.82 |
| 67 | 50.57 | 43.46 | 39.41 | 31.98 |
| 68 | 54.39 | 46.59 | 42.24 | 34.28 |
| 69 | 58.50 | 49.96 | 45.29 | 36.75 |
| 70 | 62.93 | 53.56 | 48.55 | 39.41 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-67 BP
Class A1
Base Coverage 24 Month MNAD, Total Only

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 17.96 | 15.36 | 14.37 | 12.29 |
| 26 | 18.80 | 16.21 | 15.37 | 13.11 |
| 27 | 19.65 | 17.06 | 16.36 | 13.95 |
| 28 | 20.44 | 17.47 | 16.87 | 14.43 |
| 29 | 21.20 | 17.96 | 17.38 | 14.89 |
| 30 | 21.67 | 18.48 | 17.87 | 15.28 |
| 31 | 22.15 | 19.18 | 18.49 | 15.77 |
| 32 | 22.66 | 19.96 | 19.20 | 16.29 |
| 33 | 23.24 | 20.77 | 19.93 | 16.85 |
| 34 | 23.95 | 21.52 | 20.59 | 17.37 |
| 35 | 24.74 | 22.20 | 21.20 | 17.88 |
| 36 | 25.64 | 22.83 | 21.75 | 18.35 |
| 37 | 26.66 | 23.45 | 22.27 | 18.79 |
| 38 | 27.73 | 24.11 | 22.80 | 19.24 |
| 39 | 28.87 | 24.84 | 23.40 | 19.72 |
| 40 | 30.02 | 25.68 | 24.08 | 20.26 |
| 41 | 30.88 | 26.36 | 24.62 | 20.66 |
| 42 | 32.04 | 27.38 | 25.53 | 21.33 |
| 43 | 33.40 | 28.68 | 26.72 | 22.22 |
| 44 | 34.41 | 29.71 | 27.71 | 22.96 |
| 45 | 36.20 | 31.41 | 29.36 | 24.26 |
| 46 | 37.22 | 32.46 | 30.40 | 25.06 |
| 47 | 38.69 | 33.82 | 31.79 | 26.13 |
| 48 | 40.12 | 35.12 | 33.06 | 27.16 |
| 49 | 41.65 | 36.40 | 34.29 | 28.16 |
| 50 | 43.24 | 37.73 | 35.48 | 29.11 |
| 51 | 44.92 | 39.11 | 36.61 | 30.04 |
| 52 | 46.69 | 40.57 | 37.70 | 30.92 |
| 53 | 48.86 | 42.39 | 39.02 | 31.95 |
| 54 | 51.08 | 44.27 | 40.31 | 32.94 |
| 55 | 53.32 | 46.13 | 41.54 | 33.86 |
| 56 | 55.54 | 47.88 | 42.69 | 34.72 |
| 57 | 57.69 | 49.44 | 43.78 | 35.52 |
| 58 | 60.03 | 51.02 | 45.02 | 36.50 |
| 59 | 62.33 | 52.50 | 46.36 | 37.57 |
| 60 | 64.63 | 54.32 | 48.08 | 39.01 |
| 61 | 66.76 | 57.10 | 50.55 | 41.01 |
| 62 | 62.48 | 54.62 | 48.33 | 39.22 |
| 63 | 59.46 | 50.81 | 44.96 | 36.48 |
| 64 | 55.58 | 48.00 | 42.49 | 34.47 |
| 65 | 51.40 | 44.49 | 40.33 | 32.73 |
| 66 | 55.29 | 47.70 | 43.24 | 35.09 |
| 67 | 59.49 | 51.13 | 46.36 | 37.62 |
| 68 | 63.98 | 54.82 | 49.70 | 40.33 |
| 69 | 68.82 | 58.77 | 53.28 | 43.23 |
| 70 | 74.04 | 63.01 | 57.11 | 46.36 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-67 BP
Class B1
Base Coverage 24 Month MNAD, Total Only

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 19.83 | 17.81 | 16.58 | 14.21 |
| 26 | 20.83 | 18.72 | 17.60 | 15.03 |
| 27 | 21.81 | 19.61 | 18.61 | 15.87 |
| 28 | 22.80 | 20.12 | 19.13 | 16.41 |
| 29 | 23.64 | 20.69 | 19.70 | 16.94 |
| 30 | 24.12 | 21.22 | 20.25 | 17.39 |
| 31 | 24.51 | 21.90 | 20.99 | 17.91 |
| 32 | 24.93 | 22.65 | 21.78 | 18.49 |
| 33 | 25.46 | 23.42 | 22.56 | 19.05 |
| 34 | 26.12 | 24.16 | 23.26 | 19.60 |
| 35 | 26.93 | 24.88 | 23.88 | 20.09 |
| 36 | 27.87 | 25.58 | 24.45 | 20.59 |
| 37 | 28.92 | 26.31 | 25.01 | 21.11 |
| 38 | 30.04 | 27.11 | 25.64 | 21.65 |
| 39 | 31.22 | 28.00 | 26.40 | 22.28 |
| 40 | 32.39 | 29.02 | 27.31 | 23.00 |
| 41 | 33.21 | 29.83 | 28.06 | 23.56 |
| 42 | 34.37 | 31.03 | 29.25 | 24.45 |
| 43 | 35.77 | 32.55 | 30.75 | 25.58 |
| 44 | 36.84 | 33.74 | 31.97 | 26.50 |
| 45 | 38.76 | 35.69 | 33.91 | 28.01 |
| 46 | 39.95 | 36.89 | 35.11 | 28.92 |
| 47 | 41.65 | 38.47 | 36.61 | 30.11 |
| 48 | 43.39 | 39.97 | 37.95 | 31.19 |
| 49 | 45.23 | 41.44 | 39.20 | 32.20 |
| 50 | 47.15 | 42.95 | 40.39 | 33.17 |
| 51 | 49.16 | 44.51 | 41.56 | 34.10 |
| 52 | 51.18 | 46.13 | 42.73 | 34.96 |
| 53 | 53.55 | 48.13 | 44.24 | 36.05 |
| 54 | 55.90 | 50.16 | 45.76 | 37.12 |
| 55 | 58.19 | 52.15 | 47.28 | 38.15 |
| 56 | 60.41 | 54.02 | 48.76 | 39.12 |
| 57 | 62.58 | 55.68 | 50.13 | 40.04 |
| 58 | 65.04 | 57.42 | 51.65 | 41.16 |
| 59 | 67.53 | 59.10 | 53.17 | 42.39 |
| 60 | 70.10 | 61.19 | 55.04 | 43.99 |
| 61 | 72.41 | 64.33 | 57.89 | 46.22 |
| 62 | 67.78 | 61.53 | 55.35 | 44.21 |
| 63 | 64.50 | 57.22 | 51.48 | 41.11 |
| 64 | 60.28 | 54.06 | 48.64 | 38.86 |
| 65 | 55.75 | 50.12 | 46.19 | 36.90 |
| 66 | 60.10 | 53.82 | 49.60 | 39.62 |
| 67 | 64.79 | 57.80 | 53.26 | 42.55 |
| 68 | 69.82 | 62.07 | 57.21 | 45.70 |
| 69 | 75.28 | 66.66 | 61.42 | 49.06 |
| 70 | 81.13 | 71.57 | 65.97 | 52.69 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-67 BP
Class C1
Base Coverage 24 Month MNAD, Total Only

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 22.15 | 20.21 | 19.18 | 16.42 |
| 26 | 23.34 | 21.26 | 20.35 | 17.38 |
| 27 | 24.51 | 22.31 | 21.51 | 18.35 |
| 28 | 25.37 | 22.92 | 22.24 | 19.04 |
| 29 | 26.15 | 23.53 | 22.91 | 19.65 |
| 30 | 26.74 | 24.05 | 23.40 | 20.03 |
| 31 | 27.42 | 24.73 | 23.96 | 20.43 |
| 32 | 28.16 | 25.46 | 24.59 | 20.87 |
| 33 | 28.96 | 26.24 | 25.27 | 21.35 |
| 34 | 29.83 | 27.00 | 25.95 | 21.90 |
| 35 | 30.72 | 27.74 | 26.65 | 22.45 |
| 36 | 31.69 | 28.49 | 27.36 | 23.07 |
| 37 | 32.70 | 29.26 | 28.11 | 23.72 |
| 38 | 33.80 | 30.11 | 28.91 | 24.39 |
| 39 | 34.98 | 31.06 | 29.80 | 25.13 |
| 40 | 36.23 | 32.13 | 30.76 | 25.90 |
| 41 | 37.15 | 32.95 | 31.47 | 26.40 |
| 42 | 38.51 | 34.19 | 32.59 | 27.24 |
| 43 | 40.18 | 35.75 | 34.01 | 28.30 |
| 44 | 41.43 | 37.00 | 35.10 | 29.09 |
| 45 | 43.64 | 39.08 | 37.01 | 30.57 |
| 46 | 44.97 | 40.37 | 38.17 | 31.43 |
| 47 | 46.82 | 42.13 | 39.74 | 32.66 |
| 48 | 48.68 | 43.84 | 41.23 | 33.87 |
| 49 | 50.63 | 45.62 | 42.73 | 35.11 |
| 50 | 52.76 | 47.50 | 44.25 | 36.37 |
| 51 | 55.03 | 49.50 | 45.78 | 37.62 |
| 52 | 57.49 | 51.62 | 47.28 | 38.85 |
| 53 | 60.53 | 54.19 | 49.11 | 40.33 |
| 54 | 63.73 | 56.79 | 50.90 | 41.73 |
| 55 | 66.98 | 59.35 | 52.61 | 43.04 |
| 56 | 70.19 | 61.72 | 54.19 | 44.24 |
| 57 | 73.24 | 63.76 | 55.63 | 45.31 |
| 58 | 76.40 | 65.82 | 57.25 | 46.57 |
| 59 | 79.28 | 67.74 | 58.95 | 47.97 |
| 60 | 82.06 | 70.08 | 61.15 | 49.81 |
| 61 | 84.76 | 73.69 | 64.28 | 52.36 |
| 62 | 79.33 | 70.49 | 61.50 | 50.09 |
| 63 | 75.51 | 65.56 | 57.21 | 46.60 |
| 64 | 70.57 | 61.93 | 54.03 | 44.02 |
| 65 | 65.27 | 57.42 | 51.31 | 41.81 |
| 66 | 70.57 | 61.81 | 55.24 | 45.01 |
| 67 | 76.31 | 66.55 | 59.47 | 48.44 |
| 68 | 82.52 | 71.62 | 64.01 | 52.15 |
| 69 | 89.22 | 77.10 | 68.91 | 56.14 |
| 70 | 96.49 | 83.00 | 74.17 | 60.42 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-67 BP
Class D1
Base Coverage 24 Month MNAD, Total Only

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 31.30 | 28.27 | 27.46 | 23.49 |
| 26 | 32.62 | 29.86 | 28.93 | 24.71 |
| 27 | 33.92 | 31.46 | 30.40 | 25.92 |
| 28 | 34.50 | 32.25 | 31.27 | 26.77 |
| 29 | 35.09 | 32.95 | 32.00 | 27.45 |
| 30 | 35.62 | 33.49 | 32.44 | 27.78 |
| 31 | 36.43 | 34.21 | 32.96 | 28.09 |
| 32 | 37.42 | 35.06 | 33.51 | 28.43 |
| 33 | 38.48 | 35.94 | 34.12 | 28.81 |
| 34 | 39.54 | 36.79 | 34.72 | 29.26 |
| 35 | 40.53 | 37.59 | 35.33 | 29.76 |
| 36 | 41.50 | 38.37 | 35.97 | 30.30 |
| 37 | 42.47 | 39.15 | 36.64 | 30.91 |
| 38 | 43.52 | 39.98 | 37.39 | 31.56 |
| 39 | 44.68 | 40.93 | 38.23 | 32.26 |
| 40 | 45.99 | 42.00 | 39.18 | 32.99 |
| 41 | 46.94 | 42.72 | 39.80 | 33.40 |
| 42 | 48.52 | 44.02 | 40.91 | 34.20 |
| 43 | 50.51 | 45.69 | 42.38 | 35.27 |
| 44 | 52.06 | 46.94 | 43.45 | 35.98 |
| 45 | 54.79 | 49.29 | 45.49 | 37.54 |
| 46 | 56.36 | 50.59 | 46.60 | 38.37 |
| 47 | 58.58 | 52.50 | 48.23 | 39.65 |
| 48 | 60.68 | 54.36 | 49.79 | 40.94 |
| 49 | 62.88 | 56.33 | 51.40 | 42.31 |
| 50 | 65.21 | 58.43 | 53.05 | 43.73 |
| 51 | 67.74 | 60.71 | 54.79 | 45.20 |
| 52 | 70.52 | 63.15 | 56.58 | 46.69 |
| 53 | 74.08 | 66.20 | 58.82 | 48.50 |
| 54 | 77.91 | 69.32 | 61.09 | 50.25 |
| 55 | 81.92 | 72.40 | 63.30 | 51.89 |
| 56 | 85.95 | 75.27 | 65.35 | 53.39 |
| 57 | 89.80 | 77.78 | 67.21 | 54.74 |
| 58 | 93.75 | 80.29 | 69.22 | 56.29 |
| 59 | 97.28 | 82.61 | 71.25 | 57.96 |
| 60 | 100.61 | 85.45 | 73.83 | 60.15 |
| 61 | 103.91 | 89.81 | 77.64 | 63.24 |
| 62 | 97.27 | 85.90 | 74.26 | 60.49 |
| 63 | 92.57 | 79.88 | 69.06 | 56.27 |
| 64 | 86.53 | 75.49 | 65.26 | 53.15 |
| 65 | 80.01 | 69.97 | 61.97 | 50.48 |
| 66 | 87.01 | 75.63 | 66.96 | 54.55 |
| 67 | 94.62 | 81.71 | 72.36 | 58.94 |
| 68 | 102.89 | 88.29 | 78.19 | 63.69 |
| 69 | 111.89 | 95.41 | 84.49 | 68.82 |
| 70 | 121.67 | 103.09 | 91.30 | 74.37 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-67 BP
Class E1
Base Coverage 24 Month MNAD, Total Only

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 45.12 | 38.94 | 37.83 | 32.37 |
| 26 | 46.74 | 40.57 | 39.31 | 33.58 |
| 27 | 48.34 | 42.21 | 40.79 | 34.78 |
| 28 | 49.68 | 43.10 | 41.80 | 35.78 |
| 29 | 50.98 | 44.04 | 42.76 | 36.70 |
| 30 | 51.78 | 44.79 | 43.39 | 37.17 |
| 31 | 52.58 | 45.81 | 44.12 | 37.63 |
| 32 | 53.41 | 46.98 | 44.92 | 38.11 |
| 33 | 54.33 | 48.19 | 45.78 | 38.69 |
| 34 | 55.32 | 49.40 | 46.64 | 39.31 |
| 35 | 56.44 | 50.52 | 47.52 | 40.02 |
| 36 | 57.73 | 51.63 | 48.42 | 40.80 |
| 37 | 59.21 | 52.72 | 49.36 | 41.63 |
| 38 | 60.91 | 53.89 | 50.39 | 42.53 |
| 39 | 62.80 | 55.17 | 51.53 | 43.47 |
| 40 | 64.89 | 56.59 | 52.78 | 44.46 |
| 41 | 66.39 | 57.55 | 53.61 | 45.01 |
| 42 | 68.69 | 59.29 | 55.12 | 46.07 |
| 43 | 71.51 | 61.57 | 57.11 | 47.52 |
| 44 | 73.58 | 63.30 | 58.58 | 48.52 |
| 45 | 77.27 | 66.52 | 61.43 | 50.69 |
| 46 | 79.36 | 68.41 | 63.00 | 51.86 |
| 47 | 82.35 | 71.09 | 65.31 | 53.70 |
| 48 | 85.24 | 73.70 | 67.50 | 55.51 |
| 49 | 88.31 | 76.41 | 69.71 | 57.39 |
| 50 | 91.59 | 79.25 | 71.96 | 59.30 |
| 51 | 95.17 | 82.22 | 74.20 | 61.22 |
| 52 | 99.05 | 85.30 | 76.44 | 63.07 |
| 53 | 103.95 | 89.09 | 79.20 | 65.29 |
| 54 | 109.15 | 92.89 | 81.88 | 67.34 |
| 55 | 114.48 | 96.57 | 84.44 | 69.23 |
| 56 | 119.81 | 99.98 | 86.83 | 70.93 |
| 57 | 124.91 | 103.00 | 89.01 | 72.49 |
| 58 | 130.25 | 106.16 | 91.55 | 74.43 |
| 59 | 135.19 | 109.27 | 94.27 | 76.67 |
| 60 | 139.95 | 113.16 | 97.83 | 79.68 |
| 61 | 144.54 | 118.97 | 102.84 | 83.77 |
| 62 | 135.30 | 113.78 | 98.37 | 80.13 |
| 63 | 128.76 | 105.83 | 91.49 | 74.54 |
| 64 | 120.35 | 100.00 | 86.45 | 70.42 |
| 65 | 111.30 | 92.70 | 82.09 | 66.87 |
| 66 | 121.04 | 100.17 | 88.70 | 72.26 |
| 67 | 131.63 | 108.24 | 95.85 | 78.08 |
| 68 | 143.14 | 116.97 | 103.56 | 84.37 |
| 69 | 155.66 | 126.37 | 111.91 | 91.17 |
| 70 | 169.26 | 136.56 | 120.94 | 98.52 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-67 BP
Class F1
Base Coverage 24 Month MNAD, Total Only

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 51.91 | 47.47 | 46.12 | 39.46 |
| 26 | 53.44 | 49.50 | 47.95 | 40.94 |
| 27 | 54.96 | 51.52 | 49.78 | 42.42 |
| 28 | 55.96 | 52.51 | 50.76 | 43.43 |
| 29 | 57.03 | 53.37 | 51.49 | 44.17 |
| 30 | 57.80 | 53.85 | 51.77 | 44.33 |
| 31 | 58.92 | 54.60 | 52.23 | 44.54 |
| 32 | 60.29 | 55.59 | 52.89 | 44.87 |
| 33 | 61.92 | 56.78 | 53.75 | 45.42 |
| 34 | 63.68 | 58.10 | 54.76 | 46.15 |
| 35 | 65.54 | 59.46 | 55.87 | 47.05 |
| 36 | 67.44 | 60.89 | 57.08 | 48.10 |
| 37 | 69.42 | 62.39 | 58.40 | 49.26 |
| 38 | 71.46 | 63.96 | 59.80 | 50.47 |
| 39 | 73.58 | 65.65 | 61.30 | 51.70 |
| 40 | 75.83 | 67.44 | 62.87 | 52.94 |
| 41 | 77.31 | 68.61 | 63.87 | 53.62 |
| 42 | 79.72 | 70.61 | 65.63 | 54.86 |
| 43 | 82.76 | 73.17 | 67.92 | 56.50 |
| 44 | 85.01 | 75.06 | 69.54 | 57.59 |
| 45 | 89.24 | 78.68 | 72.76 | 60.04 |
| 46 | 91.69 | 80.73 | 74.51 | 61.34 |
| 47 | 95.23 | 83.77 | 77.12 | 63.41 |
| 48 | 98.72 | 86.78 | 79.64 | 65.49 |
| 49 | 102.35 | 89.96 | 82.21 | 67.67 |
| 50 | 106.19 | 93.33 | 84.83 | 69.91 |
| 51 | 110.24 | 96.90 | 87.50 | 72.17 |
| 52 | 114.49 | 100.60 | 90.15 | 74.39 |
| 53 | 119.78 | 105.11 | 93.41 | 76.99 |
| 54 | 125.26 | 109.61 | 96.58 | 79.43 |
| 55 | 130.85 | 113.94 | 99.59 | 81.65 |
| 56 | 136.40 | 117.90 | 102.36 | 83.62 |
| 57 | 141.81 | 121.38 | 104.89 | 85.43 |
| 58 | 147.70 | 125.08 | 107.88 | 87.71 |
| 59 | 153.33 | 128.75 | 111.10 | 90.35 |
| 60 | 158.90 | 133.39 | 115.32 | 93.93 |
| 61 | 164.10 | 140.24 | 121.25 | 98.76 |
| 62 | 153.61 | 134.15 | 115.98 | 94.49 |
| 63 | 146.19 | 124.77 | 107.89 | 87.89 |
| 64 | 136.64 | 117.88 | 101.92 | 83.03 |
| 65 | 126.37 | 109.29 | 96.78 | 78.84 |
| 66 | 137.42 | 118.09 | 104.57 | 85.20 |
| 67 | 149.44 | 127.60 | 113.00 | 92.05 |
| 68 | 162.52 | 137.88 | 122.11 | 99.48 |
| 69 | 176.72 | 148.99 | 131.95 | 107.48 |
| 70 | 192.18 | 161.00 | 142.58 | 116.16 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-67 BP
Class G1
Base Coverage 24 Month MNAD, Total Only

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 77.86 | 71.21 | 69.18 | 59.19 |
| 26 | 80.16 | 74.26 | 71.93 | 61.42 |
| 27 | 82.45 | 77.28 | 74.68 | 63.64 |
| 28 | 83.94 | 78.77 | 76.14 | 65.14 |
| 29 | 85.55 | 80.06 | 77.24 | 66.25 |
| 30 | 86.70 | 80.78 | 77.66 | 66.50 |
| 31 | 88.38 | 81.90 | 78.35 | 66.81 |
| 32 | 90.44 | 83.39 | 79.35 | 67.30 |
| 33 | 92.89 | 85.18 | 80.63 | 68.12 |
| 34 | 95.52 | 87.16 | 82.13 | 69.23 |
| 35 | 98.31 | 89.18 | 83.80 | 70.58 |
| 36 | 101.17 | 91.34 | 85.61 | 72.15 |
| 37 | 104.13 | 93.59 | 87.60 | 73.89 |
| 38 | 107.19 | 95.94 | 89.70 | 75.70 |
| 39 | 110.38 | 98.48 | 91.95 | 77.56 |
| 40 | 113.74 | 101.17 | 94.30 | 79.41 |
| 41 | 115.97 | 102.92 | 95.81 | 80.43 |
| 42 | 119.57 | 105.91 | 98.45 | 82.30 |
| 43 | 124.14 | 109.77 | 101.88 | 84.76 |
| 44 | 127.52 | 112.58 | 104.31 | 86.39 |
| 45 | 133.87 | 118.02 | 109.15 | 90.06 |
| 46 | 137.53 | 121.10 | 111.76 | 92.01 |
| 47 | 142.85 | 125.66 | 115.68 | 95.12 |
| 48 | 148.08 | 130.16 | 119.46 | 98.24 |
| 49 | 153.52 | 134.95 | 123.32 | 101.50 |
| 50 | 159.29 | 139.99 | 127.24 | 104.86 |
| 51 | 165.37 | 145.34 | 131.24 | 108.25 |
| 52 | 171.75 | 150.90 | 135.22 | 111.59 |
| 53 | 179.67 | 157.66 | 140.11 | 115.48 |
| 54 | 187.89 | 164.41 | 144.88 | 119.15 |
| 55 | 196.27 | 170.91 | 149.38 | 122.47 |
| 56 | 204.60 | 176.85 | 153.53 | 125.42 |
| 57 | 212.73 | 182.07 | 157.34 | 128.14 |
| 58 | 221.55 | 187.62 | 161.82 | 131.57 |
| 59 | 230.01 | 193.13 | 166.65 | 135.54 |
| 60 | 238.34 | 200.09 | 172.97 | 140.90 |
| 61 | 246.15 | 210.37 | 181.87 | 148.14 |
| 62 | 230.41 | 201.22 | 173.97 | 141.73 |
| 63 | 219.29 | 187.16 | 161.84 | 131.84 |
| 64 | 204.96 | 176.82 | 152.89 | 124.55 |
| 65 | 189.57 | 163.93 | 145.17 | 118.27 |
| 66 | 206.14 | 177.13 | 156.87 | 127.80 |
| 67 | 224.17 | 191.41 | 169.50 | 138.08 |
| 68 | 243.78 | 206.82 | 183.16 | 149.21 |
| 69 | 265.09 | 223.48 | 197.92 | 161.23 |
| 70 | 288.27 | 241.51 | 213.87 | 174.24 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 Cost of Living Factors
CPI Based 5 Year Benefit Period
Base Benefit
Additional COLA Premium = Premium for Base Coverage times Factor

| Issue Age | Premium Factors Elimination Period 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 0.100 | 0.090 | 0.070 | 0.070 |
| 26 | 0.100 | 0.090 | 0.070 | 0.070 |
| 27 | 0.100 | 0.090 | 0.070 | 0.070 |
| 28 | 0.100 | 0.090 | 0.070 | 0.070 |
| 29 | 0.100 | 0.090 | 0.070 | 0.070 |
| 30 | 0.100 | 0.090 | 0.080 | 0.080 |
| 31 | 0.100 | 0.090 | 0.080 | 0.080 |
| 32 | 0.100 | 0.090 | 0.080 | 0.080 |
| 33 | 0.100 | 0.090 | 0.080 | 0.080 |
| 34 | 0.100 | 0.090 | 0.080 | 0.080 |
| 35 | 0.100 | 0.090 | 0.080 | 0.080 |
| 36 | 0.100 | 0.090 | 0.080 | 0.080 |
| 37 | 0.100 | 0.090 | 0.080 | 0.080 |
| 38 | 0.100 | 0.090 | 0.080 | 0.080 |
| 39 | 0.100 | 0.090 | 0.080 | 0.080 |
| 40 | 0.100 | 0.090 | 0.080 | 0.080 |
| 41 | 0.100 | 0.090 | 0.080 | 0.080 |
| 42 | 0.100 | 0.090 | 0.080 | 0.080 |
| 43 | 0.100 | 0.090 | 0.080 | 0.080 |
| 44 | 0.100 | 0.090 | 0.080 | 0.080 |
| 45 | 0.100 | 0.090 | 0.070 | 0.070 |
| 46 | 0.100 | 0.090 | 0.070 | 0.070 |
| 47 | 0.100 | 0.090 | 0.070 | 0.070 |
| 48 | 0.100 | 0.090 | 0.070 | 0.070 |
| 49 | 0.100 | 0.090 | 0.070 | 0.070 |
| 50 | 0.090 | 0.080 | 0.070 | 0.070 |
| 51 | 0.090 | 0.080 | 0.070 | 0.070 |
| 52 | 0.090 | 0.080 | 0.070 | 0.070 |
| 53 | 0.090 | 0.080 | 0.070 | 0.070 |
| 54 | 0.090 | 0.080 | 0.070 | 0.070 |
| 55 | 0.090 | 0.080 | 0.060 | 0.060 |
| 56 | 0.090 | 0.080 | 0.060 | 0.060 |
| 57 | 0.090 | 0.080 | 0.060 | 0.060 |
| 58 | 0.090 | 0.080 | 0.060 | 0.060 |
| 59 | 0.080 | 0.070 | 0.060 | 0.060 |
| 60 | 0.080 | 0.070 | 0.050 | 0.050 |
| 61 | 0.080 | 0.070 | 0.050 | 0.050 |
| 62 | 0.070 | 0.060 | 0.050 | 0.050 |
| 63 | 0.070 | 0.060 | 0.050 | 0.050 |
| 64 | 0.060 | 0.050 | 0.040 | 0.040 |
| 65 | 0.060 | 0.050 | 0.040 | 0.040 |

Form 750 Cost of Living Factors
CPI based To 65 or To 67 Benefit Period
Base Benefit
Additional COLA Premium = Premium for Base Coverage times Factor

| Issue Age | Premium Factors Elimination Period 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 0.360 | 0.340 | 0.320 | 0.320 |
| 26 | 0.360 | 0.340 | 0.310 | 0.310 |
| 27 | 0.350 | 0.330 | 0.310 | 0.310 |
| 28 | 0.340 | 0.320 | 0.300 | 0.300 |
| 29 | 0.340 | 0.320 | 0.300 | 0.300 |
| 30 | 0.330 | 0.310 | 0.290 | 0.290 |
| 31 | 0.330 | 0.310 | 0.290 | 0.290 |
| 32 | 0.320 | 0.300 | 0.280 | 0.280 |
| 33 | 0.320 | 0.300 | 0.270 | 0.270 |
| 34 | 0.310 | 0.290 | 0.270 | 0.270 |
| 35 | 0.310 | 0.290 | 0.260 | 0.260 |
| 36 | 0.300 | 0.280 | 0.260 | 0.260 |
| 37 | 0.300 | 0.280 | 0.250 | 0.250 |
| 38 | 0.290 | 0.270 | 0.240 | 0.240 |
| 39 | 0.280 | 0.260 | 0.240 | 0.240 |
| 40 | 0.280 | 0.260 | 0.230 | 0.230 |
| 41 | 0.270 | 0.250 | 0.230 | 0.230 |
| 42 | 0.260 | 0.240 | 0.220 | 0.220 |
| 43 | 0.250 | 0.230 | 0.210 | 0.210 |
| 44 | 0.240 | 0.220 | 0.200 | 0.200 |
| 45 | 0.240 | 0.220 | 0.200 | 0.200 |
| 46 | 0.230 | 0.210 | 0.190 | 0.190 |
| 47 | 0.220 | 0.200 | 0.180 | 0.180 |
| 48 | 0.210 | 0.190 | 0.170 | 0.170 |
| 49 | 0.200 | 0.180 | 0.160 | 0.160 |
| 50 | 0.190 | 0.170 | 0.150 | 0.150 |
| 51 | 0.180 | 0.160 | 0.140 | 0.140 |
| 52 | 0.170 | 0.150 | 0.130 | 0.130 |
| 53 | 0.160 | 0.140 | 0.120 | 0.120 |
| 54 | 0.150 | 0.130 | 0.110 | 0.110 |
| 55 | 0.130 | 0.110 | 0.090 | 0.090 |
| 56 | 0.120 | 0.100 | 0.080 | 0.080 |
| 57 | 0.110 | 0.090 | 0.070 | 0.070 |
| 58 | 0.100 | 0.090 | 0.070 | 0.070 |
| 59 | 0.100 | 0.080 | 0.060 | 0.060 |
| 60 | 0.090 | 0.080 | 0.060 | 0.060 |
| 61 | 0.090 | 0.070 | 0.060 | 0.060 |
| 62 | 0.080 | 0.070 | 0.050 | 0.050 |
| 63 | 0.070 | 0.060 | 0.050 | 0.050 |
| 64 | 0.070 | 0.060 | 0.040 | 0.040 |
| 65 | 0.060 | 0.050 | 0.040 | 0.040 |

Form 750 Cost of Living Factors
3 % Fixed 5 Year Benefit Period
Base Benefit
Additional COLA Premium = Premium for Base Coverage times Factor

| Issue Age | Premium Factors Elimination Period 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 0.070 | 0.060 | 0.040 | 0.040 |
| 26 | 0.070 | 0.060 | 0.040 | 0.040 |
| 27 | 0.070 | 0.060 | 0.040 | 0.040 |
| 28 | 0.070 | 0.060 | 0.040 | 0.040 |
| 29 | 0.070 | 0.060 | 0.040 | 0.040 |
| 30 | 0.070 | 0.060 | 0.050 | 0.050 |
| 31 | 0.070 | 0.060 | 0.050 | 0.050 |
| 32 | 0.070 | 0.060 | 0.050 | 0.050 |
| 33 | 0.070 | 0.060 | 0.050 | 0.050 |
| 34 | 0.070 | 0.060 | 0.050 | 0.050 |
| 35 | 0.060 | 0.060 | 0.050 | 0.050 |
| 36 | 0.060 | 0.060 | 0.050 | 0.050 |
| 37 | 0.060 | 0.060 | 0.050 | 0.050 |
| 38 | 0.060 | 0.060 | 0.050 | 0.050 |
| 39 | 0.060 | 0.060 | 0.050 | 0.050 |
| 40 | 0.060 | 0.060 | 0.050 | 0.050 |
| 41 | 0.060 | 0.060 | 0.050 | 0.050 |
| 42 | 0.060 | 0.060 | 0.050 | 0.050 |
| 43 | 0.060 | 0.060 | 0.050 | 0.050 |
| 44 | 0.060 | 0.060 | 0.050 | 0.050 |
| 45 | 0.060 | 0.050 | 0.040 | 0.040 |
| 46 | 0.060 | 0.050 | 0.040 | 0.040 |
| 47 | 0.060 | 0.050 | 0.040 | 0.040 |
| 48 | 0.060 | 0.050 | 0.040 | 0.040 |
| 49 | 0.060 | 0.050 | 0.040 | 0.040 |
| 50 | 0.060 | 0.050 | 0.040 | 0.040 |
| 51 | 0.060 | 0.050 | 0.040 | 0.040 |
| 52 | 0.060 | 0.050 | 0.040 | 0.040 |
| 53 | 0.060 | 0.050 | 0.040 | 0.040 |
| 54 | 0.060 | 0.050 | 0.040 | 0.040 |
| 55 | 0.060 | 0.050 | 0.040 | 0.040 |
| 56 | 0.060 | 0.050 | 0.040 | 0.040 |
| 57 | 0.060 | 0.050 | 0.040 | 0.040 |
| 58 | 0.060 | 0.050 | 0.040 | 0.040 |
| 59 | 0.060 | 0.050 | 0.040 | 0.040 |
| 60 | 0.060 | 0.050 | 0.040 | 0.040 |
| 61 | 0.060 | 0.050 | 0.040 | 0.040 |
| 62 | 0.050 | 0.040 | 0.030 | 0.030 |
| 63 | 0.050 | 0.040 | 0.030 | 0.030 |
| 64 | 0.050 | 0.040 | 0.030 | 0.030 |
| 65 | 0.050 | 0.040 | 0.030 | 0.030 |

Form 750 Cost of Living Factors
3 % Fixed To 65 or To 67 Benefit Period
Base Benefit
Additional COLA Premium = Premium for Base Coverage times Factor

| Issue Age | Premium Factors Elimination Period 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 0.260 | 0.240 | 0.220 | 0.220 |
| 26 | 0.260 | 0.240 | 0.220 | 0.220 |
| 27 | 0.250 | 0.230 | 0.210 | 0.210 |
| 28 | 0.240 | 0.230 | 0.210 | 0.210 |
| 29 | 0.240 | 0.220 | 0.200 | 0.200 |
| 30 | 0.230 | 0.220 | 0.200 | 0.200 |
| 31 | 0.230 | 0.210 | 0.190 | 0.190 |
| 32 | 0.220 | 0.210 | 0.190 | 0.190 |
| 33 | 0.220 | 0.210 | 0.190 | 0.190 |
| 34 | 0.210 | 0.200 | 0.180 | 0.180 |
| 35 | 0.210 | 0.200 | 0.180 | 0.180 |
| 36 | 0.200 | 0.190 | 0.170 | 0.170 |
| 37 | 0.200 | 0.190 | 0.170 | 0.170 |
| 38 | 0.190 | 0.180 | 0.160 | 0.160 |
| 39 | 0.190 | 0.180 | 0.160 | 0.160 |
| 40 | 0.180 | 0.170 | 0.150 | 0.150 |
| 41 | 0.180 | 0.170 | 0.150 | 0.150 |
| 42 | 0.170 | 0.160 | 0.140 | 0.140 |
| 43 | 0.160 | 0.150 | 0.130 | 0.130 |
| 44 | 0.160 | 0.150 | 0.130 | 0.130 |
| 45 | 0.150 | 0.140 | 0.120 | 0.120 |
| 46 | 0.150 | 0.140 | 0.120 | 0.120 |
| 47 | 0.140 | 0.130 | 0.110 | 0.110 |
| 48 | 0.130 | 0.120 | 0.100 | 0.100 |
| 49 | 0.130 | 0.120 | 0.100 | 0.100 |
| 50 | 0.120 | 0.110 | 0.090 | 0.090 |
| 51 | 0.120 | 0.110 | 0.090 | 0.090 |
| 52 | 0.110 | 0.100 | 0.080 | 0.080 |
| 53 | 0.100 | 0.090 | 0.070 | 0.070 |
| 54 | 0.090 | 0.080 | 0.060 | 0.060 |
| 55 | 0.090 | 0.080 | 0.060 | 0.060 |
| 56 | 0.080 | 0.070 | 0.050 | 0.050 |
| 57 | 0.070 | 0.060 | 0.040 | 0.040 |
| 58 | 0.070 | 0.060 | 0.040 | 0.040 |
| 59 | 0.070 | 0.060 | 0.040 | 0.040 |
| 60 | 0.060 | 0.050 | 0.040 | 0.040 |
| 61 | 0.060 | 0.050 | 0.040 | 0.040 |
| 62 | 0.060 | 0.050 | 0.030 | 0.030 |
| 63 | 0.060 | 0.050 | 0.030 | 0.030 |
| 64 | 0.050 | 0.040 | 0.030 | 0.030 |
| 65 | 0.050 | 0.040 | 0.030 | 0.030 |

Form 750 NonSmoker - Unisex Rates 2 Year BP
Class P1
Social Insurance Substitute, 24 Mo. MNAD, 24 Mo. Residual

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 5.36 | 3.82 | 3.35 | 3.05 |
| 26 | 5.65 | 4.05 | 3.51 | 3.20 |
| 27 | 5.94 | 4.28 | 3.67 | 3.33 |
| 28 | 6.02 | 4.40 | 3.74 | 3.39 |
| 29 | 6.12 | 4.53 | 3.82 | 3.45 |
| 30 | 6.26 | 4.62 | 3.85 | 3.48 |
| 31 | 6.51 | 4.69 | 3.89 | 3.50 |
| 32 | 6.81 | 4.77 | 3.93 | 3.52 |
| 33 | 7.11 | 5.01 | 4.09 | 3.69 |
| 34 | 7.40 | 5.21 | 4.25 | 3.83 |
| 35 | 7.64 | 5.37 | 4.38 | 3.94 |
| 36 | 7.87 | 5.49 | 4.47 | 4.03 |
| 37 | 8.08 | 5.60 | 4.57 | 4.11 |
| 38 | 8.30 | 5.72 | 4.67 | 4.19 |
| 39 | 8.53 | 5.87 | 4.78 | 4.28 |
| 40 | 8.80 | 6.04 | 4.93 | 4.41 |
| 41 | 9.01 | 6.20 | 5.05 | 4.53 |
| 42 | 9.36 | 6.46 | 5.25 | 4.73 |
| 43 | 9.81 | 6.82 | 5.53 | 4.98 |
| 44 | 10.17 | 7.11 | 5.77 | 5.21 |
| 45 | 10.80 | 7.57 | 6.15 | 5.55 |
| 46 | 11.21 | 7.89 | 6.42 | 5.78 |
| 47 | 11.76 | 8.30 | 6.76 | 6.08 |
| 48 | 12.34 | 8.70 | 7.11 | 6.38 |
| 49 | 12.98 | 9.13 | 7.47 | 6.71 |
| 50 | 13.67 | 9.61 | 7.88 | 7.07 |
| 51 | 14.48 | 10.14 | 8.34 | 7.51 |
| 52 | 15.39 | 10.77 | 8.86 | 7.99 |
| 53 | 16.52 | 11.56 | 9.50 | 8.61 |
| 54 | 17.75 | 12.44 | 10.23 | 9.29 |
| 55 | 19.07 | 13.40 | 10.98 | 10.00 |
| 56 | 20.43 | 14.40 | 11.78 | 10.74 |
| 57 | 21.81 | 15.44 | 12.62 | 11.42 |
| 58 | 23.21 | 16.54 | 13.53 | 12.11 |
| 59 | 24.77 | 17.83 | 14.62 | 12.89 |
| 60 | 26.73 | 19.64 | 16.17 | 14.00 |
| 61 | 29.71 | 22.56 | 18.62 | 15.93 |
| 62 | 30.04 | 23.61 | 19.52 | 16.54 |
| 63 | 30.86 | 23.96 | 19.83 | 16.66 |
| 64 | 31.31 | 24.84 | 20.59 | 17.15 |
| 65 | 32.32 | 25.64 | 21.28 | 17.60 |
| 66 | 34.77 | 27.50 | 22.81 | 18.87 |
| 67 | 37.39 | 29.48 | 24.46 | 20.22 |
| 68 | 40.23 | 31.59 | 26.22 | 21.68 |
| 69 | 43.27 | 33.88 | 28.12 | 23.25 |
| 70 | 46.56 | 36.32 | 30.13 | 24.92 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates 2 Year BP
Class A1
Social Insurance Substitute, 24 Mo. MNAD, 24 Mo. Residual

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 6.31 | 4.49 | 3.94 | 3.59 |
| 26 | 6.65 | 4.77 | 4.13 | 3.76 |
| 27 | 6.99 | 5.03 | 4.32 | 3.92 |
| 28 | 7.08 | 5.18 | 4.40 | 3.99 |
| 29 | 7.20 | 5.33 | 4.49 | 4.06 |
| 30 | 7.37 | 5.43 | 4.53 | 4.09 |
| 31 | 7.66 | 5.52 | 4.58 | 4.12 |
| 32 | 8.01 | 5.61 | 4.62 | 4.14 |
| 33 | 8.37 | 5.89 | 4.81 | 4.34 |
| 34 | 8.71 | 6.13 | 5.00 | 4.51 |
| 35 | 8.99 | 6.32 | 5.15 | 4.64 |
| 36 | 9.26 | 6.46 | 5.26 | 4.74 |
| 37 | 9.50 | 6.59 | 5.38 | 4.83 |
| 38 | 9.76 | 6.73 | 5.49 | 4.93 |
| 39 | 10.03 | 6.90 | 5.62 | 5.03 |
| 40 | 10.35 | 7.10 | 5.80 | 5.19 |
| 41 | 10.60 | 7.29 | 5.94 | 5.33 |
| 42 | 11.01 | 7.60 | 6.18 | 5.57 |
| 43 | 11.54 | 8.02 | 6.51 | 5.86 |
| 44 | 11.97 | 8.36 | 6.79 | 6.13 |
| 45 | 12.70 | 8.91 | 7.24 | 6.53 |
| 46 | 13.19 | 9.28 | 7.55 | 6.80 |
| 47 | 13.84 | 9.76 | 7.95 | 7.15 |
| 48 | 14.52 | 10.23 | 8.36 | 7.51 |
| 49 | 15.27 | 10.74 | 8.79 | 7.89 |
| 50 | 16.08 | 11.30 | 9.27 | 8.32 |
| 51 | 17.03 | 11.93 | 9.81 | 8.83 |
| 52 | 18.11 | 12.67 | 10.42 | 9.40 |
| 53 | 19.44 | 13.60 | 11.18 | 10.13 |
| 54 | 20.88 | 14.64 | 12.03 | 10.93 |
| 55 | 22.44 | 15.76 | 12.92 | 11.76 |
| 56 | 24.04 | 16.94 | 13.86 | 12.63 |
| 57 | 25.66 | 18.16 | 14.85 | 13.43 |
| 58 | 27.31 | 19.46 | 15.92 | 14.25 |
| 59 | 29.14 | 20.98 | 17.20 | 15.17 |
| 60 | 31.45 | 23.10 | 19.02 | 16.47 |
| 61 | 34.95 | 26.54 | 21.91 | 18.74 |
| 62 | 35.34 | 27.78 | 22.96 | 19.46 |
| 63 | 36.31 | 28.19 | 23.33 | 19.60 |
| 64 | 36.83 | 29.22 | 24.22 | 20.18 |
| 65 | 38.02 | 30.17 | 25.04 | 20.70 |
| 66 | 40.90 | 32.35 | 26.84 | 22.20 |
| 67 | 43.99 | 34.68 | 28.78 | 23.79 |
| 68 | 47.33 | 37.17 | 30.85 | 25.51 |
| 69 | 50.91 | 39.86 | 33.08 | 27.35 |
| 70 | 54.78 | 42.73 | 35.45 | 29.32 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates 2 Year BP
Class B1
Social Insurance Substitute, 24 Mo. MNAD, 24 Mo. Residual

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 6.88 | 5.10 | 4.42 | 4.02 |
| 26 | 7.28 | 5.39 | 4.61 | 4.18 |
| 27 | 7.68 | 5.68 | 4.79 | 4.33 |
| 28 | 7.82 | 5.84 | 4.88 | 4.40 |
| 29 | 7.96 | 5.99 | 4.98 | 4.48 |
| 30 | 8.13 | 6.09 | 5.03 | 4.51 |
| 31 | 8.40 | 6.17 | 5.07 | 4.55 |
| 32 | 8.73 | 6.27 | 5.11 | 4.57 |
| 33 | 9.08 | 6.54 | 5.33 | 4.77 |
| 34 | 9.40 | 6.78 | 5.51 | 4.96 |
| 35 | 9.69 | 6.98 | 5.67 | 5.09 |
| 36 | 9.96 | 7.14 | 5.79 | 5.19 |
| 37 | 10.21 | 7.28 | 5.92 | 5.29 |
| 38 | 10.47 | 7.46 | 6.04 | 5.39 |
| 39 | 10.75 | 7.66 | 6.22 | 5.56 |
| 40 | 11.06 | 7.92 | 6.43 | 5.75 |
| 41 | 11.31 | 8.14 | 6.63 | 5.94 |
| 42 | 11.71 | 8.51 | 6.95 | 6.24 |
| 43 | 12.24 | 8.98 | 7.35 | 6.60 |
| 44 | 12.69 | 9.38 | 7.70 | 6.92 |
| 45 | 13.47 | 10.00 | 8.21 | 7.37 |
| 46 | 14.02 | 10.42 | 8.57 | 7.70 |
| 47 | 14.77 | 10.97 | 9.00 | 8.08 |
| 48 | 15.56 | 11.50 | 9.42 | 8.45 |
| 49 | 16.44 | 12.08 | 9.87 | 8.84 |
| 50 | 17.41 | 12.72 | 10.37 | 9.30 |
| 51 | 18.49 | 13.42 | 10.94 | 9.82 |
| 52 | 19.67 | 14.24 | 11.61 | 10.44 |
| 53 | 21.12 | 15.26 | 12.46 | 11.23 |
| 54 | 22.66 | 16.40 | 13.42 | 12.08 |
| 55 | 24.27 | 17.62 | 14.46 | 13.02 |
| 56 | 25.93 | 18.90 | 15.57 | 13.97 |
| 57 | 27.60 | 20.22 | 16.72 | 14.89 |
| 58 | 29.34 | 21.65 | 17.95 | 15.80 |
| 59 | 31.29 | 23.35 | 19.41 | 16.81 |
| 60 | 33.82 | 25.73 | 21.42 | 18.24 |
| 61 | 37.57 | 29.56 | 24.68 | 20.75 |
| 62 | 38.00 | 30.94 | 25.86 | 21.54 |
| 63 | 39.03 | 31.41 | 26.28 | 21.70 |
| 64 | 39.61 | 32.54 | 27.27 | 22.33 |
| 65 | 40.89 | 33.60 | 28.19 | 22.92 |
| 66 | 44.06 | 36.08 | 30.29 | 24.62 |
| 67 | 47.50 | 38.74 | 32.51 | 26.44 |
| 68 | 51.20 | 41.61 | 34.91 | 28.40 |
| 69 | 55.20 | 44.68 | 37.50 | 30.49 |
| 70 | 59.49 | 47.98 | 40.26 | 32.75 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates 2 Year BP
Class C1
Social Insurance Substitute, 24 Mo. MNAD, 24 Mo. Residual

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 7.46 | 5.60 | 4.93 | 4.51 |
| 26 | 7.91 | 5.92 | 5.12 | 4.67 |
| 27 | 8.36 | 6.23 | 5.30 | 4.83 |
| 28 | 8.40 | 6.37 | 5.37 | 4.87 |
| 29 | 8.48 | 6.51 | 5.43 | 4.93 |
| 30 | 8.68 | 6.58 | 5.43 | 4.92 |
| 31 | 9.05 | 6.65 | 5.44 | 4.92 |
| 32 | 9.50 | 6.72 | 5.44 | 4.92 |
| 33 | 9.95 | 6.99 | 5.63 | 5.09 |
| 34 | 10.34 | 7.23 | 5.79 | 5.26 |
| 35 | 10.66 | 7.41 | 5.96 | 5.39 |
| 36 | 10.91 | 7.58 | 6.10 | 5.51 |
| 37 | 11.12 | 7.72 | 6.25 | 5.62 |
| 38 | 11.32 | 7.87 | 6.40 | 5.75 |
| 39 | 11.55 | 8.05 | 6.57 | 5.90 |
| 40 | 11.86 | 8.30 | 6.77 | 6.08 |
| 41 | 12.12 | 8.51 | 6.94 | 6.24 |
| 42 | 12.56 | 8.85 | 7.20 | 6.49 |
| 43 | 13.15 | 9.30 | 7.54 | 6.80 |
| 44 | 13.66 | 9.69 | 7.81 | 7.05 |
| 45 | 14.50 | 10.30 | 8.26 | 7.47 |
| 46 | 15.08 | 10.73 | 8.58 | 7.72 |
| 47 | 15.85 | 11.27 | 8.98 | 8.08 |
| 48 | 16.63 | 11.84 | 9.41 | 8.45 |
| 49 | 17.51 | 12.45 | 9.87 | 8.86 |
| 50 | 18.51 | 13.16 | 10.41 | 9.35 |
| 51 | 19.67 | 13.97 | 11.04 | 9.93 |
| 52 | 21.00 | 14.89 | 11.74 | 10.60 |
| 53 | 22.68 | 16.05 | 12.64 | 11.46 |
| 54 | 24.52 | 17.32 | 13.61 | 12.40 |
| 55 | 26.51 | 18.69 | 14.66 | 13.39 |
| 56 | 28.56 | 20.10 | 15.75 | 14.38 |
| 57 | 30.60 | 21.57 | 16.89 | 15.34 |
| 58 | 32.62 | 23.10 | 18.12 | 16.28 |
| 59 | 34.79 | 24.90 | 19.59 | 17.33 |
| 60 | 37.50 | 27.43 | 21.65 | 18.81 |
| 61 | 41.67 | 31.52 | 24.93 | 21.39 |
| 62 | 42.13 | 32.98 | 26.13 | 22.21 |
| 63 | 43.27 | 33.48 | 26.55 | 22.39 |
| 64 | 43.90 | 34.69 | 27.55 | 23.04 |
| 65 | 45.32 | 35.82 | 28.48 | 23.64 |
| 66 | 49.00 | 38.56 | 30.66 | 25.44 |
| 67 | 52.99 | 41.51 | 33.00 | 27.39 |
| 68 | 57.29 | 44.68 | 35.53 | 29.48 |
| 69 | 61.96 | 48.10 | 38.25 | 31.74 |
| 70 | 66.99 | 51.77 | 41.16 | 34.17 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates 2 Year BP
Class D1
Social Insurance Substitute, 24 Mo. MNAD, 24 Mo. Residual

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 10.49 | 7.87 | 7.16 | 6.64 |
| 26 | 10.96 | 8.32 | 7.34 | 6.78 |
| 27 | 11.42 | 8.77 | 7.51 | 6.92 |
| 28 | 11.66 | 8.87 | 7.48 | 6.87 |
| 29 | 11.90 | 8.95 | 7.43 | 6.82 |
| 30 | 12.03 | 8.96 | 7.33 | 6.70 |
| 31 | 12.13 | 8.96 | 7.21 | 6.60 |
| 32 | 12.25 | 8.95 | 7.11 | 6.47 |
| 33 | 12.75 | 9.15 | 7.19 | 6.53 |
| 34 | 13.15 | 9.33 | 7.28 | 6.61 |
| 35 | 13.45 | 9.50 | 7.36 | 6.68 |
| 36 | 13.65 | 9.63 | 7.45 | 6.75 |
| 37 | 13.79 | 9.74 | 7.56 | 6.84 |
| 38 | 13.93 | 9.87 | 7.68 | 6.94 |
| 39 | 14.12 | 10.05 | 7.84 | 7.08 |
| 40 | 14.40 | 10.26 | 8.00 | 7.25 |
| 41 | 14.63 | 10.44 | 8.14 | 7.36 |
| 42 | 15.11 | 10.75 | 8.36 | 7.57 |
| 43 | 15.78 | 11.19 | 8.67 | 7.86 |
| 44 | 16.36 | 11.54 | 8.90 | 8.06 |
| 45 | 17.32 | 12.17 | 9.33 | 8.45 |
| 46 | 17.97 | 12.57 | 9.59 | 8.65 |
| 47 | 18.83 | 13.13 | 9.97 | 9.00 |
| 48 | 19.69 | 13.71 | 10.37 | 9.36 |
| 49 | 20.65 | 14.37 | 10.84 | 9.78 |
| 50 | 21.74 | 15.11 | 11.39 | 10.29 |
| 51 | 22.99 | 15.99 | 12.05 | 10.92 |
| 52 | 24.46 | 17.00 | 12.81 | 11.66 |
| 53 | 26.33 | 18.27 | 13.78 | 12.58 |
| 54 | 28.43 | 19.67 | 14.85 | 13.61 |
| 55 | 30.71 | 21.18 | 16.00 | 14.69 |
| 56 | 33.08 | 22.74 | 17.20 | 15.75 |
| 57 | 35.44 | 24.36 | 18.44 | 16.80 |
| 58 | 37.80 | 26.08 | 19.78 | 17.81 |
| 59 | 40.30 | 28.12 | 21.39 | 18.97 |
| 60 | 43.43 | 30.98 | 23.65 | 20.60 |
| 61 | 48.25 | 35.60 | 27.23 | 23.41 |
| 62 | 48.80 | 37.26 | 28.54 | 24.31 |
| 63 | 50.13 | 37.80 | 28.99 | 24.50 |
| 64 | 50.84 | 39.20 | 30.10 | 25.22 |
| 65 | 52.49 | 40.46 | 31.10 | 25.87 |
| 66 | 57.09 | 43.73 | 33.62 | 27.97 |
| 67 | 62.07 | 47.24 | 36.32 | 30.22 |
| 68 | 67.50 | 51.06 | 39.24 | 32.65 |
| 69 | 73.40 | 55.17 | 42.41 | 35.28 |
| 70 | 79.81 | 59.61 | 45.83 | 38.12 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates 2 Year BP
Class E1
Social Insurance Substitute, 24 Mo. MNAD, 24 Mo. Residual

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 15.28 | 10.97 | 10.02 | 9.32 |
| 26 | 15.85 | 11.43 | 10.10 | 9.36 |
| 27 | 16.42 | 11.89 | 10.17 | 9.40 |
| 28 | 16.43 | 12.00 | 10.11 | 9.32 |
| 29 | 16.50 | 12.10 | 10.04 | 9.23 |
| 30 | 16.69 | 12.08 | 9.87 | 9.05 |
| 31 | 17.09 | 12.06 | 9.70 | 8.87 |
| 32 | 17.59 | 12.04 | 9.54 | 8.69 |
| 33 | 18.08 | 12.31 | 9.64 | 8.79 |
| 34 | 18.49 | 12.57 | 9.74 | 8.89 |
| 35 | 18.80 | 12.77 | 9.86 | 8.96 |
| 36 | 19.02 | 12.92 | 9.95 | 9.03 |
| 37 | 19.24 | 13.06 | 10.06 | 9.12 |
| 38 | 19.48 | 13.21 | 10.20 | 9.22 |
| 39 | 19.79 | 13.42 | 10.37 | 9.36 |
| 40 | 20.24 | 13.68 | 10.59 | 9.55 |
| 41 | 20.61 | 13.87 | 10.74 | 9.71 |
| 42 | 21.29 | 14.30 | 11.05 | 9.98 |
| 43 | 22.24 | 14.91 | 11.46 | 10.38 |
| 44 | 23.03 | 15.40 | 11.80 | 10.67 |
| 45 | 24.36 | 16.27 | 12.40 | 11.22 |
| 46 | 25.23 | 16.85 | 12.79 | 11.55 |
| 47 | 26.41 | 17.65 | 13.34 | 12.03 |
| 48 | 27.61 | 18.46 | 13.90 | 12.54 |
| 49 | 28.95 | 19.35 | 14.54 | 13.13 |
| 50 | 30.46 | 20.36 | 15.28 | 13.80 |
| 51 | 32.19 | 21.49 | 16.12 | 14.61 |
| 52 | 34.21 | 22.77 | 17.10 | 15.56 |
| 53 | 36.77 | 24.38 | 18.34 | 16.76 |
| 54 | 39.60 | 26.14 | 19.69 | 18.05 |
| 55 | 42.66 | 28.03 | 21.15 | 19.41 |
| 56 | 45.83 | 29.99 | 22.67 | 20.79 |
| 57 | 49.02 | 32.05 | 24.25 | 22.12 |
| 58 | 52.23 | 34.28 | 25.99 | 23.45 |
| 59 | 55.69 | 36.98 | 28.12 | 24.96 |
| 60 | 60.07 | 40.77 | 31.08 | 27.11 |
| 61 | 66.75 | 46.86 | 35.80 | 30.82 |
| 62 | 67.50 | 49.04 | 37.53 | 32.01 |
| 63 | 69.33 | 49.77 | 38.13 | 32.26 |
| 64 | 70.35 | 51.58 | 39.58 | 33.20 |
| 65 | 72.60 | 53.26 | 40.91 | 34.06 |
| 66 | 78.95 | 57.54 | 44.20 | 36.79 |
| 67 | 85.86 | 62.18 | 47.77 | 39.76 |
| 68 | 93.38 | 67.20 | 51.61 | 42.98 |
| 69 | 101.54 | 72.61 | 55.77 | 46.44 |
| 70 | 110.41 | 78.46 | 60.27 | 50.18 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates 2 Year BP
Class F1
Social Insurance Substitute, 24 Mo. MNAD, 24 Mo. Residual

