Filing at a Glance

Company: Metropolitan Life Insurance Company.

Product Name: Individual Disability Income
TOI: H11G Group Health - Disability Income
Sub-TOI: H11G.004 Other
Filing Type: Form

SERFF Tr Num: META-126019768
SERFF Status: Closed
Co Tr Num: B08-58 RW
Co Status:
Author: Sandra Bennett
Date Submitted: 02/04/2009

State: ArkansasLH
State Tr Num: 41451
State Status: Approved-Closed
Reviewer(s): Rosalind Minor
Disposition Date: 02/06/2009
Disposition Status: Approved-Closed

Implementation Date Requested:
Implementation Date:

State Filing Description:

General Information

Project Name: IDIPR08-1
Project Number: B08-58 RW
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 02/06/2009
State Status Changed: 02/06/2009
Corresponding Filing Tracking Number: B08-58 RW

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Group Market Size:
Group Market Type:

Deemer Date:

Filing Description:

Please see the cover letter for a more detail description of the submitted filing.

Company and Contact

Filing Contact Information

Robert E. Winograd, Sr. Contract Anayst
501 Route 22
(908) 253-2288 [Phone]

Bridgewater, NJ 08807

Filing Company Information

Metropolitan Life Insurance Company.	CoCode: 65978	State of Domicile: New York
MetLife	Group Code: -99	Company Type: Life
1095 Avenue of the Americas		
New York, NY 10036-6796	Group Name:	State ID Number:
(212) 578-2211 ext. [Phone]	FEIN Number: 13-5581829	

Filing Fees

Fee Required?	Yes
Fee Amount:	$230.00
Retaliatory?	No
Fee Explanation:	$20.00 per form and 50.00 per rate.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Metropolitan Life Insurance Company.	$230.00	02/04/2009	25500448

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	02/06/2009	02/06/2009

Disposition

Disposition Date: 02/06/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*META-126019768*	*State:*	*Arkansas*
Filing Company:	*Metropolitan Life Insurance Company.*	*State Tracking Number:*	*41451*
Company Tracking Number:	*B08-58 RW*		
TOI:	*H11G Group Health - Disability Income*	*Sub-TOI:*	*H11G.004 Other*
Product Name:	*Individual Disability Income*		
Project Name/Number:	*IDIPR08-1/B08-58 RW*		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Supporting Document	ARCERTREAD	Approved-Closed	Yes
Supporting Document	Actuarial Memorandum	Approved-Closed	No
Supporting Document	Misc_Pages_National	Approved-Closed	No
Form	Rider	Approved-Closed	Yes
Form	Rider	Approved-Closed	Yes
Form	Rider	Approved-Closed	Yes
Form	Rider	Approved-Closed	Yes
Form	Rider	Approved-Closed	Yes
Form	Rider	Approved-Closed	Yes
Form	Rider	Approved-Closed	Yes
Form	Outline of Coverage	Approved-Closed	Yes
Form	Outline of Coverage	Approved-Closed	Yes
Rate	CPI2 SIO	Approved-Closed	Yes

Form Schedule

Lead Form Number: IDIPR08-1

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	IDIPR08-1	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider		Initial		57	IDIPR08-1.pdf
Approved-Closed	IDIPR08-2	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider		Initial		52	IDIPR08-2.pdf
Approved-Closed	IDIPR08-3	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider		Initial		51	IDIPRO8-3.pdf
Approved-Closed	IDIPR08-4	Policy/Contract/Fraternal Certificate: Amendmen		Initial		51	IDIPR08-4.pdf

		t, Insert Page, Endorsement or Rider				
Approved-Closed	IDIPR08-5	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Rider	Initial	51	IDIPR08-5.pdf
Approved-Closed	IDIPR08-6	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Rider	Initial	52	IDIPR08-6.pdf
Approved-Closed	IDIPR08-7	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Rider	Initial	53	IDIPR08-7.pdf
Approved-Closed	IDIOOC-ADD08-1	Outline of Coverage	Outline of Coverage	Initial	54	IDIOOC-ADD08-1.pdf
Approved-Closed	IDIOOC-ADD08-2	Outline of Coverage	Outline of Coverage	Initial	55	IDIOOC-ADD08-2.pdf

Metropolitan Life Insurance Company

Rider: Guaranteed Insurability Benefit

This rider is a part of the policy if it is referred to on page 3.

Effective Date

The Effective Date of this rider is shown on page 3.

The Effective Date of increases in the Policy Benefit will also be shown on page 3.

Premium

The Premium for this rider is shown on page 3.

In addition, there will be a Premium charge for each increase in the Policy Benefit. The Premium for each increase will be at the rate then in effect for Your policy based on Your age on the applicable Option Date and for Your class on the Effective Date of this rider.

For the increase to be effective, the Premium for the increase must be paid within 31 days after its Effective Date.

Definitions

Policy Benefit means the Monthly Benefit for Total Disability, as shown on page 3, payable under Your policy.

Option Date means each anniversary of the Effective Date of this rider that occurs on or before the Expiry Date.

Unit of Increase means an amount by which the Policy Benefit can be increased on an Option Date for the Standard Option Benefit. The Unit of Increase is shown on page 3.

Maximum Total Increase means the current amount remaining by which the Policy Benefit can be increased under this rider through the Expiry Date. This amount will decrease by the amount of any increases in the Policy Benefit by use of this rider. The Maximum Total Increase amount is shown on page 3.

Advanced Option Period means the time period from the Effective Date of this rider to the later of:

- the third Option Date following the Effective Date of this rider; or
- the Option Date on or next following Your 40th birthday.

Earned Income means income or compensation, payable as remuneration to You, for actual services You perform, or for goods or services provided by a business in which You have an ownership interest. This term includes salary, fees, profits or losses, commissions, bonuses and other payment for goods or services, which You or Your business render or provide. Earnings are determined after deduction of normal and customary unreimbursed business expenses, but before deduction of any income taxes.

Earned Income does not include:

1. Income from dividends, interest, rent, royalties, annuities, or investments; or
2. Income from deferred compensation plans, formal sick pay benefits, disability income policies, or retirement plans.

Expiry Date is the date, shown on page 3, when this rider ends.

Standard Option Benefit

On any Option Date, You may apply for an amount up to one Unit of Increase.

If all or part of a Unit of Increase is not used as of any Option Date, You may carry this remainder forward and apply for it on the next Option Date. You may not carry this remainder forward past that next Option Date. To use all or part of a carried-forward Unit of Increase, You must also apply for all of Your current Unit of Increase.

The minimum increase You may apply for is the lesser of the Maximum Total Increase or $200. Each increase You apply for must be a multiple of $50.

The amount for which You apply on any one Option Date may not exceed the Maximum Total Increase.

Advanced Option Benefit

On any Option date during the Advanced Option Period You may apply for any amount of increase up to the Maximum Total Increase. Any increase for which You apply must be a multiple of $50.

If You exercise the Advanced Option Benefit, there will be no carried-forward Unit of Increase on the next Option Date.

To Qualify for an Increase

You will qualify for an increase, if, on an Option Date:

1. Your Earned Income is sufficient for an increase based on Our underwriting and issue limits rules in effect at that time; and

2. The sum of all Your Disability income coverage after the increase is not more than the maximum coverage We would then offer to new applicants in Your class. The sum of Your Disability income coverage includes benefits You would receive from Us, other insurers and government agencies.

If, based on items 1 and 2 above, You qualify for less than the entire amount of increase applied for, then the amount of increase will be the amount for which You qualify.

Application

If You want to apply for an increase, You must notify Us. We will send you an Application that must be completed and returned to Us within 60 days before the Option Date. This Application will ask You for a statement of Your Earned Income and disability income coverage, but will ask no questions about Your health.

When an Increase Takes Effect

If Your Application is approved, Your Policy Benefit will be increased on the applicable Option Date. However, this increase in Your Policy Benefit will not be payable for a Disability existing on the Option Date, or for a Recurrent Disability that is a continuation of a Disability that began prior to the Option Date.

Time Limit on Certain Defenses

After 3 years from the Effective Date of this rider, no misstatements, except for fraudulent misstatements, made by You on the Application for this rider or the policy to which it is attached can be used to void this rider or deny a claim under this rider for a Disability starting more than 3 years from the Effective Date of this rider.

After 3 years from the Effective Date of any increase in the Policy Benefit under this rider, no misstatements, except for fraudulent misstatements, made by You on the Application for the increase in the Policy Benefit can be used to void the increase in the Policy Benefit or deny a claim with respect to the increase in the Policy Benefit for a Disability starting more than 3 years from the Effective Date of increase in the Policy Benefit.

No claim with respect to an increase in the Policy Benefit for a Disability starting after 3 years from the Effective Date of this rider, will be reduced or denied on the grounds that a Sickness or physical condition had existed, but not manifested itself, before the Effective Date of this rider unless, on the date the Disability starts, that Sickness or physical condition was excluded from coverage by name or specific description.

Rider: Guaranteed Insurability Benefit (Continued)

Termination This rider will end on the earliest of:

1. The Expiry Date;
2. The date the Maximum Total Increase equals zero;
3. The date the policy ends; or
4. The date We receive Your Written request to end this rider, in which case You must return the policy to Us. We will change the policy and return it to You.

Gwenn L. Carr
Vice President and Secretary

Metropolitan Life Insurance Company

Rider: Cost-of-Living Adjustment for Disability Benefits

This rider is a part of the policy if it is referred to on page 3.

Effective Date The Effective Date of this rider is shown on page 3.

Premium The Premium for this rider is shown on page 3.

Definitions **CPI-U** means the Consumer Price Index for All Urban Consumers. It is published by the United States Bureau of Labor Statistics. If the CPI-U cannot be used or is not available, We will choose a suitable index to replace it. CPI-U will then mean the chosen index.

Review Date means each anniversary date of the start of a period of Disability.

Index Month means the June before the Review Date. The first Index Month is the June before the start of a period of Disability.

Adjusted Monthly Benefit for Total Disability means the amount determined in the Benefits section below.

Benefits If Your period of Disability lasts for at least one year We will adjust any further Monthly Benefit for Total Disability and (if a Residual Disability or Transitional Your Occupation rider is included in Your policy) Residual Disability or Total Disability in Your Occupation payable for that Disability by substituting the Adjusted Monthly Benefit for Total Disability for the Monthly Benefit for Total Disability.

The Adjusted Monthly Benefit for Total Disability will be determined on each Review Date.

The Adjusted Monthly Benefit for Total Disability is computed by multiplying the Monthly Benefit for Total Disability shown on page 3 by a factor equal to the CPI-U for the latest Index Month divided by the CPI-U for the first Index Month. From one year to the next, the Adjusted Monthly Benefit for Total Disability will not be increased by more than 10%, and will not be decreased, but could remain the same. This amount will be rounded upwards to the next whole dollar.

Termination of Adjustment

No further cost-of-living adjustments will be made to the Adjusted Monthly Benefit for Total Disability after the earliest of:

1. The date a period of Disability ends;
2. The date the Maximum Benefit Period ends; or
3. The first Premium Due Date on or after Your 65th birthday, or the second Review Date if later.

Benefit Purchase Option

If the adjustments end because of 1 or 2 above, and:

1. You are Gainfully Employed for at least 30 hours per week; and
2. You have not attained age 60;

Metropolitan Life Insurance Company

Rider: Cost-of-Living Adjustment for Disability Benefits

This rider is a part of the policy if it is referred to on page 3.

Effective Date The Effective Date of this rider is shown on page 3.

Premium The Premium for this rider is shown on page 3.

Definitions **CPI-U** means the Consumer Price Index for All Urban Consumers. It is published by the United States Bureau of Labor Statistics. If the CPI-U cannot be used or is not available, We will choose a suitable index to replace it. CPI-U will then mean the chosen index.

Review Date means each anniversary date of the start of a period of Disability.

Index Month means the June before the Review Date. The first Index Month is the June before the start of a period of Disability.

Adjusted Monthly Benefit for Total Disability means the amount determined in the Benefits section below.

Benefits If Your period of Disability lasts for at least one year We will adjust any further Monthly Benefit for Total Disability and (if a Residual Disability or Transitional Your Occupation rider is included in Your policy) Residual Disability or Total Disability in Your Occupation payable for that Disability by substituting the Adjusted Monthly Benefit for Total Disability for the Monthly Benefit for Total Disability.

The Adjusted Monthly Benefit for Total Disability will be determined on each Review Date.

The Adjusted Monthly Benefit for Total Disability is computed by multiplying the Monthly Benefit for Total Disability shown on page 3 by a factor equal to the CPI-U for the latest Index Month divided by the CPI-U for the first Index Month. From one year to the next, the Adjusted Monthly Benefit for Total Disability will not be increased by more than 10%, and will not be decreased, but could remain the same. This amount will be rounded upwards to the next whole dollar.

Termination of Adjustment

No further cost-of-living adjustments will be made to the Adjusted Monthly Benefit for Total Disability after the earliest of:

1. The date a period of Disability ends;
2. The date the Maximum Benefit Period ends; or
3. The first Premium Due Date on or after Your 65th birthday, or the second Review Date if later.

Benefit Purchase Option

If the adjustments end because of 1 or 2 above, and:

1. You are Gainfully Employed for at least 30 hours per week; and
2. You have not attained age 60;

You may, within 90 days, add the amount of the last cost-of-living adjustment to the Monthly Benefit for Total Disability, provided that You pay the premium for this increased coverage. This premium will be based on the rates in effect for a person of Your age at the time the adjustments end, and Your class on the Effective Date of this rider. If You choose not to purchase this increased coverage, benefits payable for a new period of Disability will not include the cost-of-living adjustment(s) from the preceding period of Disability. In any case, a new first Index Month and Review Date will apply to a later period of Disability.

Time Limit on Certain Defenses

After 3 years from the Effective Date of this rider, no misstatements, except for fraudulent misstatements, made by You on the Application for this rider or the policy to which it is attached can be used to void this rider or deny a claim under this rider for a Disability starting more than 2 years from the Effective Date of this rider.

No claim for Disability starting after 3 years from the Effective Date of this rider will be reduced or denied on the grounds that a Sickness or physical condition had existed, but not manifested itself, before the Effective Date of this rider unless, on the date the Disability starts, that Sickness or physical condition was excluded from coverage by name or specific description.

Termination

This rider will end on the earliest of:

1. The date the policy ends;
2. The first Premium Due Date on or after Your 65th birthday; or
3. The date We receive Your Written request to end this benefit, in which case You must return the policy to Us. We will change the policy and return it to You.

Gwenn L. Carr
Vice President and Secretary

Metropolitan Life Insurance Company

Rider: Cost-of-Living Adjustment for Disability Benefits

This rider is a part of the policy if it is referred to on page 3.

Effective Date The Effective Date of this rider is shown on page 3.

Premium The Premium for this rider is shown on page 3.

Definitions **CPI-U** means the Consumer Price Index for All Urban Consumers. It is published by the United States Bureau of Labor Statistics. If the CPI-U cannot be used or is not available, We will choose a suitable index to replace it. CPI-U will then mean the chosen index.

Review Date means each anniversary date of the start of a period of Disability.

Index Month means the June before the Review Date. The first Index Month is the June before the start of a period of Disability.

Adjusted Monthly Benefit for Total Disability means the amount determined in the Benefits section below.

Benefits If Your period of Disability lasts for at least one year We will adjust any further Monthly Benefit for Total Disability and (if a Residual Disability or Transitional Your Occupation rider is included in Your policy) Residual Disability or Total Disability in Your Occupation payable for that Disability by substituting the Adjusted Monthly Benefit for Total Disability for the Monthly Benefit for Total Disability.

The Adjusted Monthly Benefit for Total Disability will be determined on each Review Date.

The Adjusted Monthly Benefit for Total Disability is computed by multiplying the Monthly Benefit for Total Disability shown on page 3 by a factor equal to the CPI-U for the latest Index Month divided by the CPI-U for the first Index Month. From one year to the next, the Adjusted Monthly Benefit for Total Disability will not be increased by more than 10%, and will not be decreased, but could remain the same. This amount will be rounded upwards to the next whole dollar.

Termination of Adjustment

No further cost-of-living adjustments will be made to the Adjusted Monthly Benefit for Total Disability after the earliest of:

1. The date a period of Disability ends;
2. The date the Maximum Benefit Period ends; or
3. The first Premium Due Date on or after Your 65th birthday, or the second Review Date if later.

Time Limit on Certain Defenses After 3 years from the Effective Date of this rider, no misstatements, except for fraudulent misstatements, made by You on the Application for this rider or the policy to which it is attached can be used to void this rider or deny a claim under this rider for a Disability starting more than 3 years from the Effective Date of this rider.

No claim for Disability starting after 2 years from the Effective Date of this rider will be reduced or denied on the grounds that a Sickness or physical condition had existed, but not manifested itself, before the Effective Date of this rider unless, on the date the Disability starts, that Sickness or physical condition was excluded from coverage by name or specific description.

Termination This rider will end on the earliest of:

1. The date the policy ends;
2. The first Premium Due Date on or after Your 65th birthday; or
3. The date We receive Your Written request to end this benefit, in which case You must return the policy to Us. We will change the policy and return it to You.

Gwenn L. Carr
Vice President and Secretary

Metropolitan Life Insurance Company

Rider: Cost-of-Living Adjustment for Disability Benefits

This rider is a part of the policy if it is referred to on page 3.

Effective Date The Effective Date of this rider is shown on page 3.

Premium The Premium for this rider is shown on page 3.

Definitions **CPI-U** means the Consumer Price Index for All Urban Consumers. It is published by the United States Bureau of Labor Statistics. If the CPI-U cannot be used or is not available, We will choose a suitable index to replace it. CPI-U will then mean the chosen index.

Review Date means each anniversary date of the start of a period of Disability.

Index Month means the June before the Review Date. The first Index Month is the June before the start of a period of Disability.

Adjusted Monthly Benefit for Total Disability means the amount determined in the Benefits section below.

Benefits If Your period of Disability lasts for at least one year We will adjust any further Monthly Benefit for Total Disability and (if a Residual Disability or Transitional Your Occupation rider is included in Your policy) Residual Disability or Total Disability in Your Occupation payable for that Disability by substituting the Adjusted Monthly Benefit for Total Disability for the Monthly Benefit for Total Disability.

The Adjusted Monthly Benefit for Total Disability will be determined on each Review Date.

The Adjusted Monthly Benefit for Total Disability is computed by multiplying the Monthly Benefit for Total Disability shown on page 3 by a factor equal to the CPI-U for the latest Index Month divided by the CPI-U for the first Index Month. From one year to the next, the Adjusted Monthly Benefit for Total Disability will not be increased by more than 10%, and will not be decreased, but could remain the same. This amount will be rounded upwards to the next whole dollar.

Termination of Adjustment

No further cost-of-living adjustments will be made to the Adjusted Monthly Benefit for Total Disability after the earliest of:

1. The date a period of Disability ends;
2. The date the Maximum Benefit Period ends; or
3. The first Premium Due Date on or after Your 65th birthday, or the second Review Date if later.

Time Limit on Certain Defenses After 3 years from the Effective Date of this rider, no misstatements, except for fraudulent misstatements, made by You on the Application for this rider or the policy to which it is attached can be used to void this rider or deny a claim under this rider for a Disability starting more than 3 years from the Effective Date of this rider.

No claim for Disability starting after 12 months from the Effective Date of this rider will be reduced or denied on the grounds that a Sickness or physical condition had existed, but not manifested itself, before the Effective Date of this rider unless, on the date the Disability starts, that Sickness or physical condition was excluded from coverage by name or specific description.

Termination This rider will end on the earliest of:

1. The date the policy ends;
2. The first Premium Due Date on or after Your 65th birthday; or
3. The date We receive Your Written request to end this benefit, in which case You must return the policy to Us. We will change the policy and return it to You.

Gwenn L. Carr
Vice President and Secretary

Metropolitan Life Insurance Company

Rider: Cost-of-Living Adjustment for Disability Benefits

This rider is a part of the policy if it is referred to on the Policy Schedule page.

Effective Date The Effective Date of this rider is shown on the Policy Schedule page.

Premium The Premium for this rider is shown on the Policy Schedule page.

Definitions

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Review Date means each anniversary date of the start of a period of Disability.

Index Month means the June before the Review Date. The first Index Month is the June before the start of a period of Disability.

Adjusted Monthly Benefit for Total Disability means the amount determined in the Benefits section below.

Benefits

If Your period of Disability lasts for at least one year We will adjust any further Monthly Benefit for Total Disability and (if a Residual Disability or Transitional Your Occupation rider is included in Your policy) Residual Disability or Total Disability in Your Occupation payable for that Disability by substituting the Adjusted Monthly Benefit for Total Disability for the Monthly Benefit for Total Disability.

The Adjusted Monthly Benefit for Total Disability will be determined on each Review Date.

The Adjusted Monthly Benefit for Total Disability is computed by multiplying the Monthly Benefit for Total Disability shown on the Policy Schedule page by a factor equal to the CPI-U for the latest Index Month divided by the CPI-U for the first Index Month. From one year to the next, the Adjusted Monthly Benefit for Total Disability will not be increased by more than 10%, and will not be decreased, but could remain the same. This amount will be rounded upwards to the next whole dollar.

Termination of Adjustment

No further cost-of-living adjustments will be made to the Adjusted Monthly Benefit for Total Disability after the earliest of:

1. The date a period of Disability ends;
2. The date the Maximum Benefit Period ends; or
3. The first Premium Due Date on or after Your 65th birthday, or the second Review Date if later.

Time Limit on Certain Defenses

After 3 years from the Effective Date of this rider, no misstatements, except for fraudulent misstatements, made by You on the Application for this rider or the policy to which it is attached can be used to void this rider or deny a claim under this rider for a Disability starting more than 3 years from the Effective Date of this rider.

No claim for Disability starting after the period of time as shown on the Policy Schedule page (Preexisting Conditions Exclusion Period) after the Effective Date of this rider will be reduced or denied on the grounds that a Sickness or physical condition had existed before the Effective Date of this rider unless, on the date the Disability starts, that Sickness or physical condition was excluded from coverage by name or specific description.

Termination This rider will end on the earliest of:

1. The date the policy ends;
2. The first Premium Due Date on or after Your 65th birthday or the fifth policy anniversary, if later; or
3. The date We receive Your Written request to end this benefit, in which case You must return the policy to Us. We will change the policy and return it to You.

Gwenn L. Carr
Vice President and Secretary

Metropolitan Life Insurance Company

Rider: Cost-of-Living Adjustment for Disability Benefits

This rider is a part of the policy if it is referred to on the Policy Schedule page.

Effective Date The Effective Date of this rider is shown on the Policy Schedule page.

Premium The Premium for this rider is shown on the Policy Schedule page.

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Review Date means each anniversary date of the start of a period of Disability.

Index Month means the June before the Review Date. The first Index Month is the June before the start of a period of Disability.

Adjusted Monthly Benefit for Total Disability means the amount determined in the Benefits section below.

Benefits If Your period of Disability lasts for at least one year We will adjust any further Monthly Benefit for Total Disability and (if a Residual Disability or Transitional Your Occupation rider is included in Your policy) Residual Disability or Total Disability in Your Occupation payable for that Disability by substituting the Adjusted Monthly Benefit for Total Disability for the Monthly Benefit for Total Disability.

The Adjusted Monthly Benefit for Total Disability will be determined on each Review Date.

The Adjusted Monthly Benefit for Total Disability is computed by multiplying the Monthly Benefit for Total Disability shown on the Policy Schedule page by a factor equal to the CPI-U for the latest Index Month divided by the CPI-U for the first Index Month. From one year to the next, the Adjusted Monthly Benefit for Total Disability will not be increased by more than 10%, and will not be decreased, but could remain the same. This amount will be rounded upwards to the next whole dollar.

Termination of Adjustment

No further cost-of-living adjustments will be made to the Adjusted Monthly Benefit for Total Disability after the earliest of:

1. The date a period of Disability ends;
2. The date the Maximum Benefit Period ends; or
3. The first Premium Due Date on or after Your 65th birthday, or the second Review Date if later.

Time Limit on Certain Defenses After 3 years from the Effective Date of this rider, no misstatements, except for fraudulent misstatements, made by You on the Application for this rider or the policy to which it is attached can be used to void this rider or deny a claim under this rider for a Disability starting more than 3 years from the Effective Date of this rider.

Rider: Cost-of-Living Adjustment for Disability Benefits (Continued)

Termination This rider will end on the earliest of:

1. The date the policy ends;
2. The first Premium Due Date on or after Your 65th birthday or the fifth policy anniversary, if later; or
3. The date We receive Your Written request to end this benefit, in which case You must return the policy to Us. We will change the policy and return it to You.

Gwenn L. Carr
Vice President and Secretary

Metropolitan Life Insurance Company

Rider: Cost-of-Living Adjustment for Disability Benefits

This rider is a part of the policy if it is referred to on page 3.

Effective Date The Effective Date of this rider is shown on page 3.

Premium The Premium for this rider is shown on page 3.

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Review Date means each anniversary date of the start of a period of Disability.

Index Month means the June before the Review Date. The first Index Month is the June before the start of a period of Disability.

Adjusted Monthly Benefit for Total Disability means the amount determined in the Benefits section below.

Benefits If Your period of Disability lasts for at least one year We will adjust any further Monthly Benefit for Total Disability and (if a Residual Disability or Transitional Your Occupation rider is included in Your policy) Residual Disability or Total Disability in Your Occupation payable for that Disability by substituting the Adjusted Monthly Benefit for Total Disability for the Monthly Benefit for Total Disability.

The Adjusted Monthly Benefit for Total Disability will be determined on each Review Date.

The Adjusted Monthly Benefit for Total Disability is computed by multiplying the Monthly Benefit for Total Disability shown on page 3 by a factor equal to the CPI-U for the latest Index Month divided by the CPI-U for the first Index Month. From one year to the next, the Adjusted Monthly Benefit for Total Disability will not be increased by more than 10%, and will not be decreased, but could remain the same. This amount will be rounded upwards to the next whole dollar.

Termination of Adjustment

No further cost-of-living adjustments will be made to the Adjusted Monthly Benefit for Total Disability after the earliest of:

1. The date a period of Disability ends;
2. The date the Maximum Benefit Period ends; or
3. The first Premium Due Date on or after Your 65th birthday, or the second Review Date if later.

Benefit Purchase Option

If the adjustments end because of 1 or 2 above, and:

1. You are Gainfully Employed for at least 30 hours per week; and
2. You have not attained age 60;

You may, within 90 days, add the amount of the last cost-of-living adjustment to the Monthly Benefit for Total Disability, provided that You pay the premium for this increased coverage. This premium will be based on the rates in effect for a person of Your age at the time the adjustments end, and Your class on the Effective Date of this rider. If You choose not to purchase this increased coverage, benefits payable for a new period of Disability will not include the cost-of-living adjustment(s) from the preceding period of Disability. In any case, a new first Index Month and Review Date will apply to a later period of Disability.

Time Limit on Certain Defenses

After 3 years from the Effective Date of this rider, no misstatements, except for fraudulent misstatements, made by You on the Application for this rider or the policy to which it is attached can be used to void this rider or deny a claim under this rider for a Disability starting more than 2 years from the Effective Date of this rider.

No claim for Disability starting after 3 years from the Effective Date of this rider will be reduced or denied on the grounds that a Sickness or physical condition had existed, but not manifested itself, before the Effective Date of this rider unless, on the date the Disability starts, that Sickness or physical condition was excluded from coverage by name or specific description.

Termination

This rider will end on the earliest of:

1. The date the policy ends;
2. The first Premium Due Date on or after Your 65th birthday; or
3. The date We receive Your Written request to end this benefit, in which case You must return the policy to Us. We will change the policy and return it to You.

Gwenn L. Carr
Vice President and Secretary

METROPOLITAN LIFE INSURANCE COMPANY

P. O. Box 30591, Tampa, FL 33630

DISABILITY INCOME PROTECTION COVERAGE

ADDENDUM TO THE REQUIRED OUTLINE OF COVERAGE

This addendum is intended to accompany your required outline of coverage. This addendum gives you a brief description of additional important features of your policy. Only the actual policy provisions will control. You should READ YOUR POLICY CAREFULLY!

This is a continuation of section (3) of your required outline of coverage captioned "Benefits of Your Policy."

Optional Benefits (continued)	Amount	Elimination Period (Days)	Maximum Benefit Period
☐ Endorsement for Retirement Savings Protection (Form IDIPE06-6)[A-1]	XXXX	XXXX	XXXX
☐ Spousal Catastrophic Disability Benefit (Form IDIPR07-1)[A-2]	$ _____	XXX	
☐ Transitional Your Occupation Benefit (Form IDIPE07-1)[A-3]	Same as Base Policy	Same as Base Policy	
☐ Cost-of-Living Adjustment for Disability Benefits (with Benefit Purchase Option)[A-5] (Form IDIPR08-2)	[A-4]	XXX	Same as Base Policy
☐ Cost-of-Living Adjustment for Disability Benefits (Form IDIPR08-3)	[A-4]	XXX	Same as Base Policy
☐ Cost-of-Living Adjustment for Disability Benefits (Form IDIPR08-4)	[A-4]	XXX	Same as Base Policy
☐ Cost-of-Living Adjustment for Disability Benefits (Form IDIPR08-7)	[A-4]	XXX	Same as Base Policy
☐ Guaranteed Insurability Benefit[A-6] (Form IDIPR08-1)			Expiry date is _____
Unit of Increase	$_____	XXX	
Maximum Total Increase	$_____	XXX	

[A-1] All monthly benefits payable under the policy will be paid to the named trustee of your retirement benefit trust for deposit into your retirement benefit trust. You will receive no payments until the assets of the trust are distributed, in accordance with its terms, when you reach age 65, or on your retirement date if later, or on such other date permitted under the terms of the trust.

[A-2] An additional indemnity will be paid if your spouse is catastrophically disabled, which is defined as loss of sight, hearing, speech or limbs; or such conditions as Alzheimer's Disease, aphasia or paralysis; or inability to perform activities of daily living.

[A-3] You will be considered totally disabled if you are unable to perform the material and substantial duties of your regular occupation, even if you are gainfully employed in another occupation.

[A-4] On each anniversary of the start of a continuous period of disability (called a review date) we will adjust your monthly benefit for total disability based on the Consumer Price Index (computed each June). The maximum increase in any one year is 10%, and, if the Consumer Price Index does not increase, or decreases, the adjusted monthly benefit will not be decreased from the previous year's amount.

[A-5] After a period of disability ends, you may, within 90 days, add the amount of the last adjustment for that period to your base benefit by paying the attained age premium for the increased coverage; otherwise the base benefit will not include this adjustment.

[A-6] On each option date (every policy anniversary up to the expiry date) you may buy more long term disability income coverage, up to the unit of increase. The amount applied for must be a multiple of $50, and at least $200. You must meet the earnings standards and not be disabled at the time. You may carry over the unused part of a unit of increase, but only to the next option date. You also have the option, until the later of the third option date or the option date on or after your 40th birthday, to purchase up to the maximum total increase.

METROPOLITAN LIFE INSURANCE COMPANY

P. O. Box 30591, Tampa, FL 33630

DISABILITY INCOME PROTECTION COVERAGE

ADDENDUM TO THE REQUIRED OUTLINE OF COVERAGE

This addendum is intended to accompany your required outline of coverage. This addendum gives you a brief description of additional important features of your policy. Only the actual policy provisions will control. You should READ YOUR POLICY CAREFULLY!

This is a continuation of section (3) of your required outline of coverage captioned "Benefits of Your Policy."

Optional Benefits (continued)	Amount	Elimination Period (Days)	Maximum Benefit Period
☐ Endorsement for Retirement Savings Protection (Form IDIPE06-6)[A-1]	XXXX	XXXX	XXXX
☐ Presumptive Total Disability (Form IDI2000-PE/PD)[A-2]	Same as Base Policy	Same as Base Policy	Same as Base Policy
☐ Presumptive Total Disability (Form IDI2000-PE/PDX)[A-3]	Same as Base Policy	Same as Base Policy	Same as Base Policy
☐ Transitional Your Occupation Benefit (Form IDI2000-PE/TYO)[A-3]	Same as Base Policy	Same as Base Policy	
☐ Transitional Your Occupation Benefit (Form IDI2000-PE/TYOX)[A-3]	Same as Base Policy	Same as Base Policy	
☐ Cost-of-Living Adjustment for Disability Benefits (Form IDIPR08-5)	[A-4]	XXX	Same as Base Policy
☐ Cost-of-Living Adjustment for Disability Benefits (Form IDIPR08-6)	[A-4]	XXX	Same as Base Policy

[A-1] All monthly benefits payable under the policy will be paid to the named trustee of your retirement benefit trust for deposit into your retirement benefit trust. You will receive no payments until the assets of the trust are distributed, in accordance with its terms, when you reach age 65, or on your retirement date if later, or on such other date permitted under the terms of the trust.

[A-2] You will be presumed to be totally disabled if an injury or sickness causes your total and permanent loss of: (a) the use of both hands, both feet, or one hand and one foot; (b) sight in both eyes; (c) speech; or (d) hearing in both ears.

[A-3] You will be considered totally disabled if you are unable to perform the material and substantial duties of your regular occupation, even if you are gainfully employed in another occupation.

[A-4] On each anniversary of the start of a continuous period of disability (called a review date) we will adjust your monthly benefit for total disability based on the Consumer Price Index (computed each June). The maximum increase in any one year is 10%, and, if the Consumer Price Index does not increase, or decreases, the adjusted monthly benefit will not be decreased from the previous year's amount.

Rate Information

Rate data does NOT apply to filing.

Rate/Rule Schedule

Review Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:*	Rate ActionInformation:	Attachments
Approved-Closed	CPI2 SIO	IDI2000-P/NC ML, et, al.	New		CPI2_SIO.pdf

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Limited	Individually Sold and Association	No	Female

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.49	0.56	0.62	0.66		0.90		1.34	1.40	2.45
26	0.54	0.60	0.67	0.69		0.97		1.43	1.49	2.61
27	0.58	0.64	0.71	0.75		1.02		1.52	1.57	2.77
28	0.61	0.68	0.77	0.79		1.09		1.62	1.68	2.95
29	0.66	0.73	0.82	0.86		1.16		1.72	1.78	3.12
30	0.71	0.79	0.89	0.92		1.23		1.83	1.89	3.32
31	0.76	0.84	0.95	0.99		1.30		1.94	2.01	3.53
32	0.82	0.91	1.02	1.07		1.39		2.04	2.12	3.75
33	0.86	0.97	1.09	1.14		1.46		2.16	2.24	3.97
34	0.92	1.03	1.15	1.21		1.55		2.29	2.38	4.21
35	0.98	1.10	1.24	1.30		1.63		2.41	2.51	4.43
36	1.04	1.16	1.32	1.38		1.73		2.53	2.63	4.69
37	1.12	1.25	1.40	1.47		1.82		2.67	2.78	4.92
38	1.19	1.33	1.49	1.56		1.92		2.81	2.92	5.17
39	1.26	1.42	1.58	1.67		2.02		2.93	3.05	5.42
40	1.36	1.50	1.69	1.77		2.13		3.07	3.19	5.68
41	1.44	1.60	1.80	1.89		2.23		3.20	3.32	5.93
42	1.52	1.70	1.92	2.01		2.35		3.33	3.47	6.18
43	1.63	1.82	2.05	2.15		2.47		3.48	3.62	6.44
44	1.75	1.96	2.21	2.30		2.61		3.62	3.76	6.69
45	1.86	2.09	2.34	2.45		2.74		3.74	3.89	6.93
46	1.99	2.22	2.50	2.62		2.85		3.87	4.03	7.16
47	2.11	2.35	2.65	2.77		2.99		3.99	4.15	7.38
48	2.23	2.51	2.82	2.96		3.13		4.11	4.29	7.59
49	2.36	2.65	2.98	3.12		3.25		4.22	4.40	7.79
50	2.48	2.78	3.13	3.28		3.37		4.32	4.50	7.96
51	2.59	2.90	3.28	3.43		3.47		4.41	4.59	8.07
52	2.70	3.02	3.41	3.57		3.55		4.47	4.64	8.17
53	2.81	3.14	3.54	3.70		3.65		4.52	4.71	8.25
54	2.89	3.24	3.65	3.82		3.69		4.55	4.73	8.27
55	2.94	3.30	3.71	3.89		3.70		4.52	4.71	8.18
56	2.94	3.30	3.71	3.88		3.66		4.43	4.61	7.99
57	2.88	3.23	3.62	3.80		3.54		4.27	4.43	7.66
58	2.76	3.08	3.47	3.62		3.35		4.02	4.17	7.16
59	2.54	2.86	3.20	3.36		3.06		3.64	3.80	6.49

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC and IDI2000-P/NC-ML et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Full*	Individually Sold and Association	No	Female

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.55	0.62	0.70	0.72		1.00		1.50	1.55	2.73
26	0.60	0.66	0.74	0.77		1.07		1.58	1.65	2.89
27	0.64	0.71	0.79	0.83		1.14		1.68	1.75	3.08
28	0.68	0.76	0.85	0.89		1.21		1.79	1.87	3.28
29	0.73	0.82	0.91	0.95		1.29		1.90	1.98	3.48
30	0.79	0.88	0.98	1.02		1.37		2.02	2.10	3.70
31	0.84	0.94	1.06	1.10		1.45		2.15	2.23	3.93
32	0.90	1.01	1.13	1.18		1.54		2.27	2.35	4.17
33	0.96	1.08	1.21	1.27		1.62		2.40	2.50	4.41
34	1.03	1.15	1.28	1.35		1.73		2.54	2.64	4.68
35	1.09	1.22	1.37	1.44		1.82		2.67	2.78	4.93
36	1.16	1.30	1.46	1.53		1.92		2.82	2.93	5.20
37	1.24	1.39	1.56	1.63		2.02		2.97	3.09	5.47
38	1.32	1.48	1.66	1.74		2.13		3.11	3.23	5.74
39	1.40	1.57	1.76	1.85		2.24		3.26	3.39	6.03
40	1.50	1.67	1.88	1.97		2.37		3.41	3.54	6.30
41	1.60	1.78	2.00	2.09		2.48		3.55	3.70	6.59
42	1.69	1.90	2.14	2.23		2.61		3.71	3.85	6.86
43	1.81	2.03	2.28	2.39		2.75		3.86	4.02	7.15
44	1.94	2.17	2.45	2.55		2.90		4.02	4.18	7.43
45	2.06	2.32	2.60	2.73		3.04		4.16	4.32	7.70
46	2.21	2.46	2.77	2.91		3.17		4.30	4.48	7.95
47	2.34	2.62	2.95	3.08		3.32		4.43	4.61	8.20
48	2.48	2.78	3.13	3.28		3.47		4.58	4.76	8.44
49	2.63	2.94	3.31	3.46		3.61		4.70	4.88	8.66
50	2.76	3.10	3.48	3.65		3.74		4.81	4.99	8.84
51	2.88	3.23	3.64	3.81		3.85		4.90	5.09	8.98
52	3.00	3.36	3.78	3.96		3.94		4.96	5.16	9.08
53	3.12	3.49	3.94	4.12		4.05		5.03	5.23	9.16
54	3.22	3.60	4.06	4.24		4.11		5.06	5.26	9.19
55	3.26	3.66	4.12	4.31		4.12		5.03	5.23	9.10
56	3.26	3.66	4.12	4.30		4.06		4.93	5.13	8.88
57	3.20	3.59	4.03	4.22		3.93		4.74	4.93	8.50
58	3.06	3.42	3.85	4.03		3.71		4.46	4.63	7.95
59	2.83	3.17	3.56	3.73		3.39		4.05	4.21	7.21

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 65	Not Applicable	Limited	Individually Sold and Association	No	Female

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	5.45	6.07	6.79	7.07	7.59	10.29	11.05	15.57	15.62	
26	5.68	6.32	7.08	7.38	7.92	10.66	11.44	16.12	16.17	
27	5.93	6.60	7.39	7.72	8.27	11.05	11.85	16.68	16.73	
28	6.19	6.90	7.74	8.07	8.66	11.44	12.27	17.25	17.31	
29	6.47	7.22	8.09	8.44	9.05	11.81	12.67	17.83	17.90	
30	6.76	7.54	8.46	8.82	9.45	12.18	13.06	18.40	18.47	
31	7.04	7.86	8.81	9.20	9.87	12.54	13.43	18.94	19.02	
32	7.32	8.17	9.17	9.57	10.26	12.87	13.79	19.46	19.54	
33	7.57	8.45	9.49	9.90	10.60	13.16	14.10	19.89	19.98	
34	7.80	8.71	9.78	10.21	10.94	13.41	14.38	20.27	20.35	
35	8.02	8.95	10.06	10.51	11.25	13.63	14.59	20.59	20.68	
36	8.21	9.18	10.31	10.78	11.53	13.80	14.78	20.82	20.91	
37	8.40	9.38	10.55	11.02	11.79	13.95	14.93	20.98	21.09	
38	8.54	9.55	10.75	11.24	12.02	14.04	15.02	21.04	21.14	
39	8.69	9.71	10.92	11.42	12.21	14.10	15.08	20.99	21.10	
40	8.80	9.83	11.06	11.57	12.36	14.10	15.07	20.86	20.97	
41	8.88	9.94	11.18	11.70	12.48	14.04	15.01	20.61	20.74	
42	8.94	10.00	11.26	11.76	12.56	13.94	14.88	20.30	20.42	
43	8.98	10.04	11.32	11.83	12.62	13.79	14.70	19.83	19.97	
44	8.99	10.06	11.33	11.85	12.62	13.57	14.46	19.28	19.42	
45	8.94	10.01	11.27	11.80	12.56	13.28	14.15	18.62	18.77	
46	8.86	9.90	11.16	11.68	12.42	12.94	13.75	17.88	18.03	
47	8.70	9.74	10.98	11.49	12.20	12.49	13.26	17.04	17.18	
48	8.44	9.44	10.64	11.14	11.81	11.94	12.66	16.05	16.21	
49	8.12	9.08	10.24	10.72	11.34	11.30	11.96	14.99	15.16	
50	7.73	8.65	9.76	10.20	10.78	10.61	11.21	13.87	14.03	
51	7.28	8.16	9.19	9.61	10.13	9.86	10.38	12.68	12.86	
52	6.78	7.60	8.56	8.96	9.41	9.04	9.50	11.47	11.64	
53	6.17	6.90	7.78	8.14	8.51	8.12	8.49	10.19	10.35	
54	5.52	6.18	6.96	7.28	7.58	7.15	7.45	8.89	9.05	
55	4.86	5.42	6.11	6.39	6.61	6.20	6.42	7.62	7.79	
56	4.19	4.68	5.27	5.51	5.66	5.26	5.41	6.41	6.58	
57	3.54	3.97	4.45	4.66	4.75	4.38	4.46	5.27	5.43	
58	2.96	3.32	3.74	3.91	3.94	3.62	3.66	4.33	4.49	
59	2.45	2.75	3.08	3.22	3.22	2.93	2.93	3.50	3.64	
60	1.99	2.22	2.50	2.61		2.33		2.78		
61	1.60	1.78	1.99	2.08		1.83		2.19		
62	1.26	1.42	1.60	1.67		1.43		1.72		
63	1.13	1.25	1.40	1.47		1.22		1.47		
64	1.04	1.16	1.31	1.37		1.12		1.35		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC and IDI2000-P/NC-ML et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 65	Not Applicable	Full*	Individually Sold and Association	No	Female