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18- | | | | |
| 25 | 17.36 | 13.09 | 11.85 | 11.05 |
| 26 | 17.91 | 13.64 | 11.94 | 11.10 |
| 27 | 18.45 | 14.20 | 12.04 | 11.14 |
| 28 | 18.82 | 14.24 | 11.88 | 10.96 |
| 29 | 19.18 | 14.29 | 11.73 | 10.78 |
| 30 | 19.34 | 14.20 | 11.45 | 10.49 |
| 31 | 19.50 | 14.09 | 11.19 | 10.22 |
| 32 | 19.65 | 14.00 | 10.92 | 9.94 |
| 33 | 20.41 | 14.25 | 11.01 | 10.02 |
| 34 | 21.08 | 14.52 | 11.14 | 10.14 |
| 35 | 21.60 | 14.77 | 11.27 | 10.24 |
| 36 | 22.02 | 15.01 | 11.44 | 10.36 |
| 37 | 22.36 | 15.21 | 11.62 | 10.51 |
| 38 | 22.67 | 15.43 | 11.81 | 10.67 |
| 39 | 23.02 | 15.72 | 12.05 | 10.87 |
| 40 | 23.48 | 16.06 | 12.33 | 11.12 |
| 41 | 23.83 | 16.32 | 12.52 | 11.29 |
| 42 | 24.53 | 16.80 | 12.87 | 11.62 |
| 43 | 25.54 | 17.48 | 13.35 | 12.05 |
| 44 | 26.39 | 18.02 | 13.71 | 12.38 |
| 45 | 27.90 | 19.01 | 14.40 | 12.99 |
| 46 | 28.92 | 19.65 | 14.81 | 13.36 |
| 47 | 30.31 | 20.55 | 15.43 | 13.90 |
| 48 | 31.74 | 21.49 | 16.08 | 14.49 |
| 49 | 33.32 | 22.52 | 16.83 | 15.15 |
| 50 | 35.06 | 23.69 | 17.68 | 15.94 |
| 51 | 37.02 | 25.02 | 18.67 | 16.89 |
| 52 | 39.23 | 26.53 | 19.82 | 17.99 |
| 53 | 42.00 | 28.41 | 21.24 | 19.36 |
| 54 | 45.04 | 30.46 | 22.80 | 20.86 |
| 55 | 48.28 | 32.65 | 24.47 | 22.44 |
| 56 | 51.66 | 34.91 | 26.21 | 24.01 |
| 57 | 55.10 | 37.28 | 28.04 | 25.55 |
| 58 | 58.63 | 39.86 | 30.06 | 27.07 |
| 59 | 62.54 | 43.00 | 32.50 | 28.83 |
| 60 | 67.53 | 47.42 | 35.94 | 31.32 |
| 61 | 75.03 | 54.50 | 41.39 | 35.61 |
| 62 | 75.88 | 57.04 | 43.39 | 36.97 |
| 63 | 77.94 | 57.88 | 44.09 | 37.26 |
| 64 | 79.08 | 59.99 | 45.76 | 38.35 |
| 65 | 81.62 | 61.94 | 47.29 | 39.34 |
| 66 | 88.76 | 66.93 | 51.11 | 42.51 |
| 67 | 96.52 | 72.32 | 55.22 | 45.94 |
| 68 | 104.97 | 78.15 | 59.68 | 49.65 |
| 69 | 114.15 | 84.44 | 64.48 | 53.64 |
| 70 | 124.13 | 91.25 | 69.68 | 57.96 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates 2 Year BP
Class G1
Social Insurance Substitute, 24 Mo. MNAD, 24 Mo. Residual

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18- | | | | |
| 25 | 26.04 | 19.64 | 17.78 | 16.58 |
| 26 | 26.87 | 20.46 | 17.91 | 16.65 |
| 27 | 27.68 | 21.30 | 18.06 | 16.71 |
| 28 | 28.23 | 21.36 | 17.82 | 16.44 |
| 29 | 28.77 | 21.44 | 17.60 | 16.17 |
| 30 | 29.01 | 21.30 | 17.18 | 15.74 |
| 31 | 29.25 | 21.14 | 16.79 | 15.33 |
| 32 | 29.48 | 21.00 | 16.38 | 14.91 |
| 33 | 30.62 | 21.38 | 16.52 | 15.03 |
| 34 | 31.62 | 21.78 | 16.71 | 15.21 |
| 35 | 32.40 | 22.16 | 16.91 | 15.36 |
| 36 | 33.03 | 22.52 | 17.16 | 15.54 |
| 37 | 33.54 | 22.82 | 17.43 | 15.77 |
| 38 | 34.01 | 23.15 | 17.72 | 16.01 |
| 39 | 34.53 | 23.58 | 18.08 | 16.31 |
| 40 | 35.22 | 24.09 | 18.50 | 16.68 |
| 41 | 35.75 | 24.48 | 18.78 | 16.94 |
| 42 | 36.80 | 25.20 | 19.31 | 17.43 |
| 43 | 38.31 | 26.22 | 20.03 | 18.08 |
| 44 | 39.59 | 27.03 | 20.57 | 18.57 |
| 45 | 41.85 | 28.52 | 21.60 | 19.49 |
| 46 | 43.38 | 29.48 | 22.22 | 20.04 |
| 47 | 45.47 | 30.83 | 23.15 | 20.85 |
| 48 | 47.61 | 32.24 | 24.12 | 21.74 |
| 49 | 49.98 | 33.78 | 25.25 | 22.73 |
| 50 | 52.59 | 35.54 | 26.52 | 23.91 |
| 51 | 55.53 | 37.53 | 28.01 | 25.34 |
| 52 | 58.85 | 39.80 | 29.73 | 26.99 |
| 53 | 63.00 | 42.62 | 31.86 | 29.04 |
| 54 | 67.56 | 45.69 | 34.20 | 31.29 |
| 55 | 72.42 | 48.98 | 36.71 | 33.66 |
| 56 | 77.49 | 52.37 | 39.32 | 36.02 |
| 57 | 82.65 | 55.92 | 42.06 | 38.33 |
| 58 | 87.95 | 59.79 | 45.09 | 40.61 |
| 59 | 93.81 | 64.50 | 48.75 | 43.25 |
| 60 | 101.30 | 71.13 | 53.91 | 46.98 |
| 61 | 112.55 | 81.75 | 62.09 | 53.42 |
| 62 | 113.82 | 85.56 | 65.09 | 55.46 |
| 63 | 116.91 | 86.82 | 66.14 | 55.89 |
| 64 | 118.62 | 89.99 | 68.64 | 57.53 |
| 65 | 122.43 | 92.91 | 70.94 | 59.01 |
| 66 | 133.14 | 100.40 | 76.67 | 63.77 |
| 67 | 144.78 | 108.48 | 82.83 | 68.91 |
| 68 | 157.46 | 117.23 | 89.52 | 74.48 |
| 69 | 171.23 | 126.66 | 96.72 | 80.46 |
| 70 | 186.20 | 136.88 | 104.52 | 86.94 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates 5 Year BP
Class P1
Social Insurance Substitute, 24 Mo. MNAD, 24 Mo. Residual

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 6.61 | 4.71 | 4.22 | 3.80 |
| 26 | 7.23 | 5.24 | 4.65 | 4.18 |
| 27 | 7.86 | 5.76 | 5.07 | 4.56 |
| 28 | 8.44 | 6.21 | 5.36 | 4.82 |
| 29 | 8.86 | 6.54 | 5.55 | 4.99 |
| 30 | 9.05 | 6.68 | 5.65 | 5.07 |
| 31 | 9.20 | 6.76 | 5.74 | 5.15 |
| 32 | 9.32 | 6.83 | 5.84 | 5.23 |
| 33 | 9.49 | 6.94 | 5.96 | 5.33 |
| 34 | 9.75 | 7.11 | 6.12 | 5.47 |
| 35 | 10.04 | 7.34 | 6.30 | 5.64 |
| 36 | 10.41 | 7.62 | 6.49 | 5.82 |
| 37 | 10.83 | 7.90 | 6.71 | 6.01 |
| 38 | 11.25 | 8.18 | 6.92 | 6.21 |
| 39 | 11.68 | 8.46 | 7.15 | 6.43 |
| 40 | 12.11 | 8.73 | 7.39 | 6.65 |
| 41 | 12.42 | 8.93 | 7.58 | 6.82 |
| 42 | 12.88 | 9.22 | 7.87 | 7.08 |
| 43 | 13.46 | 9.64 | 8.26 | 7.44 |
| 44 | 13.96 | 10.02 | 8.64 | 7.77 |
| 45 | 14.82 | 10.71 | 9.23 | 8.31 |
| 46 | 15.46 | 11.26 | 9.71 | 8.75 |
| 47 | 16.32 | 12.04 | 10.34 | 9.32 |
| 48 | 17.22 | 12.85 | 10.98 | 9.91 |
| 49 | 18.15 | 13.73 | 11.65 | 10.54 |
| 50 | 19.08 | 14.61 | 12.34 | 11.16 |
| 51 | 19.99 | 15.47 | 13.02 | 11.78 |
| 52 | 20.86 | 16.29 | 13.69 | 12.36 |
| 53 | 21.85 | 17.16 | 14.46 | 13.01 |
| 54 | 22.81 | 17.98 | 15.22 | 13.58 |
| 55 | 23.79 | 18.77 | 15.99 | 14.14 |
| 56 | 24.85 | 19.60 | 16.83 | 14.66 |
| 57 | 26.05 | 20.53 | 17.73 | 15.22 |
| 58 | 27.42 | 21.62 | 18.75 | 15.80 |
| 59 | 28.93 | 22.91 | 19.87 | 16.48 |
| 60 | 30.41 | 24.32 | 21.05 | 17.27 |
| 61 | 31.42 | 25.56 | 22.13 | 18.15 |
| 62 | 30.00 | 24.96 | 21.59 | 17.71 |
| 63 | 29.13 | 23.67 | 20.49 | 16.81 |
| 64 | 28.36 | 23.31 | 20.17 | 16.55 |
| 65 | 28.14 | 22.90 | 19.82 | 16.26 |
| 66 | 30.27 | 24.55 | 21.25 | 17.43 |
| 67 | 32.56 | 26.32 | 22.79 | 18.68 |
| 68 | 35.03 | 28.21 | 24.43 | 20.03 |
| 69 | 37.68 | 30.25 | 26.20 | 21.48 |
| 70 | 40.55 | 32.42 | 28.07 | 23.02 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates 5 Year BP
Class A1
Social Insurance Substitute, 24 Mo. MNAD, 24 Mo. Residual

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 7.78 | 5.54 | 4.97 | 4.47 |
| 26 | 8.51 | 6.16 | 5.47 | 4.92 |
| 27 | 9.25 | 6.78 | 5.97 | 5.36 |
| 28 | 9.93 | 7.31 | 6.30 | 5.67 |
| 29 | 10.42 | 7.69 | 6.53 | 5.87 |
| 30 | 10.65 | 7.86 | 6.65 | 5.97 |
| 31 | 10.82 | 7.95 | 6.75 | 6.06 |
| 32 | 10.97 | 8.04 | 6.87 | 6.15 |
| 33 | 11.17 | 8.17 | 7.01 | 6.27 |
| 34 | 11.47 | 8.37 | 7.20 | 6.43 |
| 35 | 11.81 | 8.64 | 7.41 | 6.63 |
| 36 | 12.25 | 8.96 | 7.63 | 6.85 |
| 37 | 12.74 | 9.29 | 7.89 | 7.07 |
| 38 | 13.23 | 9.62 | 8.14 | 7.30 |
| 39 | 13.74 | 9.95 | 8.41 | 7.56 |
| 40 | 14.25 | 10.27 | 8.69 | 7.82 |
| 41 | 14.61 | 10.50 | 8.92 | 8.02 |
| 42 | 15.15 | 10.85 | 9.26 | 8.33 |
| 43 | 15.84 | 11.34 | 9.72 | 8.75 |
| 44 | 16.42 | 11.79 | 10.16 | 9.14 |
| 45 | 17.43 | 12.60 | 10.86 | 9.78 |
| 46 | 18.19 | 13.25 | 11.42 | 10.29 |
| 47 | 19.20 | 14.16 | 12.16 | 10.96 |
| 48 | 20.26 | 15.12 | 12.92 | 11.66 |
| 49 | 21.35 | 16.15 | 13.71 | 12.40 |
| 50 | 22.45 | 17.19 | 14.52 | 13.13 |
| 51 | 23.52 | 18.20 | 15.32 | 13.86 |
| 52 | 24.54 | 19.16 | 16.11 | 14.54 |
| 53 | 25.70 | 20.19 | 17.01 | 15.30 |
| 54 | 26.83 | 21.15 | 17.90 | 15.98 |
| 55 | 27.99 | 22.08 | 18.81 | 16.63 |
| 56 | 29.23 | 23.06 | 19.80 | 17.25 |
| 57 | 30.65 | 24.15 | 20.86 | 17.90 |
| 58 | 32.26 | 25.44 | 22.06 | 18.59 |
| 59 | 34.04 | 26.95 | 23.38 | 19.39 |
| 60 | 35.78 | 28.61 | 24.76 | 20.32 |
| 61 | 36.96 | 30.07 | 26.03 | 21.35 |
| 62 | 35.29 | 29.36 | 25.40 | 20.84 |
| 63 | 34.27 | 27.85 | 24.11 | 19.78 |
| 64 | 33.37 | 27.42 | 23.73 | 19.47 |
| 65 | 33.11 | 26.94 | 23.32 | 19.13 |
| 66 | 35.61 | 28.88 | 25.00 | 20.50 |
| 67 | 38.31 | 30.96 | 26.81 | 21.98 |
| 68 | 41.21 | 33.19 | 28.74 | 23.56 |
| 69 | 44.33 | 35.59 | 30.82 | 25.27 |
| 70 | 47.70 | 38.14 | 33.02 | 27.08 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates 5 Year BP
Class B1
Social Insurance Substitute, 24 Mo. MNAD, 24 Mo. Residual

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 8.46 | 6.29 | 5.58 | 5.01 |
| 26 | 9.30 | 6.97 | 6.10 | 5.48 |
| 27 | 10.13 | 7.66 | 6.63 | 5.94 |
| 28 | 10.92 | 8.29 | 6.99 | 6.28 |
| 29 | 11.49 | 8.72 | 7.25 | 6.52 |
| 30 | 11.73 | 8.87 | 7.39 | 6.63 |
| 31 | 11.84 | 8.93 | 7.52 | 6.73 |
| 32 | 11.94 | 8.97 | 7.64 | 6.83 |
| 33 | 12.09 | 9.08 | 7.81 | 6.95 |
| 34 | 12.35 | 9.27 | 7.99 | 7.12 |
| 35 | 12.72 | 9.54 | 8.21 | 7.30 |
| 36 | 13.16 | 9.88 | 8.45 | 7.55 |
| 37 | 13.67 | 10.27 | 8.72 | 7.80 |
| 38 | 14.19 | 10.68 | 9.02 | 8.09 |
| 39 | 14.71 | 11.08 | 9.34 | 8.39 |
| 40 | 15.22 | 11.47 | 9.71 | 8.73 |
| 41 | 15.57 | 11.75 | 10.02 | 9.00 |
| 42 | 16.09 | 12.16 | 10.47 | 9.41 |
| 43 | 16.78 | 12.73 | 11.05 | 9.94 |
| 44 | 17.39 | 13.24 | 11.58 | 10.39 |
| 45 | 18.48 | 14.16 | 12.39 | 11.15 |
| 46 | 19.32 | 14.92 | 13.03 | 11.72 |
| 47 | 20.48 | 15.93 | 13.83 | 12.46 |
| 48 | 21.71 | 17.03 | 14.65 | 13.22 |
| 49 | 22.98 | 18.19 | 15.48 | 14.00 |
| 50 | 24.26 | 19.37 | 16.33 | 14.77 |
| 51 | 25.50 | 20.52 | 17.20 | 15.53 |
| 52 | 26.66 | 21.57 | 18.05 | 16.25 |
| 53 | 27.90 | 22.69 | 19.05 | 17.04 |
| 54 | 29.08 | 23.72 | 20.08 | 17.78 |
| 55 | 30.23 | 24.72 | 21.18 | 18.50 |
| 56 | 31.46 | 25.74 | 22.33 | 19.19 |
| 57 | 32.89 | 26.90 | 23.61 | 19.90 |
| 58 | 34.58 | 28.31 | 24.99 | 20.69 |
| 59 | 36.50 | 30.01 | 26.47 | 21.57 |
| 60 | 38.41 | 31.88 | 28.01 | 22.61 |
| 61 | 39.66 | 33.52 | 29.44 | 23.76 |
| 62 | 37.89 | 32.71 | 28.73 | 23.18 |
| 63 | 36.79 | 31.05 | 27.27 | 22.01 |
| 64 | 35.82 | 30.55 | 26.84 | 21.67 |
| 65 | 35.54 | 30.03 | 26.38 | 21.29 |
| 66 | 38.30 | 32.24 | 28.33 | 22.87 |
| 67 | 41.29 | 34.63 | 30.42 | 24.56 |
| 68 | 44.50 | 37.18 | 32.66 | 26.36 |
| 69 | 47.98 | 39.93 | 35.07 | 28.31 |
| 70 | 51.71 | 42.88 | 37.66 | 30.41 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates 5 Year BP
Class C1
Social Insurance Substitute, 24 Mo. MNAD, 24 Mo. Residual

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 9.06 | 6.81 | 6.13 | 5.54 |
| 26 | 9.97 | 7.54 | 6.67 | 6.02 |
| 27 | 10.88 | 8.27 | 7.22 | 6.50 |
| 28 | 11.58 | 8.91 | 7.63 | 6.87 |
| 29 | 12.09 | 9.34 | 7.88 | 7.09 |
| 30 | 12.36 | 9.46 | 7.95 | 7.16 |
| 31 | 12.56 | 9.48 | 7.99 | 7.16 |
| 32 | 12.77 | 9.49 | 8.03 | 7.20 |
| 33 | 13.05 | 9.55 | 8.13 | 7.27 |
| 34 | 13.38 | 9.73 | 8.28 | 7.41 |
| 35 | 13.75 | 9.98 | 8.50 | 7.61 |
| 36 | 14.18 | 10.32 | 8.76 | 7.86 |
| 37 | 14.63 | 10.71 | 9.07 | 8.15 |
| 38 | 15.09 | 11.11 | 9.39 | 8.44 |
| 39 | 15.55 | 11.48 | 9.74 | 8.76 |
| 40 | 16.04 | 11.85 | 10.09 | 9.08 |
| 41 | 16.39 | 12.09 | 10.34 | 9.30 |
| 42 | 16.95 | 12.47 | 10.71 | 9.64 |
| 43 | 17.69 | 12.98 | 11.20 | 10.08 |
| 44 | 18.35 | 13.45 | 11.63 | 10.46 |
| 45 | 19.51 | 14.35 | 12.36 | 11.14 |
| 46 | 20.37 | 15.09 | 12.92 | 11.64 |
| 47 | 21.54 | 16.13 | 13.69 | 12.35 |
| 48 | 22.74 | 17.26 | 14.51 | 13.10 |
| 49 | 24.01 | 18.49 | 15.37 | 13.91 |
| 50 | 25.30 | 19.74 | 16.27 | 14.74 |
| 51 | 26.58 | 21.00 | 17.20 | 15.58 |
| 52 | 27.84 | 22.18 | 18.12 | 16.40 |
| 53 | 29.28 | 23.44 | 19.16 | 17.28 |
| 54 | 30.72 | 24.61 | 20.22 | 18.12 |
| 55 | 32.23 | 25.75 | 21.30 | 18.89 |
| 56 | 33.83 | 26.89 | 22.44 | 19.63 |
| 57 | 35.60 | 28.17 | 23.66 | 20.38 |
| 58 | 37.53 | 29.67 | 25.02 | 21.19 |
| 59 | 39.60 | 31.44 | 26.53 | 22.09 |
| 60 | 41.55 | 33.37 | 28.10 | 23.15 |
| 61 | 42.91 | 35.09 | 29.55 | 24.35 |
| 62 | 40.99 | 34.26 | 28.83 | 23.77 |
| 63 | 39.81 | 32.51 | 27.38 | 22.55 |
| 64 | 38.76 | 32.01 | 26.94 | 22.20 |
| 65 | 38.46 | 31.45 | 26.47 | 21.81 |
| 66 | 41.58 | 33.85 | 28.50 | 23.48 |
| 67 | 44.96 | 36.43 | 30.68 | 25.28 |
| 68 | 48.61 | 39.23 | 33.02 | 27.21 |
| 69 | 52.56 | 42.24 | 35.55 | 29.29 |
| 70 | 56.85 | 45.46 | 38.27 | 31.53 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates 5 Year BP
Class D1
Social Insurance Substitute, 24 Mo. MNAD, 24 Mo. Residual

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 12.64 | 9.52 | 8.76 | 8.02 |
| 26 | 13.67 | 10.50 | 9.37 | 8.56 |
| 27 | 14.69 | 11.47 | 9.98 | 9.08 |
| 28 | 15.34 | 11.74 | 10.10 | 9.17 |
| 29 | 15.77 | 12.01 | 10.22 | 9.26 |
| 30 | 15.93 | 12.15 | 10.25 | 9.26 |
| 31 | 16.07 | 12.29 | 10.25 | 9.26 |
| 32 | 16.25 | 12.43 | 10.26 | 9.24 |
| 33 | 16.48 | 12.36 | 10.21 | 9.16 |
| 34 | 16.77 | 12.44 | 10.23 | 9.19 |
| 35 | 17.09 | 12.63 | 10.37 | 9.28 |
| 36 | 17.44 | 12.93 | 10.57 | 9.49 |
| 37 | 17.81 | 13.30 | 10.83 | 9.74 |
| 38 | 18.20 | 13.67 | 11.13 | 10.03 |
| 39 | 18.62 | 14.04 | 11.43 | 10.32 |
| 40 | 19.08 | 14.38 | 11.75 | 10.62 |
| 41 | 19.38 | 14.53 | 11.95 | 10.80 |
| 42 | 19.98 | 14.87 | 12.28 | 11.09 |
| 43 | 20.80 | 15.35 | 12.72 | 11.47 |
| 44 | 21.52 | 15.77 | 13.08 | 11.79 |
| 45 | 22.81 | 16.68 | 13.80 | 12.43 |
| 46 | 23.76 | 17.39 | 14.30 | 12.89 |
| 47 | 25.04 | 18.44 | 15.03 | 13.58 |
| 48 | 26.32 | 19.62 | 15.82 | 14.33 |
| 49 | 27.65 | 20.90 | 16.68 | 15.15 |
| 50 | 29.00 | 22.24 | 17.59 | 16.03 |
| 51 | 30.32 | 23.57 | 18.56 | 16.91 |
| 52 | 31.63 | 24.82 | 19.54 | 17.79 |
| 53 | 33.14 | 26.15 | 20.68 | 18.75 |
| 54 | 34.69 | 27.39 | 21.83 | 19.65 |
| 55 | 36.32 | 28.58 | 23.01 | 20.48 |
| 56 | 38.10 | 29.79 | 24.25 | 21.29 |
| 57 | 40.08 | 31.16 | 25.60 | 22.08 |
| 58 | 42.28 | 32.79 | 27.08 | 22.93 |
| 59 | 44.60 | 34.75 | 28.72 | 23.92 |
| 60 | 46.80 | 36.92 | 30.40 | 25.08 |
| 61 | 48.34 | 38.82 | 31.95 | 26.36 |
| 62 | 46.16 | 37.88 | 31.20 | 25.74 |
| 63 | 44.83 | 35.95 | 29.60 | 24.43 |
| 64 | 43.64 | 35.38 | 29.14 | 24.04 |
| 65 | 43.30 | 34.77 | 28.63 | 23.63 |
| 66 | 47.09 | 37.57 | 30.94 | 25.54 |
| 67 | 51.21 | 40.60 | 33.43 | 27.59 |
| 68 | 55.69 | 43.87 | 36.14 | 29.81 |
| 69 | 60.55 | 47.41 | 39.04 | 32.21 |
| 70 | 65.85 | 51.23 | 42.18 | 34.81 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates 5 Year BP
Class E1
Social Insurance Substitute, 24 Mo. MNAD, 24 Mo. Residual

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 18.53 | 13.34 | 12.31 | 11.32 |
| 26 | 19.89 | 14.48 | 12.93 | 11.85 |
| 27 | 21.24 | 15.60 | 13.54 | 12.37 |
| 28 | 22.37 | 15.93 | 13.67 | 12.46 |
| 29 | 23.14 | 16.26 | 13.81 | 12.55 |
| 30 | 23.36 | 16.41 | 13.79 | 12.51 |
| 31 | 23.38 | 16.57 | 13.79 | 12.48 |
| 32 | 23.37 | 16.71 | 13.77 | 12.44 |
| 33 | 23.42 | 16.64 | 13.70 | 12.32 |
| 34 | 23.56 | 16.72 | 13.73 | 12.33 |
| 35 | 23.87 | 16.98 | 13.88 | 12.46 |
| 36 | 24.31 | 17.36 | 14.13 | 12.70 |
| 37 | 24.84 | 17.82 | 14.46 | 13.02 |
| 38 | 25.45 | 18.30 | 14.82 | 13.37 |
| 39 | 26.12 | 18.76 | 15.22 | 13.74 |
| 40 | 26.84 | 19.18 | 15.62 | 14.11 |
| 41 | 27.33 | 19.38 | 15.87 | 14.32 |
| 42 | 28.19 | 19.82 | 16.31 | 14.72 |
| 43 | 29.33 | 20.48 | 16.92 | 15.25 |
| 44 | 30.30 | 21.07 | 17.42 | 15.69 |
| 45 | 32.06 | 22.30 | 18.40 | 16.58 |
| 46 | 33.34 | 23.32 | 19.13 | 17.24 |
| 47 | 35.07 | 24.80 | 20.17 | 18.21 |
| 48 | 36.87 | 26.42 | 21.26 | 19.26 |
| 49 | 38.71 | 28.16 | 22.44 | 20.39 |
| 50 | 40.57 | 29.93 | 23.67 | 21.55 |
| 51 | 42.38 | 31.65 | 24.92 | 22.71 |
| 52 | 44.12 | 33.22 | 26.13 | 23.80 |
| 53 | 46.09 | 34.83 | 27.52 | 24.97 |
| 54 | 48.07 | 36.27 | 28.88 | 26.03 |
| 55 | 50.09 | 37.61 | 30.28 | 26.99 |
| 56 | 52.33 | 39.01 | 31.75 | 27.89 |
| 57 | 54.84 | 40.63 | 33.38 | 28.83 |
| 58 | 57.74 | 42.68 | 35.25 | 29.91 |
| 59 | 60.93 | 45.27 | 37.37 | 31.20 |
| 60 | 64.03 | 48.15 | 39.62 | 32.76 |
| 61 | 66.14 | 50.61 | 41.66 | 34.45 |
| 62 | 63.18 | 49.39 | 40.67 | 33.62 |
| 63 | 61.34 | 46.88 | 38.59 | 31.91 |
| 64 | 59.73 | 46.14 | 37.98 | 31.41 |
| 65 | 59.24 | 45.34 | 37.33 | 30.87 |
| 66 | 64.43 | 48.99 | 40.34 | 33.35 |
| 67 | 70.06 | 52.94 | 43.59 | 36.04 |
| 68 | 76.20 | 57.21 | 47.10 | 38.95 |
| 69 | 82.86 | 61.83 | 50.89 | 42.08 |
| 70 | 90.11 | 66.79 | 54.99 | 45.47 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates 5 Year BP
Class F1
Social Insurance Substitute, 24 Mo. MNAD, 24 Mo. Residual

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 21.01 | 15.89 | 14.55 | 13.38 |
| 26 | 22.42 | 17.26 | 15.32 | 14.02 |
| 27 | 23.82 | 18.64 | 16.07 | 14.65 |
| 28 | 24.90 | 18.92 | 16.12 | 14.67 |
| 29 | 25.61 | 19.20 | 16.18 | 14.69 |
| 30 | 25.81 | 19.30 | 16.08 | 14.55 |
| 31 | 25.91 | 19.37 | 15.97 | 14.44 |
| 32 | 26.07 | 19.46 | 15.86 | 14.31 |
| 33 | 26.37 | 19.28 | 15.74 | 14.48 |
| 34 | 26.83 | 19.35 | 15.79 | 14.65 |
| 35 | 27.43 | 19.68 | 16.01 | 14.80 |
| 36 | 28.11 | 20.21 | 16.37 | 14.97 |
| 37 | 28.86 | 20.83 | 16.82 | 15.11 |
| 38 | 29.60 | 21.47 | 17.31 | 15.58 |
| 39 | 30.35 | 22.07 | 17.83 | 16.05 |
| 40 | 31.11 | 22.59 | 18.33 | 16.53 |
| 41 | 31.57 | 22.85 | 18.63 | 16.81 |
| 42 | 32.43 | 23.34 | 19.14 | 17.24 |
| 43 | 33.64 | 24.06 | 19.83 | 17.86 |
| 44 | 34.68 | 24.69 | 20.40 | 18.35 |
| 45 | 36.69 | 26.09 | 21.50 | 19.36 |
| 46 | 38.16 | 27.23 | 22.32 | 20.10 |
| 47 | 40.21 | 28.91 | 23.49 | 21.20 |
| 48 | 42.31 | 30.78 | 24.76 | 22.40 |
| 49 | 44.46 | 32.81 | 26.12 | 23.71 |
| 50 | 46.59 | 34.88 | 27.54 | 25.06 |
| 51 | 48.59 | 36.89 | 28.98 | 26.40 |
| 52 | 50.45 | 38.71 | 30.39 | 27.66 |
| 53 | 52.49 | 40.57 | 31.97 | 29.00 |
| 54 | 54.44 | 42.22 | 33.54 | 30.22 |
| 55 | 56.42 | 43.71 | 35.11 | 31.30 |
| 56 | 58.62 | 45.26 | 36.78 | 32.33 |
| 57 | 61.22 | 47.08 | 38.65 | 33.39 |
| 58 | 64.33 | 49.44 | 40.80 | 34.62 |
| 59 | 67.92 | 52.41 | 43.25 | 36.14 |
| 60 | 71.47 | 55.79 | 45.89 | 37.95 |
| 61 | 73.82 | 58.65 | 48.24 | 39.91 |
| 62 | 70.50 | 57.25 | 47.09 | 38.95 |
| 63 | 68.47 | 54.34 | 44.70 | 36.97 |
| 64 | 66.66 | 53.48 | 43.99 | 36.39 |
| 65 | 66.14 | 52.55 | 43.23 | 35.76 |
| 66 | 71.92 | 56.79 | 46.70 | 38.63 |
| 67 | 78.20 | 61.37 | 50.46 | 41.74 |
| 68 | 85.04 | 66.30 | 54.54 | 45.11 |
| 69 | 92.48 | 71.65 | 58.93 | 48.74 |
| 70 | 100.58 | 77.43 | 63.68 | 52.67 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates 5 Year BP
Class G1
Social Insurance Substitute, 24 Mo. MNAD, 24 Mo. Residual

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 31.52 | 23.84 | 21.83 | 20.07 |
| 26 | 33.63 | 25.89 | 22.98 | 21.03 |
| 27 | 35.73 | 27.96 | 24.11 | 21.98 |
| 28 | 37.35 | 28.38 | 24.18 | 22.01 |
| 29 | 38.42 | 28.80 | 24.27 | 22.04 |
| 30 | 38.72 | 28.95 | 24.12 | 21.83 |
| 31 | 38.87 | 29.06 | 23.96 | 21.66 |
| 32 | 39.11 | 29.19 | 23.79 | 21.47 |
| 33 | 39.56 | 28.92 | 23.61 | 21.72 |
| 34 | 40.25 | 29.03 | 23.69 | 21.98 |
| 35 | 41.15 | 29.52 | 24.02 | 22.20 |
| 36 | 42.17 | 30.32 | 24.56 | 22.46 |
| 37 | 43.29 | 31.25 | 25.23 | 22.67 |
| 38 | 44.40 | 32.21 | 25.97 | 23.37 |
| 39 | 45.53 | 33.11 | 26.75 | 24.08 |
| 40 | 46.67 | 33.89 | 27.50 | 24.80 |
| 41 | 47.36 | 34.28 | 27.95 | 25.22 |
| 42 | 48.65 | 35.01 | 28.71 | 25.86 |
| 43 | 50.46 | 36.09 | 29.75 | 26.79 |
| 44 | 52.02 | 37.04 | 30.60 | 27.53 |
| 45 | 55.04 | 39.14 | 32.25 | 29.04 |
| 46 | 57.24 | 40.85 | 33.48 | 30.15 |
| 47 | 60.32 | 43.37 | 35.24 | 31.80 |
| 48 | 63.47 | 46.17 | 37.14 | 33.60 |
| 49 | 66.69 | 49.22 | 39.18 | 35.57 |
| 50 | 69.89 | 52.32 | 41.31 | 37.59 |
| 51 | 72.89 | 55.34 | 43.47 | 39.60 |
| 52 | 75.68 | 58.07 | 45.59 | 41.49 |
| 53 | 78.74 | 60.86 | 47.96 | 43.50 |
| 54 | 81.66 | 63.33 | 50.31 | 45.33 |
| 55 | 84.63 | 65.57 | 52.67 | 46.95 |
| 56 | 87.93 | 67.89 | 55.17 | 48.50 |
| 57 | 91.83 | 70.62 | 57.98 | 50.09 |
| 58 | 96.50 | 74.16 | 61.20 | 51.93 |
| 59 | 101.88 | 78.62 | 64.88 | 54.21 |
| 60 | 107.21 | 83.69 | 68.84 | 56.93 |
| 61 | 110.73 | 87.98 | 72.36 | 59.87 |
| 62 | 105.75 | 85.88 | 70.64 | 58.43 |
| 63 | 102.71 | 81.51 | 67.05 | 55.46 |
| 64 | 99.99 | 80.22 | 65.99 | 54.59 |
| 65 | 99.21 | 78.83 | 64.85 | 53.64 |
| 66 | 107.88 | 85.19 | 70.05 | 57.95 |
| 67 | 117.30 | 92.06 | 75.69 | 62.61 |
| 68 | 127.56 | 99.45 | 81.81 | 67.67 |
| 69 | 138.72 | 107.48 | 88.40 | 73.11 |
| 70 | 150.87 | 116.15 | 95.52 | 79.01 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-65 BP
Class P1
Social Insurance Substitute, 24 Mo. MNAD, 24 Mo. Residual

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 10.28 | 8.38 | 7.34 | 6.40 |
| 26 | 10.54 | 8.60 | 7.57 | 6.58 |
| 27 | 10.80 | 8.82 | 7.79 | 6.76 |
| 28 | 11.10 | 8.92 | 7.88 | 6.84 |
| 29 | 11.42 | 9.09 | 8.04 | 6.98 |
| 30 | 11.65 | 9.31 | 8.22 | 7.13 |
| 31 | 11.89 | 9.64 | 8.50 | 7.33 |
| 32 | 12.15 | 10.00 | 8.81 | 7.57 |
| 33 | 12.43 | 10.37 | 9.13 | 7.80 |
| 34 | 12.74 | 10.70 | 9.42 | 8.04 |
| 35 | 13.10 | 11.00 | 9.67 | 8.24 |
| 36 | 13.50 | 11.26 | 9.89 | 8.42 |
| 37 | 13.93 | 11.51 | 10.10 | 8.61 |
| 38 | 14.42 | 11.80 | 10.31 | 8.79 |
| 39 | 14.93 | 12.10 | 10.57 | 8.99 |
| 40 | 15.47 | 12.48 | 10.85 | 9.22 |
| 41 | 15.86 | 12.76 | 11.09 | 9.38 |
| 42 | 16.41 | 13.23 | 11.48 | 9.67 |
| 43 | 17.07 | 13.81 | 11.99 | 10.06 |
| 44 | 17.56 | 14.28 | 12.38 | 10.35 |
| 45 | 18.41 | 15.05 | 13.06 | 10.89 |
| 46 | 18.88 | 15.49 | 13.47 | 11.19 |
| 47 | 19.56 | 16.07 | 14.00 | 11.60 |
| 48 | 20.20 | 16.61 | 14.48 | 12.00 |
| 49 | 20.86 | 17.13 | 14.96 | 12.38 |
| 50 | 21.54 | 17.68 | 15.42 | 12.75 |
| 51 | 22.24 | 18.24 | 15.87 | 13.13 |
| 52 | 23.00 | 18.85 | 16.35 | 13.51 |
| 53 | 23.95 | 19.65 | 16.94 | 13.98 |
| 54 | 24.94 | 20.49 | 17.54 | 14.48 |
| 55 | 25.95 | 21.35 | 18.16 | 14.94 |
| 56 | 26.96 | 22.18 | 18.74 | 15.40 |
| 57 | 27.98 | 22.90 | 19.29 | 15.81 |
| 58 | 28.97 | 23.53 | 19.77 | 16.19 |
| 59 | 29.93 | 24.10 | 20.26 | 16.58 |
| 60 | 30.87 | 24.79 | 20.86 | 17.10 |
| 61 | 31.88 | 26.06 | 21.93 | 17.99 |
| 62 | 30.45 | 25.43 | 21.40 | 17.54 |
| 63 | 29.58 | 24.14 | 20.31 | 16.66 |
| 64 | 28.80 | 23.75 | 19.99 | 16.40 |
| 65 | 28.57 | 23.34 | 19.65 | 16.12 |
| 66 | 30.73 | 25.03 | 21.07 | 17.27 |
| 67 | 33.06 | 26.83 | 22.58 | 18.51 |
| 68 | 35.56 | 28.76 | 24.21 | 19.86 |
| 69 | 38.25 | 30.84 | 25.96 | 21.28 |
| 70 | 41.15 | 33.06 | 27.83 | 22.81 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-65 BP
Class A1
Social Insurance Substitute, 24 Mo. MNAD, 24 Mo. Residual

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 12.09 | 9.86 | 8.64 | 7.53 |
| 26 | 12.40 | 10.12 | 8.91 | 7.74 |
| 27 | 12.70 | 10.38 | 9.17 | 7.95 |
| 28 | 13.06 | 10.49 | 9.27 | 8.05 |
| 29 | 13.44 | 10.69 | 9.46 | 8.21 |
| 30 | 13.71 | 10.95 | 9.67 | 8.39 |
| 31 | 13.99 | 11.34 | 10.00 | 8.62 |
| 32 | 14.29 | 11.77 | 10.37 | 8.90 |
| 33 | 14.62 | 12.20 | 10.74 | 9.18 |
| 34 | 14.99 | 12.59 | 11.08 | 9.46 |
| 35 | 15.41 | 12.94 | 11.38 | 9.69 |
| 36 | 15.88 | 13.25 | 11.64 | 9.91 |
| 37 | 16.39 | 13.54 | 11.88 | 10.13 |
| 38 | 16.96 | 13.88 | 12.13 | 10.34 |
| 39 | 17.57 | 14.24 | 12.44 | 10.58 |
| 40 | 18.20 | 14.68 | 12.77 | 10.85 |
| 41 | 18.66 | 15.01 | 13.05 | 11.04 |
| 42 | 19.31 | 15.56 | 13.51 | 11.38 |
| 43 | 20.08 | 16.25 | 14.10 | 11.83 |
| 44 | 20.66 | 16.80 | 14.56 | 12.18 |
| 45 | 21.66 | 17.70 | 15.36 | 12.81 |
| 46 | 22.21 | 18.22 | 15.85 | 13.16 |
| 47 | 23.01 | 18.91 | 16.47 | 13.65 |
| 48 | 23.76 | 19.54 | 17.04 | 14.12 |
| 49 | 24.54 | 20.15 | 17.60 | 14.56 |
| 50 | 25.34 | 20.80 | 18.14 | 15.00 |
| 51 | 26.17 | 21.46 | 18.67 | 15.45 |
| 52 | 27.06 | 22.18 | 19.23 | 15.89 |
| 53 | 28.18 | 23.12 | 19.93 | 16.45 |
| 54 | 29.34 | 24.11 | 20.64 | 17.03 |
| 55 | 30.53 | 25.12 | 21.36 | 17.58 |
| 56 | 31.72 | 26.09 | 22.05 | 18.12 |
| 57 | 32.92 | 26.94 | 22.69 | 18.60 |
| 58 | 34.08 | 27.68 | 23.26 | 19.05 |
| 59 | 35.21 | 28.35 | 23.83 | 19.51 |
| 60 | 36.32 | 29.16 | 24.54 | 20.12 |
| 61 | 37.51 | 30.66 | 25.80 | 21.16 |
| 62 | 35.82 | 29.92 | 25.18 | 20.64 |
| 63 | 34.80 | 28.40 | 23.89 | 19.60 |
| 64 | 33.88 | 27.94 | 23.52 | 19.29 |
| 65 | 33.61 | 27.46 | 23.12 | 18.96 |
| 66 | 36.15 | 29.45 | 24.79 | 20.32 |
| 67 | 38.89 | 31.57 | 26.56 | 21.78 |
| 68 | 41.84 | 33.84 | 28.48 | 23.36 |
| 69 | 45.00 | 36.28 | 30.54 | 25.04 |
| 70 | 48.41 | 38.89 | 32.74 | 26.84 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-65 BP
Class B1
Social Insurance Substitute, 24 Mo. MNAD, 24 Mo. Residual

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 13.15 | 11.25 | 9.78 | 8.51 |
| 26 | 13.54 | 11.50 | 10.02 | 8.70 |
| 27 | 13.91 | 11.75 | 10.26 | 8.88 |
| 28 | 14.36 | 11.89 | 10.36 | 9.00 |
| 29 | 14.80 | 12.13 | 10.56 | 9.19 |
| 30 | 15.06 | 12.39 | 10.81 | 9.40 |
| 31 | 15.29 | 12.76 | 11.19 | 9.65 |
| 32 | 15.53 | 13.18 | 11.60 | 9.95 |
| 33 | 15.82 | 13.60 | 12.01 | 10.24 |
| 34 | 16.16 | 14.00 | 12.35 | 10.51 |
| 35 | 16.58 | 14.34 | 12.66 | 10.77 |
| 36 | 17.05 | 14.69 | 12.92 | 10.99 |
| 37 | 17.60 | 15.03 | 13.19 | 11.23 |
| 38 | 18.18 | 15.42 | 13.50 | 11.49 |
| 39 | 18.79 | 15.88 | 13.87 | 11.80 |
| 40 | 19.43 | 16.40 | 14.33 | 12.16 |
| 41 | 19.86 | 16.82 | 14.71 | 12.44 |
| 42 | 20.51 | 17.46 | 15.30 | 12.89 |
| 43 | 21.29 | 18.27 | 16.05 | 13.45 |
| 44 | 21.89 | 18.90 | 16.63 | 13.89 |
| 45 | 22.97 | 19.92 | 17.58 | 14.62 |
| 46 | 23.61 | 20.52 | 18.11 | 15.02 |
| 47 | 24.54 | 21.31 | 18.78 | 15.56 |
| 48 | 25.44 | 22.03 | 19.37 | 16.04 |
| 49 | 26.39 | 22.73 | 19.91 | 16.49 |
| 50 | 27.38 | 23.46 | 20.45 | 16.92 |
| 51 | 28.37 | 24.20 | 20.99 | 17.35 |
| 52 | 29.36 | 24.99 | 21.57 | 17.79 |
| 53 | 30.58 | 25.99 | 22.34 | 18.37 |
| 54 | 31.79 | 27.06 | 23.18 | 18.97 |
| 55 | 32.97 | 28.11 | 24.04 | 19.58 |
| 56 | 34.16 | 29.12 | 24.90 | 20.17 |
| 57 | 35.34 | 30.03 | 25.68 | 20.71 |
| 58 | 36.53 | 30.82 | 26.35 | 21.21 |
| 59 | 37.73 | 31.56 | 27.00 | 21.73 |
| 60 | 38.99 | 32.49 | 27.77 | 22.40 |
| 61 | 40.27 | 34.16 | 29.19 | 23.55 |
| 62 | 38.47 | 33.35 | 28.48 | 22.98 |
| 63 | 37.35 | 31.64 | 27.04 | 21.81 |
| 64 | 36.37 | 31.14 | 26.61 | 21.46 |
| 65 | 36.07 | 30.60 | 26.15 | 21.09 |
| 66 | 38.88 | 32.87 | 28.08 | 22.65 |
| 67 | 41.90 | 35.29 | 30.16 | 24.33 |
| 68 | 45.18 | 37.91 | 32.39 | 26.12 |
| 69 | 48.70 | 40.70 | 34.77 | 28.04 |
| 70 | 52.50 | 43.71 | 37.34 | 30.12 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-65 BP
Class C1
Social Insurance Substitute, 24 Mo. MNAD, 24 Mo. Residual

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 13.83 | 11.98 | 10.56 | 9.22 |
| 26 | 14.24 | 12.24 | 10.78 | 9.38 |
| 27 | 14.65 | 12.49 | 11.00 | 9.53 |
| 28 | 14.94 | 12.59 | 11.13 | 9.66 |
| 29 | 15.28 | 12.79 | 11.32 | 9.83 |
| 30 | 15.55 | 13.00 | 11.49 | 9.96 |
| 31 | 15.91 | 13.32 | 11.74 | 10.13 |
| 32 | 16.30 | 13.70 | 12.03 | 10.34 |
| 33 | 16.71 | 14.07 | 12.34 | 10.56 |
| 34 | 17.13 | 14.43 | 12.64 | 10.80 |
| 35 | 17.56 | 14.76 | 12.95 | 11.05 |
| 36 | 17.98 | 15.07 | 13.25 | 11.29 |
| 37 | 18.44 | 15.40 | 13.57 | 11.56 |
| 38 | 18.93 | 15.77 | 13.91 | 11.85 |
| 39 | 19.48 | 16.19 | 14.30 | 12.17 |
| 40 | 20.08 | 16.67 | 14.72 | 12.50 |
| 41 | 20.52 | 17.04 | 15.03 | 12.73 |
| 42 | 21.21 | 17.64 | 15.52 | 13.09 |
| 43 | 22.06 | 18.40 | 16.15 | 13.56 |
| 44 | 22.71 | 19.00 | 16.61 | 13.89 |
| 45 | 23.87 | 19.99 | 17.41 | 14.52 |
| 46 | 24.52 | 20.58 | 17.87 | 14.85 |
| 47 | 25.44 | 21.37 | 18.50 | 15.35 |
| 48 | 26.32 | 22.13 | 19.08 | 15.82 |
| 49 | 27.25 | 22.90 | 19.67 | 16.30 |
| 50 | 28.23 | 23.73 | 20.27 | 16.82 |
| 51 | 29.29 | 24.61 | 20.91 | 17.34 |
| 52 | 30.44 | 25.57 | 21.57 | 17.90 |
| 53 | 31.91 | 26.78 | 22.42 | 18.59 |
| 54 | 33.49 | 28.04 | 23.29 | 19.29 |
| 55 | 35.11 | 29.31 | 24.15 | 19.97 |
| 56 | 36.76 | 30.49 | 24.97 | 20.60 |
| 57 | 38.33 | 31.52 | 25.71 | 21.18 |
| 58 | 39.79 | 32.40 | 26.35 | 21.69 |
| 59 | 41.08 | 33.16 | 27.00 | 22.21 |
| 60 | 42.29 | 34.12 | 27.83 | 22.91 |
| 61 | 43.68 | 35.88 | 29.26 | 24.09 |
| 62 | 41.73 | 35.02 | 28.56 | 23.52 |
| 63 | 40.52 | 33.24 | 27.10 | 22.33 |
| 64 | 39.45 | 32.71 | 26.68 | 21.96 |
| 65 | 39.14 | 32.15 | 26.21 | 21.59 |
| 66 | 42.32 | 34.60 | 28.22 | 23.25 |
| 67 | 45.77 | 37.25 | 30.37 | 25.02 |
| 68 | 49.49 | 40.10 | 32.70 | 26.94 |
| 69 | 53.51 | 43.16 | 35.20 | 28.99 |
| 70 | 57.86 | 46.46 | 37.89 | 31.22 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-65 BP
Class D1
Social Insurance Substitute, 24 Mo. MNAD, 24 Mo. Residual

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 18.67 | 16.16 | 14.55 | 12.80 |
| 26 | 18.90 | 16.42 | 14.61 | 12.79 |
| 27 | 19.14 | 16.68 | 14.65 | 12.77 |
| 28 | 19.46 | 16.71 | 14.66 | 12.80 |
| 29 | 19.78 | 16.80 | 14.75 | 12.87 |
| 30 | 19.89 | 16.90 | 14.78 | 12.87 |
| 31 | 20.00 | 17.13 | 14.90 | 12.89 |
| 32 | 20.11 | 17.43 | 15.04 | 12.94 |
| 33 | 20.56 | 17.76 | 15.20 | 13.03 |
| 34 | 20.98 | 18.05 | 15.37 | 13.14 |
| 35 | 21.35 | 18.32 | 15.57 | 13.29 |
| 36 | 21.69 | 18.57 | 15.76 | 13.46 |
| 37 | 22.02 | 18.85 | 16.01 | 13.67 |
| 38 | 22.42 | 19.14 | 16.29 | 13.91 |
| 39 | 22.87 | 19.50 | 16.61 | 14.17 |
| 40 | 23.42 | 19.91 | 16.98 | 14.44 |
| 41 | 23.82 | 20.20 | 17.19 | 14.59 |
| 42 | 24.53 | 20.74 | 17.62 | 14.88 |
| 43 | 25.48 | 21.46 | 18.17 | 15.27 |
| 44 | 26.19 | 21.96 | 18.53 | 15.50 |
| 45 | 27.48 | 22.94 | 19.30 | 16.08 |
| 46 | 28.17 | 23.45 | 19.64 | 16.32 |
| 47 | 29.14 | 24.20 | 20.18 | 16.76 |
| 48 | 30.03 | 24.90 | 20.69 | 17.18 |
| 49 | 30.94 | 25.65 | 21.23 | 17.65 |
| 50 | 31.89 | 26.47 | 21.81 | 18.15 |
| 51 | 32.97 | 27.38 | 22.45 | 18.72 |
| 52 | 34.16 | 28.40 | 23.15 | 19.29 |
| 53 | 35.77 | 29.71 | 24.08 | 20.06 |
| 54 | 37.54 | 31.10 | 25.05 | 20.82 |
| 55 | 39.45 | 32.51 | 26.00 | 21.57 |
| 56 | 41.40 | 33.84 | 26.93 | 22.27 |
| 57 | 43.28 | 35.02 | 27.75 | 22.89 |
| 58 | 44.98 | 35.99 | 28.47 | 23.45 |
| 59 | 46.45 | 36.84 | 29.16 | 24.02 |
| 60 | 47.77 | 37.88 | 30.04 | 24.77 |
| 61 | 49.33 | 39.82 | 31.58 | 26.04 |
| 62 | 47.13 | 38.86 | 30.82 | 25.42 |
| 63 | 45.76 | 36.89 | 29.25 | 24.13 |
| 64 | 44.56 | 36.31 | 28.79 | 23.74 |
| 65 | 44.19 | 35.67 | 28.29 | 23.33 |
| 66 | 48.06 | 38.54 | 30.57 | 25.21 |
| 67 | 52.26 | 41.65 | 33.02 | 27.25 |
| 68 | 56.83 | 45.02 | 35.69 | 29.44 |
| 69 | 61.80 | 48.64 | 38.57 | 31.81 |
| 70 | 67.21 | 52.55 | 41.68 | 34.37 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-65 BP
Class E1
Social Insurance Substitute, 24 Mo. MNAD, 24 Mo. Residual

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 27.35 | 22.63 | 20.39 | 17.99 |
| 26 | 27.46 | 22.61 | 20.11 | 17.65 |
| 27 | 27.57 | 22.59 | 19.82 | 17.31 |
| 28 | 27.80 | 22.90 | 20.02 | 17.43 |
| 29 | 28.19 | 23.21 | 20.21 | 17.55 |
| 30 | 28.37 | 23.28 | 20.19 | 17.49 |
| 31 | 28.62 | 23.35 | 20.17 | 17.44 |
| 32 | 28.87 | 23.42 | 20.16 | 17.38 |
| 33 | 29.14 | 23.83 | 20.39 | 17.50 |
| 34 | 29.42 | 24.22 | 20.62 | 17.63 |
| 35 | 29.76 | 24.57 | 20.86 | 17.82 |
| 36 | 30.17 | 24.90 | 21.12 | 18.03 |
| 37 | 30.68 | 25.25 | 21.42 | 18.29 |
| 38 | 31.30 | 25.63 | 21.77 | 18.59 |
| 39 | 32.06 | 26.09 | 22.16 | 18.91 |
| 40 | 32.92 | 26.63 | 22.63 | 19.25 |
| 41 | 33.53 | 26.98 | 22.92 | 19.43 |
| 42 | 34.55 | 27.68 | 23.46 | 19.82 |
| 43 | 35.85 | 28.64 | 24.21 | 20.36 |
| 44 | 36.77 | 29.33 | 24.72 | 20.69 |
| 45 | 38.48 | 30.68 | 25.76 | 21.48 |
| 46 | 39.38 | 31.41 | 26.27 | 21.84 |
| 47 | 40.68 | 32.46 | 27.05 | 22.47 |
| 48 | 41.89 | 33.46 | 27.78 | 23.07 |
| 49 | 43.14 | 34.49 | 28.51 | 23.69 |
| 50 | 44.47 | 35.56 | 29.27 | 24.36 |
| 51 | 45.89 | 36.68 | 30.06 | 25.04 |
| 52 | 47.45 | 37.88 | 30.88 | 25.75 |
| 53 | 49.50 | 39.42 | 31.95 | 26.64 |
| 54 | 51.72 | 40.99 | 33.02 | 27.51 |
| 55 | 54.04 | 42.56 | 34.11 | 28.34 |
| 56 | 56.39 | 44.05 | 35.11 | 29.10 |
| 57 | 58.71 | 45.38 | 36.04 | 29.79 |
| 58 | 60.88 | 46.54 | 36.92 | 30.47 |
| 59 | 62.87 | 47.67 | 37.82 | 31.22 |
| 60 | 64.78 | 49.11 | 39.02 | 32.25 |
| 61 | 66.89 | 51.62 | 41.02 | 33.91 |
| 62 | 63.91 | 50.38 | 40.04 | 33.10 |
| 63 | 62.04 | 47.82 | 38.00 | 31.42 |
| 64 | 60.42 | 47.05 | 37.40 | 30.92 |
| 65 | 59.94 | 46.26 | 36.76 | 30.38 |
| 66 | 65.17 | 49.98 | 39.71 | 32.83 |
| 67 | 70.87 | 54.01 | 42.91 | 35.47 |
| 68 | 77.07 | 58.36 | 46.38 | 38.33 |
| 69 | 83.81 | 63.06 | 50.10 | 41.42 |
| 70 | 91.14 | 68.13 | 54.15 | 44.75 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-65 BP
Class F1
Social Insurance Substitute, 24 Mo. MNAD, 24 Mo. Residual

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 31.02 | 27.00 | 24.22 | 21.35 |
| 26 | 30.97 | 27.03 | 23.95 | 20.99 |
| 27 | 30.93 | 27.05 | 23.67 | 20.64 |
| 28 | 31.39 | 27.28 | 23.74 | 20.66 |
| 29 | 31.85 | 27.50 | 23.83 | 20.67 |
| 30 | 31.99 | 27.44 | 23.66 | 20.48 |
| 31 | 32.11 | 27.38 | 23.51 | 20.29 |
| 32 | 32.23 | 27.32 | 23.35 | 20.10 |
| 33 | 32.86 | 27.69 | 23.55 | 20.19 |
| 34 | 33.51 | 28.11 | 23.83 | 20.37 |
| 35 | 34.20 | 28.56 | 24.17 | 20.62 |
| 36 | 34.88 | 29.02 | 24.56 | 20.95 |
| 37 | 35.61 | 29.53 | 25.01 | 21.34 |
| 38 | 36.38 | 30.09 | 25.50 | 21.76 |
| 39 | 37.19 | 30.71 | 26.04 | 22.20 |
| 40 | 38.09 | 31.39 | 26.63 | 22.65 |
| 41 | 38.67 | 31.80 | 26.97 | 22.86 |
| 42 | 39.71 | 32.60 | 27.61 | 23.30 |
| 43 | 41.08 | 33.65 | 28.44 | 23.89 |
| 44 | 42.07 | 34.39 | 28.98 | 24.25 |
| 45 | 43.98 | 35.88 | 30.13 | 25.12 |
| 46 | 45.01 | 36.65 | 30.68 | 25.51 |
| 47 | 46.54 | 37.82 | 31.54 | 26.20 |
| 48 | 47.98 | 38.95 | 32.35 | 26.88 |
| 49 | 49.44 | 40.13 | 33.19 | 27.59 |
| 50 | 50.95 | 41.37 | 34.06 | 28.36 |
| 51 | 52.51 | 42.70 | 34.96 | 29.16 |
| 52 | 54.15 | 44.11 | 35.90 | 29.96 |
| 53 | 56.27 | 45.89 | 37.12 | 30.97 |
| 54 | 58.49 | 47.70 | 38.35 | 31.95 |
| 55 | 60.81 | 49.48 | 39.54 | 32.87 |
| 56 | 63.19 | 51.14 | 40.67 | 33.72 |
| 57 | 65.56 | 52.62 | 41.71 | 34.49 |
| 58 | 67.88 | 53.95 | 42.70 | 35.25 |
| 59 | 70.13 | 55.26 | 43.74 | 36.14 |
| 60 | 72.34 | 56.96 | 45.15 | 37.35 |
| 61 | 74.72 | 59.89 | 47.48 | 39.27 |
| 62 | 71.36 | 58.44 | 46.34 | 38.33 |
| 63 | 69.31 | 55.47 | 43.99 | 36.39 |
| 64 | 67.48 | 54.59 | 43.28 | 35.81 |
| 65 | 66.94 | 53.65 | 42.54 | 35.19 |
| 66 | 72.80 | 57.97 | 45.96 | 38.03 |
| 67 | 79.16 | 62.63 | 49.68 | 41.09 |
| 68 | 86.08 | 67.69 | 53.68 | 44.40 |
| 69 | 93.61 | 73.13 | 58.00 | 47.98 |
| 70 | 101.80 | 79.03 | 62.68 | 51.85 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-65 BP
Class G1
Social Insurance Substitute, 24 Mo. MNAD, 24 Mo. Residual