Issue Age	6A	5A	4A	3A		2A		1A		1B
Reg. Occ. Period	Standard			ST	Age 65	ST	Age 65	ST	5 yrs	ST
18 - 25	6.41	7.14	7.99	8.33	8.94	12.11	13.00	18.32	18.37	
26	6.67	7.44	8.33	8.68	9.32	12.55	13.47	18.95	19.02	
27	6.97	7.76	8.70	9.07	9.73	13.00	13.94	19.61	19.68	
28	7.28	8.12	9.11	9.50	10.19	13.46	14.43	20.30	20.37	
29	7.61	8.50	9.52	9.94	10.65	13.89	14.90	20.98	21.05	
30	7.94	8.87	9.95	10.37	11.12	14.33	15.36	21.65	21.73	
31	8.28	9.24	10.37	10.82	11.60	14.74	15.80	22.29	22.37	
32	8.62	9.61	10.79	11.26	12.06	15.13	16.23	22.89	22.98	
33	8.90	9.94	11.16	11.65	12.48	15.48	16.58	23.40	23.50	
34	9.18	10.25	11.51	12.02	12.87	15.78	16.91	23.85	23.95	
35	9.43	10.54	11.83	12.36	13.24	16.03	17.17	24.22	24.33	
36	9.66	10.80	12.13	12.67	13.57	16.24	17.39	24.50	24.61	
37	9.88	11.04	12.41	12.96	13.87	16.41	17.56	24.68	24.81	
38	10.06	11.24	12.65	13.21	14.13	16.53	17.68	24.75	24.87	
39	10.22	11.42	12.85	13.43	14.36	16.58	17.73	24.70	24.83	
40	10.34	11.57	13.02	13.62	14.55	16.58	17.72	24.53	24.66	
41	10.44	11.69	13.15	13.75	14.69	16.53	17.65	24.26	24.40	
42	10.51	11.76	13.24	13.85	14.78	16.40	17.50	23.87	24.01	
43	10.56	11.82	13.31	13.92	14.84	16.22	17.30	23.33	23.49	
44	10.57	11.83	13.32	13.94	14.85	15.96	17.01	22.68	22.85	
45	10.52	11.77	13.26	13.88	14.78	15.63	16.64	21.91	22.08	
46	10.42	11.65	13.13	13.74	14.61	15.21	16.18	21.03	21.21	
47	10.24	11.46	12.91	13.51	14.35	14.70	15.61	20.04	20.22	
48	9.92	11.11	12.53	13.11	13.89	14.04	14.89	18.89	19.07	
49	9.55	10.69	12.04	12.60	13.34	13.31	14.08	17.64	17.83	
50	9.10	10.18	11.47	12.01	12.67	12.49	13.19	16.31	16.50	
51	8.57	9.60	10.81	11.32	11.91	11.59	12.21	14.93	15.13	
52	7.98	8.94	10.07	10.53	11.06	10.64	11.18	13.50	13.70	
53	7.26	8.12	9.14	9.58	10.02	9.55	9.98	11.98	12.18	
54	6.49	7.27	8.18	8.57	8.91	8.42	8.76	10.45	10.65	
55	5.71	6.38	7.19	7.52	7.77	7.29	7.54	8.97	9.16	
56	4.93	5.51	6.20	6.49	6.66	6.19	6.36	7.55	7.74	
57	4.16	4.67	5.24	5.49	5.59	5.15	5.24	6.20	6.39	
58	3.49	3.91	4.40	4.60	4.65	4.26	4.30	5.10	5.28	
59	2.88	3.23	3.62	3.78	3.78	3.45	3.45	4.11	4.28	
60	2.34	2.62	2.94	3.07		2.75		3.28		
61	1.87	2.09	2.34	2.45		2.15		2.57		
62	1.49	1.67	1.87	1.96		1.68		2.01		
63	1.32	1.46	1.66	1.73		1.44		1.74		
64	1.22	1.37	1.54	1.61		1.31		1.60		

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 70	Not Applicable	Limited	Individually Sold and Association	No	Female

Issue Age	6A	5A	4A	3A		2A		1A		1B
Reg. Occ. Period	Standard			ST	Age 65	ST	Age 65	ST	5 yrs	ST
18 - 25	6.28	7.00	7.84	8.17	8.76	11.79	12.67			
26	6.56	7.32	8.20	8.56	9.19	12.27	13.18			
27	6.90	7.68	8.60	8.98	9.65	12.77	13.72			
28	7.25	8.06	9.05	9.43	10.13	13.28	14.26			
29	7.61	8.48	9.50	9.92	10.66	13.79	14.81			
30	7.98	8.90	9.98	10.42	11.18	14.31	15.35			
31	8.36	9.34	10.46	10.91	11.72	14.80	15.88			
32	8.74	9.76	10.94	11.43	12.26	15.28	16.39			
33	9.08	10.14	11.39	11.89	12.74	15.72	16.86			
34	9.42	10.52	11.82	12.35	13.25	16.13	17.31			
35	9.76	10.90	12.24	12.79	13.72	16.51	17.70			
36	10.07	11.26	12.64	13.20	14.16	16.86	18.09			
37	10.37	11.59	13.02	13.60	14.58	17.17	18.41			
38	10.64	11.90	13.39	14.00	15.00	17.45	18.70			
39	10.92	12.20	13.73	14.36	15.39	17.68	18.93			
40	11.17	12.49	14.05	14.70	15.74	17.86	19.12			
41	11.39	12.76	14.35	15.01	16.07	18.00	19.26			
42	11.60	12.98	14.62	15.28	16.36	18.08	19.34			
43	11.83	13.24	14.90	15.59	16.68	18.12	19.39			
44	12.01	13.44	15.14	15.85	16.94	18.10	19.35			
45	12.16	13.61	15.34	16.04	17.14	18.02	19.25			
46	12.25	13.70	15.44	16.16	17.25	17.84	19.06			
47	12.26	13.73	15.47	16.19	17.27	17.57	18.76			
48	12.18	13.63	15.35	16.07	17.14	17.17	18.31			
49	12.00	13.43	15.13	15.85	16.88	16.66	17.76			
50	11.74	13.15	14.81	15.50	16.50	16.07	17.09			
51	11.39	12.76	14.38	15.04	16.00	15.35	16.33			
52	10.96	12.28	13.82	14.46	15.35	14.55	15.44			
53	10.33	11.57	13.02	13.63	14.43	13.52	14.32			
54	9.62	10.78	12.14	12.70	13.42	12.42	13.13			
55	8.88	9.92	11.17	11.70	12.34	11.27	11.89			
56	8.06	9.02	10.16	10.63	11.18	10.10	10.63			
57	7.25	8.11	9.13	9.55	10.03	8.91	9.36			
58	6.47	7.24	8.14	8.51	8.92	7.83	8.20			
59	5.70	6.37	7.16	7.49	7.83	6.79	7.10			
60	4.94	5.53	6.22	6.49		5.78				
61	4.24	4.73	5.30	5.54		4.85				
62	3.55	3.97	4.45	4.66		4.00				
63	2.94	3.28	3.68	3.84		3.24				
64	2.38	2.65	2.98	3.11		2.59				
65	1.90	2.11	2.38	2.48		2.04				
66	1.50	1.67	1.87	1.97		1.59				
67	1.19	1.33	1.51	1.58		1.24				
68	1.00	1.13	1.26	1.32		1.02				
69	0.92	1.03	1.16	1.22		0.93				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC and IDI2000-P/NC-ML et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 70	Not Applicable	Full*	Individually Sold and Association	No	Female

Issue Age	6A	5A	4A	3A		2A		1A		1B
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	7.38	8.23	9.22	9.60	10.32	13.87	14.90			
26	7.73	8.62	9.65	10.06	10.81	14.43	15.50			
27	8.11	9.04	10.13	10.57	11.35	15.02	16.13			
28	8.52	9.49	10.64	11.10	11.91	15.63	16.78			
29	8.95	9.98	11.18	11.67	12.54	16.23	17.42			
30	9.38	10.48	11.75	12.26	13.16	16.82	18.07			
31	9.84	10.98	12.31	12.85	13.79	17.41	18.69			
32	10.28	11.47	12.88	13.44	14.42	17.97	19.29			
33	10.69	11.93	13.39	13.98	15.00	18.49	19.84			
34	11.09	12.38	13.91	14.52	15.58	18.98	20.36			
35	11.47	12.82	14.40	15.04	16.13	19.42	20.83			
36	11.84	13.24	14.87	15.54	16.65	19.84	21.28			
37	12.19	13.63	15.32	16.01	17.16	20.21	21.65			
38	12.53	14.00	15.76	16.47	17.64	20.53	22.00			
39	12.85	14.36	16.15	16.89	18.10	20.79	22.28			
40	13.14	14.70	16.54	17.28	18.52	21.01	22.51			
41	13.40	15.00	16.88	17.65	18.89	21.17	22.67			
42	13.66	15.28	17.20	17.99	19.25	21.26	22.76			
43	13.92	15.58	17.53	18.34	19.62	21.32	22.80			
44	14.14	15.82	17.82	18.64	19.93	21.30	22.77			
45	14.30	16.01	18.04	18.87	20.16	21.19	22.64			
46	14.41	16.13	18.17	19.01	20.30	20.99	22.41			
47	14.42	16.15	18.19	19.04	20.32	20.68	22.07			
48	14.33	16.03	18.06	18.91	20.16	20.21	21.54			
49	14.12	15.80	17.81	18.64	19.86	19.61	20.88			
50	13.81	15.47	17.42	18.24	19.41	18.89	20.10			
51	13.40	15.01	16.91	17.70	18.81	18.07	19.21			
52	12.89	14.44	16.26	17.01	18.06	17.11	18.17			
53	12.16	13.61	15.32	16.03	16.99	15.90	16.85			
54	11.33	12.68	14.28	14.94	15.79	14.62	15.46			
55	10.44	11.68	13.14	13.75	14.51	13.26	14.00			
56	9.49	10.62	11.95	12.50	13.16	11.88	12.50			
57	8.53	9.54	10.74	11.24	11.80	10.49	11.02			
58	7.61	8.51	9.58	10.02	10.50	9.21	9.65			
59	6.71	7.50	8.42	8.81	9.21	7.98	8.35			
60	5.82	6.50	7.31	7.64		6.81				
61	4.98	5.56	6.24	6.52		5.72				
62	4.18	4.67	5.24	5.47		4.70				
63	3.46	3.85	4.33	4.52		3.82				
64	2.80	3.12	3.50	3.66		3.05				
65	2.23	2.48	2.80	2.92		2.39				
66	1.76	1.97	2.21	2.31		1.86				
67	1.40	1.57	1.78	1.85		1.46				
68	1.18	1.32	1.49	1.55		1.21				
69	1.08	1.21	1.37	1.44		1.09				

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Limited	Individually Sold and Association	No	Female

Issue Age	6A	5A	4A	3A		2A		1A		1B
Reg. Occ. Period	Standard			ST	Age 65	ST	Age 65	ST	5 yrs	ST
18 - 25	8.04	8.96	10.03	10.47	11.25					
26	8.45	9.42	10.55	10.99	11.83					
27	8.89	9.91	11.11	11.58	12.45					
28	9.37	10.45	11.71	12.22	13.13					
29	9.88	11.02	12.35	12.88	13.85					
30	10.39	11.59	13.01	13.57	14.58					
31	10.92	12.18	13.67	14.26	15.33					
32	11.45	12.77	14.33	14.96	16.07					
33	11.94	13.32	14.95	15.62	16.78					
34	12.41	13.86	15.56	16.26	17.47					
35	12.89	14.39	16.16	16.88	18.14					
36	13.33	14.89	16.73	17.48	18.77					
37	13.75	15.37	17.27	18.06	19.39					
38	14.17	15.84	17.81	18.61	19.98					
39	14.54	16.27	18.30	19.12	20.54					
40	14.89	16.66	18.73	19.58	21.02					
41	15.19	16.98	19.12	19.99	21.45					
42	15.42	17.24	19.42	20.31	21.79					
43	15.61	17.47	19.67	20.57	22.06					
44	15.73	17.60	19.82	20.75	22.23					
45	15.76	17.64	19.86	20.78	22.25					
46	15.67	17.56	19.76	20.69	22.15					
47	15.48	17.34	19.52	20.44	21.86					
48	15.10	16.90	19.04	19.93	21.30					
49	14.59	16.33	18.40	19.25	20.55					
50	13.94	15.61	17.58	18.41	19.64					
51	13.19	14.77	16.63	17.42	18.55					
52	12.32	13.80	15.54	16.26	17.31					
53	11.23	12.58	14.16	14.82	15.73					
54	10.06	11.26	12.68	13.26	14.04					
55	8.84	9.90	11.14	11.65	12.28					
56	7.61	8.52	9.59	10.03	10.53					
57	6.41	7.16	8.06	8.43	8.82					
58	5.24	5.87	6.59	6.89	7.16					
59	4.18	4.66	5.23	5.47	5.66					

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC and IDI2000-P/NC-ML et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Full*	Individually Sold and Association	No	Female

Issue Age	6A	5A	4A	3A		2A		1A		1B
Reg. Occ. Period	Standard			ST	Age 65	ST	Age 65	ST	5 yrs	ST
18 - 25	9.46	10.55	11.81	12.31	13.24					
26	9.94	11.08	12.41	12.94	13.92					
27	10.46	11.66	13.07	13.63	14.65					
28	11.03	12.30	13.78	14.38	15.46					
29	11.62	12.96	14.53	15.16	16.30					
30	12.23	13.64	15.30	15.96	17.16					
31	12.84	14.33	16.08	16.78	18.03					
32	13.46	15.02	16.86	17.60	18.91					
33	14.04	15.67	17.59	18.38	19.75					
34	14.60	16.31	18.31	19.12	20.55					
35	15.16	16.93	19.02	19.86	21.33					
36	15.68	17.52	19.68	20.56	22.08					
37	16.18	18.08	20.32	21.24	22.80					
38	16.67	18.64	20.95	21.90	23.51					
39	17.11	19.14	21.53	22.51	24.16					
40	17.52	19.60	22.04	23.05	24.74					
41	17.87	19.98	22.49	23.52	25.23					
42	18.14	20.29	22.85	23.90	25.63					
43	18.37	20.56	23.14	24.21	25.96					
44	18.50	20.71	23.32	24.40	26.15					
45	18.54	20.75	23.36	24.45	26.19					
46	18.44	20.65	23.26	24.35	26.06					
47	18.22	20.40	22.97	24.05	25.73					
48	17.76	19.88	22.40	23.45	25.06					
49	17.16	19.21	21.64	22.64	24.17					
50	16.40	18.37	20.69	21.67	23.10					
51	15.52	17.38	19.57	20.49	21.83					
52	14.50	16.24	18.29	19.14	20.36					
53	13.21	14.80	16.66	17.43	18.50					
54	11.83	13.25	14.92	15.61	16.51					
55	10.40	11.64	13.10	13.71	14.46					
56	8.95	10.02	11.28	11.80	12.40					
57	7.54	8.42	9.48	9.91	10.37					
58	6.17	6.90	7.75	8.11	8.43					
59	4.91	5.48	6.16	6.44	6.66					

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
** Rider Form IDI2000-PR/L45-TD attached.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Limited	Individually Sold and Association	No	Male

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.47	0.50	0.58	0.60		0.91		1.58	1.66	2.89
26	0.49	0.54	0.60	0.63		0.97		1.66	1.74	3.03
27	0.52	0.58	0.65	0.68		1.02		1.74	1.84	3.17
28	0.55	0.61	0.70	0.71		1.09		1.83	1.91	3.32
29	0.59	0.66	0.73	0.77		1.16		1.91	2.01	3.49
30	0.62	0.71	0.79	0.82		1.23		2.01	2.11	3.66
31	0.68	0.76	0.84	0.89		1.31		2.12	2.23	3.85
32	0.72	0.82	0.91	0.94		1.40		2.23	2.33	4.05
33	0.79	0.88	0.98	1.01		1.51		2.35	2.48	4.27
34	0.84	0.94	1.06	1.09		1.61		2.49	2.62	4.50
35	0.92	1.03	1.14	1.20		1.73		2.63	2.75	4.74
36	1.00	1.10	1.25	1.29		1.85		2.77	2.92	5.01
37	1.07	1.20	1.34	1.40		1.99		2.94	3.09	5.30
38	1.15	1.30	1.45	1.51		2.14		3.11	3.27	5.61
39	1.25	1.39	1.57	1.63		2.30		3.30	3.47	5.94
40	1.36	1.51	1.69	1.76		2.46		3.50	3.67	6.29
41	1.46	1.63	1.84	1.91		2.65		3.71	3.89	6.68
42	1.57	1.76	1.98	2.05		2.83		3.93	4.13	7.08
43	1.69	1.90	2.12	2.22		3.04		4.17	4.38	7.51
44	1.82	2.03	2.29	2.38		3.24		4.42	4.64	7.98
45	1.96	2.18	2.46	2.55		3.46		4.69	4.92	8.45
46	2.10	2.34	2.64	2.75		3.68		4.96	5.20	8.94
47	2.24	2.51	2.82	2.93		3.90		5.25	5.51	9.46
48	2.41	2.69	3.02	3.15		4.14		5.56	5.83	10.03
49	2.57	2.87	3.23	3.37		4.39		5.87	6.17	10.60
50	2.74	3.06	3.44	3.58		4.62		6.18	6.49	11.15
51	2.89	3.23	3.64	3.80		4.84		6.48	6.80	11.68
52	3.05	3.41	3.84	3.99		5.05		6.74	7.08	12.16
53	3.24	3.62	4.08	4.26		5.28		7.07	7.43	12.72
54	3.41	3.80	4.28	4.47		5.47		7.33	7.69	13.16
55	3.53	3.95	4.45	4.63		5.59		7.50	7.88	13.43
56	3.60	4.03	4.54	4.73		5.62		7.56	7.93	13.50
57	3.60	4.02	4.54	4.73		5.53		7.46	7.83	13.28
58	3.52	3.92	4.42	4.61		5.31		7.18	7.54	12.75
59	3.31	3.71	4.18	4.36		4.93		6.69	7.03	11.84

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Full*	Individually Sold and Association	No	Male

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.52	0.56	0.64	0.67		1.01		1.76	1.85	3.21
26	0.54	0.60	0.67	0.70		1.07		1.85	1.94	3.36
27	0.58	0.64	0.72	0.75		1.14		1.94	2.04	3.52
28	0.61	0.68	0.77	0.79		1.21		2.02	2.12	3.70
29	0.65	0.73	0.82	0.85		1.29		2.12	2.23	3.87
30	0.70	0.78	0.88	0.91		1.37		2.23	2.34	4.07
31	0.76	0.84	0.94	0.98		1.46		2.35	2.48	4.28
32	0.80	0.90	1.01	1.05		1.56		2.48	2.60	4.50
33	0.88	0.97	1.09	1.13		1.67		2.62	2.75	4.74
34	0.94	1.04	1.18	1.22		1.79		2.76	2.90	4.99
35	1.02	1.14	1.27	1.32		1.92		2.92	3.06	5.27
36	1.10	1.22	1.38	1.43		2.06		3.08	3.23	5.57
37	1.19	1.33	1.49	1.55		2.21		3.27	3.43	5.89
38	1.28	1.44	1.61	1.68		2.38		3.45	3.63	6.24
39	1.39	1.55	1.74	1.82		2.55		3.66	3.85	6.60
40	1.50	1.68	1.88	1.96		2.74		3.88	4.08	7.00
41	1.62	1.81	2.04	2.12		2.93		4.11	4.32	7.41
42	1.75	1.96	2.20	2.28		3.14		4.37	4.59	7.87
43	1.88	2.10	2.36	2.46		3.37		4.63	4.86	8.35
44	2.03	2.26	2.54	2.65		3.60		4.92	5.16	8.86
45	2.17	2.42	2.74	2.84		3.84		5.20	5.47	9.38
46	2.33	2.60	2.93	3.05		4.08		5.51	5.79	9.93
47	2.50	2.78	3.13	3.25		4.34		5.83	6.13	10.51
48	2.68	2.99	3.36	3.50		4.60		6.17	6.48	11.14
49	2.86	3.19	3.59	3.74		4.88		6.52	6.85	11.78
50	3.04	3.40	3.83	3.98		5.14		6.86	7.21	12.40
51	3.22	3.59	4.04	4.22		5.38		7.19	7.56	12.98
52	3.38	3.78	4.26	4.44		5.61		7.49	7.87	13.51
53	3.60	4.02	4.54	4.73		5.87		7.85	8.25	14.12
54	3.78	4.22	4.76	4.97		6.08		8.14	8.55	14.62
55	3.92	4.38	4.94	5.15		6.21		8.34	8.76	14.93
56	4.00	4.48	5.04	5.26		6.24		8.39	8.81	14.99
57	4.00	4.46	5.04	5.26		6.14		8.28	8.70	14.75
58	3.90	4.36	4.91	5.12		5.90		7.98	8.37	14.17
59	3.68	4.12	4.64	4.84		5.49		7.44	7.81	13.16

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 65	Not Applicable	Limited	Individually Sold and Association	No	Male

Issue Age	6A	5A	4A	3A		2A		1A		1B
Reg. Occ. Period	Standard			ST	Age 65	ST	Age 65	ST	5 yrs	ST
18 - 25	3.76	4.18	4.68	4.85	5.28	7.89	8.59	14.83	14.91	
26	3.84	4.28	4.80	4.98	5.42	8.14	8.87	15.17	15.25	
27	3.96	4.40	4.93	5.12	5.58	8.40	9.14	15.49	15.57	
28	4.08	4.54	5.09	5.28	5.74	8.66	9.42	15.80	15.87	
29	4.21	4.68	5.26	5.45	5.92	8.94	9.72	16.08	16.18	
30	4.36	4.85	5.44	5.64	6.13	9.22	10.02	16.37	16.47	
31	4.52	5.03	5.64	5.85	6.36	9.50	10.33	16.64	16.74	
32	4.69	5.22	5.87	6.08	6.60	9.81	10.66	16.91	17.01	
33	4.90	5.45	6.12	6.35	6.88	10.14	11.02	17.17	17.29	
34	5.11	5.69	6.38	6.62	7.19	10.50	11.40	17.45	17.57	
35	5.34	5.94	6.67	6.92	7.50	10.86	11.76	17.70	17.82	
36	5.56	6.20	6.96	7.22	7.83	11.21	12.16	17.95	18.08	
37	5.80	6.46	7.25	7.53	8.15	11.57	12.55	18.18	18.33	
38	6.04	6.73	7.56	7.85	8.50	11.96	12.95	18.43	18.57	
39	6.29	7.00	7.86	8.18	8.83	12.32	13.33	18.65	18.80	
40	6.52	7.26	8.16	8.48	9.15	12.67	13.71	18.83	19.00	
41	6.73	7.51	8.44	8.76	9.46	12.98	14.03	18.99	19.16	
42	6.94	7.73	8.69	9.04	9.75	13.26	14.32	19.10	19.28	
43	7.12	7.93	8.93	9.28	10.01	13.50	14.57	19.16	19.36	
44	7.27	8.11	9.13	9.49	10.21	13.66	14.73	19.17	19.37	
45	7.39	8.26	9.29	9.65	10.37	13.78	14.82	19.11	19.33	
46	7.48	8.34	9.38	9.76	10.48	13.79	14.82	18.94	19.17	
47	7.51	8.39	9.43	9.81	10.52	13.72	14.73	18.69	18.94	
48	7.49	8.35	9.42	9.80	10.48	13.52	14.49	18.30	18.57	
49	7.40	8.27	9.32	9.71	10.36	13.23	14.13	17.81	18.10	
50	7.27	8.12	9.14	9.53	10.14	12.81	13.65	17.18	17.48	
51	7.07	7.91	8.90	9.28	9.84	12.28	13.06	16.45	16.75	
52	6.80	7.60	8.57	8.94	9.45	11.66	12.35	15.57	15.88	
53	6.38	7.14	8.05	8.38	8.83	10.78	11.35	14.38	14.72	
54	5.92	6.61	7.45	7.77	8.12	9.81	10.27	13.10	13.44	
55	5.40	6.04	6.80	7.10	7.37	8.77	9.13	11.75	12.10	
56	4.86	5.42	6.12	6.38	6.58	7.73	7.98	10.37	10.73	
57	4.31	4.80	5.42	5.65	5.77	6.68	6.82	9.00	9.35	
58	3.73	4.18	4.70	4.91	4.97	5.68	5.75	7.67	8.01	
59	3.18	3.56	4.01	4.19	4.20	4.74	4.75	6.42	6.74	
60	2.68	2.99	3.37	3.51		3.89		5.29		
61	2.22	2.48	2.81	2.92		3.14		4.30		
62	1.86	2.08	2.34	2.44		2.52		3.49		
63	1.70	1.91	2.15	2.24		2.25		3.15		
64	1.64	1.84	2.08	2.16		2.12		2.98		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC and IDI2000-P/NC-ML et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 65	Not Applicable	Full*	Individually Sold and Association	No	Male

Issue Age	6A	5A	4A	3A		2A		1A		1B
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	4.42	4.91	5.51	5.70	6.21	9.28	10.11	17.45	17.53	
26	4.52	5.04	5.65	5.85	6.37	9.58	10.43	17.84	17.93	
27	4.66	5.18	5.81	6.03	6.56	9.88	10.75	18.22	18.32	
28	4.80	5.34	5.99	6.21	6.75	10.19	11.09	18.58	18.68	
29	4.96	5.51	6.18	6.42	6.97	10.51	11.43	18.92	19.03	
30	5.12	5.70	6.40	6.64	7.21	10.84	11.79	19.26	19.37	
31	5.32	5.92	6.64	6.89	7.48	11.18	12.16	19.58	19.70	
32	5.52	6.14	6.90	7.15	7.76	11.55	12.55	19.89	20.01	
33	5.76	6.41	7.20	7.46	8.10	11.94	12.96	20.21	20.34	
34	6.01	6.70	7.51	7.80	8.45	12.35	13.41	20.53	20.67	
35	6.28	6.98	7.85	8.14	8.82	12.77	13.85	20.82	20.97	
36	6.54	7.30	8.18	8.50	9.21	13.19	14.31	21.12	21.27	
37	6.82	7.60	8.53	8.86	9.59	13.62	14.75	21.40	21.56	
38	7.10	7.92	8.89	9.23	9.99	14.06	15.24	21.67	21.85	
39	7.39	8.23	9.25	9.61	10.40	14.49	15.69	21.93	22.12	
40	7.67	8.54	9.60	9.97	10.78	14.90	16.12	22.15	22.35	
41	7.92	8.83	9.92	10.32	11.13	15.27	16.50	22.33	22.54	
42	8.16	9.10	10.22	10.64	11.48	15.61	16.85	22.46	22.68	
43	8.38	9.34	10.50	10.91	11.76	15.88	17.14	22.54	22.77	
44	8.56	9.54	10.74	11.17	12.02	16.08	17.33	22.55	22.79	
45	8.70	9.71	10.92	11.35	12.20	16.20	17.45	22.47	22.74	
46	8.80	9.82	11.04	11.49	12.33	16.23	17.45	22.29	22.56	
47	8.83	9.86	11.10	11.55	12.37	16.15	17.33	21.99	22.29	
48	8.81	9.83	11.08	11.52	12.33	15.92	17.04	21.54	21.85	
49	8.71	9.73	10.97	11.42	12.19	15.56	16.63	20.96	21.29	
50	8.56	9.55	10.76	11.21	11.94	15.08	16.07	20.22	20.56	
51	8.32	9.30	10.48	10.91	11.58	14.46	15.36	19.35	19.71	
52	8.00	8.94	10.08	10.51	11.12	13.72	14.54	18.32	18.69	
53	7.51	8.40	9.47	9.87	10.38	12.67	13.35	16.92	17.31	
54	6.96	7.78	8.77	9.14	9.56	11.53	12.08	15.41	15.82	
55	6.35	7.10	8.00	8.35	8.67	10.33	10.74	13.82	14.23	
56	5.71	6.38	7.20	7.51	7.74	9.10	9.38	12.20	12.62	
57	5.06	5.65	6.38	6.65	6.79	7.85	8.03	10.58	11.00	
58	4.39	4.91	5.53	5.77	5.84	6.68	6.76	9.02	9.42	
59	3.74	4.19	4.72	4.92	4.93	5.58	5.59	7.56	7.93	
60	3.14	3.52	3.96	4.13		4.58		6.23		
61	2.62	2.93	3.30	3.44		3.69		5.06		
62	2.18	2.44	2.75	2.86		2.97		4.10		
63	2.00	2.24	2.53	2.63		2.65		3.70		
64	1.93	2.16	2.44	2.54		2.48		3.51		

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML et al
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Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 70	Not Applicable	Limited	Individually Sold and Association	No	Male

Issue Age	6A	5A	4A	3A		2A		1A		1B
Reg. Occ. Period	Standard			ST	Age 65	ST	Age 65	ST	5 yrs	ST
18 - 25	4.28	4.76	5.34	5.54	6.04	8.92	9.74			
26	4.42	4.92	5.51	5.72	6.22	9.26	10.09			
27	4.57	5.09	5.70	5.91	6.44	9.60	10.47			
28	4.74	5.27	5.92	6.14	6.68	9.96	10.86			
29	4.93	5.48	6.16	6.38	6.95	10.33	11.26			
30	5.14	5.72	6.42	6.66	7.25	10.72	11.68			
31	5.36	5.98	6.70	6.95	7.57	11.14	12.13			
32	5.62	6.25	7.02	7.28	7.92	11.57	12.60			
33	5.89	6.56	7.38	7.66	8.33	12.06	13.13			
34	6.20	6.90	7.75	8.05	8.75	12.56	13.66			
35	6.53	7.26	8.15	8.46	9.20	13.09	14.24			
36	6.85	7.64	8.58	8.90	9.68	13.63	14.82			
37	7.21	8.03	9.01	9.36	10.17	14.18	15.41			
38	7.58	8.44	9.48	9.84	10.68	14.78	16.07			
39	7.94	8.86	9.95	10.33	11.21	15.38	16.70			
40	8.33	9.28	10.43	10.83	11.75	15.96	17.33			
41	8.69	9.70	10.88	11.32	12.27	16.53	17.94			
42	9.05	10.09	11.34	11.79	12.78	17.07	18.50			
43	9.41	10.49	11.80	12.26	13.27	17.60	19.07			
44	9.74	10.86	12.22	12.71	13.75	18.07	19.57			
45	10.03	11.20	12.61	13.11	14.18	18.47	19.99			
46	10.31	11.51	12.96	13.47	14.56	18.79	20.32			
47	10.54	11.76	13.24	13.79	14.89	19.02	20.56			
48	10.73	11.98	13.49	14.04	15.15	19.14	20.67			
49	10.85	12.13	13.66	14.23	15.33	19.15	20.65			
50	10.92	12.20	13.75	14.31	15.41	19.01	20.48			
51	10.91	12.18	13.73	14.31	15.38	18.73	20.15			
52	10.79	12.06	13.60	14.17	15.20	18.29	19.64			
53	10.50	11.74	13.22	13.79	14.77	17.50	18.76			
54	10.12	11.32	12.76	13.29	14.20	16.58	17.73			
55	9.66	10.79	12.18	12.68	13.52	15.54	16.56			
56	9.13	10.20	11.51	11.99	12.74	14.39	15.30			
57	8.53	9.55	10.78	11.22	11.89	13.17	13.96			
58	7.90	8.83	9.96	10.38	10.98	11.91	12.62			
59	7.22	8.08	9.11	9.49	10.03	10.65	11.25			
60	6.53	7.30	8.23	8.57		9.37				
61	5.82	6.49	7.32	7.64		8.13				
62	5.10	5.70	6.43	6.69		6.93				
63	4.33	4.85	5.47	5.69		5.77				
64	3.61	4.03	4.55	4.74		4.73				
65	2.95	3.30	3.71	3.88		3.80				
66	2.38	2.66	3.01	3.14		3.02				
67	1.94	2.17	2.46	2.56		2.42				
68	1.64	1.85	2.09	2.19		2.02				
69	1.54	1.73	1.94	2.05		1.86				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC and IDI2000-P/NC-ML et al
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Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 70	Not Applicable	Full*	Individually Sold and Association	No	Male

Issue Age	6A	5A	4A	3A		2A		1A		1B
Reg. Occ. Period	Standard			ST	Age 65	ST	Age 65	ST	5 yrs	ST
18 - 25	5.04	5.60	6.28	6.52	7.11	10.50	11.45			
26	5.20	5.78	6.48	6.73	7.33	10.89	11.87			
27	5.38	5.99	6.71	6.96	7.58	11.29	12.31			
28	5.58	6.20	6.96	7.22	7.87	11.72	12.77			
29	5.80	6.46	7.24	7.51	8.18	12.16	13.25			
30	6.05	6.73	7.55	7.83	8.52	12.62	13.74			
31	6.31	7.03	7.88	8.18	8.90	13.11	14.27			
32	6.61	7.36	8.26	8.57	9.32	13.62	14.82			
33	6.94	7.73	8.68	9.00	9.80	14.19	15.44			
34	7.30	8.12	9.12	9.46	10.29	14.78	16.08			
35	7.68	8.54	9.59	9.96	10.82	15.40	16.74			
36	8.06	8.99	10.09	10.48	11.39	16.03	17.43			
37	8.48	9.44	10.61	11.02	11.96	16.69	18.14			
38	8.92	9.92	11.15	11.58	12.57	17.39	18.89			
39	9.35	10.42	11.70	12.16	13.19	18.09	19.64			
40	9.79	10.91	12.26	12.74	13.82	18.78	20.39			
41	10.22	11.40	12.80	13.32	14.43	19.45	21.10			
42	10.64	11.87	13.34	13.87	15.03	20.08	21.77			
43	11.06	12.34	13.87	14.42	15.62	20.70	22.44			
44	11.46	12.78	14.38	14.95	16.18	21.25	23.02			
45	11.81	13.18	14.83	15.42	16.68	21.72	23.52			
46	12.13	13.54	15.24	15.85	17.12	22.10	23.91			
47	12.40	13.84	15.58	16.22	17.51	22.38	24.18			
48	12.62	14.09	15.86	16.51	17.81	22.52	24.31			
49	12.77	14.27	16.07	16.73	18.03	22.53	24.30			
50	12.85	14.35	16.18	16.84	18.12	22.37	24.09			
51	12.83	14.33	16.15	16.82	18.09	22.03	23.70			
52	12.70	14.18	16.00	16.66	17.88	21.52	23.10			
53	12.35	13.81	15.56	16.23	17.38	20.60	22.07			
54	11.90	13.31	15.01	15.64	16.71	19.52	20.86			
55	11.36	12.70	14.33	14.93	15.90	18.27	19.48			
56	10.74	12.00	13.54	14.11	15.00	16.93	18.00			
57	10.04	11.23	12.67	13.20	14.00	15.49	16.42			
58	9.29	10.39	11.72	12.21	12.93	14.02	14.84			
59	8.50	9.50	10.72	11.17	11.80	12.52	13.23			
60	7.68	8.58	9.68	10.09		11.03				
61	6.84	7.64	8.62	8.98		9.57				
62	6.00	6.71	7.56	7.88		8.15				
63	5.10	5.70	6.43	6.69		6.80				
64	4.25	4.74	5.35	5.58		5.55				
65	3.47	3.88	4.37	4.55		4.46				
66	2.80	3.13	3.54	3.69		3.55				
67	2.28	2.56	2.89	3.01		2.84				
68	1.93	2.17	2.46	2.58		2.38				
69	1.80	2.03	2.29	2.40		2.19				

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Limited	Individually Sold and Association	No	Male

Issue Age	6A	5A	4A	3A		2A		1A		1B
Reg. Occ. Period	Standard			ST	Age 65	ST	Age 65	ST	5 yrs	ST
18 - 25	5.11	5.68	6.36	6.61	7.21					
26	5.28	5.88	6.59	6.83	7.46					
27	5.47	6.08	6.83	7.08	7.73					
28	5.69	6.32	7.10	7.36	8.03					
29	5.93	6.59	7.39	7.66	8.36					
30	6.18	6.88	7.72	8.00	8.73					
31	6.46	7.19	8.06	8.37	9.12					
32	6.77	7.52	8.45	8.76	9.56					
33	7.10	7.92	8.88	9.22	10.05					
34	7.49	8.33	9.35	9.71	10.58					
35	7.87	8.76	9.83	10.21	11.12					
36	8.27	9.22	10.34	10.74	11.70					
37	8.69	9.68	10.86	11.29	12.28					
38	9.13	10.18	11.42	11.87	12.91					
39	9.58	10.67	11.99	12.45	13.55					
40	10.01	11.16	12.54	13.02	14.16					
41	10.43	11.62	13.06	13.58	14.77					
42	10.81	12.06	13.56	14.09	15.30					
43	11.17	12.46	14.00	14.56	15.80					
44	11.47	12.80	14.39	14.96	16.24					
45	11.72	13.09	14.72	15.31	16.59					
46	11.92	13.30	14.96	15.56	16.86					
47	12.02	13.43	15.12	15.73	17.03					
48	12.06	13.45	15.16	15.78	17.05					
49	11.99	13.39	15.08	15.70	16.95					
50	11.82	13.21	14.88	15.49	16.71					
51	11.54	12.90	14.54	15.16	16.31					
52	11.15	12.47	14.05	14.64	15.73					
53	10.51	11.74	13.24	13.80	14.78					
54	9.76	10.91	12.30	12.81	13.67					
55	8.92	9.97	11.26	11.72	12.45					
56	8.02	8.96	10.12	10.53	11.14					
57	7.08	7.92	8.93	9.30	9.80					
58	6.11	6.84	7.72	8.04	8.41					
59	5.15	5.76	6.49	6.77	7.04					

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC and IDI2000-P/NC-ML et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Full*	Individually Sold and Association	No	Male

Issue Age	6A	5A	4A	3A		2A		1A		1B
Reg. Occ. Period	Standard			ST	Age 65	ST	Age 65	ST	5 yrs	ST
18 - 25	6.01	6.68	7.49	7.77	8.49					
26	6.22	6.91	7.75	8.04	8.77					
27	6.44	7.16	8.03	8.34	9.10					
28	6.70	7.44	8.35	8.66	9.44					
29	6.97	7.75	8.70	9.02	9.83					
30	7.27	8.09	9.07	9.42	10.27					
31	7.60	8.46	9.49	9.84	10.73					
32	7.96	8.86	9.94	10.32	11.25					
33	8.36	9.31	10.45	10.84	11.82					
34	8.81	9.80	11.00	11.42	12.44					
35	9.26	10.31	11.57	12.02	13.09					
36	9.73	10.85	12.17	12.64	13.77					
37	10.22	11.39	12.78	13.28	14.46					
38	10.74	11.98	13.44	13.96	15.19					
39	11.27	12.55	14.10	14.65	15.94					
40	11.77	13.13	14.75	15.32	16.65					
41	12.26	13.67	15.36	15.97	17.37					
42	12.72	14.18	15.95	16.57	18.00					
43	13.14	14.65	16.48	17.12	18.60					
44	13.50	15.06	16.93	17.61	19.10					
45	13.79	15.40	17.32	18.01	19.53					
46	14.02	15.64	17.60	18.31	19.84					
47	14.15	15.79	17.78	18.50	20.03					
48	14.18	15.83	17.83	18.56	20.07					
49	14.10	15.76	17.75	18.47	19.94					
50	13.91	15.54	17.51	18.23	19.65					
51	13.58	15.18	17.11	17.83	19.18					
52	13.12	14.66	16.54	17.23	18.50					
53	12.36	13.81	15.58	16.24	17.39					
54	11.47	12.83	14.47	15.08	16.09					
55	10.49	11.74	13.24	13.79	14.65					
56	9.43	10.55	11.90	12.40	13.11					
57	8.33	9.31	10.50	10.95	11.52					
58	7.19	8.04	9.07	9.45	9.89					
59	6.06	6.78	7.64	7.97	8.28					

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
** Rider Form IDI2000-PR/L45-TD attached.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Limited	Individually Sold and Association	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.48	0.52	0.59	0.61		0.91		1.54	1.63	2.86
26	0.49	0.55	0.62	0.66		0.97		1.63	1.71	2.99
27	0.53	0.60	0.67	0.69		1.02		1.71	1.79	3.14
28	0.58	0.64	0.71	0.74		1.09		1.79	1.87	3.30
29	0.60	0.68	0.76	0.78		1.16		1.88	1.97	3.45
30	0.65	0.72	0.82	0.85		1.23		1.98	2.07	3.64
31	0.71	0.78	0.88	0.91		1.31		2.09	2.19	3.83
32	0.74	0.83	0.94	0.98		1.40		2.20	2.30	4.03
33	0.82	0.90	1.02	1.05		1.50		2.33	2.43	4.25
34	0.86	0.96	1.08	1.13		1.60		2.45	2.57	4.48
35	0.94	1.04	1.16	1.22		1.70		2.59	2.72	4.72
36	1.01	1.13	1.26	1.30		1.82		2.73	2.87	4.99
37	1.08	1.21	1.36	1.41		1.93		2.90	3.04	5.27
38	1.16	1.31	1.46	1.52		2.07		3.06	3.21	5.59
39	1.25	1.40	1.57	1.64		2.21		3.23	3.40	5.90
40	1.36	1.51	1.69	1.76		2.36		3.42	3.60	6.26
41	1.46	1.62	1.82	1.91		2.52		3.62	3.81	6.62
42	1.57	1.75	1.97	2.04		2.67		3.83	4.02	7.02
43	1.68	1.88	2.11	2.21		2.85		4.06	4.26	7.44
44	1.80	2.00	2.27	2.36		3.04		4.30	4.51	7.88
45	1.93	2.16	2.44	2.54		3.23		4.53	4.75	8.34
46	2.08	2.32	2.60	2.71		3.42		4.79	5.02	8.81
47	2.22	2.47	2.77	2.89		3.61		5.05	5.30	9.31
48	2.36	2.65	2.98	3.09		3.82		5.32	5.59	9.86
49	2.52	2.82	3.17	3.30		4.03		5.60	5.89	10.41
50	2.66	2.99	3.37	3.51		4.22		5.89	6.17	10.93
51	2.82	3.16	3.55	3.70		4.40		6.15	6.45	11.44
52	2.96	3.30	3.73	3.89		4.58		6.38	6.69	11.88
53	3.13	3.50	3.95	4.12		4.75		6.67	6.99	12.40
54	3.28	3.66	4.13	4.30		4.91		6.89	7.22	12.82
55	3.38	3.78	4.27	4.45		4.99		7.03	7.38	13.07
56	3.43	3.84	4.33	4.51		4.99		7.06	7.39	13.11
57	3.42	3.83	4.31	4.51		4.90		6.94	7.28	12.88
58	3.32	3.72	4.18	4.36		4.68		6.68	7.00	12.35
59	3.12	3.49	3.95	4.11		4.34		6.20	6.51	11.46

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC and IDI2000-P/NC-ML et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Full*	Individually Sold and Association	No	Unisex

Issue Age	6A	5A	4A	3A		2A		1A		1B
Reg. Occ. Period	Standard			ST	Age 65	ST	Age 65	ST	5 yrs	ST
18 - 25	0.53	0.58	0.65	0.68		1.01		1.72	1.80	3.18
26	0.55	0.61	0.70	0.72		1.07		1.80	1.89	3.32
27	0.59	0.66	0.74	0.77		1.14		1.89	1.99	3.49
28	0.64	0.71	0.79	0.82		1.21		1.99	2.08	3.66
29	0.67	0.76	0.84	0.87		1.29		2.09	2.19	3.84
30	0.72	0.80	0.90	0.94		1.37		2.20	2.30	4.05
31	0.78	0.86	0.97	1.01		1.46		2.32	2.43	4.26
32	0.83	0.92	1.04	1.08		1.55		2.44	2.55	4.48
33	0.90	1.00	1.13	1.16		1.66		2.59	2.71	4.72
34	0.96	1.07	1.20	1.25		1.77		2.73	2.86	4.97
35	1.04	1.16	1.30	1.36		1.89		2.87	3.01	5.25
36	1.12	1.25	1.40	1.45		2.01		3.04	3.19	5.54
37	1.20	1.34	1.51	1.58		2.15		3.22	3.38	5.85
38	1.30	1.45	1.62	1.69		2.30		3.40	3.56	6.20
39	1.39	1.56	1.75	1.83		2.45		3.60	3.77	6.56
40	1.50	1.68	1.88	1.96		2.62		3.81	3.99	6.95
41	1.62	1.80	2.03	2.12		2.79		4.03	4.22	7.36
42	1.74	1.94	2.18	2.27		2.97		4.26	4.47	7.80
43	1.87	2.09	2.34	2.45		3.17		4.51	4.73	8.26
44	2.00	2.23	2.52	2.62		3.37		4.77	5.01	8.76
45	2.15	2.40	2.70	2.82		3.59		5.04	5.28	9.26
46	2.30	2.57	2.89	3.01		3.80		5.31	5.58	9.79
47	2.46	2.75	3.08	3.21		4.01		5.61	5.89	10.34
48	2.63	2.94	3.30	3.44		4.24		5.92	6.20	10.96
49	2.80	3.13	3.52	3.67		4.47		6.23	6.53	11.56
50	2.96	3.32	3.74	3.90		4.69		6.53	6.85	12.14
51	3.13	3.50	3.95	4.12		4.89		6.83	7.16	12.71
52	3.29	3.67	4.14	4.32		5.08		7.08	7.44	13.20
53	3.48	3.89	4.39	4.58		5.28		7.40	7.77	13.77
54	3.64	4.07	4.58	4.78		5.45		7.65	8.02	14.23
55	3.76	4.20	4.74	4.95		5.54		7.81	8.20	14.52
56	3.82	4.27	4.81	5.01		5.54		7.84	8.22	14.56
57	3.80	4.25	4.79	5.00		5.44		7.71	8.10	14.31
58	3.70	4.13	4.64	4.84		5.20		7.41	7.78	13.73
59	3.47	3.88	4.38	4.57		4.82		6.90	7.24	12.74

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 65	Not Applicable	Limited	Individually Sold and Association	No	Unisex