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 46.53 | 40.50 | 36.33 | 32.03 |
| 26 | 46.46 | 40.55 | 35.93 | 31.49 |
| 27 | 46.40 | 40.58 | 35.51 | 30.96 |
| 28 | 47.09 | 40.92 | 35.61 | 30.99 |
| 29 | 47.78 | 41.25 | 35.75 | 31.01 |
| 30 | 47.99 | 41.16 | 35.49 | 30.72 |
| 31 | 48.17 | 41.07 | 35.27 | 30.44 |
| 32 | 48.35 | 40.98 | 35.03 | 30.15 |
| 33 | 49.29 | 41.54 | 35.33 | 30.29 |
| 34 | 50.27 | 42.17 | 35.75 | 30.56 |
| 35 | 51.30 | 42.84 | 36.26 | 30.93 |
| 36 | 52.32 | 43.53 | 36.84 | 31.43 |
| 37 | 53.42 | 44.30 | 37.52 | 32.01 |
| 38 | 54.57 | 45.14 | 38.25 | 32.64 |
| 39 | 55.79 | 46.07 | 39.06 | 33.30 |
| 40 | 57.14 | 47.09 | 39.95 | 33.98 |
| 41 | 58.01 | 47.70 | 40.46 | 34.29 |
| 42 | 59.57 | 48.90 | 41.42 | 34.95 |
| 43 | 61.62 | 50.48 | 42.66 | 35.84 |
| 44 | 63.11 | 51.59 | 43.47 | 36.38 |
| 45 | 65.97 | 53.82 | 45.20 | 37.68 |
| 46 | 67.52 | 54.98 | 46.02 | 38.27 |
| 47 | 69.81 | 56.73 | 47.31 | 39.30 |
| 48 | 71.97 | 58.43 | 48.53 | 40.32 |
| 49 | 74.16 | 60.20 | 49.79 | 41.39 |
| 50 | 76.43 | 62.06 | 51.09 | 42.54 |
| 51 | 78.77 | 64.05 | 52.44 | 43.74 |
| 52 | 81.23 | 66.17 | 53.85 | 44.94 |
| 53 | 84.41 | 68.84 | 55.68 | 46.46 |
| 54 | 87.74 | 71.55 | 57.53 | 47.93 |
| 55 | 91.22 | 74.22 | 59.31 | 49.31 |
| 56 | 94.79 | 76.71 | 61.01 | 50.58 |
| 57 | 98.34 | 78.93 | 62.57 | 51.74 |
| 58 | 101.82 | 80.93 | 64.05 | 52.88 |
| 59 | 105.20 | 82.89 | 65.61 | 54.21 |
| 60 | 108.51 | 85.44 | 67.73 | 56.03 |
| 61 | 112.08 | 89.84 | 71.22 | 58.91 |
| 62 | 107.04 | 87.66 | 69.51 | 57.50 |
| 63 | 103.97 | 83.21 | 65.99 | 54.59 |
| 64 | 101.22 | 81.89 | 64.92 | 53.72 |
| 65 | 100.41 | 80.48 | 63.81 | 52.79 |
| 66 | 109.20 | 86.96 | 68.94 | 57.05 |
| 67 | 118.74 | 93.95 | 74.52 | 61.64 |
| 68 | 129.12 | 101.54 | 80.52 | 66.60 |
| 69 | 140.42 | 109.70 | 87.00 | 71.97 |
| 70 | 152.70 | 118.55 | 94.02 | 77.78 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-67 BP
Class P1
Social Insurance Substitute, 24 Mo. MNAD, 24 Mo. Residual

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 10.59 | 8.76 | 7.88 | 6.88 |
| 26 | 10.94 | 9.10 | 8.29 | 7.20 |
| 27 | 11.30 | 9.44 | 8.69 | 7.52 |
| 28 | 11.62 | 9.55 | 8.87 | 7.69 |
| 29 | 11.95 | 9.74 | 9.07 | 7.87 |
| 30 | 12.19 | 9.98 | 9.27 | 8.02 |
| 31 | 12.44 | 10.33 | 9.55 | 8.25 |
| 32 | 12.73 | 10.74 | 9.88 | 8.48 |
| 33 | 13.06 | 11.14 | 10.21 | 8.73 |
| 34 | 13.40 | 11.51 | 10.52 | 8.98 |
| 35 | 13.80 | 11.83 | 10.80 | 9.20 |
| 36 | 14.25 | 12.11 | 11.02 | 9.40 |
| 37 | 14.74 | 12.40 | 11.25 | 9.59 |
| 38 | 15.28 | 12.72 | 11.49 | 9.78 |
| 39 | 15.85 | 13.06 | 11.77 | 10.02 |
| 40 | 16.47 | 13.48 | 12.09 | 10.27 |
| 41 | 16.92 | 13.81 | 12.33 | 10.44 |
| 42 | 17.55 | 14.34 | 12.75 | 10.75 |
| 43 | 18.30 | 15.00 | 13.33 | 11.19 |
| 44 | 18.85 | 15.53 | 13.80 | 11.53 |
| 45 | 19.80 | 16.40 | 14.58 | 12.14 |
| 46 | 20.34 | 16.89 | 15.07 | 12.52 |
| 47 | 21.10 | 17.57 | 15.72 | 13.01 |
| 48 | 21.85 | 18.20 | 16.30 | 13.50 |
| 49 | 22.65 | 18.84 | 16.88 | 13.97 |
| 50 | 23.52 | 19.53 | 17.43 | 14.42 |
| 51 | 24.48 | 20.27 | 17.98 | 14.88 |
| 52 | 25.54 | 21.08 | 18.51 | 15.31 |
| 53 | 26.88 | 22.13 | 19.18 | 15.85 |
| 54 | 28.29 | 23.22 | 19.84 | 16.36 |
| 55 | 29.74 | 24.34 | 20.48 | 16.86 |
| 56 | 31.19 | 25.41 | 21.09 | 17.32 |
| 57 | 32.55 | 26.33 | 21.65 | 17.75 |
| 58 | 33.79 | 27.10 | 22.18 | 18.16 |
| 59 | 34.89 | 27.74 | 22.70 | 18.61 |
| 60 | 35.92 | 28.50 | 23.42 | 19.19 |
| 61 | 37.09 | 29.95 | 24.62 | 20.19 |
| 62 | 34.72 | 28.66 | 23.54 | 19.30 |
| 63 | 33.04 | 26.65 | 21.90 | 17.95 |
| 64 | 30.89 | 25.18 | 20.70 | 16.97 |
| 65 | 28.57 | 23.34 | 19.65 | 16.12 |
| 66 | 30.73 | 25.03 | 21.07 | 17.27 |
| 67 | 33.06 | 26.83 | 22.58 | 18.51 |
| 68 | 35.56 | 28.76 | 24.21 | 19.86 |
| 69 | 38.25 | 30.84 | 25.96 | 21.28 |
| 70 | 41.15 | 33.06 | 27.83 | 22.81 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-67 BP
Class A1
Social Insurance Substitute, 24 Mo. MNAD, 24 Mo. Residual

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 12.46 | 10.30 | 9.27 | 8.09 |
| 26 | 12.87 | 10.70 | 9.75 | 8.47 |
| 27 | 13.29 | 11.10 | 10.22 | 8.85 |
| 28 | 13.67 | 11.23 | 10.43 | 9.05 |
| 29 | 14.06 | 11.46 | 10.67 | 9.26 |
| 30 | 14.34 | 11.74 | 10.90 | 9.44 |
| 31 | 14.64 | 12.15 | 11.24 | 9.70 |
| 32 | 14.98 | 12.63 | 11.62 | 9.98 |
| 33 | 15.36 | 13.10 | 12.01 | 10.27 |
| 34 | 15.77 | 13.54 | 12.38 | 10.56 |
| 35 | 16.24 | 13.92 | 12.70 | 10.82 |
| 36 | 16.76 | 14.25 | 12.97 | 11.06 |
| 37 | 17.34 | 14.59 | 13.24 | 11.28 |
| 38 | 17.98 | 14.96 | 13.52 | 11.51 |
| 39 | 18.65 | 15.36 | 13.85 | 11.79 |
| 40 | 19.38 | 15.86 | 14.22 | 12.08 |
| 41 | 19.91 | 16.25 | 14.51 | 12.28 |
| 42 | 20.65 | 16.87 | 15.00 | 12.65 |
| 43 | 21.53 | 17.65 | 15.68 | 13.16 |
| 44 | 22.18 | 18.27 | 16.23 | 13.57 |
| 45 | 23.29 | 19.29 | 17.15 | 14.28 |
| 46 | 23.93 | 19.87 | 17.73 | 14.73 |
| 47 | 24.82 | 20.67 | 18.49 | 15.31 |
| 48 | 25.70 | 21.41 | 19.18 | 15.88 |
| 49 | 26.65 | 22.17 | 19.86 | 16.44 |
| 50 | 27.67 | 22.98 | 20.51 | 16.97 |
| 51 | 28.80 | 23.85 | 21.15 | 17.50 |
| 52 | 30.05 | 24.80 | 21.78 | 18.01 |
| 53 | 31.62 | 26.03 | 22.56 | 18.65 |
| 54 | 33.28 | 27.32 | 23.34 | 19.25 |
| 55 | 34.99 | 28.64 | 24.09 | 19.84 |
| 56 | 36.69 | 29.89 | 24.81 | 20.38 |
| 57 | 38.29 | 30.98 | 25.47 | 20.88 |
| 58 | 39.75 | 31.88 | 26.09 | 21.37 |
| 59 | 41.05 | 32.63 | 26.71 | 21.89 |
| 60 | 42.26 | 33.53 | 27.55 | 22.58 |
| 61 | 43.63 | 35.24 | 28.97 | 23.75 |
| 62 | 40.85 | 33.72 | 27.69 | 22.71 |
| 63 | 38.87 | 31.35 | 25.76 | 21.12 |
| 64 | 36.34 | 29.62 | 24.35 | 19.96 |
| 65 | 33.61 | 27.46 | 23.12 | 18.96 |
| 66 | 36.15 | 29.45 | 24.79 | 20.32 |
| 67 | 38.89 | 31.57 | 26.56 | 21.78 |
| 68 | 41.84 | 33.84 | 28.48 | 23.36 |
| 69 | 45.00 | 36.28 | 30.54 | 25.04 |
| 70 | 48.41 | 38.89 | 32.74 | 26.84 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-67 BP
Class B1
Social Insurance Substitute, 24 Mo. MNAD, 24 Mo. Residual

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 13.54 | 11.74 | 10.50 | 9.14 |
| 26 | 14.05 | 12.16 | 10.97 | 9.51 |
| 27 | 14.55 | 12.56 | 11.44 | 9.89 |
| 28 | 15.04 | 12.74 | 11.65 | 10.11 |
| 29 | 15.49 | 13.00 | 11.91 | 10.37 |
| 30 | 15.76 | 13.29 | 12.20 | 10.58 |
| 31 | 16.01 | 13.69 | 12.57 | 10.85 |
| 32 | 16.29 | 14.14 | 13.01 | 11.16 |
| 33 | 16.63 | 14.60 | 13.42 | 11.46 |
| 34 | 17.01 | 15.03 | 13.79 | 11.74 |
| 35 | 17.47 | 15.42 | 14.11 | 12.01 |
| 36 | 18.01 | 15.79 | 14.41 | 12.25 |
| 37 | 18.61 | 16.18 | 14.71 | 12.51 |
| 38 | 19.26 | 16.63 | 15.04 | 12.80 |
| 39 | 19.97 | 17.13 | 15.45 | 13.14 |
| 40 | 20.69 | 17.72 | 15.94 | 13.54 |
| 41 | 21.21 | 18.20 | 16.36 | 13.83 |
| 42 | 21.94 | 18.92 | 17.02 | 14.33 |
| 43 | 22.84 | 19.82 | 17.86 | 14.97 |
| 44 | 23.50 | 20.54 | 18.53 | 15.48 |
| 45 | 24.70 | 21.70 | 19.61 | 16.31 |
| 46 | 25.43 | 22.39 | 20.25 | 16.82 |
| 47 | 26.47 | 23.30 | 21.07 | 17.45 |
| 48 | 27.52 | 24.15 | 21.79 | 18.04 |
| 49 | 28.66 | 25.01 | 22.48 | 18.61 |
| 50 | 29.90 | 25.92 | 23.13 | 19.13 |
| 51 | 31.21 | 26.89 | 23.78 | 19.66 |
| 52 | 32.61 | 27.93 | 24.44 | 20.16 |
| 53 | 34.31 | 29.26 | 25.31 | 20.81 |
| 54 | 36.04 | 30.66 | 26.20 | 21.45 |
| 55 | 37.79 | 32.05 | 27.11 | 22.08 |
| 56 | 39.48 | 33.36 | 28.00 | 22.68 |
| 57 | 41.10 | 34.52 | 28.82 | 23.25 |
| 58 | 42.61 | 35.48 | 29.55 | 23.79 |
| 59 | 44.00 | 36.33 | 30.26 | 24.37 |
| 60 | 45.35 | 37.36 | 31.17 | 25.14 |
| 61 | 46.85 | 39.27 | 32.76 | 26.43 |
| 62 | 43.85 | 37.56 | 31.33 | 25.28 |
| 63 | 41.74 | 34.94 | 29.15 | 23.50 |
| 64 | 39.01 | 33.01 | 27.53 | 22.21 |
| 65 | 36.07 | 30.60 | 26.15 | 21.09 |
| 66 | 38.88 | 32.87 | 28.08 | 22.65 |
| 67 | 41.90 | 35.29 | 30.16 | 24.33 |
| 68 | 45.18 | 37.91 | 32.39 | 26.12 |
| 69 | 48.70 | 40.70 | 34.77 | 28.04 |
| 70 | 52.50 | 43.71 | 37.34 | 30.12 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-67 BP
Class C1
Social Insurance Substitute, 24 Mo. MNAD, 24 Mo. Residual

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 14.23 | 12.51 | 11.33 | 9.90 |
| 26 | 14.78 | 12.93 | 11.79 | 10.26 |
| 27 | 15.33 | 13.34 | 12.25 | 10.62 |
| 28 | 15.63 | 13.49 | 12.51 | 10.87 |
| 29 | 15.96 | 13.71 | 12.76 | 11.10 |
| 30 | 16.25 | 13.94 | 12.95 | 11.23 |
| 31 | 16.65 | 14.30 | 13.19 | 11.40 |
| 32 | 17.10 | 14.70 | 13.48 | 11.59 |
| 33 | 17.58 | 15.11 | 13.80 | 11.82 |
| 34 | 18.05 | 15.51 | 14.13 | 12.07 |
| 35 | 18.52 | 15.88 | 14.45 | 12.33 |
| 36 | 18.99 | 16.23 | 14.78 | 12.61 |
| 37 | 19.50 | 16.59 | 15.13 | 12.90 |
| 38 | 20.06 | 17.00 | 15.51 | 13.21 |
| 39 | 20.68 | 17.46 | 15.92 | 13.56 |
| 40 | 21.37 | 18.01 | 16.39 | 13.92 |
| 41 | 21.89 | 18.45 | 16.72 | 14.16 |
| 42 | 22.68 | 19.13 | 17.26 | 14.56 |
| 43 | 23.65 | 19.98 | 17.96 | 15.09 |
| 44 | 24.40 | 20.65 | 18.50 | 15.48 |
| 45 | 25.67 | 21.76 | 19.44 | 16.20 |
| 46 | 26.40 | 22.44 | 20.00 | 16.62 |
| 47 | 27.45 | 23.36 | 20.76 | 17.22 |
| 48 | 28.46 | 24.25 | 21.47 | 17.80 |
| 49 | 29.58 | 25.20 | 22.20 | 18.40 |
| 50 | 30.82 | 26.21 | 22.93 | 19.02 |
| 51 | 32.21 | 27.35 | 23.69 | 19.64 |
| 52 | 33.79 | 28.60 | 24.45 | 20.27 |
| 53 | 35.82 | 30.15 | 25.38 | 21.04 |
| 54 | 37.99 | 31.79 | 26.33 | 21.79 |
| 55 | 40.27 | 33.40 | 27.25 | 22.51 |
| 56 | 42.51 | 34.93 | 28.09 | 23.16 |
| 57 | 44.60 | 36.25 | 28.86 | 23.76 |
| 58 | 46.41 | 37.30 | 29.56 | 24.32 |
| 59 | 47.89 | 38.18 | 30.29 | 24.92 |
| 60 | 49.21 | 39.24 | 31.24 | 25.73 |
| 61 | 50.83 | 41.26 | 32.85 | 27.06 |
| 62 | 47.58 | 39.46 | 31.42 | 25.87 |
| 63 | 45.28 | 36.70 | 29.22 | 24.07 |
| 64 | 42.32 | 34.68 | 27.61 | 22.74 |
| 65 | 39.14 | 32.15 | 26.21 | 21.59 |
| 66 | 42.32 | 34.60 | 28.22 | 23.25 |
| 67 | 45.77 | 37.25 | 30.37 | 25.02 |
| 68 | 49.49 | 40.10 | 32.70 | 26.94 |
| 69 | 53.51 | 43.16 | 35.20 | 28.99 |
| 70 | 57.86 | 46.46 | 37.89 | 31.22 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-67 BP
Class D1
Social Insurance Substitute, 24 Mo. MNAD, 24 Mo. Residual

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 19.21 | 16.87 | 15.62 | 13.74 |
| 26 | 19.62 | 17.35 | 15.98 | 13.99 |
| 27 | 20.03 | 17.83 | 16.33 | 14.22 |
| 28 | 20.37 | 17.92 | 16.49 | 14.38 |
| 29 | 20.72 | 18.04 | 16.63 | 14.51 |
| 30 | 20.86 | 18.14 | 16.64 | 14.49 |
| 31 | 20.99 | 18.38 | 16.73 | 14.49 |
| 32 | 21.11 | 18.71 | 16.85 | 14.51 |
| 33 | 21.62 | 19.06 | 17.00 | 14.58 |
| 34 | 22.11 | 19.39 | 17.19 | 14.68 |
| 35 | 22.53 | 19.69 | 17.38 | 14.82 |
| 36 | 22.92 | 19.98 | 17.60 | 15.02 |
| 37 | 23.31 | 20.28 | 17.85 | 15.24 |
| 38 | 23.75 | 20.62 | 18.16 | 15.50 |
| 39 | 24.27 | 21.04 | 18.50 | 15.78 |
| 40 | 24.92 | 21.52 | 18.89 | 16.07 |
| 41 | 25.40 | 21.86 | 19.12 | 16.22 |
| 42 | 26.24 | 22.47 | 19.58 | 16.55 |
| 43 | 27.32 | 23.28 | 20.22 | 16.99 |
| 44 | 28.13 | 23.88 | 20.65 | 17.27 |
| 45 | 29.56 | 24.99 | 21.51 | 17.92 |
| 46 | 30.35 | 25.58 | 21.96 | 18.25 |
| 47 | 31.44 | 26.45 | 22.65 | 18.79 |
| 48 | 32.47 | 27.30 | 23.29 | 19.33 |
| 49 | 33.58 | 28.22 | 23.97 | 19.91 |
| 50 | 34.83 | 29.25 | 24.68 | 20.53 |
| 51 | 36.26 | 30.41 | 25.43 | 21.19 |
| 52 | 37.92 | 31.74 | 26.23 | 21.88 |
| 53 | 40.15 | 33.43 | 27.26 | 22.71 |
| 54 | 42.61 | 35.24 | 28.29 | 23.54 |
| 55 | 45.24 | 37.07 | 29.32 | 24.33 |
| 56 | 47.88 | 38.78 | 30.29 | 25.05 |
| 57 | 50.36 | 40.26 | 31.15 | 25.70 |
| 58 | 52.47 | 41.43 | 31.93 | 26.30 |
| 59 | 54.15 | 42.40 | 32.71 | 26.93 |
| 60 | 55.58 | 43.56 | 33.73 | 27.81 |
| 61 | 57.40 | 45.79 | 35.44 | 29.23 |
| 62 | 53.72 | 43.80 | 33.90 | 27.97 |
| 63 | 51.13 | 40.73 | 31.53 | 26.02 |
| 64 | 47.79 | 38.48 | 29.79 | 24.58 |
| 65 | 44.19 | 35.67 | 28.29 | 23.33 |
| 66 | 48.06 | 38.54 | 30.57 | 25.21 |
| 67 | 52.26 | 41.65 | 33.02 | 27.25 |
| 68 | 56.83 | 45.02 | 35.69 | 29.44 |
| 69 | 61.80 | 48.64 | 38.57 | 31.81 |
| 70 | 67.21 | 52.55 | 41.68 | 34.37 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-67 BP
Class E1
Social Insurance Substitute, 24 Mo. MNAD, 24 Mo. Residual

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 28.16 | 23.63 | 21.88 | 19.31 |
| 26 | 28.51 | 23.89 | 21.99 | 19.30 |
| 27 | 28.85 | 24.15 | 22.09 | 19.29 |
| 28 | 29.11 | 24.50 | 22.17 | 19.36 |
| 29 | 29.48 | 24.86 | 22.31 | 19.49 |
| 30 | 29.69 | 24.95 | 22.33 | 19.45 |
| 31 | 29.97 | 25.04 | 22.43 | 19.46 |
| 32 | 30.29 | 25.13 | 22.59 | 19.49 |
| 33 | 30.64 | 25.59 | 22.80 | 19.57 |
| 34 | 30.99 | 26.02 | 23.04 | 19.70 |
| 35 | 31.39 | 26.42 | 23.28 | 19.89 |
| 36 | 31.86 | 26.80 | 23.56 | 20.11 |
| 37 | 32.45 | 27.19 | 23.87 | 20.38 |
| 38 | 33.17 | 27.63 | 24.24 | 20.69 |
| 39 | 34.05 | 28.16 | 24.68 | 21.05 |
| 40 | 35.05 | 28.78 | 25.18 | 21.43 |
| 41 | 35.79 | 29.19 | 25.48 | 21.60 |
| 42 | 36.97 | 30.00 | 26.09 | 22.03 |
| 43 | 38.43 | 31.08 | 26.94 | 22.63 |
| 44 | 39.50 | 31.89 | 27.52 | 23.03 |
| 45 | 41.40 | 33.41 | 28.74 | 23.96 |
| 46 | 42.42 | 34.26 | 29.38 | 24.43 |
| 47 | 43.89 | 35.49 | 30.34 | 25.20 |
| 48 | 45.32 | 36.68 | 31.25 | 25.95 |
| 49 | 46.85 | 37.94 | 32.18 | 26.75 |
| 50 | 48.55 | 39.29 | 33.10 | 27.56 |
| 51 | 50.49 | 40.76 | 34.05 | 28.38 |
| 52 | 52.70 | 42.35 | 34.98 | 29.19 |
| 53 | 55.56 | 44.37 | 36.17 | 30.17 |
| 54 | 58.68 | 46.45 | 37.33 | 31.08 |
| 55 | 61.95 | 48.53 | 38.46 | 31.95 |
| 56 | 65.22 | 50.46 | 39.49 | 32.73 |
| 57 | 68.30 | 52.17 | 40.46 | 33.45 |
| 58 | 71.01 | 53.60 | 41.40 | 34.16 |
| 59 | 73.30 | 54.87 | 42.42 | 35.02 |
| 60 | 75.36 | 56.45 | 43.80 | 36.20 |
| 61 | 77.83 | 59.36 | 46.06 | 38.06 |
| 62 | 72.86 | 56.77 | 44.05 | 36.41 |
| 63 | 69.33 | 52.79 | 40.96 | 33.87 |
| 64 | 64.81 | 49.89 | 38.71 | 32.01 |
| 65 | 59.94 | 46.26 | 36.76 | 30.38 |
| 66 | 65.17 | 49.98 | 39.71 | 32.83 |
| 67 | 70.87 | 54.01 | 42.91 | 35.47 |
| 68 | 77.07 | 58.36 | 46.38 | 38.33 |
| 69 | 83.81 | 63.06 | 50.10 | 41.42 |
| 70 | 91.14 | 68.13 | 54.15 | 44.75 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-67 BP
Class F1
Social Insurance Substitute, 24 Mo. MNAD, 24 Mo. Residual

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 31.94 | 28.19 | 25.99 | 22.91 |
| 26 | 32.15 | 28.55 | 26.19 | 22.95 |
| 27 | 32.37 | 28.92 | 26.38 | 22.99 |
| 28 | 32.39 | 29.18 | 26.50 | 23.05 |
| 29 | 32.59 | 29.44 | 26.63 | 23.09 |
| 30 | 32.77 | 29.41 | 26.47 | 22.91 |
| 31 | 33.21 | 29.37 | 26.33 | 22.73 |
| 32 | 33.82 | 29.32 | 26.18 | 22.54 |
| 33 | 34.53 | 29.74 | 26.36 | 22.59 |
| 34 | 35.30 | 30.21 | 26.63 | 22.76 |
| 35 | 36.06 | 30.70 | 26.98 | 23.03 |
| 36 | 36.85 | 31.22 | 27.39 | 23.38 |
| 37 | 37.67 | 31.80 | 27.88 | 23.78 |
| 38 | 38.55 | 32.44 | 28.41 | 24.24 |
| 39 | 39.51 | 33.13 | 28.99 | 24.72 |
| 40 | 40.57 | 33.92 | 29.62 | 25.20 |
| 41 | 41.28 | 34.42 | 29.99 | 25.42 |
| 42 | 42.48 | 35.33 | 30.70 | 25.91 |
| 43 | 44.04 | 36.53 | 31.63 | 26.59 |
| 44 | 45.16 | 37.38 | 32.29 | 27.01 |
| 45 | 47.30 | 39.07 | 33.64 | 28.04 |
| 46 | 48.48 | 39.99 | 34.32 | 28.54 |
| 47 | 50.21 | 41.34 | 35.40 | 29.39 |
| 48 | 51.89 | 42.70 | 36.41 | 30.24 |
| 49 | 53.69 | 44.15 | 37.45 | 31.14 |
| 50 | 55.63 | 45.72 | 38.52 | 32.07 |
| 51 | 57.78 | 47.45 | 39.61 | 33.01 |
| 52 | 60.14 | 49.31 | 40.67 | 33.94 |
| 53 | 63.14 | 51.65 | 42.02 | 35.06 |
| 54 | 66.37 | 54.05 | 43.34 | 36.10 |
| 55 | 69.72 | 56.39 | 44.58 | 37.06 |
| 56 | 73.07 | 58.60 | 45.74 | 37.92 |
| 57 | 76.28 | 60.51 | 46.82 | 38.72 |
| 58 | 79.19 | 62.12 | 47.88 | 39.54 |
| 59 | 81.77 | 63.60 | 49.07 | 40.53 |
| 60 | 84.17 | 65.48 | 50.68 | 41.92 |
| 61 | 86.93 | 68.85 | 53.30 | 44.08 |
| 62 | 81.37 | 65.86 | 50.99 | 42.17 |
| 63 | 77.44 | 61.26 | 47.41 | 39.23 |
| 64 | 72.38 | 57.87 | 44.80 | 37.06 |
| 65 | 66.94 | 53.65 | 42.54 | 35.19 |
| 66 | 72.80 | 57.97 | 45.96 | 38.03 |
| 67 | 79.16 | 62.63 | 49.68 | 41.09 |
| 68 | 86.08 | 67.69 | 53.68 | 44.40 |
| 69 | 93.61 | 73.13 | 58.00 | 47.98 |
| 70 | 101.80 | 79.03 | 62.68 | 51.85 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-67 BP
Class G1
Social Insurance Substitute, 24 Mo. MNAD, 24 Mo. Residual

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 47.91 | 42.29 | 38.99 | 34.37 |
| 26 | 48.23 | 42.83 | 39.29 | 34.43 |
| 27 | 48.56 | 43.38 | 39.57 | 34.49 |
| 28 | 48.59 | 43.77 | 39.75 | 34.58 |
| 29 | 48.89 | 44.16 | 39.95 | 34.64 |
| 30 | 49.16 | 44.12 | 39.71 | 34.37 |
| 31 | 49.82 | 44.06 | 39.50 | 34.10 |
| 32 | 50.73 | 43.98 | 39.27 | 33.81 |
| 33 | 51.80 | 44.61 | 39.54 | 33.89 |
| 34 | 52.95 | 45.32 | 39.95 | 34.14 |
| 35 | 54.09 | 46.05 | 40.47 | 34.55 |
| 36 | 55.28 | 46.83 | 41.09 | 35.07 |
| 37 | 56.51 | 47.70 | 41.82 | 35.67 |
| 38 | 57.83 | 48.66 | 42.62 | 36.36 |
| 39 | 59.27 | 49.70 | 43.49 | 37.08 |
| 40 | 60.86 | 50.88 | 44.43 | 37.80 |
| 41 | 61.92 | 51.63 | 44.99 | 38.13 |
| 42 | 63.72 | 53.00 | 46.05 | 38.87 |
| 43 | 66.06 | 54.80 | 47.45 | 39.89 |
| 44 | 67.74 | 56.07 | 48.44 | 40.52 |
| 45 | 70.95 | 58.61 | 50.46 | 42.06 |
| 46 | 72.72 | 59.99 | 51.48 | 42.81 |
| 47 | 75.32 | 62.01 | 53.10 | 44.09 |
| 48 | 77.84 | 64.05 | 54.62 | 45.36 |
| 49 | 80.54 | 66.23 | 56.18 | 46.71 |
| 50 | 83.45 | 68.58 | 57.78 | 48.11 |
| 51 | 86.67 | 71.18 | 59.42 | 49.52 |
| 52 | 90.21 | 73.97 | 61.01 | 50.91 |
| 53 | 94.71 | 77.48 | 63.03 | 52.59 |
| 54 | 99.56 | 81.08 | 65.01 | 54.15 |
| 55 | 104.58 | 84.59 | 66.87 | 55.59 |
| 56 | 109.61 | 87.90 | 68.61 | 56.88 |
| 57 | 114.42 | 90.77 | 70.23 | 58.08 |
| 58 | 118.79 | 93.18 | 71.82 | 59.31 |
| 59 | 122.66 | 95.40 | 73.61 | 60.80 |
| 60 | 126.26 | 98.22 | 76.02 | 62.88 |
| 61 | 130.40 | 103.28 | 79.95 | 66.12 |
| 62 | 122.06 | 98.79 | 76.49 | 63.26 |
| 63 | 116.16 | 91.89 | 71.12 | 58.85 |
| 64 | 108.57 | 86.81 | 67.20 | 55.59 |
| 65 | 100.41 | 80.48 | 63.81 | 52.79 |
| 66 | 109.20 | 86.96 | 68.94 | 57.05 |
| 67 | 118.74 | 93.95 | 74.52 | 61.64 |
| 68 | 129.12 | 101.54 | 80.52 | 66.60 |
| 69 | 140.42 | 109.70 | 87.00 | 71.97 |
| 70 | 152.70 | 118.55 | 94.02 | 77.78 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates 5 Year BP
Class P1
Full BP Own Occ Rates - SIS

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18- | | | | |
| 25 | 1.12 | 0.66 | 0.59 | 0.53 |
| 26 | 1.23 | 0.73 | 0.65 | 0.59 |
| 27 | 1.34 | 0.81 | 0.71 | 0.64 |
| 28 | 1.52 | 0.87 | 0.75 | 0.67 |
| 29 | 1.68 | 0.98 | 0.83 | 0.75 |
| 30 | 1.81 | 1.00 | 0.85 | 0.76 |
| 31 | 1.93 | 1.08 | 0.92 | 0.82 |
| 32 | 2.05 | 1.09 | 0.93 | 0.84 |
| 33 | 2.18 | 1.11 | 0.95 | 0.85 |
| 34 | 2.34 | 1.21 | 1.04 | 0.93 |
| 35 | 2.51 | 1.25 | 1.07 | 0.96 |
| 36 | 2.71 | 1.37 | 1.17 | 1.05 |
| 37 | 2.92 | 1.42 | 1.21 | 1.08 |
| 38 | 3.04 | 1.47 | 1.25 | 1.12 |
| 39 | 3.15 | 1.52 | 1.29 | 1.16 |
| 40 | 3.27 | 1.57 | 1.33 | 1.20 |
| 41 | 3.35 | 1.61 | 1.36 | 1.23 |
| 42 | 3.48 | 1.66 | 1.42 | 1.27 |
| 43 | 3.63 | 1.74 | 1.49 | 1.34 |
| 44 | 3.77 | 1.80 | 1.56 | 1.40 |
| 45 | 4.15 | 1.93 | 1.66 | 1.50 |
| 46 | 4.33 | 2.03 | 1.75 | 1.58 |
| 47 | 4.57 | 2.17 | 1.86 | 1.68 |
| 48 | 4.82 | 2.31 | 1.98 | 1.78 |
| 49 | 5.08 | 2.47 | 2.10 | 1.90 |
| 50 | 5.34 | 2.48 | 2.10 | 1.90 |
| 51 | 5.60 | 2.63 | 2.21 | 2.00 |
| 52 | 5.84 | 2.77 | 2.33 | 2.10 |
| 53 | 5.90 | 2.75 | 2.31 | 2.08 |
| 54 | 5.93 | 2.88 | 2.44 | 2.17 |
| 55 | 5.71 | 2.82 | 2.40 | 2.12 |
| 56 | 5.47 | 2.74 | 2.36 | 2.05 |
| 57 | 4.95 | 2.46 | 2.13 | 1.83 |
| 58 | 4.66 | 2.38 | 2.06 | 1.74 |
| 59 | 4.05 | 2.06 | 1.79 | 1.48 |
| 60 | 3.65 | 1.95 | 1.68 | 1.38 |
| 61 | 3.14 | 1.53 | 1.33 | 1.09 |
| 62 | 2.10 | 1.25 | 1.08 | 0.89 |
| 63 | 1.46 | 0.71 | 0.61 | 0.50 |
| 64 | 0.57 | 0.47 | 0.40 | 0.33 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates 5 Year BP
Class A1
Full BP Own Occ Rates - SIS

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18- | | | | |
| 25 | 1.32 | 0.78 | 0.70 | 0.63 |
| 26 | 1.45 | 0.86 | 0.77 | 0.69 |
| 27 | 1.57 | 0.95 | 0.84 | 0.75 |
| 28 | 1.79 | 1.02 | 0.88 | 0.79 |
| 29 | 1.98 | 1.15 | 0.98 | 0.88 |
| 30 | 2.13 | 1.18 | 1.00 | 0.90 |
| 31 | 2.27 | 1.27 | 1.08 | 0.97 |
| 32 | 2.41 | 1.29 | 1.10 | 0.98 |
| 33 | 2.57 | 1.31 | 1.12 | 1.00 |
| 34 | 2.75 | 1.42 | 1.22 | 1.09 |
| 35 | 2.95 | 1.47 | 1.26 | 1.13 |
| 36 | 3.19 | 1.61 | 1.37 | 1.23 |
| 37 | 3.44 | 1.67 | 1.42 | 1.27 |
| 38 | 3.57 | 1.73 | 1.47 | 1.31 |
| 39 | 3.71 | 1.79 | 1.51 | 1.36 |
| 40 | 3.85 | 1.85 | 1.56 | 1.41 |
| 41 | 3.94 | 1.89 | 1.61 | 1.44 |
| 42 | 4.09 | 1.95 | 1.67 | 1.50 |
| 43 | 4.28 | 2.04 | 1.75 | 1.58 |
| 44 | 4.43 | 2.12 | 1.83 | 1.65 |
| 45 | 4.88 | 2.27 | 1.95 | 1.76 |
| 46 | 5.09 | 2.39 | 2.06 | 1.85 |
| 47 | 5.38 | 2.55 | 2.19 | 1.97 |
| 48 | 5.67 | 2.72 | 2.33 | 2.10 |
| 49 | 5.98 | 2.91 | 2.47 | 2.23 |
| 50 | 6.29 | 2.92 | 2.47 | 2.23 |
| 51 | 6.59 | 3.09 | 2.60 | 2.36 |
| 52 | 6.87 | 3.26 | 2.74 | 2.47 |
| 53 | 6.94 | 3.23 | 2.72 | 2.45 |
| 54 | 6.98 | 3.38 | 2.86 | 2.56 |
| 55 | 6.72 | 3.31 | 2.82 | 2.49 |
| 56 | 6.43 | 3.23 | 2.77 | 2.42 |
| 57 | 5.82 | 2.90 | 2.50 | 2.15 |
| 58 | 5.48 | 2.80 | 2.43 | 2.04 |
| 59 | 4.77 | 2.43 | 2.10 | 1.75 |
| 60 | 4.29 | 2.29 | 1.98 | 1.63 |
| 61 | 3.70 | 1.80 | 1.56 | 1.28 |
| 62 | 2.47 | 1.47 | 1.27 | 1.04 |
| 63 | 1.71 | 0.84 | 0.72 | 0.59 |
| 64 | 0.67 | 0.55 | 0.47 | 0.39 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates 5 Year BP
Class B1
Full BP Own Occ Rates - SIS

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 1.61 | 0.88 | 0.78 | 0.70 |
| 26 | 1.77 | 0.98 | 0.85 | 0.77 |
| 27 | 1.92 | 1.07 | 0.93 | 0.83 |
| 28 | 2.18 | 1.24 | 1.05 | 0.94 |
| 29 | 2.53 | 1.31 | 1.09 | 0.98 |
| 30 | 2.70 | 1.42 | 1.18 | 1.06 |
| 31 | 2.96 | 1.43 | 1.20 | 1.08 |
| 32 | 3.10 | 1.52 | 1.30 | 1.16 |
| 33 | 3.26 | 1.54 | 1.33 | 1.18 |
| 34 | 3.58 | 1.58 | 1.36 | 1.21 |
| 35 | 3.82 | 1.72 | 1.48 | 1.31 |
| 36 | 4.21 | 1.78 | 1.52 | 1.36 |
| 37 | 4.51 | 1.85 | 1.57 | 1.40 |
| 38 | 4.68 | 1.92 | 1.62 | 1.46 |
| 39 | 4.85 | 1.99 | 1.68 | 1.51 |
| 40 | 5.17 | 2.18 | 1.84 | 1.66 |
| 41 | 5.29 | 2.23 | 1.90 | 1.71 |
| 42 | 5.47 | 2.31 | 1.99 | 1.79 |
| 43 | 5.71 | 2.42 | 2.10 | 1.89 |
| 44 | 5.91 | 2.52 | 2.20 | 1.97 |
| 45 | 6.47 | 2.69 | 2.35 | 2.12 |
| 46 | 6.76 | 2.83 | 2.48 | 2.23 |
| 47 | 7.17 | 3.03 | 2.63 | 2.37 |
| 48 | 7.60 | 3.24 | 2.78 | 2.51 |
| 49 | 8.04 | 3.46 | 2.94 | 2.66 |
| 50 | 8.49 | 3.68 | 3.10 | 2.81 |
| 51 | 8.93 | 3.90 | 3.27 | 2.95 |
| 52 | 9.33 | 4.10 | 3.43 | 3.09 |
| 53 | 9.21 | 4.08 | 3.43 | 3.07 |
| 54 | 9.01 | 4.03 | 3.41 | 3.02 |
| 55 | 8.77 | 4.20 | 3.60 | 3.15 |
| 56 | 8.18 | 3.86 | 3.35 | 2.88 |
| 57 | 7.56 | 3.77 | 3.31 | 2.79 |
| 58 | 6.92 | 3.40 | 3.00 | 2.48 |
| 59 | 6.21 | 3.00 | 2.65 | 2.16 |
| 60 | 5.76 | 2.87 | 2.52 | 2.03 |
| 61 | 4.76 | 2.35 | 2.06 | 1.66 |
| 62 | 3.41 | 1.64 | 1.44 | 1.16 |
| 63 | 2.21 | 0.93 | 0.82 | 0.66 |
| 64 | 1.07 | 0.61 | 0.54 | 0.43 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates 5 Year BP
Class C1
Full BP Own Occ Rates - SIS

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 2.90 | 1.16 | 1.04 | 0.94 |
| 26 | 3.19 | 1.28 | 1.13 | 1.02 |
| 27 | 3.48 | 1.41 | 1.23 | 1.11 |
| 28 | 3.71 | 1.60 | 1.37 | 1.24 |
| 29 | 3.99 | 1.77 | 1.50 | 1.35 |
| 30 | 4.08 | 1.80 | 1.51 | 1.36 |
| 31 | 4.27 | 1.90 | 1.60 | 1.43 |
| 32 | 4.34 | 1.99 | 1.69 | 1.51 |
| 33 | 4.57 | 2.10 | 1.79 | 1.60 |
| 34 | 4.82 | 2.24 | 1.90 | 1.70 |
| 35 | 4.95 | 2.30 | 1.96 | 1.75 |
| 36 | 5.25 | 2.48 | 2.10 | 1.89 |
| 37 | 5.56 | 2.68 | 2.27 | 2.04 |
| 38 | 5.73 | 2.89 | 2.44 | 2.19 |
| 39 | 6.06 | 3.10 | 2.63 | 2.37 |
| 40 | 6.26 | 3.20 | 2.72 | 2.45 |
| 41 | 6.56 | 3.39 | 2.90 | 2.60 |
| 42 | 6.78 | 3.62 | 3.11 | 2.80 |
| 43 | 7.25 | 3.76 | 3.25 | 2.92 |
| 44 | 7.52 | 3.90 | 3.37 | 3.03 |
| 45 | 8.19 | 4.16 | 3.58 | 3.23 |
| 46 | 8.56 | 4.38 | 3.75 | 3.38 |
| 47 | 9.26 | 4.68 | 3.97 | 3.58 |
| 48 | 9.78 | 5.01 | 4.21 | 3.80 |
| 49 | 10.08 | 5.18 | 4.30 | 3.89 |
| 50 | 10.63 | 5.53 | 4.56 | 4.13 |
| 51 | 10.90 | 5.67 | 4.64 | 4.21 |
| 52 | 11.41 | 5.99 | 4.89 | 4.43 |
| 53 | 11.42 | 6.09 | 4.98 | 4.49 |
| 54 | 11.37 | 6.15 | 5.06 | 4.53 |
| 55 | 11.28 | 5.92 | 4.90 | 4.34 |
| 56 | 10.83 | 5.65 | 4.71 | 4.12 |
| 57 | 9.97 | 5.07 | 4.26 | 3.67 |
| 58 | 9.38 | 4.75 | 4.00 | 3.39 |
| 59 | 8.32 | 4.40 | 3.71 | 3.09 |
| 60 | 7.48 | 4.00 | 3.37 | 2.78 |
| 61 | 6.01 | 3.16 | 2.66 | 2.19 |
| 62 | 4.51 | 2.40 | 2.02 | 1.66 |
| 63 | 2.79 | 1.63 | 1.37 | 1.13 |
| 64 | 1.55 | 0.64 | 0.54 | 0.44 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates 5 Year BP
Class D1
Full BP Own Occ Rates - SIS

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 2.78 | 1.33 | 1.23 | 1.12 |
| 26 | 3.01 | 1.47 | 1.31 | 1.20 |
| 27 | 3.23 | 1.61 | 1.40 | 1.27 |
| 28 | 3.53 | 1.76 | 1.52 | 1.38 |
| 29 | 3.78 | 1.80 | 1.53 | 1.39 |
| 30 | 3.98 | 1.94 | 1.64 | 1.48 |
| 31 | 4.18 | 1.97 | 1.64 | 1.48 |
| 32 | 4.39 | 2.11 | 1.74 | 1.57 |
| 33 | 4.61 | 2.10 | 1.74 | 1.56 |
| 34 | 4.86 | 2.24 | 1.84 | 1.65 |
| 35 | 4.96 | 2.27 | 1.87 | 1.67 |
| 36 | 5.23 | 2.46 | 2.01 | 1.80 |
| 37 | 5.52 | 2.53 | 2.06 | 1.85 |
| 38 | 5.64 | 2.73 | 2.23 | 2.01 |
| 39 | 5.96 | 2.95 | 2.40 | 2.17 |
| 40 | 6.11 | 3.16 | 2.59 | 2.34 |
| 41 | 6.40 | 3.34 | 2.75 | 2.48 |
| 42 | 6.59 | 3.57 | 2.95 | 2.66 |
| 43 | 6.86 | 3.68 | 3.05 | 2.75 |
| 44 | 7.10 | 3.94 | 3.27 | 2.95 |
| 45 | 7.76 | 4.17 | 3.45 | 3.11 |
| 46 | 8.08 | 4.52 | 3.72 | 3.35 |
| 47 | 8.51 | 4.79 | 3.91 | 3.53 |
| 48 | 8.95 | 5.10 | 4.11 | 3.73 |
| 49 | 9.12 | 5.23 | 4.17 | 3.79 |
| 50 | 9.57 | 5.56 | 4.40 | 4.01 |
| 51 | 9.70 | 5.66 | 4.45 | 4.06 |
| 52 | 10.12 | 5.96 | 4.69 | 4.27 |
| 53 | 9.94 | 6.01 | 4.76 | 4.31 |
| 54 | 9.71 | 6.03 | 4.80 | 4.32 |
| 55 | 9.81 | 6.00 | 4.83 | 4.30 |
| 56 | 9.14 | 5.66 | 4.61 | 4.05 |
| 57 | 8.82 | 5.30 | 4.35 | 3.75 |
| 58 | 8.03 | 4.92 | 4.06 | 3.44 |
| 59 | 7.14 | 4.52 | 3.73 | 3.11 |
| 60 | 6.55 | 4.06 | 3.34 | 2.76 |
| 61 | 5.32 | 3.11 | 2.56 | 2.11 |
| 62 | 3.69 | 2.27 | 1.87 | 1.54 |
| 63 | 2.24 | 1.44 | 1.18 | 0.98 |
| 64 | 1.31 | 0.71 | 0.58 | 0.48 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates 5 Year BP
Class E1
Full BP Own Occ Rates - SIS

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 3.52 | 1.87 | 1.72 | 1.58 |
| 26 | 3.78 | 2.03 | 1.81 | 1.66 |
| 27 | 4.04 | 2.18 | 1.90 | 1.73 |
| 28 | 4.47 | 2.39 | 2.05 | 1.87 |
| 29 | 4.86 | 2.44 | 2.07 | 1.88 |
| 30 | 5.14 | 2.63 | 2.21 | 2.00 |
| 31 | 5.38 | 2.65 | 2.21 | 2.00 |
| 32 | 5.61 | 2.84 | 2.34 | 2.11 |
| 33 | 5.86 | 2.83 | 2.33 | 2.09 |
| 34 | 6.13 | 3.01 | 2.47 | 2.22 |
| 35 | 6.21 | 3.06 | 2.50 | 2.24 |
| 36 | 6.56 | 3.30 | 2.68 | 2.41 |
| 37 | 6.96 | 3.39 | 2.75 | 2.47 |
| 38 | 7.13 | 3.48 | 2.82 | 2.54 |
| 39 | 7.31 | 3.75 | 3.04 | 2.75 |
| 40 | 7.52 | 3.84 | 3.12 | 2.82 |
| 41 | 7.65 | 4.07 | 3.33 | 3.01 |
| 42 | 7.89 | 4.16 | 3.43 | 3.09 |
| 43 | 8.21 | 4.30 | 3.55 | 3.20 |
| 44 | 8.48 | 4.42 | 3.66 | 3.29 |
| 45 | 8.98 | 4.68 | 3.86 | 3.48 |
| 46 | 9.34 | 4.90 | 4.02 | 3.62 |
| 47 | 9.82 | 5.21 | 4.24 | 3.82 |
| 48 | 10.32 | 5.28 | 4.25 | 3.85 |
| 49 | 10.45 | 5.63 | 4.49 | 4.08 |
| 50 | 10.95 | 5.69 | 4.50 | 4.09 |
| 51 | 11.02 | 6.01 | 4.73 | 4.31 |
| 52 | 11.47 | 5.98 | 4.70 | 4.28 |
| 53 | 11.52 | 5.92 | 4.68 | 4.24 |
| 54 | 11.54 | 6.17 | 4.91 | 4.43 |
| 55 | 11.02 | 6.02 | 4.84 | 4.32 |
| 56 | 10.47 | 5.46 | 4.45 | 3.90 |
| 57 | 9.87 | 5.28 | 4.34 | 3.75 |
| 58 | 8.66 | 4.69 | 3.88 | 3.29 |
| 59 | 7.92 | 4.53 | 3.74 | 3.12 |
| 60 | 7.04 | 3.85 | 3.17 | 2.62 |
| 61 | 5.95 | 3.04 | 2.50 | 2.07 |
| 62 | 4.42 | 2.47 | 2.03 | 1.68 |
| 63 | 2.45 | 1.41 | 1.16 | 0.96 |
| 64 | 1.19 | 0.92 | 0.76 | 0.63 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates 5 Year BP
Class F1
Full BP Own Occ Rates - SIS

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18- | | | | |
| 25 | 3.99 | 2.22 | 2.04 | 1.87 |
| 26 | 4.26 | 2.42 | 2.14 | 1.96 |
| 27 | 4.53 | 2.61 | 2.25 | 2.05 |
| 28 | 4.98 | 2.84 | 2.42 | 2.20 |
| 29 | 5.38 | 2.88 | 2.43 | 2.20 |
| 30 | 5.68 | 3.09 | 2.57 | 2.33 |
| 31 | 5.96 | 3.10 | 2.56 | 2.31 |
| 32 | 6.26 | 3.31 | 2.70 | 2.43 |
| 33 | 6.59 | 3.28 | 2.68 | 2.46 |
| 34 | 6.98 | 3.48 | 2.84 | 2.64 |
| 35 | 7.13 | 3.54 | 2.88 | 2.66 |
| 36 | 7.59 | 3.84 | 3.11 | 2.84 |
| 37 | 8.08 | 3.96 | 3.20 | 2.87 |
| 38 | 8.29 | 4.08 | 3.29 | 2.96 |
| 39 | 8.50 | 4.41 | 3.57 | 3.21 |
| 40 | 8.71 | 4.52 | 3.67 | 3.31 |
| 41 | 8.84 | 4.80 | 3.91 | 3.53 |
| 42 | 9.08 | 4.90 | 4.02 | 3.62 |
| 43 | 9.42 | 5.05 | 4.16 | 3.75 |
| 44 | 9.71 | 5.18 | 4.28 | 3.85 |
| 45 | 10.27 | 5.48 | 4.52 | 4.07 |
| 46 | 10.68 | 5.72 | 4.69 | 4.22 |
| 47 | 11.26 | 6.07 | 4.93 | 4.45 |
| 48 | 11.85 | 6.16 | 4.95 | 4.48 |
| 49 | 12.00 | 6.56 | 5.22 | 4.74 |
| 50 | 12.58 | 6.63 | 5.23 | 4.76 |
| 51 | 12.63 | 7.01 | 5.51 | 5.02 |
| 52 | 13.12 | 6.97 | 5.47 | 4.98 |
| 53 | 13.12 | 6.90 | 5.43 | 4.93 |
| 54 | 13.07 | 7.18 | 5.70 | 5.14 |
| 55 | 12.41 | 6.99 | 5.62 | 5.01 |
| 56 | 11.72 | 6.34 | 5.15 | 4.53 |
| 57 | 11.02 | 6.12 | 5.02 | 4.34 |
| 58 | 9.65 | 5.44 | 4.49 | 3.81 |
| 59 | 8.83 | 5.24 | 4.33 | 3.61 |
| 60 | 7.86 | 4.46 | 3.67 | 3.04 |
| 61 | 6.64 | 3.52 | 2.89 | 2.39 |
| 62 | 4.94 | 2.86 | 2.35 | 1.95 |
| 63 | 2.74 | 1.63 | 1.34 | 1.11 |
| 64 | 1.33 | 1.07 | 0.88 | 0.73 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates 5 Year BP
Class G1
Full BP Own Occ Rates - SIS

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18- | | | | |
| 25 | 5.99 | 3.34 | 3.06 | 2.81 |
| 26 | 6.39 | 3.62 | 3.22 | 2.94 |
| 27 | 6.79 | 3.91 | 3.38 | 3.08 |
| 28 | 7.47 | 4.26 | 3.63 | 3.30 |
| 29 | 8.07 | 4.32 | 3.64 | 3.31 |
| 30 | 8.52 | 4.63 | 3.86 | 3.49 |
| 31 | 8.94 | 4.65 | 3.83 | 3.47 |
| 32 | 9.39 | 4.96 | 4.04 | 3.65 |
| 33 | 9.89 | 4.92 | 4.01 | 3.69 |
| 34 | 10.47 | 5.23 | 4.26 | 3.96 |
| 35 | 10.70 | 5.31 | 4.32 | 4.00 |
| 36 | 11.39 | 5.76 | 4.67 | 4.27 |
| 37 | 12.12 | 5.94 | 4.79 | 4.31 |
| 38 | 12.43 | 6.12 | 4.93 | 4.44 |
| 39 | 12.75 | 6.62 | 5.35 | 4.82 |
| 40 | 13.07 | 6.78 | 5.50 | 4.96 |
| 41 | 13.26 | 7.20 | 5.87 | 5.30 |
| 42 | 13.62 | 7.35 | 6.03 | 5.43 |
| 43 | 14.13 | 7.58 | 6.25 | 5.63 |
| 44 | 14.57 | 7.78 | 6.43 | 5.78 |
| 45 | 15.41 | 8.22 | 6.77 | 6.10 |
| 46 | 16.03 | 8.58 | 7.03 | 6.33 |
| 47 | 16.89 | 9.11 | 7.40 | 6.68 |
| 48 | 17.77 | 9.23 | 7.43 | 6.72 |
| 49 | 18.01 | 9.84 | 7.84 | 7.11 |
| 50 | 18.87 | 9.94 | 7.85 | 7.14 |
| 51 | 18.95 | 10.51 | 8.26 | 7.52 |
| 52 | 19.68 | 10.45 | 8.21 | 7.47 |
| 53 | 19.69 | 10.35 | 8.15 | 7.40 |
| 54 | 19.60 | 10.77 | 8.55 | 7.71 |
| 55 | 18.62 | 10.49 | 8.43 | 7.51 |
| 56 | 17.59 | 9.50 | 7.72 | 6.79 |
| 57 | 16.53 | 9.18 | 7.54 | 6.51 |
| 58 | 14.48 | 8.16 | 6.73 | 5.71 |
| 59 | 13.24 | 7.86 | 6.49 | 5.42 |
| 60 | 11.79 | 6.70 | 5.51 | 4.55 |
| 61 | 9.97 | 5.28 | 4.34 | 3.59 |
| 62 | 7.40 | 4.29 | 3.53 | 2.92 |
| 63 | 4.11 | 2.45 | 2.01 | 1.66 |
| 64 | 2.00 | 1.60 | 1.32 | 1.09 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-65 BP
Class P1
Full BP Own Occ Rates - SIS

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 1.75 | 1.17 | 1.03 | 0.90 |
| 26 | 1.79 | 1.20 | 1.06 | 0.92 |
| 27 | 1.84 | 1.23 | 1.09 | 0.95 |
| 28 | 2.00 | 1.25 | 1.10 | 0.96 |
| 29 | 2.17 | 1.36 | 1.21 | 1.05 |
| 30 | 2.33 | 1.40 | 1.23 | 1.07 |
| 31 | 2.50 | 1.54 | 1.36 | 1.17 |
| 32 | 2.67 | 1.60 | 1.41 | 1.21 |
| 33 | 2.86 | 1.66 | 1.46 | 1.25 |
| 34 | 3.06 | 1.82 | 1.60 | 1.37 |
| 35 | 3.28 | 1.87 | 1.64 | 1.40 |
| 36 | 3.51 | 2.03 | 1.78 | 1.52 |
| 37 | 3.76 | 2.07 | 1.82 | 1.55 |
| 38 | 3.89 | 2.12 | 1.86 | 1.58 |
| 39 | 4.03 | 2.18 | 1.90 | 1.62 |
| 40 | 4.18 | 2.25 | 1.95 | 1.66 |
| 41 | 4.28 | 2.30 | 2.00 | 1.69 |
| 42 | 4.43 | 2.38 | 2.07 | 1.74 |
| 43 | 4.61 | 2.49 | 2.16 | 1.81 |
| 44 | 4.74 | 2.57 | 2.23 | 1.86 |
| 45 | 5.15 | 2.71 | 2.35 | 1.96 |
| 46 | 5.29 | 2.79 | 2.42 | 2.01 |
| 47 | 5.48 | 2.89 | 2.52 | 2.09 |
| 48 | 5.66 | 2.99 | 2.61 | 2.16 |
| 49 | 5.84 | 3.08 | 2.69 | 2.23 |
| 50 | 6.03 | 3.01 | 2.62 | 2.17 |
| 51 | 6.23 | 3.10 | 2.70 | 2.23 |
| 52 | 6.44 | 3.20 | 2.78 | 2.30 |
| 53 | 6.47 | 3.14 | 2.71 | 2.24 |
| 54 | 6.48 | 3.28 | 2.81 | 2.32 |
| 55 | 6.23 | 3.20 | 2.72 | 2.24 |
| 56 | 5.93 | 3.11 | 2.62 | 2.16 |
| 57 | 5.32 | 2.75 | 2.31 | 1.90 |
| 58 | 4.92 | 2.59 | 2.17 | 1.78 |
| 59 | 4.19 | 2.17 | 1.82 | 1.49 |
| 60 | 3.70 | 1.98 | 1.67 | 1.37 |
| 61 | 3.19 | 1.56 | 1.32 | 1.08 |
| 62 | 2.13 | 1.27 | 1.07 | 0.88 |
| 63 | 1.48 | 0.72 | 0.61 | 0.50 |
| 64 | 0.58 | 0.48 | 0.40 | 0.33 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-65 BP
Class A1
Full BP Own Occ Rates - SIS

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 2.06 | 1.38 | 1.21 | 1.05 |
| 26 | 2.11 | 1.42 | 1.25 | 1.08 |
| 27 | 2.16 | 1.45 | 1.28 | 1.11 |
| 28 | 2.35 | 1.47 | 1.30 | 1.13 |
| 29 | 2.55 | 1.60 | 1.42 | 1.23 |
| 30 | 2.74 | 1.64 | 1.45 | 1.26 |
| 31 | 2.94 | 1.81 | 1.60 | 1.38 |
| 32 | 3.14 | 1.88 | 1.66 | 1.42 |
| 33 | 3.36 | 1.95 | 1.72 | 1.47 |
| 34 | 3.60 | 2.14 | 1.88 | 1.61 |
| 35 | 3.85 | 2.20 | 1.93 | 1.65 |
| 36 | 4.13 | 2.39 | 2.10 | 1.78 |
| 37 | 4.43 | 2.44 | 2.14 | 1.82 |
| 38 | 4.58 | 2.50 | 2.18 | 1.86 |
| 39 | 4.74 | 2.56 | 2.24 | 1.90 |
| 40 | 4.91 | 2.64 | 2.30 | 1.95 |
| 41 | 5.04 | 2.70 | 2.35 | 1.99 |
| 42 | 5.21 | 2.80 | 2.43 | 2.05 |
| 43 | 5.42 | 2.93 | 2.54 | 2.13 |
| 44 | 5.58 | 3.02 | 2.62 | 2.19 |
| 45 | 6.06 | 3.19 | 2.76 | 2.31 |
| 46 | 6.22 | 3.28 | 2.85 | 2.37 |
| 47 | 6.44 | 3.40 | 2.96 | 2.46 |
| 48 | 6.65 | 3.52 | 3.07 | 2.54 |
| 49 | 6.87 | 3.63 | 3.17 | 2.62 |
| 50 | 7.10 | 3.54 | 3.08 | 2.55 |
| 51 | 7.33 | 3.65 | 3.17 | 2.63 |
| 52 | 7.58 | 3.77 | 3.27 | 2.70 |
| 53 | 7.61 | 3.70 | 3.19 | 2.63 |
| 54 | 7.63 | 3.86 | 3.30 | 2.72 |
| 55 | 7.33 | 3.77 | 3.20 | 2.64 |
| 56 | 6.98 | 3.65 | 3.09 | 2.54 |
| 57 | 6.25 | 3.23 | 2.72 | 2.23 |
| 58 | 5.79 | 3.04 | 2.56 | 2.10 |
| 59 | 4.93 | 2.55 | 2.14 | 1.76 |
| 60 | 4.36 | 2.33 | 1.96 | 1.61 |
| 61 | 3.75 | 1.84 | 1.55 | 1.27 |
| 62 | 2.51 | 1.50 | 1.26 | 1.03 |
| 63 | 1.74 | 0.85 | 0.72 | 0.59 |
| 64 | 0.68 | 0.56 | 0.47 | 0.39 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-65 BP
Class B1
Full BP Own Occ Rates - SIS

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 2.50 | 1.58 | 1.37 | 1.19 |
| 26 | 2.57 | 1.61 | 1.40 | 1.22 |
| 27 | 2.64 | 1.65 | 1.44 | 1.24 |
| 28 | 2.87 | 1.78 | 1.55 | 1.35 |
| 29 | 3.26 | 1.82 | 1.58 | 1.38 |
| 30 | 3.46 | 1.98 | 1.73 | 1.50 |
| 31 | 3.82 | 2.04 | 1.79 | 1.54 |
| 32 | 4.04 | 2.24 | 1.97 | 1.69 |
| 33 | 4.27 | 2.31 | 2.04 | 1.74 |
| 34 | 4.69 | 2.38 | 2.10 | 1.79 |
| 35 | 4.97 | 2.58 | 2.28 | 1.94 |
| 36 | 5.46 | 2.64 | 2.33 | 1.98 |
| 37 | 5.81 | 2.71 | 2.37 | 2.02 |
| 38 | 6.00 | 2.78 | 2.43 | 2.07 |
| 39 | 6.20 | 2.86 | 2.50 | 2.12 |
| 40 | 6.61 | 3.12 | 2.72 | 2.31 |
| 41 | 6.75 | 3.20 | 2.79 | 2.36 |
| 42 | 6.97 | 3.32 | 2.91 | 2.45 |
| 43 | 7.24 | 3.47 | 3.05 | 2.56 |
| 44 | 7.44 | 3.59 | 3.16 | 2.64 |
| 45 | 8.04 | 3.78 | 3.34 | 2.78 |
| 46 | 8.26 | 3.90 | 3.44 | 2.85 |
| 47 | 8.59 | 4.05 | 3.57 | 2.96 |
| 48 | 8.90 | 4.19 | 3.68 | 3.05 |
| 49 | 9.24 | 4.32 | 3.78 | 3.13 |
| 50 | 9.58 | 4.46 | 3.89 | 3.21 |
| 51 | 9.93 | 4.60 | 3.99 | 3.30 |
| 52 | 10.28 | 4.75 | 4.10 | 3.38 |
| 53 | 10.09 | 4.68 | 4.02 | 3.31 |
| 54 | 9.85 | 4.60 | 3.94 | 3.22 |
| 55 | 9.56 | 4.78 | 4.09 | 3.33 |
| 56 | 8.88 | 4.37 | 3.74 | 3.03 |
| 57 | 8.13 | 4.20 | 3.60 | 2.90 |
| 58 | 7.31 | 3.70 | 3.16 | 2.55 |
| 59 | 6.41 | 3.16 | 2.70 | 2.17 |
| 60 | 5.85 | 2.92 | 2.50 | 2.02 |
| 61 | 4.83 | 2.39 | 2.04 | 1.65 |
| 62 | 3.46 | 1.67 | 1.42 | 1.15 |
| 63 | 2.24 | 0.95 | 0.81 | 0.65 |
| 64 | 1.09 | 0.62 | 0.53 | 0.43 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-65 BP
Class C1
Full BP Own Occ Rates - SIS

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 4.43 | 2.04 | 1.80 | 1.57 |
| 26 | 4.56 | 2.08 | 1.83 | 1.59 |
| 27 | 4.69 | 2.12 | 1.87 | 1.62 |
| 28 | 4.78 | 2.27 | 2.00 | 1.74 |
| 29 | 5.04 | 2.43 | 2.15 | 1.87 |
| 30 | 5.13 | 2.47 | 2.18 | 1.89 |
| 31 | 5.41 | 2.66 | 2.35 | 2.03 |
| 32 | 5.54 | 2.88 | 2.53 | 2.17 |
| 33 | 5.85 | 3.10 | 2.71 | 2.32 |
| 34 | 6.17 | 3.32 | 2.91 | 2.48 |
| 35 | 6.32 | 3.39 | 2.98 | 2.54 |
| 36 | 6.65 | 3.62 | 3.18 | 2.71 |
| 37 | 7.01 | 3.85 | 3.39 | 2.89 |
| 38 | 7.19 | 4.10 | 3.62 | 3.08 |
| 39 | 7.60 | 4.37 | 3.86 | 3.29 |
| 40 | 7.83 | 4.50 | 3.97 | 3.38 |
| 41 | 8.21 | 4.77 | 4.21 | 3.56 |
| 42 | 8.48 | 5.12 | 4.50 | 3.80 |
| 43 | 9.04 | 5.34 | 4.68 | 3.93 |
| 44 | 9.31 | 5.51 | 4.82 | 4.03 |
| 45 | 10.03 | 5.80 | 5.05 | 4.21 |
| 46 | 10.30 | 5.97 | 5.18 | 4.31 |
| 47 | 10.94 | 6.20 | 5.37 | 4.45 |
| 48 | 11.32 | 6.42 | 5.53 | 4.59 |
| 49 | 11.45 | 6.41 | 5.51 | 4.56 |
| 50 | 11.86 | 6.64 | 5.68 | 4.71 |
| 51 | 12.01 | 6.64 | 5.65 | 4.68 |
| 52 | 12.48 | 6.90 | 5.82 | 4.83 |
| 53 | 12.44 | 6.96 | 5.83 | 4.83 |
| 54 | 12.39 | 7.01 | 5.82 | 4.82 |
| 55 | 12.29 | 6.74 | 5.55 | 4.59 |
| 56 | 11.76 | 6.40 | 5.24 | 4.33 |
| 57 | 10.73 | 5.67 | 4.63 | 3.81 |
| 58 | 9.95 | 5.18 | 4.22 | 3.47 |
| 59 | 8.63 | 4.64 | 3.78 | 3.11 |
| 60 | 7.61 | 4.09 | 3.34 | 2.75 |
| 61 | 6.12 | 3.23 | 2.63 | 2.17 |
| 62 | 4.59 | 2.45 | 2.00 | 1.65 |
| 63 | 2.84 | 1.66 | 1.36 | 1.12 |
| 64 | 1.58 | 0.65 | 0.53 | 0.44 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-65 BP
Class D1
Full BP Own Occ Rates - SIS

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18- | | | | |
| 25 | 4.11 | 2.26 | 2.04 | 1.79 |
| 26 | 4.16 | 2.30 | 2.05 | 1.79 |
| 27 | 4.21 | 2.34 | 2.05 | 1.79 |
| 28 | 4.48 | 2.51 | 2.20 | 1.92 |
| 29 | 4.75 | 2.52 | 2.21 | 1.93 |
| 30 | 4.97 | 2.70 | 2.36 | 2.06 |
| 31 | 5.20 | 2.74 | 2.38 | 2.06 |
| 32 | 5.43 | 2.96 | 2.56 | 2.20 |
| 33 | 5.76 | 3.02 | 2.58 | 2.22 |
| 34 | 6.08 | 3.25 | 2.77 | 2.37 |
| 35 | 6.19 | 3.30 | 2.80 | 2.39 |
| 36 | 6.51 | 3.53 | 2.99 | 2.56 |
| 37 | 6.83 | 3.58 | 3.04 | 2.60 |
| 38 | 6.95 | 3.83 | 3.26 | 2.78 |
| 39 | 7.32 | 4.10 | 3.49 | 2.98 |
| 40 | 7.49 | 4.38 | 3.74 | 3.18 |
| 41 | 7.86 | 4.65 | 3.95 | 3.36 |
| 42 | 8.09 | 4.98 | 4.23 | 3.57 |
| 43 | 8.41 | 5.15 | 4.36 | 3.66 |
| 44 | 8.64 | 5.49 | 4.63 | 3.88 |
| 45 | 9.34 | 5.74 | 4.83 | 4.02 |
| 46 | 9.58 | 6.10 | 5.11 | 4.24 |
| 47 | 9.91 | 6.29 | 5.25 | 4.36 |
| 48 | 10.21 | 6.47 | 5.38 | 4.47 |
| 49 | 10.21 | 6.41 | 5.31 | 4.41 |
| 50 | 10.52 | 6.62 | 5.45 | 4.54 |
| 51 | 10.55 | 6.57 | 5.39 | 4.49 |
| 52 | 10.93 | 6.82 | 5.56 | 4.63 |
| 53 | 10.73 | 6.83 | 5.54 | 4.61 |
| 54 | 10.51 | 6.84 | 5.51 | 4.58 |
| 55 | 10.65 | 6.83 | 5.46 | 4.53 |
| 56 | 9.94 | 6.43 | 5.12 | 4.23 |
| 57 | 9.52 | 5.95 | 4.72 | 3.89 |
| 58 | 8.55 | 5.40 | 4.27 | 3.52 |
| 59 | 7.43 | 4.79 | 3.79 | 3.12 |
| 60 | 6.69 | 4.17 | 3.30 | 2.72 |
| 61 | 5.43 | 3.19 | 2.53 | 2.08 |
| 62 | 3.77 | 2.33 | 1.85 | 1.53 |
| 63 | 2.29 | 1.48 | 1.17 | 0.97 |
| 64 | 1.34 | 0.73 | 0.58 | 0.47 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-65 BP
Class E1
Full BP Own Occ Rates - SIS

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18- | | | | |
| 25 | 5.20 | 3.17 | 2.85 | 2.52 |
| 26 | 5.22 | 3.17 | 2.82 | 2.47 |
| 27 | 5.24 | 3.16 | 2.77 | 2.42 |
| 28 | 5.56 | 3.44 | 3.00 | 2.61 |
| 29 | 5.92 | 3.48 | 3.03 | 2.63 |
| 30 | 6.24 | 3.72 | 3.23 | 2.80 |
| 31 | 6.58 | 3.74 | 3.23 | 2.79 |
| 32 | 6.93 | 3.98 | 3.43 | 2.95 |
| 33 | 7.29 | 4.05 | 3.47 | 2.98 |
| 34 | 7.65 | 4.36 | 3.71 | 3.17 |
| 35 | 7.74 | 4.42 | 3.75 | 3.21 |
| 36 | 8.15 | 4.73 | 4.01 | 3.43 |
| 37 | 8.59 | 4.80 | 4.07 | 3.48 |
| 38 | 8.76 | 4.87 | 4.14 | 3.53 |
| 39 | 8.98 | 5.22 | 4.43 | 3.78 |
| 40 | 9.22 | 5.33 | 4.53 | 3.85 |
| 41 | 9.39 | 5.67 | 4.81 | 4.08 |
| 42 | 9.67 | 5.81 | 4.93 | 4.16 |
| 43 | 10.04 | 6.01 | 5.08 | 4.28 |
| 44 | 10.30 | 6.16 | 5.19 | 4.34 |
| 45 | 10.77 | 6.44 | 5.41 | 4.51 |
| 46 | 11.03 | 6.60 | 5.52 | 4.59 |
| 47 | 11.39 | 6.82 | 5.68 | 4.72 |
| 48 | 11.73 | 6.69 | 5.56 | 4.61 |
| 49 | 11.65 | 6.90 | 5.70 | 4.74 |
| 50 | 12.01 | 6.76 | 5.56 | 4.63 |
| 51 | 11.93 | 6.97 | 5.71 | 4.76 |
| 52 | 12.34 | 6.82 | 5.56 | 4.64 |
| 53 | 12.38 | 6.70 | 5.43 | 4.53 |
| 54 | 12.41 | 6.97 | 5.61 | 4.68 |
| 55 | 11.89 | 6.81 | 5.46 | 4.53 |
| 56 | 11.28 | 6.17 | 4.92 | 4.07 |
| 57 | 10.57 | 5.90 | 4.69 | 3.87 |
| 58 | 9.13 | 5.12 | 4.06 | 3.35 |
| 59 | 8.17 | 4.77 | 3.78 | 3.12 |
| 60 | 7.13 | 3.93 | 3.12 | 2.58 |
| 61 | 6.02 | 3.10 | 2.46 | 2.03 |
| 62 | 4.47 | 2.52 | 2.00 | 1.66 |
| 63 | 2.48 | 1.43 | 1.14 | 0.94 |
| 64 | 1.21 | 0.94 | 0.75 | 0.62 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-65 BP
Class F1
Full BP Own Occ Rates - SIS

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18- | | | | |
| 25 | 5.89 | 3.78 | 3.39 | 2.99 |
| 26 | 5.88 | 3.78 | 3.35 | 2.94 |
| 27 | 5.88 | 3.79 | 3.31 | 2.89 |
| 28 | 6.28 | 4.09 | 3.56 | 3.10 |
| 29 | 6.69 | 4.13 | 3.57 | 3.10 |
| 30 | 7.04 | 4.39 | 3.79 | 3.28 |
| 31 | 7.39 | 4.38 | 3.76 | 3.25 |
| 32 | 7.74 | 4.64 | 3.97 | 3.42 |
| 33 | 8.22 | 4.71 | 4.00 | 3.43 |
| 34 | 8.71 | 5.06 | 4.29 | 3.67 |
| 35 | 8.89 | 5.14 | 4.35 | 3.71 |
| 36 | 9.42 | 5.51 | 4.67 | 3.98 |
| 37 | 9.97 | 5.61 | 4.75 | 4.05 |
| 38 | 10.19 | 5.72 | 4.85 | 4.13 |
| 39 | 10.41 | 6.14 | 5.21 | 4.44 |
| 40 | 10.67 | 6.28 | 5.33 | 4.53 |
| 41 | 10.83 | 6.68 | 5.66 | 4.80 |
| 42 | 11.12 | 6.85 | 5.80 | 4.89 |
| 43 | 11.50 | 7.07 | 5.97 | 5.02 |
| 44 | 11.78 | 7.22 | 6.09 | 5.09 |
| 45 | 12.31 | 7.53 | 6.33 | 5.28 |
| 46 | 12.60 | 7.70 | 6.44 | 5.36 |
| 47 | 13.03 | 7.94 | 6.62 | 5.50 |
| 48 | 13.43 | 7.79 | 6.47 | 5.38 |
| 49 | 13.35 | 8.03 | 6.64 | 5.52 |
| 50 | 13.76 | 7.86 | 6.47 | 5.39 |
| 51 | 13.65 | 8.11 | 6.64 | 5.54 |
| 52 | 14.08 | 7.94 | 6.46 | 5.39 |
| 53 | 14.07 | 7.80 | 6.31 | 5.26 |
| 54 | 14.04 | 8.11 | 6.52 | 5.43 |
| 55 | 13.38 | 7.92 | 6.33 | 5.26 |
| 56 | 12.64 | 7.16 | 5.69 | 4.72 |
| 57 | 11.80 | 6.84 | 5.42 | 4.48 |
| 58 | 10.18 | 5.93 | 4.70 | 3.88 |
| 59 | 9.12 | 5.53 | 4.37 | 3.61 |
| 60 | 7.96 | 4.56 | 3.61 | 2.99 |
| 61 | 6.72 | 3.59 | 2.85 | 2.36 |
| 62 | 5.00 | 2.92 | 2.32 | 1.92 |
| 63 | 2.77 | 1.66 | 1.32 | 1.09 |
| 64 | 1.35 | 1.09 | 0.87 | 0.72 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-65 BP
Class G1
Full BP Own Occ Rates - SIS

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18- | | | | |
| 25 | 8.84 | 5.67 | 5.09 | 4.48 |
| 26 | 8.83 | 5.68 | 5.03 | 4.41 |
| 27 | 8.82 | 5.68 | 4.97 | 4.33 |
| 28 | 9.42 | 6.14 | 5.34 | 4.65 |
| 29 | 10.03 | 6.19 | 5.36 | 4.65 |
| 30 | 10.56 | 6.59 | 5.68 | 4.92 |
| 31 | 11.08 | 6.57 | 5.64 | 4.87 |
| 32 | 11.60 | 6.97 | 5.96 | 5.13 |
| 33 | 12.32 | 7.06 | 6.01 | 5.15 |
| 34 | 13.07 | 7.59 | 6.44 | 5.50 |
| 35 | 13.34 | 7.71 | 6.53 | 5.57 |
| 36 | 14.13 | 8.27 | 7.00 | 5.97 |
| 37 | 14.96 | 8.42 | 7.13 | 6.08 |
| 38 | 15.28 | 8.58 | 7.27 | 6.20 |
| 39 | 15.62 | 9.21 | 7.81 | 6.66 |
| 40 | 16.00 | 9.42 | 7.99 | 6.80 |
| 41 | 16.24 | 10.02 | 8.50 | 7.20 |
| 42 | 16.68 | 10.27 | 8.70 | 7.34 |
| 43 | 17.25 | 10.60 | 8.96 | 7.53 |
| 44 | 17.67 | 10.83 | 9.13 | 7.64 |
| 45 | 18.47 | 11.30 | 9.49 | 7.91 |
| 46 | 18.91 | 11.55 | 9.66 | 8.04 |
| 47 | 19.55 | 11.91 | 9.94 | 8.25 |
| 48 | 20.15 | 11.69 | 9.71 | 8.06 |
| 49 | 20.02 | 12.04 | 9.96 | 8.28 |
| 50 | 20.64 | 11.79 | 9.71 | 8.08 |
| 51 | 20.48 | 12.17 | 9.96 | 8.31 |
| 52 | 21.12 | 11.91 | 9.69 | 8.09 |
| 53 | 21.10 | 11.70 | 9.47 | 7.90 |
| 54 | 21.06 | 12.16 | 9.78 | 8.15 |
| 55 | 20.07 | 11.88 | 9.49 | 7.89 |
| 56 | 18.96 | 10.74 | 8.54 | 7.08 |
| 57 | 17.70 | 10.26 | 8.13 | 6.73 |
| 58 | 15.27 | 8.90 | 7.05 | 5.82 |
| 59 | 13.68 | 8.29 | 6.56 | 5.42 |
| 60 | 11.94 | 6.84 | 5.42 | 4.48 |
| 61 | 10.09 | 5.39 | 4.27 | 3.53 |
| 62 | 7.49 | 4.38 | 3.48 | 2.88 |
| 63 | 4.16 | 2.50 | 1.98 | 1.64 |
| 64 | 2.02 | 1.64 | 1.30 | 1.07 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-67 BP
Class P1
Full BP Own Occ Rates - SIS

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18- | | | | |
| 25 | 1.80 | 1.23 | 1.10 | 0.96 |
| 26 | 1.86 | 1.27 | 1.16 | 1.01 |
| 27 | 1.92 | 1.32 | 1.22 | 1.05 |
| 28 | 2.09 | 1.34 | 1.24 | 1.08 |
| 29 | 2.27 | 1.46 | 1.36 | 1.18 |
| 30 | 2.44 | 1.50 | 1.39 | 1.20 |
| 31 | 2.61 | 1.65 | 1.53 | 1.32 |
| 32 | 2.80 | 1.72 | 1.58 | 1.36 |
| 33 | 3.00 | 1.78 | 1.63 | 1.40 |
| 34 | 3.22 | 1.96 | 1.79 | 1.53 |
| 35 | 3.45 | 2.01 | 1.84 | 1.56 |
| 36 | 3.71 | 2.18 | 1.98 | 1.69 |
| 37 | 3.98 | 2.23 | 2.03 | 1.73 |
| 38 | 4.13 | 2.29 | 2.07 | 1.76 |
| 39 | 4.28 | 2.35 | 2.12 | 1.80 |
| 40 | 4.45 | 2.43 | 2.18 | 1.85 |
| 41 | 4.57 | 2.49 | 2.22 | 1.88 |
| 42 | 4.74 | 2.58 | 2.30 | 1.94 |
| 43 | 4.94 | 2.70 | 2.40 | 2.01 |
| 44 | 5.09 | 2.80 | 2.48 | 2.08 |
| 45 | 5.54 | 2.95 | 2.62 | 2.19 |
| 46 | 5.70 | 3.04 | 2.71 | 2.25 |
| 47 | 5.91 | 3.16 | 2.83 | 2.34 |
| 48 | 6.12 | 3.28 | 2.93 | 2.43 |
| 49 | 6.34 | 3.39 | 3.04 | 2.51 |
| 50 | 6.59 | 3.32 | 2.96 | 2.45 |
| 51 | 6.85 | 3.45 | 3.06 | 2.53 |
| 52 | 7.15 | 3.58 | 3.15 | 2.60 |
| 53 | 7.26 | 3.54 | 3.07 | 2.54 |
| 54 | 7.36 | 3.72 | 3.17 | 2.62 |
| 55 | 7.14 | 3.65 | 3.07 | 2.53 |
| 56 | 6.86 | 3.56 | 2.95 | 2.42 |
| 57 | 6.18 | 3.16 | 2.60 | 2.13 |
| 58 | 5.74 | 2.98 | 2.44 | 2.00 |
| 59 | 4.88 | 2.50 | 2.04 | 1.67 |
| 60 | 4.31 | 2.28 | 1.87 | 1.54 |
| 61 | 3.71 | 1.80 | 1.48 | 1.21 |
| 62 | 2.43 | 1.43 | 1.18 | 0.97 |
| 63 | 1.65 | 0.80 | 0.66 | 0.54 |
| 64 | 0.62 | 0.50 | 0.41 | 0.34 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-67 BP
Class A1
Full BP Own Occ Rates - SIS

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18- | | | | |
| 25 | 2.12 | 1.44 | 1.30 | 1.13 |
| 26 | 2.19 | 1.50 | 1.37 | 1.19 |
| 27 | 2.26 | 1.55 | 1.43 | 1.24 |
| 28 | 2.46 | 1.57 | 1.46 | 1.27 |
| 29 | 2.67 | 1.72 | 1.60 | 1.39 |
| 30 | 2.87 | 1.76 | 1.64 | 1.42 |
| 31 | 3.07 | 1.94 | 1.80 | 1.55 |
| 32 | 3.30 | 2.02 | 1.86 | 1.60 |
| 33 | 3.53 | 2.10 | 1.92 | 1.64 |
| 34 | 3.78 | 2.30 | 2.10 | 1.80 |
| 35 | 4.06 | 2.37 | 2.16 | 1.84 |
| 36 | 4.36 | 2.57 | 2.33 | 1.99 |
| 37 | 4.68 | 2.63 | 2.38 | 2.03 |
| 38 | 4.85 | 2.69 | 2.43 | 2.07 |
| 39 | 5.04 | 2.76 | 2.49 | 2.12 |
| 40 | 5.23 | 2.85 | 2.56 | 2.17 |
| 41 | 5.38 | 2.93 | 2.61 | 2.21 |
| 42 | 5.58 | 3.04 | 2.70 | 2.28 |
| 43 | 5.81 | 3.18 | 2.82 | 2.37 |
| 44 | 5.99 | 3.29 | 2.92 | 2.44 |
| 45 | 6.52 | 3.47 | 3.09 | 2.57 |
| 46 | 6.70 | 3.58 | 3.19 | 2.65 |
| 47 | 6.95 | 3.72 | 3.33 | 2.76 |
| 48 | 7.20 | 3.85 | 3.45 | 2.86 |
| 49 | 7.46 | 3.99 | 3.57 | 2.96 |
| 50 | 7.75 | 3.91 | 3.49 | 2.88 |
| 51 | 8.06 | 4.05 | 3.60 | 2.98 |
| 52 | 8.41 | 4.22 | 3.70 | 3.06 |
| 53 | 8.54 | 4.16 | 3.61 | 2.98 |
| 54 | 8.65 | 4.37 | 3.73 | 3.08 |
| 55 | 8.40 | 4.30 | 3.61 | 2.98 |
| 56 | 8.07 | 4.18 | 3.47 | 2.85 |
| 57 | 7.28 | 3.72 | 3.06 | 2.51 |
| 58 | 6.76 | 3.51 | 2.87 | 2.35 |
| 59 | 5.75 | 2.94 | 2.40 | 1.97 |
| 60 | 5.07 | 2.68 | 2.20 | 1.81 |
| 61 | 4.36 | 2.11 | 1.74 | 1.43 |
| 62 | 2.86 | 1.69 | 1.38 | 1.14 |
| 63 | 1.94 | 0.94 | 0.77 | 0.63 |
| 64 | 0.73 | 0.59 | 0.49 | 0.40 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-67 BP
Class B1
Full BP Own Occ Rates - SIS

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 2.57 | 1.64 | 1.47 | 1.28 |
| 26 | 2.67 | 1.70 | 1.54 | 1.33 |
| 27 | 2.76 | 1.76 | 1.60 | 1.38 |
| 28 | 3.01 | 1.91 | 1.75 | 1.52 |
| 29 | 3.41 | 1.95 | 1.79 | 1.56 |
| 30 | 3.62 | 2.13 | 1.95 | 1.69 |
| 31 | 4.00 | 2.19 | 2.01 | 1.74 |
| 32 | 4.24 | 2.40 | 2.21 | 1.90 |
| 33 | 4.49 | 2.48 | 2.28 | 1.95 |
| 34 | 4.93 | 2.56 | 2.34 | 2.00 |
| 35 | 5.24 | 2.78 | 2.54 | 2.16 |
| 36 | 5.76 | 2.84 | 2.59 | 2.21 |
| 37 | 6.14 | 2.91 | 2.65 | 2.25 |
| 38 | 6.36 | 2.99 | 2.71 | 2.30 |
| 39 | 6.59 | 3.08 | 2.78 | 2.37 |
| 40 | 7.03 | 3.37 | 3.03 | 2.57 |
| 41 | 7.21 | 3.46 | 3.11 | 2.63 |
| 42 | 7.46 | 3.59 | 3.23 | 2.72 |
| 43 | 7.77 | 3.77 | 3.39 | 2.84 |
| 44 | 7.99 | 3.90 | 3.52 | 2.94 |
| 45 | 8.65 | 4.12 | 3.73 | 3.10 |
| 46 | 8.90 | 4.25 | 3.85 | 3.20 |
| 47 | 9.26 | 4.43 | 4.00 | 3.32 |
| 48 | 9.63 | 4.59 | 4.14 | 3.43 |
| 49 | 10.03 | 4.75 | 4.27 | 3.54 |
| 50 | 10.47 | 4.92 | 4.39 | 3.63 |
| 51 | 10.92 | 5.11 | 4.52 | 3.74 |
| 52 | 11.41 | 5.31 | 4.64 | 3.83 |
| 53 | 11.32 | 5.27 | 4.56 | 3.75 |
| 54 | 11.17 | 5.21 | 4.45 | 3.65 |
| 55 | 10.96 | 5.45 | 4.61 | 3.75 |
| 56 | 10.26 | 5.00 | 4.20 | 3.40 |
| 57 | 9.45 | 4.83 | 4.03 | 3.26 |
| 58 | 8.52 | 4.26 | 3.55 | 2.85 |
| 59 | 7.48 | 3.63 | 3.03 | 2.44 |
| 60 | 6.80 | 3.36 | 2.81 | 2.26 |
| 61 | 5.62 | 2.75 | 2.29 | 1.85 |
| 62 | 3.95 | 1.88 | 1.57 | 1.26 |
| 63 | 2.50 | 1.05 | 0.87 | 0.71 |
| 64 | 1.17 | 0.66 | 0.55 | 0.44 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-67 BP
Class C1
Full BP Own Occ Rates - SIS

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 4.55 | 2.13 | 1.93 | 1.68 |
| 26 | 4.73 | 2.20 | 2.00 | 1.74 |
| 27 | 4.91 | 2.27 | 2.08 | 1.81 |
| 28 | 5.00 | 2.43 | 2.25 | 1.96 |
| 29 | 5.27 | 2.60 | 2.42 | 2.11 |
| 30 | 5.36 | 2.65 | 2.46 | 2.13 |
| 31 | 5.66 | 2.86 | 2.64 | 2.28 |
| 32 | 5.81 | 3.09 | 2.83 | 2.43 |
| 33 | 6.15 | 3.32 | 3.04 | 2.60 |
| 34 | 6.50 | 3.57 | 3.25 | 2.78 |
| 35 | 6.67 | 3.65 | 3.32 | 2.84 |
| 36 | 7.03 | 3.90 | 3.55 | 3.03 |
| 37 | 7.41 | 4.15 | 3.78 | 3.23 |
| 38 | 7.62 | 4.42 | 4.03 | 3.43 |
| 39 | 8.07 | 4.71 | 4.30 | 3.66 |
| 40 | 8.33 | 4.86 | 4.43 | 3.76 |
| 41 | 8.76 | 5.17 | 4.68 | 3.96 |
| 42 | 9.07 | 5.55 | 5.01 | 4.22 |
| 43 | 9.70 | 5.79 | 5.21 | 4.38 |
| 44 | 10.00 | 5.99 | 5.37 | 4.49 |
| 45 | 10.78 | 6.31 | 5.64 | 4.70 |
| 46 | 11.09 | 6.51 | 5.80 | 4.82 |
| 47 | 11.80 | 6.77 | 6.02 | 4.99 |
| 48 | 12.24 | 7.03 | 6.23 | 5.16 |
| 49 | 12.42 | 7.06 | 6.22 | 5.15 |
| 50 | 12.94 | 7.34 | 6.42 | 5.33 |
| 51 | 13.21 | 7.38 | 6.40 | 5.30 |
| 52 | 13.85 | 7.72 | 6.60 | 5.47 |
| 53 | 13.97 | 7.84 | 6.60 | 5.47 |
| 54 | 14.06 | 7.95 | 6.58 | 5.45 |
| 55 | 14.09 | 7.68 | 6.27 | 5.18 |
| 56 | 13.60 | 7.34 | 5.90 | 4.86 |
| 57 | 12.49 | 6.53 | 5.19 | 4.28 |
| 58 | 11.60 | 5.97 | 4.73 | 3.89 |
| 59 | 10.06 | 5.35 | 4.24 | 3.49 |
| 60 | 8.86 | 4.71 | 3.75 | 3.09 |
| 61 | 7.12 | 3.71 | 2.96 | 2.44 |
| 62 | 5.23 | 2.76 | 2.20 | 1.81 |
| 63 | 3.17 | 1.84 | 1.46 | 1.20 |
| 64 | 1.69 | 0.69 | 0.55 | 0.45 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-67 BP
Class D1
Full BP Own Occ Rates - SIS

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 4.23 | 2.36 | 2.19 | 1.92 |
| 26 | 4.32 | 2.43 | 2.24 | 1.96 |
| 27 | 4.41 | 2.50 | 2.29 | 1.99 |
| 28 | 4.69 | 2.69 | 2.47 | 2.16 |
| 29 | 4.97 | 2.71 | 2.49 | 2.18 |
| 30 | 5.22 | 2.90 | 2.66 | 2.32 |
| 31 | 5.46 | 2.94 | 2.68 | 2.32 |
| 32 | 5.70 | 3.18 | 2.86 | 2.47 |
| 33 | 6.05 | 3.24 | 2.89 | 2.48 |
| 34 | 6.41 | 3.49 | 3.09 | 2.64 |
| 35 | 6.53 | 3.54 | 3.13 | 2.67 |
| 36 | 6.88 | 3.80 | 3.34 | 2.85 |
| 37 | 7.23 | 3.85 | 3.39 | 2.90 |
| 38 | 7.36 | 4.12 | 3.63 | 3.10 |
| 39 | 7.77 | 4.42 | 3.89 | 3.31 |
| 40 | 7.97 | 4.73 | 4.16 | 3.54 |
| 41 | 8.38 | 5.03 | 4.40 | 3.73 |
| 42 | 8.66 | 5.39 | 4.70 | 3.97 |
| 43 | 9.02 | 5.59 | 4.85 | 4.08 |
| 44 | 9.28 | 5.97 | 5.16 | 4.32 |
| 45 | 10.05 | 6.25 | 5.38 | 4.48 |
| 46 | 10.32 | 6.65 | 5.71 | 4.75 |
| 47 | 10.69 | 6.88 | 5.89 | 4.89 |
| 48 | 11.04 | 7.10 | 6.06 | 5.03 |
| 49 | 11.08 | 7.06 | 5.99 | 4.98 |
| 50 | 11.49 | 7.31 | 6.17 | 5.13 |
| 51 | 11.60 | 7.30 | 6.10 | 5.09 |
| 52 | 12.13 | 7.62 | 6.30 | 5.25 |
| 53 | 12.05 | 7.69 | 6.27 | 5.22 |
| 54 | 11.93 | 7.75 | 6.22 | 5.18 |
| 55 | 12.21 | 7.78 | 6.16 | 5.11 |
| 56 | 11.49 | 7.37 | 5.76 | 4.76 |
| 57 | 11.08 | 6.84 | 5.30 | 4.37 |
| 58 | 9.97 | 6.21 | 4.79 | 3.95 |
| 59 | 8.66 | 5.51 | 4.25 | 3.50 |
| 60 | 7.78 | 4.79 | 3.71 | 3.06 |
| 61 | 6.31 | 3.66 | 2.84 | 2.34 |
| 62 | 4.30 | 2.63 | 2.03 | 1.68 |
| 63 | 2.56 | 1.63 | 1.26 | 1.04 |
| 64 | 1.43 | 0.77 | 0.60 | 0.49 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-67 BP
Class E1
Full BP Own Occ Rates - SIS

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 5.35 | 3.31 | 3.06 | 2.70 |
| 26 | 5.42 | 3.34 | 3.08 | 2.70 |
| 27 | 5.48 | 3.38 | 3.09 | 2.70 |
| 28 | 5.82 | 3.68 | 3.33 | 2.90 |
| 29 | 6.19 | 3.73 | 3.35 | 2.92 |
| 30 | 6.53 | 3.99 | 3.57 | 3.11 |
| 31 | 6.89 | 4.01 | 3.59 | 3.11 |
| 32 | 7.27 | 4.27 | 3.84 | 3.31 |
| 33 | 7.66 | 4.35 | 3.88 | 3.33 |
| 34 | 8.06 | 4.68 | 4.15 | 3.55 |
| 35 | 8.16 | 4.76 | 4.19 | 3.58 |
| 36 | 8.60 | 5.09 | 4.48 | 3.82 |
| 37 | 9.09 | 5.17 | 4.54 | 3.87 |
| 38 | 9.29 | 5.25 | 4.61 | 3.93 |
| 39 | 9.53 | 5.63 | 4.94 | 4.21 |
| 40 | 9.81 | 5.76 | 5.04 | 4.29 |
| 41 | 10.02 | 6.13 | 5.35 | 4.54 |
| 42 | 10.35 | 6.30 | 5.48 | 4.63 |
| 43 | 10.76 | 6.53 | 5.66 | 4.75 |
| 44 | 11.06 | 6.70 | 5.78 | 4.84 |
| 45 | 11.59 | 7.02 | 6.04 | 5.03 |
| 46 | 11.88 | 7.19 | 6.17 | 5.13 |
| 47 | 12.29 | 7.45 | 6.37 | 5.29 |
| 48 | 12.69 | 7.34 | 6.25 | 5.19 |
| 49 | 12.65 | 7.59 | 6.44 | 5.35 |
| 50 | 13.11 | 7.47 | 6.29 | 5.24 |
| 51 | 13.13 | 7.74 | 6.47 | 5.39 |
| 52 | 13.70 | 7.62 | 6.30 | 5.25 |
| 53 | 13.89 | 7.54 | 6.15 | 5.13 |
| 54 | 14.08 | 7.90 | 6.35 | 5.28 |
| 55 | 13.63 | 7.76 | 6.15 | 5.11 |
| 56 | 13.04 | 7.06 | 5.53 | 4.58 |
| 57 | 12.29 | 6.78 | 5.26 | 4.35 |
| 58 | 10.65 | 5.90 | 4.55 | 3.76 |
| 59 | 9.53 | 5.49 | 4.24 | 3.50 |
| 60 | 8.29 | 4.52 | 3.50 | 2.90 |
| 61 | 7.00 | 3.56 | 2.76 | 2.28 |
| 62 | 5.10 | 2.84 | 2.20 | 1.82 |
| 63 | 2.77 | 1.58 | 1.23 | 1.02 |
| 64 | 1.30 | 1.00 | 0.77 | 0.64 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-67 BP
Class F1
Full BP Own Occ Rates - SIS

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18- | | | | |
| 25 | 6.07 | 3.95 | 3.64 | 3.21 |
| 26 | 6.11 | 4.00 | 3.67 | 3.21 |
| 27 | 6.15 | 4.05 | 3.69 | 3.22 |
| 28 | 6.48 | 4.38 | 3.98 | 3.46 |
| 29 | 6.84 | 4.42 | 3.99 | 3.46 |
| 30 | 7.21 | 4.71 | 4.24 | 3.67 |
| 31 | 7.64 | 4.70 | 4.21 | 3.64 |
| 32 | 8.12 | 4.98 | 4.45 | 3.83 |
| 33 | 8.63 | 5.06 | 4.48 | 3.84 |
| 34 | 9.18 | 5.44 | 4.79 | 4.10 |
| 35 | 9.38 | 5.53 | 4.86 | 4.15 |
| 36 | 9.95 | 5.93 | 5.20 | 4.44 |
| 37 | 10.55 | 6.04 | 5.30 | 4.52 |
| 38 | 10.79 | 6.16 | 5.40 | 4.61 |
| 39 | 11.06 | 6.63 | 5.80 | 4.94 |
| 40 | 11.36 | 6.78 | 5.92 | 5.04 |
| 41 | 11.56 | 7.23 | 6.30 | 5.34 |
| 42 | 11.89 | 7.42 | 6.45 | 5.44 |
| 43 | 12.33 | 7.67 | 6.64 | 5.58 |
| 44 | 12.64 | 7.85 | 6.78 | 5.67 |
| 45 | 13.24 | 8.20 | 7.06 | 5.89 |
| 46 | 13.57 | 8.40 | 7.21 | 5.99 |
| 47 | 14.06 | 8.68 | 7.43 | 6.17 |
| 48 | 14.53 | 8.54 | 7.28 | 6.05 |
| 49 | 14.50 | 8.83 | 7.49 | 6.23 |
| 50 | 15.02 | 8.69 | 7.32 | 6.09 |
| 51 | 15.02 | 9.02 | 7.53 | 6.27 |
| 52 | 15.64 | 8.88 | 7.32 | 6.11 |
| 53 | 15.79 | 8.78 | 7.14 | 5.96 |
| 54 | 15.93 | 9.19 | 7.37 | 6.14 |
| 55 | 15.34 | 9.02 | 7.13 | 5.93 |
| 56 | 14.61 | 8.20 | 6.40 | 5.31 |
| 57 | 13.73 | 7.87 | 6.09 | 5.03 |
| 58 | 11.88 | 6.83 | 5.27 | 4.35 |
| 59 | 10.63 | 6.36 | 4.91 | 4.05 |
| 60 | 9.26 | 5.24 | 4.05 | 3.35 |
| 61 | 7.82 | 4.13 | 3.20 | 2.64 |
| 62 | 5.70 | 3.29 | 2.55 | 2.11 |
| 63 | 3.10 | 1.84 | 1.42 | 1.18 |
| 64 | 1.45 | 1.16 | 0.90 | 0.74 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-67 BP
Class G1
Full BP Own Occ Rates - SIS

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18- | | | | |
| 25 | 9.10 | 5.92 | 5.46 | 4.81 |
| 26 | 9.16 | 6.00 | 5.50 | 4.82 |
| 27 | 9.23 | 6.07 | 5.54 | 4.83 |
| 28 | 9.72 | 6.57 | 5.96 | 5.19 |
| 29 | 10.27 | 6.62 | 5.99 | 5.20 |
| 30 | 10.82 | 7.06 | 6.35 | 5.50 |
| 31 | 11.46 | 7.05 | 6.32 | 5.46 |
| 32 | 12.18 | 7.48 | 6.68 | 5.75 |
| 33 | 12.95 | 7.58 | 6.72 | 5.76 |
| 34 | 13.77 | 8.16 | 7.19 | 6.15 |
| 35 | 14.06 | 8.29 | 7.28 | 6.22 |
| 36 | 14.93 | 8.90 | 7.81 | 6.66 |
| 37 | 15.82 | 9.06 | 7.95 | 6.78 |
| 38 | 16.19 | 9.25 | 8.10 | 6.91 |
| 39 | 16.60 | 9.94 | 8.70 | 7.42 |
| 40 | 17.04 | 10.18 | 8.89 | 7.56 |
| 41 | 17.34 | 10.84 | 9.45 | 8.01 |
| 42 | 17.84 | 11.13 | 9.67 | 8.16 |
| 43 | 18.50 | 11.51 | 9.96 | 8.38 |
| 44 | 18.97 | 11.77 | 10.17 | 8.51 |
| 45 | 19.87 | 12.31 | 10.60 | 8.83 |
| 46 | 20.36 | 12.60 | 10.81 | 8.99 |
| 47 | 21.09 | 13.02 | 11.15 | 9.26 |
| 48 | 21.80 | 12.81 | 10.92 | 9.07 |
| 49 | 21.75 | 13.25 | 11.24 | 9.34 |
| 50 | 22.53 | 13.03 | 10.98 | 9.14 |
| 51 | 22.53 | 13.52 | 11.29 | 9.41 |
| 52 | 23.45 | 13.31 | 10.98 | 9.16 |
| 53 | 23.68 | 13.17 | 10.72 | 8.94 |
| 54 | 23.89 | 13.78 | 11.05 | 9.21 |
| 55 | 23.01 | 13.53 | 10.70 | 8.89 |
| 56 | 21.92 | 12.31 | 9.61 | 7.96 |
| 57 | 20.60 | 11.80 | 9.13 | 7.55 |
| 58 | 17.82 | 10.25 | 7.90 | 6.52 |
| 59 | 15.95 | 9.54 | 7.36 | 6.08 |
| 60 | 13.89 | 7.86 | 6.08 | 5.03 |
| 61 | 11.74 | 6.20 | 4.80 | 3.97 |
| 62 | 8.54 | 4.94 | 3.82 | 3.16 |
| 63 | 4.65 | 2.76 | 2.13 | 1.77 |
| 64 | 2.17 | 1.74 | 1.34 | 1.11 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates 5 Year BP
Class P1
Full BP Residual - SIS

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 1.32 | 0.99 | 0.89 | 0.80 |
| 26 | 1.45 | 1.10 | 0.98 | 0.88 |
| 27 | 1.57 | 1.21 | 1.06 | 0.96 |
| 28 | 1.69 | 1.30 | 1.13 | 1.01 |
| 29 | 1.77 | 1.37 | 1.17 | 1.05 |
| 30 | 1.81 | 1.40 | 1.19 | 1.06 |
| 31 | 1.84 | 1.42 | 1.21 | 1.08 |
| 32 | 1.86 | 1.43 | 1.23 | 1.10 |
| 33 | 1.90 | 1.46 | 1.25 | 1.12 |
| 34 | 1.95 | 1.49 | 1.29 | 1.15 |
| 35 | 2.01 | 1.54 | 1.32 | 1.18 |
| 36 | 2.08 | 1.60 | 1.36 | 1.22 |
| 37 | 2.17 | 1.66 | 1.41 | 1.26 |
| 38 | 2.25 | 1.72 | 1.45 | 1.30 |
| 39 | 2.34 | 1.78 | 1.50 | 1.35 |
| 40 | 2.42 | 1.83 | 1.55 | 1.40 |
| 41 | 2.48 | 1.88 | 1.59 | 1.43 |
| 42 | 2.58 | 1.94 | 1.65 | 1.49 |
| 43 | 2.69 | 2.02 | 1.73 | 1.56 |
| 44 | 2.79 | 2.10 | 1.81 | 1.63 |
| 45 | 2.96 | 2.25 | 1.94 | 1.75 |
| 46 | 3.09 | 2.36 | 2.04 | 1.84 |
| 47 | 3.26 | 2.53 | 2.17 | 1.96 |
| 48 | 3.44 | 2.70 | 2.31 | 2.08 |
| 49 | 3.63 | 2.88 | 2.45 | 2.21 |
| 50 | 3.82 | 3.07 | 2.59 | 2.34 |
| 51 | 4.00 | 3.25 | 2.73 | 2.47 |
| 52 | 4.17 | 3.42 | 2.87 | 2.60 |
| 53 | 4.37 | 3.60 | 3.04 | 2.73 |
| 54 | 4.56 | 3.78 | 3.20 | 2.85 |
| 55 | 4.76 | 3.94 | 3.36 | 2.97 |
| 56 | 4.97 | 4.12 | 3.53 | 3.08 |
| 57 | 5.21 | 4.31 | 3.72 | 3.20 |
| 58 | 4.80 | 3.97 | 3.45 | 2.90 |
| 59 | 4.34 | 3.61 | 3.13 | 2.60 |
| 60 | 3.80 | 3.19 | 2.76 | 2.27 |
| 61 | 3.14 | 2.68 | 2.32 | 1.91 |
| 62 | 2.25 | 1.97 | 1.70 | 1.39 |
| 63 | 1.46 | 1.24 | 1.08 | 0.88 |
| 64 | 0.71 | 0.61 | 0.53 | 0.43 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates 5 Year BP
Class A1
Full BP Residual - SIS

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 1.56 | 1.16 | 1.04 | 0.94 |
| 26 | 1.70 | 1.29 | 1.15 | 1.03 |
| 27 | 1.85 | 1.42 | 1.25 | 1.13 |
| 28 | 1.99 | 1.54 | 1.32 | 1.19 |
| 29 | 2.08 | 1.61 | 1.37 | 1.23 |
| 30 | 2.13 | 1.65 | 1.40 | 1.25 |
| 31 | 2.16 | 1.67 | 1.42 | 1.27 |
| 32 | 2.19 | 1.69 | 1.44 | 1.29 |
| 33 | 2.23 | 1.72 | 1.47 | 1.32 |
| 34 | 2.29 | 1.76 | 1.51 | 1.35 |
| 35 | 2.36 | 1.81 | 1.56 | 1.39 |
| 36 | 2.45 | 1.88 | 1.60 | 1.44 |
| 37 | 2.55 | 1.95 | 1.66 | 1.48 |
| 38 | 2.65 | 2.02 | 1.71 | 1.53 |
| 39 | 2.75 | 2.09 | 1.77 | 1.59 |
| 40 | 2.85 | 2.16 | 1.82 | 1.64 |
| 41 | 2.92 | 2.21 | 1.87 | 1.68 |
| 42 | 3.03 | 2.28 | 1.94 | 1.75 |
| 43 | 3.17 | 2.38 | 2.04 | 1.84 |
| 44 | 3.28 | 2.48 | 2.13 | 1.92 |
| 45 | 3.49 | 2.65 | 2.28 | 2.05 |
| 46 | 3.64 | 2.78 | 2.40 | 2.16 |
| 47 | 3.84 | 2.97 | 2.55 | 2.30 |
| 48 | 4.05 | 3.18 | 2.71 | 2.45 |
| 49 | 4.27 | 3.39 | 2.88 | 2.60 |
| 50 | 4.49 | 3.61 | 3.05 | 2.76 |
| 51 | 4.70 | 3.82 | 3.22 | 2.91 |
| 52 | 4.91 | 4.02 | 3.38 | 3.05 |
| 53 | 5.14 | 4.24 | 3.57 | 3.21 |
| 54 | 5.37 | 4.44 | 3.76 | 3.36 |
| 55 | 5.60 | 4.64 | 3.95 | 3.49 |
| 56 | 5.85 | 4.84 | 4.16 | 3.62 |
| 57 | 6.13 | 5.07 | 4.38 | 3.76 |
| 58 | 5.65 | 4.67 | 4.05 | 3.42 |
| 59 | 5.11 | 4.24 | 3.68 | 3.05 |
| 60 | 4.47 | 3.76 | 3.25 | 2.67 |
| 61 | 3.70 | 3.16 | 2.73 | 2.24 |
| 62 | 2.65 | 2.31 | 2.00 | 1.64 |
| 63 | 1.71 | 1.46 | 1.27 | 1.04 |
| 64 | 0.83 | 0.72 | 0.62 | 0.51 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates 5 Year BP
Class B1
Full BP Residual - SIS

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 1.78 | 1.32 | 1.17 | 1.05 |
| 26 | 1.95 | 1.46 | 1.28 | 1.15 |
| 27 | 2.13 | 1.61 | 1.39 | 1.25 |
| 28 | 2.29 | 1.74 | 1.47 | 1.32 |
| 29 | 2.41 | 1.83 | 1.52 | 1.37 |
| 30 | 2.46 | 1.86 | 1.55 | 1.39 |
| 31 | 2.49 | 1.88 | 1.58 | 1.41 |
| 32 | 2.51 | 1.88 | 1.60 | 1.43 |
| 33 | 2.54 | 1.91 | 1.64 | 1.46 |
| 34 | 2.59 | 1.95 | 1.68 | 1.50 |
| 35 | 2.67 | 2.00 | 1.72 | 1.53 |
| 36 | 2.76 | 2.07 | 1.77 | 1.59 |
| 37 | 2.87 | 2.16 | 1.83 | 1.64 |
| 38 | 2.98 | 2.24 | 1.89 | 1.70 |
| 39 | 3.09 | 2.33 | 1.96 | 1.76 |
| 40 | 3.20 | 2.41 | 2.04 | 1.83 |
| 41 | 3.27 | 2.47 | 2.10 | 1.89 |
| 42 | 3.38 | 2.55 | 2.20 | 1.98 |
| 43 | 3.52 | 2.67 | 2.32 | 2.09 |
| 44 | 3.65 | 2.78 | 2.43 | 2.18 |
| 45 | 3.88 | 2.97 | 2.60 | 2.34 |
| 46 | 4.06 | 3.13 | 2.74 | 2.46 |
| 47 | 4.30 | 3.35 | 2.90 | 2.62 |
| 48 | 4.56 | 3.58 | 3.08 | 2.78 |
| 49 | 4.83 | 3.82 | 3.25 | 2.94 |
| 50 | 5.09 | 4.07 | 3.43 | 3.10 |
| 51 | 5.36 | 4.31 | 3.61 | 3.26 |
| 52 | 5.60 | 4.53 | 3.79 | 3.41 |
| 53 | 5.86 | 4.76 | 4.00 | 3.58 |
| 54 | 6.11 | 4.98 | 4.22 | 3.73 |
| 55 | 6.35 | 5.19 | 4.45 | 3.89 |
| 56 | 6.61 | 5.41 | 4.69 | 4.03 |
| 57 | 6.91 | 5.65 | 4.96 | 4.18 |
| 58 | 6.35 | 5.20 | 4.59 | 3.80 |
| 59 | 5.75 | 4.73 | 4.17 | 3.40 |
| 60 | 5.04 | 4.18 | 3.68 | 2.97 |
| 61 | 4.16 | 3.52 | 3.09 | 2.49 |
| 62 | 2.98 | 2.58 | 2.26 | 1.83 |
| 63 | 1.93 | 1.63 | 1.43 | 1.16 |
| 64 | 0.94 | 0.80 | 0.70 | 0.57 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates 5 Year BP
Class C1
Full BP Residual - SIS

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 1.90 | 1.43 | 1.29 | 1.16 |
| 26 | 2.09 | 1.58 | 1.40 | 1.26 |
| 27 | 2.28 | 1.74 | 1.52 | 1.37 |
| 28 | 2.43 | 1.87 | 1.60 | 1.44 |
| 29 | 2.54 | 1.96 | 1.65 | 1.49 |
| 30 | 2.60 | 1.99 | 1.67 | 1.50 |
| 31 | 2.64 | 1.99 | 1.68 | 1.50 |
| 32 | 2.68 | 1.99 | 1.69 | 1.51 |
| 33 | 2.74 | 2.01 | 1.71 | 1.53 |
| 34 | 2.81 | 2.04 | 1.74 | 1.56 |
| 35 | 2.89 | 2.10 | 1.79 | 1.60 |
| 36 | 2.98 | 2.17 | 1.84 | 1.65 |
| 37 | 3.07 | 2.25 | 1.90 | 1.71 |
| 38 | 3.17 | 2.33 | 1.97 | 1.77 |
| 39 | 3.27 | 2.41 | 2.05 | 1.84 |
| 40 | 3.37 | 2.49 | 2.12 | 1.91 |
| 41 | 3.44 | 2.54 | 2.17 | 1.95 |
| 42 | 3.56 | 2.62 | 2.25 | 2.02 |
| 43 | 3.71 | 2.73 | 2.35 | 2.12 |
| 44 | 3.85 | 2.82 | 2.44 | 2.20 |
| 45 | 4.10 | 3.01 | 2.60 | 2.34 |
| 46 | 4.28 | 3.17 | 2.71 | 2.44 |
| 47 | 4.52 | 3.39 | 2.87 | 2.59 |
| 48 | 4.78 | 3.62 | 3.05 | 2.75 |
| 49 | 5.04 | 3.88 | 3.23 | 2.92 |
| 50 | 5.31 | 4.15 | 3.42 | 3.10 |
| 51 | 5.58 | 4.41 | 3.61 | 3.27 |
| 52 | 5.85 | 4.66 | 3.81 | 3.44 |
| 53 | 6.15 | 4.92 | 4.02 | 3.63 |
| 54 | 6.45 | 5.17 | 4.25 | 3.81 |
| 55 | 6.77 | 5.41 | 4.47 | 3.97 |
| 56 | 7.10 | 5.65 | 4.71 | 4.12 |
| 57 | 7.48 | 5.92 | 4.97 | 4.28 |
| 58 | 6.90 | 5.45 | 4.60 | 3.89 |
| 59 | 6.24 | 4.95 | 4.18 | 3.48 |
| 60 | 5.45 | 4.38 | 3.69 | 3.04 |
| 61 | 4.51 | 3.68 | 3.10 | 2.56 |
| 62 | 3.23 | 2.70 | 2.27 | 1.87 |
| 63 | 2.09 | 1.71 | 1.44 | 1.18 |
| 64 | 1.02 | 0.84 | 0.71 | 0.58 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates 5 Year BP
Class D1
Full BP Residual - SIS

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 2.78 | 1.71 | 1.58 | 1.44 |
| 26 | 3.01 | 1.89 | 1.69 | 1.54 |
| 27 | 3.23 | 2.06 | 1.80 | 1.63 |
| 28 | 3.37 | 2.11 | 1.82 | 1.65 |
| 29 | 3.47 | 2.16 | 1.84 | 1.67 |
| 30 | 3.50 | 2.19 | 1.85 | 1.67 |
| 31 | 3.54 | 2.21 | 1.85 | 1.67 |
| 32 | 3.58 | 2.24 | 1.85 | 1.66 |
| 33 | 3.63 | 2.22 | 1.84 | 1.65 |
| 34 | 3.69 | 2.24 | 1.84 | 1.65 |
| 35 | 3.76 | 2.27 | 1.87 | 1.67 |
| 36 | 3.84 | 2.33 | 1.90 | 1.71 |
| 37 | 3.92 | 2.39 | 1.95 | 1.75 |
| 38 | 4.00 | 2.46 | 2.00 | 1.81 |
| 39 | 4.10 | 2.53 | 2.06 | 1.86 |
| 40 | 4.20 | 2.59 | 2.12 | 1.91 |
| 41 | 4.26 | 2.62 | 2.15 | 1.94 |
| 42 | 4.40 | 2.68 | 2.21 | 2.00 |
| 43 | 4.58 | 2.76 | 2.29 | 2.06 |
| 44 | 4.73 | 2.84 | 2.35 | 2.12 |
| 45 | 5.02 | 3.00 | 2.48 | 2.24 |
| 46 | 5.23 | 3.13 | 2.57 | 2.32 |
| 47 | 5.51 | 3.32 | 2.71 | 2.44 |
| 48 | 5.79 | 3.53 | 2.85 | 2.58 |
| 49 | 6.08 | 3.76 | 3.00 | 2.73 |
| 50 | 6.38 | 4.00 | 3.17 | 2.89 |
| 51 | 6.67 | 4.24 | 3.34 | 3.04 |
| 52 | 6.96 | 4.47 | 3.52 | 3.20 |
| 53 | 7.29 | 4.71 | 3.72 | 3.38 |
| 54 | 7.63 | 4.93 | 3.93 | 3.54 |
| 55 | 7.99 | 5.14 | 4.14 | 3.69 |
| 56 | 8.38 | 5.36 | 4.37 | 3.83 |
| 57 | 8.82 | 5.61 | 4.61 | 3.97 |
| 58 | 8.14 | 5.16 | 4.27 | 3.61 |
| 59 | 7.36 | 4.69 | 3.88 | 3.23 |
| 60 | 6.44 | 4.15 | 3.42 | 2.82 |
| 61 | 5.32 | 3.49 | 2.88 | 2.37 |
| 62 | 3.81 | 2.56 | 2.11 | 1.74 |
| 63 | 2.47 | 1.62 | 1.33 | 1.10 |
| 64 | 1.20 | 0.80 | 0.66 | 0.54 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates 5 Year BP
Class E1
Full BP Residual - SIS