Issue Age	6A	5A	4A	3A		2A		1A		1B
Reg. Occ. Period	Standard			ST	Age 65	ST	Age 65	ST	5 yrs	ST
18 - 25	4.19	4.66	5.21	5.41	5.85	8.66	9.37	14.95	15.02	
26	4.31	4.80	5.38	5.58	6.04	8.96	9.68	15.31	15.39	
27	4.45	4.96	5.54	5.77	6.24	9.25	10.01	15.68	15.75	
28	4.61	5.14	5.75	5.98	6.47	9.55	10.33	16.03	16.12	
29	4.78	5.32	5.96	6.21	6.70	9.86	10.66	16.37	16.45	
30	4.96	5.52	6.19	6.43	6.96	10.17	10.99	16.70	16.79	
31	5.15	5.74	6.43	6.69	7.23	10.47	11.32	17.01	17.12	
32	5.35	5.95	6.70	6.95	7.52	10.79	11.66	17.31	17.41	
33	5.57	6.20	6.97	7.23	7.81	11.11	12.01	17.61	17.72	
34	5.78	6.44	7.24	7.53	8.12	11.43	12.35	17.90	18.02	
35	6.01	6.70	7.51	7.82	8.44	11.74	12.67	18.16	18.28	
36	6.23	6.95	7.79	8.12	8.76	12.04	13.01	18.41	18.54	
37	6.44	7.19	8.08	8.40	9.06	12.34	13.31	18.63	18.77	
38	6.67	7.44	8.35	8.71	9.37	12.62	13.62	18.84	18.99	
39	6.89	7.68	8.63	8.98	9.68	12.88	13.89	19.02	19.17	
40	7.09	7.91	8.88	9.25	9.96	13.13	14.13	19.16	19.32	
41	7.27	8.12	9.12	9.50	10.21	13.33	14.34	19.24	19.42	
42	7.44	8.30	9.34	9.73	10.47	13.48	14.50	19.28	19.46	
43	7.58	8.47	9.53	9.91	10.66	13.59	14.61	19.27	19.45	
44	7.70	8.60	9.68	10.07	10.82	13.64	14.64	19.18	19.38	
45	7.79	8.69	9.78	10.19	10.91	13.62	14.62	19.03	19.23	
46	7.82	8.74	9.83	10.25	10.97	13.52	14.49	18.78	18.99	
47	7.80	8.72	9.83	10.24	10.94	13.33	14.26	18.43	18.67	
48	7.72	8.63	9.72	10.13	10.81	13.02	13.90	17.94	18.19	
49	7.58	8.47	9.55	9.96	10.60	12.62	13.44	17.36	17.62	
50	7.38	8.26	9.30	9.69	10.30	12.11	12.87	16.65	16.93	
51	7.12	7.97	8.98	9.36	9.91	11.50	12.20	15.85	16.13	
52	6.80	7.60	8.57	8.95	9.44	10.82	11.44	14.92	15.20	
53	6.34	7.08	7.98	8.33	8.75	9.92	10.43	13.71	14.01	
54	5.82	6.50	7.33	7.66	7.98	8.96	9.36	12.43	12.75	
55	5.27	5.88	6.64	6.92	7.19	7.96	8.26	11.08	11.41	
56	4.69	5.24	5.90	6.16	6.36	6.95	7.15	9.74	10.07	
57	4.12	4.60	5.18	5.41	5.51	5.95	6.07	8.39	8.72	
58	3.54	3.96	4.46	4.66	4.72	5.01	5.08	7.14	7.45	
59	3.00	3.36	3.78	3.94	3.94	4.16	4.16	5.95	6.25	
60	2.50	2.80	3.16	3.29		3.39		4.90		
61	2.08	2.32	2.60	2.71		2.71		3.96		
62	1.72	1.91	2.15	2.24		2.17		3.21		
63	1.56	1.74	1.97	2.05		1.92		2.88		
64	1.49	1.67	1.87	1.97		1.79		2.72		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

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CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 65	Not Applicable	Full*	Individually Sold and Association	No	Unisex

Issue Age	6A	5A	4A	3A		2A		1A		1B
Reg. Occ. Period	Standard			ST	Age 65	ST	Age 65	ST	5 yrs	ST
18 - 25	4.92	5.47	6.13	6.36	6.89	10.19	11.03	17.59	17.67	
26	5.06	5.64	6.32	6.57	7.11	10.53	11.40	18.02	18.11	
27	5.23	5.83	6.53	6.79	7.35	10.88	11.78	18.44	18.54	
28	5.42	6.04	6.77	7.04	7.61	11.24	12.16	18.85	18.95	
29	5.62	6.25	7.02	7.30	7.89	11.59	12.55	19.25	19.35	
30	5.83	6.49	7.28	7.57	8.19	11.96	12.94	19.65	19.75	
31	6.06	6.74	7.57	7.88	8.51	12.32	13.32	20.01	20.13	
32	6.30	7.01	7.87	8.18	8.84	12.70	13.72	20.37	20.48	
33	6.55	7.30	8.20	8.51	9.19	13.08	14.12	20.71	20.85	
34	6.80	7.58	8.51	8.86	9.56	13.44	14.52	21.05	21.20	
35	7.07	7.87	8.84	9.20	9.92	13.81	14.90	21.36	21.51	
36	7.32	8.17	9.17	9.55	10.30	14.17	15.30	21.66	21.80	
37	7.58	8.46	9.50	9.88	10.66	14.51	15.65	21.92	22.08	
38	7.85	8.75	9.83	10.24	11.03	14.85	16.02	22.17	22.33	
39	8.10	9.04	10.15	10.57	11.39	15.16	16.34	22.37	22.55	
40	8.34	9.30	10.45	10.88	11.72	15.44	16.63	22.54	22.73	
41	8.56	9.55	10.73	11.18	12.02	15.67	16.87	22.64	22.84	
42	8.75	9.77	10.98	11.44	12.31	15.86	17.05	22.68	22.89	
43	8.93	9.96	11.21	11.66	12.54	15.99	17.18	22.67	22.88	
44	9.06	10.12	11.39	11.86	12.73	16.04	17.23	22.57	22.80	
45	9.16	10.22	11.51	11.98	12.85	16.02	17.19	22.39	22.63	
46	9.20	10.27	11.57	12.05	12.90	15.90	17.04	22.09	22.34	
47	9.18	10.26	11.56	12.04	12.87	15.69	16.78	21.68	21.96	
48	9.08	10.15	11.44	11.93	12.72	15.32	16.35	21.11	21.41	
49	8.93	9.97	11.23	11.72	12.48	14.84	15.81	20.43	20.74	
50	8.69	9.71	10.94	11.41	12.12	14.25	15.15	19.59	19.91	
51	8.38	9.37	10.56	11.02	11.66	13.54	14.35	18.65	18.98	
52	8.00	8.94	10.08	10.52	11.11	12.73	13.47	17.55	17.89	
53	7.45	8.33	9.38	9.80	10.29	11.67	12.27	16.13	16.49	
54	6.84	7.66	8.63	9.00	9.40	10.53	11.02	14.62	14.99	
55	6.19	6.92	7.80	8.14	8.45	9.36	9.72	13.04	13.42	
56	5.52	6.17	6.95	7.26	7.48	8.17	8.42	11.45	11.84	
57	4.84	5.41	6.10	6.36	6.49	6.99	7.14	9.88	10.26	
58	4.16	4.66	5.26	5.49	5.54	5.90	5.98	8.39	8.76	
59	3.53	3.95	4.44	4.63	4.65	4.90	4.90	7.01	7.35	
60	2.94	3.29	3.71	3.86		3.99		5.75		
61	2.44	2.72	3.06	3.20		3.20		4.66		
62	2.02	2.24	2.53	2.63		2.55		3.77		
63	1.84	2.05	2.32	2.40		2.25		3.39		
64	1.75	1.97	2.21	2.31		2.10		3.20		

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 70	Not Applicable	Limited	Individually Sold and Association	No	Unisex

Issue Age	6A	5A	4A	3A		2A		1A		1B
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	4.79	5.33	5.95	6.20	6.73	9.84	10.67			
26	4.96	5.52	6.18	6.43	6.97	10.22	11.07			
27	5.15	5.75	6.43	6.68	7.25	10.61	11.50			
28	5.36	5.98	6.70	6.96	7.54	11.03	11.95			
29	5.60	6.24	6.98	7.27	7.88	11.44	12.40			
30	5.86	6.52	7.31	7.59	8.23	11.87	12.86			
31	6.12	6.82	7.64	7.95	8.60	12.32	13.33			
32	6.41	7.13	7.99	8.31	9.00	12.75	13.81			
33	6.70	7.46	8.38	8.71	9.43	13.24	14.32			
34	7.01	7.81	8.77	9.12	9.88	13.71	14.82			
35	7.33	8.17	9.17	9.55	10.33	14.18	15.35			
36	7.66	8.54	9.60	9.98	10.80	14.66	15.87			
37	7.99	8.92	10.02	10.43	11.27	15.15	16.38			
38	8.34	9.30	10.45	10.88	11.76	15.63	16.91			
39	8.69	9.70	10.90	11.34	12.26	16.11	17.41			
40	9.04	10.08	11.33	11.80	12.74	16.57	17.91			
41	9.36	10.45	11.75	12.24	13.21	17.00	18.37			
42	9.70	10.81	12.16	12.67	13.67	17.39	18.78			
43	10.02	11.18	12.56	13.09	14.12	17.76	19.17			
44	10.31	11.51	12.96	13.49	14.56	18.08	19.50			
45	10.57	11.80	13.30	13.85	14.92	18.32	19.76			
46	10.80	12.06	13.57	14.15	15.23	18.48	19.91			
47	10.97	12.25	13.80	14.39	15.48	18.56	19.98			
48	11.10	12.40	13.96	14.55	15.64	18.52	19.91			
49	11.14	12.46	14.03	14.63	15.72	18.35	19.72			
50	11.12	12.43	14.02	14.62	15.67	18.07	19.39			
51	11.03	12.32	13.90	14.49	15.54	17.65	18.93			
52	10.84	12.11	13.66	14.24	15.24	17.09	18.30			
53	10.45	11.70	13.18	13.75	14.70	16.23	17.34			
54	10.00	11.18	12.61	13.14	14.01	15.26	16.26			
55	9.47	10.57	11.93	12.44	13.23	14.17	15.07			
56	8.87	9.90	11.17	11.65	12.35	13.02	13.80			
57	8.22	9.19	10.37	10.80	11.43	11.81	12.49			
58	7.54	8.44	9.50	9.91	10.47	10.60	11.20			
59	6.84	7.66	8.62	8.99	9.49	9.42	9.91			
60	6.13	6.85	7.73	8.05		8.23				
61	5.41	6.06	6.83	7.12		7.08				
62	4.72	5.27	5.94	6.19		5.99				
63	3.98	4.45	5.02	5.23		4.97				
64	3.30	3.68	4.16	4.34		4.04				
65	2.69	3.00	3.37	3.53		3.23				
66	2.16	2.41	2.72	2.84		2.56				
67	1.75	1.97	2.22	2.31		2.05				
68	1.48	1.67	1.88	1.98		1.70				
69	1.38	1.55	1.75	1.84		1.56				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC and IDI2000-P/NC-ML et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 70	Not Applicable	Full*	Individually Sold and Association	No	Unisex

Issue Age	6A	5A	4A	3A		2A		1A		1B
Reg. Occ. Period	Standard			ST	Age 65	ST	Age 65	ST	5 yrs	ST
18 - 25	5.63	6.26	7.01	7.29	7.91	11.58	12.56			
26	5.83	6.49	7.27	7.57	8.20	12.03	13.03			
27	6.06	6.76	7.56	7.87	8.52	12.49	13.54			
28	6.31	7.03	7.88	8.19	8.88	12.97	14.05			
29	6.59	7.34	8.22	8.56	9.27	13.46	14.58			
30	6.89	7.67	8.60	8.94	9.68	13.96	15.12			
31	7.20	8.02	8.99	9.35	10.12	14.49	15.69			
32	7.54	8.39	9.41	9.79	10.59	15.01	16.25			
33	7.87	8.78	9.85	10.25	11.10	15.57	16.85			
34	8.24	9.19	10.32	10.73	11.62	16.12	17.45			
35	8.63	9.61	10.79	11.24	12.16	16.69	18.06			
36	9.01	10.06	11.29	11.74	12.71	17.25	18.66			
37	9.41	10.49	11.78	12.27	13.26	17.81	19.26			
38	9.82	10.94	12.30	12.80	13.83	18.39	19.88			
39	10.22	11.40	12.82	13.34	14.42	18.95	20.48			
40	10.63	11.86	13.33	13.88	15.00	19.49	21.07			
41	11.02	12.30	13.82	14.40	15.55	20.00	21.61			
42	11.40	12.72	14.30	14.90	16.09	20.46	22.09			
43	11.78	13.15	14.78	15.40	16.62	20.90	22.55			
44	12.13	13.54	15.24	15.87	17.12	21.26	22.94			
45	12.43	13.88	15.64	16.28	17.55	21.55	23.24			
46	12.71	14.18	15.97	16.64	17.92	21.75	23.43			
47	12.90	14.41	16.24	16.93	18.22	21.84	23.51			
48	13.06	14.58	16.42	17.11	18.40	21.78	23.43			
49	13.10	14.65	16.50	17.22	18.49	21.60	23.21			
50	13.09	14.63	16.49	17.19	18.45	21.25	22.82			
51	12.97	14.50	16.34	17.04	18.27	20.77	22.26			
52	12.74	14.24	16.07	16.76	17.93	20.10	21.53			
53	12.30	13.76	15.50	16.18	17.28	19.09	20.40			
54	11.76	13.15	14.83	15.47	16.48	17.95	19.14			
55	11.14	12.44	14.03	14.64	15.56	16.66	17.72			
56	10.43	11.65	13.14	13.71	14.54	15.32	16.24			
57	9.67	10.81	12.19	12.71	13.44	13.89	14.70			
58	8.87	9.92	11.18	11.66	12.32	12.48	13.18			
59	8.05	9.00	10.14	10.58	11.16	11.07	11.66			
60	7.21	8.06	9.10	9.48		9.68				
61	6.37	7.13	8.03	8.37		8.34				
62	5.54	6.20	6.98	7.28		7.05				
63	4.69	5.24	5.90	6.15		5.84				
64	3.89	4.33	4.90	5.09		4.75				
65	3.16	3.53	3.97	4.15		3.80				
66	2.54	2.84	3.20	3.35		3.01				
67	2.06	2.32	2.62	2.73		2.40				
68	1.74	1.96	2.22	2.32		2.00				
69	1.62	1.82	2.06	2.16		1.84				

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Limited	Individually Sold and Association	No	Unisex

Issue Age	6A	5A	4A	3A		2A		1A		1B
Reg. Occ. Period	Standard			ST	Age 65	ST	Age 65	ST	5 yrs	ST
18 - 25	5.84	6.50	7.28	7.58	8.22					
26	6.08	6.77	7.58	7.88	8.56					
27	6.34	7.04	7.90	8.21	8.91					
28	6.61	7.36	8.26	8.57	9.30					
29	6.91	7.70	8.64	8.97	9.74					
30	7.24	8.06	9.04	9.40	10.20					
31	7.57	8.44	9.47	9.84	10.67					
32	7.93	8.84	9.91	10.32	11.19					
33	8.32	9.28	10.40	10.82	11.73					
34	8.72	9.72	10.91	11.35	12.29					
35	9.13	10.16	11.41	11.89	12.87					
36	9.54	10.64	11.94	12.42	13.47					
37	9.96	11.11	12.47	12.98	14.06					
38	10.39	11.59	13.02	13.56	14.69					
39	10.82	12.07	13.57	14.12	15.30					
40	11.23	12.54	14.09	14.66	15.87					
41	11.62	12.96	14.58	15.18	16.43					
42	11.96	13.36	15.02	15.64	16.92					
43	12.28	13.70	15.42	16.07	17.37					
44	12.54	14.00	15.74	16.41	17.73					
45	12.73	14.23	16.01	16.68	18.02					
46	12.85	14.36	16.16	16.85	18.18					
47	12.89	14.40	16.22	16.92	18.24					
48	12.82	14.32	16.13	16.81	18.12					
49	12.64	14.12	15.91	16.58	17.85					
50	12.35	13.81	15.55	16.23	17.43					
51	11.95	13.37	15.06	15.72	16.87					
52	11.45	12.80	14.44	15.05	16.12					
53	10.69	11.95	13.48	14.05	15.02					
54	9.83	10.99	12.40	12.94	13.77					
55	8.89	9.96	11.22	11.70	12.42					
56	7.92	8.86	9.98	10.41	10.99					
57	6.91	7.73	8.71	9.10	9.55					
58	5.89	6.59	7.44	7.75	8.10					
59	4.91	5.48	6.18	6.45	6.69					

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC and IDI2000-P/NC-ML et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Full*	Individually Sold and Association	No	Unisex

Issue Age	6A	5A	4A	3A		2A		1A		1B
Reg. Occ. Period	Standard			ST	Age 65	ST	Age 65	ST	5 yrs	ST
18 - 25	6.88	7.66	8.57	8.91	9.67					
26	7.15	7.96	8.92	9.27	10.06					
27	7.45	8.29	9.29	9.66	10.49					
28	7.78	8.65	9.71	10.09	10.95					
29	8.14	9.06	10.16	10.56	11.45					
30	8.51	9.48	10.63	11.05	11.99					
31	8.90	9.92	11.14	11.58	12.56					
32	9.34	10.40	11.66	12.13	13.17					
33	9.78	10.91	12.24	12.73	13.80					
34	10.26	11.44	12.83	13.35	14.47					
35	10.74	11.96	13.43	13.98	15.15					
36	11.22	12.52	14.05	14.62	15.85					
37	11.71	13.07	14.66	15.27	16.55					
38	12.23	13.64	15.32	15.95	17.27					
39	12.73	14.20	15.96	16.62	18.00					
40	13.21	14.75	16.57	17.25	18.68					
41	13.67	15.25	17.15	17.86	19.33					
42	14.08	15.71	17.68	18.40	19.91					
43	14.45	16.13	18.14	18.89	20.44					
44	14.75	16.48	18.53	19.31	20.86					
45	14.98	16.74	18.83	19.62	21.19					
46	15.12	16.90	19.02	19.81	21.39					
47	15.17	16.94	19.08	19.90	21.46					
48	15.08	16.85	18.97	19.78	21.32					
49	14.87	16.62	18.72	19.52	21.00					
50	14.53	16.25	18.30	19.09	20.52					
51	14.06	15.73	17.72	18.49	19.85					
52	13.46	15.06	16.98	17.71	18.96					
53	12.58	14.06	15.85	16.54	17.66					
54	11.57	12.94	14.58	15.21	16.19					
55	10.46	11.71	13.20	13.77	14.61					
56	9.31	10.42	11.75	12.25	12.94					
57	8.14	9.10	10.25	10.70	11.24					
58	6.94	7.75	8.75	9.12	9.52					
59	5.77	6.46	7.27	7.59	7.88					

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
** Rider Form IDI2000-PR/L45-TD attached.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML et al

Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Limited	Individually Sold and Association	No	Female

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.35	0.38	0.44	0.46		0.63		0.95	0.99	1.73
26	0.38	0.42	0.47	0.48		0.68		1.00	1.06	1.83
27	0.40	0.44	0.49	0.52		0.71		1.06	1.12	1.94
28	0.43	0.48	0.54	0.56		0.77		1.13	1.20	2.07
29	0.47	0.52	0.58	0.60		0.81		1.20	1.27	2.19
30	0.49	0.55	0.61	0.64		0.86		1.28	1.34	2.33
31	0.53	0.60	0.67	0.69		0.91		1.35	1.44	2.48
32	0.58	0.64	0.71	0.75		0.98		1.43	1.51	2.63
33	0.60	0.68	0.77	0.79		1.02		1.52	1.61	2.78
34	0.65	0.72	0.82	0.85		1.09		1.61	1.69	2.95
35	0.70	0.77	0.86	0.91		1.15		1.68	1.78	3.11
36	0.73	0.82	0.92	0.97		1.21		1.77	1.87	3.28
37	0.78	0.88	0.98	1.02		1.28		1.87	1.98	3.44
38	0.83	0.92	1.04	1.09		1.35		1.96	2.07	3.62
39	0.89	1.00	1.12	1.17		1.41		2.05	2.17	3.81
40	0.95	1.04	1.19	1.24		1.50		2.15	2.27	3.97
41	1.01	1.13	1.26	1.31		1.56		2.23	2.37	4.15
42	1.07	1.20	1.36	1.40		1.64		2.33	2.46	4.32
43	1.14	1.27	1.44	1.51		1.73		2.43	2.57	4.51
44	1.22	1.37	1.55	1.61		1.82		2.53	2.68	4.69
45	1.30	1.46	1.64	1.71		1.92		2.63	2.77	4.85
46	1.39	1.56	1.75	1.83		2.00		2.72	2.87	5.01
47	1.48	1.66	1.86	1.94		2.09		2.79	2.95	5.17
48	1.57	1.75	1.98	2.07		2.19		2.88	3.05	5.31
49	1.66	1.86	2.09	2.19		2.28		2.96	3.12	5.46
50	1.74	1.96	2.20	2.30		2.36		3.03	3.20	5.58
51	1.81	2.03	2.29	2.40		2.44		3.09	3.27	5.65
52	1.90	2.11	2.39	2.50		2.48		3.12	3.31	5.72
53	1.97	2.21	2.48	2.60		2.54		3.17	3.34	5.78
54	2.03	2.27	2.56	2.67		2.59		3.19	3.37	5.80
55	2.05	2.32	2.59	2.73		2.60		3.17	3.34	5.73
56	2.05	2.32	2.59	2.71		2.55		3.11	3.29	5.60
57	2.02	2.26	2.54	2.66		2.47		2.99	3.16	5.36
58	1.93	2.16	2.44	2.54		2.33		2.82	2.97	5.01
59	1.79	2.00	2.24	2.35		2.14		2.55	2.71	4.54

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Full*	Individually Sold and Association	No	Female

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.38	0.43	0.49	0.51		0.70		1.05	1.10	1.91
26	0.42	0.47	0.52	0.54		0.75		1.11	1.18	2.02
27	0.44	0.49	0.55	0.58		0.79		1.18	1.24	2.16
28	0.48	0.53	0.60	0.62		0.85		1.25	1.33	2.30
29	0.52	0.58	0.64	0.67		0.90		1.33	1.41	2.43
30	0.55	0.61	0.68	0.71		0.95		1.42	1.50	2.59
31	0.59	0.66	0.74	0.77		1.01		1.51	1.60	2.75
32	0.64	0.71	0.79	0.83		1.08		1.58	1.67	2.92
33	0.67	0.76	0.85	0.89		1.14		1.68	1.78	3.09
34	0.72	0.80	0.90	0.94		1.21		1.78	1.88	3.28
35	0.77	0.85	0.96	1.01		1.28		1.87	1.98	3.45
36	0.82	0.91	1.02	1.07		1.35		1.97	2.08	3.64
37	0.86	0.97	1.09	1.14		1.41		2.08	2.20	3.83
38	0.92	1.03	1.16	1.22		1.50		2.18	2.30	4.02
39	0.98	1.10	1.24	1.30		1.58		2.28	2.41	4.22
40	1.06	1.16	1.32	1.38		1.66		2.39	2.52	4.41
41	1.12	1.25	1.40	1.46		1.74		2.49	2.63	4.61
42	1.19	1.33	1.50	1.56		1.83		2.60	2.74	4.81
43	1.27	1.42	1.60	1.68		1.92		2.71	2.86	5.01
44	1.36	1.52	1.72	1.78		2.02		2.82	2.98	5.20
45	1.44	1.62	1.82	1.91		2.13		2.92	3.08	5.39
46	1.55	1.73	1.94	2.04		2.22		3.01	3.19	5.57
47	1.64	1.84	2.06	2.16		2.32		3.10	3.28	5.74
48	1.74	1.94	2.20	2.30		2.43		3.20	3.39	5.91
49	1.84	2.06	2.32	2.43		2.53		3.29	3.48	6.06
50	1.93	2.17	2.44	2.55		2.62		3.37	3.55	6.19
51	2.02	2.26	2.54	2.67		2.70		3.43	3.63	6.28
52	2.10	2.35	2.65	2.77		2.76		3.48	3.67	6.36
53	2.18	2.45	2.76	2.89		2.83		3.52	3.72	6.41
54	2.26	2.52	2.84	2.97		2.88		3.54	3.74	6.44
55	2.28	2.57	2.88	3.02		2.89		3.52	3.72	6.37
56	2.28	2.57	2.88	3.01		2.84		3.45	3.65	6.22
57	2.24	2.51	2.82	2.96		2.75		3.32	3.51	5.95
58	2.15	2.40	2.70	2.82		2.60		3.12	3.30	5.57
59	1.98	2.22	2.50	2.61		2.38		2.84	3.00	5.05

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 65	Not Applicable	Limited	Individually Sold and Association	No	Female

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	3.82	4.25	4.75	4.96	5.47	7.20	7.96	10.90	10.95	
26	3.97	4.43	4.96	5.18	5.70	7.46	8.25	11.28	11.33	
27	4.15	4.62	5.18	5.39	5.96	7.73	8.53	11.67	11.73	
28	4.33	4.84	5.41	5.65	6.23	8.00	8.83	12.08	12.14	
29	4.52	5.06	5.66	5.91	6.52	8.27	9.13	12.49	12.55	
30	4.73	5.27	5.92	6.16	6.81	8.52	9.41	12.88	12.95	
31	4.93	5.50	6.17	6.44	7.11	8.76	9.67	13.26	13.33	
32	5.14	5.72	6.42	6.69	7.38	9.00	9.94	13.62	13.70	
33	5.29	5.92	6.64	6.93	7.64	9.21	10.14	13.93	14.00	
34	5.47	6.10	6.84	7.15	7.88	9.38	10.34	14.19	14.28	
35	5.62	6.28	7.04	7.36	8.11	9.55	10.51	14.41	14.50	
36	5.75	6.43	7.22	7.53	8.30	9.66	10.64	14.58	14.67	
37	5.88	6.56	7.38	7.72	8.49	9.76	10.74	14.69	14.80	
38	5.99	6.70	7.52	7.85	8.64	9.83	10.81	14.73	14.83	
39	6.08	6.79	7.66	7.99	8.79	9.87	10.84	14.70	14.81	
40	6.16	6.89	7.75	8.11	8.90	9.87	10.83	14.60	14.71	
41	6.22	6.96	7.82	8.18	8.97	9.83	10.79	14.43	14.55	
42	6.25	7.00	7.87	8.25	9.03	9.75	10.70	14.20	14.32	
43	6.29	7.04	7.92	8.28	9.06	9.65	10.57	13.88	14.01	
44	6.29	7.04	7.92	8.29	9.06	9.50	10.40	13.50	13.63	
45	6.26	7.01	7.90	8.26	9.03	9.29	10.15	13.04	13.18	
46	6.20	6.94	7.81	8.18	8.91	9.05	9.88	12.51	12.66	
47	6.08	6.83	7.68	8.05	8.76	8.75	9.52	11.92	12.07	
48	5.90	6.61	7.45	7.80	8.46	8.36	9.09	11.24	11.40	
49	5.68	6.36	7.16	7.50	8.12	7.92	8.57	10.51	10.66	
50	5.41	6.06	6.83	7.14	7.72	7.43	8.03	9.70	9.87	
51	5.10	5.71	6.43	6.74	7.25	6.90	7.43	8.89	9.05	
52	4.75	5.33	5.99	6.27	6.72	6.34	6.80	8.03	8.20	
53	4.32	4.84	5.44	5.70	6.07	5.68	6.05	7.13	7.29	
54	3.86	4.32	4.86	5.11	5.39	5.00	5.30	6.22	6.39	
55	3.40	3.79	4.27	4.47	4.69	4.34	4.55	5.34	5.51	
56	2.94	3.28	3.70	3.86	4.01	3.68	3.83	4.49	4.65	
57	2.48	2.77	3.12	3.27	3.36	3.07	3.15	3.70	3.85	
58	2.08	2.33	2.62	2.74	2.77	2.53	2.58	3.04	3.19	
59	1.72	1.92	2.15	2.25	2.25	2.06	2.06	2.45	2.59	
60	1.39	1.56	1.75	1.83		1.63		1.96		
61	1.12	1.25	1.39	1.46		1.28		1.53		
62	0.89	0.98	1.12	1.16		1.00		1.20		
63	0.78	0.86	0.98	1.02		0.86		1.03		
64	0.72	0.82	0.92	0.95		0.78		0.96		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 65	Not Applicable	Full*	Individually Sold and Association	No	Female

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	4.49	5.00	5.59	5.83	6.44	8.48	9.36	12.83	12.88	
26	4.67	5.21	5.83	6.08	6.72	8.79	9.71	13.27	13.33	
27	4.88	5.44	6.10	6.35	7.00	9.10	10.04	13.73	13.79	
28	5.10	5.69	6.37	6.65	7.34	9.42	10.40	14.21	14.29	
29	5.33	5.95	6.66	6.96	7.67	9.73	10.74	14.69	14.76	
30	5.56	6.20	6.96	7.26	8.00	10.03	11.06	15.16	15.24	
31	5.80	6.47	7.26	7.58	8.36	10.32	11.37	15.60	15.69	
32	6.04	6.73	7.55	7.88	8.68	10.59	11.68	16.03	16.12	
33	6.23	6.96	7.81	8.15	8.98	10.83	11.94	16.38	16.48	
34	6.43	7.18	8.05	8.42	9.27	11.04	12.17	16.70	16.80	
35	6.60	7.38	8.28	8.66	9.53	11.22	12.36	16.95	17.06	
36	6.77	7.56	8.50	8.87	9.76	11.36	12.51	17.15	17.26	
37	6.91	7.73	8.69	9.07	9.98	11.49	12.64	17.28	17.40	
38	7.04	7.87	8.86	9.25	10.17	11.57	12.72	17.33	17.45	
39	7.15	7.99	9.00	9.41	10.34	11.60	12.75	17.29	17.42	
40	7.24	8.10	9.12	9.53	10.47	11.60	12.74	17.17	17.30	
41	7.31	8.18	9.20	9.63	10.56	11.57	12.70	16.98	17.13	
42	7.36	8.23	9.26	9.69	10.63	11.48	12.58	16.71	16.85	
43	7.39	8.28	9.31	9.74	10.66	11.35	12.43	16.34	16.49	
44	7.40	8.28	9.32	9.75	10.66	11.18	12.22	15.87	16.04	
45	7.37	8.24	9.29	9.72	10.61	10.94	11.95	15.33	15.50	
46	7.30	8.16	9.19	9.63	10.49	10.65	11.62	14.72	14.89	
47	7.16	8.03	9.04	9.46	10.30	10.29	11.20	14.03	14.20	
48	6.95	7.78	8.77	9.18	9.96	9.83	10.68	13.22	13.41	
49	6.68	7.49	8.42	8.82	9.56	9.32	10.09	12.35	12.54	
50	6.37	7.13	8.03	8.41	9.07	8.74	9.44	11.42	11.61	
51	6.00	6.72	7.57	7.92	8.52	8.12	8.74	10.45	10.65	
52	5.59	6.26	7.04	7.37	7.90	7.45	7.99	9.45	9.65	
53	5.09	5.69	6.40	6.70	7.14	6.68	7.12	8.38	8.58	
54	4.55	5.09	5.72	6.00	6.35	5.89	6.23	7.32	7.51	
55	4.00	4.46	5.03	5.27	5.52	5.11	5.36	6.28	6.48	
56	3.46	3.85	4.34	4.54	4.72	4.34	4.51	5.28	5.48	
57	2.92	3.26	3.67	3.84	3.94	3.61	3.70	4.35	4.53	
58	2.45	2.74	3.08	3.22	3.27	2.98	3.02	3.58	3.75	
59	2.02	2.26	2.53	2.65	2.65	2.42	2.42	2.88	3.05	
60	1.64	1.84	2.06	2.15		1.92		2.30		
61	1.31	1.46	1.64	1.71		1.51		1.80		
62	1.04	1.16	1.31	1.37		1.17		1.41		
63	0.92	1.02	1.16	1.21		1.01		1.22		
64	0.85	0.96	1.08	1.13		0.92		1.12		

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Limited	Individually Sold and Association	No	Male

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.32	0.36	0.40	0.43		0.64		1.11	1.19	2.02
26	0.35	0.38	0.42	0.45		0.68		1.17	1.24	2.12
27	0.37	0.40	0.46	0.47		0.71		1.22	1.31	2.22
28	0.38	0.43	0.49	0.49		0.77		1.28	1.36	2.33
29	0.41	0.47	0.52	0.54		0.81		1.34	1.44	2.43
30	0.44	0.49	0.55	0.58		0.86		1.41	1.51	2.56
31	0.48	0.53	0.60	0.62		0.92		1.49	1.60	2.70
32	0.50	0.58	0.64	0.67		0.99		1.56	1.67	2.83
33	0.55	0.61	0.70	0.71		1.06		1.65	1.77	2.99
34	0.60	0.66	0.74	0.77		1.13		1.74	1.87	3.15
35	0.65	0.72	0.80	0.84		1.21		1.84	1.97	3.32
36	0.70	0.77	0.88	0.90		1.30		1.94	2.08	3.51
37	0.74	0.84	0.94	0.99		1.39		2.06	2.21	3.72
38	0.82	0.91	1.02	1.06		1.51		2.18	2.33	3.93
39	0.88	0.97	1.10	1.15		1.61		2.31	2.48	4.16
40	0.95	1.06	1.19	1.23		1.73		2.44	2.63	4.41
41	1.03	1.14	1.28	1.33		1.85		2.60	2.78	4.68
42	1.10	1.24	1.38	1.44		1.98		2.75	2.95	4.96
43	1.19	1.33	1.49	1.55		2.13		2.93	3.12	5.26
44	1.27	1.43	1.60	1.67		2.27		3.10	3.32	5.59
45	1.37	1.52	1.73	1.79		2.43		3.28	3.52	5.91
46	1.46	1.64	1.85	1.92		2.58		3.48	3.72	6.26
47	1.57	1.75	1.98	2.05		2.74		3.67	3.94	6.62
48	1.68	1.88	2.11	2.21		2.90		3.89	4.17	7.02
49	1.80	2.00	2.26	2.36		3.07		4.11	4.41	7.43
50	1.91	2.14	2.41	2.51		3.24		4.32	4.63	7.81
51	2.03	2.26	2.54	2.66		3.39		4.53	4.86	8.17
52	2.12	2.39	2.69	2.79		3.54		4.72	5.06	8.51
53	2.27	2.54	2.87	2.98		3.69		4.95	5.30	8.90
54	2.39	2.65	3.00	3.13		3.83		5.13	5.50	9.21
55	2.47	2.76	3.11	3.25		3.91		5.26	5.63	9.41
56	2.52	2.82	3.18	3.31		3.93		5.29	5.67	9.45
57	2.52	2.81	3.18	3.31		3.88		5.21	5.60	9.30
58	2.46	2.75	3.08	3.23		3.71		5.03	5.39	8.93
59	2.33	2.59	2.93	3.06		3.46		4.69	5.02	8.28

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Full*	Individually Sold and Association	No	Male

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.36	0.40	0.44	0.47		0.71		1.23	1.32	2.24
26	0.38	0.42	0.47	0.49		0.75		1.30	1.39	2.35
27	0.41	0.44	0.50	0.53		0.79		1.35	1.45	2.46
28	0.43	0.48	0.54	0.55		0.85		1.42	1.52	2.59
29	0.46	0.52	0.58	0.60		0.90		1.49	1.60	2.71
30	0.49	0.55	0.61	0.63		0.95		1.56	1.67	2.85
31	0.53	0.59	0.66	0.69		1.02		1.65	1.77	2.99
32	0.56	0.64	0.71	0.74		1.09		1.74	1.86	3.15
33	0.61	0.68	0.77	0.79		1.17		1.84	1.97	3.32
34	0.66	0.73	0.83	0.85		1.25		1.94	2.08	3.50
35	0.72	0.80	0.89	0.93		1.35		2.05	2.19	3.69
36	0.77	0.85	0.97	1.00		1.44		2.16	2.31	3.89
37	0.83	0.94	1.04	1.09		1.54		2.29	2.45	4.13
38	0.90	1.01	1.13	1.17		1.67		2.42	2.60	4.37
39	0.97	1.08	1.22	1.28		1.78		2.56	2.75	4.62
40	1.06	1.18	1.32	1.37		1.92		2.72	2.92	4.90
41	1.14	1.27	1.43	1.48		2.06		2.88	3.09	5.19
42	1.22	1.37	1.54	1.60		2.20		3.06	3.28	5.51
43	1.32	1.48	1.66	1.73		2.36		3.25	3.48	5.84
44	1.42	1.58	1.78	1.85		2.52		3.44	3.69	6.20
45	1.52	1.69	1.92	1.99		2.69		3.64	3.91	6.57
46	1.63	1.82	2.05	2.14		2.86		3.86	4.14	6.95
47	1.75	1.94	2.20	2.28		3.04		4.08	4.38	7.36
48	1.87	2.09	2.35	2.45		3.22		4.32	4.63	7.80
49	2.00	2.23	2.51	2.62		3.42		4.57	4.90	8.25
50	2.12	2.38	2.68	2.78		3.60		4.81	5.15	8.68
51	2.26	2.51	2.83	2.96		3.77		5.04	5.40	9.09
52	2.36	2.65	2.99	3.11		3.93		5.25	5.62	9.46
53	2.52	2.82	3.18	3.31		4.11		5.50	5.90	9.89
54	2.65	2.95	3.34	3.47		4.26		5.70	6.11	10.23
55	2.75	3.07	3.46	3.61		4.35		5.84	6.26	10.45
56	2.80	3.13	3.53	3.68		4.37		5.87	6.29	10.49
57	2.80	3.12	3.53	3.68		4.30		5.80	6.22	10.33
58	2.74	3.05	3.43	3.59		4.13		5.59	5.98	9.92
59	2.58	2.88	3.25	3.39		3.84		5.20	5.58	9.21

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 65	Not Applicable	Limited	Individually Sold and Association	No	Male

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	2.63	2.92	3.28	3.39	3.82	5.52	6.22	10.38	10.45	
26	2.69	3.00	3.37	3.48	3.92	5.70	6.42	10.62	10.69	
27	2.77	3.08	3.46	3.59	4.04	5.88	6.61	10.84	10.92	
28	2.86	3.18	3.56	3.69	4.15	6.06	6.82	11.06	11.13	
29	2.95	3.28	3.68	3.82	4.29	6.26	7.04	11.25	11.35	
30	3.05	3.40	3.80	3.94	4.44	6.45	7.26	11.46	11.56	
31	3.17	3.52	3.95	4.09	4.60	6.65	7.48	11.65	11.75	
32	3.29	3.65	4.12	4.26	4.77	6.88	7.73	11.84	11.94	
33	3.43	3.82	4.28	4.44	4.98	7.11	7.98	12.02	12.13	
34	3.58	3.98	4.46	4.65	5.20	7.35	8.25	12.21	12.33	
35	3.73	4.15	4.67	4.85	5.43	7.59	8.51	12.39	12.51	
36	3.90	4.34	4.86	5.05	5.66	7.85	8.80	12.56	12.69	
37	4.06	4.52	5.08	5.27	5.90	8.11	9.07	12.74	12.87	
38	4.22	4.72	5.29	5.50	6.14	8.37	9.36	12.89	13.05	
39	4.39	4.90	5.51	5.72	6.38	8.63	9.64	13.06	13.21	
40	4.56	5.08	5.71	5.93	6.61	8.87	9.90	13.19	13.35	
41	4.72	5.26	5.90	6.14	6.83	9.10	10.13	13.29	13.46	
42	4.86	5.41	6.08	6.34	7.05	9.29	10.34	13.37	13.55	
43	4.99	5.56	6.25	6.49	7.21	9.45	10.52	13.41	13.61	
44	5.09	5.68	6.40	6.65	7.37	9.57	10.64	13.42	13.62	
45	5.18	5.77	6.49	6.75	7.48	9.64	10.70	13.38	13.60	
46	5.23	5.84	6.56	6.83	7.54	9.66	10.70	13.26	13.50	
47	5.26	5.87	6.61	6.88	7.58	9.61	10.61	13.08	13.33	
48	5.24	5.84	6.59	6.85	7.53	9.48	10.43	12.82	13.08	
49	5.18	5.80	6.53	6.80	7.45	9.26	10.17	12.47	12.75	
50	5.09	5.68	6.41	6.68	7.29	8.97	9.81	12.03	12.32	
51	4.94	5.54	6.23	6.49	7.06	8.60	9.37	11.51	11.81	
52	4.76	5.33	6.00	6.26	6.77	8.17	8.86	10.90	11.22	
53	4.46	5.00	5.63	5.88	6.31	7.53	8.12	10.07	10.41	
54	4.14	4.63	5.22	5.44	5.80	6.87	7.33	9.17	9.52	
55	3.78	4.22	4.76	4.97	5.24	6.15	6.50	8.22	8.57	
56	3.40	3.79	4.28	4.46	4.66	5.42	5.66	7.26	7.61	
57	3.01	3.37	3.79	3.96	4.07	4.67	4.82	6.29	6.64	
58	2.62	2.92	3.30	3.43	3.48	3.98	4.05	5.37	5.71	
59	2.22	2.48	2.81	2.93	2.94	3.32	3.34	4.50	4.82	
60	1.87	2.09	2.35	2.45		2.73		3.71		
61	1.56	1.74	1.97	2.05		2.20		3.01		
62	1.30	1.45	1.63	1.70		1.77		2.44		
63	1.19	1.33	1.51	1.56		1.58		2.20		
64	1.15	1.28	1.45	1.52		1.47		2.09		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 65	Not Applicable	Full*	Individually Sold and Association	No	Male

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	3.10	3.43	3.85	3.99	4.50	6.50	7.33	12.21	12.30	
26	3.17	3.53	3.96	4.09	4.61	6.70	7.56	12.49	12.57	
27	3.26	3.62	4.07	4.22	4.75	6.91	7.79	12.75	12.85	
28	3.36	3.74	4.19	4.35	4.89	7.13	8.03	13.00	13.10	
29	3.47	3.85	4.33	4.50	5.05	7.36	8.28	13.24	13.35	
30	3.59	4.00	4.48	4.65	5.22	7.59	8.53	13.49	13.60	
31	3.72	4.14	4.64	4.82	5.41	7.82	8.80	13.71	13.83	
32	3.86	4.30	4.84	5.00	5.61	8.08	9.09	13.93	14.05	
33	4.03	4.49	5.04	5.22	5.85	8.36	9.38	14.15	14.28	
34	4.21	4.69	5.26	5.46	6.12	8.65	9.71	14.37	14.51	
35	4.39	4.88	5.50	5.70	6.38	8.94	10.02	14.58	14.72	
36	4.58	5.11	5.72	5.95	6.66	9.23	10.35	14.78	14.94	
37	4.78	5.32	5.98	6.20	6.93	9.53	10.67	14.98	15.15	
38	4.97	5.54	6.23	6.46	7.22	9.84	11.02	15.17	15.35	
39	5.17	5.76	6.48	6.73	7.51	10.14	11.34	15.36	15.54	
40	5.36	5.98	6.72	6.98	7.79	10.43	11.65	15.51	15.71	
41	5.54	6.18	6.95	7.22	8.04	10.70	11.93	15.63	15.84	
42	5.71	6.37	7.15	7.45	8.29	10.93	12.17	15.72	15.94	
43	5.87	6.54	7.36	7.64	8.49	11.12	12.37	15.77	16.01	
44	5.99	6.68	7.52	7.82	8.67	11.26	12.51	15.79	16.03	
45	6.10	6.79	7.64	7.95	8.80	11.34	12.58	15.73	15.99	
46	6.16	6.88	7.73	8.04	8.88	11.36	12.58	15.60	15.87	
47	6.18	6.90	7.78	8.08	8.91	11.30	12.49	15.39	15.69	
48	6.17	6.88	7.75	8.06	8.87	11.14	12.27	15.08	15.39	
49	6.10	6.82	7.68	7.99	8.76	10.89	11.96	14.67	15.00	
50	5.99	6.68	7.54	7.85	8.58	10.56	11.55	14.16	14.50	
51	5.82	6.52	7.33	7.64	8.30	10.12	11.03	13.54	13.90	
52	5.60	6.26	7.06	7.36	7.97	9.60	10.42	12.83	13.20	
53	5.26	5.88	6.62	6.91	7.43	8.87	9.55	11.85	12.24	
54	4.87	5.45	6.14	6.41	6.82	8.07	8.61	10.79	11.20	
55	4.44	4.97	5.60	5.84	6.16	7.23	7.65	9.67	10.09	
56	4.00	4.46	5.04	5.26	5.49	6.37	6.66	8.54	8.95	
57	3.54	3.96	4.46	4.66	4.80	5.50	5.67	7.40	7.82	
58	3.07	3.43	3.88	4.04	4.11	4.68	4.76	6.31	6.71	
59	2.62	2.93	3.30	3.45	3.46	3.91	3.92	5.29	5.67	
60	2.20	2.46	2.77	2.89		3.21		4.36		
61	1.84	2.05	2.32	2.40		2.59		3.54		
62	1.52	1.70	1.92	2.00		2.08		2.87		
63	1.40	1.57	1.78	1.84		1.85		2.59		
64	1.36	1.51	1.70	1.78		1.74		2.45		