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 3.15 | 1.87 | 1.72 | 1.58 |
| 26 | 3.38 | 2.03 | 1.81 | 1.66 |
| 27 | 3.61 | 2.18 | 1.90 | 1.73 |
| 28 | 3.80 | 2.23 | 1.91 | 1.74 |
| 29 | 3.93 | 2.28 | 1.93 | 1.76 |
| 30 | 3.97 | 2.30 | 1.93 | 1.75 |
| 31 | 3.97 | 2.32 | 1.93 | 1.75 |
| 32 | 3.97 | 2.34 | 1.93 | 1.74 |
| 33 | 3.98 | 2.33 | 1.92 | 1.72 |
| 34 | 4.01 | 2.34 | 1.92 | 1.73 |
| 35 | 4.06 | 2.38 | 1.94 | 1.74 |
| 36 | 4.13 | 2.43 | 1.98 | 1.78 |
| 37 | 4.22 | 2.49 | 2.02 | 1.82 |
| 38 | 4.33 | 2.56 | 2.07 | 1.87 |
| 39 | 4.44 | 2.63 | 2.13 | 1.92 |
| 40 | 4.56 | 2.69 | 2.19 | 1.98 |
| 41 | 4.65 | 2.71 | 2.22 | 2.00 |
| 42 | 4.79 | 2.77 | 2.28 | 2.06 |
| 43 | 4.99 | 2.87 | 2.37 | 2.14 |
| 44 | 5.15 | 2.95 | 2.44 | 2.20 |
| 45 | 5.45 | 3.12 | 2.58 | 2.32 |
| 46 | 5.67 | 3.26 | 2.68 | 2.41 |
| 47 | 5.96 | 3.47 | 2.82 | 2.55 |
| 48 | 6.27 | 3.70 | 2.98 | 2.70 |
| 49 | 6.58 | 3.94 | 3.14 | 2.85 |
| 50 | 6.90 | 4.19 | 3.31 | 3.02 |
| 51 | 7.20 | 4.43 | 3.49 | 3.18 |
| 52 | 7.50 | 4.65 | 3.66 | 3.33 |
| 53 | 7.84 | 4.88 | 3.85 | 3.50 |
| 54 | 8.17 | 5.08 | 4.04 | 3.64 |
| 55 | 8.52 | 5.27 | 4.24 | 3.78 |
| 56 | 8.90 | 5.46 | 4.45 | 3.90 |
| 57 | 9.32 | 5.69 | 4.67 | 4.04 |
| 58 | 8.59 | 5.23 | 4.32 | 3.66 |
| 59 | 7.77 | 4.75 | 3.92 | 3.28 |
| 60 | 6.80 | 4.21 | 3.47 | 2.87 |
| 61 | 5.62 | 3.54 | 2.92 | 2.41 |
| 62 | 4.03 | 2.59 | 2.14 | 1.77 |
| 63 | 2.61 | 1.64 | 1.35 | 1.12 |
| 64 | 1.27 | 0.81 | 0.66 | 0.55 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates 5 Year BP
Class F1
Full BP Residual - SIS

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 3.57 | 2.22 | 2.04 | 1.87 |
| 26 | 3.81 | 2.42 | 2.14 | 1.96 |
| 27 | 4.05 | 2.61 | 2.25 | 2.05 |
| 28 | 4.23 | 2.65 | 2.26 | 2.05 |
| 29 | 4.35 | 2.69 | 2.27 | 2.06 |
| 30 | 4.39 | 2.70 | 2.25 | 2.04 |
| 31 | 4.40 | 2.71 | 2.24 | 2.02 |
| 32 | 4.43 | 2.72 | 2.22 | 2.00 |
| 33 | 4.48 | 2.70 | 2.20 | 2.03 |
| 34 | 4.56 | 2.71 | 2.21 | 2.05 |
| 35 | 4.66 | 2.76 | 2.24 | 2.07 |
| 36 | 4.78 | 2.83 | 2.29 | 2.10 |
| 37 | 4.91 | 2.92 | 2.35 | 2.12 |
| 38 | 5.03 | 3.01 | 2.42 | 2.18 |
| 39 | 5.16 | 3.09 | 2.50 | 2.25 |
| 40 | 5.29 | 3.16 | 2.57 | 2.31 |
| 41 | 5.37 | 3.20 | 2.61 | 2.35 |
| 42 | 5.51 | 3.27 | 2.68 | 2.41 |
| 43 | 5.72 | 3.37 | 2.78 | 2.50 |
| 44 | 5.90 | 3.46 | 2.86 | 2.57 |
| 45 | 6.24 | 3.65 | 3.01 | 2.71 |
| 46 | 6.49 | 3.81 | 3.12 | 2.81 |
| 47 | 6.84 | 4.05 | 3.29 | 2.97 |
| 48 | 7.19 | 4.31 | 3.47 | 3.14 |
| 49 | 7.56 | 4.59 | 3.66 | 3.32 |
| 50 | 7.92 | 4.88 | 3.86 | 3.51 |
| 51 | 8.26 | 5.16 | 4.06 | 3.70 |
| 52 | 8.58 | 5.42 | 4.25 | 3.87 |
| 53 | 8.92 | 5.68 | 4.48 | 4.06 |
| 54 | 9.25 | 5.91 | 4.70 | 4.23 |
| 55 | 9.59 | 6.12 | 4.92 | 4.38 |
| 56 | 9.97 | 6.34 | 5.15 | 4.53 |
| 57 | 10.41 | 6.59 | 5.41 | 4.67 |
| 58 | 9.57 | 6.06 | 5.00 | 4.24 |
| 59 | 8.66 | 5.50 | 4.54 | 3.79 |
| 60 | 7.59 | 4.88 | 4.02 | 3.32 |
| 61 | 6.27 | 4.11 | 3.38 | 2.79 |
| 62 | 4.49 | 3.01 | 2.47 | 2.04 |
| 63 | 2.91 | 1.90 | 1.56 | 1.29 |
| 64 | 1.42 | 0.94 | 0.77 | 0.64 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates 5 Year BP
Class G1
Full BP Residual - SIS

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 5.36 | 3.34 | 3.06 | 2.81 |
| 26 | 5.72 | 3.62 | 3.22 | 2.94 |
| 27 | 6.07 | 3.91 | 3.38 | 3.08 |
| 28 | 6.35 | 3.97 | 3.39 | 3.08 |
| 29 | 6.53 | 4.03 | 3.40 | 3.09 |
| 30 | 6.58 | 4.05 | 3.38 | 3.06 |
| 31 | 6.61 | 4.07 | 3.35 | 3.03 |
| 32 | 6.65 | 4.09 | 3.33 | 3.01 |
| 33 | 6.73 | 4.05 | 3.31 | 3.04 |
| 34 | 6.84 | 4.06 | 3.32 | 3.08 |
| 35 | 7.00 | 4.13 | 3.36 | 3.11 |
| 36 | 7.17 | 4.24 | 3.44 | 3.14 |
| 37 | 7.36 | 4.38 | 3.53 | 3.17 |
| 38 | 7.55 | 4.51 | 3.64 | 3.27 |
| 39 | 7.74 | 4.64 | 3.75 | 3.37 |
| 40 | 7.93 | 4.74 | 3.85 | 3.47 |
| 41 | 8.05 | 4.80 | 3.91 | 3.53 |
| 42 | 8.27 | 4.90 | 4.02 | 3.62 |
| 43 | 8.58 | 5.05 | 4.17 | 3.75 |
| 44 | 8.84 | 5.19 | 4.28 | 3.85 |
| 45 | 9.36 | 5.48 | 4.52 | 4.07 |
| 46 | 9.73 | 5.72 | 4.69 | 4.22 |
| 47 | 10.25 | 6.07 | 4.93 | 4.45 |
| 48 | 10.79 | 6.46 | 5.20 | 4.70 |
| 49 | 11.34 | 6.89 | 5.49 | 4.98 |
| 50 | 11.88 | 7.32 | 5.78 | 5.26 |
| 51 | 12.39 | 7.75 | 6.09 | 5.54 |
| 52 | 12.87 | 8.13 | 6.38 | 5.81 |
| 53 | 13.39 | 8.52 | 6.71 | 6.09 |
| 54 | 13.88 | 8.87 | 7.04 | 6.35 |
| 55 | 14.39 | 9.18 | 7.37 | 6.57 |
| 56 | 14.95 | 9.50 | 7.72 | 6.79 |
| 57 | 15.61 | 9.89 | 8.12 | 7.01 |
| 58 | 14.35 | 9.08 | 7.50 | 6.36 |
| 59 | 12.99 | 8.26 | 6.81 | 5.69 |
| 60 | 11.39 | 7.32 | 6.02 | 4.98 |
| 61 | 9.41 | 6.16 | 5.07 | 4.19 |
| 62 | 6.74 | 4.51 | 3.71 | 3.07 |
| 63 | 4.37 | 2.85 | 2.35 | 1.94 |
| 64 | 2.12 | 1.40 | 1.15 | 0.96 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-65 BP
Class P1
Full BP Residual - SIS

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 2.06 | 1.76 | 1.54 | 1.34 |
| 26 | 2.11 | 1.81 | 1.59 | 1.38 |
| 27 | 2.16 | 1.85 | 1.64 | 1.42 |
| 28 | 2.22 | 1.87 | 1.65 | 1.44 |
| 29 | 2.28 | 1.91 | 1.69 | 1.47 |
| 30 | 2.33 | 1.96 | 1.73 | 1.50 |
| 31 | 2.38 | 2.02 | 1.79 | 1.54 |
| 32 | 2.43 | 2.10 | 1.85 | 1.59 |
| 33 | 2.49 | 2.18 | 1.92 | 1.64 |
| 34 | 2.55 | 2.25 | 1.98 | 1.69 |
| 35 | 2.62 | 2.31 | 2.03 | 1.73 |
| 36 | 2.70 | 2.36 | 2.08 | 1.77 |
| 37 | 2.79 | 2.42 | 2.12 | 1.81 |
| 38 | 2.88 | 2.48 | 2.17 | 1.85 |
| 39 | 2.99 | 2.54 | 2.22 | 1.89 |
| 40 | 3.09 | 2.62 | 2.28 | 1.94 |
| 41 | 3.17 | 2.68 | 2.33 | 1.97 |
| 42 | 3.28 | 2.78 | 2.41 | 2.03 |
| 43 | 3.41 | 2.90 | 2.52 | 2.11 |
| 44 | 3.51 | 3.00 | 2.60 | 2.17 |
| 45 | 3.68 | 3.16 | 2.74 | 2.29 |
| 46 | 3.78 | 3.25 | 2.83 | 2.35 |
| 47 | 3.91 | 3.37 | 2.94 | 2.44 |
| 48 | 4.04 | 3.49 | 3.04 | 2.52 |
| 49 | 4.17 | 3.60 | 3.14 | 2.60 |
| 50 | 4.31 | 3.71 | 3.24 | 2.68 |
| 51 | 4.45 | 3.83 | 3.33 | 2.76 |
| 52 | 4.60 | 3.96 | 3.43 | 2.84 |
| 53 | 4.79 | 4.13 | 3.56 | 2.94 |
| 54 | 4.99 | 4.30 | 3.68 | 3.04 |
| 55 | 5.19 | 4.48 | 3.81 | 3.14 |
| 56 | 5.39 | 4.66 | 3.94 | 3.23 |
| 57 | 5.60 | 4.81 | 4.05 | 3.32 |
| 58 | 5.07 | 4.32 | 3.63 | 2.97 |
| 59 | 4.49 | 3.80 | 3.19 | 2.61 |
| 60 | 3.86 | 3.25 | 2.74 | 2.24 |
| 61 | 3.19 | 2.74 | 2.30 | 1.89 |
| 62 | 2.28 | 2.00 | 1.69 | 1.38 |
| 63 | 1.48 | 1.27 | 1.07 | 0.87 |
| 64 | 0.72 | 0.62 | 0.52 | 0.43 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-65 BP
Class A1
Full BP Residual - SIS

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 2.42 | 2.07 | 1.81 | 1.58 |
| 26 | 2.48 | 2.13 | 1.87 | 1.63 |
| 27 | 2.54 | 2.18 | 1.93 | 1.67 |
| 28 | 2.61 | 2.20 | 1.95 | 1.69 |
| 29 | 2.69 | 2.24 | 1.99 | 1.72 |
| 30 | 2.74 | 2.30 | 2.03 | 1.76 |
| 31 | 2.80 | 2.38 | 2.10 | 1.81 |
| 32 | 2.86 | 2.47 | 2.18 | 1.87 |
| 33 | 2.92 | 2.56 | 2.26 | 1.93 |
| 34 | 3.00 | 2.64 | 2.33 | 1.99 |
| 35 | 3.08 | 2.72 | 2.39 | 2.03 |
| 36 | 3.18 | 2.78 | 2.44 | 2.08 |
| 37 | 3.28 | 2.84 | 2.49 | 2.13 |
| 38 | 3.39 | 2.91 | 2.55 | 2.17 |
| 39 | 3.51 | 2.99 | 2.61 | 2.22 |
| 40 | 3.64 | 3.08 | 2.68 | 2.28 |
| 41 | 3.73 | 3.15 | 2.74 | 2.32 |
| 42 | 3.86 | 3.27 | 2.84 | 2.39 |
| 43 | 4.02 | 3.41 | 2.96 | 2.48 |
| 44 | 4.13 | 3.53 | 3.06 | 2.56 |
| 45 | 4.33 | 3.72 | 3.23 | 2.69 |
| 46 | 4.44 | 3.83 | 3.33 | 2.76 |
| 47 | 4.60 | 3.97 | 3.46 | 2.87 |
| 48 | 4.75 | 4.10 | 3.58 | 2.97 |
| 49 | 4.91 | 4.23 | 3.70 | 3.06 |
| 50 | 5.07 | 4.37 | 3.81 | 3.15 |
| 51 | 5.23 | 4.51 | 3.92 | 3.24 |
| 52 | 5.41 | 4.66 | 4.04 | 3.34 |
| 53 | 5.64 | 4.86 | 4.19 | 3.45 |
| 54 | 5.87 | 5.06 | 4.33 | 3.58 |
| 55 | 6.11 | 5.28 | 4.49 | 3.69 |
| 56 | 6.34 | 5.48 | 4.63 | 3.81 |
| 57 | 6.58 | 5.66 | 4.76 | 3.91 |
| 58 | 5.96 | 5.09 | 4.27 | 3.50 |
| 59 | 5.28 | 4.47 | 3.75 | 3.07 |
| 60 | 4.54 | 3.83 | 3.22 | 2.64 |
| 61 | 3.75 | 3.22 | 2.71 | 2.22 |
| 62 | 2.69 | 2.36 | 1.98 | 1.63 |
| 63 | 1.74 | 1.49 | 1.25 | 1.03 |
| 64 | 0.85 | 0.73 | 0.62 | 0.51 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-65 BP
Class B1
Full BP Residual - SIS

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 2.76 | 2.36 | 2.05 | 1.79 |
| 26 | 2.84 | 2.42 | 2.10 | 1.83 |
| 27 | 2.92 | 2.47 | 2.15 | 1.86 |
| 28 | 3.02 | 2.50 | 2.18 | 1.89 |
| 29 | 3.11 | 2.55 | 2.22 | 1.93 |
| 30 | 3.16 | 2.60 | 2.27 | 1.97 |
| 31 | 3.21 | 2.68 | 2.35 | 2.03 |
| 32 | 3.26 | 2.77 | 2.44 | 2.09 |
| 33 | 3.32 | 2.86 | 2.52 | 2.15 |
| 34 | 3.39 | 2.94 | 2.59 | 2.21 |
| 35 | 3.48 | 3.01 | 2.66 | 2.26 |
| 36 | 3.58 | 3.08 | 2.71 | 2.31 |
| 37 | 3.70 | 3.16 | 2.77 | 2.36 |
| 38 | 3.82 | 3.24 | 2.84 | 2.41 |
| 39 | 3.95 | 3.33 | 2.91 | 2.48 |
| 40 | 4.08 | 3.44 | 3.01 | 2.55 |
| 41 | 4.17 | 3.53 | 3.09 | 2.61 |
| 42 | 4.31 | 3.67 | 3.21 | 2.71 |
| 43 | 4.47 | 3.84 | 3.37 | 2.82 |
| 44 | 4.60 | 3.97 | 3.49 | 2.92 |
| 45 | 4.82 | 4.18 | 3.69 | 3.07 |
| 46 | 4.96 | 4.31 | 3.80 | 3.15 |
| 47 | 5.15 | 4.48 | 3.94 | 3.27 |
| 48 | 5.34 | 4.63 | 4.07 | 3.37 |
| 49 | 5.54 | 4.77 | 4.18 | 3.46 |
| 50 | 5.75 | 4.93 | 4.29 | 3.55 |
| 51 | 5.96 | 5.08 | 4.41 | 3.64 |
| 52 | 6.17 | 5.25 | 4.53 | 3.74 |
| 53 | 6.42 | 5.46 | 4.69 | 3.86 |
| 54 | 6.68 | 5.68 | 4.87 | 3.98 |
| 55 | 6.92 | 5.90 | 5.05 | 4.11 |
| 56 | 7.17 | 6.12 | 5.23 | 4.24 |
| 57 | 7.42 | 6.31 | 5.39 | 4.35 |
| 58 | 6.71 | 5.66 | 4.84 | 3.90 |
| 59 | 5.94 | 4.97 | 4.25 | 3.42 |
| 60 | 5.12 | 4.26 | 3.64 | 2.94 |
| 61 | 4.23 | 3.59 | 3.06 | 2.47 |
| 62 | 3.03 | 2.63 | 2.24 | 1.81 |
| 63 | 1.96 | 1.66 | 1.42 | 1.15 |
| 64 | 0.95 | 0.82 | 0.70 | 0.56 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-65 BP
Class C1
Full BP Residual - SIS

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 2.90 | 2.52 | 2.22 | 1.94 |
| 26 | 2.99 | 2.57 | 2.26 | 1.97 |
| 27 | 3.08 | 2.62 | 2.31 | 2.00 |
| 28 | 3.14 | 2.64 | 2.34 | 2.03 |
| 29 | 3.21 | 2.69 | 2.38 | 2.06 |
| 30 | 3.27 | 2.73 | 2.41 | 2.09 |
| 31 | 3.34 | 2.80 | 2.47 | 2.13 |
| 32 | 3.42 | 2.88 | 2.53 | 2.17 |
| 33 | 3.51 | 2.95 | 2.59 | 2.22 |
| 34 | 3.60 | 3.03 | 2.65 | 2.27 |
| 35 | 3.69 | 3.10 | 2.72 | 2.32 |
| 36 | 3.78 | 3.16 | 2.78 | 2.37 |
| 37 | 3.87 | 3.23 | 2.85 | 2.43 |
| 38 | 3.98 | 3.31 | 2.92 | 2.49 |
| 39 | 4.09 | 3.40 | 3.00 | 2.56 |
| 40 | 4.22 | 3.50 | 3.09 | 2.63 |
| 41 | 4.31 | 3.58 | 3.16 | 2.67 |
| 42 | 4.45 | 3.70 | 3.26 | 2.75 |
| 43 | 4.63 | 3.86 | 3.39 | 2.85 |
| 44 | 4.77 | 3.99 | 3.49 | 2.92 |
| 45 | 5.01 | 4.20 | 3.66 | 3.05 |
| 46 | 5.15 | 4.32 | 3.75 | 3.12 |
| 47 | 5.34 | 4.49 | 3.89 | 3.22 |
| 48 | 5.53 | 4.65 | 4.01 | 3.32 |
| 49 | 5.72 | 4.81 | 4.13 | 3.42 |
| 50 | 5.93 | 4.98 | 4.26 | 3.53 |
| 51 | 6.15 | 5.17 | 4.39 | 3.64 |
| 52 | 6.39 | 5.37 | 4.53 | 3.76 |
| 53 | 6.70 | 5.62 | 4.71 | 3.90 |
| 54 | 7.03 | 5.89 | 4.89 | 4.05 |
| 55 | 7.37 | 6.16 | 5.07 | 4.19 |
| 56 | 7.72 | 6.40 | 5.24 | 4.33 |
| 57 | 8.05 | 6.62 | 5.40 | 4.45 |
| 58 | 7.31 | 5.95 | 4.84 | 3.99 |
| 59 | 6.47 | 5.22 | 4.25 | 3.50 |
| 60 | 5.55 | 4.48 | 3.65 | 3.01 |
| 61 | 4.59 | 3.77 | 3.07 | 2.53 |
| 62 | 3.29 | 2.76 | 2.25 | 1.85 |
| 63 | 2.13 | 1.75 | 1.42 | 1.17 |
| 64 | 1.04 | 0.86 | 0.70 | 0.58 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-65 BP
Class D1
Full BP Residual - SIS

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 4.11 | 2.91 | 2.62 | 2.30 |
| 26 | 4.16 | 2.96 | 2.63 | 2.30 |
| 27 | 4.21 | 3.00 | 2.64 | 2.30 |
| 28 | 4.28 | 3.01 | 2.64 | 2.30 |
| 29 | 4.35 | 3.02 | 2.66 | 2.32 |
| 30 | 4.38 | 3.04 | 2.66 | 2.32 |
| 31 | 4.40 | 3.08 | 2.68 | 2.32 |
| 32 | 4.42 | 3.14 | 2.71 | 2.33 |
| 33 | 4.52 | 3.20 | 2.74 | 2.35 |
| 34 | 4.62 | 3.25 | 2.77 | 2.37 |
| 35 | 4.70 | 3.30 | 2.80 | 2.39 |
| 36 | 4.77 | 3.34 | 2.84 | 2.42 |
| 37 | 4.84 | 3.39 | 2.88 | 2.46 |
| 38 | 4.93 | 3.45 | 2.93 | 2.50 |
| 39 | 5.03 | 3.51 | 2.99 | 2.55 |
| 40 | 5.15 | 3.58 | 3.06 | 2.60 |
| 41 | 5.24 | 3.64 | 3.09 | 2.63 |
| 42 | 5.40 | 3.73 | 3.17 | 2.68 |
| 43 | 5.61 | 3.86 | 3.27 | 2.75 |
| 44 | 5.76 | 3.95 | 3.34 | 2.79 |
| 45 | 6.05 | 4.13 | 3.47 | 2.89 |
| 46 | 6.20 | 4.22 | 3.54 | 2.94 |
| 47 | 6.41 | 4.36 | 3.63 | 3.02 |
| 48 | 6.61 | 4.48 | 3.72 | 3.09 |
| 49 | 6.81 | 4.62 | 3.82 | 3.18 |
| 50 | 7.02 | 4.76 | 3.93 | 3.27 |
| 51 | 7.25 | 4.93 | 4.04 | 3.37 |
| 52 | 7.52 | 5.11 | 4.17 | 3.47 |
| 53 | 7.87 | 5.35 | 4.33 | 3.61 |
| 54 | 8.26 | 5.60 | 4.51 | 3.75 |
| 55 | 8.68 | 5.85 | 4.68 | 3.88 |
| 56 | 9.11 | 6.09 | 4.85 | 4.01 |
| 57 | 9.52 | 6.30 | 5.00 | 4.12 |
| 58 | 8.66 | 5.67 | 4.48 | 3.69 |
| 59 | 7.66 | 4.97 | 3.94 | 3.24 |
| 60 | 6.57 | 4.26 | 3.38 | 2.79 |
| 61 | 5.43 | 3.58 | 2.84 | 2.34 |
| 62 | 3.89 | 2.62 | 2.08 | 1.72 |
| 63 | 2.52 | 1.66 | 1.32 | 1.09 |
| 64 | 1.23 | 0.82 | 0.65 | 0.53 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-65 BP
Class E1
Full BP Residual - SIS

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 4.65 | 3.17 | 2.85 | 2.52 |
| 26 | 4.67 | 3.17 | 2.82 | 2.47 |
| 27 | 4.69 | 3.16 | 2.77 | 2.42 |
| 28 | 4.73 | 3.21 | 2.80 | 2.44 |
| 29 | 4.79 | 3.25 | 2.83 | 2.46 |
| 30 | 4.82 | 3.26 | 2.83 | 2.45 |
| 31 | 4.87 | 3.27 | 2.82 | 2.44 |
| 32 | 4.91 | 3.28 | 2.82 | 2.43 |
| 33 | 4.95 | 3.34 | 2.85 | 2.45 |
| 34 | 5.00 | 3.39 | 2.89 | 2.47 |
| 35 | 5.06 | 3.44 | 2.92 | 2.49 |
| 36 | 5.13 | 3.49 | 2.96 | 2.52 |
| 37 | 5.22 | 3.54 | 3.00 | 2.56 |
| 38 | 5.32 | 3.59 | 3.05 | 2.60 |
| 39 | 5.45 | 3.65 | 3.10 | 2.65 |
| 40 | 5.60 | 3.73 | 3.17 | 2.70 |
| 41 | 5.70 | 3.78 | 3.21 | 2.72 |
| 42 | 5.87 | 3.88 | 3.28 | 2.77 |
| 43 | 6.09 | 4.01 | 3.39 | 2.85 |
| 44 | 6.25 | 4.11 | 3.46 | 2.90 |
| 45 | 6.54 | 4.30 | 3.61 | 3.01 |
| 46 | 6.69 | 4.40 | 3.68 | 3.06 |
| 47 | 6.92 | 4.54 | 3.79 | 3.15 |
| 48 | 7.12 | 4.68 | 3.89 | 3.23 |
| 49 | 7.33 | 4.83 | 3.99 | 3.32 |
| 50 | 7.56 | 4.98 | 4.10 | 3.41 |
| 51 | 7.80 | 5.14 | 4.21 | 3.51 |
| 52 | 8.07 | 5.30 | 4.32 | 3.61 |
| 53 | 8.42 | 5.52 | 4.47 | 3.73 |
| 54 | 8.79 | 5.74 | 4.62 | 3.85 |
| 55 | 9.19 | 5.96 | 4.78 | 3.97 |
| 56 | 9.59 | 6.17 | 4.92 | 4.07 |
| 57 | 9.98 | 6.35 | 5.05 | 4.17 |
| 58 | 9.06 | 5.70 | 4.52 | 3.73 |
| 59 | 8.02 | 5.01 | 3.97 | 3.28 |
| 60 | 6.88 | 4.30 | 3.41 | 2.82 |
| 61 | 5.69 | 3.61 | 2.87 | 2.37 |
| 62 | 4.07 | 2.64 | 2.10 | 1.74 |
| 63 | 2.64 | 1.67 | 1.33 | 1.10 |
| 64 | 1.28 | 0.82 | 0.65 | 0.54 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-65 BP
Class F1
Full BP Residual - SIS

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 5.27 | 3.78 | 3.39 | 2.99 |
| 26 | 5.26 | 3.78 | 3.35 | 2.94 |
| 27 | 5.26 | 3.79 | 3.31 | 2.89 |
| 28 | 5.34 | 3.82 | 3.32 | 2.89 |
| 29 | 5.41 | 3.85 | 3.34 | 2.89 |
| 30 | 5.44 | 3.84 | 3.31 | 2.87 |
| 31 | 5.46 | 3.83 | 3.29 | 2.84 |
| 32 | 5.48 | 3.82 | 3.27 | 2.81 |
| 33 | 5.59 | 3.88 | 3.30 | 2.83 |
| 34 | 5.70 | 3.94 | 3.34 | 2.85 |
| 35 | 5.81 | 4.00 | 3.38 | 2.89 |
| 36 | 5.93 | 4.06 | 3.44 | 2.93 |
| 37 | 6.05 | 4.13 | 3.50 | 2.99 |
| 38 | 6.18 | 4.21 | 3.57 | 3.05 |
| 39 | 6.32 | 4.30 | 3.65 | 3.11 |
| 40 | 6.48 | 4.39 | 3.73 | 3.17 |
| 41 | 6.57 | 4.45 | 3.78 | 3.20 |
| 42 | 6.75 | 4.56 | 3.87 | 3.26 |
| 43 | 6.98 | 4.71 | 3.98 | 3.34 |
| 44 | 7.15 | 4.81 | 4.06 | 3.40 |
| 45 | 7.48 | 5.02 | 4.22 | 3.52 |
| 46 | 7.65 | 5.13 | 4.30 | 3.57 |
| 47 | 7.91 | 5.29 | 4.42 | 3.67 |
| 48 | 8.16 | 5.45 | 4.53 | 3.76 |
| 49 | 8.40 | 5.62 | 4.65 | 3.86 |
| 50 | 8.66 | 5.79 | 4.77 | 3.97 |
| 51 | 8.93 | 5.98 | 4.89 | 4.08 |
| 52 | 9.21 | 6.18 | 5.03 | 4.19 |
| 53 | 9.57 | 6.42 | 5.20 | 4.34 |
| 54 | 9.94 | 6.68 | 5.37 | 4.47 |
| 55 | 10.34 | 6.93 | 5.54 | 4.60 |
| 56 | 10.74 | 7.16 | 5.69 | 4.72 |
| 57 | 11.15 | 7.37 | 5.84 | 4.83 |
| 58 | 10.10 | 6.61 | 5.23 | 4.32 |
| 59 | 8.94 | 5.80 | 4.59 | 3.79 |
| 60 | 7.69 | 4.98 | 3.95 | 3.27 |
| 61 | 6.35 | 4.19 | 3.32 | 2.75 |
| 62 | 4.55 | 3.07 | 2.43 | 2.01 |
| 63 | 2.95 | 1.94 | 1.54 | 1.27 |
| 64 | 1.43 | 0.96 | 0.76 | 0.63 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-65 BP
Class G1
Full BP Residual - SIS

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 7.91 | 5.67 | 5.09 | 4.48 |
| 26 | 7.90 | 5.68 | 5.03 | 4.41 |
| 27 | 7.89 | 5.68 | 4.97 | 4.33 |
| 28 | 8.01 | 5.73 | 4.99 | 4.34 |
| 29 | 8.12 | 5.78 | 5.01 | 4.34 |
| 30 | 8.16 | 5.76 | 4.97 | 4.30 |
| 31 | 8.19 | 5.75 | 4.94 | 4.26 |
| 32 | 8.22 | 5.74 | 4.90 | 4.22 |
| 33 | 8.38 | 5.82 | 4.95 | 4.24 |
| 34 | 8.55 | 5.90 | 5.01 | 4.28 |
| 35 | 8.72 | 6.00 | 5.08 | 4.33 |
| 36 | 8.89 | 6.09 | 5.16 | 4.40 |
| 37 | 9.08 | 6.20 | 5.25 | 4.48 |
| 38 | 9.28 | 6.32 | 5.36 | 4.57 |
| 39 | 9.48 | 6.45 | 5.47 | 4.66 |
| 40 | 9.71 | 6.59 | 5.59 | 4.76 |
| 41 | 9.86 | 6.68 | 5.66 | 4.80 |
| 42 | 10.13 | 6.85 | 5.80 | 4.89 |
| 43 | 10.48 | 7.07 | 5.97 | 5.02 |
| 44 | 10.73 | 7.22 | 6.09 | 5.09 |
| 45 | 11.21 | 7.53 | 6.33 | 5.28 |
| 46 | 11.48 | 7.70 | 6.44 | 5.36 |
| 47 | 11.87 | 7.94 | 6.62 | 5.50 |
| 48 | 12.23 | 8.18 | 6.79 | 5.64 |
| 49 | 12.61 | 8.43 | 6.97 | 5.79 |
| 50 | 12.99 | 8.69 | 7.15 | 5.96 |
| 51 | 13.39 | 8.97 | 7.34 | 6.12 |
| 52 | 13.81 | 9.26 | 7.54 | 6.29 |
| 53 | 14.35 | 9.64 | 7.80 | 6.50 |
| 54 | 14.92 | 10.02 | 8.05 | 6.71 |
| 55 | 15.51 | 10.39 | 8.30 | 6.90 |
| 56 | 16.11 | 10.74 | 8.54 | 7.08 |
| 57 | 16.72 | 11.05 | 8.76 | 7.24 |
| 58 | 15.15 | 9.91 | 7.85 | 6.48 |
| 59 | 13.41 | 8.70 | 6.89 | 5.69 |
| 60 | 11.53 | 7.48 | 5.93 | 4.90 |
| 61 | 9.53 | 6.29 | 4.99 | 4.12 |
| 62 | 6.82 | 4.60 | 3.65 | 3.02 |
| 63 | 4.42 | 2.91 | 2.31 | 1.91 |
| 64 | 2.15 | 1.43 | 1.14 | 0.94 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-67 BP
Class P1
Full BP Residual - SIS

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 2.12 | 1.84 | 1.65 | 1.44 |
| 26 | 2.19 | 1.91 | 1.74 | 1.51 |
| 27 | 2.26 | 1.98 | 1.82 | 1.58 |
| 28 | 2.32 | 2.01 | 1.86 | 1.61 |
| 29 | 2.39 | 2.05 | 1.90 | 1.65 |
| 30 | 2.44 | 2.10 | 1.95 | 1.68 |
| 31 | 2.49 | 2.17 | 2.01 | 1.73 |
| 32 | 2.55 | 2.26 | 2.07 | 1.78 |
| 33 | 2.61 | 2.34 | 2.14 | 1.83 |
| 34 | 2.68 | 2.42 | 2.21 | 1.89 |
| 35 | 2.76 | 2.48 | 2.27 | 1.93 |
| 36 | 2.85 | 2.54 | 2.31 | 1.97 |
| 37 | 2.95 | 2.60 | 2.36 | 2.01 |
| 38 | 3.06 | 2.67 | 2.41 | 2.05 |
| 39 | 3.17 | 2.74 | 2.47 | 2.10 |
| 40 | 3.29 | 2.83 | 2.54 | 2.16 |
| 41 | 3.38 | 2.90 | 2.59 | 2.19 |
| 42 | 3.51 | 3.01 | 2.68 | 2.26 |
| 43 | 3.66 | 3.15 | 2.80 | 2.35 |
| 44 | 3.77 | 3.26 | 2.90 | 2.42 |
| 45 | 3.96 | 3.44 | 3.06 | 2.55 |
| 46 | 4.07 | 3.55 | 3.16 | 2.63 |
| 47 | 4.22 | 3.69 | 3.30 | 2.73 |
| 48 | 4.37 | 3.82 | 3.42 | 2.84 |
| 49 | 4.53 | 3.96 | 3.54 | 2.93 |
| 50 | 4.70 | 4.10 | 3.66 | 3.03 |
| 51 | 4.90 | 4.26 | 3.78 | 3.12 |
| 52 | 5.11 | 4.43 | 3.89 | 3.22 |
| 53 | 5.38 | 4.65 | 4.03 | 3.33 |
| 54 | 5.66 | 4.88 | 4.17 | 3.44 |
| 55 | 5.95 | 5.11 | 4.30 | 3.54 |
| 56 | 6.24 | 5.34 | 4.43 | 3.64 |
| 57 | 6.51 | 5.53 | 4.55 | 3.73 |
| 58 | 5.91 | 4.98 | 4.08 | 3.34 |
| 59 | 5.23 | 4.37 | 3.58 | 2.93 |
| 60 | 4.49 | 3.74 | 3.07 | 2.52 |
| 61 | 3.71 | 3.14 | 2.59 | 2.12 |
| 62 | 2.60 | 2.26 | 1.85 | 1.52 |
| 63 | 1.65 | 1.40 | 1.15 | 0.94 |
| 64 | 0.77 | 0.66 | 0.54 | 0.45 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-67 BP
Class A1
Full BP Residual - SIS

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 2.49 | 2.16 | 1.95 | 1.70 |
| 26 | 2.57 | 2.25 | 2.05 | 1.78 |
| 27 | 2.66 | 2.33 | 2.15 | 1.86 |
| 28 | 2.73 | 2.36 | 2.19 | 1.90 |
| 29 | 2.81 | 2.41 | 2.24 | 1.94 |
| 30 | 2.87 | 2.47 | 2.29 | 1.98 |
| 31 | 2.93 | 2.55 | 2.36 | 2.04 |
| 32 | 3.00 | 2.65 | 2.44 | 2.10 |
| 33 | 3.07 | 2.75 | 2.52 | 2.16 |
| 34 | 3.15 | 2.84 | 2.60 | 2.22 |
| 35 | 3.25 | 2.92 | 2.67 | 2.27 |
| 36 | 3.35 | 2.99 | 2.72 | 2.32 |
| 37 | 3.47 | 3.06 | 2.78 | 2.37 |
| 38 | 3.60 | 3.14 | 2.84 | 2.42 |
| 39 | 3.73 | 3.23 | 2.91 | 2.48 |
| 40 | 3.88 | 3.33 | 2.99 | 2.54 |
| 41 | 3.98 | 3.41 | 3.05 | 2.58 |
| 42 | 4.13 | 3.54 | 3.15 | 2.66 |
| 43 | 4.31 | 3.71 | 3.29 | 2.76 |
| 44 | 4.44 | 3.84 | 3.41 | 2.85 |
| 45 | 4.66 | 4.05 | 3.60 | 3.00 |
| 46 | 4.79 | 4.17 | 3.72 | 3.09 |
| 47 | 4.96 | 4.34 | 3.88 | 3.22 |
| 48 | 5.14 | 4.50 | 4.03 | 3.33 |
| 49 | 5.33 | 4.66 | 4.17 | 3.45 |
| 50 | 5.53 | 4.83 | 4.31 | 3.56 |
| 51 | 5.76 | 5.01 | 4.44 | 3.68 |
| 52 | 6.01 | 5.21 | 4.57 | 3.78 |
| 53 | 6.32 | 5.47 | 4.74 | 3.92 |
| 54 | 6.66 | 5.74 | 4.90 | 4.04 |
| 55 | 7.00 | 6.01 | 5.06 | 4.17 |
| 56 | 7.34 | 6.28 | 5.21 | 4.28 |
| 57 | 7.66 | 6.51 | 5.35 | 4.38 |
| 58 | 6.96 | 5.86 | 4.79 | 3.93 |
| 59 | 6.16 | 5.14 | 4.21 | 3.45 |
| 60 | 5.28 | 4.40 | 3.62 | 2.96 |
| 61 | 4.36 | 3.70 | 3.04 | 2.49 |
| 62 | 3.06 | 2.66 | 2.18 | 1.79 |
| 63 | 1.94 | 1.65 | 1.35 | 1.11 |
| 64 | 0.91 | 0.78 | 0.64 | 0.52 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-67 BP
Class B1
Full BP Residual - SIS

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 2.84 | 2.47 | 2.21 | 1.92 |
| 26 | 2.95 | 2.55 | 2.30 | 2.00 |
| 27 | 3.06 | 2.64 | 2.40 | 2.08 |
| 28 | 3.16 | 2.68 | 2.45 | 2.12 |
| 29 | 3.25 | 2.73 | 2.50 | 2.18 |
| 30 | 3.31 | 2.79 | 2.56 | 2.22 |
| 31 | 3.36 | 2.87 | 2.64 | 2.28 |
| 32 | 3.42 | 2.97 | 2.73 | 2.34 |
| 33 | 3.49 | 3.07 | 2.82 | 2.41 |
| 34 | 3.57 | 3.16 | 2.90 | 2.47 |
| 35 | 3.67 | 3.24 | 2.96 | 2.52 |
| 36 | 3.78 | 3.32 | 3.03 | 2.57 |
| 37 | 3.91 | 3.40 | 3.09 | 2.63 |
| 38 | 4.04 | 3.49 | 3.16 | 2.69 |
| 39 | 4.19 | 3.60 | 3.24 | 2.76 |
| 40 | 4.34 | 3.72 | 3.35 | 2.84 |
| 41 | 4.45 | 3.82 | 3.44 | 2.90 |
| 42 | 4.61 | 3.97 | 3.57 | 3.01 |
| 43 | 4.80 | 4.16 | 3.75 | 3.14 |
| 44 | 4.94 | 4.31 | 3.89 | 3.25 |
| 45 | 5.19 | 4.56 | 4.12 | 3.43 |
| 46 | 5.34 | 4.70 | 4.25 | 3.53 |
| 47 | 5.56 | 4.89 | 4.42 | 3.66 |
| 48 | 5.78 | 5.07 | 4.58 | 3.79 |
| 49 | 6.02 | 5.25 | 4.72 | 3.91 |
| 50 | 6.28 | 5.44 | 4.86 | 4.02 |
| 51 | 6.55 | 5.65 | 4.99 | 4.13 |
| 52 | 6.85 | 5.87 | 5.13 | 4.23 |
| 53 | 7.21 | 6.14 | 5.32 | 4.37 |
| 54 | 7.57 | 6.44 | 5.50 | 4.50 |
| 55 | 7.94 | 6.73 | 5.69 | 4.64 |
| 56 | 8.29 | 7.01 | 5.88 | 4.76 |
| 57 | 8.63 | 7.25 | 6.05 | 4.88 |
| 58 | 7.83 | 6.52 | 5.43 | 4.37 |
| 59 | 6.93 | 5.72 | 4.77 | 3.84 |
| 60 | 5.95 | 4.90 | 4.09 | 3.30 |
| 61 | 4.92 | 4.12 | 3.44 | 2.78 |
| 62 | 3.45 | 2.96 | 2.47 | 1.99 |
| 63 | 2.19 | 1.83 | 1.53 | 1.23 |
| 64 | 1.02 | 0.87 | 0.72 | 0.58 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-67 BP
Class C1
Full BP Residual - SIS

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 2.99 | 2.63 | 2.38 | 2.08 |
| 26 | 3.10 | 2.72 | 2.48 | 2.15 |
| 27 | 3.22 | 2.80 | 2.57 | 2.23 |
| 28 | 3.28 | 2.83 | 2.63 | 2.28 |
| 29 | 3.35 | 2.88 | 2.68 | 2.33 |
| 30 | 3.41 | 2.93 | 2.72 | 2.36 |
| 31 | 3.50 | 3.00 | 2.77 | 2.39 |
| 32 | 3.59 | 3.09 | 2.83 | 2.43 |
| 33 | 3.69 | 3.17 | 2.90 | 2.48 |
| 34 | 3.79 | 3.26 | 2.97 | 2.53 |
| 35 | 3.89 | 3.33 | 3.03 | 2.59 |
| 36 | 3.99 | 3.41 | 3.10 | 2.65 |
| 37 | 4.10 | 3.48 | 3.18 | 2.71 |
| 38 | 4.21 | 3.57 | 3.26 | 2.77 |
| 39 | 4.34 | 3.67 | 3.34 | 2.85 |
| 40 | 4.49 | 3.78 | 3.44 | 2.92 |
| 41 | 4.60 | 3.87 | 3.51 | 2.97 |
| 42 | 4.76 | 4.02 | 3.62 | 3.06 |
| 43 | 4.97 | 4.20 | 3.77 | 3.17 |
| 44 | 5.12 | 4.34 | 3.89 | 3.25 |
| 45 | 5.39 | 4.57 | 4.08 | 3.40 |
| 46 | 5.54 | 4.71 | 4.20 | 3.49 |
| 47 | 5.76 | 4.91 | 4.36 | 3.62 |
| 48 | 5.98 | 5.09 | 4.51 | 3.74 |
| 49 | 6.21 | 5.29 | 4.66 | 3.86 |
| 50 | 6.47 | 5.50 | 4.82 | 3.99 |
| 51 | 6.76 | 5.74 | 4.97 | 4.12 |
| 52 | 7.10 | 6.01 | 5.13 | 4.26 |
| 53 | 7.52 | 6.33 | 5.33 | 4.42 |
| 54 | 7.98 | 6.68 | 5.53 | 4.58 |
| 55 | 8.46 | 7.01 | 5.72 | 4.73 |
| 56 | 8.93 | 7.34 | 5.90 | 4.86 |
| 57 | 9.37 | 7.61 | 6.06 | 4.99 |
| 58 | 8.53 | 6.85 | 5.43 | 4.47 |
| 59 | 7.54 | 6.01 | 4.77 | 3.92 |
| 60 | 6.46 | 5.15 | 4.10 | 3.38 |
| 61 | 5.34 | 4.33 | 3.45 | 2.84 |
| 62 | 3.75 | 3.11 | 2.47 | 2.04 |
| 63 | 2.38 | 1.93 | 1.53 | 1.26 |
| 64 | 1.11 | 0.91 | 0.72 | 0.60 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-67 BP
Class D1
Full BP Residual - SIS

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 4.23 | 3.04 | 2.81 | 2.47 |
| 26 | 4.32 | 3.12 | 2.88 | 2.52 |
| 27 | 4.41 | 3.21 | 2.94 | 2.56 |
| 28 | 4.48 | 3.23 | 2.97 | 2.59 |
| 29 | 4.56 | 3.25 | 2.99 | 2.61 |
| 30 | 4.59 | 3.27 | 3.00 | 2.61 |
| 31 | 4.62 | 3.31 | 3.01 | 2.61 |
| 32 | 4.64 | 3.37 | 3.03 | 2.61 |
| 33 | 4.76 | 3.43 | 3.06 | 2.62 |
| 34 | 4.86 | 3.49 | 3.09 | 2.64 |
| 35 | 4.96 | 3.54 | 3.13 | 2.67 |
| 36 | 5.04 | 3.60 | 3.17 | 2.70 |
| 37 | 5.13 | 3.65 | 3.21 | 2.74 |
| 38 | 5.23 | 3.71 | 3.27 | 2.79 |
| 39 | 5.34 | 3.79 | 3.33 | 2.84 |
| 40 | 5.48 | 3.87 | 3.40 | 2.89 |
| 41 | 5.59 | 3.93 | 3.44 | 2.92 |
| 42 | 5.77 | 4.04 | 3.52 | 2.98 |
| 43 | 6.01 | 4.19 | 3.64 | 3.06 |
| 44 | 6.19 | 4.30 | 3.72 | 3.11 |
| 45 | 6.50 | 4.50 | 3.87 | 3.23 |
| 46 | 6.68 | 4.60 | 3.95 | 3.29 |
| 47 | 6.92 | 4.76 | 4.08 | 3.38 |
| 48 | 7.14 | 4.91 | 4.19 | 3.48 |
| 49 | 7.39 | 5.08 | 4.31 | 3.58 |
| 50 | 7.66 | 5.27 | 4.44 | 3.70 |
| 51 | 7.98 | 5.47 | 4.58 | 3.81 |
| 52 | 8.34 | 5.71 | 4.72 | 3.94 |
| 53 | 8.83 | 6.02 | 4.91 | 4.09 |
| 54 | 9.37 | 6.34 | 5.09 | 4.24 |
| 55 | 9.95 | 6.67 | 5.28 | 4.38 |
| 56 | 10.53 | 6.98 | 5.45 | 4.51 |
| 57 | 11.08 | 7.25 | 5.61 | 4.63 |
| 58 | 10.10 | 6.53 | 5.03 | 4.14 |
| 59 | 8.93 | 5.72 | 4.42 | 3.64 |
| 60 | 7.64 | 4.90 | 3.79 | 3.13 |
| 61 | 6.31 | 4.12 | 3.19 | 2.63 |
| 62 | 4.43 | 2.96 | 2.29 | 1.89 |
| 63 | 2.81 | 1.83 | 1.42 | 1.17 |
| 64 | 1.31 | 0.87 | 0.67 | 0.55 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-67 BP
Class E1
Full BP Residual - SIS

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 4.79 | 3.31 | 3.06 | 2.70 |
| 26 | 4.85 | 3.34 | 3.08 | 2.70 |
| 27 | 4.90 | 3.38 | 3.09 | 2.70 |
| 28 | 4.95 | 3.43 | 3.10 | 2.71 |
| 29 | 5.01 | 3.48 | 3.12 | 2.73 |
| 30 | 5.05 | 3.49 | 3.13 | 2.72 |
| 31 | 5.09 | 3.51 | 3.14 | 2.72 |
| 32 | 5.15 | 3.52 | 3.16 | 2.73 |
| 33 | 5.21 | 3.58 | 3.19 | 2.74 |
| 34 | 5.27 | 3.64 | 3.23 | 2.76 |
| 35 | 5.34 | 3.70 | 3.26 | 2.78 |
| 36 | 5.42 | 3.75 | 3.30 | 2.82 |
| 37 | 5.52 | 3.81 | 3.34 | 2.85 |
| 38 | 5.64 | 3.87 | 3.39 | 2.90 |
| 39 | 5.79 | 3.94 | 3.46 | 2.95 |
| 40 | 5.96 | 4.03 | 3.53 | 3.00 |
| 41 | 6.08 | 4.09 | 3.57 | 3.02 |
| 42 | 6.28 | 4.20 | 3.65 | 3.08 |
| 43 | 6.53 | 4.35 | 3.77 | 3.17 |
| 44 | 6.72 | 4.46 | 3.85 | 3.22 |
| 45 | 7.04 | 4.68 | 4.02 | 3.35 |
| 46 | 7.21 | 4.80 | 4.11 | 3.42 |
| 47 | 7.46 | 4.97 | 4.25 | 3.53 |
| 48 | 7.70 | 5.14 | 4.38 | 3.63 |
| 49 | 7.96 | 5.31 | 4.51 | 3.75 |
| 50 | 8.25 | 5.50 | 4.63 | 3.86 |
| 51 | 8.58 | 5.71 | 4.77 | 3.97 |
| 52 | 8.96 | 5.93 | 4.90 | 4.09 |
| 53 | 9.45 | 6.21 | 5.06 | 4.22 |
| 54 | 9.98 | 6.50 | 5.23 | 4.35 |
| 55 | 10.53 | 6.79 | 5.38 | 4.47 |
| 56 | 11.09 | 7.06 | 5.53 | 4.58 |
| 57 | 11.61 | 7.30 | 5.66 | 4.68 |
| 58 | 10.56 | 6.57 | 5.07 | 4.18 |
| 59 | 9.35 | 5.76 | 4.45 | 3.68 |
| 60 | 8.01 | 4.94 | 3.83 | 3.17 |
| 61 | 6.62 | 4.16 | 3.22 | 2.66 |
| 62 | 4.64 | 2.98 | 2.31 | 1.91 |
| 63 | 2.95 | 1.85 | 1.43 | 1.19 |
| 64 | 1.38 | 0.87 | 0.68 | 0.56 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-67 BP
Class F1
Full BP Residual - SIS

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 5.43 | 3.95 | 3.64 | 3.21 |
| 26 | 5.47 | 4.00 | 3.67 | 3.21 |
| 27 | 5.50 | 4.05 | 3.69 | 3.22 |
| 28 | 5.51 | 4.09 | 3.71 | 3.23 |
| 29 | 5.54 | 4.12 | 3.73 | 3.23 |
| 30 | 5.57 | 4.12 | 3.71 | 3.21 |
| 31 | 5.65 | 4.11 | 3.69 | 3.18 |
| 32 | 5.75 | 4.10 | 3.67 | 3.16 |
| 33 | 5.87 | 4.16 | 3.69 | 3.16 |
| 34 | 6.00 | 4.23 | 3.73 | 3.19 |
| 35 | 6.13 | 4.30 | 3.78 | 3.22 |
| 36 | 6.26 | 4.37 | 3.83 | 3.27 |
| 37 | 6.40 | 4.45 | 3.90 | 3.33 |
| 38 | 6.55 | 4.54 | 3.98 | 3.39 |
| 39 | 6.72 | 4.64 | 4.06 | 3.46 |
| 40 | 6.90 | 4.75 | 4.15 | 3.53 |
| 41 | 7.02 | 4.82 | 4.20 | 3.56 |
| 42 | 7.22 | 4.95 | 4.30 | 3.63 |
| 43 | 7.49 | 5.11 | 4.43 | 3.72 |
| 44 | 7.68 | 5.23 | 4.52 | 3.78 |
| 45 | 8.04 | 5.47 | 4.71 | 3.93 |
| 46 | 8.24 | 5.60 | 4.80 | 4.00 |
| 47 | 8.54 | 5.79 | 4.96 | 4.11 |
| 48 | 8.82 | 5.98 | 5.10 | 4.23 |
| 49 | 9.13 | 6.18 | 5.24 | 4.36 |
| 50 | 9.46 | 6.40 | 5.39 | 4.49 |
| 51 | 9.82 | 6.64 | 5.55 | 4.62 |
| 52 | 10.22 | 6.90 | 5.69 | 4.75 |
| 53 | 10.73 | 7.23 | 5.88 | 4.91 |
| 54 | 11.28 | 7.57 | 6.07 | 5.05 |
| 55 | 11.85 | 7.89 | 6.24 | 5.19 |
| 56 | 12.42 | 8.20 | 6.40 | 5.31 |
| 57 | 12.97 | 8.47 | 6.55 | 5.42 |
| 58 | 11.78 | 7.61 | 5.87 | 4.84 |
| 59 | 10.43 | 6.68 | 5.15 | 4.26 |
| 60 | 8.94 | 5.73 | 4.43 | 3.67 |
| 61 | 7.39 | 4.82 | 3.73 | 3.09 |
| 62 | 5.19 | 3.46 | 2.68 | 2.21 |
| 63 | 3.29 | 2.14 | 1.66 | 1.37 |
| 64 | 1.54 | 1.01 | 0.78 | 0.65 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates To-67 BP
Class G1
Full BP Residual - SIS

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 8.14 | 5.92 | 5.46 | 4.81 |
| 26 | 8.20 | 6.00 | 5.50 | 4.82 |
| 27 | 8.26 | 6.07 | 5.54 | 4.83 |
| 28 | 8.26 | 6.13 | 5.57 | 4.84 |
| 29 | 8.31 | 6.18 | 5.59 | 4.85 |
| 30 | 8.36 | 6.18 | 5.56 | 4.81 |
| 31 | 8.47 | 6.17 | 5.53 | 4.77 |
| 32 | 8.62 | 6.16 | 5.50 | 4.73 |
| 33 | 8.81 | 6.25 | 5.54 | 4.74 |
| 34 | 9.00 | 6.34 | 5.59 | 4.78 |
| 35 | 9.20 | 6.45 | 5.67 | 4.84 |
| 36 | 9.40 | 6.56 | 5.75 | 4.91 |
| 37 | 9.61 | 6.68 | 5.85 | 4.99 |
| 38 | 9.83 | 6.81 | 5.97 | 5.09 |
| 39 | 10.08 | 6.96 | 6.09 | 5.19 |
| 40 | 10.35 | 7.12 | 6.22 | 5.29 |
| 41 | 10.53 | 7.23 | 6.30 | 5.34 |
| 42 | 10.83 | 7.42 | 6.45 | 5.44 |
| 43 | 11.23 | 7.67 | 6.64 | 5.58 |
| 44 | 11.52 | 7.85 | 6.78 | 5.67 |
| 45 | 12.06 | 8.21 | 7.06 | 5.89 |
| 46 | 12.36 | 8.40 | 7.21 | 5.99 |
| 47 | 12.80 | 8.68 | 7.43 | 6.17 |
| 48 | 13.23 | 8.97 | 7.65 | 6.35 |
| 49 | 13.69 | 9.27 | 7.87 | 6.54 |
| 50 | 14.19 | 9.60 | 8.09 | 6.74 |
| 51 | 14.73 | 9.97 | 8.32 | 6.93 |
| 52 | 15.34 | 10.36 | 8.54 | 7.13 |
| 53 | 16.10 | 10.85 | 8.82 | 7.36 |
| 54 | 16.93 | 11.35 | 9.10 | 7.58 |
| 55 | 17.78 | 11.84 | 9.36 | 7.78 |
| 56 | 18.63 | 12.31 | 9.61 | 7.96 |
| 57 | 19.45 | 12.71 | 9.83 | 8.13 |
| 58 | 17.67 | 11.41 | 8.80 | 7.27 |
| 59 | 15.64 | 10.02 | 7.73 | 6.38 |
| 60 | 13.42 | 8.59 | 6.65 | 5.50 |
| 61 | 11.08 | 7.23 | 5.60 | 4.63 |
| 62 | 7.78 | 5.19 | 4.02 | 3.32 |
| 63 | 4.94 | 3.22 | 2.49 | 2.06 |
| 64 | 2.31 | 1.52 | 1.18 | 0.97 |
| 65 | 0.00 | 0.00 | 0.00 | 0.00 |
| 66 | 0.00 | 0.00 | 0.00 | 0.00 |
| 67 | 0.00 | 0.00 | 0.00 | 0.00 |
| 68 | 0.00 | 0.00 | 0.00 | 0.00 |
| 69 | 0.00 | 0.00 | 0.00 | 0.00 |
| 70 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 Cost of Living Factors
CPI Based 5 Year Benefit Period
Social Insurance Subsitute
Additional COLA Premium = Premium for SIS Coverage times Factor

| Issue Age | Premium Factors Elimination Period 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 0.090 | 0.081 | 0.063 | 0.063 |
| 26 | 0.090 | 0.081 | 0.063 | 0.063 |
| 27 | 0.090 | 0.081 | 0.063 | 0.063 |
| 28 | 0.090 | 0.081 | 0.063 | 0.063 |
| 29 | 0.090 | 0.081 | 0.063 | 0.063 |
| 30 | 0.090 | 0.081 | 0.072 | 0.072 |
| 31 | 0.090 | 0.081 | 0.072 | 0.072 |
| 32 | 0.090 | 0.081 | 0.072 | 0.072 |
| 33 | 0.090 | 0.081 | 0.072 | 0.072 |
| 34 | 0.090 | 0.081 | 0.072 | 0.072 |
| 35 | 0.090 | 0.081 | 0.072 | 0.072 |
| 36 | 0.090 | 0.081 | 0.072 | 0.072 |
| 37 | 0.090 | 0.081 | 0.072 | 0.072 |
| 38 | 0.090 | 0.081 | 0.072 | 0.072 |
| 39 | 0.090 | 0.081 | 0.072 | 0.072 |
| 40 | 0.090 | 0.081 | 0.072 | 0.072 |
| 41 | 0.090 | 0.081 | 0.072 | 0.072 |
| 42 | 0.090 | 0.081 | 0.072 | 0.072 |
| 43 | 0.090 | 0.081 | 0.072 | 0.072 |
| 44 | 0.090 | 0.081 | 0.072 | 0.072 |
| 45 | 0.090 | 0.081 | 0.063 | 0.063 |
| 46 | 0.090 | 0.081 | 0.063 | 0.063 |
| 47 | 0.090 | 0.081 | 0.063 | 0.063 |
| 48 | 0.090 | 0.081 | 0.063 | 0.063 |
| 49 | 0.090 | 0.081 | 0.063 | 0.063 |
| 50 | 0.081 | 0.072 | 0.063 | 0.063 |
| 51 | 0.081 | 0.072 | 0.063 | 0.063 |
| 52 | 0.081 | 0.072 | 0.063 | 0.063 |
| 53 | 0.081 | 0.072 | 0.063 | 0.063 |
| 54 | 0.081 | 0.072 | 0.063 | 0.063 |
| 55 | 0.081 | 0.072 | 0.054 | 0.054 |
| 56 | 0.081 | 0.072 | 0.054 | 0.054 |
| 57 | 0.081 | 0.072 | 0.054 | 0.054 |
| 58 | 0.081 | 0.072 | 0.054 | 0.054 |
| 59 | 0.072 | 0.063 | 0.054 | 0.054 |
| 60 | 0.072 | 0.063 | 0.045 | 0.045 |
| 61 | 0.072 | 0.063 | 0.045 | 0.045 |
| 62 | 0.063 | 0.054 | 0.045 | 0.045 |
| 63 | 0.063 | 0.054 | 0.045 | 0.045 |
| 64 | 0.054 | 0.045 | 0.036 | 0.036 |
| 65 | 0.054 | 0.045 | 0.036 | 0.036 |

Form 750 Cost of Living Factors
CPI Based To 65 or To 67 Benefit Period
Social Insurance Subsitute
Additional COLA Premium = Premium for SIS Coverage times Factor

| Issue Age | Premium Factors Elimination Period 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 0.324 | 0.306 | 0.288 | 0.288 |
| 26 | 0.324 | 0.306 | 0.279 | 0.279 |
| 27 | 0.315 | 0.297 | 0.279 | 0.279 |
| 28 | 0.306 | 0.288 | 0.270 | 0.270 |
| 29 | 0.306 | 0.288 | 0.270 | 0.270 |
| 30 | 0.297 | 0.279 | 0.261 | 0.261 |
| 31 | 0.297 | 0.279 | 0.261 | 0.261 |
| 32 | 0.288 | 0.270 | 0.252 | 0.252 |
| 33 | 0.288 | 0.270 | 0.243 | 0.243 |
| 34 | 0.279 | 0.261 | 0.243 | 0.243 |
| 35 | 0.279 | 0.261 | 0.234 | 0.234 |
| 36 | 0.270 | 0.252 | 0.234 | 0.234 |
| 37 | 0.270 | 0.252 | 0.225 | 0.225 |
| 38 | 0.261 | 0.243 | 0.216 | 0.216 |
| 39 | 0.252 | 0.234 | 0.216 | 0.216 |
| 40 | 0.252 | 0.234 | 0.207 | 0.207 |
| 41 | 0.243 | 0.225 | 0.207 | 0.207 |
| 42 | 0.234 | 0.216 | 0.198 | 0.198 |
| 43 | 0.225 | 0.207 | 0.189 | 0.189 |
| 44 | 0.216 | 0.198 | 0.180 | 0.180 |
| 45 | 0.216 | 0.198 | 0.180 | 0.180 |
| 46 | 0.207 | 0.189 | 0.171 | 0.171 |
| 47 | 0.198 | 0.180 | 0.162 | 0.162 |
| 48 | 0.189 | 0.171 | 0.153 | 0.153 |
| 49 | 0.180 | 0.162 | 0.144 | 0.144 |
| 50 | 0.171 | 0.153 | 0.135 | 0.135 |
| 51 | 0.162 | 0.144 | 0.126 | 0.126 |
| 52 | 0.153 | 0.135 | 0.117 | 0.117 |
| 53 | 0.144 | 0.126 | 0.108 | 0.108 |
| 54 | 0.135 | 0.117 | 0.099 | 0.099 |
| 55 | 0.117 | 0.099 | 0.081 | 0.081 |
| 56 | 0.108 | 0.090 | 0.072 | 0.072 |
| 57 | 0.099 | 0.081 | 0.063 | 0.063 |
| 58 | 0.090 | 0.081 | 0.063 | 0.063 |
| 59 | 0.090 | 0.072 | 0.054 | 0.054 |
| 60 | 0.081 | 0.072 | 0.054 | 0.054 |
| 61 | 0.081 | 0.063 | 0.054 | 0.054 |
| 62 | 0.072 | 0.063 | 0.045 | 0.045 |
| 63 | 0.063 | 0.054 | 0.045 | 0.045 |
| 64 | 0.063 | 0.054 | 0.036 | 0.036 |
| 65 | 0.054 | 0.045 | 0.036 | 0.036 |

Form 750 Cost of Living Factors
3 % Fixed 5 Year Benefit Period
Social Insurance Subsitute
Additional COLA Premium = Premium for SIS Coverage times Factor

| Issue Age | Premium Factors Elimination Period 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 0.063 | 0.054 | 0.036 | 0.036 |
| 26 | 0.063 | 0.054 | 0.036 | 0.036 |
| 27 | 0.063 | 0.054 | 0.036 | 0.036 |
| 28 | 0.063 | 0.054 | 0.036 | 0.036 |
| 29 | 0.063 | 0.054 | 0.036 | 0.036 |
| 30 | 0.063 | 0.054 | 0.045 | 0.045 |
| 31 | 0.063 | 0.054 | 0.045 | 0.045 |
| 32 | 0.063 | 0.054 | 0.045 | 0.045 |
| 33 | 0.063 | 0.054 | 0.045 | 0.045 |
| 34 | 0.063 | 0.054 | 0.045 | 0.045 |
| 35 | 0.054 | 0.054 | 0.045 | 0.045 |
| 36 | 0.054 | 0.054 | 0.045 | 0.045 |
| 37 | 0.054 | 0.054 | 0.045 | 0.045 |
| 38 | 0.054 | 0.054 | 0.045 | 0.045 |
| 39 | 0.054 | 0.054 | 0.045 | 0.045 |
| 40 | 0.054 | 0.054 | 0.045 | 0.045 |
| 41 | 0.054 | 0.054 | 0.045 | 0.045 |
| 42 | 0.054 | 0.054 | 0.045 | 0.045 |
| 43 | 0.054 | 0.054 | 0.045 | 0.045 |
| 44 | 0.054 | 0.054 | 0.045 | 0.045 |
| 45 | 0.054 | 0.045 | 0.036 | 0.036 |
| 46 | 0.054 | 0.045 | 0.036 | 0.036 |
| 47 | 0.054 | 0.045 | 0.036 | 0.036 |
| 48 | 0.054 | 0.045 | 0.036 | 0.036 |
| 49 | 0.054 | 0.045 | 0.036 | 0.036 |
| 50 | 0.054 | 0.045 | 0.036 | 0.036 |
| 51 | 0.054 | 0.045 | 0.036 | 0.036 |
| 52 | 0.054 | 0.045 | 0.036 | 0.036 |
| 53 | 0.054 | 0.045 | 0.036 | 0.036 |
| 54 | 0.054 | 0.045 | 0.036 | 0.036 |
| 55 | 0.054 | 0.045 | 0.036 | 0.036 |
| 56 | 0.054 | 0.045 | 0.036 | 0.036 |
| 57 | 0.054 | 0.045 | 0.036 | 0.036 |
| 58 | 0.054 | 0.045 | 0.036 | 0.036 |
| 59 | 0.054 | 0.045 | 0.036 | 0.036 |
| 60 | 0.054 | 0.045 | 0.036 | 0.036 |
| 61 | 0.054 | 0.045 | 0.036 | 0.036 |
| 62 | 0.045 | 0.036 | 0.027 | 0.027 |
| 63 | 0.045 | 0.036 | 0.027 | 0.027 |
| 64 | 0.045 | 0.036 | 0.027 | 0.027 |
| 65 | 0.045 | 0.036 | 0.027 | 0.027 |

Form 750 Cost of Living Factors
3 % Fixed To 65 or To 67 Benefit Period
Social Insurance Subsitute
Additional COLA Premium = Premium for SIS Coverage times Factor

| Issue Age | Premium Factors Elimination Period 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 0.234 | 0.216 | 0.198 | 0.198 |
| 26 | 0.234 | 0.216 | 0.198 | 0.198 |
| 27 | 0.225 | 0.207 | 0.189 | 0.189 |
| 28 | 0.216 | 0.207 | 0.189 | 0.189 |
| 29 | 0.216 | 0.198 | 0.180 | 0.180 |
| 30 | 0.207 | 0.198 | 0.180 | 0.180 |
| 31 | 0.207 | 0.189 | 0.171 | 0.171 |
| 32 | 0.198 | 0.189 | 0.171 | 0.171 |
| 33 | 0.198 | 0.189 | 0.171 | 0.171 |
| 34 | 0.189 | 0.180 | 0.162 | 0.162 |
| 35 | 0.189 | 0.180 | 0.162 | 0.162 |
| 36 | 0.180 | 0.171 | 0.153 | 0.153 |
| 37 | 0.180 | 0.171 | 0.153 | 0.153 |
| 38 | 0.171 | 0.162 | 0.144 | 0.144 |
| 39 | 0.171 | 0.162 | 0.144 | 0.144 |
| 40 | 0.162 | 0.153 | 0.135 | 0.135 |
| 41 | 0.162 | 0.153 | 0.135 | 0.135 |
| 42 | 0.153 | 0.144 | 0.126 | 0.126 |
| 43 | 0.144 | 0.135 | 0.117 | 0.117 |
| 44 | 0.144 | 0.135 | 0.117 | 0.117 |
| 45 | 0.135 | 0.126 | 0.108 | 0.108 |
| 46 | 0.135 | 0.126 | 0.108 | 0.108 |
| 47 | 0.126 | 0.117 | 0.099 | 0.099 |
| 48 | 0.117 | 0.108 | 0.090 | 0.090 |
| 49 | 0.117 | 0.108 | 0.090 | 0.090 |
| 50 | 0.108 | 0.099 | 0.081 | 0.081 |
| 51 | 0.108 | 0.099 | 0.081 | 0.081 |
| 52 | 0.099 | 0.090 | 0.072 | 0.072 |
| 53 | 0.090 | 0.081 | 0.063 | 0.063 |
| 54 | 0.081 | 0.072 | 0.054 | 0.054 |
| 55 | 0.081 | 0.072 | 0.054 | 0.054 |
| 56 | 0.072 | 0.063 | 0.045 | 0.045 |
| 57 | 0.063 | 0.054 | 0.036 | 0.036 |
| 58 | 0.063 | 0.054 | 0.036 | 0.036 |
| 59 | 0.063 | 0.054 | 0.036 | 0.036 |
| 60 | 0.054 | 0.045 | 0.036 | 0.036 |
| 61 | 0.054 | 0.045 | 0.036 | 0.036 |
| 62 | 0.054 | 0.045 | 0.027 | 0.027 |
| 63 | 0.054 | 0.045 | 0.027 | 0.027 |
| 64 | 0.045 | 0.036 | 0.027 | 0.027 |
| 65 | 0.045 | 0.036 | 0.027 | 0.027 |

Form 750 - Full Benefit Period Mental Nervous Factors
To 65 or To 67 Benefit Period
Factor Applies to Coverage and COLA Premiums

| Issue Age | Elimination Period 90 Days | 180 Days | 365 Days | 730 Days |
|---|---|---|---|---|
| 18- | | | | |
| 25 | 1.16 | 1.14 | 1.13 | 1.13 |
| 26 | 1.16 | 1.14 | 1.13 | 1.13 |
| 27 | 1.16 | 1.14 | 1.13 | 1.13 |
| 28 | 1.16 | 1.14 | 1.13 | 1.13 |
| 29 | 1.16 | 1.14 | 1.13 | 1.13 |
| 30 | 1.15 | 1.13 | 1.12 | 1.12 |
| 31 | 1.15 | 1.13 | 1.12 | 1.12 |
| 32 | 1.15 | 1.13 | 1.12 | 1.12 |
| 33 | 1.15 | 1.13 | 1.12 | 1.12 |
| 34 | 1.15 | 1.13 | 1.12 | 1.12 |
| 35 | 1.14 | 1.13 | 1.12 | 1.12 |
| 36 | 1.14 | 1.13 | 1.12 | 1.12 |
| 37 | 1.14 | 1.13 | 1.12 | 1.12 |
| 38 | 1.14 | 1.13 | 1.12 | 1.12 |
| 39 | 1.14 | 1.13 | 1.12 | 1.12 |
| 40 | 1.13 | 1.12 | 1.11 | 1.11 |
| 41 | 1.13 | 1.12 | 1.11 | 1.11 |
| 42 | 1.13 | 1.12 | 1.11 | 1.11 |
| 43 | 1.13 | 1.12 | 1.11 | 1.11 |
| 44 | 1.13 | 1.12 | 1.11 | 1.11 |
| 45 | 1.12 | 1.11 | 1.10 | 1.10 |
| 46 | 1.12 | 1.11 | 1.10 | 1.10 |
| 47 | 1.12 | 1.11 | 1.10 | 1.10 |
| 48 | 1.12 | 1.11 | 1.10 | 1.10 |
| 49 | 1.12 | 1.11 | 1.10 | 1.10 |
| 50 | 1.11 | 1.10 | 1.09 | 1.09 |
| 51 | 1.11 | 1.10 | 1.09 | 1.09 |
| 52 | 1.11 | 1.10 | 1.09 | 1.09 |
| 53 | 1.11 | 1.10 | 1.09 | 1.09 |
| 54 | 1.11 | 1.10 | 1.09 | 1.09 |
| 55 | 1.11 | 1.09 | 1.08 | 1.08 |
| 56 | 1.10 | 1.08 | 1.07 | 1.07 |
| 57 | 1.09 | 1.07 | 1.06 | 1.06 |
| 58 | 1.08 | 1.06 | 1.06 | 1.06 |
| 59 | 1.07 | 1.05 | 1.05 | 1.05 |
| 60 | 1.06 | 1.05 | 1.04 | 1.04 |
| 61 | 1.04 | 1.04 | 1.03 | 1.03 |
| 62 | 1.03 | 1.03 | 1.02 | 1.02 |
| 63 | 1.20 | 1.02 | 1.02 | 1.02 |
| 64 | 1.01 | 1.01 | 1.01 | 1.01 |
| 65 | 1.00 | 1.00 | 1.00 | 1.00 |
| 66 | 1.00 | 1.00 | 1.00 | 1.00 |
| 67 | 1.00 | 1.00 | 1.00 | 1.00 |
| 68 | 1.00 | 1.00 | 1.00 | 1.00 |
| 69 | 1.00 | 1.00 | 1.00 | 1.00 |
| 70 | 1.00 | 1.00 | 1.00 | 1.00 |

Form 750 - Full Benefit Period Mental Nervous Factors
5 Year Benefit Period
Factor Applies to Coverage and COLA Premiums

| Issue Age | Elimination Period 90 Days | 180 Days | 365 Days | 730 Days |
|---|---|---|---|---|
| 18-25 | 1.08 | 1.08 | 1.08 | 1.08 |
| 26 | 1.08 | 1.08 | 1.08 | 1.08 |
| 27 | 1.08 | 1.08 | 1.08 | 1.08 |
| 28 | 1.08 | 1.08 | 1.08 | 1.08 |
| 29 | 1.08 | 1.08 | 1.08 | 1.08 |
| 30 | 1.08 | 1.08 | 1.08 | 1.08 |
| 31 | 1.08 | 1.08 | 1.08 | 1.08 |
| 32 | 1.08 | 1.08 | 1.08 | 1.08 |
| 33 | 1.08 | 1.08 | 1.08 | 1.08 |
| 34 | 1.08 | 1.08 | 1.08 | 1.08 |
| 35 | 1.08 | 1.08 | 1.08 | 1.08 |
| 36 | 1.08 | 1.08 | 1.08 | 1.08 |
| 37 | 1.08 | 1.08 | 1.08 | 1.08 |
| 38 | 1.08 | 1.08 | 1.08 | 1.08 |
| 39 | 1.08 | 1.08 | 1.08 | 1.08 |
| 40 | 1.08 | 1.08 | 1.08 | 1.08 |
| 41 | 1.08 | 1.08 | 1.08 | 1.08 |
| 42 | 1.08 | 1.08 | 1.08 | 1.08 |
| 43 | 1.08 | 1.08 | 1.08 | 1.08 |
| 44 | 1.08 | 1.08 | 1.08 | 1.08 |
| 45 | 1.08 | 1.08 | 1.08 | 1.08 |
| 46 | 1.08 | 1.08 | 1.08 | 1.08 |
| 47 | 1.08 | 1.08 | 1.08 | 1.08 |
| 48 | 1.08 | 1.08 | 1.08 | 1.08 |
| 49 | 1.08 | 1.08 | 1.08 | 1.08 |
| 50 | 1.07 | 1.07 | 1.07 | 1.07 |
| 51 | 1.07 | 1.07 | 1.07 | 1.07 |
| 52 | 1.07 | 1.07 | 1.07 | 1.07 |
| 53 | 1.07 | 1.07 | 1.07 | 1.07 |
| 54 | 1.07 | 1.07 | 1.07 | 1.07 |
| 55 | 1.07 | 1.07 | 1.07 | 1.07 |
| 56 | 1.06 | 1.06 | 1.06 | 1.06 |
| 57 | 1.06 | 1.06 | 1.06 | 1.06 |
| 58 | 1.05 | 1.05 | 1.05 | 1.05 |
| 59 | 1.04 | 1.04 | 1.04 | 1.04 |
| 60 | 1.04 | 1.04 | 1.04 | 1.04 |
| 61 | 1.03 | 1.03 | 1.03 | 1.03 |
| 62 | 1.02 | 1.02 | 1.02 | 1.02 |
| 63 | 1.01 | 1.01 | 1.01 | 1.01 |
| 64 | 1.01 | 1.01 | 1.01 | 1.01 |
| 65 | 1.00 | 1.00 | 1.00 | 1.00 |
| 66 | 1.00 | 1.00 | 1.00 | 1.00 |
| 67 | 1.00 | 1.00 | 1.00 | 1.00 |
| 68 | 1.00 | 1.00 | 1.00 | 1.00 |
| 69 | 1.00 | 1.00 | 1.00 | 1.00 |
| 70 | 1.00 | 1.00 | 1.00 | 1.00 |

Form 750 - 5 Year Benefit Period Mental Nervous Factors
To 65 or To 67 Benefit Period
Factor Applies to Coverage and COLA Premiums

| Issue Age | Elimination Period 90 Days | 180 Days | 365 Days | 730 Days |
|---|---|---|---|---|
| 18-25 | 1.06 | 1.06 | 1.06 | 1.06 |
| 26 | 1.06 | 1.06 | 1.06 | 1.06 |
| 27 | 1.06 | 1.06 | 1.06 | 1.06 |
| 28 | 1.06 | 1.06 | 1.06 | 1.06 |
| 29 | 1.06 | 1.06 | 1.06 | 1.06 |
| 30 | 1.06 | 1.06 | 1.06 | 1.06 |
| 31 | 1.06 | 1.06 | 1.06 | 1.06 |
| 32 | 1.06 | 1.06 | 1.06 | 1.06 |
| 33 | 1.06 | 1.06 | 1.06 | 1.06 |
| 34 | 1.06 | 1.06 | 1.06 | 1.06 |
| 35 | 1.06 | 1.06 | 1.06 | 1.06 |
| 36 | 1.06 | 1.06 | 1.06 | 1.06 |
| 37 | 1.06 | 1.06 | 1.06 | 1.06 |
| 38 | 1.06 | 1.06 | 1.06 | 1.06 |
| 39 | 1.06 | 1.06 | 1.06 | 1.06 |
| 40 | 1.06 | 1.06 | 1.06 | 1.06 |
| 41 | 1.06 | 1.06 | 1.06 | 1.06 |
| 42 | 1.06 | 1.06 | 1.06 | 1.06 |
| 43 | 1.06 | 1.06 | 1.06 | 1.06 |
| 44 | 1.06 | 1.06 | 1.06 | 1.06 |
| 45 | 1.06 | 1.06 | 1.06 | 1.06 |
| 46 | 1.06 | 1.06 | 1.06 | 1.06 |
| 47 | 1.06 | 1.06 | 1.06 | 1.06 |
| 48 | 1.06 | 1.06 | 1.06 | 1.06 |
| 49 | 1.06 | 1.06 | 1.06 | 1.06 |
| 50 | 1.06 | 1.06 | 1.06 | 1.06 |
| 51 | 1.06 | 1.06 | 1.06 | 1.06 |
| 52 | 1.06 | 1.06 | 1.06 | 1.06 |
| 53 | 1.06 | 1.06 | 1.06 | 1.06 |
| 54 | 1.06 | 1.06 | 1.06 | 1.06 |
| 55 | 1.06 | 1.06 | 1.06 | 1.06 |
| 56 | 1.05 | 1.05 | 1.05 | 1.05 |
| 57 | 1.05 | 1.05 | 1.05 | 1.05 |
| 58 | 1.04 | 1.04 | 1.04 | 1.04 |
| 59 | 1.04 | 1.04 | 1.04 | 1.04 |
| 60 | 1.03 | 1.03 | 1.03 | 1.03 |
| 61 | 1.03 | 1.03 | 1.03 | 1.03 |
| 62 | 1.02 | 1.02 | 1.02 | 1.02 |
| 63 | 1.02 | 1.02 | 1.02 | 1.02 |
| 64 | 1.01 | 1.01 | 1.01 | 1.01 |
| 65 | 1.00 | 1.00 | 1.00 | 1.00 |
| 66 | 1.00 | 1.00 | 1.00 | 1.00 |
| 67 | 1.00 | 1.00 | 1.00 | 1.00 |
| 68 | 1.00 | 1.00 | 1.00 | 1.00 |
| 69 | 1.00 | 1.00 | 1.00 | 1.00 |
| 70 | 1.00 | 1.00 | 1.00 | 1.00 |

Form 750 - Unisex Rates 2 Year BP
Class P1
Catastrophic Disability

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 1.26 | 1.08 | 0.82 | 0.69 |
| 26 | 1.28 | 1.10 | 0.84 | 0.70 |
| 27 | 1.28 | 1.11 | 0.85 | 0.71 |
| 28 | 1.30 | 1.12 | 0.86 | 0.72 |
| 29 | 1.32 | 1.13 | 0.87 | 0.72 |
| 30 | 1.33 | 1.14 | 0.88 | 0.72 |
| 31 | 1.33 | 1.15 | 0.88 | 0.73 |
| 32 | 1.35 | 1.16 | 0.89 | 0.74 |
| 33 | 1.35 | 1.16 | 0.90 | 0.74 |
| 34 | 1.37 | 1.17 | 0.91 | 0.75 |
| 35 | 1.39 | 1.20 | 0.93 | 0.76 |
| 36 | 1.43 | 1.22 | 0.95 | 0.77 |
| 37 | 1.45 | 1.24 | 0.98 | 0.78 |
| 38 | 1.49 | 1.28 | 0.99 | 0.81 |
| 39 | 1.52 | 1.30 | 1.04 | 0.82 |
| 40 | 1.56 | 1.33 | 1.05 | 0.83 |
| 41 | 1.60 | 1.38 | 1.08 | 0.85 |
| 42 | 1.65 | 1.41 | 1.12 | 0.88 |
| 43 | 1.72 | 1.48 | 1.17 | 0.92 |
| 44 | 1.79 | 1.56 | 1.23 | 0.95 |
| 45 | 1.90 | 1.64 | 1.29 | 0.99 |
| 46 | 2.01 | 1.73 | 1.38 | 1.05 |
| 47 | 2.15 | 1.85 | 1.46 | 1.11 |
| 48 | 2.29 | 1.99 | 1.56 | 1.19 |
| 49 | 2.45 | 2.13 | 1.67 | 1.26 |
| 50 | 2.63 | 2.28 | 1.78 | 1.33 |
| 51 | 2.80 | 2.43 | 1.90 | 1.42 |
| 52 | 2.97 | 2.58 | 2.02 | 1.51 |
| 53 | 3.17 | 2.76 | 2.15 | 1.62 |
| 54 | 3.37 | 2.94 | 2.29 | 1.71 |
| 55 | 3.59 | 3.13 | 2.43 | 1.81 |
| 56 | 3.81 | 3.33 | 2.58 | 1.92 |
| 57 | 4.05 | 3.54 | 2.75 | 2.03 |
| 58 | 4.34 | 3.79 | 2.95 | 2.14 |
| 59 | 4.65 | 4.06 | 3.15 | 2.25 |
| 60 | 4.98 | 4.36 | 3.38 | 2.37 |
| 61 | 5.30 | 4.62 | 3.59 | 2.48 |
| 62 | 5.60 | 4.90 | 3.80 | 2.59 |
| 63 | 6.05 | 5.30 | 4.11 | 2.81 |
| 64 | 6.48 | 5.66 | 4.39 | 2.99 |
| 65 | 8.46 | 7.40 | 5.74 | 3.91 |
| 66 | 9.72 | 8.50 | 6.59 | 4.49 |
| 67 | 10.99 | 9.61 | 7.45 | 5.08 |
| 68 | 12.42 | 10.85 | 8.42 | 5.74 |
| 69 | 14.40 | 12.58 | 9.78 | 6.66 |
| 70 | 16.42 | 14.35 | 11.14 | 7.58 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 - Unisex Rates 2 Year BP
Class A1
Catastrophic Disability

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 1.48 | 1.27 | 0.97 | 0.81 |
| 26 | 1.50 | 1.29 | 0.99 | 0.82 |
| 27 | 1.51 | 1.30 | 1.00 | 0.84 |
| 28 | 1.53 | 1.32 | 1.01 | 0.85 |
| 29 | 1.55 | 1.33 | 1.02 | 0.85 |
| 30 | 1.56 | 1.34 | 1.03 | 0.85 |
| 31 | 1.57 | 1.35 | 1.04 | 0.86 |
| 32 | 1.59 | 1.36 | 1.05 | 0.87 |
| 33 | 1.59 | 1.37 | 1.06 | 0.87 |
| 34 | 1.61 | 1.38 | 1.07 | 0.88 |
| 35 | 1.64 | 1.41 | 1.09 | 0.89 |
| 36 | 1.68 | 1.43 | 1.12 | 0.90 |
| 37 | 1.71 | 1.46 | 1.15 | 0.92 |
| 38 | 1.75 | 1.50 | 1.17 | 0.95 |
| 39 | 1.79 | 1.53 | 1.22 | 0.97 |
| 40 | 1.83 | 1.57 | 1.24 | 0.98 |
| 41 | 1.88 | 1.62 | 1.27 | 1.00 |
| 42 | 1.94 | 1.66 | 1.32 | 1.03 |
| 43 | 2.02 | 1.74 | 1.38 | 1.08 |
| 44 | 2.11 | 1.83 | 1.45 | 1.12 |
| 45 | 2.23 | 1.93 | 1.52 | 1.17 |
| 46 | 2.37 | 2.04 | 1.62 | 1.24 |
| 47 | 2.53 | 2.18 | 1.72 | 1.31 |
| 48 | 2.69 | 2.34 | 1.84 | 1.40 |
| 49 | 2.88 | 2.50 | 1.97 | 1.48 |
| 50 | 3.09 | 2.68 | 2.09 | 1.57 |
| 51 | 3.29 | 2.86 | 2.23 | 1.67 |
| 52 | 3.49 | 3.04 | 2.38 | 1.78 |
| 53 | 3.73 | 3.25 | 2.53 | 1.90 |
| 54 | 3.97 | 3.46 | 2.69 | 2.01 |
| 55 | 4.22 | 3.68 | 2.86 | 2.13 |
| 56 | 4.48 | 3.92 | 3.04 | 2.26 |
| 57 | 4.77 | 4.17 | 3.24 | 2.39 |
| 58 | 5.10 | 4.46 | 3.47 | 2.52 |
| 59 | 5.47 | 4.78 | 3.71 | 2.65 |
| 60 | 5.86 | 5.13 | 3.98 | 2.79 |
| 61 | 6.23 | 5.44 | 4.22 | 2.92 |
| 62 | 6.59 | 5.76 | 4.47 | 3.05 |
| 63 | 7.12 | 6.23 | 4.83 | 3.30 |
| 64 | 7.62 | 6.66 | 5.17 | 3.52 |
| 65 | 9.95 | 8.70 | 6.75 | 4.60 |
| 66 | 11.44 | 10.00 | 7.75 | 5.28 |
| 67 | 12.93 | 11.30 | 8.76 | 5.98 |
| 68 | 14.61 | 12.77 | 9.90 | 6.75 |
| 69 | 16.94 | 14.80 | 11.50 | 7.83 |
| 70 | 19.32 | 16.88 | 13.10 | 8.92 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 - Unisex Rates 2 Year BP
Class B1
Catastrophic Disability

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 1.65 | 1.42 | 1.09 | 0.92 |
| 26 | 1.67 | 1.44 | 1.10 | 0.93 |
| 27 | 1.68 | 1.45 | 1.11 | 0.93 |
| 28 | 1.70 | 1.47 | 1.14 | 0.93 |
| 29 | 1.71 | 1.49 | 1.15 | 0.94 |
| 30 | 1.72 | 1.50 | 1.15 | 0.95 |
| 31 | 1.74 | 1.51 | 1.16 | 0.96 |
| 32 | 1.76 | 1.52 | 1.17 | 0.97 |
| 33 | 1.77 | 1.52 | 1.18 | 0.99 |
| 34 | 1.78 | 1.54 | 1.19 | 1.00 |
| 35 | 1.81 | 1.57 | 1.21 | 1.01 |
| 36 | 1.86 | 1.60 | 1.25 | 1.02 |
| 37 | 1.90 | 1.63 | 1.27 | 1.04 |
| 38 | 1.95 | 1.68 | 1.31 | 1.05 |
| 39 | 1.99 | 1.72 | 1.35 | 1.08 |
| 40 | 2.04 | 1.77 | 1.38 | 1.10 |
| 41 | 2.09 | 1.80 | 1.42 | 1.12 |
| 42 | 2.16 | 1.86 | 1.47 | 1.16 |
| 43 | 2.25 | 1.94 | 1.52 | 1.20 |
| 44 | 2.36 | 2.03 | 1.61 | 1.25 |
| 45 | 2.50 | 2.14 | 1.70 | 1.32 |
| 46 | 2.64 | 2.27 | 1.79 | 1.39 |
| 47 | 2.82 | 2.43 | 1.92 | 1.47 |
| 48 | 3.02 | 2.60 | 2.05 | 1.56 |
| 49 | 3.22 | 2.79 | 2.20 | 1.66 |
| 50 | 3.44 | 2.98 | 2.34 | 1.75 |
| 51 | 3.66 | 3.18 | 2.50 | 1.86 |
| 52 | 3.89 | 3.38 | 2.66 | 1.97 |
| 53 | 4.15 | 3.61 | 2.83 | 2.10 |
| 54 | 4.43 | 3.85 | 3.02 | 2.24 |
| 55 | 4.70 | 4.09 | 3.20 | 2.38 |
| 56 | 4.99 | 4.34 | 3.39 | 2.52 |
| 57 | 5.31 | 4.63 | 3.61 | 2.65 |
| 58 | 5.68 | 4.96 | 3.86 | 2.80 |
| 59 | 6.09 | 5.33 | 4.14 | 2.94 |
| 60 | 6.53 | 5.71 | 4.44 | 3.09 |
| 61 | 6.94 | 6.06 | 4.71 | 3.25 |
| 62 | 7.34 | 6.43 | 4.98 | 3.39 |
| 63 | 7.92 | 6.94 | 5.38 | 3.67 |
| 64 | 8.47 | 7.43 | 5.75 | 3.93 |
| 65 | 11.07 | 9.70 | 7.51 | 5.13 |
| 66 | 12.72 | 11.15 | 8.63 | 5.89 |
| 67 | 14.38 | 12.60 | 9.76 | 6.66 |
| 68 | 16.25 | 14.24 | 11.02 | 7.52 |
| 69 | 18.85 | 16.52 | 12.79 | 8.72 |
| 70 | 21.50 | 18.83 | 14.59 | 9.94 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 - Unisex Rates 2 Year BP
Class C1
Catastrophic Disability

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 1.77 | 1.52 | 1.17 | 0.99 |
| 26 | 1.79 | 1.54 | 1.18 | 1.00 |
| 27 | 1.80 | 1.55 | 1.19 | 1.00 |
| 28 | 1.83 | 1.57 | 1.21 | 1.00 |
| 29 | 1.85 | 1.60 | 1.22 | 1.01 |
| 30 | 1.86 | 1.61 | 1.23 | 1.01 |
| 31 | 1.87 | 1.62 | 1.24 | 1.03 |
| 32 | 1.88 | 1.63 | 1.25 | 1.04 |
| 33 | 1.89 | 1.63 | 1.26 | 1.05 |
| 34 | 1.91 | 1.66 | 1.28 | 1.06 |
| 35 | 1.94 | 1.69 | 1.31 | 1.07 |
| 36 | 1.99 | 1.72 | 1.33 | 1.09 |
| 37 | 2.03 | 1.76 | 1.38 | 1.11 |
| 38 | 2.09 | 1.80 | 1.41 | 1.13 |
| 39 | 2.14 | 1.84 | 1.45 | 1.14 |
| 40 | 2.20 | 1.90 | 1.49 | 1.17 |
| 41 | 2.25 | 1.94 | 1.53 | 1.20 |
| 42 | 2.32 | 2.00 | 1.58 | 1.23 |
| 43 | 2.42 | 2.08 | 1.65 | 1.29 |
| 44 | 2.53 | 2.18 | 1.73 | 1.34 |
| 45 | 2.67 | 2.30 | 1.83 | 1.41 |
| 46 | 2.84 | 2.44 | 1.93 | 1.49 |
| 47 | 3.03 | 2.61 | 2.07 | 1.58 |
| 48 | 3.23 | 2.79 | 2.21 | 1.67 |
| 49 | 3.45 | 2.99 | 2.36 | 1.78 |
| 50 | 3.69 | 3.21 | 2.52 | 1.88 |
| 51 | 3.95 | 3.42 | 2.69 | 1.99 |
| 52 | 4.19 | 3.64 | 2.85 | 2.12 |
| 53 | 4.46 | 3.88 | 3.04 | 2.26 |
| 54 | 4.74 | 4.13 | 3.22 | 2.41 |
| 55 | 5.04 | 4.39 | 3.43 | 2.55 |
| 56 | 5.36 | 4.67 | 3.63 | 2.69 |
| 57 | 5.70 | 4.98 | 3.87 | 2.85 |
| 58 | 6.09 | 5.33 | 4.13 | 3.00 |
| 59 | 6.54 | 5.72 | 4.44 | 3.17 |
| 60 | 7.00 | 6.13 | 4.75 | 3.33 |
| 61 | 7.44 | 6.51 | 5.04 | 3.48 |
| 62 | 7.87 | 6.89 | 5.35 | 3.65 |
| 63 | 8.50 | 7.45 | 5.76 | 3.94 |
| 64 | 9.09 | 7.96 | 6.17 | 4.22 |
| 65 | 11.88 | 10.40 | 8.06 | 5.50 |
| 66 | 13.67 | 11.96 | 9.26 | 6.32 |
| 67 | 15.44 | 13.52 | 10.47 | 7.15 |
| 68 | 17.44 | 15.27 | 11.83 | 8.07 |
| 69 | 20.24 | 17.71 | 13.73 | 9.37 |
| 70 | 23.07 | 20.20 | 15.65 | 10.68 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 - Unisex Rates 2 Year BP
Class D1
Catastrophic Disability

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18- | | | | |
| 25 | 1.93 | 1.66 | 1.27 | 1.08 |
| 26 | 1.95 | 1.68 | 1.30 | 1.09 |
| 27 | 1.97 | 1.69 | 1.31 | 1.09 |
| 28 | 2.00 | 1.72 | 1.33 | 1.10 |
| 29 | 2.01 | 1.75 | 1.35 | 1.10 |
| 30 | 2.02 | 1.76 | 1.35 | 1.11 |
| 31 | 2.03 | 1.77 | 1.36 | 1.12 |
| 32 | 2.06 | 1.78 | 1.37 | 1.15 |
| 33 | 2.07 | 1.78 | 1.38 | 1.16 |
| 34 | 2.09 | 1.80 | 1.39 | 1.17 |
| 35 | 2.13 | 1.82 | 1.43 | 1.18 |
| 36 | 2.18 | 1.87 | 1.46 | 1.20 |
| 37 | 2.23 | 1.91 | 1.49 | 1.23 |
| 38 | 2.28 | 1.96 | 1.54 | 1.24 |
| 39 | 2.34 | 2.01 | 1.58 | 1.26 |
| 40 | 2.39 | 2.06 | 1.63 | 1.29 |
| 41 | 2.47 | 2.11 | 1.67 | 1.33 |
| 42 | 2.54 | 2.18 | 1.73 | 1.36 |
| 43 | 2.64 | 2.28 | 1.79 | 1.41 |
| 44 | 2.77 | 2.38 | 1.88 | 1.47 |
| 45 | 2.92 | 2.51 | 1.99 | 1.55 |
| 46 | 3.09 | 2.67 | 2.11 | 1.63 |
| 47 | 3.31 | 2.86 | 2.25 | 1.72 |
| 48 | 3.54 | 3.05 | 2.40 | 1.83 |
| 49 | 3.78 | 3.27 | 2.58 | 1.94 |
| 50 | 4.04 | 3.50 | 2.75 | 2.06 |
| 51 | 4.31 | 3.74 | 2.94 | 2.19 |
| 52 | 4.58 | 3.98 | 3.11 | 2.32 |
| 53 | 4.88 | 4.24 | 3.32 | 2.47 |
| 54 | 5.18 | 4.51 | 3.52 | 2.64 |
| 55 | 5.51 | 4.80 | 3.74 | 2.79 |
| 56 | 5.86 | 5.11 | 3.98 | 2.95 |
| 57 | 6.24 | 5.44 | 4.23 | 3.11 |
| 58 | 6.66 | 5.82 | 4.52 | 3.29 |
| 59 | 7.15 | 6.25 | 4.85 | 3.46 |
| 60 | 7.66 | 6.70 | 5.20 | 3.64 |
| 61 | 8.13 | 7.12 | 5.52 | 3.82 |
| 62 | 8.60 | 7.54 | 5.84 | 3.99 |
| 63 | 9.29 | 8.13 | 6.31 | 4.31 |
| 64 | 9.94 | 8.70 | 6.75 | 4.62 |
| 65 | 12.98 | 11.36 | 8.81 | 6.02 |
| 66 | 14.92 | 13.06 | 10.13 | 6.92 |
| 67 | 16.87 | 14.76 | 11.44 | 7.82 |
| 68 | 19.06 | 16.69 | 12.94 | 8.84 |
| 69 | 22.10 | 19.35 | 15.00 | 10.25 |
| 70 | 25.20 | 22.07 | 17.10 | 11.69 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 - Unisex Rates 2 Year BP
Class E1
Catastrophic Disability

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18- | | | | |
| 25 | 2.22 | 1.92 | 1.47 | 1.24 |
| 26 | 2.24 | 1.94 | 1.49 | 1.25 |
| 27 | 2.26 | 1.95 | 1.50 | 1.26 |
| 28 | 2.29 | 1.98 | 1.52 | 1.27 |
| 29 | 2.32 | 2.00 | 1.53 | 1.29 |
| 30 | 2.33 | 2.01 | 1.54 | 1.30 |
| 31 | 2.35 | 2.02 | 1.55 | 1.31 |
| 32 | 2.37 | 2.05 | 1.57 | 1.32 |
| 33 | 2.38 | 2.06 | 1.58 | 1.33 |
| 34 | 2.40 | 2.08 | 1.61 | 1.33 |
| 35 | 2.45 | 2.10 | 1.64 | 1.35 |
| 36 | 2.50 | 2.16 | 1.68 | 1.36 |
| 37 | 2.56 | 2.20 | 1.72 | 1.40 |
| 38 | 2.63 | 2.27 | 1.76 | 1.42 |
| 39 | 2.70 | 2.31 | 1.81 | 1.45 |
| 40 | 2.77 | 2.37 | 1.86 | 1.49 |
| 41 | 2.84 | 2.44 | 1.92 | 1.52 |
| 42 | 2.92 | 2.50 | 1.98 | 1.57 |
| 43 | 3.05 | 2.61 | 2.06 | 1.62 |
| 44 | 3.18 | 2.73 | 2.17 | 1.69 |
| 45 | 3.36 | 2.89 | 2.28 | 1.78 |
| 46 | 3.56 | 3.07 | 2.42 | 1.87 |
| 47 | 3.80 | 3.28 | 2.60 | 1.98 |
| 48 | 4.06 | 3.51 | 2.77 | 2.10 |
| 49 | 4.34 | 3.76 | 2.96 | 2.23 |
| 50 | 4.65 | 4.03 | 3.16 | 2.36 |
| 51 | 4.95 | 4.29 | 3.37 | 2.51 |
| 52 | 5.26 | 4.57 | 3.58 | 2.67 |
| 53 | 5.62 | 4.88 | 3.82 | 2.84 |
| 54 | 5.98 | 5.20 | 4.05 | 3.03 |
| 55 | 6.33 | 5.52 | 4.31 | 3.20 |
| 56 | 6.74 | 5.87 | 4.57 | 3.38 |
| 57 | 7.17 | 6.26 | 4.87 | 3.58 |
| 58 | 7.67 | 6.70 | 5.21 | 3.77 |
| 59 | 8.22 | 7.18 | 5.58 | 3.98 |
| 60 | 8.81 | 7.70 | 5.98 | 4.19 |
| 61 | 9.35 | 8.19 | 6.34 | 4.39 |
| 62 | 9.89 | 8.67 | 6.72 | 4.59 |
| 63 | 10.68 | 9.36 | 7.26 | 4.96 |
| 64 | 11.43 | 10.01 | 7.75 | 5.30 |
| 65 | 14.92 | 13.07 | 10.12 | 6.93 |
| 66 | 17.16 | 15.03 | 11.64 | 7.96 |
| 67 | 19.39 | 16.98 | 13.17 | 9.00 |
| 68 | 21.91 | 19.20 | 14.88 | 10.17 |
| 69 | 25.42 | 22.27 | 17.26 | 11.80 |
| 70 | 28.98 | 25.39 | 19.66 | 13.46 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 - Unisex Rates 2 Year BP
Class F1
Catastrophic Disability

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 2.44 | 2.10 | 1.62 | 1.36 |
| 26 | 2.46 | 2.12 | 1.64 | 1.37 |
| 27 | 2.48 | 2.14 | 1.65 | 1.38 |
| 28 | 2.53 | 2.18 | 1.67 | 1.39 |
| 29 | 2.56 | 2.21 | 1.69 | 1.40 |
| 30 | 2.57 | 2.23 | 1.70 | 1.41 |
| 31 | 2.59 | 2.24 | 1.71 | 1.44 |
| 32 | 2.61 | 2.25 | 1.74 | 1.45 |
| 33 | 2.62 | 2.26 | 1.75 | 1.46 |
| 34 | 2.66 | 2.27 | 1.76 | 1.47 |
| 35 | 2.70 | 2.32 | 1.79 | 1.48 |
| 36 | 2.76 | 2.36 | 1.84 | 1.51 |
| 37 | 2.82 | 2.42 | 1.89 | 1.54 |
| 38 | 2.89 | 2.47 | 1.95 | 1.57 |
| 39 | 2.96 | 2.54 | 1.99 | 1.59 |
| 40 | 3.04 | 2.61 | 2.05 | 1.64 |
| 41 | 3.12 | 2.68 | 2.11 | 1.67 |
| 42 | 3.21 | 2.75 | 2.18 | 1.72 |
| 43 | 3.34 | 2.87 | 2.28 | 1.78 |
| 44 | 3.51 | 3.01 | 2.38 | 1.86 |
| 45 | 3.70 | 3.18 | 2.51 | 1.95 |
| 46 | 3.92 | 3.38 | 2.67 | 2.05 |
| 47 | 4.19 | 3.61 | 2.84 | 2.17 |
| 48 | 4.47 | 3.86 | 3.04 | 2.32 |
| 49 | 4.77 | 4.14 | 3.25 | 2.46 |
| 50 | 5.10 | 4.43 | 3.47 | 2.61 |
| 51 | 5.44 | 4.73 | 3.71 | 2.76 |
| 52 | 5.79 | 5.03 | 3.94 | 2.94 |
| 53 | 6.17 | 5.37 | 4.20 | 3.13 |
| 54 | 6.56 | 5.72 | 4.46 | 3.32 |
| 55 | 6.97 | 6.07 | 4.74 | 3.52 |
| 56 | 7.41 | 6.45 | 5.03 | 3.72 |
| 57 | 7.90 | 6.88 | 5.36 | 3.94 |
| 58 | 8.44 | 7.36 | 5.73 | 4.15 |
| 59 | 9.04 | 7.90 | 6.14 | 4.38 |
| 60 | 9.69 | 8.47 | 6.57 | 4.61 |
| 61 | 10.28 | 9.00 | 6.98 | 4.83 |
| 62 | 10.89 | 9.53 | 7.39 | 5.05 |
| 63 | 11.76 | 10.29 | 7.97 | 5.46 |
| 64 | 12.58 | 11.02 | 8.54 | 5.84 |
| 65 | 16.42 | 14.37 | 11.14 | 7.61 |
| 66 | 18.88 | 16.53 | 12.81 | 8.76 |
| 67 | 21.34 | 18.68 | 14.48 | 9.89 |
| 68 | 24.11 | 21.11 | 16.36 | 11.18 |
| 69 | 27.97 | 24.48 | 18.98 | 12.97 |
| 70 | 31.89 | 27.91 | 21.63 | 14.78 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 - Unisex Rates 2 Year BP
Class G1
Catastrophic Disability

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 3.66 | 3.15 | 2.43 | 2.04 |
| 26 | 3.69 | 3.18 | 2.46 | 2.06 |
| 27 | 3.72 | 3.21 | 2.48 | 2.07 |
| 28 | 3.80 | 3.27 | 2.51 | 2.09 |
| 29 | 3.84 | 3.32 | 2.54 | 2.10 |
| 30 | 3.86 | 3.35 | 2.55 | 2.12 |
| 31 | 3.89 | 3.36 | 2.57 | 2.16 |
| 32 | 3.92 | 3.38 | 2.61 | 2.18 |
| 33 | 3.93 | 3.39 | 2.63 | 2.19 |
| 34 | 3.99 | 3.41 | 2.64 | 2.21 |
| 35 | 4.05 | 3.48 | 2.69 | 2.22 |
| 36 | 4.14 | 3.54 | 2.76 | 2.27 |
| 37 | 4.23 | 3.63 | 2.84 | 2.31 |
| 38 | 4.34 | 3.71 | 2.93 | 2.36 |
| 39 | 4.44 | 3.81 | 2.99 | 2.39 |
| 40 | 4.56 | 3.92 | 3.08 | 2.46 |
| 41 | 4.68 | 4.02 | 3.17 | 2.51 |
| 42 | 4.82 | 4.13 | 3.27 | 2.58 |
| 43 | 5.01 | 4.31 | 3.42 | 2.67 |
| 44 | 5.27 | 4.52 | 3.57 | 2.79 |
| 45 | 5.55 | 4.77 | 3.77 | 2.93 |
| 46 | 5.88 | 5.07 | 4.01 | 3.08 |
| 47 | 6.29 | 5.42 | 4.26 | 3.26 |
| 48 | 6.71 | 5.79 | 4.56 | 3.48 |
| 49 | 7.16 | 6.21 | 4.88 | 3.69 |
| 50 | 7.65 | 6.65 | 5.21 | 3.92 |
| 51 | 8.16 | 7.10 | 5.57 | 4.14 |
| 52 | 8.69 | 7.55 | 5.91 | 4.41 |
| 53 | 9.26 | 8.06 | 6.30 | 4.70 |
| 54 | 9.84 | 8.58 | 6.69 | 4.98 |
| 55 | 10.46 | 9.11 | 7.11 | 5.28 |
| 56 | 11.12 | 9.68 | 7.55 | 5.58 |
| 57 | 11.85 | 10.32 | 8.04 | 5.91 |
| 58 | 12.66 | 11.04 | 8.60 | 6.23 |
| 59 | 13.56 | 11.85 | 9.21 | 6.57 |
| 60 | 14.54 | 12.71 | 9.86 | 6.92 |
| 61 | 15.42 | 13.50 | 10.47 | 7.25 |
| 62 | 16.34 | 14.30 | 11.09 | 7.58 |
| 63 | 17.64 | 15.44 | 11.96 | 8.19 |
| 64 | 18.87 | 16.53 | 12.81 | 8.76 |
| 65 | 24.63 | 21.56 | 16.71 | 11.42 |
| 66 | 28.32 | 24.80 | 19.22 | 13.14 |
| 67 | 32.01 | 28.02 | 21.72 | 14.84 |
| 68 | 36.17 | 31.67 | 24.54 | 16.77 |
| 69 | 41.96 | 36.72 | 28.47 | 19.46 |
| 70 | 47.84 | 41.87 | 32.45 | 22.17 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 - Unisex Rates 5 Year BP
Class P1
Catastrophic Disability

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 1.67 | 1.46 | 1.27 | 0.94 |
| 26 | 1.70 | 1.49 | 1.28 | 0.95 |
| 27 | 1.72 | 1.50 | 1.29 | 0.97 |
| 28 | 1.77 | 1.55 | 1.30 | 0.98 |
| 29 | 1.79 | 1.57 | 1.32 | 0.99 |
| 30 | 1.80 | 1.58 | 1.33 | 1.00 |
| 31 | 1.80 | 1.58 | 1.35 | 1.01 |
| 32 | 1.81 | 1.58 | 1.36 | 1.02 |
| 33 | 1.81 | 1.58 | 1.35 | 1.01 |
| 34 | 1.84 | 1.61 | 1.37 | 1.02 |
| 35 | 1.88 | 1.64 | 1.39 | 1.04 |
| 36 | 1.94 | 1.70 | 1.44 | 1.07 |
| 37 | 2.01 | 1.75 | 1.48 | 1.11 |
| 38 | 2.07 | 1.82 | 1.53 | 1.15 |
| 39 | 2.14 | 1.88 | 1.58 | 1.19 |
| 40 | 2.20 | 1.94 | 1.62 | 1.22 |
| 41 | 2.27 | 2.00 | 1.67 | 1.25 |
| 42 | 2.33 | 2.06 | 1.72 | 1.28 |
| 43 | 2.43 | 2.14 | 1.78 | 1.33 |
| 44 | 2.54 | 2.24 | 1.85 | 1.37 |
| 45 | 2.69 | 2.36 | 1.94 | 1.44 |
| 46 | 2.85 | 2.50 | 2.05 | 1.50 |
| 47 | 3.04 | 2.68 | 2.18 | 1.59 |
| 48 | 3.26 | 2.86 | 2.33 | 1.68 |
| 49 | 3.49 | 3.07 | 2.47 | 1.79 |
| 50 | 3.71 | 3.26 | 2.63 | 1.89 |
| 51 | 3.94 | 3.47 | 2.76 | 1.97 |
| 52 | 4.15 | 3.66 | 2.91 | 2.05 |
| 53 | 4.36 | 3.84 | 3.03 | 2.13 |
| 54 | 4.57 | 4.02 | 3.15 | 2.19 |
| 55 | 4.78 | 4.18 | 3.27 | 2.25 |
| 56 | 4.98 | 4.36 | 3.40 | 2.32 |
| 57 | 5.23 | 4.57 | 3.54 | 2.41 |
| 58 | 5.53 | 4.83 | 3.73 | 2.54 |
| 59 | 5.89 | 5.14 | 4.00 | 2.72 |
| 60 | 6.29 | 5.50 | 4.27 | 2.92 |
| 61 | 6.65 | 5.81 | 4.51 | 3.07 |
| 62 | 7.00 | 6.12 | 4.75 | 3.24 |
| 63 | 7.21 | 6.31 | 4.89 | 3.34 |
| 64 | 7.29 | 6.37 | 4.94 | 3.37 |
| 65 | 8.46 | 7.40 | 5.74 | 3.91 |
| 66 | 9.72 | 8.50 | 6.59 | 4.49 |
| 67 | 10.99 | 9.61 | 7.45 | 5.08 |
| 68 | 12.42 | 10.85 | 8.42 | 5.74 |
| 69 | 14.40 | 12.58 | 9.78 | 6.66 |
| 70 | 16.42 | 14.35 | 11.14 | 7.58 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 - Unisex Rates 5 Year BP
Class A1
Catastrophic Disability

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 1.97 | 1.72 | 1.49 | 1.11 |
| 26 | 2.00 | 1.75 | 1.51 | 1.12 |
| 27 | 2.02 | 1.77 | 1.52 | 1.14 |
| 28 | 2.08 | 1.82 | 1.53 | 1.15 |
| 29 | 2.11 | 1.85 | 1.55 | 1.16 |
| 30 | 2.12 | 1.86 | 1.56 | 1.18 |
| 31 | 2.12 | 1.86 | 1.59 | 1.19 |
| 32 | 2.13 | 1.86 | 1.60 | 1.20 |
| 33 | 2.13 | 1.86 | 1.59 | 1.19 |
| 34 | 2.17 | 1.89 | 1.61 | 1.20 |
| 35 | 2.21 | 1.93 | 1.63 | 1.22 |
| 36 | 2.28 | 2.00 | 1.69 | 1.26 |
| 37 | 2.36 | 2.06 | 1.74 | 1.30 |
| 38 | 2.43 | 2.14 | 1.80 | 1.35 |
| 39 | 2.52 | 2.21 | 1.86 | 1.40 |
| 40 | 2.59 | 2.28 | 1.91 | 1.43 |
| 41 | 2.67 | 2.35 | 1.96 | 1.47 |
| 42 | 2.74 | 2.42 | 2.02 | 1.50 |
| 43 | 2.86 | 2.52 | 2.09 | 1.56 |
| 44 | 2.99 | 2.64 | 2.18 | 1.61 |
| 45 | 3.16 | 2.78 | 2.28 | 1.69 |
| 46 | 3.35 | 2.94 | 2.41 | 1.77 |
| 47 | 3.58 | 3.15 | 2.56 | 1.87 |
| 48 | 3.83 | 3.37 | 2.74 | 1.98 |
| 49 | 4.10 | 3.61 | 2.91 | 2.10 |
| 50 | 4.37 | 3.84 | 3.09 | 2.22 |
| 51 | 4.63 | 4.08 | 3.25 | 2.32 |
| 52 | 4.88 | 4.30 | 3.42 | 2.41 |
| 53 | 5.13 | 4.52 | 3.57 | 2.51 |
| 54 | 5.38 | 4.73 | 3.71 | 2.58 |
| 55 | 5.62 | 4.92 | 3.85 | 2.65 |
| 56 | 5.86 | 5.13 | 4.00 | 2.73 |
| 57 | 6.15 | 5.38 | 4.17 | 2.84 |
| 58 | 6.50 | 5.68 | 4.39 | 2.99 |
| 59 | 6.93 | 6.05 | 4.70 | 3.20 |
| 60 | 7.40 | 6.47 | 5.02 | 3.43 |
| 61 | 7.82 | 6.83 | 5.30 | 3.61 |
| 62 | 8.24 | 7.20 | 5.59 | 3.81 |
| 63 | 8.48 | 7.42 | 5.75 | 3.93 |
| 64 | 8.58 | 7.49 | 5.81 | 3.96 |
| 65 | 9.95 | 8.70 | 6.75 | 4.60 |
| 66 | 11.44 | 10.00 | 7.75 | 5.28 |
| 67 | 12.93 | 11.30 | 8.76 | 5.98 |
| 68 | 14.61 | 12.77 | 9.90 | 6.75 |
| 69 | 16.94 | 14.80 | 11.50 | 7.83 |
| 70 | 19.32 | 16.88 | 13.10 | 8.92 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 - Unisex Rates 5 Year BP
Class B1
Catastrophic Disability

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 2.20 | 1.92 | 1.65 | 1.24 |
| 26 | 2.23 | 1.95 | 1.67 | 1.25 |
| 27 | 2.25 | 1.97 | 1.68 | 1.26 |
| 28 | 2.31 | 2.03 | 1.72 | 1.27 |
| 29 | 2.36 | 2.07 | 1.77 | 1.30 |
| 30 | 2.37 | 2.08 | 1.77 | 1.31 |
| 31 | 2.37 | 2.08 | 1.77 | 1.33 |
| 32 | 2.38 | 2.08 | 1.77 | 1.34 |
| 33 | 2.38 | 2.08 | 1.76 | 1.34 |
| 34 | 2.40 | 2.10 | 1.78 | 1.34 |
| 35 | 2.46 | 2.15 | 1.81 | 1.37 |
| 36 | 2.54 | 2.22 | 1.87 | 1.41 |
| 37 | 2.62 | 2.30 | 1.93 | 1.45 |
| 38 | 2.72 | 2.39 | 1.99 | 1.50 |
| 39 | 2.80 | 2.46 | 2.06 | 1.55 |
| 40 | 2.89 | 2.54 | 2.12 | 1.60 |
| 41 | 2.97 | 2.61 | 2.17 | 1.64 |
| 42 | 3.06 | 2.69 | 2.23 | 1.67 |
| 43 | 3.18 | 2.80 | 2.32 | 1.74 |
| 44 | 3.33 | 2.93 | 2.42 | 1.80 |
| 45 | 3.51 | 3.09 | 2.54 | 1.88 |
| 46 | 3.72 | 3.28 | 2.69 | 1.98 |
| 47 | 3.98 | 3.50 | 2.86 | 2.09 |
| 48 | 4.25 | 3.75 | 3.04 | 2.21 |
| 49 | 4.55 | 4.02 | 3.24 | 2.34 |
| 50 | 4.85 | 4.28 | 3.43 | 2.47 |
| 51 | 5.15 | 4.55 | 3.62 | 2.59 |
| 52 | 5.42 | 4.79 | 3.80 | 2.69 |
| 53 | 5.72 | 5.03 | 3.97 | 2.79 |
| 54 | 5.99 | 5.27 | 4.13 | 2.87 |
| 55 | 6.26 | 5.49 | 4.28 | 2.96 |
| 56 | 6.53 | 5.72 | 4.45 | 3.05 |
| 57 | 6.84 | 5.99 | 4.64 | 3.17 |
| 58 | 7.23 | 6.33 | 4.90 | 3.33 |
| 59 | 7.71 | 6.76 | 5.23 | 3.56 |
| 60 | 8.24 | 7.22 | 5.59 | 3.82 |
| 61 | 8.70 | 7.62 | 5.91 | 4.03 |
| 62 | 9.16 | 8.03 | 6.23 | 4.25 |
| 63 | 9.45 | 8.28 | 6.41 | 4.38 |
| 64 | 9.54 | 8.36 | 6.47 | 4.41 |
| 65 | 11.07 | 9.70 | 7.51 | 5.13 |
| 66 | 12.72 | 11.15 | 8.63 | 5.89 |
| 67 | 14.38 | 12.60 | 9.76 | 6.66 |
| 68 | 16.25 | 14.24 | 11.02 | 7.52 |
| 69 | 18.85 | 16.52 | 12.79 | 8.72 |
| 70 | 21.50 | 18.83 | 14.59 | 9.94 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 - Unisex Rates 5 Year BP
Class C1
Catastrophic Disability