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Limited	Individually Sold and Association	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.34	0.37	0.41	0.43		0.64		1.08	1.16	2.00
26	0.35	0.38	0.44	0.46		0.68		1.14	1.22	2.09
27	0.37	0.42	0.47	0.48		0.71		1.19	1.28	2.20
28	0.40	0.44	0.49	0.52		0.77		1.25	1.34	2.31
29	0.42	0.48	0.53	0.55		0.81		1.32	1.42	2.42
30	0.46	0.50	0.58	0.59		0.86		1.39	1.49	2.55
31	0.49	0.54	0.61	0.64		0.92		1.46	1.57	2.68
32	0.52	0.59	0.66	0.68		0.99		1.54	1.64	2.83
33	0.58	0.62	0.71	0.74		1.05		1.64	1.75	2.97
34	0.60	0.67	0.76	0.78		1.12		1.73	1.84	3.12
35	0.66	0.73	0.82	0.86		1.20		1.82	1.94	3.31
36	0.71	0.79	0.89	0.91		1.28		1.91	2.04	3.50
37	0.76	0.84	0.95	0.99		1.36		2.04	2.17	3.69
38	0.82	0.92	1.03	1.07		1.45		2.13	2.29	3.92
39	0.88	0.98	1.10	1.15		1.54		2.27	2.43	4.13
40	0.95	1.06	1.19	1.23		1.66		2.40	2.56	4.38
41	1.03	1.14	1.27	1.33		1.76		2.53	2.72	4.63
42	1.10	1.22	1.37	1.43		1.87		2.68	2.87	4.91
43	1.18	1.32	1.48	1.54		2.00		2.84	3.04	5.20
44	1.26	1.40	1.58	1.66		2.13		3.01	3.22	5.51
45	1.36	1.51	1.70	1.78		2.25		3.18	3.41	5.83
46	1.45	1.62	1.82	1.90		2.39		3.34	3.59	6.17
47	1.56	1.73	1.94	2.02		2.53		3.53	3.78	6.51
48	1.66	1.86	2.09	2.16		2.67		3.73	3.99	6.90
49	1.76	1.98	2.22	2.31		2.82		3.92	4.20	7.28
50	1.87	2.10	2.35	2.45		2.96		4.11	4.41	7.66
51	1.98	2.21	2.48	2.60		3.08		4.31	4.61	8.01
52	2.08	2.32	2.62	2.73		3.20		4.47	4.77	8.32
53	2.20	2.45	2.76	2.89		3.32		4.66	4.99	8.67
54	2.29	2.56	2.88	3.01		3.44		4.82	5.16	8.97
55	2.36	2.65	2.99	3.12		3.48		4.92	5.27	9.15
56	2.41	2.69	3.04	3.16		3.48		4.94	5.29	9.17
57	2.40	2.68	3.01	3.16		3.43		4.86	5.20	9.02
58	2.33	2.60	2.93	3.06		3.27		4.68	5.01	8.66
59	2.18	2.44	2.76	2.88		3.04		4.35	4.65	8.03

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC and IDI2000-P/NC-ML et al

Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Full*	Individually Sold and Association	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.37	0.41	0.46	0.47		0.71		1.20	1.29	2.22
26	0.38	0.43	0.49	0.51		0.75		1.27	1.35	2.32
27	0.41	0.47	0.52	0.54		0.79		1.32	1.42	2.44
28	0.44	0.49	0.55	0.58		0.85		1.40	1.50	2.56
29	0.47	0.53	0.59	0.61		0.90		1.46	1.57	2.68
30	0.50	0.56	0.64	0.66		0.95		1.54	1.65	2.84
31	0.55	0.60	0.68	0.71		1.02		1.63	1.75	2.98
32	0.58	0.65	0.73	0.76		1.09		1.71	1.83	3.14
33	0.64	0.70	0.79	0.82		1.16		1.82	1.95	3.30
34	0.67	0.74	0.84	0.87		1.24		1.91	2.05	3.48
35	0.73	0.82	0.91	0.95		1.32		2.01	2.16	3.67
36	0.78	0.88	0.98	1.01		1.41		2.12	2.27	3.88
37	0.84	0.94	1.06	1.10		1.51		2.26	2.41	4.09
38	0.91	1.02	1.14	1.18		1.61		2.38	2.54	4.35
39	0.97	1.09	1.22	1.28		1.71		2.52	2.70	4.59
40	1.06	1.18	1.32	1.37		1.84		2.66	2.85	4.86
41	1.14	1.26	1.42	1.48		1.96		2.82	3.01	5.15
42	1.22	1.36	1.52	1.59		2.08		2.98	3.19	5.46
43	1.31	1.46	1.64	1.71		2.22		3.16	3.38	5.79
44	1.40	1.56	1.76	1.84		2.36		3.34	3.58	6.13
45	1.50	1.68	1.90	1.98		2.51		3.53	3.78	6.48
46	1.61	1.80	2.03	2.10		2.66		3.72	3.98	6.85
47	1.73	1.92	2.16	2.24		2.81		3.93	4.20	7.24
48	1.84	2.06	2.32	2.40		2.97		4.15	4.43	7.67
49	1.96	2.20	2.46	2.56		3.13		4.36	4.66	8.10
50	2.08	2.33	2.62	2.73		3.29		4.58	4.90	8.50
51	2.20	2.45	2.76	2.89		3.43		4.79	5.13	8.90
52	2.30	2.57	2.90	3.02		3.55		4.96	5.30	9.24
53	2.44	2.72	3.07	3.21		3.69		5.18	5.54	9.64
54	2.54	2.84	3.20	3.35		3.82		5.36	5.73	9.97
55	2.63	2.94	3.32	3.46		3.88		5.47	5.85	10.16
56	2.68	2.99	3.37	3.51		3.88		5.49	5.87	10.20
57	2.66	2.98	3.35	3.51		3.81		5.40	5.79	10.02
58	2.59	2.89	3.25	3.39		3.63		5.19	5.56	9.61
59	2.42	2.71	3.07	3.20		3.37		4.83	5.17	8.92

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 65	Not Applicable	Limited	Individually Sold and Association	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	2.93	3.25	3.65	3.78	4.23	6.06	6.79	10.46	10.54	
26	3.01	3.36	3.77	3.91	4.38	6.27	7.00	10.73	10.80	
27	3.11	3.47	3.89	4.04	4.52	6.47	7.23	10.97	11.06	
28	3.23	3.59	4.03	4.19	4.67	6.68	7.46	11.22	11.31	
29	3.35	3.72	4.19	4.35	4.85	6.90	7.72	11.45	11.55	
30	3.47	3.86	4.33	4.51	5.04	7.12	7.95	11.69	11.78	
31	3.61	4.01	4.51	4.69	5.23	7.34	8.18	11.90	12.00	
32	3.76	4.18	4.68	4.86	5.43	7.56	8.44	12.12	12.22	
33	3.90	4.34	4.87	5.06	5.64	7.79	8.67	12.32	12.44	
34	4.04	4.51	5.06	5.27	5.87	7.99	8.91	12.53	12.64	
35	4.20	4.68	5.27	5.47	6.10	8.22	9.15	12.71	12.83	
36	4.36	4.86	5.46	5.68	6.33	8.43	9.38	12.88	13.00	
37	4.51	5.04	5.65	5.88	6.54	8.64	9.60	13.05	13.18	
38	4.67	5.21	5.84	6.10	6.77	8.83	9.82	13.19	13.33	
39	4.82	5.38	6.04	6.29	6.98	9.03	10.03	13.31	13.46	
40	4.97	5.54	6.23	6.47	7.19	9.19	10.20	13.41	13.56	
41	5.09	5.68	6.38	6.65	7.37	9.33	10.34	13.48	13.64	
42	5.21	5.82	6.54	6.81	7.54	9.43	10.45	13.50	13.67	
43	5.32	5.93	6.67	6.95	7.68	9.51	10.52	13.50	13.68	
44	5.40	6.02	6.77	7.06	7.79	9.55	10.56	13.43	13.62	
45	5.45	6.08	6.84	7.13	7.85	9.53	10.52	13.32	13.54	
46	5.47	6.11	6.89	7.18	7.90	9.46	10.43	13.15	13.38	
47	5.47	6.11	6.88	7.16	7.87	9.34	10.27	12.90	13.13	
48	5.41	6.04	6.80	7.10	7.79	9.11	9.99	12.56	12.80	
49	5.32	5.94	6.68	6.97	7.61	8.83	9.66	12.16	12.42	
50	5.17	5.77	6.50	6.79	7.39	8.48	9.23	11.66	11.94	
51	4.99	5.58	6.29	6.56	7.12	8.05	8.75	11.10	11.39	
52	4.76	5.33	6.00	6.27	6.76	7.58	8.19	10.44	10.74	
53	4.44	4.96	5.58	5.83	6.24	6.95	7.46	9.59	9.90	
54	4.07	4.56	5.14	5.36	5.70	6.27	6.68	8.70	9.01	
55	3.68	4.12	4.64	4.85	5.12	5.58	5.89	7.77	8.09	
56	3.29	3.67	4.13	4.32	4.51	4.85	5.07	6.82	7.14	
57	2.88	3.23	3.64	3.78	3.89	4.16	4.29	5.89	6.20	
58	2.48	2.77	3.13	3.27	3.32	3.51	3.57	4.99	5.30	
59	2.10	2.35	2.64	2.76	2.77	2.91	2.92	4.17	4.46	
60	1.75	1.96	2.21	2.30		2.38		3.42		
61	1.45	1.62	1.82	1.91		1.91		2.77		
62	1.20	1.33	1.51	1.56		1.52		2.24		
63	1.09	1.22	1.38	1.43		1.33		2.02		
64	1.04	1.18	1.32	1.38		1.25		1.90		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 65	Not Applicable	Full*	Individually Sold and Association	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	3.44	3.83	4.30	4.45	4.98	7.13	7.98	12.31	12.40	
26	3.54	3.95	4.43	4.60	5.15	7.37	8.25	12.62	12.71	
27	3.66	4.08	4.57	4.75	5.31	7.61	8.51	12.90	13.00	
28	3.79	4.22	4.74	4.92	5.50	7.87	8.79	13.20	13.30	
29	3.94	4.38	4.92	5.12	5.72	8.12	9.07	13.48	13.59	
30	4.08	4.55	5.10	5.30	5.92	8.37	9.35	13.75	13.86	
31	4.25	4.72	5.30	5.52	6.15	8.63	9.63	14.00	14.12	
32	4.42	4.91	5.51	5.73	6.38	8.89	9.92	14.26	14.38	
33	4.58	5.11	5.74	5.96	6.64	9.15	10.20	14.50	14.63	
34	4.76	5.30	5.95	6.20	6.90	9.41	10.49	14.74	14.87	
35	4.94	5.51	6.19	6.44	7.16	9.67	10.78	14.95	15.09	
36	5.12	5.72	6.42	6.68	7.44	9.91	11.04	15.16	15.30	
37	5.30	5.93	6.65	6.91	7.69	10.15	11.29	15.35	15.50	
38	5.50	6.12	6.88	7.16	7.97	10.40	11.56	15.52	15.69	
39	5.68	6.32	7.10	7.39	8.21	10.61	11.80	15.66	15.84	
40	5.84	6.52	7.32	7.61	8.45	10.81	12.01	15.77	15.96	
41	5.99	6.68	7.51	7.82	8.67	10.97	12.17	15.85	16.05	
42	6.12	6.84	7.69	8.02	8.88	11.10	12.29	15.87	16.08	
43	6.25	6.97	7.85	8.17	9.04	11.19	12.39	15.87	16.09	
44	6.35	7.08	7.97	8.30	9.17	11.24	12.42	15.80	16.03	
45	6.41	7.15	8.05	8.38	9.25	11.21	12.39	15.68	15.93	
46	6.44	7.19	8.10	8.44	9.29	11.13	12.27	15.47	15.73	
47	6.43	7.19	8.09	8.43	9.26	10.98	12.08	15.18	15.46	
48	6.36	7.10	8.00	8.35	9.15	10.72	11.75	14.77	15.06	
49	6.25	6.98	7.86	8.20	8.96	10.38	11.36	14.30	14.61	
50	6.08	6.79	7.66	7.98	8.69	9.97	10.87	13.72	14.04	
51	5.87	6.56	7.39	7.72	8.37	9.48	10.29	13.06	13.40	
52	5.60	6.26	7.06	7.37	7.96	8.91	9.64	12.29	12.63	
53	5.22	5.83	6.56	6.85	7.35	8.18	8.77	11.29	11.65	
54	4.79	5.36	6.04	6.30	6.70	7.37	7.85	10.23	10.60	
55	4.33	4.85	5.46	5.70	6.01	6.56	6.92	9.13	9.52	
56	3.86	4.32	4.86	5.08	5.30	5.72	5.97	8.02	8.40	
57	3.38	3.79	4.27	4.45	4.58	4.90	5.05	6.92	7.30	
58	2.92	3.26	3.68	3.84	3.91	4.13	4.20	5.87	6.24	
59	2.47	2.76	3.11	3.24	3.25	3.43	3.44	4.91	5.25	
60	2.06	2.30	2.59	2.70		2.79		4.03		
61	1.70	1.91	2.15	2.24		2.24		3.27		
62	1.42	1.57	1.78	1.84		1.78		2.64		
63	1.28	1.44	1.62	1.68		1.58		2.38		
64	1.22	1.38	1.55	1.62		1.47		2.24		

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery) on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDISA, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Limited	Individually Sold and Association	No	Female

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.13	0.14	0.17	0.17		0.24				
26	0.14	0.16	0.18	0.18		0.25				
27	0.14	0.17	0.19	0.20		0.28				
28	0.16	0.18	0.20	0.21		0.29				
29	0.17	0.19	0.22	0.23		0.31				
30	0.19	0.20	0.24	0.24		0.33				
31	0.20	0.23	0.25	0.26		0.35				
32	0.22	0.24	0.28	0.29		0.37				
33	0.23	0.26	0.29	0.31		0.38				
34	0.25	0.28	0.31	0.32		0.41				
35	0.26	0.30	0.34	0.33		0.44				
36	0.28	0.31	0.35	0.36		0.46				
37	0.30	0.34	0.37	0.39		0.48				
38	0.32	0.35	0.40	0.41		0.51				
39	0.34	0.37	0.42	0.44		0.54				
40	0.35	0.40	0.44	0.47		0.56				
41	0.37	0.42	0.48	0.51		0.59				
42	0.40	0.46	0.52	0.54		0.62				
43	0.43	0.48	0.55	0.56		0.66				
44	0.47	0.52	0.58	0.61		0.69				
45	0.49	0.55	0.61	0.64		0.72				
46	0.53	0.58	0.66	0.69		0.76				
47	0.56	0.62	0.71	0.74		0.78				
48	0.59	0.66	0.74	0.77		0.83				
49	0.62	0.70	0.79	0.82		0.86				
50	0.66	0.74	0.83	0.86		0.89				
51	0.68	0.77	0.86	0.91		0.92				
52	0.72	0.80	0.90	0.94		0.94				
53	0.74	0.83	0.94	0.99		0.97				
54	0.77	0.85	0.97	1.00		0.98				
55	0.78	0.86	0.98	1.02		0.99				
56	0.78	0.86	0.98	1.02		0.97				
57	0.77	0.85	0.96	1.00		0.94				
58	0.73	0.80	0.91	0.97		0.89				
59	0.67	0.76	0.84	0.89		0.81				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/NC and IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery) on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDISA, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Full*	Individually Sold and Association	No	Female

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.14	0.16	0.18	0.18		0.25				
26	0.16	0.17	0.19	0.20		0.26				
27	0.16	0.18	0.20	0.21		0.29				
28	0.17	0.19	0.22	0.22		0.30				
29	0.18	0.20	0.23	0.24		0.32				
30	0.20	0.22	0.25	0.25		0.35				
31	0.22	0.24	0.26	0.28		0.37				
32	0.23	0.25	0.29	0.30		0.39				
33	0.24	0.28	0.30	0.32		0.40				
34	0.26	0.29	0.32	0.33		0.44				
35	0.28	0.31	0.35	0.36		0.46				
36	0.29	0.32	0.37	0.38		0.48				
37	0.31	0.35	0.40	0.41		0.51				
38	0.34	0.37	0.42	0.44		0.53				
39	0.35	0.40	0.44	0.46		0.56				
40	0.37	0.42	0.47	0.49		0.60				
41	0.40	0.44	0.50	0.53		0.62				
42	0.42	0.48	0.54	0.56		0.66				
43	0.46	0.50	0.58	0.60		0.69				
44	0.49	0.54	0.61	0.64		0.72				
45	0.52	0.58	0.65	0.68		0.76				
46	0.55	0.61	0.70	0.72		0.79				
47	0.59	0.66	0.74	0.77		0.83				
48	0.62	0.70	0.78	0.82		0.87				
49	0.66	0.73	0.83	0.86		0.91				
50	0.70	0.78	0.88	0.91		0.93				
51	0.72	0.80	0.91	0.95		0.97				
52	0.76	0.84	0.95	0.99		0.99				
53	0.78	0.88	0.98	1.04		1.01				
54	0.80	0.90	1.02	1.06		1.02				
55	0.82	0.91	1.03	1.08		1.04				
56	0.82	0.91	1.03	1.08		1.01				
57	0.80	0.90	1.01	1.06		0.99				
58	0.77	0.85	0.96	1.01		0.93				
59	0.71	0.79	0.89	0.93		0.85				

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery) on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDISA, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 65	Not Applicable	Limited	Individually Sold and Association	No	Female

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.49	1.66	1.85	1.92		2.79				
26	1.55	1.72	1.93	2.01		2.91				
27	1.61	1.80	2.00	2.09		3.01				
28	1.69	1.87	2.11	2.20		3.12				
29	1.76	1.97	2.20	2.30		3.21				
30	1.85	2.05	2.29	2.40		3.32				
31	1.92	2.15	2.40	2.50		3.42				
32	2.00	2.22	2.50	2.61		3.50				
33	2.06	2.29	2.59	2.69		3.59				
34	2.12	2.38	2.66	2.77		3.65				
35	2.18	2.45	2.74	2.86		3.71				
36	2.23	2.50	2.81	2.93		3.76				
37	2.29	2.56	2.88	3.00		3.80				
38	2.33	2.59	2.93	3.05		3.82				
39	2.36	2.64	2.98	3.11		3.84				
40	2.40	2.68	3.01	3.15		3.84				
41	2.42	2.71	3.04	3.19		3.82				
42	2.44	2.72	3.06	3.20		3.80				
43	2.45	2.74	3.07	3.22		3.76				
44	2.45	2.74	3.08	3.22		3.69				
45	2.44	2.72	3.06	3.21		3.62				
46	2.41	2.70	3.04	3.19		3.52				
47	2.36	2.65	2.99	3.13		3.40				
48	2.29	2.58	2.89	3.04		3.24				
49	2.21	2.47	2.78	2.91		3.07				
50	2.11	2.35	2.65	2.77		2.90				
51	1.99	2.22	2.50	2.62		2.68				
52	1.85	2.06	2.33	2.44		2.46				
53	1.68	1.87	2.12	2.21		2.21				
54	1.50	1.69	1.90	1.98		1.94				
55	1.32	1.48	1.67	1.75		1.69				
56	1.14	1.27	1.43	1.50		1.44				
57	0.96	1.08	1.21	1.27		1.20				
58	0.82	0.91	1.02	1.07		0.99				
59	0.67	0.74	0.84	0.87		0.79				
60	0.54	0.61	0.67	0.71		0.64				
61	0.43	0.49	0.54	0.56		0.49				
62	0.35	0.38	0.43	0.46		0.39				
63	0.31	0.35	0.38	0.40		0.33				
64	0.29	0.32	0.36	0.37		0.31				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/NC and IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery) on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDISA, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 65	Not Applicable	Full*	Individually Sold and Association	No	Female

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.61	1.79	2.00	2.08		3.02				
26	1.67	1.86	2.09	2.17		3.14				
27	1.74	1.94	2.17	2.27		3.25				
28	1.82	2.03	2.28	2.38		3.37				
29	1.91	2.12	2.38	2.48		3.47				
30	1.99	2.22	2.48	2.60		3.59				
31	2.08	2.32	2.59	2.70		3.69				
32	2.16	2.40	2.70	2.82		3.78				
33	2.23	2.48	2.80	2.91		3.88				
34	2.29	2.57	2.88	3.00		3.94				
35	2.36	2.64	2.96	3.09		4.01				
36	2.41	2.70	3.04	3.17		4.06				
37	2.47	2.76	3.11	3.24		4.11				
38	2.52	2.81	3.17	3.30		4.13				
39	2.56	2.86	3.22	3.36		4.15				
40	2.59	2.89	3.25	3.40		4.15				
41	2.62	2.93	3.29	3.44		4.13				
42	2.63	2.94	3.31	3.46		4.11				
43	2.64	2.95	3.32	3.48		4.06				
44	2.64	2.96	3.34	3.48		3.99				
45	2.63	2.94	3.31	3.47		3.91				
46	2.60	2.92	3.29	3.44		3.81				
47	2.56	2.87	3.23	3.38		3.68				
48	2.48	2.78	3.13	3.28		3.51				
49	2.39	2.68	3.01	3.15		3.32				
50	2.28	2.54	2.87	3.00		3.13				
51	2.15	2.40	2.70	2.83		2.90				
52	1.99	2.23	2.52	2.63		2.66				
53	1.81	2.03	2.29	2.39		2.39				
54	1.62	1.82	2.05	2.14		2.10				
55	1.43	1.60	1.80	1.89		1.83				
56	1.24	1.38	1.55	1.62		1.55				
57	1.04	1.16	1.31	1.37		1.29				
58	0.88	0.98	1.10	1.15		1.07				
59	0.72	0.80	0.91	0.94		0.86				
60	0.59	0.66	0.73	0.77		0.69				
61	0.47	0.53	0.59	0.61		0.54				
62	0.37	0.42	0.47	0.49		0.43				
63	0.34	0.37	0.42	0.44		0.36				
64	0.31	0.35	0.38	0.40		0.33				

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery) on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDISA, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 70	Not Applicable	Limited	Individually Sold and Association	No	Female

Issue Age	6A	5A	4A	3A		2A		1A		1B
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.70	1.91	2.14	2.22		3.21				
26	1.79	2.00	2.23	2.33		3.34				
27	1.87	2.09	2.34	2.45		3.47				
28	1.98	2.20	2.46	2.56		3.62				
29	2.08	2.30	2.59	2.70		3.76				
30	2.17	2.42	2.72	2.84		3.90				
31	2.28	2.54	2.86	2.97		4.04				
32	2.38	2.65	2.98	3.11		4.16				
33	2.47	2.76	3.10	3.23		4.28				
34	2.57	2.87	3.22	3.36		4.39				
35	2.65	2.96	3.34	3.47		4.49				
36	2.74	3.06	3.44	3.60		4.59				
37	2.82	3.16	3.54	3.70		4.67				
38	2.89	3.24	3.64	3.81		4.75				
39	2.98	3.32	3.74	3.90		4.81				
40	3.04	3.40	3.83	4.00		4.86				
41	3.10	3.48	3.91	4.08		4.90				
42	3.17	3.53	3.97	4.16		4.91				
43	3.22	3.61	4.06	4.24		4.93				
44	3.28	3.66	4.12	4.31		4.92				
45	3.31	3.71	4.18	4.36		4.90				
46	3.34	3.73	4.21	4.39		4.85				
47	3.34	3.74	4.21	4.40		4.78				
48	3.32	3.71	4.18	4.37		4.67				
49	3.26	3.65	4.12	4.31		4.53				
50	3.19	3.58	4.03	4.22		4.37				
51	3.10	3.48	3.91	4.09		4.19				
52	2.99	3.34	3.77	3.93		3.96				
53	2.81	3.16	3.54	3.71		3.68				
54	2.62	2.93	3.31	3.46		3.38				
55	2.42	2.70	3.04	3.19		3.06				
56	2.20	2.45	2.76	2.90		2.75				
57	1.98	2.21	2.48	2.60		2.43				
58	1.76	1.97	2.22	2.32		2.13				
59	1.56	1.73	1.96	2.05		1.85				
60	1.34	1.51	1.69	1.77		1.58				
61	1.15	1.28	1.44	1.51		1.32				
62	0.96	1.08	1.21	1.27		1.08				
63	0.80	0.89	1.00	1.05		0.89				
64	0.65	0.72	0.82	0.85		0.70				
65	0.52	0.58	0.65	0.68		0.55				
66	0.41	0.46	0.52	0.53		0.44				
67	0.32	0.37	0.41	0.43		0.35				
68	0.28	0.31	0.35	0.36		0.28				
69	0.25	0.28	0.32	0.33		0.25				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/NC and IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery) on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDISA, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 70	Not Applicable	Full*	Individually Sold and Association	No	Female

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.85	2.06	2.30	2.40		3.47				
26	1.93	2.16	2.41	2.52		3.61				
27	2.03	2.26	2.53	2.65		3.76				
28	2.14	2.38	2.66	2.77		3.91				
29	2.24	2.50	2.80	2.92		4.06				
30	2.35	2.62	2.94	3.07		4.21				
31	2.46	2.75	3.08	3.21		4.36				
32	2.57	2.87	3.22	3.36		4.50				
33	2.68	2.99	3.35	3.50		4.62				
34	2.77	3.10	3.48	3.63		4.75				
35	2.87	3.20	3.60	3.76		4.85				
36	2.96	3.31	3.72	3.89		4.96				
37	3.05	3.41	3.83	4.00		5.05				
38	3.13	3.50	3.94	4.12		5.13				
39	3.22	3.59	4.04	4.22		5.20				
40	3.29	3.67	4.14	4.32		5.26				
41	3.35	3.76	4.22	4.42		5.29				
42	3.42	3.82	4.30	4.50		5.31				
43	3.48	3.90	4.38	4.59		5.34				
44	3.54	3.96	4.45	4.66		5.32				
45	3.58	4.01	4.51	4.72		5.30				
46	3.60	4.03	4.55	4.75		5.24				
47	3.61	4.04	4.55	4.76		5.18				
48	3.59	4.01	4.51	4.73		5.05				
49	3.53	3.95	4.45	4.66		4.90				
50	3.46	3.86	4.36	4.57		4.73				
51	3.35	3.76	4.22	4.43		4.52				
52	3.23	3.61	4.07	4.26		4.28				
53	3.04	3.41	3.83	4.01		3.98				
54	2.83	3.17	3.58	3.74		3.66				
55	2.62	2.92	3.29	3.44		3.31				
56	2.38	2.65	2.99	3.13		2.97				
57	2.14	2.39	2.69	2.81		2.62				
58	1.91	2.12	2.40	2.51		2.30				
59	1.68	1.87	2.11	2.21		2.00				
60	1.45	1.63	1.82	1.91		1.70				
61	1.25	1.39	1.56	1.63		1.43				
62	1.04	1.16	1.31	1.37		1.17				
63	0.86	0.96	1.08	1.13		0.95				
64	0.70	0.78	0.88	0.92		0.76				
65	0.56	0.62	0.70	0.74		0.60				
66	0.44	0.49	0.55	0.58		0.47				
67	0.35	0.40	0.44	0.46		0.37				
68	0.30	0.34	0.37	0.39		0.30				
69	0.28	0.30	0.35	0.36		0.28				

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery) on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDISA, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Limited	Individually Sold and Association	No	Female

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.85	2.06	2.30	2.40						
26	1.94	2.16	2.42	2.52						
27	2.03	2.27	2.54	2.65						
28	2.14	2.38	2.66	2.77						
29	2.23	2.50	2.80	2.91						
30	2.34	2.62	2.93	3.06						
31	2.45	2.74	3.07	3.20						
32	2.57	2.86	3.20	3.35						
33	2.65	2.96	3.34	3.47						
34	2.75	3.07	3.46	3.61						
35	2.84	3.18	3.56	3.73						
36	2.93	3.28	3.67	3.84						
37	3.01	3.36	3.78	3.94						
38	3.07	3.44	3.88	4.05						
39	3.14	3.52	3.95	4.13						
40	3.19	3.58	4.03	4.21						
41	3.24	3.62	4.08	4.28						
42	3.29	3.67	4.13	4.32						
43	3.31	3.71	4.18	4.36						
44	3.34	3.72	4.19	4.38						
45	3.32	3.72	4.19	4.38						
46	3.30	3.68	4.15	4.35						
47	3.25	3.64	4.09	4.29						
48	3.16	3.53	3.98	4.17						
49	3.04	3.41	3.84	4.03						
50	2.90	3.25	3.66	3.84						
51	2.74	3.07	3.47	3.62						
52	2.57	2.87	3.23	3.38						
53	2.33	2.60	2.94	3.07						
54	2.09	2.33	2.63	2.76						
55	1.84	2.05	2.30	2.42						
56	1.57	1.76	1.99	2.08						
57	1.33	1.49	1.68	1.76						
58	1.10	1.24	1.39	1.46						
59	0.90	1.00	1.12	1.17						

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC and IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery) on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDISA, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Full*	Individually Sold and Association	No	Female

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	2.00	2.23	2.50	2.60						
26	2.10	2.34	2.62	2.73						
27	2.20	2.45	2.75	2.86						
28	2.30	2.57	2.88	3.00						
29	2.41	2.70	3.02	3.15						
30	2.53	2.83	3.17	3.31						
31	2.65	2.95	3.32	3.46						
32	2.77	3.08	3.47	3.62						
33	2.87	3.20	3.60	3.76						
34	2.98	3.32	3.73	3.90						
35	3.07	3.43	3.85	4.03						
36	3.17	3.54	3.97	4.15						
37	3.25	3.64	4.08	4.27						
38	3.32	3.72	4.19	4.37						
39	3.40	3.80	4.27	4.46						
40	3.46	3.86	4.36	4.55						
41	3.50	3.92	4.42	4.62						
42	3.55	3.97	4.46	4.67						
43	3.58	4.01	4.51	4.72						
44	3.60	4.02	4.52	4.74						
45	3.59	4.02	4.52	4.74						
46	3.56	3.98	4.49	4.70						
47	3.52	3.94	4.43	4.63						
48	3.41	3.82	4.31	4.51						
49	3.29	3.68	4.15	4.35						
50	3.14	3.52	3.96	4.15						
51	2.96	3.32	3.74	3.92						
52	2.77	3.10	3.49	3.66						
53	2.52	2.82	3.18	3.32						
54	2.26	2.52	2.84	2.98						
55	1.98	2.22	2.50	2.61						
56	1.70	1.91	2.15	2.25						
57	1.44	1.61	1.81	1.90						
58	1.19	1.33	1.50	1.58						
59	0.97	1.08	1.21	1.27						

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
** Rider Form IDI2000-PR/L45-TD attached.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery) on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDISA, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Limited	Individually Sold and Association	No	Male

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.12	0.13	0.14	0.16		0.24				
26	0.12	0.14	0.16	0.16		0.25				
27	0.13	0.14	0.17	0.17		0.28				
28	0.14	0.16	0.18	0.18		0.29				
29	0.16	0.17	0.19	0.21		0.31				
30	0.17	0.18	0.20	0.22		0.33				
31	0.18	0.20	0.23	0.23		0.35				
32	0.19	0.22	0.24	0.25		0.37				
33	0.20	0.23	0.26	0.28		0.39				
34	0.23	0.25	0.29	0.30		0.43				
35	0.24	0.28	0.31	0.32		0.46				
36	0.26	0.30	0.34	0.33		0.49				
37	0.29	0.32	0.35	0.37		0.53				
38	0.31	0.35	0.38	0.40		0.56				
39	0.34	0.36	0.41	0.44		0.61				
40	0.35	0.40	0.44	0.47		0.66				
41	0.38	0.43	0.49	0.51		0.70				
42	0.42	0.47	0.53	0.55		0.75				
43	0.44	0.50	0.56	0.59		0.79				
44	0.48	0.54	0.60	0.63		0.85				
45	0.52	0.58	0.65	0.68		0.92				
46	0.56	0.61	0.70	0.72		0.98				
47	0.59	0.66	0.74	0.77		1.02				
48	0.64	0.71	0.80	0.83		1.09				
49	0.68	0.77	0.85	0.89		1.16				
50	0.72	0.80	0.91	0.95		1.22				
51	0.77	0.85	0.96	1.00		1.28				
52	0.80	0.90	1.02	1.06		1.33				
53	0.85	0.96	1.08	1.13		1.40				
54	0.90	1.01	1.13	1.18		1.44				
55	0.94	1.03	1.18	1.22		1.47				
56	0.95	1.06	1.20	1.24		1.48				
57	0.95	1.06	1.20	1.24		1.46				
58	0.92	1.03	1.16	1.21		1.40				
59	0.88	0.98	1.10	1.15		1.30				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Full*	Individually Sold and Association	No	Male

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.13	0.14	0.16	0.17		0.25				
26	0.13	0.16	0.17	0.17		0.26				
27	0.14	0.16	0.18	0.18		0.29				
28	0.16	0.17	0.19	0.20		0.30				
29	0.17	0.18	0.20	0.22		0.32				
30	0.18	0.19	0.22	0.23		0.35				
31	0.19	0.22	0.24	0.24		0.37				
32	0.20	0.23	0.25	0.26		0.39				
33	0.22	0.24	0.28	0.29		0.41				
34	0.24	0.26	0.30	0.31		0.45				
35	0.25	0.29	0.32	0.33		0.48				
36	0.28	0.31	0.35	0.36		0.52				
37	0.30	0.34	0.37	0.39		0.55				
38	0.32	0.36	0.41	0.43		0.60				
39	0.35	0.38	0.43	0.46		0.64				
40	0.37	0.42	0.47	0.49		0.69				
41	0.41	0.46	0.52	0.53		0.74				
42	0.44	0.49	0.55	0.58		0.78				
43	0.47	0.53	0.59	0.62		0.84				
44	0.50	0.56	0.64	0.67		0.90				
45	0.54	0.61	0.68	0.71		0.97				
46	0.59	0.65	0.73	0.76		1.02				
47	0.62	0.70	0.78	0.82		1.08				
48	0.67	0.74	0.84	0.87		1.15				
49	0.72	0.80	0.90	0.93		1.22				
50	0.76	0.85	0.96	1.00		1.29				
51	0.80	0.90	1.01	1.06		1.35				
52	0.85	0.95	1.07	1.12		1.40				
53	0.90	1.01	1.14	1.18		1.47				
54	0.95	1.06	1.19	1.24		1.52				
55	0.98	1.09	1.24	1.29		1.55				
56	1.00	1.12	1.26	1.31		1.56				
57	1.00	1.12	1.26	1.31		1.54				
58	0.97	1.09	1.22	1.28		1.47				
59	0.92	1.03	1.16	1.21		1.37				

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery) on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDISA, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 65	Not Applicable	Limited	Individually Sold and Association	No	Male

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.02	1.13	1.27	1.32		2.15				
26	1.04	1.16	1.31	1.35		2.21				
27	1.08	1.20	1.34	1.39		2.29				
28	1.12	1.24	1.39	1.44		2.36				
29	1.14	1.27	1.43	1.50		2.44				
30	1.19	1.32	1.48	1.53		2.51				
31	1.24	1.37	1.54	1.60		2.59				
32	1.27	1.42	1.60	1.66		2.67				
33	1.33	1.49	1.67	1.73		2.77				
34	1.39	1.56	1.74	1.81		2.86				
35	1.45	1.62	1.82	1.89		2.96				
36	1.51	1.69	1.90	1.97		3.05				
37	1.57	1.75	1.98	2.06		3.15				
38	1.64	1.84	2.05	2.14		3.25				
39	1.70	1.91	2.15	2.22		3.35				
40	1.78	1.98	2.22	2.31		3.45				
41	1.84	2.04	2.29	2.38		3.53				
42	1.88	2.11	2.36	2.46		3.61				
43	1.94	2.16	2.44	2.52		3.67				
44	1.98	2.21	2.48	2.59		3.73				
45	2.00	2.24	2.53	2.62		3.75				
46	2.03	2.28	2.56	2.66		3.76				
47	2.04	2.29	2.57	2.67		3.74				
48	2.04	2.28	2.57	2.67		3.68				
49	2.02	2.26	2.54	2.63		3.60				
50	1.98	2.21	2.48	2.60		3.48				
51	1.92	2.15	2.42	2.52		3.34				
52	1.85	2.06	2.33	2.44		3.17				
53	1.74	1.94	2.18	2.29		2.93				
54	1.61	1.80	2.03	2.12		2.67				
55	1.46	1.64	1.85	1.93		2.39				
56	1.32	1.48	1.67	1.74		2.10				
57	1.18	1.31	1.48	1.54		1.82				
58	1.02	1.13	1.27	1.35		1.54				
59	0.86	0.96	1.09	1.14		1.29				
60	0.73	0.82	0.92	0.95		1.07				
61	0.61	0.67	0.77	0.79		0.85				
62	0.52	0.56	0.64	0.66		0.69				
63	0.47	0.52	0.59	0.61		0.62				
64	0.44	0.50	0.56	0.59		0.58				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC and IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery) on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDISA, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 65	Not Applicable	Full*	Individually Sold and Association	No	Male

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.10	1.22	1.38	1.43		2.32				
26	1.13	1.26	1.42	1.46		2.39				
27	1.16	1.30	1.45	1.51		2.47				
28	1.20	1.33	1.50	1.55		2.55				
29	1.24	1.38	1.55	1.61		2.63				
30	1.28	1.43	1.60	1.66		2.71				
31	1.33	1.48	1.66	1.73		2.79				
32	1.38	1.54	1.73	1.79		2.89				
33	1.44	1.61	1.80	1.86		2.99				
34	1.50	1.68	1.88	1.96		3.09				
35	1.57	1.75	1.97	2.04		3.20				
36	1.63	1.82	2.05	2.13		3.30				
37	1.70	1.90	2.14	2.22		3.40				
38	1.78	1.98	2.22	2.31		3.52				
39	1.85	2.06	2.32	2.40		3.62				
40	1.92	2.14	2.40	2.50		3.73				
41	1.98	2.21	2.48	2.58		3.82				
42	2.04	2.28	2.56	2.66		3.90				
43	2.10	2.34	2.63	2.73		3.97				
44	2.14	2.39	2.69	2.79		4.03				
45	2.17	2.42	2.74	2.84		4.05				
46	2.20	2.46	2.76	2.88		4.06				
47	2.21	2.47	2.77	2.89		4.04				
48	2.21	2.46	2.77	2.89		3.98				
49	2.18	2.44	2.75	2.85		3.89				
50	2.14	2.39	2.69	2.81		3.77				
51	2.08	2.33	2.62	2.73		3.61				
52	2.00	2.23	2.52	2.63		3.43				
53	1.88	2.10	2.36	2.47		3.17				
54	1.74	1.94	2.20	2.29		2.89				
55	1.58	1.78	2.00	2.09		2.59				
56	1.43	1.60	1.80	1.87		2.28				
57	1.27	1.42	1.60	1.67		1.97				
58	1.10	1.22	1.38	1.45		1.67				
59	0.94	1.04	1.18	1.23		1.39				
60	0.79	0.88	1.00	1.04		1.15				
61	0.66	0.73	0.83	0.86		0.92				
62	0.55	0.61	0.68	0.71		0.75				
63	0.50	0.56	0.64	0.66		0.67				
64	0.48	0.54	0.61	0.63		0.62				

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery) on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDISA, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 70	Not Applicable	Limited	Individually Sold and Association	No	Male

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.16	1.30	1.45	1.51		2.43				
26	1.20	1.34	1.50	1.55		2.52				
27	1.25	1.39	1.56	1.61		2.62				
28	1.28	1.43	1.61	1.67		2.71				
29	1.34	1.50	1.68	1.74		2.81				
30	1.40	1.56	1.74	1.81		2.91				
31	1.46	1.63	1.82	1.90		3.04				
32	1.54	1.70	1.91	1.98		3.15				
33	1.61	1.79	2.00	2.08		3.29				
34	1.69	1.87	2.11	2.20		3.42				
35	1.78	1.98	2.22	2.31		3.57				
36	1.86	2.08	2.33	2.43		3.71				
37	1.97	2.18	2.45	2.55		3.86				
38	2.06	2.29	2.58	2.68		4.03				
39	2.16	2.41	2.71	2.81		4.19				
40	2.27	2.52	2.84	2.94		4.34				
41	2.36	2.64	2.96	3.08		4.50				
42	2.46	2.74	3.08	3.21		4.65				
43	2.57	2.86	3.20	3.34		4.78				
44	2.65	2.95	3.34	3.46		4.91				
45	2.74	3.05	3.43	3.57		5.03				
46	2.81	3.13	3.53	3.67		5.12				
47	2.87	3.19	3.61	3.76		5.18				
48	2.92	3.26	3.67	3.82		5.21				
49	2.95	3.30	3.72	3.88		5.21				
50	2.98	3.32	3.74	3.90		5.18				
51	2.96	3.32	3.74	3.90		5.09				
52	2.94	3.29	3.70	3.85		4.98				
53	2.86	3.19	3.60	3.76		4.76				
54	2.75	3.07	3.48	3.62		4.51				
55	2.63	2.94	3.32	3.46		4.22				
56	2.48	2.77	3.13	3.27		3.91				
57	2.32	2.59	2.93	3.05		3.59				
58	2.15	2.41	2.71	2.83		3.24				
59	1.97	2.20	2.47	2.59		2.90				
60	1.78	1.99	2.24	2.33		2.55				
61	1.58	1.76	2.00	2.07		2.21				
62	1.39	1.56	1.75	1.82		1.89				
63	1.18	1.32	1.49	1.55		1.58				
64	0.98	1.10	1.25	1.29		1.29				
65	0.80	0.90	1.01	1.06		1.04				
66	0.65	0.72	0.82	0.85		0.82				
67	0.53	0.59	0.67	0.70		0.66				
68	0.44	0.50	0.56	0.60		0.55				
69	0.42	0.47	0.53	0.55		0.51				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/NC and IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery) on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDISA, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 70	Not Applicable	Full*	Individually Sold and Association	No	Male

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.26	1.40	1.57	1.63		2.62				
26	1.30	1.45	1.62	1.68		2.73				
27	1.34	1.50	1.68	1.74		2.83				
28	1.39	1.55	1.74	1.81		2.93				
29	1.45	1.62	1.81	1.87		3.04				
30	1.51	1.68	1.88	1.96		3.15				
31	1.58	1.76	1.97	2.05		3.28				
32	1.66	1.84	2.06	2.14		3.40				
33	1.74	1.93	2.17	2.25		3.55				
34	1.82	2.03	2.28	2.37		3.69				
35	1.92	2.14	2.40	2.50		3.85				
36	2.02	2.24	2.52	2.62		4.01				
37	2.12	2.36	2.65	2.76		4.17				
38	2.23	2.48	2.78	2.90		4.35				
39	2.34	2.60	2.93	3.04		4.52				
40	2.45	2.72	3.07	3.19		4.69				
41	2.56	2.86	3.20	3.34		4.86				
42	2.66	2.96	3.34	3.47		5.03				
43	2.77	3.08	3.47	3.61		5.18				
44	2.87	3.19	3.60	3.74		5.31				
45	2.95	3.30	3.71	3.85		5.43				
46	3.04	3.38	3.82	3.97		5.53				
47	3.10	3.46	3.90	4.06		5.60				
48	3.16	3.53	3.97	4.13		5.64				
49	3.19	3.56	4.02	4.19		5.64				
50	3.22	3.59	4.04	4.21		5.59				
51	3.20	3.59	4.04	4.21		5.51				
52	3.18	3.55	4.00	4.16		5.38				
53	3.08	3.46	3.89	4.06		5.15				
54	2.98	3.32	3.76	3.91		4.88				
55	2.84	3.18	3.59	3.74		4.57				
56	2.69	3.00	3.38	3.53		4.23				
57	2.51	2.81	3.17	3.30		3.88				
58	2.33	2.60	2.93	3.06		3.51				
59	2.12	2.38	2.68	2.79		3.13				
60	1.92	2.15	2.42	2.52		2.76				
61	1.72	1.91	2.16	2.24		2.39				
62	1.50	1.68	1.90	1.97		2.04				
63	1.27	1.43	1.61	1.68		1.70				
64	1.07	1.19	1.34	1.39		1.39				
65	0.86	0.97	1.09	1.14		1.12				
66	0.70	0.78	0.89	0.92		0.89				
67	0.58	0.64	0.72	0.76		0.71				
68	0.48	0.54	0.61	0.64		0.60				
69	0.46	0.50	0.58	0.60		0.55				

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery) on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDISA, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Limited	Individually Sold and Association	No	Male

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.24	1.37	1.54	1.59						
26	1.26	1.40	1.57	1.63						
27	1.31	1.45	1.63	1.69						
28	1.36	1.50	1.69	1.75						
29	1.40	1.56	1.74	1.81						
30	1.45	1.62	1.82	1.89						
31	1.51	1.69	1.88	1.96						
32	1.57	1.75	1.98	2.05						
33	1.66	1.85	2.06	2.14						
34	1.73	1.93	2.16	2.24						
35	1.82	2.02	2.27	2.35						
36	1.90	2.12	2.38	2.47						
37	1.99	2.21	2.48	2.59						
38	2.08	2.32	2.59	2.70						
39	2.17	2.42	2.72	2.82						
40	2.27	2.52	2.83	2.93						
41	2.34	2.60	2.93	3.05						
42	2.42	2.70	3.04	3.16						
43	2.50	2.77	3.13	3.24						
44	2.56	2.86	3.20	3.34						
45	2.60	2.90	3.26	3.39						
46	2.64	2.94	3.32	3.45						
47	2.65	2.96	3.34	3.47						
48	2.65	2.96	3.34	3.47						
49	2.63	2.94	3.32	3.45						
50	2.59	2.89	3.26	3.39						
51	2.53	2.82	3.18	3.32						
52	2.44	2.72	3.06	3.20						
53	2.29	2.57	2.89	3.01						
54	2.12	2.38	2.68	2.78						
55	1.94	2.16	2.45	2.55						
56	1.74	1.96	2.20	2.30						
57	1.55	1.72	1.94	2.04						
58	1.33	1.49	1.69	1.76						
59	1.13	1.26	1.43	1.50						

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC and IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery) on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDISA, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Full*	Individually Sold and Association	No	Male

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.33	1.48	1.66	1.71						
26	1.37	1.52	1.70	1.77						
27	1.42	1.57	1.76	1.83						
28	1.46	1.62	1.82	1.89						
29	1.51	1.68	1.88	1.96						
30	1.57	1.75	1.97	2.04						
31	1.63	1.82	2.04	2.12						
32	1.70	1.90	2.14	2.21						
33	1.79	1.99	2.23	2.31						
34	1.87	2.09	2.34	2.43						
35	1.97	2.18	2.45	2.54						
36	2.05	2.29	2.57	2.67						
37	2.15	2.39	2.69	2.79						
38	2.24	2.51	2.81	2.92						
39	2.35	2.62	2.94	3.05						
40	2.45	2.72	3.06	3.17						
41	2.53	2.82	3.17	3.30						
42	2.62	2.92	3.28	3.42						
43	2.70	3.00	3.38	3.51						
44	2.76	3.08	3.47	3.60						
45	2.82	3.14	3.53	3.67						
46	2.86	3.18	3.59	3.73						
47	2.87	3.20	3.61	3.76						
48	2.87	3.20	3.61	3.76						
49	2.84	3.18	3.59	3.73						
50	2.81	3.13	3.53	3.67						
51	2.74	3.05	3.44	3.59						
52	2.63	2.94	3.31	3.46						
53	2.47	2.77	3.12	3.25						
54	2.29	2.57	2.89	3.01						
55	2.10	2.34	2.64	2.76						
56	1.88	2.11	2.38	2.48						
57	1.67	1.86	2.10	2.20						
58	1.44	1.61	1.82	1.90						
59	1.22	1.37	1.55	1.61						

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
** Rider Form IDI2000-PR/L45-TD attached.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Limited	Individually Sold and Association	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.12	0.13	0.16	0.16		0.24				
26	0.13	0.14	0.17	0.17		0.25				
27	0.13	0.16	0.18	0.18		0.28				
28	0.14	0.17	0.19	0.20		0.29				
29	0.16	0.18	0.20	0.22		0.31				
30	0.18	0.19	0.22	0.23		0.33				
31	0.19	0.22	0.24	0.24		0.35				
32	0.20	0.23	0.25	0.26		0.37				
33	0.22	0.24	0.28	0.29		0.39				
34	0.24	0.26	0.30	0.31		0.43				
35	0.25	0.29	0.32	0.33		0.45				
36	0.26	0.30	0.35	0.35		0.48				
37	0.29	0.32	0.36	0.38		0.52				
38	0.31	0.35	0.38	0.40		0.55				
39	0.34	0.36	0.41	0.44		0.59				
40	0.35	0.40	0.44	0.47		0.62				
41	0.38	0.43	0.49	0.51		0.67				
42	0.42	0.47	0.53	0.55		0.70				
43	0.44	0.50	0.56	0.59		0.76				
44	0.48	0.54	0.60	0.63		0.79				
45	0.52	0.58	0.64	0.67		0.85				
46	0.55	0.60	0.68	0.71		0.91				
47	0.58	0.65	0.73	0.77		0.95				
48	0.62	0.70	0.79	0.82		1.00				
49	0.67	0.76	0.84	0.87		1.06				
50	0.71	0.80	0.89	0.93		1.12				
51	0.74	0.83	0.94	0.99		1.16				
52	0.79	0.88	1.00	1.02		1.21				
53	0.83	0.92	1.04	1.09		1.25				
54	0.86	0.97	1.09	1.14		1.29				
55	0.90	1.00	1.13	1.18		1.32				
56	0.90	1.02	1.14	1.20		1.32				
57	0.90	1.02	1.14	1.20		1.30				
58	0.88	0.98	1.10	1.15		1.23				
59	0.83	0.92	1.03	1.08		1.15				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Residual Disability Benefit (without recovery) on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDISA, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Full*	Individually Sold and Association	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.13	0.14	0.17	0.17		0.25				
26	0.14	0.16	0.18	0.18		0.26				
27	0.14	0.17	0.19	0.20		0.29				
28	0.16	0.18	0.20	0.21		0.30				
29	0.17	0.19	0.22	0.23		0.32				
30	0.19	0.20	0.23	0.24		0.35				
31	0.20	0.23	0.25	0.25		0.37				
32	0.22	0.24	0.26	0.28		0.39				
33	0.23	0.25	0.29	0.30		0.41				
34	0.25	0.28	0.31	0.32		0.45				
35	0.26	0.30	0.34	0.35		0.47				
36	0.28	0.31	0.36	0.37		0.51				
37	0.30	0.34	0.38	0.40		0.54				
38	0.32	0.36	0.41	0.43		0.58				
39	0.35	0.38	0.43	0.46		0.62				
40	0.37	0.42	0.47	0.49		0.66				
41	0.41	0.46	0.52	0.53		0.70				
42	0.44	0.49	0.55	0.58		0.74				
43	0.47	0.53	0.59	0.62		0.79				
44	0.50	0.56	0.64	0.67		0.84				
45	0.54	0.60	0.67	0.70		0.90				
46	0.58	0.64	0.72	0.75		0.95				
47	0.61	0.68	0.77	0.81		1.00				
48	0.66	0.73	0.83	0.86		1.06				
49	0.71	0.79	0.89	0.92		1.12				
50	0.74	0.84	0.94	0.98		1.17				
51	0.78	0.88	0.98	1.04		1.22				
52	0.83	0.92	1.04	1.08		1.27				
53	0.88	0.97	1.10	1.15		1.32				
54	0.91	1.02	1.15	1.20		1.36				
55	0.95	1.04	1.19	1.24		1.39				
56	0.95	1.07	1.20	1.25		1.39				
57	0.95	1.07	1.20	1.25		1.37				
58	0.92	1.03	1.16	1.21		1.30				
59	0.88	0.97	1.09	1.14		1.21				

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery) on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDISA, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 65	Not Applicable	Limited	Individually Sold and Association	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.14	1.26	1.42	1.47		2.36				
26	1.16	1.31	1.46	1.52		2.44				
27	1.21	1.36	1.51	1.58		2.52				
28	1.26	1.40	1.56	1.63		2.61				
29	1.30	1.45	1.62	1.69		2.68				
30	1.36	1.51	1.69	1.76		2.77				
31	1.40	1.56	1.75	1.82		2.85				
32	1.45	1.62	1.82	1.90		2.93				
33	1.52	1.69	1.90	1.97		3.04				
34	1.57	1.76	1.98	2.06		3.12				
35	1.64	1.84	2.05	2.13		3.20				
36	1.69	1.88	2.14	2.21		3.28				
37	1.75	1.96	2.20	2.29		3.36				
38	1.82	2.02	2.28	2.37		3.44				
39	1.87	2.10	2.35	2.45		3.51				
40	1.93	2.15	2.42	2.52		3.58				
41	1.98	2.21	2.48	2.59		3.62				
42	2.02	2.27	2.54	2.65		3.67				
43	2.06	2.30	2.59	2.70		3.70				
44	2.10	2.34	2.64	2.75		3.71				
45	2.12	2.36	2.66	2.77		3.70				
46	2.14	2.39	2.68	2.78		3.68				
47	2.12	2.38	2.68	2.78		3.62				
48	2.11	2.35	2.65	2.77		3.54				
49	2.06	2.30	2.60	2.71		3.43				
50	2.00	2.24	2.53	2.63		3.30				
51	1.94	2.17	2.45	2.54		3.13				
52	1.85	2.06	2.33	2.44		2.94				
53	1.73	1.93	2.17	2.27		2.70				
54	1.58	1.78	2.00	2.08		2.44				
55	1.43	1.60	1.81	1.90		2.17				
56	1.27	1.43	1.61	1.68		1.90				
57	1.12	1.26	1.40	1.48		1.62				
58	0.96	1.08	1.21	1.28		1.36				
59	0.82	0.91	1.03	1.07		1.13				
60	0.68	0.77	0.86	0.90		0.92				
61	0.56	0.64	0.71	0.75		0.74				
62	0.47	0.52	0.59	0.61		0.60				
63	0.43	0.48	0.54	0.55		0.52				
64	0.41	0.46	0.52	0.53		0.49				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC and IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery) on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDISA, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 65	Not Applicable	Full*	Individually Sold and Association	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.24	1.37	1.54	1.59		2.55				
26	1.26	1.42	1.58	1.64		2.63				
27	1.31	1.46	1.63	1.70		2.73				
28	1.36	1.51	1.69	1.76		2.82				
29	1.40	1.57	1.75	1.83		2.90				
30	1.46	1.63	1.82	1.90		2.99				
31	1.52	1.69	1.90	1.97		3.08				
32	1.57	1.75	1.97	2.05		3.17				
33	1.64	1.82	2.05	2.13		3.28				
34	1.70	1.91	2.14	2.22		3.37				
35	1.78	1.98	2.22	2.30		3.46				
36	1.82	2.04	2.30	2.39		3.54				
37	1.90	2.11	2.38	2.47		3.63				
38	1.97	2.18	2.46	2.56		3.71				
39	2.03	2.27	2.54	2.65		3.80				
40	2.09	2.33	2.62	2.73		3.86				
41	2.14	2.39	2.69	2.79		3.92				
42	2.18	2.45	2.75	2.86		3.97				
43	2.23	2.50	2.81	2.92		4.00				
44	2.27	2.53	2.86	2.97		4.01				
45	2.29	2.56	2.88	3.00		4.00				
46	2.30	2.58	2.89	3.01		3.98				
47	2.29	2.57	2.89	3.01		3.92				
48	2.28	2.54	2.87	2.99		3.83				
49	2.23	2.50	2.82	2.93		3.70				
50	2.17	2.42	2.74	2.85		3.57				
51	2.10	2.35	2.64	2.75		3.38				
52	2.00	2.23	2.52	2.63		3.19				
53	1.87	2.09	2.35	2.45		2.92				
54	1.72	1.92	2.16	2.25		2.63				
55	1.55	1.73	1.96	2.05		2.35				
56	1.38	1.55	1.74	1.82		2.05				
57	1.21	1.36	1.52	1.60		1.75				
58	1.04	1.16	1.31	1.38		1.47				
59	0.89	0.98	1.12	1.16		1.22				
60	0.74	0.83	0.94	0.97		1.00				
61	0.61	0.68	0.77	0.81		0.79				
62	0.50	0.56	0.64	0.66		0.64				
63	0.47	0.52	0.59	0.60		0.56				
64	0.44	0.49	0.55	0.58		0.53				

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery) on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDISA, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 70	Not Applicable	Limited	Individually Sold and Association	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.30	1.45	1.62	1.69		2.68				
26	1.34	1.51	1.69	1.75		2.78				
27	1.40	1.56	1.75	1.82		2.90				
28	1.46	1.62	1.82	1.90		3.00				
29	1.54	1.70	1.91	1.98		3.11				
30	1.60	1.78	1.99	2.06		3.22				
31	1.67	1.86	2.08	2.16		3.35				
32	1.74	1.94	2.17	2.27		3.47				
33	1.84	2.03	2.29	2.37		3.61				
34	1.91	2.12	2.39	2.48		3.73				
35	2.00	2.22	2.50	2.61		3.86				
36	2.09	2.32	2.60	2.73		3.99				
37	2.17	2.44	2.74	2.84		4.12				
38	2.28	2.53	2.84	2.97		4.26				
39	2.36	2.64	2.96	3.08		4.38				
40	2.46	2.74	3.08	3.21		4.51				
41	2.56	2.86	3.19	3.34		4.62				
42	2.64	2.94	3.31	3.45		4.74				
43	2.74	3.04	3.42	3.57		4.83				
44	2.81	3.13	3.53	3.67		4.91				
45	2.88	3.22	3.62	3.76		4.98				
46	2.94	3.29	3.70	3.85		5.04				
47	2.99	3.34	3.77	3.91		5.05				
48	3.02	3.37	3.79	3.96		5.04				
49	3.04	3.38	3.82	3.98		5.00				
50	3.04	3.38	3.82	3.98		4.91				
51	3.00	3.36	3.78	3.94		4.80				
52	2.95	3.30	3.72	3.88		4.65				
53	2.84	3.18	3.59	3.75		4.42				
54	2.72	3.04	3.43	3.58		4.15				
55	2.58	2.89	3.25	3.39		3.85				
56	2.42	2.70	3.04	3.17		3.54				
57	2.23	2.50	2.82	2.93		3.21				
58	2.05	2.29	2.59	2.70		2.89				
59	1.86	2.09	2.34	2.45		2.56				
60	1.67	1.86	2.11	2.20		2.24				
61	1.48	1.64	1.86	1.93		1.92				
62	1.28	1.43	1.62	1.68		1.63				
63	1.09	1.21	1.37	1.43		1.35				
64	0.90	1.01	1.13	1.18		1.09				
65	0.73	0.82	0.92	0.95		0.89				
66	0.59	0.66	0.74	0.78		0.69				
67	0.48	0.53	0.60	0.64		0.55				
68	0.40	0.46	0.52	0.54		0.47				
69	0.37	0.42	0.48	0.49		0.43				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC and IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery) on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDISA, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 70	Not Applicable	Full*	Individually Sold and Association	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.40	1.57	1.75	1.83		2.90				
26	1.45	1.63	1.82	1.89		3.01				
27	1.51	1.69	1.90	1.97		3.13				
28	1.58	1.75	1.97	2.05		3.24				
29	1.66	1.84	2.06	2.14		3.36				
30	1.73	1.92	2.15	2.23		3.48				
31	1.80	2.02	2.24	2.33		3.62				
32	1.88	2.10	2.35	2.45		3.75				
33	1.98	2.20	2.47	2.56		3.90				
34	2.06	2.29	2.58	2.69		4.03				
35	2.16	2.40	2.70	2.82		4.17				
36	2.26	2.51	2.82	2.94		4.31				
37	2.35	2.63	2.95	3.07		4.45				
38	2.46	2.74	3.07	3.21		4.60				
39	2.56	2.86	3.20	3.34		4.74				
40	2.66	2.96	3.34	3.47		4.88				
41	2.76	3.08	3.46	3.61		5.00				
42	2.86	3.18	3.58	3.73		5.12				
43	2.95	3.29	3.70	3.85		5.22				
44	3.04	3.38	3.82	3.97		5.31				
45	3.11	3.48	3.91	4.07		5.38				
46	3.18	3.55	4.00	4.16		5.44				
47	3.23	3.60	4.07	4.23		5.46				
48	3.26	3.65	4.10	4.28		5.45				
49	3.28	3.66	4.13	4.30		5.41				
50	3.28	3.66	4.13	4.30		5.31				
51	3.24	3.64	4.09	4.27		5.19				
52	3.19	3.56	4.02	4.19		5.03				
53	3.07	3.44	3.88	4.05		4.77				
54	2.94	3.29	3.71	3.86		4.49				
55	2.78	3.12	3.52	3.67		4.16				
56	2.62	2.92	3.29	3.43		3.83				
57	2.41	2.70	3.05	3.17		3.47				
58	2.22	2.48	2.80	2.92		3.12				
59	2.02	2.26	2.53	2.65		2.77				
60	1.80	2.02	2.28	2.37		2.43				
61	1.60	1.78	2.02	2.09		2.08				
62	1.39	1.55	1.75	1.82		1.76				
63	1.18	1.31	1.48	1.54		1.46				
64	0.97	1.09	1.22	1.28		1.18				
65	0.79	0.89	1.00	1.04		0.95				
66	0.64	0.71	0.80	0.84		0.75				
67	0.52	0.58	0.65	0.69		0.60				
68	0.43	0.49	0.55	0.59		0.51				
69	0.41	0.46	0.52	0.54		0.46				

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery) on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDISA, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Limited	Individually Sold and Association	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.39	1.55	1.73	1.78						
26	1.43	1.60	1.79	1.86						
27	1.49	1.66	1.86	1.93						
28	1.56	1.72	1.93	2.00						
29	1.61	1.79	2.00	2.08						
30	1.68	1.87	2.10	2.19						
31	1.74	1.96	2.18	2.27						
32	1.82	2.03	2.29	2.37						
33	1.91	2.12	2.39	2.48						
34	1.99	2.22	2.48	2.59						
35	2.08	2.30	2.59	2.69						
36	2.15	2.41	2.70	2.81						
37	2.24	2.50	2.81	2.92						
38	2.33	2.59	2.92	3.05						
39	2.42	2.70	3.04	3.15						
40	2.50	2.78	3.13	3.25						
41	2.57	2.87	3.22	3.36						
42	2.64	2.94	3.31	3.45						
43	2.70	3.01	3.40	3.52						
44	2.75	3.07	3.46	3.60						
45	2.78	3.11	3.49	3.63						
46	2.81	3.13	3.53	3.67						
47	2.81	3.13	3.53	3.68						
48	2.77	3.11	3.50	3.65						
49	2.74	3.06	3.46	3.60						
50	2.68	2.99	3.36	3.51						
51	2.59	2.89	3.25	3.39						
52	2.46	2.75	3.11	3.24						
53	2.29	2.58	2.89	3.04						
54	2.11	2.36	2.66	2.77						
55	1.92	2.15	2.41	2.52						
56	1.70	1.91	2.15	2.24						
57	1.49	1.67	1.87	1.97						
58	1.27	1.42	1.61	1.68						
59	1.08	1.20	1.36	1.41						

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC and IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery) on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDISA, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Full*	Individually Sold and Association	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.50	1.67	1.87	1.93						
26	1.55	1.73	1.93	2.01						
27	1.61	1.79	2.02	2.09						
28	1.68	1.86	2.09	2.16						
29	1.74	1.93	2.17	2.25						
30	1.81	2.03	2.27	2.36						
31	1.88	2.11	2.36	2.45						
32	1.97	2.20	2.47	2.56						
33	2.06	2.29	2.58	2.68						
34	2.15	2.40	2.69	2.79						
35	2.24	2.50	2.80	2.91						
36	2.33	2.60	2.92	3.04						
37	2.42	2.70	3.04	3.16						
38	2.52	2.81	3.16	3.29						
39	2.62	2.92	3.28	3.40						
40	2.70	3.01	3.38	3.52						
41	2.77	3.10	3.48	3.63						
42	2.86	3.18	3.58	3.73						
43	2.92	3.25	3.67	3.81						
44	2.98	3.32	3.73	3.89						
45	3.01	3.36	3.78	3.93						
46	3.04	3.38	3.82	3.97						
47	3.04	3.38	3.82	3.98						
48	3.00	3.36	3.79	3.94						
49	2.95	3.31	3.73	3.89						
50	2.89	3.23	3.64	3.80						
51	2.80	3.12	3.52	3.67						
52	2.66	2.98	3.36	3.51						
53	2.48	2.78	3.13	3.28						
54	2.28	2.56	2.88	3.00						
55	2.08	2.32	2.60	2.73						
56	1.84	2.06	2.32	2.43						
57	1.61	1.80	2.03	2.13						
58	1.38	1.54	1.74	1.82						
59	1.16	1.30	1.46	1.53						

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
** Rider Form IDI2000-PR/L45-TD attached.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Limited	Individually Sold and Association	No	Female

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.16	0.18	0.19	0.21		0.29				
26	0.17	0.19	0.22	0.22		0.31				
27	0.18	0.20	0.23	0.24		0.33				
28	0.19	0.22	0.24	0.25		0.35				
29	0.20	0.23	0.26	0.28		0.37				
30	0.23	0.25	0.29	0.30		0.39				
31	0.24	0.26	0.30	0.32		0.41				
32	0.26	0.29	0.32	0.33		0.44				
33	0.28	0.31	0.35	0.36		0.46				
34	0.30	0.34	0.36	0.38		0.49				
35	0.31	0.35	0.38	0.41		0.52				
36	0.34	0.36	0.42	0.44		0.55				
37	0.35	0.40	0.44	0.47		0.58				
38	0.37	0.42	0.47	0.49		0.61				
39	0.40	0.44	0.50	0.53		0.64				
40	0.43	0.48	0.54	0.55		0.68				
41	0.46	0.50	0.58	0.60		0.71				
42	0.48	0.54	0.60	0.63		0.75				
43	0.52	0.58	0.65	0.68		0.78				
44	0.56	0.61	0.70	0.74		0.83				
45	0.59	0.66	0.74	0.77		0.86				
46	0.62	0.71	0.79	0.83		0.91				
47	0.67	0.74	0.84	0.87		0.95				
48	0.71	0.80	0.89	0.94		0.99				
49	0.76	0.84	0.95	0.99		1.02				
50	0.79	0.88	1.00	1.04		1.07				
51	0.82	0.92	1.03	1.08		1.10				
52	0.85	0.96	1.08	1.13		1.13				
53	0.89	1.00	1.12	1.17		1.16				
54	0.91	1.03	1.15	1.21		1.17				
55	0.94	1.04	1.18	1.23		1.17				
56	0.94	1.04	1.18	1.22		1.16				
57	0.91	1.03	1.15	1.21		1.13				
58	0.88	0.98	1.09	1.15		1.06				
59	0.80	0.90	1.02	1.06		0.98				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC and IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Full*	Individually Sold and Association	No	Female

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.17	0.19	0.20	0.22		0.30				
26	0.18	0.20	0.23	0.23		0.32				
27	0.19	0.22	0.24	0.25		0.35				
28	0.20	0.23	0.25	0.26		0.37				
29	0.22	0.24	0.28	0.29		0.39				
30	0.24	0.26	0.30	0.31		0.41				
31	0.25	0.28	0.31	0.33		0.44				
32	0.28	0.30	0.34	0.36		0.46				
33	0.29	0.32	0.36	0.38		0.48				
34	0.31	0.35	0.38	0.40		0.52				
35	0.32	0.37	0.41	0.44		0.54				
36	0.35	0.38	0.44	0.46		0.58				
37	0.37	0.42	0.47	0.49		0.61				
38	0.40	0.44	0.49	0.52		0.64				
39	0.42	0.47	0.53	0.55		0.68				
40	0.46	0.50	0.56	0.59		0.71				
41	0.48	0.53	0.60	0.63		0.75				
42	0.50	0.56	0.64	0.67		0.78				
43	0.54	0.61	0.68	0.71		0.83				
44	0.59	0.65	0.73	0.77		0.87				
45	0.62	0.70	0.78	0.82		0.91				
46	0.66	0.74	0.83	0.87		0.95				
47	0.71	0.78	0.89	0.92		1.00				
48	0.74	0.84	0.94	0.99		1.05				
49	0.79	0.89	1.00	1.04		1.08				
50	0.83	0.92	1.04	1.09		1.13				
51	0.86	0.97	1.09	1.14		1.16				
52	0.90	1.01	1.14	1.18		1.18				
53	0.94	1.04	1.18	1.23		1.22				
54	0.96	1.08	1.21	1.28		1.23				
55	0.98	1.10	1.24	1.30		1.23				
56	0.98	1.10	1.24	1.29		1.22				
57	0.96	1.08	1.21	1.27		1.18				
58	0.92	1.03	1.15	1.21		1.12				
59	0.85	0.95	1.07	1.12		1.02				

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/NC-ML et al
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Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 65	Not Applicable	Limited	Individually Sold and Association	No	Female

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.78	1.99	2.22	2.31		3.36				
26	1.85	2.06	2.30	2.42		3.47				
27	1.93	2.15	2.42	2.52		3.61				
28	2.02	2.26	2.53	2.63		3.74				
29	2.11	2.35	2.64	2.76		3.85				
30	2.21	2.46	2.76	2.89		3.98				
31	2.29	2.57	2.88	3.00		4.09				
32	2.39	2.66	3.00	3.13		4.20				
33	2.47	2.75	3.10	3.23		4.30				
34	2.56	2.84	3.19	3.34		4.38				
35	2.62	2.92	3.29	3.44		4.45				
36	2.69	3.00	3.36	3.52		4.51				
37	2.74	3.06	3.44	3.60		4.55				
38	2.78	3.12	3.50	3.67		4.59				
39	2.84	3.18	3.56	3.73		4.61				
40	2.88	3.20	3.62	3.77		4.61				
41	2.89	3.24	3.65	3.82		4.59				
42	2.92	3.26	3.67	3.84		4.55				
43	2.93	3.29	3.70	3.86		4.50				
44	2.93	3.29	3.70	3.88		4.43				
45	2.92	3.26	3.68	3.85		4.34				
46	2.89	3.23	3.64	3.82		4.22				
47	2.84	3.18	3.59	3.76		4.07				
48	2.75	3.08	3.48	3.63		3.90				
49	2.65	2.96	3.34	3.50		3.69				
50	2.52	2.82	3.18	3.34		3.47				
51	2.38	2.66	3.00	3.14		3.21				
52	2.22	2.48	2.80	2.92		2.96				
53	2.02	2.26	2.54	2.66		2.65				
54	1.80	2.02	2.28	2.38		2.35				
55	1.58	1.78	2.00	2.08		2.02				
56	1.37	1.54	1.72	1.79		1.71				
57	1.15	1.30	1.45	1.52		1.43				
58	0.96	1.09	1.22	1.28		1.18				
59	0.80	0.90	1.01	1.06		0.95				
60	0.66	0.72	0.82	0.85		0.77				
61	0.52	0.58	0.66	0.68		0.60				
62	0.41	0.47	0.52	0.54		0.47				
63	0.37	0.41	0.46	0.48		0.40				
64	0.35	0.37	0.42	0.45		0.36				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/NC and IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 65	Not Applicable	Full*	Individually Sold and Association	No	Female

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.92	2.15	2.40	2.50		3.63				
26	2.00	2.23	2.50	2.61		3.76				
27	2.09	2.33	2.62	2.73		3.90				
28	2.18	2.44	2.74	2.85		4.04				
29	2.28	2.54	2.86	2.98		4.16				
30	2.39	2.66	2.99	3.12		4.30				
31	2.48	2.77	3.11	3.24		4.43				
32	2.58	2.88	3.24	3.38		4.54				
33	2.68	2.98	3.35	3.50		4.65				
34	2.76	3.07	3.46	3.61		4.74				
35	2.83	3.16	3.55	3.71		4.81				
36	2.90	3.24	3.64	3.81		4.88				
37	2.96	3.31	3.72	3.89		4.92				
38	3.01	3.37	3.79	3.97		4.96				
39	3.07	3.43	3.85	4.03		4.98				
40	3.11	3.47	3.91	4.08		4.98				
41	3.13	3.50	3.95	4.13		4.96				
42	3.16	3.53	3.97	4.15		4.92				
43	3.17	3.55	4.00	4.17		4.86				
44	3.17	3.55	4.00	4.19		4.78				
45	3.16	3.53	3.98	4.16		4.69				
46	3.12	3.49	3.94	4.13		4.57				
47	3.07	3.44	3.88	4.06		4.40				
48	2.98	3.34	3.76	3.93		4.21				
49	2.87	3.20	3.61	3.78		3.99				
50	2.72	3.05	3.44	3.60		3.75				
51	2.57	2.88	3.24	3.39		3.47				
52	2.40	2.69	3.02	3.16		3.20				
53	2.18	2.44	2.75	2.88		2.86				
54	1.94	2.18	2.46	2.58		2.53				
55	1.72	1.92	2.16	2.25		2.19				
56	1.48	1.66	1.86	1.94		1.85				
57	1.25	1.40	1.57	1.64		1.54				
58	1.04	1.18	1.32	1.38		1.28				
59	0.86	0.97	1.09	1.14		1.04				
60	0.71	0.78	0.89	0.92		0.83				
61	0.56	0.62	0.71	0.74		0.64				
62	0.44	0.50	0.56	0.59		0.51				
63	0.40	0.44	0.49	0.52		0.44				
64	0.37	0.41	0.46	0.48		0.39				

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 70	Not Applicable	Limited	Individually Sold and Association	No	Female

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	2.05	2.29	2.56	2.67		3.85				
26	2.15	2.39	2.68	2.79		4.01				
27	2.26	2.51	2.81	2.93		4.17				
28	2.36	2.63	2.95	3.08		4.34				
29	2.48	2.77	3.11	3.24		4.50				
30	2.60	2.90	3.26	3.40		4.67				
31	2.74	3.05	3.42	3.57		4.83				
32	2.86	3.18	3.58	3.74		4.99				
33	2.96	3.31	3.72	3.89		5.13				
34	3.07	3.44	3.86	4.04		5.27				
35	3.18	3.55	4.00	4.17		5.39				
36	3.29	3.67	4.13	4.31		5.51				
37	3.38	3.78	4.25	4.45		5.60				
38	3.48	3.89	4.37	4.58		5.70				
39	3.56	3.98	4.49	4.69		5.76				
40	3.65	4.08	4.58	4.80		5.83				
41	3.72	4.16	4.68	4.90		5.88				
42	3.78	4.24	4.78	4.99		5.90				
43	3.86	4.32	4.86	5.09		5.91				
44	3.92	4.38	4.96	5.18		5.91				
45	3.97	4.44	5.00	5.23		5.89				
46	4.00	4.48	5.04	5.28		5.83				
47	4.01	4.49	5.05	5.29		5.74				
48	3.97	4.45	5.02	5.24		5.60				
49	3.92	4.38	4.94	5.18		5.45				
50	3.83	4.30	4.84	5.06		5.24				
51	3.72	4.16	4.69	4.91		5.01				
52	3.58	4.01	4.51	4.73		4.75				
53	3.37	3.78	4.25	4.45		4.42				
54	3.14	3.52	3.96	4.15		4.05				
55	2.89	3.24	3.65	3.82		3.68				
56	2.63	2.95	3.32	3.47		3.30				
57	2.36	2.65	2.99	3.12		2.91				
58	2.11	2.36	2.65	2.77		2.55				
59	1.86	2.09	2.34	2.45		2.21				
60	1.62	1.81	2.03	2.12		1.90				
61	1.39	1.55	1.73	1.81		1.59				
62	1.15	1.30	1.45	1.52		1.31				
63	0.96	1.07	1.20	1.25		1.07				
64	0.78	0.86	0.97	1.01		0.85				
65	0.62	0.68	0.78	0.81		0.66				
66	0.49	0.54	0.61	0.64		0.52				
67	0.38	0.43	0.49	0.51		0.40				
68	0.32	0.37	0.41	0.44		0.35				
69	0.30	0.34	0.37	0.40		0.31				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 70	Not Applicable	Full*	Individually Sold and Association	No	Female

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	2.22	2.47	2.76	2.89		4.16				
26	2.32	2.58	2.89	3.02		4.34				
27	2.44	2.71	3.04	3.17		4.51				
28	2.56	2.84	3.19	3.34		4.69				
29	2.69	3.00	3.36	3.51		4.86				
30	2.82	3.14	3.53	3.68		5.05				
31	2.95	3.30	3.70	3.85		5.22				
32	3.08	3.44	3.86	4.04		5.39				
33	3.20	3.58	4.02	4.20		5.54				
34	3.32	3.72	4.18	4.36		5.69				
35	3.44	3.84	4.32	4.51		5.83				
36	3.55	3.97	4.46	4.66		5.96				
37	3.66	4.09	4.60	4.81		6.06				
38	3.76	4.20	4.73	4.95		6.16				
39	3.85	4.31	4.85	5.07		6.23				
40	3.95	4.42	4.96	5.19		6.30				
41	4.02	4.50	5.06	5.30		6.35				
42	4.09	4.58	5.16	5.39		6.38				
43	4.18	4.67	5.26	5.51		6.39				
44	4.24	4.74	5.35	5.59		6.39				
45	4.30	4.80	5.41	5.66		6.36				
46	4.32	4.84	5.45	5.70		6.30				
47	4.33	4.85	5.46	5.72		6.20				
48	4.30	4.81	5.42	5.67		6.06				
49	4.24	4.74	5.34	5.59		5.89				
50	4.14	4.64	5.23	5.47		5.67				
51	4.02	4.50	5.08	5.31		5.42				
52	3.86	4.33	4.88	5.11		5.13				
53	3.65	4.08	4.60	4.81		4.77				
54	3.40	3.80	4.28	4.49		4.38				
55	3.13	3.50	3.95	4.13		3.98				
56	2.84	3.19	3.59	3.75		3.57				
57	2.56	2.87	3.23	3.37		3.15				
58	2.28	2.56	2.87	3.00		2.76				
59	2.02	2.26	2.53	2.65		2.39				
60	1.75	1.96	2.20	2.29		2.05				
61	1.50	1.67	1.87	1.96		1.71				
62	1.25	1.40	1.57	1.64		1.41				
63	1.03	1.15	1.30	1.36		1.15				
64	0.84	0.94	1.06	1.09		0.92				
65	0.67	0.74	0.84	0.87		0.71				
66	0.53	0.59	0.66	0.69		0.56				
67	0.42	0.47	0.53	0.55		0.44				
68	0.35	0.40	0.44	0.47		0.37				
69	0.32	0.36	0.41	0.44		0.33				

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Limited	Individually Sold and Association	No	Female

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	2.17	2.44	2.72	2.83						
26	2.28	2.54	2.84	2.97						
27	2.39	2.66	2.98	3.11						
28	2.50	2.78	3.13	3.27						
29	2.62	2.93	3.29	3.43						
30	2.75	3.06	3.44	3.59						
31	2.88	3.20	3.60	3.76						
32	3.00	3.34	3.76	3.91						
33	3.11	3.48	3.90	4.07						
34	3.22	3.60	4.04	4.21						
35	3.32	3.71	4.16	4.35						
36	3.42	3.82	4.28	4.47						
37	3.50	3.92	4.40	4.61						
38	3.59	4.01	4.51	4.72						
39	3.66	4.09	4.61	4.82						
40	3.73	4.16	4.68	4.90						
41	3.78	4.22	4.76	4.98						
42	3.82	4.27	4.81	5.04						
43	3.85	4.31	4.85	5.07						
44	3.86	4.33	4.87	5.09						
45	3.85	4.32	4.86	5.08						
46	3.83	4.28	4.81	5.05						
47	3.77	4.22	4.75	4.98						
48	3.66	4.09	4.62	4.84						
49	3.53	3.95	4.45	4.66						
50	3.36	3.78	4.25	4.45						
51	3.18	3.56	4.01	4.20						
52	2.96	3.32	3.74	3.91						
53	2.70	3.02	3.40	3.57						
54	2.42	2.71	3.04	3.20						
55	2.12	2.38	2.68	2.79						
56	1.84	2.04	2.30	2.42						
57	1.55	1.73	1.94	2.04						
58	1.27	1.43	1.61	1.69						
59	1.04	1.16	1.31	1.36						

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/NC and IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Full*	Individually Sold and Association	No	Female

Issue Age	6A	5A	4A	3A		2A		1A		1B
Reg. Occ. Period	Standard			ST	Age 65	ST	Age 65	ST	5 yrs	ST
18 - 25	2.35	2.63	2.94	3.06						
26	2.46	2.75	3.07	3.21						
27	2.58	2.88	3.22	3.36						
28	2.70	3.01	3.38	3.53						
29	2.83	3.17	3.55	3.70						
30	2.98	3.31	3.72	3.88						
31	3.11	3.47	3.89	4.06						
32	3.24	3.61	4.06	4.23						
33	3.36	3.76	4.21	4.40						
34	3.48	3.89	4.37	4.55						
35	3.59	4.01	4.50	4.70						
36	3.70	4.13	4.63	4.84						
37	3.79	4.24	4.76	4.98						
38	3.88	4.33	4.87	5.09						
39	3.96	4.43	4.98	5.21						
40	4.03	4.50	5.06	5.30						
41	4.08	4.57	5.15	5.38						
42	4.13	4.62	5.20	5.44						
43	4.16	4.66	5.24	5.49						
44	4.18	4.68	5.27	5.51						
45	4.16	4.67	5.26	5.50						
46	4.14	4.63	5.21	5.46						
47	4.07	4.56	5.14	5.38						
48	3.96	4.43	4.99	5.23						
49	3.82	4.27	4.81	5.04						
50	3.64	4.08	4.60	4.81						
51	3.43	3.85	4.33	4.54						
52	3.20	3.59	4.04	4.23						
53	2.92	3.26	3.67	3.85						
54	2.62	2.93	3.29	3.45						
55	2.29	2.57	2.89	3.02						
56	1.98	2.21	2.50	2.61						
57	1.67	1.87	2.10	2.20						
58	1.38	1.55	1.74	1.83						
59	1.13	1.26	1.42	1.47						

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
** Rider Form IDI2000-PR/L45-TD attached.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Limited	Individually Sold and Association	No	Male

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.14	0.16	0.18	0.18		0.29				
26	0.16	0.17	0.19	0.20		0.31				
27	0.16	0.18	0.20	0.22		0.33				
28	0.17	0.19	0.22	0.23		0.35				
29	0.18	0.20	0.23	0.24		0.37				
30	0.19	0.23	0.25	0.26		0.39				
31	0.22	0.24	0.26	0.29		0.41				
32	0.23	0.26	0.29	0.30		0.45				
33	0.25	0.28	0.31	0.32		0.48				
34	0.26	0.30	0.34	0.35		0.52				
35	0.30	0.34	0.36	0.38		0.55				
36	0.32	0.35	0.40	0.40		0.59				
37	0.35	0.37	0.42	0.45		0.63				
38	0.36	0.41	0.46	0.48		0.68				
39	0.40	0.44	0.50	0.52		0.74				
40	0.43	0.48	0.54	0.55		0.77				
41	0.47	0.52	0.58	0.60		0.84				
42	0.50	0.56	0.62	0.64		0.90				
43	0.54	0.60	0.67	0.70		0.97				
44	0.58	0.64	0.73	0.76		1.02				
45	0.61	0.70	0.78	0.81		1.09				
46	0.66	0.74	0.83	0.87		1.17				
47	0.71	0.80	0.89	0.93		1.23				
48	0.77	0.85	0.96	0.99		1.31				
49	0.80	0.91	1.03	1.07		1.39				
50	0.86	0.97	1.09	1.14		1.46				
51	0.91	1.03	1.15	1.21		1.53				
52	0.97	1.08	1.22	1.27		1.60				
53	1.03	1.15	1.28	1.35		1.67				
54	1.08	1.21	1.36	1.43		1.74				
55	1.12	1.26	1.42	1.46		1.77				
56	1.14	1.27	1.44	1.50		1.78				
57	1.14	1.27	1.44	1.50		1.75				
58	1.12	1.25	1.40	1.46		1.68				
59	1.04	1.18	1.32	1.38		1.56				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Residual Disability Benefit with 24 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Full*	Individually Sold and Association	No	Male

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.16	0.17	0.19	0.20		0.30				
26	0.17	0.18	0.20	0.21		0.32				
27	0.17	0.19	0.22	0.23		0.35				
28	0.18	0.20	0.23	0.24		0.37				
29	0.19	0.22	0.24	0.25		0.39				
30	0.20	0.24	0.26	0.28		0.41				
31	0.23	0.25	0.28	0.30		0.44				
32	0.24	0.28	0.30	0.31		0.47				
33	0.26	0.29	0.32	0.33		0.51				
34	0.28	0.31	0.35	0.37		0.54				
35	0.31	0.35	0.38	0.40		0.58				
36	0.34	0.37	0.42	0.43		0.62				
37	0.36	0.40	0.44	0.47		0.67				
38	0.38	0.43	0.48	0.51		0.71				
39	0.42	0.47	0.53	0.54		0.77				
40	0.46	0.50	0.56	0.59		0.82				
41	0.49	0.54	0.61	0.63		0.89				
42	0.53	0.59	0.66	0.68		0.94				
43	0.56	0.64	0.71	0.74		1.01				
44	0.61	0.67	0.77	0.79		1.08				
45	0.65	0.73	0.82	0.85		1.15				
46	0.70	0.78	0.88	0.92		1.23				
47	0.74	0.84	0.94	0.98		1.30				
48	0.80	0.90	1.01	1.05		1.38				
49	0.85	0.96	1.08	1.13		1.46				
50	0.91	1.02	1.15	1.20		1.54				
51	0.96	1.08	1.21	1.27		1.61				
52	1.02	1.14	1.28	1.33		1.68				
53	1.08	1.21	1.36	1.41		1.76				
54	1.14	1.27	1.43	1.50		1.83				
55	1.18	1.32	1.49	1.54		1.86				
56	1.20	1.34	1.51	1.58		1.87				
57	1.20	1.34	1.51	1.58		1.84				
58	1.18	1.31	1.48	1.54		1.77				
59	1.10	1.24	1.39	1.45		1.64				

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 65	Not Applicable	Limited	Individually Sold and Association	No	Male

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.22	1.37	1.54	1.59		2.58				
26	1.26	1.40	1.56	1.63		2.66				
27	1.28	1.44	1.61	1.67		2.75				
28	1.33	1.49	1.67	1.73		2.83				
29	1.38	1.54	1.72	1.77		2.91				
30	1.42	1.58	1.78	1.84		3.01				
31	1.48	1.64	1.85	1.92		3.11				
32	1.54	1.70	1.92	1.99		3.20				
33	1.60	1.78	2.00	2.07		3.31				
34	1.67	1.85	2.09	2.16		3.43				
35	1.74	1.94	2.17	2.25		3.54				
36	1.82	2.02	2.28	2.36		3.66				
37	1.88	2.11	2.36	2.46		3.77				
38	1.98	2.20	2.46	2.56		3.90				
39	2.05	2.29	2.57	2.67		4.03				
40	2.14	2.38	2.66	2.77		4.14				
41	2.20	2.45	2.75	2.86		4.23				
42	2.27	2.52	2.84	2.96		4.32				
43	2.32	2.59	2.92	3.04		4.40				
44	2.38	2.65	2.99	3.09		4.46				
45	2.42	2.70	3.04	3.15		4.50				
46	2.45	2.72	3.06	3.20		4.50				
47	2.45	2.74	3.08	3.20		4.47				
48	2.45	2.74	3.07	3.20		4.42				
49	2.42	2.70	3.04	3.17		4.32				
50	2.38	2.65	2.99	3.12		4.19				
51	2.30	2.59	2.90	3.04		4.01				
52	2.22	2.48	2.80	2.91		3.81				
53	2.09	2.33	2.63	2.74		3.52				
54	1.93	2.15	2.44	2.54		3.20				
55	1.76	1.98	2.22	2.32		2.86				
56	1.58	1.78	2.00	2.08		2.52				
57	1.40	1.56	1.78	1.84		2.19				
58	1.22	1.37	1.54	1.61		1.85				
59	1.04	1.16	1.31	1.36		1.55				
60	0.88	0.97	1.10	1.15		1.27				
61	0.72	0.82	0.92	0.95		1.02				
62	0.61	0.67	0.77	0.79		0.82				
63	0.55	0.62	0.70	0.74		0.74				
64	0.53	0.60	0.67	0.70		0.69				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 65	Not Applicable	Full*	Individually Sold and Association	No	Male

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.32	1.48	1.66	1.71		2.78				
26	1.36	1.51	1.69	1.76		2.88				
27	1.39	1.56	1.74	1.81		2.97				
28	1.44	1.61	1.80	1.86		3.06				
29	1.49	1.66	1.86	1.92		3.15				
30	1.54	1.72	1.92	1.99		3.25				
31	1.60	1.78	1.99	2.07		3.36				
32	1.66	1.85	2.08	2.15		3.46				
33	1.73	1.92	2.16	2.24		3.58				
34	1.80	2.00	2.26	2.33		3.70				
35	1.88	2.10	2.35	2.44		3.83				
36	1.97	2.18	2.46	2.55		3.96				
37	2.04	2.28	2.56	2.66		4.08				
38	2.14	2.38	2.66	2.77		4.22				
39	2.22	2.47	2.77	2.89		4.35				
40	2.30	2.57	2.88	2.99		4.47				
41	2.38	2.65	2.98	3.09		4.58				
42	2.45	2.72	3.07	3.20		4.68				
43	2.51	2.80	3.16	3.28		4.76				
44	2.57	2.87	3.23	3.35		4.82				
45	2.62	2.92	3.28	3.40		4.86				
46	2.64	2.94	3.31	3.45		4.86				
47	2.65	2.96	3.34	3.46		4.84				
48	2.64	2.95	3.32	3.46		4.77				
49	2.62	2.92	3.29	3.43		4.67				
50	2.57	2.87	3.23	3.37		4.52				
51	2.50	2.80	3.14	3.28		4.34				
52	2.40	2.69	3.02	3.15		4.12				
53	2.26	2.52	2.84	2.96		3.81				
54	2.09	2.33	2.63	2.75		3.46				
55	1.91	2.14	2.40	2.51		3.09				
56	1.72	1.92	2.16	2.25		2.73				
57	1.52	1.69	1.92	1.99		2.36				
58	1.32	1.48	1.66	1.74		2.00				
59	1.13	1.26	1.42	1.47		1.68				
60	0.95	1.06	1.19	1.24		1.37				
61	0.78	0.88	1.00	1.04		1.10				
62	0.66	0.73	0.83	0.86		0.89				
63	0.60	0.67	0.76	0.79		0.79				
64	0.58	0.65	0.73	0.76		0.75				