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 2.37 | 2.07 | 1.76 | 1.33 |
| 26 | 2.40 | 2.09 | 1.78 | 1.35 |
| 27 | 2.42 | 2.11 | 1.80 | 1.36 |
| 28 | 2.48 | 2.17 | 1.82 | 1.37 |
| 29 | 2.53 | 2.22 | 1.84 | 1.38 |
| 30 | 2.55 | 2.24 | 1.85 | 1.40 |
| 31 | 2.55 | 2.24 | 1.87 | 1.41 |
| 32 | 2.55 | 2.24 | 1.90 | 1.42 |
| 33 | 2.54 | 2.24 | 1.89 | 1.43 |
| 34 | 2.58 | 2.26 | 1.91 | 1.43 |
| 35 | 2.64 | 2.32 | 1.95 | 1.46 |
| 36 | 2.72 | 2.38 | 2.01 | 1.50 |
| 37 | 2.81 | 2.47 | 2.07 | 1.56 |
| 38 | 2.90 | 2.56 | 2.14 | 1.61 |
| 39 | 2.99 | 2.65 | 2.21 | 1.66 |
| 40 | 3.09 | 2.73 | 2.27 | 1.71 |
| 41 | 3.18 | 2.80 | 2.34 | 1.76 |
| 42 | 3.28 | 2.89 | 2.40 | 1.80 |
| 43 | 3.40 | 3.01 | 2.48 | 1.86 |
| 44 | 3.58 | 3.15 | 2.59 | 1.94 |
| 45 | 3.77 | 3.32 | 2.72 | 2.02 |
| 46 | 4.00 | 3.53 | 2.88 | 2.12 |
| 47 | 4.27 | 3.77 | 3.06 | 2.24 |
| 48 | 4.57 | 4.04 | 3.27 | 2.37 |
| 49 | 4.88 | 4.31 | 3.48 | 2.51 |
| 50 | 5.21 | 4.59 | 3.69 | 2.64 |
| 51 | 5.52 | 4.88 | 3.89 | 2.76 |
| 52 | 5.81 | 5.13 | 4.08 | 2.87 |
| 53 | 6.13 | 5.40 | 4.27 | 2.98 |
| 54 | 6.42 | 5.64 | 4.44 | 3.09 |
| 55 | 6.71 | 5.88 | 4.60 | 3.18 |
| 56 | 7.00 | 6.14 | 4.77 | 3.28 |
| 57 | 7.34 | 6.43 | 4.98 | 3.41 |
| 58 | 7.77 | 6.79 | 5.25 | 3.59 |
| 59 | 8.28 | 7.25 | 5.61 | 3.82 |
| 60 | 8.84 | 7.74 | 6.00 | 4.10 |
| 61 | 9.34 | 8.19 | 6.33 | 4.33 |
| 62 | 9.84 | 8.62 | 6.67 | 4.56 |
| 63 | 10.14 | 8.87 | 6.88 | 4.70 |
| 64 | 10.24 | 8.97 | 6.94 | 4.74 |
| 65 | 11.88 | 10.40 | 8.06 | 5.50 |
| 66 | 13.67 | 11.96 | 9.26 | 6.32 |
| 67 | 15.44 | 13.52 | 10.47 | 7.15 |
| 68 | 17.44 | 15.27 | 11.83 | 8.07 |
| 69 | 20.24 | 17.71 | 13.73 | 9.37 |
| 70 | 23.07 | 20.20 | 15.65 | 10.68 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 - Unisex Rates 5 Year BP
Class D1
Catastrophic Disability

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 2.58 | 2.26 | 1.94 | 1.46 |
| 26 | 2.61 | 2.29 | 1.96 | 1.48 |
| 27 | 2.63 | 2.31 | 1.98 | 1.49 |
| 28 | 2.71 | 2.33 | 2.00 | 1.51 |
| 29 | 2.76 | 2.37 | 2.02 | 1.52 |
| 30 | 2.77 | 2.39 | 2.03 | 1.54 |
| 31 | 2.77 | 2.42 | 2.06 | 1.55 |
| 32 | 2.78 | 2.44 | 2.08 | 1.57 |
| 33 | 2.79 | 2.44 | 2.08 | 1.57 |
| 34 | 2.82 | 2.47 | 2.10 | 1.58 |
| 35 | 2.89 | 2.52 | 2.14 | 1.61 |
| 36 | 2.98 | 2.60 | 2.20 | 1.65 |
| 37 | 3.07 | 2.70 | 2.28 | 1.71 |
| 38 | 3.18 | 2.80 | 2.36 | 1.77 |
| 39 | 3.28 | 2.89 | 2.43 | 1.82 |
| 40 | 3.38 | 2.99 | 2.50 | 1.89 |
| 41 | 3.48 | 3.07 | 2.57 | 1.93 |
| 42 | 3.58 | 3.16 | 2.63 | 1.98 |
| 43 | 3.74 | 3.29 | 2.72 | 2.04 |
| 44 | 3.91 | 3.44 | 2.85 | 2.12 |
| 45 | 4.12 | 3.63 | 2.98 | 2.22 |
| 46 | 4.38 | 3.85 | 3.16 | 2.32 |
| 47 | 4.67 | 4.12 | 3.35 | 2.46 |
| 48 | 5.00 | 4.40 | 3.57 | 2.60 |
| 49 | 5.35 | 4.71 | 3.80 | 2.75 |
| 50 | 5.71 | 5.03 | 4.03 | 2.90 |
| 51 | 6.05 | 5.33 | 4.26 | 3.04 |
| 52 | 6.38 | 5.62 | 4.46 | 3.16 |
| 53 | 6.71 | 5.91 | 4.67 | 3.28 |
| 54 | 7.03 | 6.18 | 4.85 | 3.38 |
| 55 | 7.34 | 6.43 | 5.02 | 3.48 |
| 56 | 7.66 | 6.71 | 5.22 | 3.59 |
| 57 | 8.03 | 7.03 | 5.44 | 3.72 |
| 58 | 8.48 | 7.43 | 5.75 | 3.92 |
| 59 | 9.04 | 7.92 | 6.13 | 4.18 |
| 60 | 9.66 | 8.47 | 6.55 | 4.48 |
| 61 | 10.21 | 8.94 | 6.93 | 4.73 |
| 62 | 10.75 | 9.42 | 7.30 | 4.99 |
| 63 | 11.08 | 9.71 | 7.52 | 5.13 |
| 64 | 11.19 | 9.79 | 7.59 | 5.18 |
| 65 | 12.98 | 11.36 | 8.81 | 6.02 |
| 66 | 14.92 | 13.06 | 10.13 | 6.92 |
| 67 | 16.87 | 14.76 | 11.44 | 7.82 |
| 68 | 19.06 | 16.69 | 12.94 | 8.84 |
| 69 | 22.10 | 19.35 | 15.00 | 10.25 |
| 70 | 25.20 | 22.07 | 17.10 | 11.69 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 - Unisex Rates 5 Year BP
Class E1
Catastrophic Disability

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 2.97 | 2.59 | 2.23 | 1.68 |
| 26 | 3.00 | 2.62 | 2.25 | 1.70 |
| 27 | 3.03 | 2.66 | 2.27 | 1.71 |
| 28 | 3.12 | 2.74 | 2.29 | 1.77 |
| 29 | 3.18 | 2.80 | 2.32 | 1.80 |
| 30 | 3.20 | 2.81 | 2.35 | 1.81 |
| 31 | 3.20 | 2.81 | 2.38 | 1.81 |
| 32 | 3.20 | 2.81 | 2.40 | 1.81 |
| 33 | 3.20 | 2.80 | 2.39 | 1.80 |
| 34 | 3.23 | 2.83 | 2.41 | 1.81 |
| 35 | 3.32 | 2.90 | 2.46 | 1.86 |
| 36 | 3.42 | 3.00 | 2.52 | 1.91 |
| 37 | 3.53 | 3.11 | 2.61 | 1.98 |
| 38 | 3.66 | 3.21 | 2.71 | 2.04 |
| 39 | 3.78 | 3.33 | 2.79 | 2.10 |
| 40 | 3.89 | 3.43 | 2.87 | 2.16 |
| 41 | 4.00 | 3.53 | 2.94 | 2.21 |
| 42 | 4.12 | 3.64 | 3.02 | 2.27 |
| 43 | 4.29 | 3.78 | 3.14 | 2.34 |
| 44 | 4.49 | 3.95 | 3.26 | 2.43 |
| 45 | 4.73 | 4.17 | 3.44 | 2.54 |
| 46 | 5.03 | 4.43 | 3.62 | 2.67 |
| 47 | 5.37 | 4.74 | 3.85 | 2.82 |
| 48 | 5.75 | 5.07 | 4.10 | 3.00 |
| 49 | 6.15 | 5.42 | 4.37 | 3.17 |
| 50 | 6.55 | 5.79 | 4.64 | 3.34 |
| 51 | 6.96 | 6.15 | 4.90 | 3.49 |
| 52 | 7.33 | 6.46 | 5.13 | 3.63 |
| 53 | 7.72 | 6.80 | 5.36 | 3.77 |
| 54 | 8.08 | 7.11 | 5.58 | 3.88 |
| 55 | 8.43 | 7.40 | 5.78 | 4.00 |
| 56 | 8.81 | 7.72 | 6.00 | 4.11 |
| 57 | 9.23 | 8.08 | 6.26 | 4.28 |
| 58 | 9.76 | 8.54 | 6.61 | 4.50 |
| 59 | 10.40 | 9.10 | 7.05 | 4.80 |
| 60 | 11.12 | 9.73 | 7.54 | 5.15 |
| 61 | 11.75 | 10.28 | 7.96 | 5.44 |
| 62 | 12.37 | 10.83 | 8.39 | 5.74 |
| 63 | 12.73 | 11.15 | 8.64 | 5.91 |
| 64 | 12.86 | 11.27 | 8.73 | 5.98 |
| 65 | 14.92 | 13.07 | 10.12 | 6.93 |
| 66 | 17.16 | 15.03 | 11.64 | 7.96 |
| 67 | 19.39 | 16.98 | 13.17 | 9.00 |
| 68 | 21.91 | 19.20 | 14.88 | 10.17 |
| 69 | 25.42 | 22.27 | 17.26 | 11.80 |
| 70 | 28.98 | 25.39 | 19.66 | 13.46 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 - Unisex Rates 5 Year BP
Class F1
Catastrophic Disability

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 3.26 | 2.85 | 2.45 | 1.84 |
| 26 | 3.30 | 2.89 | 2.47 | 1.86 |
| 27 | 3.33 | 2.92 | 2.50 | 1.88 |
| 28 | 3.43 | 3.01 | 2.53 | 1.91 |
| 29 | 3.49 | 3.07 | 2.55 | 1.93 |
| 30 | 3.52 | 3.08 | 2.58 | 1.94 |
| 31 | 3.52 | 3.08 | 2.60 | 1.96 |
| 32 | 3.52 | 3.08 | 2.63 | 1.98 |
| 33 | 3.52 | 3.09 | 2.63 | 1.97 |
| 34 | 3.57 | 3.12 | 2.66 | 1.99 |
| 35 | 3.65 | 3.20 | 2.72 | 2.04 |
| 36 | 3.75 | 3.30 | 2.78 | 2.09 |
| 37 | 3.89 | 3.42 | 2.88 | 2.17 |
| 38 | 4.02 | 3.54 | 2.98 | 2.25 |
| 39 | 4.16 | 3.66 | 3.07 | 2.31 |
| 40 | 4.29 | 3.77 | 3.16 | 2.37 |
| 41 | 4.40 | 3.89 | 3.24 | 2.44 |
| 42 | 4.54 | 4.00 | 3.32 | 2.49 |
| 43 | 4.72 | 4.17 | 3.44 | 2.58 |
| 44 | 4.94 | 4.35 | 3.59 | 2.68 |
| 45 | 5.21 | 4.59 | 3.77 | 2.80 |
| 46 | 5.52 | 4.88 | 3.99 | 2.94 |
| 47 | 5.91 | 5.21 | 4.24 | 3.11 |
| 48 | 6.32 | 5.58 | 4.51 | 3.29 |
| 49 | 6.76 | 5.97 | 4.81 | 3.48 |
| 50 | 7.21 | 6.37 | 5.10 | 3.66 |
| 51 | 7.64 | 6.75 | 5.39 | 3.84 |
| 52 | 8.06 | 7.11 | 5.64 | 3.99 |
| 53 | 8.48 | 7.48 | 5.91 | 4.14 |
| 54 | 8.88 | 7.82 | 6.15 | 4.27 |
| 55 | 9.26 | 8.15 | 6.37 | 4.39 |
| 56 | 9.67 | 8.49 | 6.60 | 4.52 |
| 57 | 10.15 | 8.89 | 6.89 | 4.71 |
| 58 | 10.74 | 9.39 | 7.27 | 4.96 |
| 59 | 11.44 | 10.01 | 7.74 | 5.29 |
| 60 | 12.22 | 10.70 | 8.30 | 5.67 |
| 61 | 12.92 | 11.30 | 8.76 | 5.99 |
| 62 | 13.61 | 11.92 | 9.23 | 6.31 |
| 63 | 14.01 | 12.27 | 9.51 | 6.50 |
| 64 | 14.15 | 12.39 | 9.60 | 6.56 |
| 65 | 16.42 | 14.37 | 11.14 | 7.61 |
| 66 | 18.88 | 16.53 | 12.81 | 8.76 |
| 67 | 21.34 | 18.68 | 14.48 | 9.89 |
| 68 | 24.11 | 21.11 | 16.36 | 11.18 |
| 69 | 27.97 | 24.48 | 18.98 | 12.97 |
| 70 | 31.89 | 27.91 | 21.63 | 14.78 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 - Unisex Rates 5 Year BP
Class G1
Catastrophic Disability

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 4.89 | 4.28 | 3.68 | 2.76 |
| 26 | 4.95 | 4.34 | 3.71 | 2.79 |
| 27 | 5.00 | 4.38 | 3.75 | 2.82 |
| 28 | 5.15 | 4.52 | 3.80 | 2.87 |
| 29 | 5.24 | 4.61 | 3.83 | 2.90 |
| 30 | 5.28 | 4.62 | 3.87 | 2.91 |
| 31 | 5.28 | 4.62 | 3.90 | 2.94 |
| 32 | 5.28 | 4.62 | 3.95 | 2.97 |
| 33 | 5.28 | 4.64 | 3.95 | 2.96 |
| 34 | 5.36 | 4.68 | 3.99 | 2.99 |
| 35 | 5.48 | 4.80 | 4.08 | 3.06 |
| 36 | 5.63 | 4.95 | 4.17 | 3.14 |
| 37 | 5.84 | 5.13 | 4.32 | 3.26 |
| 38 | 6.03 | 5.31 | 4.47 | 3.38 |
| 39 | 6.24 | 5.49 | 4.61 | 3.47 |
| 40 | 6.44 | 5.66 | 4.74 | 3.56 |
| 41 | 6.60 | 5.84 | 4.86 | 3.66 |
| 42 | 6.81 | 6.00 | 4.98 | 3.74 |
| 43 | 7.08 | 6.26 | 5.16 | 3.87 |
| 44 | 7.41 | 6.53 | 5.39 | 4.02 |
| 45 | 7.82 | 6.89 | 5.66 | 4.20 |
| 46 | 8.28 | 7.32 | 5.99 | 4.41 |
| 47 | 8.87 | 7.82 | 6.36 | 4.67 |
| 48 | 9.48 | 8.37 | 6.77 | 4.94 |
| 49 | 10.14 | 8.96 | 7.22 | 5.22 |
| 50 | 10.82 | 9.56 | 7.65 | 5.49 |
| 51 | 11.46 | 10.13 | 8.09 | 5.76 |
| 52 | 12.09 | 10.67 | 8.46 | 5.99 |
| 53 | 12.72 | 11.22 | 8.87 | 6.21 |
| 54 | 13.32 | 11.73 | 9.23 | 6.41 |
| 55 | 13.89 | 12.23 | 9.56 | 6.59 |
| 56 | 14.51 | 12.74 | 9.90 | 6.78 |
| 57 | 15.23 | 13.34 | 10.34 | 7.07 |
| 58 | 16.11 | 14.09 | 10.91 | 7.44 |
| 59 | 17.16 | 15.02 | 11.61 | 7.94 |
| 60 | 18.33 | 16.05 | 12.45 | 8.51 |
| 61 | 19.38 | 16.95 | 13.14 | 8.99 |
| 62 | 20.42 | 17.88 | 13.85 | 9.47 |
| 63 | 21.02 | 18.41 | 14.27 | 9.75 |
| 64 | 21.23 | 18.59 | 14.40 | 9.84 |
| 65 | 24.63 | 21.56 | 16.71 | 11.42 |
| 66 | 28.32 | 24.80 | 19.22 | 13.14 |
| 67 | 32.01 | 28.02 | 21.72 | 14.84 |
| 68 | 36.17 | 31.67 | 24.54 | 16.77 |
| 69 | 41.96 | 36.72 | 28.47 | 19.46 |
| 70 | 47.84 | 41.87 | 32.45 | 22.17 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 - Unisex Rates To-65 BP
Class P1
Catastrophic Disability

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18- | | | | |
| 25 | 2.01 | 1.77 | 1.45 | 1.14 |
| 26 | 2.03 | 1.79 | 1.48 | 1.15 |
| 27 | 2.05 | 1.80 | 1.50 | 1.16 |
| 28 | 2.07 | 1.82 | 1.51 | 1.17 |
| 29 | 2.09 | 1.84 | 1.53 | 1.18 |
| 30 | 2.11 | 1.85 | 1.54 | 1.19 |
| 31 | 2.13 | 1.88 | 1.55 | 1.20 |
| 32 | 2.15 | 1.90 | 1.56 | 1.21 |
| 33 | 2.16 | 1.91 | 1.57 | 1.22 |
| 34 | 2.18 | 1.93 | 1.60 | 1.23 |
| 35 | 2.24 | 1.97 | 1.63 | 1.24 |
| 36 | 2.30 | 2.01 | 1.67 | 1.28 |
| 37 | 2.35 | 2.07 | 1.71 | 1.31 |
| 38 | 2.42 | 2.13 | 1.77 | 1.33 |
| 39 | 2.50 | 2.19 | 1.81 | 1.38 |
| 40 | 2.58 | 2.26 | 1.86 | 1.41 |
| 41 | 2.64 | 2.33 | 1.91 | 1.44 |
| 42 | 2.72 | 2.40 | 1.96 | 1.48 |
| 43 | 2.82 | 2.48 | 2.04 | 1.51 |
| 44 | 2.93 | 2.58 | 2.11 | 1.57 |
| 45 | 3.06 | 2.69 | 2.19 | 1.62 |
| 46 | 3.20 | 2.81 | 2.29 | 1.67 |
| 47 | 3.35 | 2.94 | 2.39 | 1.73 |
| 48 | 3.51 | 3.08 | 2.49 | 1.80 |
| 49 | 3.67 | 3.22 | 2.59 | 1.87 |
| 50 | 3.85 | 3.37 | 2.69 | 1.92 |
| 51 | 4.04 | 3.53 | 2.81 | 1.99 |
| 52 | 4.22 | 3.69 | 2.92 | 2.05 |
| 53 | 4.44 | 3.88 | 3.05 | 2.13 |
| 54 | 4.65 | 4.07 | 3.18 | 2.20 |
| 55 | 4.88 | 4.27 | 3.33 | 2.29 |
| 56 | 5.12 | 4.48 | 3.49 | 2.38 |
| 57 | 5.38 | 4.71 | 3.66 | 2.49 |
| 58 | 5.69 | 4.97 | 3.85 | 2.63 |
| 59 | 6.01 | 5.25 | 4.07 | 2.77 |
| 60 | 6.36 | 5.56 | 4.31 | 2.94 |
| 61 | 6.67 | 5.85 | 4.54 | 3.09 |
| 62 | 7.00 | 6.12 | 4.75 | 3.24 |
| 63 | 7.21 | 6.31 | 4.89 | 3.34 |
| 64 | 7.29 | 6.37 | 4.94 | 3.37 |
| 65 | 8.46 | 7.40 | 5.74 | 3.91 |
| 66 | 9.72 | 8.50 | 6.59 | 4.49 |
| 67 | 10.99 | 9.61 | 7.45 | 5.08 |
| 68 | 12.42 | 10.85 | 8.42 | 5.74 |
| 69 | 14.40 | 12.58 | 9.78 | 6.66 |
| 70 | 16.42 | 14.35 | 11.14 | 7.58 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 - Unisex Rates To-65 BP
Class A1
Catastrophic Disability

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18- | | | | |
| 25 | 2.36 | 2.08 | 1.71 | 1.34 |
| 26 | 2.39 | 2.10 | 1.74 | 1.35 |
| 27 | 2.41 | 2.12 | 1.76 | 1.36 |
| 28 | 2.44 | 2.14 | 1.78 | 1.38 |
| 29 | 2.46 | 2.16 | 1.80 | 1.39 |
| 30 | 2.48 | 2.18 | 1.81 | 1.40 |
| 31 | 2.51 | 2.21 | 1.82 | 1.41 |
| 32 | 2.53 | 2.23 | 1.84 | 1.42 |
| 33 | 2.54 | 2.25 | 1.85 | 1.44 |
| 34 | 2.57 | 2.27 | 1.88 | 1.45 |
| 35 | 2.63 | 2.32 | 1.92 | 1.46 |
| 36 | 2.70 | 2.37 | 1.97 | 1.50 |
| 37 | 2.76 | 2.44 | 2.01 | 1.54 |
| 38 | 2.85 | 2.51 | 2.08 | 1.57 |
| 39 | 2.94 | 2.58 | 2.13 | 1.62 |
| 40 | 3.03 | 2.66 | 2.19 | 1.66 |
| 41 | 3.11 | 2.74 | 2.25 | 1.69 |
| 42 | 3.20 | 2.82 | 2.31 | 1.74 |
| 43 | 3.32 | 2.92 | 2.40 | 1.78 |
| 44 | 3.45 | 3.04 | 2.48 | 1.85 |
| 45 | 3.60 | 3.16 | 2.58 | 1.90 |
| 46 | 3.76 | 3.31 | 2.69 | 1.97 |
| 47 | 3.94 | 3.46 | 2.81 | 2.04 |
| 48 | 4.13 | 3.62 | 2.93 | 2.12 |
| 49 | 4.32 | 3.79 | 3.05 | 2.20 |
| 50 | 4.53 | 3.97 | 3.17 | 2.26 |
| 51 | 4.75 | 4.15 | 3.30 | 2.34 |
| 52 | 4.96 | 4.34 | 3.43 | 2.41 |
| 53 | 5.22 | 4.56 | 3.59 | 2.51 |
| 54 | 5.47 | 4.79 | 3.74 | 2.59 |
| 55 | 5.74 | 5.02 | 3.92 | 2.69 |
| 56 | 6.02 | 5.27 | 4.10 | 2.80 |
| 57 | 6.33 | 5.54 | 4.30 | 2.93 |
| 58 | 6.69 | 5.85 | 4.53 | 3.09 |
| 59 | 7.07 | 6.18 | 4.79 | 3.26 |
| 60 | 7.48 | 6.54 | 5.07 | 3.46 |
| 61 | 7.85 | 6.88 | 5.34 | 3.63 |
| 62 | 8.24 | 7.20 | 5.59 | 3.81 |
| 63 | 8.48 | 7.42 | 5.75 | 3.93 |
| 64 | 8.58 | 7.49 | 5.81 | 3.96 |
| 65 | 9.95 | 8.70 | 6.75 | 4.60 |
| 66 | 11.44 | 10.00 | 7.75 | 5.28 |
| 67 | 12.93 | 11.30 | 8.76 | 5.98 |
| 68 | 14.61 | 12.77 | 9.90 | 6.75 |
| 69 | 16.94 | 14.80 | 11.50 | 7.83 |
| 70 | 19.32 | 16.88 | 13.10 | 8.92 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 - Unisex Rates To-65 BP
Class B1
Catastrophic Disability

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18- | | | | |
| 25 | 2.62 | 2.31 | 1.92 | 1.48 |
| 26 | 2.66 | 2.33 | 1.94 | 1.50 |
| 27 | 2.68 | 2.36 | 1.96 | 1.51 |
| 28 | 2.71 | 2.39 | 1.99 | 1.53 |
| 29 | 2.74 | 2.42 | 2.01 | 1.55 |
| 30 | 2.76 | 2.44 | 2.02 | 1.56 |
| 31 | 2.78 | 2.45 | 2.03 | 1.57 |
| 32 | 2.82 | 2.48 | 2.06 | 1.59 |
| 33 | 2.84 | 2.50 | 2.07 | 1.59 |
| 34 | 2.87 | 2.53 | 2.10 | 1.61 |
| 35 | 2.93 | 2.59 | 2.14 | 1.63 |
| 36 | 3.00 | 2.64 | 2.19 | 1.67 |
| 37 | 3.09 | 2.72 | 2.25 | 1.71 |
| 38 | 3.17 | 2.80 | 2.31 | 1.75 |
| 39 | 3.26 | 2.88 | 2.38 | 1.80 |
| 40 | 3.36 | 2.95 | 2.45 | 1.84 |
| 41 | 3.46 | 3.04 | 2.51 | 1.89 |
| 42 | 3.56 | 3.13 | 2.58 | 1.94 |
| 43 | 3.70 | 3.25 | 2.68 | 2.00 |
| 44 | 3.85 | 3.37 | 2.77 | 2.06 |
| 45 | 4.01 | 3.52 | 2.87 | 2.13 |
| 46 | 4.19 | 3.68 | 2.99 | 2.21 |
| 47 | 4.39 | 3.85 | 3.12 | 2.28 |
| 48 | 4.60 | 4.03 | 3.25 | 2.36 |
| 49 | 4.82 | 4.22 | 3.39 | 2.45 |
| 50 | 5.04 | 4.42 | 3.53 | 2.52 |
| 51 | 5.28 | 4.62 | 3.67 | 2.60 |
| 52 | 5.52 | 4.84 | 3.82 | 2.69 |
| 53 | 5.80 | 5.08 | 4.00 | 2.79 |
| 54 | 6.09 | 5.34 | 4.17 | 2.89 |
| 55 | 6.38 | 5.60 | 4.36 | 2.99 |
| 56 | 6.71 | 5.87 | 4.56 | 3.12 |
| 57 | 7.06 | 6.18 | 4.79 | 3.26 |
| 58 | 7.45 | 6.52 | 5.05 | 3.44 |
| 59 | 7.86 | 6.90 | 5.35 | 3.64 |
| 60 | 8.32 | 7.29 | 5.65 | 3.86 |
| 61 | 8.75 | 7.66 | 5.93 | 4.05 |
| 62 | 9.16 | 8.03 | 6.23 | 4.25 |
| 63 | 9.45 | 8.28 | 6.41 | 4.38 |
| 64 | 9.54 | 8.36 | 6.47 | 4.41 |
| 65 | 11.07 | 9.70 | 7.51 | 5.13 |
| 66 | 12.72 | 11.15 | 8.63 | 5.89 |
| 67 | 14.38 | 12.60 | 9.76 | 6.66 |
| 68 | 16.25 | 14.24 | 11.02 | 7.52 |
| 69 | 18.85 | 16.52 | 12.79 | 8.72 |
| 70 | 21.50 | 18.83 | 14.59 | 9.94 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 - Unisex Rates To-65 BP
Class C1
Catastrophic Disability

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18- | | | | |
| 25 | 2.82 | 2.47 | 2.06 | 1.60 |
| 26 | 2.85 | 2.51 | 2.08 | 1.62 |
| 27 | 2.88 | 2.53 | 2.10 | 1.63 |
| 28 | 2.92 | 2.56 | 2.13 | 1.65 |
| 29 | 2.96 | 2.59 | 2.15 | 1.67 |
| 30 | 2.98 | 2.61 | 2.17 | 1.68 |
| 31 | 3.00 | 2.63 | 2.18 | 1.69 |
| 32 | 3.03 | 2.67 | 2.21 | 1.70 |
| 33 | 3.05 | 2.68 | 2.22 | 1.70 |
| 34 | 3.09 | 2.71 | 2.24 | 1.72 |
| 35 | 3.15 | 2.77 | 2.29 | 1.75 |
| 36 | 3.22 | 2.84 | 2.33 | 1.79 |
| 37 | 3.31 | 2.91 | 2.40 | 1.83 |
| 38 | 3.40 | 2.99 | 2.46 | 1.88 |
| 39 | 3.50 | 3.08 | 2.54 | 1.93 |
| 40 | 3.60 | 3.16 | 2.62 | 1.98 |
| 41 | 3.70 | 3.26 | 2.69 | 2.04 |
| 42 | 3.82 | 3.36 | 2.76 | 2.08 |
| 43 | 3.96 | 3.49 | 2.86 | 2.15 |
| 44 | 4.12 | 3.62 | 2.97 | 2.21 |
| 45 | 4.30 | 3.77 | 3.08 | 2.29 |
| 46 | 4.49 | 3.94 | 3.21 | 2.37 |
| 47 | 4.70 | 4.13 | 3.34 | 2.45 |
| 48 | 4.92 | 4.33 | 3.48 | 2.53 |
| 49 | 5.16 | 4.53 | 3.64 | 2.62 |
| 50 | 5.41 | 4.74 | 3.78 | 2.72 |
| 51 | 5.66 | 4.96 | 3.95 | 2.80 |
| 52 | 5.92 | 5.18 | 4.10 | 2.89 |
| 53 | 6.21 | 5.46 | 4.28 | 2.99 |
| 54 | 6.53 | 5.72 | 4.47 | 3.10 |
| 55 | 6.85 | 6.00 | 4.67 | 3.21 |
| 56 | 7.20 | 6.30 | 4.89 | 3.35 |
| 57 | 7.57 | 6.63 | 5.13 | 3.50 |
| 58 | 7.99 | 7.00 | 5.41 | 3.69 |
| 59 | 8.45 | 7.40 | 5.73 | 3.90 |
| 60 | 8.93 | 7.82 | 6.06 | 4.14 |
| 61 | 9.38 | 8.22 | 6.37 | 4.35 |
| 62 | 9.84 | 8.62 | 6.67 | 4.56 |
| 63 | 10.14 | 8.87 | 6.88 | 4.70 |
| 64 | 10.24 | 8.97 | 6.94 | 4.74 |
| 65 | 11.88 | 10.40 | 8.06 | 5.50 |
| 66 | 13.67 | 11.96 | 9.26 | 6.32 |
| 67 | 15.44 | 13.52 | 10.47 | 7.15 |
| 68 | 17.44 | 15.27 | 11.83 | 8.07 |
| 69 | 20.24 | 17.71 | 13.73 | 9.37 |
| 70 | 23.07 | 20.20 | 15.65 | 10.68 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 - Unisex Rates To-65 BP
Class D1
Catastrophic Disability

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 3.07 | 2.71 | 2.25 | 1.74 |
| 26 | 3.11 | 2.74 | 2.28 | 1.76 |
| 27 | 3.14 | 2.76 | 2.30 | 1.77 |
| 28 | 3.18 | 2.81 | 2.33 | 1.79 |
| 29 | 3.21 | 2.84 | 2.36 | 1.81 |
| 30 | 3.25 | 2.86 | 2.38 | 1.82 |
| 31 | 3.27 | 2.88 | 2.40 | 1.83 |
| 32 | 3.31 | 2.91 | 2.42 | 1.85 |
| 33 | 3.33 | 2.93 | 2.44 | 1.86 |
| 34 | 3.38 | 2.96 | 2.47 | 1.88 |
| 35 | 3.45 | 3.03 | 2.50 | 1.91 |
| 36 | 3.52 | 3.09 | 2.57 | 1.95 |
| 37 | 3.62 | 3.17 | 2.63 | 2.00 |
| 38 | 3.72 | 3.26 | 2.71 | 2.05 |
| 39 | 3.83 | 3.37 | 2.79 | 2.11 |
| 40 | 3.94 | 3.47 | 2.87 | 2.17 |
| 41 | 4.07 | 3.57 | 2.94 | 2.22 |
| 42 | 4.19 | 3.67 | 3.02 | 2.28 |
| 43 | 4.35 | 3.81 | 3.14 | 2.34 |
| 44 | 4.52 | 3.96 | 3.25 | 2.42 |
| 45 | 4.71 | 4.13 | 3.37 | 2.50 |
| 46 | 4.92 | 4.31 | 3.51 | 2.58 |
| 47 | 5.16 | 4.51 | 3.67 | 2.68 |
| 48 | 5.39 | 4.73 | 3.82 | 2.77 |
| 49 | 5.65 | 4.95 | 3.98 | 2.86 |
| 50 | 5.92 | 5.19 | 4.15 | 2.97 |
| 51 | 6.20 | 5.43 | 4.31 | 3.06 |
| 52 | 6.47 | 5.67 | 4.49 | 3.16 |
| 53 | 6.80 | 5.97 | 4.69 | 3.28 |
| 54 | 7.14 | 6.26 | 4.90 | 3.39 |
| 55 | 7.49 | 6.56 | 5.12 | 3.54 |
| 56 | 7.86 | 6.89 | 5.36 | 3.68 |
| 57 | 8.28 | 7.25 | 5.62 | 3.84 |
| 58 | 8.73 | 7.65 | 5.92 | 4.05 |
| 59 | 9.23 | 8.08 | 6.26 | 4.27 |
| 60 | 9.76 | 8.55 | 6.63 | 4.52 |
| 61 | 10.26 | 8.98 | 6.96 | 4.76 |
| 62 | 10.75 | 9.42 | 7.30 | 4.99 |
| 63 | 11.08 | 9.71 | 7.52 | 5.13 |
| 64 | 11.19 | 9.79 | 7.59 | 5.18 |
| 65 | 12.98 | 11.36 | 8.81 | 6.02 |
| 66 | 14.92 | 13.06 | 10.13 | 6.92 |
| 67 | 16.87 | 14.76 | 11.44 | 7.82 |
| 68 | 19.06 | 16.69 | 12.94 | 8.84 |
| 69 | 22.10 | 19.35 | 15.00 | 10.25 |
| 70 | 25.20 | 22.07 | 17.10 | 11.69 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 - Unisex Rates To-65 BP
Class E1
Catastrophic Disability

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 3.53 | 3.11 | 2.59 | 1.99 |
| 26 | 3.58 | 3.15 | 2.62 | 2.01 |
| 27 | 3.61 | 3.18 | 2.65 | 2.03 |
| 28 | 3.65 | 3.22 | 2.69 | 2.07 |
| 29 | 3.69 | 3.26 | 2.72 | 2.09 |
| 30 | 3.73 | 3.28 | 2.74 | 2.10 |
| 31 | 3.76 | 3.31 | 2.76 | 2.11 |
| 32 | 3.80 | 3.34 | 2.78 | 2.13 |
| 33 | 3.83 | 3.37 | 2.80 | 2.14 |
| 34 | 3.88 | 3.41 | 2.83 | 2.17 |
| 35 | 3.96 | 3.47 | 2.89 | 2.19 |
| 36 | 4.05 | 3.56 | 2.95 | 2.24 |
| 37 | 4.16 | 3.65 | 3.03 | 2.30 |
| 38 | 4.28 | 3.75 | 3.12 | 2.36 |
| 39 | 4.40 | 3.87 | 3.21 | 2.42 |
| 40 | 4.54 | 3.98 | 3.30 | 2.48 |
| 41 | 4.67 | 4.10 | 3.39 | 2.56 |
| 42 | 4.81 | 4.22 | 3.49 | 2.61 |
| 43 | 4.99 | 4.38 | 3.61 | 2.70 |
| 44 | 5.20 | 4.56 | 3.75 | 2.78 |
| 45 | 5.41 | 4.74 | 3.89 | 2.87 |
| 46 | 5.66 | 4.96 | 4.04 | 2.97 |
| 47 | 5.93 | 5.19 | 4.22 | 3.08 |
| 48 | 6.21 | 5.44 | 4.39 | 3.19 |
| 49 | 6.50 | 5.69 | 4.57 | 3.30 |
| 50 | 6.81 | 5.97 | 4.77 | 3.41 |
| 51 | 7.12 | 6.23 | 4.96 | 3.52 |
| 52 | 7.45 | 6.52 | 5.15 | 3.63 |
| 53 | 7.82 | 6.84 | 5.39 | 3.77 |
| 54 | 8.21 | 7.18 | 5.63 | 3.90 |
| 55 | 8.61 | 7.54 | 5.87 | 4.05 |
| 56 | 9.04 | 7.92 | 6.15 | 4.22 |
| 57 | 9.51 | 8.33 | 6.45 | 4.41 |
| 58 | 10.04 | 8.80 | 6.81 | 4.65 |
| 59 | 10.62 | 9.29 | 7.20 | 4.91 |
| 60 | 11.23 | 9.83 | 7.62 | 5.21 |
| 61 | 11.80 | 10.34 | 8.00 | 5.47 |
| 62 | 12.37 | 10.83 | 8.39 | 5.74 |
| 63 | 12.73 | 11.15 | 8.64 | 5.91 |
| 64 | 12.86 | 11.27 | 8.73 | 5.98 |
| 65 | 14.92 | 13.07 | 10.12 | 6.93 |
| 66 | 17.16 | 15.03 | 11.64 | 7.96 |
| 67 | 19.39 | 16.98 | 13.17 | 9.00 |
| 68 | 21.91 | 19.20 | 14.88 | 10.17 |
| 69 | 25.42 | 22.27 | 17.26 | 11.80 |
| 70 | 28.98 | 25.39 | 19.66 | 13.46 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 - Unisex Rates To-65 BP
Class F1
Catastrophic Disability

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18- | | | | |
| 25 | 3.89 | 3.43 | 2.85 | 2.20 |
| 26 | 3.93 | 3.46 | 2.88 | 2.22 |
| 27 | 3.97 | 3.49 | 2.90 | 2.24 |
| 28 | 4.03 | 3.55 | 2.95 | 2.27 |
| 29 | 4.07 | 3.58 | 2.98 | 2.29 |
| 30 | 4.11 | 3.61 | 3.00 | 2.31 |
| 31 | 4.14 | 3.64 | 3.02 | 2.32 |
| 32 | 4.19 | 3.68 | 3.05 | 2.35 |
| 33 | 4.22 | 3.71 | 3.08 | 2.36 |
| 34 | 4.27 | 3.75 | 3.11 | 2.38 |
| 35 | 4.36 | 3.82 | 3.17 | 2.42 |
| 36 | 4.46 | 3.92 | 3.24 | 2.47 |
| 37 | 4.58 | 4.02 | 3.33 | 2.54 |
| 38 | 4.71 | 4.13 | 3.43 | 2.59 |
| 39 | 4.85 | 4.25 | 3.53 | 2.67 |
| 40 | 5.00 | 4.38 | 3.63 | 2.74 |
| 41 | 5.13 | 4.50 | 3.73 | 2.80 |
| 42 | 5.29 | 4.64 | 3.83 | 2.87 |
| 43 | 5.49 | 4.81 | 3.97 | 2.97 |
| 44 | 5.71 | 5.00 | 4.12 | 3.06 |
| 45 | 5.95 | 5.22 | 4.27 | 3.16 |
| 46 | 6.23 | 5.45 | 4.45 | 3.26 |
| 47 | 6.52 | 5.71 | 4.64 | 3.38 |
| 48 | 6.83 | 5.98 | 4.83 | 3.50 |
| 49 | 7.15 | 6.27 | 5.03 | 3.63 |
| 50 | 7.50 | 6.56 | 5.24 | 3.75 |
| 51 | 7.84 | 6.87 | 5.45 | 3.87 |
| 52 | 8.19 | 7.17 | 5.67 | 3.99 |
| 53 | 8.61 | 7.54 | 5.92 | 4.13 |
| 54 | 9.03 | 7.91 | 6.19 | 4.28 |
| 55 | 9.48 | 8.30 | 6.46 | 4.45 |
| 56 | 9.95 | 8.71 | 6.77 | 4.63 |
| 57 | 10.47 | 9.16 | 7.10 | 4.85 |
| 58 | 11.04 | 9.67 | 7.49 | 5.11 |
| 59 | 11.68 | 10.23 | 7.92 | 5.41 |
| 60 | 12.35 | 10.81 | 8.38 | 5.73 |
| 61 | 12.98 | 11.36 | 8.81 | 6.02 |
| 62 | 13.61 | 11.92 | 9.23 | 6.31 |
| 63 | 14.01 | 12.27 | 9.51 | 6.50 |
| 64 | 14.15 | 12.39 | 9.60 | 6.56 |
| 65 | 16.42 | 14.37 | 11.14 | 7.61 |
| 66 | 18.88 | 16.53 | 12.81 | 8.76 |
| 67 | 21.34 | 18.68 | 14.48 | 9.89 |
| 68 | 24.11 | 21.11 | 16.36 | 11.18 |
| 69 | 27.97 | 24.48 | 18.98 | 12.97 |
| 70 | 31.89 | 27.91 | 21.63 | 14.78 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 - Unisex Rates To-65 BP
Class G1
Catastrophic Disability

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18- | | | | |
| 25 | 5.84 | 5.15 | 4.28 | 3.30 |
| 26 | 5.90 | 5.19 | 4.32 | 3.33 |
| 27 | 5.96 | 5.24 | 4.35 | 3.36 |
| 28 | 6.05 | 5.33 | 4.43 | 3.41 |
| 29 | 6.11 | 5.37 | 4.47 | 3.44 |
| 30 | 6.17 | 5.42 | 4.50 | 3.47 |
| 31 | 6.21 | 5.46 | 4.53 | 3.48 |
| 32 | 6.29 | 5.52 | 4.58 | 3.53 |
| 33 | 6.33 | 5.57 | 4.62 | 3.54 |
| 34 | 6.41 | 5.63 | 4.67 | 3.57 |
| 35 | 6.54 | 5.73 | 4.76 | 3.63 |
| 36 | 6.69 | 5.88 | 4.86 | 3.71 |
| 37 | 6.87 | 6.03 | 5.00 | 3.81 |
| 38 | 7.07 | 6.20 | 5.15 | 3.89 |
| 39 | 7.28 | 6.38 | 5.30 | 4.01 |
| 40 | 7.50 | 6.57 | 5.45 | 4.11 |
| 41 | 7.70 | 6.75 | 5.60 | 4.20 |
| 42 | 7.94 | 6.96 | 5.75 | 4.31 |
| 43 | 8.24 | 7.22 | 5.96 | 4.46 |
| 44 | 8.57 | 7.50 | 6.18 | 4.59 |
| 45 | 8.93 | 7.83 | 6.41 | 4.74 |
| 46 | 9.35 | 8.18 | 6.68 | 4.89 |
| 47 | 9.78 | 8.57 | 6.96 | 5.07 |
| 48 | 10.25 | 8.97 | 7.25 | 5.25 |
| 49 | 10.73 | 9.41 | 7.55 | 5.45 |
| 50 | 11.25 | 9.84 | 7.86 | 5.63 |
| 51 | 11.76 | 10.31 | 8.18 | 5.81 |
| 52 | 12.29 | 10.76 | 8.51 | 5.99 |
| 53 | 12.92 | 11.31 | 8.88 | 6.20 |
| 54 | 13.55 | 11.87 | 9.29 | 6.42 |
| 55 | 14.22 | 12.45 | 9.69 | 6.68 |
| 56 | 14.93 | 13.07 | 10.16 | 6.95 |
| 57 | 15.71 | 13.74 | 10.65 | 7.28 |
| 58 | 16.56 | 14.51 | 11.24 | 7.67 |
| 59 | 17.52 | 15.35 | 11.88 | 8.12 |
| 60 | 18.53 | 16.22 | 12.57 | 8.60 |
| 61 | 19.47 | 17.04 | 13.22 | 9.03 |
| 62 | 20.42 | 17.88 | 13.85 | 9.47 |
| 63 | 21.02 | 18.41 | 14.27 | 9.75 |
| 64 | 21.23 | 18.59 | 14.40 | 9.84 |
| 65 | 24.63 | 21.56 | 16.71 | 11.42 |
| 66 | 28.32 | 24.80 | 19.22 | 13.14 |
| 67 | 32.01 | 28.02 | 21.72 | 14.84 |
| 68 | 36.17 | 31.67 | 24.54 | 16.77 |
| 69 | 41.96 | 36.72 | 28.47 | 19.46 |
| 70 | 47.84 | 41.87 | 32.45 | 22.17 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 - Unisex Rates To-67 BP
Class P1
Catastrophic Disability

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18- | | | | |
| 25 | 2.03 | 1.79 | 1.49 | 1.15 |
| 26 | 2.06 | 1.81 | 1.50 | 1.16 |
| 27 | 2.07 | 1.83 | 1.52 | 1.17 |
| 28 | 2.10 | 1.85 | 1.54 | 1.19 |
| 29 | 2.13 | 1.88 | 1.56 | 1.20 |
| 30 | 2.15 | 1.90 | 1.57 | 1.21 |
| 31 | 2.18 | 1.91 | 1.59 | 1.22 |
| 32 | 2.20 | 1.94 | 1.62 | 1.24 |
| 33 | 2.23 | 1.96 | 1.62 | 1.25 |
| 34 | 2.26 | 1.99 | 1.65 | 1.27 |
| 35 | 2.32 | 2.03 | 1.69 | 1.28 |
| 36 | 2.36 | 2.08 | 1.73 | 1.32 |
| 37 | 2.44 | 2.15 | 1.78 | 1.35 |
| 38 | 2.52 | 2.20 | 1.82 | 1.39 |
| 39 | 2.59 | 2.28 | 1.88 | 1.42 |
| 40 | 2.68 | 2.35 | 1.94 | 1.46 |
| 41 | 2.76 | 2.43 | 2.01 | 1.50 |
| 42 | 2.86 | 2.51 | 2.07 | 1.55 |
| 43 | 2.97 | 2.61 | 2.15 | 1.61 |
| 44 | 3.10 | 2.73 | 2.24 | 1.65 |
| 45 | 3.26 | 2.86 | 2.34 | 1.72 |
| 46 | 3.41 | 2.99 | 2.44 | 1.79 |
| 47 | 3.59 | 3.15 | 2.56 | 1.85 |
| 48 | 3.77 | 3.32 | 2.68 | 1.93 |
| 49 | 3.97 | 3.48 | 2.80 | 2.01 |
| 50 | 4.17 | 3.66 | 2.92 | 2.08 |
| 51 | 4.39 | 3.84 | 3.06 | 2.16 |
| 52 | 4.60 | 4.02 | 3.18 | 2.24 |
| 53 | 4.85 | 4.24 | 3.34 | 2.33 |
| 54 | 5.09 | 4.45 | 3.49 | 2.43 |
| 55 | 5.36 | 4.68 | 3.66 | 2.52 |
| 56 | 5.63 | 4.92 | 3.83 | 2.63 |
| 57 | 5.92 | 5.19 | 4.02 | 2.74 |
| 58 | 6.26 | 5.47 | 4.22 | 2.86 |
| 59 | 6.62 | 5.79 | 4.45 | 2.99 |
| 60 | 7.00 | 6.11 | 4.69 | 3.14 |
| 61 | 7.34 | 6.43 | 4.90 | 3.26 |
| 62 | 7.71 | 6.74 | 5.13 | 3.40 |
| 63 | 7.86 | 6.88 | 5.33 | 3.64 |
| 64 | 8.16 | 7.13 | 5.53 | 3.78 |
| 65 | 8.46 | 7.40 | 5.74 | 3.91 |
| 66 | 9.72 | 8.50 | 6.59 | 4.49 |
| 67 | 10.99 | 9.61 | 7.45 | 5.08 |
| 68 | 12.42 | 10.85 | 8.42 | 5.74 |
| 69 | 14.40 | 12.58 | 9.78 | 6.66 |
| 70 | 16.42 | 14.35 | 11.14 | 7.58 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 - Unisex Rates To-67 BP
Class A1
Catastrophic Disability

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18- | | | | |
| 25 | 2.39 | 2.11 | 1.75 | 1.35 |
| 26 | 2.42 | 2.13 | 1.77 | 1.37 |
| 27 | 2.44 | 2.15 | 1.79 | 1.38 |
| 28 | 2.47 | 2.18 | 1.81 | 1.40 |
| 29 | 2.51 | 2.21 | 1.83 | 1.41 |
| 30 | 2.53 | 2.23 | 1.85 | 1.42 |
| 31 | 2.56 | 2.25 | 1.87 | 1.44 |
| 32 | 2.59 | 2.28 | 1.90 | 1.46 |
| 33 | 2.62 | 2.30 | 1.91 | 1.47 |
| 34 | 2.66 | 2.34 | 1.94 | 1.49 |
| 35 | 2.73 | 2.39 | 1.99 | 1.51 |
| 36 | 2.78 | 2.45 | 2.03 | 1.55 |
| 37 | 2.87 | 2.53 | 2.09 | 1.59 |
| 38 | 2.96 | 2.59 | 2.14 | 1.64 |
| 39 | 3.05 | 2.68 | 2.21 | 1.67 |
| 40 | 3.15 | 2.77 | 2.28 | 1.72 |
| 41 | 3.25 | 2.86 | 2.36 | 1.77 |
| 42 | 3.36 | 2.95 | 2.43 | 1.82 |
| 43 | 3.49 | 3.07 | 2.53 | 1.89 |
| 44 | 3.65 | 3.21 | 2.63 | 1.94 |
| 45 | 3.83 | 3.36 | 2.75 | 2.02 |
| 46 | 4.01 | 3.52 | 2.87 | 2.10 |
| 47 | 4.22 | 3.70 | 3.01 | 2.18 |
| 48 | 4.44 | 3.90 | 3.15 | 2.27 |
| 49 | 4.67 | 4.09 | 3.29 | 2.36 |
| 50 | 4.91 | 4.30 | 3.43 | 2.45 |
| 51 | 5.16 | 4.52 | 3.60 | 2.54 |
| 52 | 5.41 | 4.73 | 3.74 | 2.64 |
| 53 | 5.70 | 4.99 | 3.93 | 2.74 |
| 54 | 5.99 | 5.24 | 4.11 | 2.86 |
| 55 | 6.30 | 5.51 | 4.30 | 2.97 |
| 56 | 6.62 | 5.79 | 4.50 | 3.09 |
| 57 | 6.97 | 6.10 | 4.73 | 3.22 |
| 58 | 7.36 | 6.43 | 4.97 | 3.37 |
| 59 | 7.79 | 6.81 | 5.24 | 3.52 |
| 60 | 8.23 | 7.19 | 5.52 | 3.69 |
| 61 | 8.64 | 7.56 | 5.77 | 3.84 |
| 62 | 9.07 | 7.93 | 6.03 | 4.00 |
| 63 | 9.25 | 8.09 | 6.27 | 4.28 |
| 64 | 9.60 | 8.39 | 6.51 | 4.45 |
| 65 | 9.95 | 8.70 | 6.75 | 4.60 |
| 66 | 11.44 | 10.00 | 7.75 | 5.28 |
| 67 | 12.93 | 11.30 | 8.76 | 5.98 |
| 68 | 14.61 | 12.77 | 9.90 | 6.75 |
| 69 | 16.94 | 14.80 | 11.50 | 7.83 |
| 70 | 19.32 | 16.88 | 13.10 | 8.92 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 - Unisex Rates To-67 BP
Class B1
Catastrophic Disability

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18- | | | | |
| 25 | 2.66 | 2.33 | 1.94 | 1.50 |
| 26 | 2.69 | 2.37 | 1.97 | 1.52 |
| 27 | 2.72 | 2.40 | 1.99 | 1.53 |
| 28 | 2.76 | 2.44 | 2.01 | 1.55 |
| 29 | 2.80 | 2.46 | 2.03 | 1.57 |
| 30 | 2.82 | 2.48 | 2.06 | 1.59 |
| 31 | 2.85 | 2.51 | 2.07 | 1.60 |
| 32 | 2.88 | 2.54 | 2.10 | 1.62 |
| 33 | 2.90 | 2.55 | 2.12 | 1.62 |
| 34 | 2.95 | 2.60 | 2.16 | 1.65 |
| 35 | 3.02 | 2.65 | 2.19 | 1.67 |
| 36 | 3.09 | 2.72 | 2.26 | 1.72 |
| 37 | 3.18 | 2.80 | 2.32 | 1.76 |
| 38 | 3.28 | 2.89 | 2.40 | 1.81 |
| 39 | 3.39 | 2.98 | 2.47 | 1.86 |
| 40 | 3.51 | 3.07 | 2.54 | 1.92 |
| 41 | 3.61 | 3.17 | 2.62 | 1.97 |
| 42 | 3.74 | 3.28 | 2.71 | 2.03 |
| 43 | 3.90 | 3.41 | 2.81 | 2.11 |
| 44 | 4.07 | 3.56 | 2.93 | 2.18 |
| 45 | 4.26 | 3.73 | 3.06 | 2.26 |
| 46 | 4.47 | 3.92 | 3.20 | 2.35 |
| 47 | 4.70 | 4.12 | 3.34 | 2.44 |
| 48 | 4.94 | 4.34 | 3.50 | 2.53 |
| 49 | 5.20 | 4.56 | 3.66 | 2.63 |
| 50 | 5.47 | 4.79 | 3.82 | 2.72 |
| 51 | 5.74 | 5.03 | 4.00 | 2.83 |
| 52 | 6.02 | 5.27 | 4.17 | 2.93 |
| 53 | 6.33 | 5.55 | 4.37 | 3.06 |
| 54 | 6.66 | 5.84 | 4.58 | 3.18 |
| 55 | 7.01 | 6.14 | 4.79 | 3.32 |
| 56 | 7.36 | 6.44 | 5.02 | 3.45 |
| 57 | 7.75 | 6.79 | 5.27 | 3.60 |
| 58 | 8.19 | 7.17 | 5.54 | 3.76 |
| 59 | 8.66 | 7.58 | 5.84 | 3.94 |
| 60 | 9.15 | 8.02 | 6.15 | 4.11 |
| 61 | 9.62 | 8.43 | 6.43 | 4.28 |
| 62 | 10.09 | 8.83 | 6.72 | 4.46 |
| 63 | 10.29 | 9.01 | 7.00 | 4.77 |
| 64 | 10.68 | 9.36 | 7.26 | 4.96 |
| 65 | 11.07 | 9.70 | 7.51 | 5.13 |
| 66 | 12.72 | 11.15 | 8.63 | 5.89 |
| 67 | 14.38 | 12.60 | 9.76 | 6.66 |
| 68 | 16.25 | 14.24 | 11.02 | 7.52 |
| 69 | 18.85 | 16.52 | 12.79 | 8.72 |
| 70 | 21.50 | 18.83 | 14.59 | 9.94 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 - Unisex Rates To-67 BP
Class C1
Catastrophic Disability

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18- | | | | |
| 25 | 2.85 | 2.52 | 2.09 | 1.62 |
| 26 | 2.88 | 2.55 | 2.11 | 1.64 |
| 27 | 2.91 | 2.57 | 2.13 | 1.65 |
| 28 | 2.96 | 2.60 | 2.16 | 1.66 |
| 29 | 2.99 | 2.63 | 2.18 | 1.68 |
| 30 | 3.01 | 2.66 | 2.21 | 1.69 |
| 31 | 3.04 | 2.69 | 2.23 | 1.71 |
| 32 | 3.08 | 2.72 | 2.26 | 1.74 |
| 33 | 3.12 | 2.74 | 2.28 | 1.75 |
| 34 | 3.17 | 2.79 | 2.32 | 1.77 |
| 35 | 3.23 | 2.84 | 2.36 | 1.80 |
| 36 | 3.32 | 2.93 | 2.43 | 1.84 |
| 37 | 3.42 | 3.01 | 2.49 | 1.89 |
| 38 | 3.52 | 3.10 | 2.57 | 1.95 |
| 39 | 3.64 | 3.21 | 2.65 | 2.00 |
| 40 | 3.75 | 3.30 | 2.73 | 2.06 |
| 41 | 3.87 | 3.41 | 2.82 | 2.11 |
| 42 | 4.00 | 3.52 | 2.90 | 2.18 |
| 43 | 4.17 | 3.66 | 3.01 | 2.26 |
| 44 | 4.34 | 3.82 | 3.14 | 2.34 |
| 45 | 4.56 | 4.00 | 3.27 | 2.42 |
| 46 | 4.78 | 4.19 | 3.42 | 2.52 |
| 47 | 5.03 | 4.41 | 3.58 | 2.62 |
| 48 | 5.29 | 4.63 | 3.74 | 2.72 |
| 49 | 5.57 | 4.88 | 3.92 | 2.82 |
| 50 | 5.86 | 5.13 | 4.10 | 2.93 |
| 51 | 6.15 | 5.39 | 4.28 | 3.04 |
| 52 | 6.45 | 5.65 | 4.47 | 3.14 |
| 53 | 6.80 | 5.95 | 4.69 | 3.28 |
| 54 | 7.16 | 6.26 | 4.90 | 3.41 |
| 55 | 7.52 | 6.59 | 5.14 | 3.55 |
| 56 | 7.91 | 6.93 | 5.38 | 3.70 |
| 57 | 8.33 | 7.29 | 5.64 | 3.86 |
| 58 | 8.80 | 7.69 | 5.93 | 4.03 |
| 59 | 9.29 | 8.13 | 6.25 | 4.22 |
| 60 | 9.83 | 8.60 | 6.58 | 4.41 |
| 61 | 10.33 | 9.04 | 6.90 | 4.60 |
| 62 | 10.82 | 9.48 | 7.21 | 4.79 |
| 63 | 11.05 | 9.67 | 7.49 | 5.12 |
| 64 | 11.47 | 10.04 | 7.78 | 5.30 |
| 65 | 11.88 | 10.40 | 8.06 | 5.50 |
| 66 | 13.67 | 11.96 | 9.26 | 6.32 |
| 67 | 15.44 | 13.52 | 10.47 | 7.15 |
| 68 | 17.44 | 15.27 | 11.83 | 8.07 |
| 69 | 20.24 | 17.71 | 13.73 | 9.37 |
| 70 | 23.07 | 20.20 | 15.65 | 10.68 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 - Unisex Rates To-67 BP
Class D1
Catastrophic Disability