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 70	Not Applicable	Limited	Individually Sold and Association	No	Male

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.40	1.56	1.74	1.81		2.91				
26	1.44	1.61	1.80	1.87		3.02				
27	1.49	1.67	1.86	1.93		3.14				
28	1.56	1.72	1.93	2.00		3.25				
29	1.61	1.79	2.00	2.08		3.37				
30	1.68	1.86	2.10	2.17		3.50				
31	1.75	1.96	2.18	2.27		3.63				
32	1.84	2.04	2.29	2.38		3.77				
33	1.92	2.15	2.41	2.50		3.93				
34	2.02	2.26	2.53	2.62		4.11				
35	2.14	2.38	2.66	2.77		4.28				
36	2.24	2.50	2.80	2.91		4.45				
37	2.35	2.62	2.94	3.05		4.62				
38	2.47	2.75	3.10	3.21		4.83				
39	2.59	2.89	3.25	3.37		5.03				
40	2.72	3.04	3.41	3.53		5.21				
41	2.84	3.17	3.55	3.69		5.39				
42	2.95	3.30	3.71	3.85		5.58				
43	3.07	3.42	3.85	4.00		5.75				
44	3.18	3.55	3.98	4.15		5.89				
45	3.28	3.65	4.12	4.28		6.03				
46	3.36	3.76	4.22	4.39		6.14				
47	3.44	3.84	4.32	4.50		6.21				
48	3.50	3.91	4.40	4.59		6.24				
49	3.54	3.96	4.46	4.65		6.26				
50	3.56	3.98	4.49	4.67		6.21				
51	3.56	3.97	4.49	4.67		6.12				
52	3.52	3.94	4.44	4.62		5.97				
53	3.43	3.83	4.32	4.50		5.72				
54	3.31	3.70	4.16	4.34		5.42				
55	3.16	3.52	3.97	4.14		5.07				
56	2.99	3.34	3.76	3.91		4.70				
57	2.78	3.12	3.52	3.66		4.30				
58	2.58	2.89	3.25	3.39		3.90				
59	2.35	2.64	2.98	3.09		3.47				
60	2.14	2.39	2.69	2.79		3.06				
61	1.90	2.12	2.39	2.48		2.66				
62	1.67	1.86	2.10	2.20		2.27				
63	1.42	1.58	1.79	1.86		1.89				
64	1.18	1.32	1.49	1.55		1.54				
65	0.96	1.08	1.21	1.27		1.23				
66	0.78	0.86	0.98	1.02		0.99				
67	0.64	0.71	0.80	0.84		0.78				
68	0.53	0.60	0.68	0.71		0.66				
69	0.50	0.56	0.64	0.67		0.61				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC and IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 70	Not Applicable	Full*	Individually Sold and Association	No	Male

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.51	1.68	1.88	1.96		3.15				
26	1.56	1.74	1.94	2.02		3.27				
27	1.61	1.80	2.02	2.09		3.39				
28	1.68	1.86	2.09	2.16		3.52				
29	1.74	1.93	2.17	2.25		3.65				
30	1.81	2.02	2.27	2.35		3.78				
31	1.90	2.11	2.36	2.45		3.93				
32	1.98	2.21	2.47	2.58		4.08				
33	2.08	2.32	2.60	2.70		4.26				
34	2.18	2.44	2.74	2.84		4.44				
35	2.30	2.57	2.88	2.99		4.62				
36	2.42	2.70	3.02	3.14		4.81				
37	2.54	2.83	3.18	3.30		5.00				
38	2.68	2.98	3.35	3.47		5.22				
39	2.81	3.12	3.52	3.65		5.43				
40	2.94	3.28	3.68	3.82		5.64				
41	3.07	3.42	3.84	3.99		5.83				
42	3.19	3.56	4.01	4.16		6.03				
43	3.32	3.70	4.16	4.32		6.21				
44	3.44	3.84	4.31	4.49		6.37				
45	3.54	3.95	4.45	4.62		6.52				
46	3.64	4.06	4.57	4.75		6.64				
47	3.72	4.15	4.67	4.86		6.72				
48	3.79	4.22	4.76	4.96		6.75				
49	3.83	4.28	4.82	5.03		6.76				
50	3.85	4.31	4.85	5.05		6.72				
51	3.85	4.30	4.85	5.05		6.61				
52	3.80	4.26	4.80	5.00		6.45				
53	3.71	4.14	4.67	4.86		6.18				
54	3.58	4.00	4.50	4.69		5.85				
55	3.41	3.80	4.30	4.47		5.49				
56	3.23	3.60	4.06	4.23		5.08				
57	3.01	3.37	3.80	3.96		4.65				
58	2.78	3.12	3.52	3.67		4.21				
59	2.54	2.86	3.22	3.35		3.76				
60	2.30	2.58	2.90	3.02		3.31				
61	2.05	2.29	2.58	2.69		2.88				
62	1.80	2.02	2.27	2.37		2.45				
63	1.54	1.72	1.93	2.01		2.04				
64	1.27	1.43	1.61	1.68		1.67				
65	1.04	1.16	1.31	1.37		1.33				
66	0.84	0.94	1.07	1.10		1.07				
67	0.68	0.77	0.86	0.91		0.85				
68	0.58	0.65	0.74	0.77		0.71				
69	0.54	0.61	0.68	0.72		0.66				

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Limited	Individually Sold and Association	No	Male

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.45	1.62	1.81	1.89						
26	1.50	1.67	1.86	1.93						
27	1.55	1.72	1.92	2.00						
28	1.60	1.78	1.99	2.06						
29	1.66	1.85	2.06	2.14						
30	1.72	1.91	2.15	2.22						
31	1.79	1.99	2.23	2.31						
32	1.86	2.06	2.32	2.42						
33	1.94	2.16	2.44	2.52						
34	2.04	2.27	2.54	2.63						
35	2.14	2.38	2.66	2.77						
36	2.23	2.48	2.78	2.90						
37	2.33	2.59	2.92	3.04						
38	2.45	2.72	3.05	3.17						
39	2.54	2.84	3.18	3.31						
40	2.65	2.95	3.32	3.45						
41	2.74	3.06	3.44	3.58						
42	2.84	3.17	3.55	3.70						
43	2.92	3.25	3.66	3.81						
44	2.99	3.34	3.76	3.90						
45	3.04	3.40	3.83	3.98						
46	3.08	3.44	3.88	4.04						
47	3.11	3.47	3.91	4.06						
48	3.11	3.47	3.91	4.06						
49	3.07	3.44	3.88	4.04						
50	3.04	3.38	3.80	3.97						
51	2.95	3.30	3.72	3.88						
52	2.84	3.18	3.59	3.74						
53	2.68	2.99	3.36	3.51						
54	2.47	2.76	3.12	3.25						
55	2.27	2.53	2.86	2.98						
56	2.03	2.28	2.57	2.67						
57	1.80	2.00	2.28	2.36						
58	1.56	1.74	1.97	2.06						
59	1.32	1.48	1.67	1.74						

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC and IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Full*	Individually Sold and Association	No	Male

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.57	1.75	1.96	2.04						
26	1.62	1.80	2.02	2.09						
27	1.67	1.86	2.08	2.16						
28	1.73	1.92	2.15	2.23						
29	1.79	1.99	2.23	2.31						
30	1.86	2.06	2.32	2.40						
31	1.93	2.15	2.41	2.50						
32	2.02	2.23	2.51	2.61						
33	2.10	2.34	2.63	2.73						
34	2.21	2.45	2.75	2.85						
35	2.30	2.57	2.88	2.99						
36	2.41	2.69	3.01	3.13						
37	2.52	2.81	3.16	3.28						
38	2.64	2.94	3.30	3.43						
39	2.75	3.07	3.44	3.58						
40	2.87	3.19	3.59	3.73						
41	2.96	3.31	3.72	3.86						
42	3.07	3.42	3.84	4.00						
43	3.16	3.52	3.96	4.12						
44	3.23	3.60	4.06	4.22						
45	3.29	3.67	4.14	4.30						
46	3.34	3.72	4.19	4.36						
47	3.36	3.74	4.22	4.39						
48	3.36	3.74	4.22	4.39						
49	3.32	3.72	4.19	4.36						
50	3.28	3.66	4.12	4.29						
51	3.19	3.56	4.02	4.19						
52	3.07	3.43	3.88	4.04						
53	2.89	3.23	3.64	3.80						
54	2.68	2.99	3.37	3.52						
55	2.45	2.74	3.08	3.22						
56	2.20	2.46	2.77	2.89						
57	1.94	2.17	2.46	2.55						
58	1.68	1.88	2.12	2.22						
59	1.43	1.60	1.80	1.87						

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
** Rider Form IDI2000-PR/L45-TD attached.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Limited	Individually Sold and Association	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.14	0.17	0.18	0.20		0.29				
26	0.16	0.18	0.20	0.21		0.31				
27	0.17	0.19	0.22	0.23		0.33				
28	0.18	0.20	0.23	0.24		0.35				
29	0.19	0.22	0.24	0.25		0.37				
30	0.20	0.24	0.26	0.28		0.39				
31	0.23	0.25	0.28	0.30		0.41				
32	0.24	0.28	0.30	0.31		0.45				
33	0.26	0.29	0.32	0.33		0.47				
34	0.28	0.31	0.35	0.36		0.51				
35	0.30	0.35	0.37	0.39		0.54				
36	0.32	0.35	0.41	0.41		0.58				
37	0.35	0.38	0.43	0.46		0.61				
38	0.36	0.41	0.46	0.48		0.66				
39	0.40	0.44	0.50	0.52		0.70				
40	0.43	0.48	0.54	0.55		0.75				
41	0.47	0.52	0.58	0.60		0.79				
42	0.50	0.56	0.62	0.64		0.85				
43	0.54	0.60	0.67	0.70		0.91				
44	0.58	0.64	0.72	0.76		0.97				
45	0.61	0.68	0.77	0.79		1.01				
46	0.65	0.73	0.82	0.86		1.08				
47	0.70	0.79	0.88	0.92		1.15				
48	0.76	0.84	0.95	0.99		1.21				
49	0.80	0.90	1.01	1.05		1.27				
50	0.84	0.95	1.07	1.12		1.33				
51	0.89	1.01	1.13	1.17		1.40				
52	0.95	1.04	1.19	1.23		1.44				
53	1.00	1.12	1.25	1.30		1.51				
54	1.03	1.16	1.31	1.37		1.55				
55	1.07	1.21	1.36	1.41		1.58				
56	1.09	1.22	1.37	1.43		1.59				
57	1.08	1.22	1.37	1.43		1.55				
58	1.06	1.18	1.32	1.39		1.48				
59	1.00	1.10	1.25	1.30		1.38				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Full*	Individually Sold and Association	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.16	0.18	0.19	0.21		0.30				
26	0.17	0.19	0.22	0.22		0.32				
27	0.18	0.20	0.23	0.24		0.35				
28	0.19	0.22	0.24	0.25		0.37				
29	0.20	0.23	0.25	0.26		0.39				
30	0.22	0.25	0.28	0.29		0.41				
31	0.24	0.26	0.29	0.31		0.44				
32	0.25	0.29	0.31	0.32		0.47				
33	0.28	0.30	0.34	0.35		0.49				
34	0.29	0.32	0.36	0.38		0.53				
35	0.31	0.36	0.40	0.41		0.56				
36	0.34	0.37	0.43	0.44		0.61				
37	0.36	0.41	0.46	0.48		0.64				
38	0.38	0.43	0.48	0.51		0.69				
39	0.42	0.47	0.53	0.54		0.74				
40	0.46	0.50	0.56	0.59		0.78				
41	0.49	0.54	0.61	0.63		0.84				
42	0.53	0.59	0.66	0.68		0.90				
43	0.56	0.64	0.71	0.74		0.95				
44	0.61	0.67	0.76	0.79		1.01				
45	0.65	0.72	0.80	0.84		1.07				
46	0.68	0.77	0.86	0.91		1.14				
47	0.73	0.83	0.92	0.97		1.21				
48	0.79	0.89	1.00	1.04		1.28				
49	0.84	0.95	1.06	1.10		1.33				
50	0.89	1.00	1.13	1.17		1.40				
51	0.94	1.06	1.19	1.23		1.47				
52	1.00	1.10	1.25	1.30		1.52				
53	1.04	1.18	1.31	1.37		1.59				
54	1.09	1.22	1.38	1.44		1.63				
55	1.13	1.27	1.43	1.48		1.66				
56	1.15	1.28	1.44	1.51		1.67				
57	1.14	1.28	1.44	1.50		1.63				
58	1.12	1.24	1.39	1.46		1.56				
59	1.04	1.16	1.31	1.37		1.45				

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Residual Disability Benefit with 24 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 65	Not Applicable	Limited	Individually Sold and Association	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.37	1.52	1.70	1.77		2.83				
26	1.40	1.56	1.75	1.83		2.92				
27	1.45	1.62	1.81	1.89		3.02				
28	1.51	1.68	1.88	1.96		3.12				
29	1.56	1.74	1.96	2.02		3.21				
30	1.62	1.81	2.02	2.10		3.32				
31	1.69	1.87	2.10	2.20		3.43				
32	1.74	1.96	2.18	2.28		3.52				
33	1.82	2.02	2.28	2.36		3.62				
34	1.88	2.10	2.36	2.46		3.74				
35	1.97	2.18	2.45	2.55		3.83				
36	2.04	2.27	2.56	2.65		3.93				
37	2.10	2.35	2.63	2.75		4.03				
38	2.17	2.44	2.74	2.84		4.12				
39	2.26	2.51	2.82	2.93		4.21				
40	2.32	2.59	2.90	3.02		4.29				
41	2.38	2.65	2.98	3.11		4.35				
42	2.44	2.71	3.05	3.19		4.40				
43	2.47	2.76	3.12	3.24		4.44				
44	2.52	2.81	3.17	3.29		4.45				
45	2.54	2.84	3.19	3.34		4.45				
46	2.56	2.86	3.20	3.35		4.42				
47	2.56	2.86	3.20	3.34		4.35				
48	2.52	2.82	3.18	3.31		4.24				
49	2.47	2.76	3.12	3.25		4.12				
50	2.41	2.70	3.04	3.17		3.96				
51	2.33	2.60	2.93	3.06		3.76				
52	2.22	2.48	2.80	2.91		3.53				
53	2.08	2.30	2.60	2.71		3.24				
54	1.90	2.12	2.40	2.50		2.92				
55	1.72	1.93	2.16	2.27		2.60				
56	1.54	1.72	1.93	2.01		2.27				
57	1.34	1.50	1.70	1.77		1.93				
58	1.15	1.30	1.45	1.52		1.63				
59	0.98	1.10	1.24	1.29		1.36				
60	0.82	0.91	1.03	1.07		1.10				
61	0.67	0.76	0.85	0.90		0.89				
62	0.56	0.62	0.71	0.74		0.70				
63	0.52	0.56	0.65	0.67		0.63				
64	0.49	0.54	0.61	0.64		0.59				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/NC and IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 65	Not Applicable	Full*	Individually Sold and Association	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.48	1.64	1.85	1.91		3.06				
26	1.52	1.69	1.90	1.98		3.16				
27	1.57	1.75	1.96	2.04		3.27				
28	1.63	1.81	2.04	2.12		3.37				
29	1.69	1.88	2.11	2.19		3.47				
30	1.75	1.96	2.18	2.28		3.59				
31	1.82	2.03	2.27	2.37		3.70				
32	1.88	2.11	2.36	2.46		3.81				
33	1.97	2.18	2.46	2.55		3.92				
34	2.04	2.27	2.56	2.66		4.04				
35	2.12	2.36	2.65	2.76		4.14				
36	2.21	2.45	2.76	2.86		4.26				
37	2.27	2.54	2.84	2.97		4.35				
38	2.35	2.63	2.95	3.07		4.45				
39	2.44	2.71	3.05	3.17		4.55				
40	2.51	2.80	3.14	3.27		4.63				
41	2.57	2.87	3.22	3.36		4.70				
42	2.63	2.93	3.30	3.44		4.76				
43	2.68	2.99	3.37	3.51		4.80				
44	2.72	3.04	3.42	3.55		4.81				
45	2.75	3.07	3.46	3.60		4.81				
46	2.76	3.08	3.47	3.62		4.77				
47	2.76	3.08	3.47	3.61		4.70				
48	2.72	3.05	3.43	3.58		4.59				
49	2.68	2.99	3.37	3.52		4.45				
50	2.60	2.92	3.29	3.43		4.28				
51	2.52	2.82	3.17	3.31		4.06				
52	2.40	2.69	3.02	3.15		3.82				
53	2.24	2.50	2.82	2.93		3.51				
54	2.05	2.29	2.59	2.70		3.16				
55	1.86	2.09	2.34	2.45		2.81				
56	1.66	1.86	2.09	2.17		2.45				
57	1.45	1.62	1.84	1.91		2.09				
58	1.25	1.40	1.57	1.64		1.77				
59	1.07	1.19	1.33	1.39		1.47				
60	0.89	0.98	1.12	1.16		1.20				
61	0.73	0.82	0.92	0.97		0.95				
62	0.61	0.67	0.77	0.79		0.76				
63	0.55	0.61	0.70	0.72		0.68				
64	0.53	0.59	0.66	0.69		0.63				

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 70	Not Applicable	Limited	Individually Sold and Association	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.56	1.74	1.94	2.02		3.21				
26	1.62	1.81	2.02	2.10		3.34				
27	1.68	1.87	2.10	2.20		3.47				
28	1.75	1.96	2.18	2.28		3.61				
29	1.84	2.03	2.29	2.37		3.74				
30	1.91	2.14	2.39	2.48		3.88				
31	2.00	2.23	2.50	2.60		4.03				
32	2.09	2.33	2.60	2.73		4.16				
33	2.18	2.44	2.74	2.85		4.32				
34	2.29	2.56	2.87	2.98		4.47				
35	2.40	2.68	3.00	3.12		4.63				
36	2.51	2.80	3.13	3.25		4.78				
37	2.60	2.90	3.28	3.40		4.93				
38	2.74	3.04	3.42	3.55		5.11				
39	2.84	3.17	3.56	3.70		5.26				
40	2.95	3.30	3.71	3.85		5.42				
41	3.06	3.42	3.84	4.00		5.54				
42	3.17	3.53	3.97	4.14		5.68				
43	3.28	3.64	4.10	4.28		5.80				
44	3.37	3.77	4.22	4.40		5.90				
45	3.46	3.85	4.34	4.52		5.99				
46	3.52	3.92	4.43	4.61		6.04				
47	3.59	4.01	4.51	4.70		6.06				
48	3.62	4.04	4.56	4.75		6.04				
49	3.64	4.07	4.58	4.77		6.00				
50	3.62	4.07	4.57	4.76		5.90				
51	3.61	4.02	4.54	4.74		5.76				
52	3.53	3.96	4.46	4.65		5.58				
53	3.42	3.82	4.31	4.49		5.30				
54	3.26	3.65	4.12	4.30		4.98				
55	3.08	3.46	3.90	4.06		4.62				
56	2.89	3.24	3.64	3.81		4.26				
57	2.69	3.01	3.38	3.52		3.85				
58	2.46	2.75	3.11	3.24		3.47				
59	2.23	2.51	2.82	2.93		3.07				
60	2.00	2.24	2.52	2.62		2.69				
61	1.78	1.98	2.22	2.32		2.32				
62	1.55	1.72	1.94	2.02		1.96				
63	1.31	1.45	1.64	1.71		1.62				
64	1.08	1.21	1.37	1.41		1.32				
65	0.88	0.97	1.10	1.15		1.06				
66	0.71	0.79	0.90	0.92		0.84				
67	0.58	0.65	0.72	0.76		0.66				
68	0.48	0.54	0.62	0.64		0.55				
69	0.46	0.52	0.56	0.61		0.51				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC and IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 70	Not Applicable	Full*	Individually Sold and Association	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.69	1.88	2.10	2.19		3.47				
26	1.75	1.96	2.18	2.28		3.61				
27	1.81	2.03	2.27	2.37		3.75				
28	1.90	2.11	2.36	2.46		3.90				
29	1.98	2.20	2.47	2.56		4.04				
30	2.06	2.30	2.58	2.68		4.19				
31	2.16	2.41	2.70	2.81		4.35				
32	2.26	2.52	2.82	2.94		4.50				
33	2.36	2.63	2.96	3.08		4.67				
34	2.47	2.76	3.10	3.22		4.84				
35	2.59	2.89	3.24	3.37		5.01				
36	2.71	3.02	3.38	3.52		5.18				
37	2.82	3.14	3.54	3.68		5.34				
38	2.95	3.29	3.70	3.84		5.52				
39	3.07	3.42	3.85	4.00		5.68				
40	3.19	3.56	4.01	4.16		5.85				
41	3.31	3.70	4.15	4.32		5.99				
42	3.42	3.82	4.30	4.47		6.14				
43	3.54	3.94	4.44	4.62		6.27				
44	3.65	4.07	4.57	4.76		6.38				
45	3.73	4.16	4.69	4.89		6.47				
46	3.80	4.25	4.79	4.99		6.53				
47	3.88	4.33	4.87	5.08		6.56				
48	3.92	4.37	4.93	5.14		6.53				
49	3.94	4.40	4.96	5.16		6.49				
50	3.92	4.39	4.94	5.15		6.38				
51	3.90	4.34	4.91	5.12		6.23				
52	3.82	4.28	4.82	5.03		6.03				
53	3.70	4.13	4.66	4.85		5.73				
54	3.53	3.95	4.45	4.65		5.38				
55	3.34	3.73	4.21	4.39		5.00				
56	3.13	3.50	3.94	4.12		4.60				
57	2.90	3.25	3.66	3.81		4.16				
58	2.66	2.98	3.36	3.51		3.75				
59	2.41	2.71	3.05	3.17		3.32				
60	2.17	2.42	2.72	2.84		2.91				
61	1.92	2.14	2.40	2.51		2.51				
62	1.67	1.86	2.10	2.19		2.12				
63	1.42	1.57	1.78	1.85		1.75				
64	1.16	1.31	1.48	1.53		1.43				
65	0.95	1.06	1.19	1.24		1.14				
66	0.77	0.85	0.97	1.00		0.91				
67	0.62	0.70	0.78	0.82		0.71				
68	0.52	0.59	0.67	0.70		0.60				
69	0.49	0.55	0.61	0.66		0.55				

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Limited	Individually Sold and Association	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.63	1.82	2.04	2.12						
26	1.70	1.88	2.11	2.20						
27	1.75	1.96	2.18	2.28						
28	1.82	2.03	2.28	2.36						
29	1.90	2.12	2.38	2.46						
30	1.98	2.20	2.46	2.56						
31	2.06	2.29	2.58	2.67						
32	2.15	2.39	2.68	2.78						
33	2.23	2.50	2.80	2.91						
34	2.34	2.59	2.92	3.04						
35	2.44	2.71	3.04	3.16						
36	2.53	2.82	3.17	3.29						
37	2.63	2.93	3.30	3.43						
38	2.74	3.04	3.42	3.55						
39	2.82	3.16	3.54	3.69						
40	2.92	3.25	3.66	3.81						
41	3.00	3.35	3.78	3.92						
42	3.08	3.44	3.86	4.04						
43	3.16	3.52	3.96	4.13						
44	3.20	3.59	4.03	4.20						
45	3.24	3.62	4.08	4.26						
46	3.28	3.65	4.10	4.29						
47	3.28	3.65	4.12	4.30						
48	3.25	3.62	4.08	4.26						
49	3.18	3.58	4.02	4.19						
50	3.12	3.48	3.92	4.08						
51	3.01	3.36	3.79	3.96						
52	2.88	3.20	3.62	3.77						
53	2.69	3.00	3.37	3.52						
54	2.46	2.75	3.10	3.24						
55	2.23	2.50	2.81	2.93						
56	1.99	2.22	2.50	2.61						
57	1.73	1.94	2.20	2.28						
58	1.49	1.67	1.87	1.97						
59	1.26	1.40	1.57	1.63						

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC and IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Full*	Individually Sold and Association	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.76	1.97	2.21	2.29						
26	1.84	2.04	2.28	2.37						
27	1.90	2.11	2.36	2.46						
28	1.97	2.20	2.46	2.55						
29	2.05	2.29	2.57	2.66						
30	2.14	2.38	2.66	2.77						
31	2.23	2.48	2.78	2.89						
32	2.33	2.58	2.89	3.01						
33	2.41	2.70	3.02	3.15						
34	2.53	2.81	3.16	3.28						
35	2.63	2.93	3.29	3.42						
36	2.74	3.05	3.42	3.55						
37	2.84	3.17	3.56	3.70						
38	2.95	3.29	3.70	3.84						
39	3.05	3.41	3.83	3.99						
40	3.16	3.52	3.96	4.12						
41	3.24	3.62	4.08	4.24						
42	3.34	3.72	4.18	4.36						
43	3.41	3.80	4.28	4.46						
44	3.47	3.88	4.36	4.54						
45	3.50	3.92	4.42	4.60						
46	3.54	3.95	4.44	4.63						
47	3.54	3.95	4.45	4.65						
48	3.52	3.91	4.42	4.60						
49	3.44	3.86	4.34	4.53						
50	3.37	3.77	4.24	4.42						
51	3.25	3.64	4.10	4.28						
52	3.11	3.47	3.92	4.08						
53	2.90	3.24	3.65	3.81						
54	2.66	2.98	3.35	3.51						
55	2.41	2.70	3.04	3.17						
56	2.15	2.40	2.70	2.82						
57	1.87	2.10	2.38	2.46						
58	1.61	1.80	2.03	2.13						
59	1.36	1.51	1.70	1.77						

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
** Rider Form IDI2000-PR/L45-TD attached.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Limited	Individually Sold and Association	No	Female

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.17	0.19	0.22	0.22		0.31				
26	0.18	0.20	0.23	0.23		0.33				
27	0.19	0.22	0.24	0.25		0.35				
28	0.20	0.23	0.26	0.28		0.37				
29	0.23	0.25	0.28	0.30		0.39				
30	0.24	0.26	0.30	0.31		0.41				
31	0.25	0.29	0.32	0.33		0.44				
32	0.28	0.31	0.35	0.36		0.47				
33	0.30	0.34	0.36	0.38		0.49				
34	0.32	0.35	0.38	0.40		0.53				
35	0.34	0.37	0.41	0.44		0.55				
36	0.35	0.40	0.44	0.47		0.58				
37	0.37	0.42	0.48	0.49		0.61				
38	0.40	0.44	0.50	0.53		0.64				
39	0.42	0.48	0.54	0.56		0.68				
40	0.46	0.50	0.58	0.60		0.72				
41	0.49	0.54	0.60	0.63		0.76				
42	0.52	0.58	0.65	0.68		0.79				
43	0.55	0.61	0.70	0.74		0.83				
44	0.59	0.66	0.74	0.77		0.89				
45	0.62	0.71	0.79	0.83		0.92				
46	0.67	0.76	0.84	0.89		0.97				
47	0.71	0.80	0.90	0.94		1.00				
48	0.76	0.84	0.96	0.99		1.06				
49	0.80	0.89	1.01	1.05		1.09				
50	0.84	0.95	1.06	1.10		1.14				
51	0.88	0.98	1.10	1.16		1.17				
52	0.91	1.03	1.15	1.21		1.21				
53	0.95	1.06	1.20	1.25		1.23				
54	0.98	1.09	1.24	1.29		1.24				
55	1.00	1.12	1.26	1.31		1.25				
56	1.00	1.12	1.26	1.31		1.23				
57	0.97	1.09	1.24	1.28		1.20				
58	0.94	1.03	1.18	1.22		1.13				
59	0.86	0.96	1.08	1.14		1.02				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC and IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Full*	Individually Sold and Association	No	Female

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.18	0.20	0.23	0.23		0.32				
26	0.19	0.22	0.24	0.24		0.35				
27	0.20	0.23	0.25	0.26		0.37				
28	0.22	0.24	0.28	0.29		0.39				
29	0.24	0.26	0.29	0.31		0.41				
30	0.25	0.28	0.31	0.32		0.44				
31	0.26	0.30	0.34	0.36		0.46				
32	0.29	0.32	0.36	0.38		0.49				
33	0.31	0.35	0.38	0.40		0.52				
34	0.34	0.37	0.41	0.43		0.55				
35	0.35	0.40	0.43	0.46		0.59				
36	0.37	0.42	0.47	0.49		0.61				
37	0.40	0.44	0.50	0.52		0.64				
38	0.42	0.47	0.53	0.55		0.68				
39	0.44	0.50	0.56	0.60		0.71				
40	0.48	0.53	0.60	0.63		0.76				
41	0.52	0.56	0.64	0.67		0.79				
42	0.54	0.61	0.68	0.71		0.84				
43	0.58	0.65	0.73	0.77		0.87				
44	0.62	0.70	0.78	0.82		0.93				
45	0.66	0.74	0.83	0.87		0.97				
46	0.71	0.79	0.89	0.93		1.01				
47	0.74	0.84	0.95	0.99		1.06				
48	0.79	0.89	1.01	1.05		1.12				
49	0.84	0.94	1.06	1.10		1.15				
50	0.89	1.00	1.12	1.16		1.20				
51	0.92	1.03	1.16	1.22		1.23				
52	0.96	1.08	1.21	1.27		1.27				
53	1.00	1.12	1.26	1.32		1.30				
54	1.03	1.15	1.30	1.36		1.31				
55	1.04	1.18	1.32	1.38		1.32				
56	1.04	1.18	1.32	1.38		1.30				
57	1.02	1.15	1.30	1.35		1.25				
58	0.98	1.09	1.24	1.29		1.18				
59	0.91	1.01	1.14	1.20		1.08				

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 65	Not Applicable	Limited	Individually Sold and Association	No	Female

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.90	2.11	2.36	2.47		3.59				
26	1.98	2.20	2.46	2.58		3.71				
27	2.06	2.29	2.58	2.68		3.85				
28	2.15	2.41	2.70	2.81		3.98				
29	2.26	2.52	2.82	2.93		4.12				
30	2.35	2.62	2.94	3.07		4.24				
31	2.45	2.74	3.06	3.20		4.36				
32	2.56	2.84	3.19	3.34		4.47				
33	2.63	2.94	3.31	3.45		4.59				
34	2.72	3.04	3.41	3.55		4.67				
35	2.80	3.12	3.50	3.66		4.75				
36	2.87	3.19	3.60	3.76		4.81				
37	2.92	3.26	3.67	3.84		4.86				
38	2.98	3.34	3.74	3.91		4.90				
39	3.04	3.38	3.80	3.98		4.90				
40	3.06	3.42	3.85	4.04		4.90				
41	3.08	3.47	3.90	4.07		4.90				
42	3.11	3.48	3.92	4.09		4.85				
43	3.13	3.49	3.94	4.12		4.80				
44	3.13	3.50	3.94	4.13		4.73				
45	3.12	3.48	3.92	4.11		4.62				
46	3.08	3.46	3.89	4.06		4.50				
47	3.04	3.40	3.82	4.00		4.35				
48	2.94	3.29	3.71	3.89		4.16				
49	2.83	3.17	3.56	3.74		3.93				
50	2.70	3.01	3.40	3.55		3.70				
51	2.53	2.84	3.19	3.35		3.44				
52	2.36	2.64	2.98	3.12		3.15				
53	2.15	2.41	2.71	2.84		2.83				
54	1.92	2.15	2.42	2.53		2.48				
55	1.69	1.88	2.14	2.22		2.16				
56	1.46	1.63	1.84	1.92		1.83				
57	1.24	1.38	1.56	1.63		1.52				
58	1.03	1.15	1.30	1.36		1.25				
59	0.85	0.96	1.08	1.12		1.02				
60	0.68	0.78	0.86	0.91		0.81				
61	0.55	0.62	0.68	0.72		0.64				
62	0.44	0.49	0.55	0.58		0.49				
63	0.38	0.43	0.49	0.51		0.43				
64	0.37	0.40	0.46	0.48		0.38				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/NC and IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 65	Not Applicable	Full*	Individually Sold and Association	No	Female

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	2.05	2.28	2.56	2.67		3.88				
26	2.14	2.38	2.66	2.78		4.01				
27	2.23	2.48	2.78	2.90		4.16				
28	2.33	2.60	2.92	3.04		4.30				
29	2.44	2.72	3.05	3.17		4.45				
30	2.54	2.83	3.18	3.32		4.59				
31	2.65	2.95	3.31	3.46		4.72				
32	2.76	3.07	3.46	3.60		4.84				
33	2.84	3.18	3.58	3.73		4.96				
34	2.94	3.28	3.68	3.84		5.05				
35	3.02	3.37	3.79	3.96		5.13				
36	3.10	3.46	3.89	4.06		5.20				
37	3.16	3.53	3.97	4.15		5.26				
38	3.22	3.60	4.04	4.23		5.29				
39	3.28	3.66	4.12	4.30		5.30				
40	3.31	3.70	4.16	4.36		5.30				
41	3.34	3.74	4.21	4.40		5.29				
42	3.36	3.77	4.24	4.43		5.24				
43	3.38	3.78	4.26	4.45		5.19				
44	3.38	3.79	4.26	4.46		5.11				
45	3.37	3.77	4.25	4.44		5.00				
46	3.34	3.73	4.20	4.39		4.86				
47	3.28	3.67	4.13	4.32		4.70				
48	3.18	3.55	4.01	4.20		4.50				
49	3.06	3.42	3.85	4.04		4.26				
50	2.92	3.25	3.67	3.84		4.00				
51	2.74	3.07	3.46	3.62		3.71				
52	2.56	2.86	3.22	3.37		3.40				
53	2.33	2.60	2.93	3.07		3.06				
54	2.08	2.33	2.62	2.74		2.69				
55	1.82	2.04	2.30	2.40		2.33				
56	1.58	1.76	1.98	2.07		1.98				
57	1.33	1.49	1.68	1.76		1.64				
58	1.12	1.25	1.40	1.47		1.36				
59	0.92	1.03	1.16	1.21		1.10				
60	0.74	0.84	0.94	0.98		0.87				
61	0.60	0.67	0.74	0.78		0.69				
62	0.48	0.53	0.60	0.62		0.54				
63	0.42	0.47	0.53	0.55		0.46				
64	0.40	0.43	0.49	0.52		0.41				

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 70	Not Applicable	Limited	Individually Sold and Association	No	Female

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	2.18	2.45	2.74	2.84		4.11				
26	2.29	2.56	2.86	2.98		4.28				
27	2.40	2.68	3.00	3.13		4.45				
28	2.52	2.81	3.16	3.29		4.62				
29	2.65	2.95	3.31	3.46		4.81				
30	2.77	3.10	3.48	3.62		4.98				
31	2.90	3.25	3.64	3.80		5.15				
32	3.04	3.40	3.80	3.98		5.32				
33	3.17	3.53	3.96	4.14		5.47				
34	3.29	3.66	4.12	4.30		5.61				
35	3.40	3.79	4.26	4.46		5.75				
36	3.50	3.92	4.39	4.60		5.88				
37	3.61	4.04	4.54	4.74		5.98				
38	3.71	4.14	4.67	4.88		6.07				
39	3.80	4.25	4.79	5.00		6.16				
40	3.89	4.36	4.90	5.12		6.22				
41	3.96	4.44	4.99	5.22		6.27				
42	4.04	4.51	5.10	5.32		6.30				
43	4.12	4.61	5.20	5.43		6.31				
44	4.19	4.68	5.27	5.52		6.31				
45	4.22	4.74	5.34	5.59		6.28				
46	4.26	4.78	5.38	5.62		6.21				
47	4.27	4.79	5.39	5.64		6.12				
48	4.24	4.75	5.35	5.60		5.98				
49	4.19	4.67	5.27	5.52		5.81				
50	4.08	4.57	5.16	5.41		5.60				
51	3.96	4.44	5.00	5.23		5.35				
52	3.82	4.27	4.81	5.04		5.06				
53	3.60	4.03	4.54	4.75		4.72				
54	3.35	3.76	4.22	4.43		4.32				
55	3.08	3.46	3.89	4.07		3.92				
56	2.81	3.14	3.54	3.70		3.52				
57	2.53	2.82	3.18	3.34		3.11				
58	2.26	2.52	2.83	2.97		2.73				
59	1.99	2.22	2.50	2.61		2.36				
60	1.72	1.92	2.16	2.25		2.01				
61	1.48	1.64	1.85	1.92		1.69				
62	1.24	1.38	1.56	1.62		1.39				
63	1.02	1.14	1.28	1.35		1.13				
64	0.83	0.92	1.03	1.08		0.91				
65	0.67	0.73	0.83	0.86		0.71				
66	0.52	0.58	0.66	0.68		0.55				
67	0.41	0.47	0.52	0.55		0.44				
68	0.35	0.38	0.44	0.46		0.36				
69	0.32	0.36	0.40	0.43		0.32				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/NC and IDI2000-P/NC-ML et al
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Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 70	Not Applicable	Full*	Individually Sold and Association	No	Female

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	2.36	2.64	2.95	3.07		4.44				
26	2.47	2.76	3.08	3.22		4.62				
27	2.59	2.89	3.24	3.38		4.81				
28	2.72	3.04	3.41	3.55		5.00				
29	2.87	3.19	3.58	3.74		5.20				
30	3.00	3.35	3.76	3.92		5.38				
31	3.14	3.52	3.94	4.11		5.57				
32	3.29	3.67	4.12	4.30		5.75				
33	3.42	3.82	4.28	4.47		5.92				
34	3.55	3.96	4.45	4.65		6.07				
35	3.67	4.10	4.61	4.82		6.21				
36	3.79	4.24	4.75	4.97		6.35				
37	3.90	4.37	4.91	5.12		6.46				
38	4.01	4.48	5.04	5.27		6.57				
39	4.12	4.60	5.17	5.41		6.66				
40	4.20	4.70	5.29	5.53		6.73				
41	4.28	4.80	5.40	5.65		6.77				
42	4.37	4.88	5.51	5.75		6.81				
43	4.45	4.98	5.62	5.87		6.82				
44	4.52	5.06	5.70	5.97		6.82				
45	4.57	5.12	5.77	6.04		6.79				
46	4.61	5.16	5.81	6.08		6.72				
47	4.62	5.17	5.82	6.10		6.61				
48	4.58	5.14	5.78	6.05		6.46				
49	4.52	5.05	5.70	5.97		6.28				
50	4.42	4.94	5.58	5.84		6.05				
51	4.28	4.80	5.41	5.66		5.78				
52	4.13	4.62	5.21	5.44		5.47				
53	3.89	4.36	4.91	5.13		5.09				
54	3.62	4.06	4.57	4.78		4.68				
55	3.34	3.73	4.20	4.40		4.24				
56	3.04	3.40	3.83	4.00		3.81				
57	2.74	3.05	3.43	3.60		3.36				
58	2.44	2.72	3.06	3.21		2.94				
59	2.15	2.40	2.70	2.82		2.55				
60	1.86	2.08	2.34	2.44		2.17				
61	1.60	1.78	1.99	2.08		1.83				
62	1.33	1.49	1.68	1.75		1.51				
63	1.10	1.24	1.39	1.45		1.22				
64	0.90	1.00	1.12	1.17		0.98				
65	0.72	0.79	0.90	0.93		0.77				
66	0.56	0.62	0.71	0.74		0.60				
67	0.44	0.50	0.56	0.60		0.47				
68	0.37	0.42	0.48	0.49		0.39				
69	0.35	0.38	0.43	0.46		0.35				

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Limited	Individually Sold and Association	No	Female

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	2.30	2.58	2.89	3.00						
26	2.41	2.69	3.01	3.14						
27	2.53	2.82	3.16	3.29						
28	2.65	2.95	3.31	3.46						
29	2.77	3.10	3.48	3.62						
30	2.90	3.25	3.64	3.80						
31	3.04	3.40	3.80	3.98						
32	3.18	3.54	3.97	4.15						
33	3.30	3.67	4.13	4.31						
34	3.41	3.80	4.27	4.46						
35	3.52	3.92	4.40	4.61						
36	3.62	4.04	4.54	4.74						
37	3.71	4.14	4.67	4.86						
38	3.79	4.24	4.78	4.98						
39	3.88	4.33	4.87	5.08						
40	3.94	4.40	4.96	5.18						
41	3.98	4.46	5.03	5.26						
42	4.03	4.51	5.08	5.31						
43	4.07	4.55	5.11	5.35						
44	4.07	4.56	5.14	5.38						
45	4.07	4.55	5.12	5.37						
46	4.04	4.51	5.10	5.32						
47	3.97	4.45	5.02	5.24						
48	3.86	4.33	4.87	5.11						
49	3.73	4.18	4.69	4.91						
50	3.55	3.97	4.49	4.69						
51	3.35	3.76	4.22	4.43						
52	3.13	3.50	3.94	4.13						
53	2.86	3.18	3.59	3.76						
54	2.56	2.86	3.20	3.36						
55	2.24	2.51	2.82	2.94						
56	1.93	2.16	2.44	2.54						
57	1.63	1.82	2.05	2.15						
58	1.36	1.51	1.70	1.77						
59	1.10	1.24	1.38	1.45						

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Full*	Individually Sold and Association	No	Female

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	2.50	2.78	3.12	3.24						
26	2.60	2.90	3.25	3.39						
27	2.74	3.05	3.41	3.55						
28	2.87	3.19	3.58	3.74						
29	3.00	3.35	3.76	3.92						
30	3.14	3.52	3.94	4.11						
31	3.29	3.67	4.12	4.30						
32	3.43	3.83	4.30	4.49						
33	3.56	3.97	4.46	4.66						
34	3.68	4.12	4.62	4.82						
35	3.80	4.25	4.76	4.98						
36	3.91	4.37	4.91	5.12						
37	4.01	4.48	5.04	5.26						
38	4.10	4.58	5.16	5.38						
39	4.19	4.68	5.27	5.50						
40	4.26	4.76	5.35	5.60						
41	4.31	4.82	5.44	5.68						
42	4.36	4.87	5.48	5.74						
43	4.39	4.92	5.53	5.78						
44	4.40	4.93	5.56	5.82						
45	4.40	4.92	5.54	5.81						
46	4.37	4.88	5.51	5.76						
47	4.30	4.81	5.42	5.67						
48	4.18	4.68	5.27	5.52						
49	4.03	4.51	5.08	5.31						
50	3.84	4.30	4.85	5.07						
51	3.62	4.06	4.57	4.78						
52	3.38	3.79	4.26	4.46						
53	3.08	3.44	3.88	4.06						
54	2.76	3.08	3.47	3.63						
55	2.42	2.71	3.05	3.19						
56	2.09	2.34	2.63	2.75						
57	1.76	1.97	2.22	2.32						
58	1.46	1.63	1.84	1.92						
59	1.19	1.33	1.49	1.56						

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
** Rider Form IDI2000-PR/L45-TD attached.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Limited	Individually Sold and Association	No	Male

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.16	0.17	0.19	0.21		0.31				
26	0.16	0.18	0.20	0.22		0.33				
27	0.17	0.19	0.22	0.23		0.35				
28	0.18	0.20	0.23	0.24		0.37				
29	0.19	0.23	0.25	0.26		0.39				
30	0.22	0.24	0.26	0.28		0.41				
31	0.23	0.25	0.29	0.30		0.45				
32	0.24	0.28	0.31	0.32		0.48				
33	0.26	0.30	0.34	0.33		0.51				
34	0.29	0.32	0.35	0.37		0.55				
35	0.31	0.35	0.38	0.40		0.58				
36	0.34	0.37	0.42	0.44		0.62				
37	0.36	0.41	0.46	0.47		0.67				
38	0.38	0.43	0.49	0.52		0.72				
39	0.42	0.47	0.53	0.55		0.77				
40	0.46	0.52	0.58	0.59		0.83				
41	0.49	0.55	0.61	0.64		0.90				
42	0.54	0.59	0.67	0.69		0.95				
43	0.58	0.64	0.72	0.75		1.02				
44	0.61	0.68	0.78	0.81		1.09				
45	0.66	0.74	0.83	0.86		1.17				
46	0.71	0.79	0.89	0.93		1.24				
47	0.77	0.84	0.96	0.99		1.32				
48	0.80	0.91	1.03	1.06		1.40				
49	0.86	0.97	1.09	1.14		1.48				
50	0.92	1.03	1.16	1.21		1.56				
51	0.98	1.09	1.24	1.28		1.64				
52	1.03	1.15	1.30	1.36		1.70				
53	1.09	1.22	1.38	1.44		1.78				
54	1.15	1.28	1.45	1.51		1.85				
55	1.20	1.33	1.50	1.56		1.89				
56	1.22	1.36	1.52	1.60		1.90				
57	1.22	1.36	1.52	1.60		1.86				
58	1.19	1.32	1.49	1.55		1.79				
59	1.12	1.26	1.42	1.47		1.67				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/NC and IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Full*	Individually Sold and Association	No	Male

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.17	0.18	0.20	0.22		0.32				
26	0.17	0.19	0.22	0.23		0.35				
27	0.18	0.20	0.23	0.24		0.37				
28	0.19	0.22	0.24	0.25		0.39				
29	0.20	0.24	0.26	0.28		0.41				
30	0.23	0.25	0.28	0.29		0.44				
31	0.24	0.26	0.30	0.31		0.47				
32	0.25	0.29	0.32	0.33		0.51				
33	0.28	0.31	0.35	0.36		0.53				
34	0.30	0.34	0.37	0.39		0.58				
35	0.32	0.36	0.41	0.43		0.61				
36	0.35	0.40	0.44	0.46		0.66				
37	0.38	0.43	0.48	0.49		0.70				
38	0.41	0.46	0.52	0.54		0.76				
39	0.44	0.49	0.55	0.59		0.82				
40	0.48	0.54	0.60	0.62		0.87				
41	0.52	0.58	0.65	0.68		0.94				
42	0.56	0.62	0.71	0.72		1.00				
43	0.60	0.67	0.76	0.78		1.08				
44	0.65	0.72	0.82	0.85		1.15				
45	0.70	0.78	0.88	0.91		1.23				
46	0.74	0.83	0.94	0.98		1.31				
47	0.80	0.89	1.01	1.05		1.39				
48	0.85	0.96	1.08	1.12		1.47				
49	0.91	1.02	1.15	1.20		1.56				
50	0.97	1.09	1.22	1.28		1.64				
51	1.03	1.15	1.30	1.35		1.73				
52	1.08	1.21	1.37	1.43		1.79				
53	1.15	1.28	1.45	1.52		1.87				
54	1.21	1.36	1.52	1.59		1.94				
55	1.26	1.40	1.58	1.64		1.99				
56	1.28	1.43	1.61	1.68		2.00				
57	1.28	1.43	1.61	1.68		1.97				
58	1.25	1.39	1.57	1.63		1.89				
59	1.18	1.32	1.49	1.55		1.76				

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/NC-ML et al
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Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 65	Not Applicable	Limited	Individually Sold and Association	No	Male

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.31	1.45	1.63	1.69		2.75				
26	1.34	1.49	1.68	1.74		2.84				
27	1.38	1.54	1.72	1.78		2.92				
28	1.42	1.57	1.78	1.84		3.02				
29	1.46	1.63	1.84	1.91		3.11				
30	1.52	1.69	1.90	1.97		3.21				
31	1.57	1.75	1.97	2.05		3.31				
32	1.63	1.82	2.04	2.12		3.42				
33	1.70	1.90	2.14	2.21		3.53				
34	1.78	1.99	2.22	2.31		3.66				
35	1.85	2.06	2.32	2.42		3.77				
36	1.93	2.16	2.42	2.51		3.90				
37	2.02	2.26	2.53	2.62		4.04				
38	2.10	2.34	2.63	2.74		4.16				
39	2.18	2.45	2.74	2.85		4.29				
40	2.27	2.53	2.84	2.94		4.42				
41	2.34	2.62	2.94	3.05		4.52				
42	2.42	2.70	3.04	3.15		4.61				
43	2.47	2.76	3.11	3.23		4.70				
44	2.53	2.82	3.18	3.31		4.75				
45	2.58	2.88	3.23	3.36		4.80				
46	2.60	2.90	3.26	3.40		4.81				
47	2.62	2.92	3.29	3.42		4.77				
48	2.60	2.90	3.28	3.42		4.72				
49	2.58	2.89	3.24	3.38		4.61				
50	2.53	2.83	3.18	3.32		4.47				
51	2.46	2.75	3.10	3.23		4.28				
52	2.36	2.64	2.99	3.11		4.06				
53	2.22	2.48	2.80	2.92		3.76				
54	2.06	2.29	2.59	2.70		3.42				
55	1.87	2.10	2.36	2.47		3.05				
56	1.69	1.88	2.14	2.22		2.69				
57	1.50	1.68	1.88	1.97		2.33				
58	1.30	1.45	1.64	1.71		1.98				
59	1.12	1.25	1.40	1.46		1.64				
60	0.94	1.04	1.18	1.22		1.35				
61	0.78	0.86	0.97	1.02		1.09				
62	0.65	0.72	0.82	0.85		0.89				
63	0.59	0.67	0.76	0.78		0.78				
64	0.58	0.65	0.72	0.76		0.74				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/NC and IDI2000-P/NC-ML et al
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Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 65	Not Applicable	Full*	Individually Sold and Association	No	Male

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.42	1.57	1.76	1.83		2.97				
26	1.45	1.61	1.81	1.87		3.07				
27	1.49	1.66	1.86	1.93		3.16				
28	1.54	1.70	1.92	1.99		3.27				
29	1.58	1.76	1.98	2.06		3.36				
30	1.64	1.82	2.05	2.13		3.47				
31	1.70	1.90	2.12	2.21		3.58				
32	1.76	1.97	2.21	2.29		3.69				
33	1.85	2.05	2.30	2.39		3.82				
34	1.92	2.15	2.40	2.50		3.96				
35	2.00	2.23	2.51	2.61		4.08				
36	2.09	2.34	2.62	2.71		4.22				
37	2.18	2.44	2.74	2.83		4.36				
38	2.27	2.53	2.84	2.96		4.50				
39	2.36	2.64	2.96	3.08		4.63				
40	2.45	2.74	3.07	3.19		4.77				
41	2.53	2.83	3.18	3.30		4.89				
42	2.62	2.92	3.28	3.40		4.99				
43	2.68	2.99	3.36	3.50		5.08				
44	2.74	3.05	3.43	3.58		5.14				
45	2.78	3.11	3.49	3.63		5.19				
46	2.82	3.14	3.53	3.68		5.20				
47	2.83	3.16	3.55	3.69		5.16				
48	2.82	3.14	3.54	3.69		5.09				
49	2.78	3.12	3.50	3.66		4.98				
50	2.74	3.06	3.44	3.59		4.83				
51	2.66	2.98	3.35	3.50		4.62				
52	2.56	2.86	3.23	3.36		4.39				
53	2.40	2.69	3.02	3.16		4.06				
54	2.23	2.48	2.81	2.92		3.69				
55	2.03	2.27	2.56	2.67		3.30				
56	1.82	2.04	2.30	2.40		2.91				
57	1.62	1.81	2.04	2.13		2.52				
58	1.40	1.57	1.78	1.85		2.14				
59	1.20	1.34	1.51	1.58		1.78				
60	1.01	1.13	1.27	1.32		1.46				
61	0.84	0.94	1.06	1.10		1.18				
62	0.70	0.78	0.88	0.92		0.95				
63	0.64	0.72	0.82	0.84		0.85				
64	0.62	0.70	0.78	0.82		0.79				

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 70	Not Applicable	Limited	Individually Sold and Association	No	Male

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.49	1.66	1.85	1.92		3.11				
26	1.55	1.70	1.92	1.99		3.22				
27	1.58	1.78	1.99	2.06		3.34				
28	1.66	1.84	2.06	2.14		3.47				
29	1.72	1.91	2.15	2.22		3.60				
30	1.79	2.00	2.23	2.32		3.74				
31	1.86	2.09	2.33	2.43		3.89				
32	1.96	2.17	2.45	2.53		4.04				
33	2.05	2.29	2.57	2.67		4.20				
34	2.16	2.41	2.70	2.79		4.37				
35	2.28	2.53	2.84	2.94		4.55				
36	2.39	2.66	2.99	3.11		4.75				
37	2.51	2.80	3.14	3.27		4.93				
38	2.64	2.94	3.30	3.43		5.15				
39	2.76	3.08	3.47	3.60		5.35				
40	2.89	3.23	3.62	3.77		5.57				
41	3.04	3.37	3.78	3.94		5.75				
42	3.16	3.50	3.95	4.11		5.95				
43	3.28	3.65	4.10	4.27		6.13				
44	3.40	3.78	4.25	4.43		6.29				
45	3.49	3.90	4.39	4.57		6.43				
46	3.60	4.01	4.51	4.69		6.54				
47	3.67	4.09	4.61	4.80		6.62				
48	3.74	4.18	4.69	4.90		6.67				
49	3.78	4.22	4.75	4.96		6.67				
50	3.80	4.25	4.79	4.98		6.61				
51	3.79	4.24	4.79	4.98		6.52				
52	3.77	4.20	4.74	4.93		6.37				
53	3.65	4.08	4.61	4.81		6.10				
54	3.52	3.94	4.44	4.62		5.77				
55	3.36	3.77	4.24	4.42		5.41				
56	3.18	3.55	4.01	4.19		5.01				
57	2.98	3.34	3.76	3.90		4.59				
58	2.75	3.07	3.48	3.62		4.15				
59	2.52	2.81	3.18	3.31		3.70				
60	2.28	2.54	2.87	2.99		3.27				
61	2.02	2.27	2.56	2.66		2.83				
62	1.78	1.99	2.24	2.33		2.42				
63	1.51	1.69	1.91	1.98		2.01				
64	1.26	1.40	1.58	1.64		1.64				
65	1.02	1.14	1.28	1.35		1.32				
66	0.83	0.94	1.04	1.09		1.06				
67	0.67	0.76	0.85	0.90		0.84				
68	0.58	0.65	0.73	0.77		0.70				
69	0.53	0.60	0.67	0.71		0.64				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/NC and IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 70	Not Applicable	Full*	Individually Sold and Association	No	Male

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.61	1.79	2.00	2.08		3.36				
26	1.67	1.85	2.08	2.15		3.48				
27	1.72	1.92	2.15	2.23		3.61				
28	1.79	1.98	2.23	2.31		3.75				
29	1.86	2.06	2.32	2.40		3.89				
30	1.93	2.16	2.41	2.51		4.04				
31	2.02	2.26	2.52	2.62		4.20				
32	2.11	2.35	2.64	2.74		4.36				
33	2.22	2.47	2.77	2.89		4.54				
34	2.34	2.60	2.92	3.02		4.73				
35	2.46	2.74	3.07	3.19		4.92				
36	2.58	2.88	3.23	3.36		5.13				
37	2.71	3.02	3.40	3.53		5.34				
38	2.86	3.18	3.56	3.70		5.57				
39	2.99	3.34	3.74	3.89		5.78				
40	3.13	3.49	3.92	4.08		6.01				
41	3.28	3.65	4.09	4.27		6.22				
42	3.41	3.79	4.27	4.44		6.43				
43	3.54	3.95	4.44	4.61		6.62				
44	3.67	4.09	4.60	4.78		6.80				
45	3.78	4.21	4.75	4.93		6.95				
46	3.89	4.33	4.87	5.07		7.07				
47	3.97	4.43	4.98	5.19		7.16				
48	4.04	4.51	5.08	5.29		7.21				
49	4.08	4.56	5.14	5.36		7.21				
50	4.12	4.60	5.17	5.38		7.15				
51	4.10	4.58	5.17	5.38		7.05				
52	4.07	4.54	5.12	5.34		6.89				
53	3.95	4.42	4.98	5.20		6.59				
54	3.80	4.26	4.80	5.00		6.24				
55	3.64	4.07	4.58	4.77		5.84				
56	3.43	3.84	4.33	4.52		5.42				
57	3.22	3.60	4.06	4.22		4.96				
58	2.98	3.32	3.76	3.91		4.49				
59	2.72	3.04	3.43	3.58		4.00				
60	2.46	2.75	3.10	3.23		3.53				
61	2.18	2.45	2.76	2.88		3.06				
62	1.92	2.15	2.42	2.52		2.61				
63	1.63	1.82	2.06	2.14		2.17				
64	1.36	1.51	1.72	1.78		1.78				
65	1.10	1.24	1.39	1.46		1.43				
66	0.90	1.01	1.13	1.18		1.14				
67	0.73	0.82	0.92	0.97		0.91				
68	0.62	0.70	0.79	0.83		0.76				
69	0.58	0.65	0.73	0.77		0.70				

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Limited	Individually Sold and Association	No	Male

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.55	1.72	1.92	2.00						
26	1.58	1.76	1.99	2.06						
27	1.64	1.82	2.04	2.12						
28	1.70	1.88	2.11	2.20						
29	1.75	1.96	2.18	2.27						
30	1.82	2.02	2.28	2.36						
31	1.90	2.11	2.36	2.46						
32	1.98	2.20	2.46	2.55						
33	2.06	2.29	2.58	2.67						
34	2.16	2.41	2.70	2.79						
35	2.27	2.52	2.83	2.93						
36	2.36	2.64	2.95	3.07						
37	2.47	2.75	3.10	3.21						
38	2.59	2.89	3.23	3.36						
39	2.70	3.01	3.37	3.51						
40	2.81	3.13	3.52	3.65						
41	2.90	3.24	3.64	3.78						
42	3.01	3.35	3.77	3.91						
43	3.08	3.44	3.88	4.04						
44	3.17	3.53	3.97	4.13						
45	3.22	3.60	4.06	4.20						
46	3.26	3.64	4.09	4.27						
47	3.29	3.67	4.13	4.30						
48	3.29	3.66	4.13	4.30						
49	3.25	3.64	4.09	4.27						
50	3.19	3.58	4.03	4.19						
51	3.12	3.48	3.92	4.09						
52	3.01	3.35	3.78	3.94						
53	2.82	3.17	3.56	3.71						
54	2.62	2.93	3.31	3.44						
55	2.39	2.68	3.02	3.15						
56	2.15	2.41	2.71	2.83						
57	1.91	2.14	2.40	2.50						
58	1.64	1.85	2.08	2.17						
59	1.40	1.56	1.76	1.84						

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC and IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Full*	Individually Sold and Association	No	Male

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.67	1.86	2.08	2.16						
26	1.72	1.91	2.15	2.22						
27	1.78	1.97	2.21	2.29						
28	1.84	2.04	2.28	2.37						
29	1.90	2.11	2.36	2.45						
30	1.97	2.18	2.46	2.55						
31	2.05	2.28	2.56	2.66						
32	2.14	2.38	2.66	2.76						
33	2.23	2.48	2.78	2.89						
34	2.34	2.60	2.92	3.02						
35	2.45	2.72	3.06	3.17						
36	2.56	2.86	3.19	3.32						
37	2.68	2.98	3.35	3.47						
38	2.80	3.12	3.49	3.63						
39	2.92	3.25	3.65	3.80						
40	3.04	3.38	3.80	3.94						
41	3.14	3.50	3.94	4.09						
42	3.25	3.62	4.07	4.23						
43	3.34	3.72	4.19	4.36						
44	3.42	3.82	4.30	4.46						
45	3.48	3.89	4.38	4.54						
46	3.53	3.94	4.43	4.61						
47	3.55	3.97	4.46	4.65						
48	3.55	3.96	4.46	4.65						
49	3.52	3.94	4.43	4.61						
50	3.46	3.86	4.36	4.53						
51	3.37	3.77	4.25	4.43						
52	3.25	3.62	4.09	4.27						
53	3.05	3.42	3.85	4.01						
54	2.83	3.17	3.58	3.71						
55	2.58	2.89	3.26	3.40						
56	2.33	2.60	2.93	3.06						
57	2.06	2.30	2.59	2.70						
58	1.78	1.99	2.24	2.35						
59	1.51	1.69	1.91	1.99						

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
** Rider Form IDI2000-PR/L45-TD attached.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Limited	Individually Sold and Association	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.16	0.18	0.20	0.21		0.31				
26	0.17	0.19	0.22	0.22		0.33				
27	0.18	0.20	0.23	0.24		0.35				
28	0.19	0.22	0.24	0.25		0.37				
29	0.20	0.24	0.26	0.28		0.39				
30	0.23	0.25	0.28	0.29		0.41				
31	0.24	0.26	0.30	0.31		0.45				
32	0.25	0.29	0.32	0.33		0.48				
33	0.28	0.31	0.35	0.35		0.51				
34	0.30	0.34	0.36	0.38		0.54				
35	0.32	0.35	0.40	0.41		0.56				
36	0.35	0.38	0.43	0.45		0.61				
37	0.36	0.41	0.47	0.48		0.64				
38	0.38	0.43	0.49	0.52		0.70				
39	0.42	0.47	0.53	0.55		0.75				
40	0.46	0.52	0.58	0.59		0.79				
41	0.49	0.55	0.61	0.64		0.85				
42	0.54	0.59	0.67	0.69		0.91				
43	0.58	0.64	0.72	0.75		0.97				
44	0.61	0.68	0.77	0.79		1.02				
45	0.65	0.73	0.82	0.85		1.09				
46	0.70	0.78	0.88	0.92		1.16				
47	0.76	0.83	0.95	0.99		1.22				
48	0.80	0.90	1.02	1.05		1.29				
49	0.85	0.95	1.07	1.12		1.36				
50	0.90	1.02	1.14	1.20		1.43				
51	0.96	1.07	1.20	1.24		1.48				
52	1.01	1.12	1.26	1.32		1.54				
53	1.06	1.19	1.33	1.40		1.61				
54	1.10	1.25	1.39	1.45		1.64				
55	1.15	1.27	1.45	1.50		1.68				
56	1.16	1.30	1.46	1.53		1.68				
57	1.16	1.28	1.46	1.52		1.64				
58	1.13	1.26	1.42	1.47		1.58				
59	1.06	1.19	1.33	1.39		1.46				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC and IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Full*	Individually Sold and Association	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.17	0.19	0.22	0.22		0.32				
26	0.18	0.20	0.23	0.23		0.35				
27	0.19	0.22	0.24	0.25		0.37				
28	0.20	0.23	0.25	0.26		0.39				
29	0.22	0.25	0.28	0.29		0.41				
30	0.24	0.26	0.29	0.30		0.44				
31	0.25	0.28	0.31	0.32		0.47				
32	0.26	0.30	0.34	0.35		0.51				
33	0.29	0.32	0.36	0.37		0.53				
34	0.31	0.35	0.38	0.40		0.56				
35	0.34	0.37	0.42	0.44		0.60				
36	0.36	0.41	0.46	0.47		0.64				
37	0.38	0.43	0.49	0.51		0.68				
38	0.41	0.46	0.52	0.54		0.74				
39	0.44	0.49	0.55	0.59		0.78				
40	0.48	0.54	0.60	0.62		0.84				
41	0.52	0.58	0.65	0.68		0.90				
42	0.56	0.62	0.71	0.72		0.95				
43	0.60	0.67	0.76	0.78		1.01				
44	0.65	0.72	0.80	0.84		1.08				
45	0.68	0.77	0.86	0.90		1.15				
46	0.73	0.82	0.92	0.97		1.22				
47	0.79	0.88	1.00	1.04		1.29				
48	0.84	0.95	1.07	1.10		1.36				
49	0.90	1.00	1.13	1.17		1.43				
50	0.95	1.07	1.20	1.25		1.51				
51	1.01	1.13	1.26	1.31		1.56				
52	1.06	1.18	1.33	1.39		1.62				
53	1.12	1.25	1.40	1.47		1.69				
54	1.16	1.31	1.46	1.53		1.74				
55	1.21	1.34	1.52	1.58		1.77				
56	1.22	1.37	1.54	1.61		1.77				
57	1.22	1.36	1.54	1.60		1.74				
58	1.19	1.32	1.49	1.55		1.66				
59	1.12	1.25	1.40	1.46		1.54				

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 65	Not Applicable	Limited	Individually Sold and Association	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.45	1.62	1.82	1.89		3.01				
26	1.50	1.67	1.87	1.94		3.12				
27	1.56	1.72	1.93	2.01		3.22				
28	1.61	1.79	2.00	2.08		3.34				
29	1.67	1.85	2.08	2.16		3.43				
30	1.73	1.92	2.16	2.24		3.54				
31	1.80	2.00	2.24	2.33		3.65				
32	1.86	2.08	2.33	2.43		3.76				
33	1.94	2.16	2.44	2.52		3.88				
34	2.00	2.26	2.52	2.62		3.98				
35	2.09	2.33	2.62	2.73		4.08				
36	2.16	2.42	2.72	2.82		4.19				
37	2.24	2.51	2.82	2.92		4.30				
38	2.32	2.59	2.90	3.04		4.39				
39	2.40	2.68	3.01	3.14		4.49				
40	2.46	2.75	3.10	3.22		4.58				
41	2.53	2.83	3.18	3.31		4.63				
42	2.59	2.89	3.25	3.38		4.69				
43	2.64	2.95	3.32	3.46		4.74				
44	2.69	3.00	3.36	3.51		4.75				
45	2.71	3.04	3.41	3.55		4.75				
46	2.74	3.04	3.42	3.58		4.72				
47	2.72	3.04	3.42	3.57		4.63				
48	2.70	3.01	3.38	3.53		4.53				
49	2.64	2.95	3.32	3.47		4.39				
50	2.58	2.88	3.24	3.38		4.22				
51	2.48	2.77	3.12	3.27		4.01				
52	2.36	2.64	2.99	3.11		3.76				
53	2.21	2.46	2.77	2.91		3.46				
54	2.03	2.27	2.56	2.66		3.12				
55	1.84	2.04	2.30	2.40		2.77				
56	1.63	1.82	2.05	2.15		2.42				
57	1.43	1.60	1.81	1.89		2.07				
58	1.24	1.38	1.56	1.63		1.75				
59	1.04	1.18	1.32	1.37		1.45				
60	0.88	0.97	1.10	1.15		1.18				
61	0.72	0.82	0.91	0.94		0.94				
62	0.60	0.67	0.74	0.78		0.76				
63	0.54	0.61	0.68	0.71		0.67				
64	0.52	0.59	0.66	0.69		0.62				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Residual Disability Benefit with 36 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 65	Not Applicable	Full*	Individually Sold and Association	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.57	1.75	1.97	2.04		3.25				
26	1.62	1.80	2.03	2.10		3.37				
27	1.68	1.86	2.09	2.17		3.48				
28	1.74	1.93	2.17	2.25		3.60				
29	1.80	2.00	2.24	2.33		3.70				
30	1.87	2.08	2.34	2.43		3.83				
31	1.94	2.16	2.42	2.52		3.94				
32	2.02	2.24	2.52	2.62		4.06				
33	2.10	2.34	2.63	2.73		4.19				
34	2.17	2.44	2.72	2.83		4.30				
35	2.26	2.52	2.83	2.94		4.42				
36	2.34	2.62	2.94	3.05		4.53				
37	2.42	2.71	3.05	3.16		4.65				
38	2.51	2.80	3.14	3.28		4.75				
39	2.59	2.89	3.25	3.39		4.85				
40	2.66	2.98	3.35	3.48		4.95				
41	2.74	3.06	3.44	3.58		5.01				
42	2.81	3.13	3.52	3.66		5.07				
43	2.86	3.19	3.59	3.74		5.12				
44	2.90	3.24	3.64	3.80		5.13				
45	2.93	3.28	3.68	3.84		5.13				
46	2.95	3.29	3.70	3.86		5.09				
47	2.94	3.29	3.70	3.85		5.01				
48	2.92	3.25	3.66	3.82		4.90				
49	2.86	3.19	3.59	3.75		4.75				
50	2.78	3.11	3.50	3.66		4.57				
51	2.69	3.00	3.37	3.53		4.34				
52	2.56	2.86	3.23	3.36		4.07				
53	2.39	2.66	3.00	3.14		3.74				
54	2.20	2.45	2.76	2.88		3.37				
55	1.98	2.21	2.50	2.60		2.99				
56	1.76	1.97	2.22	2.32		2.61				
57	1.55	1.73	1.96	2.04		2.24				
58	1.33	1.49	1.68	1.76		1.89				
59	1.13	1.27	1.43	1.48		1.56				
60	0.95	1.06	1.19	1.24		1.28				
61	0.78	0.88	0.98	1.02		1.02				
62	0.65	0.72	0.80	0.85		0.82				
63	0.59	0.66	0.74	0.77		0.72				
64	0.56	0.64	0.71	0.75		0.67				

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 70	Not Applicable	Limited	Individually Sold and Association	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.67	1.85	2.08	2.16		3.43				
26	1.73	1.92	2.15	2.23		3.57				
27	1.79	2.00	2.24	2.33		3.69				
28	1.87	2.08	2.34	2.43		3.84				
29	1.96	2.17	2.44	2.53		3.98				
30	2.03	2.28	2.54	2.65		4.13				
31	2.14	2.38	2.66	2.77		4.29				
32	2.23	2.48	2.78	2.90		4.45				
33	2.33	2.59	2.92	3.05		4.61				
34	2.45	2.72	3.05	3.17		4.76				
35	2.56	2.86	3.19	3.34		4.93				
36	2.66	2.98	3.34	3.47		5.11				
37	2.78	3.11	3.49	3.63		5.27				
38	2.90	3.24	3.64	3.78		5.45				
39	3.04	3.37	3.79	3.94		5.60				
40	3.14	3.50	3.95	4.12		5.77				
41	3.26	3.64	4.08	4.27		5.91				
42	3.37	3.77	4.24	4.42		6.06				
43	3.48	3.90	4.38	4.55		6.18				
44	3.60	4.01	4.51	4.70		6.30				
45	3.68	4.10	4.63	4.82		6.38				
46	3.77	4.20	4.73	4.92		6.44				
47	3.83	4.27	4.81	5.01		6.46				
48	3.86	4.32	4.86	5.07		6.45				
49	3.88	4.33	4.88	5.09		6.39				
50	3.88	4.33	4.88	5.08		6.29				
51	3.84	4.30	4.84	5.04		6.15				
52	3.78	4.22	4.76	4.96		5.96				
53	3.64	4.07	4.60	4.80		5.65				
54	3.48	3.90	4.38	4.58		5.31				
55	3.30	3.68	4.15	4.32		4.93				
56	3.08	3.46	3.90	4.06		4.53				
57	2.87	3.20	3.61	3.76		4.12				
58	2.63	2.94	3.32	3.46		3.69				
59	2.39	2.66	3.01	3.14		3.28				
60	2.15	2.39	2.69	2.81		2.86				
61	1.88	2.11	2.38	2.48		2.47				
62	1.64	1.84	2.08	2.15		2.08				
63	1.39	1.56	1.75	1.82		1.73				
64	1.15	1.27	1.45	1.51		1.41				
65	0.94	1.04	1.18	1.23		1.13				
66	0.76	0.84	0.95	0.99		0.90				
67	0.61	0.68	0.78	0.81		0.71				
68	0.52	0.58	0.67	0.69		0.60				
69	0.48	0.54	0.61	0.64		0.54				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC and IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 70	Not Applicable	Full*	Individually Sold and Association	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.80	2.00	2.24	2.33		3.70				
26	1.87	2.08	2.33	2.42		3.85				
27	1.93	2.16	2.42	2.52		3.99				
28	2.03	2.24	2.53	2.62		4.15				
29	2.11	2.35	2.63	2.74		4.30				
30	2.20	2.46	2.75	2.86		4.46				
31	2.30	2.57	2.88	2.99		4.63				
32	2.41	2.69	3.01	3.13		4.81				
33	2.52	2.81	3.16	3.29		4.98				
34	2.64	2.94	3.30	3.43		5.15				
35	2.76	3.08	3.46	3.60		5.34				
36	2.88	3.22	3.61	3.76		5.52				
37	3.01	3.36	3.78	3.93		5.69				
38	3.14	3.50	3.94	4.09		5.89				
39	3.28	3.65	4.10	4.27		6.06				
40	3.40	3.79	4.27	4.45		6.24				
41	3.53	3.94	4.42	4.61		6.39				
42	3.65	4.07	4.58	4.77		6.56				
43	3.77	4.21	4.74	4.92		6.68				
44	3.89	4.33	4.87	5.08		6.81				
45	3.98	4.44	5.00	5.21		6.90				
46	4.07	4.54	5.11	5.32		6.96				
47	4.14	4.62	5.20	5.42		6.99				
48	4.18	4.67	5.26	5.49		6.97				
49	4.19	4.68	5.28	5.51		6.91				
50	4.19	4.68	5.28	5.50		6.80				
51	4.15	4.64	5.23	5.45		6.65				
52	4.08	4.56	5.15	5.36		6.44				
53	3.94	4.40	4.97	5.19		6.11				
54	3.76	4.21	4.74	4.95		5.74				
55	3.56	3.98	4.49	4.68		5.34				
56	3.34	3.73	4.21	4.39		4.90				
57	3.10	3.47	3.90	4.07		4.45				
58	2.84	3.18	3.59	3.74		3.99				
59	2.58	2.88	3.25	3.39		3.54				
60	2.32	2.58	2.90	3.04		3.09				
61	2.04	2.28	2.57	2.68		2.67				
62	1.78	1.98	2.24	2.32		2.25				
63	1.50	1.68	1.90	1.97		1.86				
64	1.25	1.38	1.57	1.63		1.53				
65	1.01	1.13	1.27	1.33		1.22				
66	0.82	0.91	1.02	1.07		0.97				
67	0.66	0.74	0.84	0.87		0.77				
68	0.56	0.62	0.72	0.75		0.64				
69	0.52	0.59	0.66	0.69		0.59				

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Limited	Individually Sold and Association	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.73	1.93	2.16	2.25						
26	1.80	2.00	2.24	2.33						
27	1.86	2.08	2.32	2.42						
28	1.94	2.15	2.41	2.51						
29	2.00	2.24	2.51	2.61						
30	2.10	2.33	2.62	2.73						
31	2.18	2.44	2.74	2.84						
32	2.28	2.53	2.84	2.96						
33	2.38	2.64	2.96	3.08						
34	2.47	2.76	3.10	3.21						
35	2.58	2.88	3.23	3.35						
36	2.68	3.00	3.35	3.48						
37	2.78	3.10	3.48	3.62						
38	2.89	3.23	3.62	3.76						
39	3.00	3.34	3.76	3.90						
40	3.10	3.46	3.88	4.04						
41	3.18	3.55	3.98	4.16						
42	3.26	3.64	4.09	4.27						
43	3.34	3.72	4.19	4.36						
44	3.40	3.78	4.26	4.45						
45	3.43	3.84	4.32	4.50						
46	3.47	3.86	4.36	4.53						
47	3.47	3.88	4.36	4.53						
48	3.43	3.83	4.32	4.50						
49	3.37	3.78	4.25	4.43						
50	3.29	3.67	4.14	4.32						
51	3.18	3.55	4.01	4.19						
52	3.04	3.40	3.83	3.99						
53	2.83	3.18	3.58	3.73						
54	2.60	2.90	3.29	3.42						
55	2.35	2.63	2.98	3.09						
56	2.10	2.35	2.64	2.76						
57	1.85	2.05	2.30	2.42						
58	1.57	1.76	1.99	2.07						
59	1.32	1.49	1.67	1.75						

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC and IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Full*	Individually Sold and Association	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.87	2.09	2.34	2.44						
26	1.94	2.16	2.42	2.52						
27	2.02	2.24	2.51	2.61						
28	2.10	2.33	2.60	2.71						
29	2.17	2.42	2.71	2.82						
30	2.27	2.52	2.83	2.94						
31	2.36	2.63	2.95	3.07						
32	2.46	2.74	3.07	3.20						
33	2.57	2.86	3.20	3.34						
34	2.68	2.99	3.35	3.47						
35	2.78	3.11	3.49	3.62						
36	2.89	3.24	3.62	3.77						
37	3.01	3.35	3.77	3.92						
38	3.12	3.49	3.91	4.07						
39	3.24	3.61	4.06	4.22						
40	3.35	3.73	4.19	4.36						
41	3.43	3.84	4.31	4.50						
42	3.53	3.94	4.43	4.61						
43	3.60	4.02	4.52	4.72						
44	3.67	4.09	4.61	4.81						
45	3.71	4.15	4.67	4.86						
46	3.74	4.18	4.70	4.90						
47	3.74	4.19	4.70	4.90						
48	3.71	4.14	4.67	4.86						
49	3.65	4.08	4.60	4.78						
50	3.55	3.97	4.48	4.67						
51	3.43	3.84	4.33	4.52						
52	3.29	3.67	4.14	4.31						
53	3.06	3.43	3.86	4.03						
54	2.82	3.14	3.55	3.69						
55	2.54	2.84	3.22	3.35						
56	2.27	2.54	2.86	2.98						
57	1.99	2.22	2.50	2.61						
58	1.70	1.91	2.15	2.24						
59	1.43	1.61	1.80	1.89						

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
** Rider Form IDI2000-PR/L45-TD attached.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Your Occupation Benefit
Rider Form(s) IDI2000-PE/YOCC and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 65	Not Applicable	Limited	Individually Sold and Association	No	Female

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.36	1.51	1.51							
26	1.40	1.57	1.57							
27	1.46	1.63	1.63							
28	1.52	1.70	1.70							
29	1.58	1.78	1.78							
30	1.66	1.85	1.85							
31	1.72	1.91	1.91							
32	1.78	1.98	1.98							
33	1.82	2.04	2.04							
34	1.87	2.09	2.09							
35	1.91	2.14	2.14							
36	1.94	2.17	2.17							
37	1.97	2.20	2.20							
38	1.99	2.22	2.22							
39	2.00	2.23	2.23							
40	2.00	2.24	2.24							
41	1.99	2.23	2.23							
42	1.98	2.22	2.22							
43	1.96	2.20	2.20							
44	1.93	2.16	2.16							
45	1.88	2.10	2.10							
46	1.82	2.04	2.04							
47	1.74	1.96	1.96							
48	1.63	1.82	1.82							
49	1.51	1.69	1.69							
50	1.38	1.54	1.54							
51	1.24	1.39	1.39							
52	1.09	1.22	1.22							
53	0.95	1.06	1.06							
54	0.79	0.89	0.89							
55	0.66	0.73	0.73							
56	0.53	0.59	0.59							
57	0.41	0.46	0.46							
58	0.31	0.36	0.36							
59	0.24	0.28	0.28							

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC and IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Your Occupation Benefit
Rider Form(s) IDI2000-PE/YOCC and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 65	Not Applicable	Full*	Individually Sold and Association	No	Female

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.36	1.51	1.51							
26	1.40	1.57	1.57							
27	1.46	1.63	1.63							
28	1.52	1.70	1.70							
29	1.58	1.78	1.78							
30	1.66	1.85	1.85							
31	1.72	1.91	1.91							
32	1.78	1.98	1.98							
33	1.82	2.04	2.04							
34	1.87	2.09	2.09							
35	1.91	2.14	2.14							
36	1.94	2.17	2.17							
37	1.97	2.20	2.20							
38	1.99	2.22	2.22							
39	2.00	2.23	2.23							
40	2.00	2.24	2.24							
41	1.99	2.23	2.23							
42	1.98	2.22	2.22							
43	1.96	2.20	2.20							
44	1.93	2.16	2.16							
45	1.88	2.10	2.10							
46	1.82	2.04	2.04							
47	1.74	1.96	1.96							
48	1.63	1.82	1.82							
49	1.51	1.69	1.69							
50	1.38	1.54	1.54							
51	1.24	1.39	1.39							
52	1.09	1.22	1.22							
53	0.95	1.06	1.06							
54	0.79	0.89	0.89							
55	0.66	0.73	0.73							
56	0.53	0.59	0.59							
57	0.41	0.46	0.46							
58	0.31	0.36	0.36							
59	0.24	0.28	0.28							

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Your Occupation Benefit
Rider Form(s) IDI2000-PE/YOCC and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 70	Not Applicable	Limited	Individually Sold and Association	No	Female

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.60	1.78	1.78							
26	1.66	1.85	1.85							
27	1.74	1.94	1.94							
28	1.82	2.03	2.03							
29	1.91	2.14	2.14							
30	1.99	2.23	2.23							
31	2.09	2.33	2.33							
32	2.17	2.42	2.42							
33	2.26	2.51	2.51							
34	2.33	2.60	2.60							
35	2.40	2.68	2.68							
36	2.46	2.76	2.76							
37	2.52	2.82	2.82							
38	2.58	2.88	2.88							
39	2.63	2.94	2.94							
40	2.68	2.99	2.99							
41	2.71	3.04	3.04							
42	2.74	3.06	3.06							
43	2.77	3.10	3.10							
44	2.78	3.11	3.11							
45	2.78	3.12	3.12							
46	2.78	3.11	3.11							
47	2.75	3.08	3.08							
48	2.69	3.01	3.01							
49	2.60	2.92	2.92							
50	2.51	2.81	2.81							
51	2.40	2.69	2.69							
52	2.27	2.54	2.54							
53	2.12	2.38	2.38							
54	1.96	2.20	2.20							
55	1.79	2.00	2.00							
56	1.62	1.81	1.81							
57	1.45	1.62	1.62							
58	1.31	1.46	1.46							
59	1.16	1.30	1.30							

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC and IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Your Occupation Benefit
Rider Form(s) IDI2000-PE/YOCC and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 70	Not Applicable	Full*	Individually Sold and Association	No	Female

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.60	1.78	1.78							
26	1.66	1.85	1.85							
27	1.74	1.94	1.94							
28	1.82	2.03	2.03							
29	1.91	2.14	2.14							
30	1.99	2.23	2.23							
31	2.09	2.33	2.33							
32	2.17	2.42	2.42							
33	2.26	2.51	2.51							
34	2.33	2.60	2.60							
35	2.40	2.68	2.68							
36	2.46	2.76	2.76							
37	2.52	2.82	2.82							
38	2.58	2.88	2.88							
39	2.63	2.94	2.94							
40	2.68	2.99	2.99							
41	2.71	3.04	3.04							
42	2.74	3.06	3.06							
43	2.77	3.10	3.10							
44	2.78	3.11	3.11							
45	2.78	3.12	3.12							
46	2.78	3.11	3.11							
47	2.75	3.08	3.08							
48	2.69	3.01	3.01							
49	2.60	2.92	2.92							
50	2.51	2.81	2.81							
51	2.40	2.69	2.69							
52	2.27	2.54	2.54							
53	2.12	2.38	2.38							
54	1.96	2.20	2.20							
55	1.79	2.00	2.00							
56	1.62	1.81	1.81							
57	1.45	1.62	1.62							
58	1.31	1.46	1.46							
59	1.16	1.30	1.30							

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Your Occupation Benefit
Rider Form(s) IDI2000-PE/YOCC and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Limited	Individually Sold and Association	No	Female

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	2.09	2.33	2.33							
26	2.20	2.45	2.45							
27	2.30	2.57	2.57							
28	2.42	2.70	2.70							
29	2.54	2.84	2.84							
30	2.68	2.99	2.99							
31	2.81	3.13	3.13							
32	2.94	3.28	3.28							
33	3.06	3.41	3.41							
34	3.17	3.54	3.54							
35	3.29	3.67	3.67							
36	3.38	3.78	3.78							
37	3.48	3.89	3.89							
38	3.58	4.00	4.00							
39	3.66	4.09	4.09							
40	3.72	4.16	4.16							
41	3.78	4.22	4.22							
42	3.82	4.27	4.27							
43	3.84	4.30	4.30							
44	3.83	4.28	4.28							
45	3.80	4.26	4.26							
46	3.74	4.20	4.20							
47	3.66	4.10	4.10							
48	3.52	3.94	3.94							
49	3.34	3.73	3.73							
50	3.13	3.50	3.50							
51	2.90	3.25	3.25							
52	2.65	2.98	2.98							
53	2.38	2.65	2.65							
54	2.08	2.33	2.33							
55	1.79	1.99	1.99							
56	1.49	1.67	1.67							
57	1.21	1.36	1.36							
58	0.96	1.07	1.07							
59	0.73	0.82	0.82							

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC and IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Your Occupation Benefit
Rider Form(s) IDI2000-PE/YOCC and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Full*	Individually Sold and Association	No	Female

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	2.09	2.33	2.33							
26	2.20	2.45	2.45							
27	2.30	2.57	2.57							
28	2.42	2.70	2.70							
29	2.54	2.84	2.84							
30	2.68	2.99	2.99							
31	2.81	3.13	3.13							
32	2.94	3.28	3.28							
33	3.06	3.41	3.41							
34	3.17	3.54	3.54							
35	3.29	3.67	3.67							
36	3.38	3.78	3.78							
37	3.48	3.89	3.89							
38	3.58	4.00	4.00							
39	3.66	4.09	4.09							
40	3.72	4.16	4.16							
41	3.78	4.22	4.22							
42	3.82	4.27	4.27							
43	3.84	4.30	4.30							
44	3.83	4.28	4.28							
45	3.80	4.26	4.26							
46	3.74	4.20	4.20							
47	3.66	4.10	4.10							
48	3.52	3.94	3.94							
49	3.34	3.73	3.73							
50	3.13	3.50	3.50							
51	2.90	3.25	3.25							
52	2.65	2.98	2.98							
53	2.38	2.65	2.65							
54	2.08	2.33	2.33							
55	1.79	1.99	1.99							
56	1.49	1.67	1.67							
57	1.21	1.36	1.36							
58	0.96	1.07	1.07							
59	0.73	0.82	0.82							

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
** Rider Form IDI2000-PR/L45-TD attached.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Your Occupation Benefit
Rider Form(s) IDI2000-PE/YOCC and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 65	Not Applicable	Limited	Individually Sold and Association	No	Male

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.13	1.26	1.26							
26	1.15	1.28	1.28							
27	1.18	1.32	1.32							
28	1.21	1.34	1.34							
29	1.24	1.38	1.38							
30	1.27	1.42	1.42							
31	1.31	1.46	1.46							
32	1.36	1.50	1.50							
33	1.40	1.56	1.56							
34	1.45	1.62	1.62							
35	1.50	1.67	1.67							
36	1.55	1.73	1.73							
37	1.61	1.79	1.79							
38	1.66	1.85	1.85							
39	1.70	1.90	1.90							
40	1.75	1.94	1.94							
41	1.79	1.99	1.99							
42	1.81	2.02	2.02							
43	1.84	2.04	2.04							
44	1.84	2.05	2.05							
45	1.84	2.04	2.04							
46	1.81	2.03	2.03							
47	1.78	1.98	1.98							
48	1.72	1.91	1.91							
49	1.63	1.82	1.82							
50	1.55	1.72	1.72							
51	1.44	1.61	1.61							
52	1.32	1.48	1.48							
53	1.18	1.32	1.32							
54	1.03	1.15	1.15							
55	0.89	1.00	1.00							
56	0.74	0.83	0.83							
57	0.61	0.68	0.68							
58	0.49	0.55	0.55							
59	0.38	0.43	0.43							

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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CPI COLA Benefit 2008 on Your Occupation Benefit
Rider Form(s) IDI2000-PE/YOCC and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 65	Not Applicable	Full*	Individually Sold and Association	No	Male

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.13	1.26	1.26							
26	1.15	1.28	1.28							
27	1.18	1.32	1.32							
28	1.21	1.34	1.34							
29	1.24	1.38	1.38							
30	1.27	1.42	1.42							
31	1.31	1.46	1.46							
32	1.36	1.50	1.50							
33	1.40	1.56	1.56							
34	1.45	1.62	1.62							
35	1.50	1.67	1.67							
36	1.55	1.73	1.73							
37	1.61	1.79	1.79							
38	1.66	1.85	1.85							
39	1.70	1.90	1.90							
40	1.75	1.94	1.94							
41	1.79	1.99	1.99							
42	1.81	2.02	2.02							
43	1.84	2.04	2.04							
44	1.84	2.05	2.05							
45	1.84	2.04	2.04							
46	1.81	2.03	2.03							
47	1.78	1.98	1.98							
48	1.72	1.91	1.91							
49	1.63	1.82	1.82							
50	1.55	1.72	1.72							
51	1.44	1.61	1.61							
52	1.32	1.48	1.48							
53	1.18	1.32	1.32							
54	1.03	1.15	1.15							
55	0.89	1.00	1.00							
56	0.74	0.83	0.83							
57	0.61	0.68	0.68							
58	0.49	0.55	0.55							
59	0.38	0.43	0.43							

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Your Occupation Benefit
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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 70	Not Applicable	Limited	Individually Sold and Association	No	Male