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 3.12 | 2.74 | 2.28 | 1.76 |
| 26 | 3.16 | 2.77 | 2.31 | 1.78 |
| 27 | 3.19 | 2.81 | 2.33 | 1.80 |
| 28 | 3.23 | 2.85 | 2.37 | 1.82 |
| 29 | 3.27 | 2.89 | 2.39 | 1.84 |
| 30 | 3.30 | 2.91 | 2.41 | 1.85 |
| 31 | 3.33 | 2.95 | 2.43 | 1.87 |
| 32 | 3.37 | 2.98 | 2.46 | 1.90 |
| 33 | 3.41 | 3.00 | 2.48 | 1.91 |
| 34 | 3.46 | 3.05 | 2.52 | 1.93 |
| 35 | 3.54 | 3.10 | 2.58 | 1.96 |
| 36 | 3.64 | 3.19 | 2.64 | 2.02 |
| 37 | 3.74 | 3.29 | 2.72 | 2.06 |
| 38 | 3.86 | 3.39 | 2.80 | 2.12 |
| 39 | 3.98 | 3.50 | 2.89 | 2.19 |
| 40 | 4.11 | 3.61 | 2.97 | 2.24 |
| 41 | 4.25 | 3.72 | 3.07 | 2.31 |
| 42 | 4.38 | 3.84 | 3.17 | 2.38 |
| 43 | 4.57 | 4.01 | 3.30 | 2.46 |
| 44 | 4.76 | 4.17 | 3.43 | 2.56 |
| 45 | 4.99 | 4.38 | 3.59 | 2.66 |
| 46 | 5.24 | 4.59 | 3.75 | 2.76 |
| 47 | 5.52 | 4.82 | 3.92 | 2.87 |
| 48 | 5.79 | 5.07 | 4.10 | 2.98 |
| 49 | 6.10 | 5.34 | 4.30 | 3.09 |
| 50 | 6.40 | 5.61 | 4.49 | 3.21 |
| 51 | 6.73 | 5.90 | 4.68 | 3.32 |
| 52 | 7.06 | 6.18 | 4.89 | 3.44 |
| 53 | 7.44 | 6.51 | 5.13 | 3.59 |
| 54 | 7.82 | 6.84 | 5.37 | 3.73 |
| 55 | 8.22 | 7.20 | 5.62 | 3.88 |
| 56 | 8.64 | 7.56 | 5.88 | 4.05 |
| 57 | 9.10 | 7.96 | 6.17 | 4.22 |
| 58 | 9.61 | 8.42 | 6.49 | 4.41 |
| 59 | 10.16 | 8.89 | 6.83 | 4.62 |
| 60 | 10.74 | 9.40 | 7.20 | 4.84 |
| 61 | 11.29 | 9.88 | 7.54 | 5.03 |
| 62 | 11.83 | 10.36 | 7.88 | 5.24 |
| 63 | 12.07 | 10.58 | 8.19 | 5.60 |
| 64 | 12.54 | 10.97 | 8.50 | 5.81 |
| 65 | 12.98 | 11.36 | 8.81 | 6.02 |
| 66 | 14.92 | 13.06 | 10.13 | 6.92 |
| 67 | 16.87 | 14.76 | 11.44 | 7.82 |
| 68 | 19.06 | 16.69 | 12.94 | 8.84 |
| 69 | 22.10 | 19.35 | 15.00 | 10.25 |
| 70 | 25.20 | 22.07 | 17.10 | 11.69 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 - Unisex Rates To-67 BP
Class E1
Catastrophic Disability

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 3.59 | 3.16 | 2.62 | 2.02 |
| 26 | 3.63 | 3.20 | 2.66 | 2.05 |
| 27 | 3.67 | 3.23 | 2.68 | 2.07 |
| 28 | 3.73 | 3.28 | 2.71 | 2.09 |
| 29 | 3.77 | 3.31 | 2.74 | 2.11 |
| 30 | 3.80 | 3.34 | 2.76 | 2.13 |
| 31 | 3.83 | 3.37 | 2.78 | 2.14 |
| 32 | 3.89 | 3.42 | 2.83 | 2.17 |
| 33 | 3.92 | 3.45 | 2.85 | 2.20 |
| 34 | 3.99 | 3.51 | 2.90 | 2.21 |
| 35 | 4.07 | 3.58 | 2.96 | 2.26 |
| 36 | 4.19 | 3.68 | 3.03 | 2.31 |
| 37 | 4.30 | 3.78 | 3.13 | 2.38 |
| 38 | 4.44 | 3.91 | 3.22 | 2.43 |
| 39 | 4.58 | 4.03 | 3.33 | 2.51 |
| 40 | 4.73 | 4.15 | 3.43 | 2.59 |
| 41 | 4.89 | 4.29 | 3.54 | 2.66 |
| 42 | 5.04 | 4.43 | 3.65 | 2.74 |
| 43 | 5.25 | 4.61 | 3.80 | 2.84 |
| 44 | 5.49 | 4.81 | 3.95 | 2.94 |
| 45 | 5.75 | 5.03 | 4.13 | 3.05 |
| 46 | 6.03 | 5.28 | 4.31 | 3.17 |
| 47 | 6.34 | 5.55 | 4.51 | 3.30 |
| 48 | 6.67 | 5.83 | 4.72 | 3.43 |
| 49 | 7.02 | 6.14 | 4.94 | 3.55 |
| 50 | 7.38 | 6.46 | 5.16 | 3.68 |
| 51 | 7.75 | 6.79 | 5.39 | 3.82 |
| 52 | 8.12 | 7.11 | 5.62 | 3.95 |
| 53 | 8.56 | 7.49 | 5.89 | 4.11 |
| 54 | 8.99 | 7.88 | 6.17 | 4.28 |
| 55 | 9.46 | 8.29 | 6.46 | 4.46 |
| 56 | 9.94 | 8.70 | 6.77 | 4.65 |
| 57 | 10.47 | 9.16 | 7.10 | 4.85 |
| 58 | 11.05 | 9.67 | 7.46 | 5.07 |
| 59 | 11.69 | 10.23 | 7.86 | 5.30 |
| 60 | 12.35 | 10.81 | 8.29 | 5.55 |
| 61 | 12.98 | 11.36 | 8.68 | 5.79 |
| 62 | 13.61 | 11.92 | 9.07 | 6.03 |
| 63 | 13.88 | 12.16 | 9.42 | 6.44 |
| 64 | 14.41 | 12.61 | 9.78 | 6.68 |
| 65 | 14.92 | 13.07 | 10.12 | 6.93 |
| 66 | 17.16 | 15.03 | 11.64 | 7.96 |
| 67 | 19.39 | 16.98 | 13.17 | 9.00 |
| 68 | 21.91 | 19.20 | 14.88 | 10.17 |
| 69 | 25.42 | 22.27 | 17.26 | 11.80 |
| 70 | 28.98 | 25.39 | 19.66 | 13.46 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 - Unisex Rates To-67 BP
Class F1
Catastrophic Disability

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 3.94 | 3.47 | 2.88 | 2.23 |
| 26 | 3.99 | 3.51 | 2.91 | 2.25 |
| 27 | 4.04 | 3.56 | 2.95 | 2.27 |
| 28 | 4.09 | 3.61 | 2.98 | 2.29 |
| 29 | 4.13 | 3.65 | 3.01 | 2.31 |
| 30 | 4.18 | 3.68 | 3.04 | 2.33 |
| 31 | 4.22 | 3.72 | 3.07 | 2.37 |
| 32 | 4.27 | 3.76 | 3.12 | 2.40 |
| 33 | 4.32 | 3.79 | 3.15 | 2.42 |
| 34 | 4.38 | 3.85 | 3.19 | 2.46 |
| 35 | 4.48 | 3.94 | 3.26 | 2.49 |
| 36 | 4.60 | 4.04 | 3.34 | 2.55 |
| 37 | 4.73 | 4.16 | 3.44 | 2.61 |
| 38 | 4.88 | 4.29 | 3.54 | 2.69 |
| 39 | 5.03 | 4.44 | 3.65 | 2.76 |
| 40 | 5.19 | 4.57 | 3.76 | 2.83 |
| 41 | 5.36 | 4.71 | 3.89 | 2.92 |
| 42 | 5.54 | 4.87 | 4.01 | 3.01 |
| 43 | 5.78 | 5.06 | 4.18 | 3.12 |
| 44 | 6.03 | 5.29 | 4.34 | 3.24 |
| 45 | 6.31 | 5.53 | 4.54 | 3.36 |
| 46 | 6.63 | 5.81 | 4.75 | 3.49 |
| 47 | 6.98 | 6.11 | 4.96 | 3.63 |
| 48 | 7.33 | 6.42 | 5.19 | 3.77 |
| 49 | 7.72 | 6.76 | 5.42 | 3.91 |
| 50 | 8.11 | 7.10 | 5.68 | 4.05 |
| 51 | 8.52 | 7.46 | 5.93 | 4.20 |
| 52 | 8.93 | 7.82 | 6.18 | 4.35 |
| 53 | 9.41 | 8.24 | 6.49 | 4.53 |
| 54 | 9.89 | 8.67 | 6.78 | 4.73 |
| 55 | 10.40 | 9.10 | 7.10 | 4.91 |
| 56 | 10.93 | 9.57 | 7.45 | 5.13 |
| 57 | 11.52 | 10.08 | 7.81 | 5.35 |
| 58 | 12.16 | 10.64 | 8.21 | 5.58 |
| 59 | 12.85 | 11.25 | 8.66 | 5.84 |
| 60 | 13.58 | 11.90 | 9.11 | 6.11 |
| 61 | 14.27 | 12.50 | 9.54 | 6.38 |
| 62 | 14.97 | 13.11 | 9.97 | 6.63 |
| 63 | 15.27 | 13.37 | 10.37 | 7.08 |
| 64 | 15.85 | 13.88 | 10.76 | 7.35 |
| 65 | 16.42 | 14.37 | 11.14 | 7.61 |
| 66 | 18.88 | 16.53 | 12.81 | 8.76 |
| 67 | 21.34 | 18.68 | 14.48 | 9.89 |
| 68 | 24.11 | 21.11 | 16.36 | 11.18 |
| 69 | 27.97 | 24.48 | 18.98 | 12.97 |
| 70 | 31.89 | 27.91 | 21.63 | 14.78 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 - Unisex Rates To-67 BP
Class G1
Catastrophic Disability

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| Issue Age | Elimination Period in Days 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 5.91 | 5.21 | 4.32 | 3.35 |
| 26 | 5.99 | 5.27 | 4.37 | 3.38 |
| 27 | 6.06 | 5.34 | 4.43 | 3.41 |
| 28 | 6.14 | 5.42 | 4.47 | 3.44 |
| 29 | 6.20 | 5.48 | 4.52 | 3.47 |
| 30 | 6.27 | 5.52 | 4.56 | 3.50 |
| 31 | 6.33 | 5.58 | 4.61 | 3.56 |
| 32 | 6.41 | 5.64 | 4.68 | 3.60 |
| 33 | 6.48 | 5.69 | 4.73 | 3.63 |
| 34 | 6.57 | 5.78 | 4.79 | 3.69 |
| 35 | 6.72 | 5.91 | 4.89 | 3.74 |
| 36 | 6.90 | 6.06 | 5.01 | 3.83 |
| 37 | 7.10 | 6.24 | 5.16 | 3.92 |
| 38 | 7.32 | 6.44 | 5.31 | 4.04 |
| 39 | 7.55 | 6.66 | 5.48 | 4.14 |
| 40 | 7.79 | 6.86 | 5.64 | 4.25 |
| 41 | 8.04 | 7.07 | 5.84 | 4.38 |
| 42 | 8.31 | 7.31 | 6.02 | 4.52 |
| 43 | 8.67 | 7.59 | 6.27 | 4.68 |
| 44 | 9.05 | 7.94 | 6.51 | 4.86 |
| 45 | 9.47 | 8.30 | 6.81 | 5.04 |
| 46 | 9.95 | 8.72 | 7.13 | 5.24 |
| 47 | 10.47 | 9.17 | 7.44 | 5.45 |
| 48 | 11.00 | 9.63 | 7.79 | 5.66 |
| 49 | 11.58 | 10.14 | 8.13 | 5.87 |
| 50 | 12.17 | 10.65 | 8.52 | 6.08 |
| 51 | 12.78 | 11.19 | 8.90 | 6.30 |
| 52 | 13.40 | 11.73 | 9.27 | 6.53 |
| 53 | 14.12 | 12.36 | 9.74 | 6.80 |
| 54 | 14.84 | 13.01 | 10.17 | 7.10 |
| 55 | 15.60 | 13.65 | 10.65 | 7.37 |
| 56 | 16.40 | 14.36 | 11.18 | 7.70 |
| 57 | 17.28 | 15.12 | 11.72 | 8.03 |
| 58 | 18.24 | 15.96 | 12.32 | 8.37 |
| 59 | 19.28 | 16.88 | 12.99 | 8.76 |
| 60 | 20.37 | 17.85 | 13.67 | 9.17 |
| 61 | 21.41 | 18.75 | 14.31 | 9.57 |
| 62 | 22.46 | 19.67 | 14.96 | 9.95 |
| 63 | 22.91 | 20.06 | 15.56 | 10.62 |
| 64 | 23.78 | 20.82 | 16.14 | 11.03 |
| 65 | 24.63 | 21.56 | 16.71 | 11.42 |
| 66 | 28.32 | 24.80 | 19.22 | 13.14 |
| 67 | 32.01 | 28.02 | 21.72 | 14.84 |
| 68 | 36.17 | 31.67 | 24.54 | 16.77 |
| 69 | 41.96 | 36.72 | 28.47 | 19.46 |
| 70 | 47.84 | 41.87 | 32.45 | 22.17 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 Cost of Living Factors
CPI Based 5 Year Benefit Period
Catastrophic Benefit
Additional COLA Premium = Premium for CAT Coverage times Factor

| Issue Age | Premium Factors Elimination Period 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 0.055 | 0.050 | 0.039 | 0.039 |
| 26 | 0.055 | 0.050 | 0.039 | 0.039 |
| 27 | 0.055 | 0.050 | 0.039 | 0.039 |
| 28 | 0.055 | 0.050 | 0.039 | 0.039 |
| 29 | 0.055 | 0.050 | 0.039 | 0.039 |
| 30 | 0.055 | 0.050 | 0.044 | 0.044 |
| 31 | 0.055 | 0.050 | 0.044 | 0.044 |
| 32 | 0.055 | 0.050 | 0.044 | 0.044 |
| 33 | 0.055 | 0.050 | 0.044 | 0.044 |
| 34 | 0.055 | 0.050 | 0.044 | 0.044 |
| 35 | 0.055 | 0.050 | 0.044 | 0.044 |
| 36 | 0.055 | 0.050 | 0.044 | 0.044 |
| 37 | 0.055 | 0.050 | 0.044 | 0.044 |
| 38 | 0.055 | 0.050 | 0.044 | 0.044 |
| 39 | 0.055 | 0.050 | 0.044 | 0.044 |
| 40 | 0.055 | 0.050 | 0.044 | 0.044 |
| 41 | 0.055 | 0.050 | 0.044 | 0.044 |
| 42 | 0.055 | 0.050 | 0.044 | 0.044 |
| 43 | 0.055 | 0.050 | 0.044 | 0.044 |
| 44 | 0.055 | 0.050 | 0.044 | 0.044 |
| 45 | 0.055 | 0.050 | 0.039 | 0.039 |
| 46 | 0.055 | 0.050 | 0.039 | 0.039 |
| 47 | 0.055 | 0.050 | 0.039 | 0.039 |
| 48 | 0.055 | 0.050 | 0.039 | 0.039 |
| 49 | 0.055 | 0.050 | 0.039 | 0.039 |
| 50 | 0.050 | 0.044 | 0.039 | 0.039 |
| 51 | 0.050 | 0.044 | 0.039 | 0.039 |
| 52 | 0.050 | 0.044 | 0.039 | 0.039 |
| 53 | 0.050 | 0.044 | 0.039 | 0.039 |
| 54 | 0.050 | 0.044 | 0.039 | 0.039 |
| 55 | 0.050 | 0.044 | 0.033 | 0.033 |
| 56 | 0.050 | 0.044 | 0.033 | 0.033 |
| 57 | 0.050 | 0.044 | 0.033 | 0.033 |
| 58 | 0.050 | 0.044 | 0.033 | 0.033 |
| 59 | 0.044 | 0.039 | 0.033 | 0.033 |
| 60 | 0.044 | 0.039 | 0.028 | 0.028 |
| 61 | 0.044 | 0.039 | 0.028 | 0.028 |
| 62 | 0.039 | 0.033 | 0.028 | 0.028 |
| 63 | 0.039 | 0.033 | 0.028 | 0.028 |
| 64 | 0.033 | 0.028 | 0.022 | 0.022 |
| 65 | 0.033 | 0.028 | 0.022 | 0.022 |

Form 750 Cost of Living Factors
CPI Based To 65 or To 67 Benefit Period
Catastrophic Benefit
Additional COLA Premium = Premium for CAT Coverage times Factor

| Issue Age | Premium Factors Elimination Period 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 0.198 | 0.187 | 0.176 | 0.176 |
| 26 | 0.198 | 0.187 | 0.171 | 0.171 |
| 27 | 0.193 | 0.182 | 0.171 | 0.171 |
| 28 | 0.187 | 0.176 | 0.165 | 0.165 |
| 29 | 0.187 | 0.176 | 0.165 | 0.165 |
| 30 | 0.182 | 0.171 | 0.160 | 0.160 |
| 31 | 0.182 | 0.171 | 0.160 | 0.160 |
| 32 | 0.176 | 0.165 | 0.154 | 0.154 |
| 33 | 0.176 | 0.165 | 0.149 | 0.149 |
| 34 | 0.171 | 0.160 | 0.149 | 0.149 |
| 35 | 0.171 | 0.160 | 0.143 | 0.143 |
| 36 | 0.165 | 0.154 | 0.143 | 0.143 |
| 37 | 0.165 | 0.154 | 0.138 | 0.138 |
| 38 | 0.160 | 0.149 | 0.132 | 0.132 |
| 39 | 0.154 | 0.143 | 0.132 | 0.132 |
| 40 | 0.154 | 0.143 | 0.127 | 0.127 |
| 41 | 0.149 | 0.138 | 0.127 | 0.127 |
| 42 | 0.143 | 0.132 | 0.121 | 0.121 |
| 43 | 0.138 | 0.127 | 0.116 | 0.116 |
| 44 | 0.132 | 0.121 | 0.110 | 0.110 |
| 45 | 0.132 | 0.121 | 0.110 | 0.110 |
| 46 | 0.127 | 0.116 | 0.105 | 0.105 |
| 47 | 0.121 | 0.110 | 0.099 | 0.099 |
| 48 | 0.116 | 0.105 | 0.094 | 0.094 |
| 49 | 0.110 | 0.099 | 0.088 | 0.088 |
| 50 | 0.105 | 0.094 | 0.083 | 0.083 |
| 51 | 0.099 | 0.088 | 0.077 | 0.077 |
| 52 | 0.094 | 0.083 | 0.072 | 0.072 |
| 53 | 0.088 | 0.077 | 0.066 | 0.066 |
| 54 | 0.083 | 0.072 | 0.061 | 0.061 |
| 55 | 0.072 | 0.061 | 0.050 | 0.050 |
| 56 | 0.066 | 0.055 | 0.044 | 0.044 |
| 57 | 0.061 | 0.050 | 0.039 | 0.039 |
| 58 | 0.055 | 0.050 | 0.039 | 0.039 |
| 59 | 0.055 | 0.044 | 0.033 | 0.033 |
| 60 | 0.050 | 0.044 | 0.033 | 0.033 |
| 61 | 0.050 | 0.039 | 0.033 | 0.033 |
| 62 | 0.044 | 0.039 | 0.028 | 0.028 |
| 63 | 0.039 | 0.033 | 0.028 | 0.028 |
| 64 | 0.039 | 0.033 | 0.022 | 0.022 |
| 65 | 0.033 | 0.028 | 0.022 | 0.022 |

Form 750 Cost of Living Factors
3 % Fixed 5 Year Benefit Period
Catastrophic Benefit
Additional COLA Premium = Premium for CAT Coverage times Factor

| Issue Age | Premium Factors Elimination Period 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 0.039 | 0.033 | 0.022 | 0.022 |
| 26 | 0.039 | 0.033 | 0.022 | 0.022 |
| 27 | 0.039 | 0.033 | 0.022 | 0.022 |
| 28 | 0.039 | 0.033 | 0.022 | 0.022 |
| 29 | 0.039 | 0.033 | 0.022 | 0.022 |
| 30 | 0.039 | 0.033 | 0.028 | 0.028 |
| 31 | 0.039 | 0.033 | 0.028 | 0.028 |
| 32 | 0.039 | 0.033 | 0.028 | 0.028 |
| 33 | 0.039 | 0.033 | 0.028 | 0.028 |
| 34 | 0.039 | 0.033 | 0.028 | 0.028 |
| 35 | 0.033 | 0.033 | 0.028 | 0.028 |
| 36 | 0.033 | 0.033 | 0.028 | 0.028 |
| 37 | 0.033 | 0.033 | 0.028 | 0.028 |
| 38 | 0.033 | 0.033 | 0.028 | 0.028 |
| 39 | 0.033 | 0.033 | 0.028 | 0.028 |
| 40 | 0.033 | 0.033 | 0.028 | 0.028 |
| 41 | 0.033 | 0.033 | 0.028 | 0.028 |
| 42 | 0.033 | 0.033 | 0.028 | 0.028 |
| 43 | 0.033 | 0.033 | 0.028 | 0.028 |
| 44 | 0.033 | 0.033 | 0.028 | 0.028 |
| 45 | 0.033 | 0.028 | 0.022 | 0.022 |
| 46 | 0.033 | 0.028 | 0.022 | 0.022 |
| 47 | 0.033 | 0.028 | 0.022 | 0.022 |
| 48 | 0.033 | 0.028 | 0.022 | 0.022 |
| 49 | 0.033 | 0.028 | 0.022 | 0.022 |
| 50 | 0.033 | 0.028 | 0.022 | 0.022 |
| 51 | 0.033 | 0.028 | 0.022 | 0.022 |
| 52 | 0.033 | 0.028 | 0.022 | 0.022 |
| 53 | 0.033 | 0.028 | 0.022 | 0.022 |
| 54 | 0.033 | 0.028 | 0.022 | 0.022 |
| 55 | 0.033 | 0.028 | 0.022 | 0.022 |
| 56 | 0.033 | 0.028 | 0.022 | 0.022 |
| 57 | 0.033 | 0.028 | 0.022 | 0.022 |
| 58 | 0.033 | 0.028 | 0.022 | 0.022 |
| 59 | 0.033 | 0.028 | 0.022 | 0.022 |
| 60 | 0.033 | 0.028 | 0.022 | 0.022 |
| 61 | 0.033 | 0.028 | 0.022 | 0.022 |
| 62 | 0.028 | 0.022 | 0.017 | 0.017 |
| 63 | 0.028 | 0.022 | 0.017 | 0.017 |
| 64 | 0.028 | 0.022 | 0.017 | 0.017 |
| 65 | 0.028 | 0.022 | 0.017 | 0.017 |

Form 750 Cost of Living Factors
3 % Fixed To 65 or To 67 Benefit Period
Catastrophic Benefit
Additional COLA Premium = Premium for CAT Coverage times Factor

| Issue Age | Premium Factors Elimination Period 90 | 180 | 365 | 730 |
|---|---|---|---|---|
| 18-25 | 0.143 | 0.132 | 0.121 | 0.121 |
| 26 | 0.143 | 0.132 | 0.121 | 0.121 |
| 27 | 0.138 | 0.127 | 0.116 | 0.116 |
| 28 | 0.132 | 0.127 | 0.116 | 0.116 |
| 29 | 0.132 | 0.121 | 0.110 | 0.110 |
| 30 | 0.127 | 0.121 | 0.110 | 0.110 |
| 31 | 0.127 | 0.116 | 0.105 | 0.105 |
| 32 | 0.121 | 0.116 | 0.105 | 0.105 |
| 33 | 0.121 | 0.116 | 0.105 | 0.105 |
| 34 | 0.116 | 0.110 | 0.099 | 0.099 |
| 35 | 0.116 | 0.110 | 0.099 | 0.099 |
| 36 | 0.110 | 0.105 | 0.094 | 0.094 |
| 37 | 0.110 | 0.105 | 0.094 | 0.094 |
| 38 | 0.105 | 0.099 | 0.088 | 0.088 |
| 39 | 0.105 | 0.099 | 0.088 | 0.088 |
| 40 | 0.099 | 0.094 | 0.083 | 0.083 |
| 41 | 0.099 | 0.094 | 0.083 | 0.083 |
| 42 | 0.094 | 0.088 | 0.077 | 0.077 |
| 43 | 0.088 | 0.083 | 0.072 | 0.072 |
| 44 | 0.088 | 0.083 | 0.072 | 0.072 |
| 45 | 0.083 | 0.077 | 0.066 | 0.066 |
| 46 | 0.083 | 0.077 | 0.066 | 0.066 |
| 47 | 0.077 | 0.072 | 0.061 | 0.061 |
| 48 | 0.072 | 0.066 | 0.055 | 0.055 |
| 49 | 0.072 | 0.066 | 0.055 | 0.055 |
| 50 | 0.066 | 0.061 | 0.050 | 0.050 |
| 51 | 0.066 | 0.061 | 0.050 | 0.050 |
| 52 | 0.061 | 0.055 | 0.044 | 0.044 |
| 53 | 0.055 | 0.050 | 0.039 | 0.039 |
| 54 | 0.050 | 0.044 | 0.033 | 0.033 |
| 55 | 0.050 | 0.044 | 0.033 | 0.033 |
| 56 | 0.044 | 0.039 | 0.028 | 0.028 |
| 57 | 0.039 | 0.033 | 0.022 | 0.022 |
| 58 | 0.039 | 0.033 | 0.022 | 0.022 |
| 59 | 0.039 | 0.033 | 0.022 | 0.022 |
| 60 | 0.033 | 0.028 | 0.022 | 0.022 |
| 61 | 0.033 | 0.028 | 0.022 | 0.022 |
| 62 | 0.033 | 0.028 | 0.017 | 0.017 |
| 63 | 0.033 | 0.028 | 0.017 | 0.017 |
| 64 | 0.028 | 0.022 | 0.017 | 0.017 |
| 65 | 0.028 | 0.022 | 0.017 | 0.017 |

Form 750 Extended WIB Factors

| WIB Period | Premium Factor |
|---|---|
| 6 Months | 1.01 |
| 12 Months | 1.03 |
| 24 Months | 1.06 |
| 36 Months | 1.08 |

Form 750 Extended Recovery Factors

| Recovery Period | Premium Factor |
|---|---|
| 6 Months | 1.02 |
| 12 Months | 1.03 |
| 24 Months | 1.04 |
| 60 Months | 1.05 |
| Full Benefit Period | 1.06 |

## Pre-existing Condition Options

The pre-existing look-back period will exclude coverage for disabilities that occur during the first 12 months for conditions that advice or treatment was recommended or received from a physician during the pre-existing period specified. There is a premium reduction that corresponds to the time period prior to the effective date for treatment of pre-existing conditions. The premium reductions are:

| Pre-existing Period | Premium Discount |
|---|---|
| 3 month | 5% |
| 6 month | 7% |
| 12 month | 8% |

## LTD Insurability

This option provides the Insured the right to apply for up to the full amount of group long term disability coverage subject to our standard issue and participation limits upon termination of a group long term disability policy or upon termination of the Insured's employment with an employer who has a group long term disability policy in force. This option is available only once during the life of the policy.

The cost of the LTD Insurability rider is 9% of the base premium.

## Guaranteed Right to Purchase Increase (GPI)

The GPI Rider guarantees the right of future purchase for certain amounts of insurance. This guarantee applies to the basic coverage portion of the policy and options that apply to that portion, such as Cost of Living, Extended WIB and Recovery and Extended Benefit Periods for Mental Disorder.

The premium for each $100 of option amount is 10% of the ratebook premium for the coverage effected.

Form 750 NonSmoker - Unisex Rates
90 Day Elimination Period
Serious Illness Rider

ANNUAL PREMIUMS
Per $1000 Lump Sum Benefit

| Issue Age | Occupation Class P1 | A1 | B1 | C1 | D1 | E1 | F1 | G1 |
|---|---|---|---|---|---|---|---|---|
| 18-25 | 1.16 | 1.36 | 1.46 | 1.56 | 1.67 | 1.97 | 2.34 | 3.51 |
| 26 | 1.16 | 1.36 | 1.46 | 1.56 | 1.67 | 1.97 | 2.34 | 3.51 |
| 27 | 1.16 | 1.36 | 1.46 | 1.56 | 1.67 | 1.97 | 2.34 | 3.51 |
| 28 | 1.28 | 1.51 | 1.61 | 1.73 | 2.41 | 2.04 | 2.46 | 3.69 |
| 29 | 1.37 | 1.61 | 1.71 | 1.84 | 2.60 | 2.17 | 2.63 | 3.95 |
| 30 | 1.42 | 1.67 | 1.78 | 1.91 | 2.53 | 2.34 | 2.82 | 4.23 |
| 31 | 1.47 | 1.73 | 1.85 | 1.98 | 2.37 | 2.52 | 3.03 | 4.55 |
| 32 | 1.51 | 1.78 | 1.91 | 2.04 | 2.26 | 2.71 | 3.25 | 4.88 |
| 33 | 1.56 | 1.84 | 1.98 | 2.11 | 2.23 | 2.90 | 3.47 | 5.21 |
| 34 | 1.62 | 1.91 | 2.06 | 2.19 | 2.31 | 3.09 | 3.69 | 5.54 |
| 35 | 1.70 | 2.00 | 2.15 | 2.29 | 2.48 | 3.28 | 3.92 | 5.88 |
| 36 | 1.78 | 2.09 | 2.25 | 2.40 | 2.71 | 3.48 | 4.15 | 6.23 |
| 37 | 1.87 | 2.20 | 2.36 | 2.52 | 2.97 | 3.68 | 4.40 | 6.60 |
| 38 | 1.97 | 2.32 | 2.48 | 2.66 | 3.24 | 3.90 | 4.66 | 6.99 |
| 39 | 2.08 | 2.45 | 2.62 | 2.80 | 3.48 | 4.13 | 4.95 | 7.43 |
| 40 | 2.20 | 2.59 | 2.77 | 2.96 | 3.70 | 4.39 | 5.25 | 7.88 |
| 41 | 2.33 | 2.74 | 2.93 | 3.13 | 3.88 | 4.67 | 5.59 | 8.39 |
| 42 | 2.47 | 2.90 | 3.10 | 3.32 | 4.03 | 4.97 | 5.95 | 8.93 |
| 43 | 2.62 | 3.08 | 3.29 | 3.52 | 4.17 | 5.30 | 6.35 | 9.53 |
| 44 | 2.78 | 3.27 | 3.50 | 3.75 | 4.33 | 5.66 | 6.77 | 10.16 |
| 45 | 2.97 | 3.49 | 3.73 | 4.00 | 4.52 | 6.05 | 7.24 | 10.86 |
| 46 | 3.17 | 3.73 | 3.99 | 4.27 | 4.78 | 6.46 | 7.73 | 11.60 |
| 47 | 3.40 | 4.00 | 4.28 | 4.58 | 5.12 | 6.90 | 8.26 | 12.39 |
| 48 | 3.66 | 4.30 | 4.60 | 4.92 | 5.57 | 7.37 | 8.82 | 13.23 |
| 49 | 3.94 | 4.63 | 4.96 | 5.31 | 6.12 | 7.86 | 9.41 | 14.12 |
| 50 | 4.25 | 5.00 | 5.34 | 5.73 | 6.79 | 8.38 | 10.03 | 15.05 |
| 51 | 4.59 | 5.40 | 5.77 | 6.19 | 7.54 | 8.92 | 10.67 | 16.01 |
| 52 | 4.95 | 5.82 | 6.22 | 6.69 | 8.35 | 9.48 | 11.33 | 17.00 |
| 53 | 5.33 | 6.27 | 6.70 | 7.22 | 9.18 | 10.06 | 12.01 | 18.02 |
| 54 | 5.71 | 6.72 | 7.19 | 7.76 | 9.98 | 10.66 | 12.70 | 19.05 |
| 55 | 6.10 | 7.18 | 7.68 | 8.31 | 10.69 | 11.27 | 13.39 | 20.09 |
| 56 | 6.48 | 7.62 | 8.15 | 8.85 | 11.26 | 11.88 | 14.08 | 21.12 |
| 57 | 6.82 | 8.02 | 8.58 | 9.34 | 11.66 | 12.48 | 14.75 | 22.13 |
| 58 | 6.88 | 8.10 | 8.66 | 9.45 | 11.81 | 12.84 | 15.22 | 22.84 |
| 59 | 6.95 | 8.17 | 8.74 | 9.57 | 11.96 | 13.20 | 15.70 | 23.55 |
| 60 | 7.01 | 8.25 | 8.82 | 9.68 | 12.12 | 13.56 | 16.17 | 24.26 |
| 61 | 7.08 | 8.32 | 8.90 | 9.80 | 12.27 | 13.92 | 16.65 | 24.97 |
| 62 | 7.14 | 8.40 | 8.98 | 9.91 | 12.42 | 14.28 | 17.12 | 25.68 |
| 63 | 7.28 | 8.57 | 9.16 | 10.11 | 12.67 | 14.57 | 17.46 | 26.19 |
| 64 | 7.43 | 8.74 | 9.34 | 10.31 | 12.92 | 14.86 | 17.81 | 26.72 |
| 65 | 7.58 | 8.91 | 9.53 | 10.52 | 13.18 | 15.15 | 18.17 | 27.25 |
| 66 | 7.73 | 9.09 | 9.72 | 10.73 | 13.44 | 15.46 | 18.53 | 27.80 |
| 67 | 7.88 | 9.27 | 9.91 | 10.94 | 13.71 | 15.77 | 18.90 | 28.35 |
| 68 | 8.04 | 9.46 | 10.11 | 11.16 | 13.99 | 16.08 | 19.28 | 28.92 |
| 69 | 8.20 | 9.65 | 10.32 | 11.38 | 14.27 | 16.40 | 19.67 | 29.50 |
| 70 | 8.37 | 9.84 | 10.52 | 11.61 | 14.55 | 16.73 | 20.06 | 30.09 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 NonSmoker - Unisex Rates
180 Day Elimination Period
Serious Illness Rider

ANNUAL PREMIUMS
Per $1000 Lump Sum Benefit

| Issue Age | Occupation Class P1 | A1 | B1 | C1 | D1 | E1 | F1 | G1 |
|---|---|---|---|---|---|---|---|---|
| 18-25 | 0.31 | 0.36 | 0.39 | 0.41 | 0.46 | 0.66 | 0.79 | 1.19 |
| 26 | 0.31 | 0.36 | 0.39 | 0.41 | 0.46 | 0.66 | 0.79 | 1.19 |
| 27 | 0.31 | 0.36 | 0.39 | 0.41 | 0.46 | 0.66 | 0.79 | 1.19 |
| 28 | 0.33 | 0.39 | 0.44 | 0.46 | 0.52 | 0.73 | 0.84 | 1.26 |
| 29 | 0.36 | 0.42 | 0.48 | 0.50 | 0.57 | 0.80 | 0.91 | 1.37 |
| 30 | 0.39 | 0.46 | 0.51 | 0.54 | 0.62 | 0.86 | 1.00 | 1.50 |
| 31 | 0.43 | 0.50 | 0.55 | 0.58 | 0.67 | 0.93 | 1.09 | 1.64 |
| 32 | 0.46 | 0.54 | 0.58 | 0.62 | 0.72 | 1.00 | 1.19 | 1.79 |
| 33 | 0.49 | 0.58 | 0.62 | 0.66 | 0.77 | 1.07 | 1.29 | 1.94 |
| 34 | 0.53 | 0.62 | 0.66 | 0.71 | 0.83 | 1.15 | 1.39 | 2.09 |
| 35 | 0.56 | 0.66 | 0.70 | 0.75 | 0.89 | 1.24 | 1.49 | 2.24 |
| 36 | 0.60 | 0.70 | 0.75 | 0.81 | 0.95 | 1.32 | 1.60 | 2.40 |
| 37 | 0.64 | 0.75 | 0.80 | 0.86 | 1.02 | 1.42 | 1.71 | 2.57 |
| 38 | 0.68 | 0.80 | 0.86 | 0.92 | 1.10 | 1.52 | 1.83 | 2.75 |
| 39 | 0.72 | 0.85 | 0.91 | 0.98 | 1.18 | 1.63 | 1.95 | 2.93 |
| 40 | 0.77 | 0.91 | 0.98 | 1.05 | 1.26 | 1.75 | 2.09 | 3.14 |
| 41 | 0.82 | 0.97 | 1.05 | 1.12 | 1.36 | 1.87 | 2.24 | 3.36 |
| 42 | 0.88 | 1.04 | 1.12 | 1.20 | 1.46 | 2.01 | 2.40 | 3.60 |
| 43 | 0.95 | 1.12 | 1.20 | 1.29 | 1.57 | 2.16 | 2.58 | 3.87 |
| 44 | 1.02 | 1.20 | 1.29 | 1.38 | 1.69 | 2.32 | 2.77 | 4.16 |
| 45 | 1.10 | 1.29 | 1.38 | 1.49 | 1.83 | 2.49 | 2.98 | 4.47 |
| 46 | 1.19 | 1.40 | 1.49 | 1.60 | 1.98 | 2.67 | 3.21 | 4.82 |
| 47 | 1.28 | 1.51 | 1.61 | 1.73 | 2.14 | 2.87 | 3.45 | 5.18 |
| 48 | 1.39 | 1.64 | 1.74 | 1.87 | 2.32 | 3.08 | 3.71 | 5.57 |
| 49 | 1.50 | 1.77 | 1.89 | 2.03 | 2.52 | 3.31 | 3.99 | 5.99 |
| 50 | 1.63 | 1.92 | 2.05 | 2.21 | 2.75 | 3.55 | 4.28 | 6.42 |
| 51 | 1.78 | 2.09 | 2.23 | 2.41 | 2.99 | 3.81 | 4.58 | 6.87 |
| 52 | 1.93 | 2.27 | 2.43 | 2.62 | 3.26 | 4.08 | 4.90 | 7.35 |
| 53 | 2.09 | 2.46 | 2.64 | 2.85 | 3.55 | 4.36 | 5.23 | 7.85 |
| 54 | 2.27 | 2.67 | 2.86 | 3.09 | 3.85 | 4.65 | 5.57 | 8.36 |
| 55 | 2.45 | 2.88 | 3.09 | 3.35 | 4.17 | 4.94 | 5.91 | 8.87 |
| 56 | 2.64 | 3.10 | 3.33 | 3.61 | 4.49 | 5.23 | 6.25 | 9.38 |
| 57 | 2.81 | 3.31 | 3.55 | 3.86 | 4.80 | 5.52 | 6.60 | 9.90 |
| 58 | 2.89 | 3.40 | 3.65 | 3.98 | 4.96 | 5.75 | 6.90 | 10.35 |
| 59 | 2.97 | 3.49 | 3.74 | 4.10 | 5.11 | 5.99 | 7.20 | 10.80 |
| 60 | 3.05 | 3.59 | 3.84 | 4.23 | 5.27 | 6.22 | 7.50 | 11.25 |
| 61 | 3.13 | 3.68 | 3.93 | 4.35 | 5.42 | 6.46 | 7.80 | 11.70 |
| 62 | 3.20 | 3.77 | 4.03 | 4.47 | 5.58 | 6.69 | 8.10 | 12.15 |
| 63 | 3.27 | 3.85 | 4.11 | 4.56 | 5.69 | 6.82 | 8.26 | 12.39 |
| 64 | 3.33 | 3.92 | 4.19 | 4.65 | 5.81 | 6.96 | 8.43 | 12.64 |
| 65 | 3.40 | 4.00 | 4.28 | 4.74 | 5.92 | 7.10 | 8.60 | 12.89 |
| 66 | 3.47 | 4.08 | 4.36 | 4.84 | 6.04 | 7.24 | 8.77 | 13.15 |
| 67 | 3.54 | 4.16 | 4.45 | 4.94 | 6.16 | 7.39 | 8.94 | 13.41 |
| 68 | 3.61 | 4.25 | 4.54 | 5.03 | 6.28 | 7.53 | 9.12 | 13.68 |
| 69 | 3.68 | 4.33 | 4.63 | 5.13 | 6.41 | 7.68 | 9.30 | 13.96 |
| 70 | 3.75 | 4.42 | 4.72 | 5.24 | 6.54 | 7.84 | 9.49 | 14.24 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 - Long Term Care Exchange Option (LCO)
Per $1000 Monthly LC Exchange

| | ANNUAL PREMIUMS | |
|---|---|---|
| | 6 Year BP | 3 Year BP |
| Issue Age | | |
| 18-25 | 4.55 | 3.51 |
| 26 | 4.55 | 3.51 |
| 27 | 4.55 | 3.51 |
| 28 | 5.16 | 3.98 |
| 29 | 5.73 | 4.42 |
| 30 | 6.27 | 4.84 |
| 31 | 6.79 | 5.24 |
| 32 | 7.31 | 5.64 |
| 33 | 7.84 | 6.05 |
| 34 | 8.40 | 6.47 |
| 35 | 8.99 | 6.93 |
| 36 | 9.63 | 7.42 |
| 37 | 10.33 | 7.96 |
| 38 | 11.11 | 8.56 |
| 39 | 11.98 | 9.22 |
| 40 | 13.06 | 10.06 |
| 41 | 14.10 | 10.86 |
| 42 | 15.23 | 11.73 |
| 43 | 16.48 | 12.70 |
| 44 | 17.90 | 13.79 |
| 45 | 19.75 | 15.21 |
| 46 | 21.54 | 16.60 |
| 47 | 23.59 | 18.18 |
| 48 | 26.00 | 20.04 |
| 49 | 28.89 | 22.28 |
| 50 | 32.16 | 24.81 |
| 51 | 36.62 | 28.24 |
| 52 | 42.18 | 32.52 |
| 53 | 49.04 | 37.79 |
| 54 | 57.39 | 44.20 |
| 55 | 64.67 | 49.73 |
| 56 | 77.62 | 59.66 |
| 57 | 93.50 | 71.84 |
| 58 | 112.12 | 86.11 |
| 59 | 133.13 | 102.19 |
| 60 | 155.96 | 119.62 |
| 61 | 179.87 | 137.80 |
| 62 | 203.92 | 156.00 |
| 63 | 216.87 | 164.69 |
| 64 | 227.49 | 171.48 |
| 65 | 236.11 | 176.71 |
| 66 | 243.02 | 180.74 |
| 67 | 248.55 | 183.91 |
| 68 | 252.99 | 186.56 |
| 69 | 256.67 | 189.05 |

Form 750 Continuation Rates Conditionally Renewable
Two Year Benefit Period
Total Disability Only
Non Smoker Rates

ANNUAL PREMIUMS
PER $100 OF MONTHLY INDEMNITY

| | Elimination Period in Days | | | |
|---|---|---|---|---|
| | 90 | 180 | 365 | 730 |
| P1 | 37.39 | 27.55 | 22.46 | 19.98 |
| A1 | 43.99 | 32.41 | 26.42 | 23.51 |
| B1 | 47.47 | 37.68 | 30.71 | 27.32 |
| C1 | 55.57 | 45.71 | 37.21 | 33.12 |
| D1 | 67.75 | 53.91 | 43.84 | 39.02 |
| E1 | 90.21 | 64.8 | 52.55 | 46.77 |
| F1 | 106.45 | 76.08 | 61.55 | 54.77 |
| G1 | 159.68 | 114.12 | 92.33 | 82.16 |

FOR SMOKER RATE MULTIPLY BY 1.25

Form 750 Modal Factors

| Payment Mode | Factor |
|---|---|
| Annual | 1.0000 |
| Semi-Annual | 0.5200 |
| Quarterly | 0.2600 |
| Monthly | 0.0865 |
| Semi-Monthly | 0.0433 |
| Bi-Weekly | 0.0400 |
| Weekly | 0.0200 |

# Supporting Document Schedules

| | | Item Status: | Status Date: |
|---|---|---|---|
| **Satisfied - Item:** | Flesch Certification | Approved-Closed | 11/16/2009 |

**Comments:**
Flesch Certification attached

**Attachment:**
Forms List.pdf

| | | Item Status: | Status Date: |
|---|---|---|---|
| **Bypassed - Item:** | Application | Approved-Closed | 11/16/2009 |

**Bypass Reason:** Our applications for use with our 750 Policy is being filed under separate cover as an application filing.

**Comments:**

| | | Item Status: | Status Date: |
|---|---|---|---|
| **Satisfied - Item:** | Outline of Coverage | Approved-Closed | 11/16/2009 |

**Comments:**
Outline of Coverage attached

**Attachment:**
750-OC.pdf

| | | Item Status: | Status Date: |
|---|---|---|---|
| **Satisfied - Item:** | Filing Letter | Approved-Closed | 11/16/2009 |

**Comments:**
Filing Letter attached

**Attachment:**
AR - Filing Letter.pdf

| | Item Status: | Status |
|---|---|---|

| | | | **Date:** |
|---|---|---|---|
| **Satisfied - Item:** | Certification Regulation 19 | Approved-Closed | 11/16/2009 |

**Comments:**

Certification Regulation 19 attached

**Attachment:**

Regulation 19 - PLA.pdf

**FORMS FILED WITH THE INSURANCE DEPARTMENT, NOVEMBER 2009**

| Form # | Description | Score |
|---|---|---|
| **Policy 750** | **Disability Income Policy** | **51.6** |

When issued, this policy will contain one of the following forms:

| Page 6 | Definitions (continued) Page: used with policy contains: |
|---|---|
| 750-D3 | Total Disability Definition – For the Benefit Period |
| 750-D3-2YR | Total Disability Definition – For 2 Years |

| Page 7 | Exclusions Page: used when policy contains: |
|---|---|
| 750-E | No Mental Disorders Limitation |
| 750-E-MD-24 | 24 Month Mental Disorders Limitation |
| 750-E-MD-60 | 60 Month Mental Disorders Limitation |

## Riders for use with Policy Form 750 — 52.7

| Time Limit on Certain Defenses and Pre-existing Condition Limitation Riders: | | |
|---|---|---|
| 750-MLGI-3 | For Guaranteed Issue, Multi-Life Cases (3 Month Pre-ex) | 50.3 |
| 750-MLGI-6 | For Guaranteed Issue, Multi-Life Cases (6 Month Pre-ex) | 50.3 |
| 750-MLGI-12 | For Guaranteed Issue, Multi-Life Cases (12 Month Pre-ex) | 50.3 |

| Residual Disability Riders: | | |
|---|---|---|
| 750-RES | Benefits for Residual Disability Rider (RES) | 50.2 |
| 750-RES-REC | Benefits for Residual Disability and Recovery Rider (RES-REC) | 51.9 |
| 750-RES-PLUS | Benefits for Residual Disability Plus and Recovery Rider (RES-PLUS) | 51.5 |
| 750-UPDATE | UPDATE Increase Benefit Rider (UPDATE) | 54.0 |
| 750-VS | Voluntary Suspension During Unemployment Rider (VS) | 53.2 |
| 750-CAT | Catastrophic Disability Benefit Rider (CAT) | 52.9 |
| 750-SIS | Social Insurance Substitute Benefit Rider (SIS) | 53.2 |

| Cost of Living Adjustment Riders: | | |
|---|---|---|
| 750-COLA-CPI | CPI Cost of Living Adjustments Rider (COLA CPI) | 50.6 |
| 750-COLA-FIXED | Fixed 3% Cost of Living Adjustments Rider (COLA FIXED) | 50.6 |
| 750-GPI | Guaranteed Right to Purchase Increase Rider (GPI) | 55.9 |
| 750-LTD | Long Term Disability Insurability Option Rider (LTD) | 50.6 |
| 750-LC | Lifetime Continuation Option Rider (LC) | 58.2 |
| 750-ATO | Additional Total Only Monthly Benefit Rider (ATO) | 50.0 |
| 750-SI | Serious Illness Benefit Rider (SI) | 50.6 |
| 750-PCR | Policy Change Rider | 50.6 |

We certify that the forms listed above are readable under the standards of the readability laws of your State and that the Flesch Reading Scores for these forms are as shown.

Nancy H Johnson

_____

Nancy H. Johnson
Vice President
Provident Life and Accident Insurance Company

**PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY** **POLICY SERIES 750**

1 Fountain Square, Chattanooga, Tennessee 37402

## DISABILITY INCOME PROTECTION COVERAGE OUTLINE OF COVERAGE

**READ YOUR POLICY CAREFULLY.** This outline of coverage provides a very brief description of some of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth, in detail, the rights and obligations of both you and Provident. It is, therefore, important that you READ YOUR POLICY CAREFULLY.

**DISABILITY INCOME PROTECTION COVERAGE.** Policies of this category are designed to provide you with coverage for disabilities resulting from a covered accident or sickness, subject to any limitations set forth in the policy. This policy does not provide basic hospital, basic medical or major medical insurance, as defined by your State Insurance Department.

**BENEFITS**. Benefits of the policy are outlined on the following pages. Definitions, benefits and/or limitations marked (X) apply to your policy. Important information including monthly amounts, elimination periods and maximum benefit periods is shown below and in the Policy Schedule:

| Total Disability Monthly Amount | Maximum Benefit Period for Total Disability | Elimination Period |
|---|---|---|
| _____ | _____ | _____days |
| _____ | _____ | _____days |

**EXCLUSIONS.** The policy will not pay benefits for a disability contributed to or caused by: 1) war or act of war, whether declared or undeclared; or 2) the suspension, revocation or surrender of your professional license to practice in your occupation; or 3) your commission or attempt to commit a crime, or your being engaged in an illegal occupation; or 4) intentionally self inflicted injuries; or 5) any loss we have excluded by name or specific description (any such exclusion will appear in the Policy Schedule.)

We will not provide benefits for any period in which you are incarcerated during a disability. We will not pay benefits for more than 12 months while you reside outside the United States or Canada during a disability. You will be considered to reside outside these countries when you have been outside the United States or Canada for a total period of 6 months or more during any 12 consecutive months during a disability.

Your policy may include a pre-existing condition limitation. A pre-existing condition, however, will be covered if it is disclosed and not misrepresented in your application, and we do not specifically exclude it from coverage.

Your policy may include a Limitation for all Mental Disorders. See your policy for details.

**RENEWABILITY OF THE POLICY**.

**Policy Series 750:** Non-Cancellable and Guaranteed Renewable to the date the policy expires. The actual date will be disclosed in the issued policy; however, the policy will not expire before your 65th birthday. No Change in Premium Rates. As long as the premium is paid on time, we cannot change your policy or its premium rate until the Policy Expiration Date.

## BASIC BENEFITS OF THE POLICY

**Benefits for Total Disability**. If you are Totally Disabled, we will pay benefits as follows: 1) benefits start to accrue on the day of Total Disability following the elimination period; 2) the Total Disability Monthly Amount will be paid for as long as Total Disability continues, but not beyond the Maximum Benefit Period for Total Disability.

**Survivor Benefits.** If you die after the Elimination Period, but prior to the Non-Can Expiration Date and while you are receiving Total Disability Benefits, We will pay 3 times the Total Disability Monthly Amount payable at the time You die.

**( ) Definition of Total Disability – 2 Year.** Total Disability or Totally Disabled, for the first 24 months of benefit payments during a disability**,** means that because of injury or sickness: 1) you are not able to perform the material and substantial duties of your occupation; and 2) you are not engaged in any occupation; and 3) you are receiving physician's care. We will waive this requirement if we receive written proof acceptable to us that further physician's care would be of no benefit to you.

After Total Disability benefits have been payable for 24 months during a disability, then Total Disability means that because of injury or sickness: 1) You are not able to perform the material and substantial duties of any occupation; and 2)you are receiving physician's care. We will waive this requirement if We receive written proof acceptable to us that further physician's care would be of no benefit to You.

**( ) Definition of Total Disability – For the Benefit Period.** Total Disability or Totally Disabled means that because of injury or sickness: 1) you are not able to perform the material and substantial duties of your occupation; and 2) you are not engaged in any occupation; and 3) you are receiving physician's care. We will waive this requirement if we receive written proof acceptable to us that further physician's care would be of no benefit to you.

**( ) Benefits for Residual Disability.** If you are Residually Disabled, benefits start to accrue on the day of Residual Disability following the Elimination Period or after Your Total Disability ends, if later. The Residual Disability Monthly Amount cannot exceed the Total Disability Monthly Amount and will be paid for as long as Residual Disability continues, but not beyond the Maximum Benefit Period for Residual Disability. The Residual Disability Monthly Amount will be determined each month using the formulas in the policy.

Residual Disability or Residually Disabled means that you are not Totally Disabled, but due to injury or sickness: 1) you are unable to perform one or more of the material and substantial duties of your occupation; or you are unable to perform them for as long as normally required to perform them; and 2) you are receiving physician’s care. We will waive this requirement if we receive written proof acceptable to us that further care would be of no benefit to you.

After the end of the Elimination Period, Residual Disability or Residually Disabled also means You incur a Loss of Earnings while You are engaged in Any Occupation.

**( ) Benefits for Recovery.** If you experience a Recovery, we will pay benefits as follows: 1) benefits start to accrue on the day after your disability ends; 2) the Recovery Benefit will be calculated each month using the formula shown in the policy; 3) the Recovery Benefit will end the first month in which Your Loss of Earnings is less than 20% of Your Prior Earnings.

Recovery means that, following a disability that continued at least until the end of the elimination period: 1) you have returned to Full-Time Work in Your Occupation; and 2) you incur a loss of earnings of at least 20% that is due to the prior disability; and 3) Your Policy remains in force in accordance with the policy provisions.

Your policy may include a benefit that allows your Total Disability Monthly Amount to increase automatically over a three year period. An additional premium will be charged for each increase. See your policy for details.

Your policy may include the option to suspend your policy for up to one year if you become unemployed. See your policy for details.

**PREMIUMS**. To keep your policy in force, the premium must be paid within 31 days after it is due.

**ADDITIONAL BENEFITS.** If marked (X) below, the following additional benefits apply to your policy. They are subject to the provisions and exclusions of the policy. Please refer to the following brief descriptions:

**(  ) Catastrophic Disability Benefit Rider (CAT) - Form 750-CAT)** provides additional benefits when you are disabled due to a catastrophic disability and/or presumptive disability.

**(  ) Social Insurance Substitute Benefit Rider (SIS) - Form 600-SIS** provides additional disability benefits up to the Maximum SIS Benefit if you do not qualify for disability benefits under the stated social insurance programs, or if you qualify for less than the Maximum SIS Benefit.

**(  ) CPI Cost of Living Adjustments Rider (COLA CPI) - Form 750-COLA-CPI** provides cost of living adjustments after one year of disability. The benefits will be increased based upon year-to-year changes in the Consumer Price Index up to a maximum of 7% but no less than 2%.

**(  ) Fixed 3% Cost of Living Adjustments Rider (COLA FIXED) - Form 750-COLA-FIXED** provides cost of living adjustments after one year of disability payments. The benefits will increase each year by 3%.

**(  ) Guaranteed Right to Purchase Increase Rider (GPI) - Form 750-GPI** provides guaranteed insurability options to the policy without submitting evidence of physical insurability.

**(  ) Long Term Disability Insurability Option Rider (LTD) - Form 750-LTD** provides a guaranteed insurability option to the policy when the status of your group LTD coverage changes.

**(  ) Lifetime Continuation Option Rider (LC) – Form 750-LC** provides the option to exchange this policy for an individual long term care policy at certain ages.

**(  ) Additional Total Only Monthly Benefit Rider (ATO) – Form 750-ATO** provides an additional monthly benefit for only Total Disability.

**(  ) Serious Illness Benefit Rider (SI) – Form 750-SI** provides a lump sum payment at the end of the Serious Illness Elimination Period if you have been continuously Totally Disabled from either Cancer, Stroke or Heart Attack.

1 Fountain Square
Chattanooga, TN 37402
423 294 1011
www.unum.com

November 12, 2009

Arkansas Department of Insurance
Compliance and Health Section
1200 West Third Street
Little Rock, AR 72201

**Provident Life and Accident Insurance Company – NAIC # 565-68195**
**Individual Accident and Health**
**Disability Income Policy Form 750 and Related Forms**

Enclosed for filing is a new noncancellable, guaranteed continuable disability income policy form 750 and related forms. These forms are new and do not replace any existing forms.

Policy Form 750 is noncancellable to the insured's 65th birthday or five years from the Policy Effective Date, whichever is the longer period. If the policy contains a To Age 67 benefit period, the Policy Expiration Date will be the insured's 67th birthday or five years from the Policy Effective Date, whichever is the longer period. This policy is renewable for life if the insured continues full-time employment after the Policy Expiration Date.

For your convenience, a list of all forms being filed for approval and brief descriptions of the optional benefit riders are enclosed.

Application forms AE-1090 and AE-1091 are two new additional applications to be used with this new policy. These applications are being filed concurrently under separate cover.

Rates and actuarial memorandum for this policy is enclosed. We believe you will find them to be self-explanatory.

We reserve the right at any time to make non-material changes to these forms including, but not limited to, paper stock, type face (but not font size) and page layout made necessary by unavoidable changes.

We appreciate your review of this filing. If you have any questions concerning the forms, please contact me at 1-800-451-8475, extension 41757, or by email at jcate@unum.com. If you have questions concerning the rates for this policy, please contact our actuary, James Abril, at 1-800-451-8475, extension 76476 or by email at jabril@unum.com.

Sincerely,

Brian Caldwell

Brian A. Caldwell
Contract Consultant
Provident Life and Accident Insurance Company

Unum is a registered trademark and marketing brand of Unum Group and its insuring subsidiaries.

**CERTIFICATION REQUIRED BY**
**ARKANSAS INSURANCE DEPARTMENT REGULATION 19**

I certify that this submission meets the provisions of Regulation 19 as well as all other applicable requirements of the Arkansas Insurance Department.

Nancy H Johnson

Signature

Nancy H. Johnson
Vice President

Date: November 12, 2009

PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY
CHATTANOOGA, TENNESSEE

# Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

| Creation Date: | Schedule | Schedule Item Name | Replacement Creation Date | Attached Document(s) |
|---|---|---|---|---|
| 11/11/2009 | Form | Disability Income Policy | 11/13/2009 | 750.pdf (Superceded) |

Attachment "750.pdf" could not be reproduced here for the following reason: PDF header signature not found.