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.32	1.46	1.46							
26	1.36	1.51	1.51							
27	1.39	1.56	1.56							
28	1.44	1.61	1.61							
29	1.49	1.67	1.67							
30	1.55	1.73	1.73							
31	1.61	1.80	1.80							
32	1.68	1.87	1.87							
33	1.75	1.96	1.96							
34	1.84	2.04	2.04							
35	1.92	2.14	2.14							
36	2.00	2.24	2.24							
37	2.10	2.34	2.34							
38	2.20	2.45	2.45							
39	2.29	2.56	2.56							
40	2.39	2.65	2.65							
41	2.47	2.76	2.76							
42	2.56	2.86	2.86							
43	2.64	2.94	2.94							
44	2.71	3.02	3.02							
45	2.76	3.08	3.08							
46	2.82	3.14	3.14							
47	2.84	3.18	3.18							
48	2.86	3.19	3.19							
49	2.86	3.18	3.18							
50	2.83	3.16	3.16							
51	2.78	3.12	3.12							
52	2.72	3.05	3.05							
53	2.63	2.94	2.94							
54	2.52	2.81	2.81							
55	2.39	2.66	2.66							
56	2.26	2.52	2.52							
57	2.11	2.35	2.35							
58	1.96	2.20	2.20							
59	1.81	2.03	2.03							

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 70	Not Applicable	Full*	Individually Sold and Association	No	Male

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.32	1.46	1.46							
26	1.36	1.51	1.51							
27	1.39	1.56	1.56							
28	1.44	1.61	1.61							
29	1.49	1.67	1.67							
30	1.55	1.73	1.73							
31	1.61	1.80	1.80							
32	1.68	1.87	1.87							
33	1.75	1.96	1.96							
34	1.84	2.04	2.04							
35	1.92	2.14	2.14							
36	2.00	2.24	2.24							
37	2.10	2.34	2.34							
38	2.20	2.45	2.45							
39	2.29	2.56	2.56							
40	2.39	2.65	2.65							
41	2.47	2.76	2.76							
42	2.56	2.86	2.86							
43	2.64	2.94	2.94							
44	2.71	3.02	3.02							
45	2.76	3.08	3.08							
46	2.82	3.14	3.14							
47	2.84	3.18	3.18							
48	2.86	3.19	3.19							
49	2.86	3.18	3.18							
50	2.83	3.16	3.16							
51	2.78	3.12	3.12							
52	2.72	3.05	3.05							
53	2.63	2.94	2.94							
54	2.52	2.81	2.81							
55	2.39	2.66	2.66							
56	2.26	2.52	2.52							
57	2.11	2.35	2.35							
58	1.96	2.20	2.20							
59	1.81	2.03	2.03							

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Limited	Individually Sold and Association	No	Male

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.61	1.79	1.79							
26	1.66	1.85	1.85							
27	1.72	1.91	1.91							
28	1.78	1.98	1.98							
29	1.85	2.05	2.05							
30	1.92	2.14	2.14							
31	1.99	2.22	2.22							
32	2.09	2.32	2.32							
33	2.18	2.42	2.42							
34	2.29	2.54	2.54							
35	2.40	2.66	2.66							
36	2.51	2.80	2.80							
37	2.63	2.93	2.93							
38	2.75	3.06	3.06							
39	2.87	3.19	3.19							
40	2.98	3.32	3.32							
41	3.08	3.44	3.44							
42	3.18	3.54	3.54							
43	3.26	3.64	3.64							
44	3.32	3.71	3.71							
45	3.36	3.76	3.76							
46	3.38	3.77	3.77							
47	3.37	3.77	3.77							
48	3.32	3.71	3.71							
49	3.25	3.64	3.64							
50	3.14	3.52	3.52							
51	3.01	3.37	3.37							
52	2.86	3.19	3.19							
53	2.63	2.94	2.94							
54	2.39	2.66	2.66							
55	2.12	2.38	2.38							
56	1.86	2.08	2.08							
57	1.60	1.78	1.78							
58	1.33	1.49	1.49							
59	1.08	1.21	1.21							

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Full*	Individually Sold and Association	No	Male

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.61	1.79	1.79							
26	1.66	1.85	1.85							
27	1.72	1.91	1.91							
28	1.78	1.98	1.98							
29	1.85	2.05	2.05							
30	1.92	2.14	2.14							
31	1.99	2.22	2.22							
32	2.09	2.32	2.32							
33	2.18	2.42	2.42							
34	2.29	2.54	2.54							
35	2.40	2.66	2.66							
36	2.51	2.80	2.80							
37	2.63	2.93	2.93							
38	2.75	3.06	3.06							
39	2.87	3.19	3.19							
40	2.98	3.32	3.32							
41	3.08	3.44	3.44							
42	3.18	3.54	3.54							
43	3.26	3.64	3.64							
44	3.32	3.71	3.71							
45	3.36	3.76	3.76							
46	3.38	3.77	3.77							
47	3.37	3.77	3.77							
48	3.32	3.71	3.71							
49	3.25	3.64	3.64							
50	3.14	3.52	3.52							
51	3.01	3.37	3.37							
52	2.86	3.19	3.19							
53	2.63	2.94	2.94							
54	2.39	2.66	2.66							
55	2.12	2.38	2.38							
56	1.86	2.08	2.08							
57	1.60	1.78	1.78							
58	1.33	1.49	1.49							
59	1.08	1.21	1.21							

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
** Rider Form IDI2000-PR/L45-TD attached.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 65	Not Applicable	Limited	Individually Sold and Association	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.19	1.32	1.32							
26	1.21	1.36	1.36							
27	1.25	1.40	1.40							
28	1.30	1.44	1.44							
29	1.32	1.48	1.48							
30	1.37	1.52	1.52							
31	1.42	1.57	1.57							
32	1.46	1.62	1.62							
33	1.51	1.68	1.68							
34	1.56	1.74	1.74							
35	1.61	1.79	1.79							
36	1.64	1.84	1.84							
37	1.70	1.90	1.90							
38	1.74	1.94	1.94							
39	1.78	1.98	1.98							
40	1.81	2.02	2.02							
41	1.84	2.05	2.05							
42	1.86	2.06	2.06							
43	1.87	2.08	2.08							
44	1.86	2.08	2.08							
45	1.85	2.05	2.05							
46	1.81	2.03	2.03							
47	1.76	1.98	1.98							
48	1.69	1.88	1.88							
49	1.61	1.79	1.79							
50	1.51	1.67	1.67							
51	1.39	1.56	1.56							
52	1.26	1.42	1.42							
53	1.12	1.26	1.26							
54	0.97	1.09	1.09							
55	0.83	0.94	0.94							
56	0.70	0.77	0.77							
57	0.56	0.62	0.62							
58	0.44	0.50	0.50							
59	0.35	0.40	0.40							

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 65	Not Applicable	Full*	Individually Sold and Association	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.19	1.32	1.32							
26	1.21	1.36	1.36							
27	1.25	1.40	1.40							
28	1.30	1.44	1.44							
29	1.32	1.48	1.48							
30	1.37	1.52	1.52							
31	1.42	1.57	1.57							
32	1.46	1.62	1.62							
33	1.51	1.68	1.68							
34	1.56	1.74	1.74							
35	1.61	1.79	1.79							
36	1.64	1.84	1.84							
37	1.70	1.90	1.90							
38	1.74	1.94	1.94							
39	1.78	1.98	1.98							
40	1.81	2.02	2.02							
41	1.84	2.05	2.05							
42	1.86	2.06	2.06							
43	1.87	2.08	2.08							
44	1.86	2.08	2.08							
45	1.85	2.05	2.05							
46	1.81	2.03	2.03							
47	1.76	1.98	1.98							
48	1.69	1.88	1.88							
49	1.61	1.79	1.79							
50	1.51	1.67	1.67							
51	1.39	1.56	1.56							
52	1.26	1.42	1.42							
53	1.12	1.26	1.26							
54	0.97	1.09	1.09							
55	0.83	0.94	0.94							
56	0.70	0.77	0.77							
57	0.56	0.62	0.62							
58	0.44	0.50	0.50							
59	0.35	0.40	0.40							

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Your Occupation Benefit
Rider Form(s) IDI2000-PE/YOCC and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 70	Not Applicable	Limited	Individually Sold and Association	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.39	1.55	1.55							
26	1.43	1.60	1.60							
27	1.48	1.66	1.66							
28	1.54	1.72	1.72							
29	1.60	1.79	1.79							
30	1.66	1.86	1.86							
31	1.73	1.93	1.93							
32	1.80	2.02	2.02							
33	1.88	2.10	2.10							
34	1.96	2.18	2.18							
35	2.04	2.27	2.27							
36	2.12	2.38	2.38							
37	2.21	2.46	2.46							
38	2.29	2.56	2.56							
39	2.38	2.65	2.65							
40	2.46	2.74	2.74							
41	2.53	2.83	2.83							
42	2.60	2.90	2.90							
43	2.68	2.98	2.98							
44	2.74	3.05	3.05							
45	2.77	3.10	3.10							
46	2.81	3.13	3.13							
47	2.82	3.16	3.16							
48	2.82	3.14	3.14							
49	2.80	3.12	3.12							
50	2.75	3.07	3.07							
51	2.69	3.01	3.01							
52	2.62	2.93	2.93							
53	2.51	2.80	2.80							
54	2.38	2.65	2.65							
55	2.24	2.50	2.50							
56	2.10	2.34	2.34							
57	1.94	2.17	2.17							
58	1.80	2.02	2.02							
59	1.66	1.85	1.85							

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC and IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Your Occupation Benefit
Rider Form(s) IDI2000-PE/YOCC and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 70	Not Applicable	Full*	Individually Sold and Association	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.39	1.55	1.55							
26	1.43	1.60	1.60							
27	1.48	1.66	1.66							
28	1.54	1.72	1.72							
29	1.60	1.79	1.79							
30	1.66	1.86	1.86							
31	1.73	1.93	1.93							
32	1.80	2.02	2.02							
33	1.88	2.10	2.10							
34	1.96	2.18	2.18							
35	2.04	2.27	2.27							
36	2.12	2.38	2.38							
37	2.21	2.46	2.46							
38	2.29	2.56	2.56							
39	2.38	2.65	2.65							
40	2.46	2.74	2.74							
41	2.53	2.83	2.83							
42	2.60	2.90	2.90							
43	2.68	2.98	2.98							
44	2.74	3.05	3.05							
45	2.77	3.10	3.10							
46	2.81	3.13	3.13							
47	2.82	3.16	3.16							
48	2.82	3.14	3.14							
49	2.80	3.12	3.12							
50	2.75	3.07	3.07							
51	2.69	3.01	3.01							
52	2.62	2.93	2.93							
53	2.51	2.80	2.80							
54	2.38	2.65	2.65							
55	2.24	2.50	2.50							
56	2.10	2.34	2.34							
57	1.94	2.17	2.17							
58	1.80	2.02	2.02							
59	1.66	1.85	1.85							

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Your Occupation Benefit
Rider Form(s) IDI2000-PE/YOCC and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Limited	Individually Sold and Association	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.73	1.92	1.92							
26	1.79	2.00	2.00							
27	1.86	2.08	2.08							
28	1.94	2.16	2.16							
29	2.03	2.26	2.26							
30	2.11	2.35	2.35							
31	2.20	2.45	2.45							
32	2.30	2.56	2.56							
33	2.40	2.68	2.68							
34	2.51	2.80	2.80							
35	2.63	2.92	2.92							
36	2.72	3.05	3.05							
37	2.84	3.17	3.17							
38	2.95	3.30	3.30							
39	3.07	3.42	3.42							
40	3.17	3.54	3.54							
41	3.26	3.64	3.64							
42	3.34	3.72	3.72							
43	3.41	3.80	3.80							
44	3.46	3.85	3.85							
45	3.47	3.89	3.89							
46	3.48	3.88	3.88							
47	3.44	3.85	3.85							
48	3.37	3.77	3.77							
49	3.28	3.66	3.66							
50	3.14	3.52	3.52							
51	2.99	3.35	3.35							
52	2.81	3.14	3.14							
53	2.57	2.87	2.87							
54	2.32	2.58	2.58							
55	2.04	2.28	2.28							
56	1.76	1.98	1.98							
57	1.50	1.67	1.67							
58	1.24	1.38	1.38							
59	1.00	1.12	1.12							

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC and IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Your Occupation Benefit
Rider Form(s) IDI2000-PE/YOCC and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Full*	Individually Sold and Association	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.73	1.92	1.92							
26	1.79	2.00	2.00							
27	1.86	2.08	2.08							
28	1.94	2.16	2.16							
29	2.03	2.26	2.26							
30	2.11	2.35	2.35							
31	2.20	2.45	2.45							
32	2.30	2.56	2.56							
33	2.40	2.68	2.68							
34	2.51	2.80	2.80							
35	2.63	2.92	2.92							
36	2.72	3.05	3.05							
37	2.84	3.17	3.17							
38	2.95	3.30	3.30							
39	3.07	3.42	3.42							
40	3.17	3.54	3.54							
41	3.26	3.64	3.64							
42	3.34	3.72	3.72							
43	3.41	3.80	3.80							
44	3.46	3.85	3.85							
45	3.47	3.89	3.89							
46	3.48	3.88	3.88							
47	3.44	3.85	3.85							
48	3.37	3.77	3.77							
49	3.28	3.66	3.66							
50	3.14	3.52	3.52							
51	2.99	3.35	3.35							
52	2.81	3.14	3.14							
53	2.57	2.87	2.87							
54	2.32	2.58	2.58							
55	2.04	2.28	2.28							
56	1.76	1.98	1.98							
57	1.50	1.67	1.67							
58	1.24	1.38	1.38							
59	1.00	1.12	1.12							

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
** Rider Form IDI2000-PR/L45-TD attached.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Transitional Your Occupation Benefit
Rider Form(s) IDI2000-PE/TYO-05Y, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Limited	Individually Sold and Association	No	Female

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.04	0.04	0.05							
26	0.04	0.05	0.05							
27	0.04	0.05	0.05							
28	0.05	0.05	0.06							
29	0.05	0.05	0.06							
30	0.05	0.06	0.06							
31	0.05	0.06	0.07							
32	0.06	0.06	0.07							
33	0.06	0.07	0.07							
34	0.07	0.07	0.08							
35	0.07	0.08	0.08							
36	0.07	0.08	0.10							
37	0.08	0.08	0.10							
38	0.08	0.10	0.11							
39	0.08	0.10	0.11							
40	0.10	0.11	0.12							
41	0.11	0.11	0.13							
42	0.11	0.12	0.13							
43	0.12	0.13	0.14							
44	0.12	0.14	0.16							
45	0.13	0.14	0.17							
46	0.14	0.16	0.18							
47	0.14	0.17	0.19							
48	0.16	0.18	0.20							
49	0.17	0.19	0.22							
50	0.18	0.20	0.23							
51	0.18	0.20	0.23							
52	0.19	0.22	0.24							
53	0.20	0.23	0.25							
54	0.20	0.23	0.26							
55	0.20	0.24	0.26							
56	0.20	0.24	0.26							
57	0.20	0.23	0.26							
58	0.19	0.22	0.25							
59	0.18	0.20	0.23							

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC and IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Transitional Your Occupation Benefit
Rider Form(s) IDI2000-PE/TYO-05Y, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Full*	Individually Sold and Association	No	Female

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.04	0.04	0.05							
26	0.04	0.05	0.05							
27	0.04	0.05	0.05							
28	0.05	0.05	0.06							
29	0.05	0.05	0.06							
30	0.05	0.06	0.06							
31	0.05	0.06	0.07							
32	0.06	0.06	0.07							
33	0.06	0.07	0.07							
34	0.07	0.07	0.08							
35	0.07	0.08	0.08							
36	0.07	0.08	0.10							
37	0.08	0.08	0.10							
38	0.08	0.10	0.11							
39	0.08	0.10	0.11							
40	0.10	0.11	0.12							
41	0.11	0.11	0.13							
42	0.11	0.12	0.13							
43	0.12	0.13	0.14							
44	0.12	0.14	0.16							
45	0.13	0.14	0.17							
46	0.14	0.16	0.18							
47	0.14	0.17	0.19							
48	0.16	0.18	0.20							
49	0.17	0.19	0.22							
50	0.18	0.20	0.23							
51	0.18	0.20	0.23							
52	0.19	0.22	0.24							
53	0.20	0.23	0.25							
54	0.20	0.23	0.26							
55	0.20	0.24	0.26							
56	0.20	0.24	0.26							
57	0.20	0.23	0.26							
58	0.19	0.22	0.25							
59	0.18	0.20	0.23							

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Transitional Your Occupation Benefit
Rider Form(s) IDI2000-PE/TYO-A65, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 65	Not Applicable	Limited	Individually Sold and Association	No	Female

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.92	1.03	1.15							
26	0.96	1.07	1.20							
27	1.01	1.12	1.25							
28	1.04	1.16	1.31							
29	1.09	1.21	1.36							
30	1.13	1.26	1.42							
31	1.18	1.31	1.48							
32	1.21	1.36	1.52							
33	1.25	1.39	1.57							
34	1.28	1.44	1.61							
35	1.32	1.46	1.64							
36	1.33	1.50	1.68							
37	1.36	1.52	1.70							
38	1.38	1.54	1.73							
39	1.39	1.55	1.74							
40	1.39	1.56	1.75							
41	1.39	1.56	1.75							
42	1.38	1.55	1.74							
43	1.37	1.54	1.73							
44	1.36	1.51	1.70							
45	1.33	1.49	1.67							
46	1.30	1.44	1.63							
47	1.25	1.39	1.57							
48	1.18	1.31	1.49							
49	1.09	1.22	1.38							
50	1.01	1.13	1.27							
51	0.91	1.02	1.15							
52	0.82	0.91	1.03							
53	0.71	0.79	0.90							
54	0.61	0.68	0.77							
55	0.50	0.56	0.64							
56	0.41	0.46	0.52							
57	0.32	0.36	0.40							
58	0.25	0.28	0.31							
59	0.19	0.22	0.24							

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/NC and IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Transitional Your Occupation Benefit
Rider Form(s) IDI2000-PE/TYO-A65, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 65	Not Applicable	Full*	Individually Sold and Association	No	Female

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.92	1.03	1.15							
26	0.96	1.07	1.20							
27	1.01	1.12	1.25							
28	1.04	1.16	1.31							
29	1.09	1.21	1.36							
30	1.13	1.26	1.42							
31	1.18	1.31	1.48							
32	1.21	1.36	1.52							
33	1.25	1.39	1.57							
34	1.28	1.44	1.61							
35	1.32	1.46	1.64							
36	1.33	1.50	1.68							
37	1.36	1.52	1.70							
38	1.38	1.54	1.73							
39	1.39	1.55	1.74							
40	1.39	1.56	1.75							
41	1.39	1.56	1.75							
42	1.38	1.55	1.74							
43	1.37	1.54	1.73							
44	1.36	1.51	1.70							
45	1.33	1.49	1.67							
46	1.30	1.44	1.63							
47	1.25	1.39	1.57							
48	1.18	1.31	1.49							
49	1.09	1.22	1.38							
50	1.01	1.13	1.27							
51	0.91	1.02	1.15							
52	0.82	0.91	1.03							
53	0.71	0.79	0.90							
54	0.61	0.68	0.77							
55	0.50	0.56	0.64							
56	0.41	0.46	0.52							
57	0.32	0.36	0.40							
58	0.25	0.28	0.31							
59	0.19	0.22	0.24							

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Transitional Your Occupation Benefit
Rider Form(s) IDI2000-PE/TYO-10Y, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
10 Yrs	Not Applicable	Limited	Individually Sold and Association	No	Female

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.17	0.19	0.22							
26	0.18	0.20	0.23							
27	0.19	0.22	0.25							
28	0.22	0.24	0.26							
29	0.23	0.25	0.29							
30	0.24	0.28	0.31							
31	0.26	0.30	0.32							
32	0.29	0.31	0.35							
33	0.30	0.34	0.37							
34	0.32	0.36	0.40							
35	0.34	0.38	0.43							
36	0.36	0.41	0.46							
37	0.38	0.43	0.48							
38	0.41	0.46	0.52							
39	0.43	0.48	0.54							
40	0.46	0.52	0.58							
41	0.48	0.54	0.61							
42	0.52	0.58	0.65							
43	0.54	0.61	0.68							
44	0.58	0.64	0.72							
45	0.60	0.67	0.76							
46	0.64	0.71	0.80							
47	0.66	0.73	0.83							
48	0.68	0.77	0.86							
49	0.71	0.79	0.89							
50	0.72	0.80	0.91							
51	0.72	0.80	0.91							
52	0.71	0.79	0.89							
53	0.65	0.73	0.82							
54	0.58	0.65	0.73							
55	0.49	0.55	0.62							
56	0.41	0.46	0.52							
57	0.32	0.36	0.41							
58	0.24	0.28	0.31							
59	0.17	0.19	0.22							

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC and IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Transitional Your Occupation Benefit
Rider Form(s) IDI2000-PE/TYO-10Y, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
10 Yrs	Not Applicable	Full*	Individually Sold and Association	No	Female

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.17	0.19	0.22							
26	0.18	0.20	0.23							
27	0.19	0.22	0.25							
28	0.22	0.24	0.26							
29	0.23	0.25	0.29							
30	0.24	0.28	0.31							
31	0.26	0.30	0.32							
32	0.29	0.31	0.35							
33	0.30	0.34	0.37							
34	0.32	0.36	0.40							
35	0.34	0.38	0.43							
36	0.36	0.41	0.46							
37	0.38	0.43	0.48							
38	0.41	0.46	0.52							
39	0.43	0.48	0.54							
40	0.46	0.52	0.58							
41	0.48	0.54	0.61							
42	0.52	0.58	0.65							
43	0.54	0.61	0.68							
44	0.58	0.64	0.72							
45	0.60	0.67	0.76							
46	0.64	0.71	0.80							
47	0.66	0.73	0.83							
48	0.68	0.77	0.86							
49	0.71	0.79	0.89							
50	0.72	0.80	0.91							
51	0.72	0.80	0.91							
52	0.71	0.79	0.89							
53	0.65	0.73	0.82							
54	0.58	0.65	0.73							
55	0.49	0.55	0.62							
56	0.41	0.46	0.52							
57	0.32	0.36	0.41							
58	0.24	0.28	0.31							
59	0.17	0.19	0.22							

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Transitional Your Occupation Benefit
Rider Form(s) IDI2000-PE/TYO-05Y, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Limited	Individually Sold and Association	No	Male

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.04	0.05	0.05							
26	0.05	0.05	0.05							
27	0.05	0.05	0.06							
28	0.05	0.06	0.06							
29	0.05	0.06	0.06							
30	0.06	0.06	0.07							
31	0.06	0.07	0.07							
32	0.06	0.07	0.08							
33	0.07	0.07	0.08							
34	0.07	0.08	0.10							
35	0.08	0.10	0.10							
36	0.08	0.10	0.11							
37	0.10	0.11	0.12							
38	0.11	0.12	0.13							
39	0.11	0.12	0.14							
40	0.12	0.13	0.16							
41	0.13	0.14	0.17							
42	0.14	0.16	0.18							
43	0.16	0.17	0.19							
44	0.17	0.18	0.20							
45	0.17	0.19	0.22							
46	0.19	0.20	0.24							
47	0.20	0.23	0.25							
48	0.22	0.24	0.26							
49	0.23	0.25	0.29							
50	0.24	0.28	0.31							
51	0.25	0.29	0.32							
52	0.28	0.30	0.34							
53	0.29	0.32	0.36							
54	0.30	0.34	0.38							
55	0.31	0.35	0.40							
56	0.32	0.36	0.41							
57	0.32	0.36	0.41							
58	0.31	0.35	0.40							
59	0.30	0.32	0.37							

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/NC and IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Transitional Your Occupation Benefit
Rider Form(s) IDI2000-PE/TYO-05Y, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Full*	Individually Sold and Association	No	Male

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.04	0.05	0.05							
26	0.05	0.05	0.05							
27	0.05	0.05	0.06							
28	0.05	0.06	0.06							
29	0.05	0.06	0.06							
30	0.06	0.06	0.07							
31	0.06	0.07	0.07							
32	0.06	0.07	0.08							
33	0.07	0.07	0.08							
34	0.07	0.08	0.10							
35	0.08	0.10	0.10							
36	0.08	0.10	0.11							
37	0.10	0.11	0.12							
38	0.11	0.12	0.13							
39	0.11	0.12	0.14							
40	0.12	0.13	0.16							
41	0.13	0.14	0.17							
42	0.14	0.16	0.18							
43	0.16	0.17	0.19							
44	0.17	0.18	0.20							
45	0.17	0.19	0.22							
46	0.19	0.20	0.24							
47	0.20	0.23	0.25							
48	0.22	0.24	0.26							
49	0.23	0.25	0.29							
50	0.24	0.28	0.31							
51	0.25	0.29	0.32							
52	0.28	0.30	0.34							
53	0.29	0.32	0.36							
54	0.30	0.34	0.38							
55	0.31	0.35	0.40							
56	0.32	0.36	0.41							
57	0.32	0.36	0.41							
58	0.31	0.35	0.40							
59	0.30	0.32	0.37							

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Transitional Your Occupation Benefit
Rider Form(s) IDI2000-PE/TYO-A65, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 65	Not Applicable	Limited	Individually Sold and Association	No	Male

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.78	0.86	0.97							
26	0.79	0.89	0.98							
27	0.82	0.90	1.01							
28	0.83	0.92	1.04							
29	0.85	0.95	1.07							
30	0.88	0.97	1.09							
31	0.91	1.01	1.13							
32	0.94	1.04	1.18							
33	0.97	1.08	1.21							
34	1.01	1.13	1.26							
35	1.04	1.16	1.31							
36	1.08	1.21	1.36							
37	1.12	1.25	1.40							
38	1.15	1.28	1.45							
39	1.19	1.33	1.50							
40	1.22	1.37	1.54							
41	1.26	1.40	1.57							
42	1.28	1.43	1.60							
43	1.30	1.44	1.62							
44	1.31	1.45	1.64							
45	1.31	1.46	1.64							
46	1.30	1.45	1.63							
47	1.28	1.43	1.61							
48	1.25	1.39	1.56							
49	1.20	1.33	1.50							
50	1.14	1.27	1.43							
51	1.07	1.20	1.34							
52	1.00	1.10	1.25							
53	0.89	1.00	1.13							
54	0.79	0.88	1.00							
55	0.68	0.77	0.86							
56	0.58	0.65	0.73							
57	0.48	0.54	0.60							
58	0.38	0.43	0.49							
59	0.31	0.35	0.38							

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/NC and IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Transitional Your Occupation Benefit
Rider Form(s) IDI2000-PE/TYO-A65, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 65	Not Applicable	Full*	Individually Sold and Association	No	Male

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.78	0.86	0.97							
26	0.79	0.89	0.98							
27	0.82	0.90	1.01							
28	0.83	0.92	1.04							
29	0.85	0.95	1.07							
30	0.88	0.97	1.09							
31	0.91	1.01	1.13							
32	0.94	1.04	1.18							
33	0.97	1.08	1.21							
34	1.01	1.13	1.26							
35	1.04	1.16	1.31							
36	1.08	1.21	1.36							
37	1.12	1.25	1.40							
38	1.15	1.28	1.45							
39	1.19	1.33	1.50							
40	1.22	1.37	1.54							
41	1.26	1.40	1.57							
42	1.28	1.43	1.60							
43	1.30	1.44	1.62							
44	1.31	1.45	1.64							
45	1.31	1.46	1.64							
46	1.30	1.45	1.63							
47	1.28	1.43	1.61							
48	1.25	1.39	1.56							
49	1.20	1.33	1.50							
50	1.14	1.27	1.43							
51	1.07	1.20	1.34							
52	1.00	1.10	1.25							
53	0.89	1.00	1.13							
54	0.79	0.88	1.00							
55	0.68	0.77	0.86							
56	0.58	0.65	0.73							
57	0.48	0.54	0.60							
58	0.38	0.43	0.49							
59	0.31	0.35	0.38							

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Transitional Your Occupation Benefit
Rider Form(s) IDI2000-PE/TYO-10Y, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
10 Yrs	Not Applicable	Limited	Individually Sold and Association	No	Male

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.18	0.19	0.22							
26	0.19	0.20	0.23							
27	0.20	0.22	0.25							
28	0.22	0.24	0.26							
29	0.23	0.25	0.28							
30	0.24	0.26	0.30							
31	0.26	0.29	0.32							
32	0.28	0.31	0.35							
33	0.30	0.34	0.37							
34	0.32	0.36	0.40							
35	0.35	0.38	0.43							
36	0.37	0.42	0.47							
37	0.40	0.44	0.50							
38	0.43	0.48	0.54							
39	0.47	0.52	0.59							
40	0.50	0.55	0.62							
41	0.54	0.60	0.67							
42	0.58	0.64	0.71							
43	0.61	0.68	0.77							
44	0.65	0.72	0.82							
45	0.68	0.77	0.86							
46	0.73	0.80	0.91							
47	0.76	0.85	0.96							
48	0.80	0.90	1.01							
49	0.84	0.94	1.06							
50	0.86	0.97	1.09							
51	0.89	0.98	1.12							
52	0.88	0.98	1.10							
53	0.83	0.92	1.04							
54	0.76	0.84	0.95							
55	0.67	0.74	0.84							
56	0.58	0.65	0.73							
57	0.48	0.54	0.61							
58	0.38	0.43	0.48							
59	0.29	0.32	0.37							

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/NC and IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Transitional Your Occupation Benefit
Rider Form(s) IDI2000-PE/TYO-10Y, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
10 Yrs	Not Applicable	Full*	Individually Sold and Association	No	Male

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.18	0.19	0.22							
26	0.19	0.20	0.23							
27	0.20	0.22	0.25							
28	0.22	0.24	0.26							
29	0.23	0.25	0.28							
30	0.24	0.26	0.30							
31	0.26	0.29	0.32							
32	0.28	0.31	0.35							
33	0.30	0.34	0.37							
34	0.32	0.36	0.40							
35	0.35	0.38	0.43							
36	0.37	0.42	0.47							
37	0.40	0.44	0.50							
38	0.43	0.48	0.54							
39	0.47	0.52	0.59							
40	0.50	0.55	0.62							
41	0.54	0.60	0.67							
42	0.58	0.64	0.71							
43	0.61	0.68	0.77							
44	0.65	0.72	0.82							
45	0.68	0.77	0.86							
46	0.73	0.80	0.91							
47	0.76	0.85	0.96							
48	0.80	0.90	1.01							
49	0.84	0.94	1.06							
50	0.86	0.97	1.09							
51	0.89	0.98	1.12							
52	0.88	0.98	1.10							
53	0.83	0.92	1.04							
54	0.76	0.84	0.95							
55	0.67	0.74	0.84							
56	0.58	0.65	0.73							
57	0.48	0.54	0.61							
58	0.38	0.43	0.48							
59	0.29	0.32	0.37							

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Transitional Your Occupation Benefit
Rider Form(s) IDI2000-PE/TYO-05Y, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Limited	Individually Sold and Association	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.04	0.05	0.05							
26	0.05	0.05	0.05							
27	0.05	0.05	0.06							
28	0.05	0.06	0.06							
29	0.05	0.06	0.06							
30	0.06	0.06	0.07							
31	0.06	0.07	0.07							
32	0.06	0.07	0.08							
33	0.07	0.07	0.08							
34	0.07	0.08	0.10							
35	0.08	0.10	0.10							
36	0.08	0.10	0.11							
37	0.10	0.11	0.12							
38	0.11	0.12	0.13							
39	0.11	0.12	0.13							
40	0.12	0.13	0.14							
41	0.13	0.13	0.16							
42	0.13	0.14	0.17							
43	0.14	0.16	0.18							
44	0.16	0.17	0.19							
45	0.16	0.18	0.20							
46	0.18	0.19	0.23							
47	0.19	0.22	0.24							
48	0.20	0.23	0.25							
49	0.22	0.24	0.28							
50	0.23	0.26	0.29							
51	0.24	0.26	0.30							
52	0.25	0.28	0.31							
53	0.26	0.30	0.34							
54	0.28	0.31	0.36							
55	0.29	0.32	0.36							
56	0.30	0.34	0.37							
57	0.30	0.32	0.37							
58	0.29	0.31	0.36							
59	0.28	0.30	0.34							

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/NC and IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Transitional Your Occupation Benefit
Rider Form(s) IDI2000-PE/TYO-05Y, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Full*	Individually Sold and Association	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.04	0.05	0.05							
26	0.05	0.05	0.05							
27	0.05	0.05	0.06							
28	0.05	0.06	0.06							
29	0.05	0.06	0.06							
30	0.06	0.06	0.07							
31	0.06	0.07	0.07							
32	0.06	0.07	0.08							
33	0.07	0.07	0.08							
34	0.07	0.08	0.10							
35	0.08	0.10	0.10							
36	0.08	0.10	0.11							
37	0.10	0.11	0.12							
38	0.11	0.12	0.13							
39	0.11	0.12	0.13							
40	0.12	0.13	0.14							
41	0.13	0.13	0.16							
42	0.13	0.14	0.17							
43	0.14	0.16	0.18							
44	0.16	0.17	0.19							
45	0.16	0.18	0.20							
46	0.18	0.19	0.23							
47	0.19	0.22	0.24							
48	0.20	0.23	0.25							
49	0.22	0.24	0.28							
50	0.23	0.26	0.29							
51	0.24	0.26	0.30							
52	0.25	0.28	0.31							
53	0.26	0.30	0.34							
54	0.28	0.31	0.36							
55	0.29	0.32	0.36							
56	0.30	0.34	0.37							
57	0.30	0.32	0.37							
58	0.29	0.31	0.36							
59	0.28	0.30	0.34							

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Transitional Your Occupation Benefit
Rider Form(s) IDI2000-PE/TYO-A65, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 65	Not Applicable	Limited	Individually Sold and Association	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.82	0.91	1.02							
26	0.84	0.94	1.04							
27	0.86	0.96	1.07							
28	0.89	0.98	1.12							
29	0.91	1.02	1.14							
30	0.94	1.04	1.18							
31	0.98	1.08	1.21							
32	1.01	1.13	1.26							
33	1.04	1.16	1.31							
34	1.08	1.21	1.34							
35	1.12	1.24	1.39							
36	1.14	1.28	1.44							
37	1.18	1.32	1.48							
38	1.21	1.34	1.52							
39	1.24	1.39	1.56							
40	1.27	1.42	1.60							
41	1.30	1.44	1.62							
42	1.31	1.46	1.63							
43	1.32	1.46	1.64							
44	1.32	1.46	1.66							
45	1.32	1.48	1.66							
46	1.30	1.45	1.63							
47	1.27	1.42	1.60							
48	1.24	1.37	1.55							
49	1.18	1.31	1.48							
50	1.10	1.24	1.39							
51	1.03	1.15	1.30							
52	0.95	1.06	1.20							
53	0.84	0.95	1.07							
54	0.74	0.83	0.94							
55	0.64	0.72	0.80							
56	0.54	0.60	0.68							
57	0.44	0.49	0.55							
58	0.35	0.40	0.44							
59	0.29	0.31	0.35							

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC and IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Transitional Your Occupation Benefit
Rider Form(s) IDI2000-PE/TYO-A65, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 65	Not Applicable	Full*	Individually Sold and Association	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.82	0.91	1.02							
26	0.84	0.94	1.04							
27	0.86	0.96	1.07							
28	0.89	0.98	1.12							
29	0.91	1.02	1.14							
30	0.94	1.04	1.18							
31	0.98	1.08	1.21							
32	1.01	1.13	1.26							
33	1.04	1.16	1.31							
34	1.08	1.21	1.34							
35	1.12	1.24	1.39							
36	1.14	1.28	1.44							
37	1.18	1.32	1.48							
38	1.21	1.34	1.52							
39	1.24	1.39	1.56							
40	1.27	1.42	1.60							
41	1.30	1.44	1.62							
42	1.31	1.46	1.63							
43	1.32	1.46	1.64							
44	1.32	1.46	1.66							
45	1.32	1.48	1.66							
46	1.30	1.45	1.63							
47	1.27	1.42	1.60							
48	1.24	1.37	1.55							
49	1.18	1.31	1.48							
50	1.10	1.24	1.39							
51	1.03	1.15	1.30							
52	0.95	1.06	1.20							
53	0.84	0.95	1.07							
54	0.74	0.83	0.94							
55	0.64	0.72	0.80							
56	0.54	0.60	0.68							
57	0.44	0.49	0.55							
58	0.35	0.40	0.44							
59	0.29	0.31	0.35							

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Transitional Your Occupation Benefit
Rider Form(s) IDI2000-PE/TYO-10Y, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
10 Yrs	Not Applicable	Limited	Individually Sold and Association	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.18	0.19	0.22							
26	0.19	0.20	0.23							
27	0.20	0.22	0.25							
28	0.22	0.24	0.26							
29	0.23	0.25	0.28							
30	0.24	0.26	0.30							
31	0.26	0.29	0.32							
32	0.28	0.31	0.35							
33	0.30	0.34	0.37							
34	0.32	0.36	0.40							
35	0.35	0.38	0.43							
36	0.37	0.42	0.47							
37	0.40	0.44	0.50							
38	0.43	0.48	0.54							
39	0.46	0.50	0.58							
40	0.49	0.54	0.61							
41	0.53	0.59	0.66							
42	0.56	0.62	0.70							
43	0.60	0.67	0.74							
44	0.64	0.70	0.79							
45	0.66	0.74	0.84							
46	0.71	0.78	0.89							
47	0.73	0.83	0.92							
48	0.78	0.86	0.97							
49	0.80	0.90	1.02							
50	0.83	0.94	1.04							
51	0.85	0.94	1.07							
52	0.84	0.94	1.06							
53	0.78	0.88	0.98							
54	0.71	0.79	0.90							
55	0.62	0.70	0.79							
56	0.54	0.60	0.68							
57	0.44	0.49	0.56							
58	0.35	0.40	0.44							
59	0.26	0.29	0.34							

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/NC and IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Transitional Your Occupation Benefit
Rider Form(s) IDI2000-PE/TYO-10Y, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
10 Yrs	Not Applicable	Full*	Individually Sold and Association	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.18	0.19	0.22							
26	0.19	0.20	0.23							
27	0.20	0.22	0.25							
28	0.22	0.24	0.26							
29	0.23	0.25	0.28							
30	0.24	0.26	0.30							
31	0.26	0.29	0.32							
32	0.28	0.31	0.35							
33	0.30	0.34	0.37							
34	0.32	0.36	0.40							
35	0.35	0.38	0.43							
36	0.37	0.42	0.47							
37	0.40	0.44	0.50							
38	0.43	0.48	0.54							
39	0.46	0.50	0.58							
40	0.49	0.54	0.61							
41	0.53	0.59	0.66							
42	0.56	0.62	0.70							
43	0.60	0.67	0.74							
44	0.64	0.70	0.79							
45	0.66	0.74	0.84							
46	0.71	0.78	0.89							
47	0.73	0.83	0.92							
48	0.78	0.86	0.97							
49	0.80	0.90	1.02							
50	0.83	0.94	1.04							
51	0.85	0.94	1.07							
52	0.84	0.94	1.06							
53	0.78	0.88	0.98							
54	0.71	0.79	0.90							
55	0.62	0.70	0.79							
56	0.54	0.60	0.68							
57	0.44	0.49	0.56							
58	0.35	0.40	0.44							
59	0.26	0.29	0.34							

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Transitional Your Occupation Benefit
Rider Form(s) IDIPE07-1, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Limited	Individually Sold and Association	No	Female

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.07	0.08	0.10							
26	0.08	0.08	0.10							
27	0.08	0.10	0.11							
28	0.10	0.11	0.12							
29	0.10	0.11	0.12							
30	0.11	0.12	0.13							
31	0.11	0.13	0.14							
32	0.12	0.13	0.16							
33	0.13	0.14	0.16							
34	0.13	0.16	0.17							
35	0.14	0.16	0.18							
36	0.16	0.17	0.19							
37	0.16	0.18	0.20							
38	0.17	0.19	0.22							
39	0.18	0.19	0.23							
40	0.18	0.20	0.23							
41	0.19	0.22	0.24							
42	0.20	0.23	0.25							
43	0.22	0.24	0.26							
44	0.22	0.24	0.28							
45	0.23	0.25	0.29							
46	0.23	0.25	0.29							
47	0.23	0.25	0.29							
48	0.23	0.25	0.29							
49	0.23	0.25	0.29							
50	0.23	0.25	0.29							
51	0.22	0.24	0.28							
52	0.20	0.23	0.25							
53	0.18	0.20	0.23							
54	0.16	0.18	0.20							
55	0.13	0.16	0.17							
56	0.11	0.13	0.14							
57	0.10	0.11	0.12							
58	0.07	0.08	0.10							
59	0.06	0.06	0.07							

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/NC and IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Transitional Your Occupation Benefit
Rider Form(s) IDIPE07-1, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Full*	Individually Sold and Association	No	Female

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.07	0.08	0.10							
26	0.08	0.08	0.10							
27	0.08	0.10	0.11							
28	0.10	0.11	0.12							
29	0.10	0.11	0.12							
30	0.11	0.12	0.13							
31	0.11	0.13	0.14							
32	0.12	0.13	0.16							
33	0.13	0.14	0.16							
34	0.13	0.16	0.17							
35	0.14	0.16	0.18							
36	0.16	0.17	0.19							
37	0.16	0.18	0.20							
38	0.17	0.19	0.22							
39	0.18	0.19	0.23							
40	0.18	0.20	0.23							
41	0.19	0.22	0.24							
42	0.20	0.23	0.25							
43	0.22	0.24	0.26							
44	0.22	0.24	0.28							
45	0.23	0.25	0.29							
46	0.23	0.25	0.29							
47	0.23	0.25	0.29							
48	0.23	0.25	0.29							
49	0.23	0.25	0.29							
50	0.23	0.25	0.29							
51	0.22	0.24	0.28							
52	0.20	0.23	0.25							
53	0.18	0.20	0.23							
54	0.16	0.18	0.20							
55	0.13	0.16	0.17							
56	0.11	0.13	0.14							
57	0.10	0.11	0.12							
58	0.07	0.08	0.10							
59	0.06	0.06	0.07							

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Rider Form(s) IDIPE07-1, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 65	Not Applicable	Limited	Individually Sold and Association	No	Female

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.73	0.82	0.91							
26	0.76	0.84	0.94							
27	0.78	0.88	0.98							
28	0.82	0.91	1.02							
29	0.85	0.95	1.06							
30	0.88	0.98	1.10							
31	0.91	1.02	1.14							
32	0.95	1.06	1.18							
33	0.97	1.08	1.21							
34	0.98	1.10	1.24							
35	1.01	1.13	1.26							
36	1.02	1.14	1.28							
37	1.03	1.15	1.30							
38	1.03	1.16	1.31							
39	1.03	1.16	1.31							
40	1.03	1.15	1.30							
41	1.02	1.14	1.28							
42	1.01	1.12	1.26							
43	0.97	1.09	1.24							
44	0.95	1.06	1.19							
45	0.90	1.01	1.13							
46	0.84	0.94	1.06							
47	0.78	0.86	0.97							
48	0.70	0.78	0.88							
49	0.62	0.70	0.78							
50	0.54	0.60	0.68							
51	0.46	0.52	0.58							
52	0.38	0.43	0.48							
53	0.31	0.36	0.40							
54	0.25	0.29	0.32							
55	0.19	0.22	0.25							
56	0.14	0.17	0.18							
57	0.11	0.12	0.13							
58	0.08	0.10	0.11							
59	0.06	0.07	0.08							

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 65	Not Applicable	Full*	Individually Sold and Association	No	Female

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.73	0.82	0.91							
26	0.76	0.84	0.94							
27	0.78	0.88	0.98							
28	0.82	0.91	1.02							
29	0.85	0.95	1.06							
30	0.88	0.98	1.10							
31	0.91	1.02	1.14							
32	0.95	1.06	1.18							
33	0.97	1.08	1.21							
34	0.98	1.10	1.24							
35	1.01	1.13	1.26							
36	1.02	1.14	1.28							
37	1.03	1.15	1.30							
38	1.03	1.16	1.31							
39	1.03	1.16	1.31							
40	1.03	1.15	1.30							
41	1.02	1.14	1.28							
42	1.01	1.12	1.26							
43	0.97	1.09	1.24							
44	0.95	1.06	1.19							
45	0.90	1.01	1.13							
46	0.84	0.94	1.06							
47	0.78	0.86	0.97							
48	0.70	0.78	0.88							
49	0.62	0.70	0.78							
50	0.54	0.60	0.68							
51	0.46	0.52	0.58							
52	0.38	0.43	0.48							
53	0.31	0.36	0.40							
54	0.25	0.29	0.32							
55	0.19	0.22	0.25							
56	0.14	0.17	0.18							
57	0.11	0.12	0.13							
58	0.08	0.10	0.11							
59	0.06	0.07	0.08							

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Limited	Individually Sold and Association	No	Male

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.10	0.11	0.12							
26	0.11	0.12	0.13							
27	0.11	0.12	0.13							
28	0.12	0.13	0.14							
29	0.12	0.13	0.16							
30	0.13	0.14	0.17							
31	0.14	0.16	0.18							
32	0.16	0.17	0.19							
33	0.16	0.18	0.20							
34	0.17	0.19	0.22							
35	0.18	0.20	0.23							
36	0.20	0.22	0.25							
37	0.22	0.24	0.26							
38	0.23	0.25	0.29							
39	0.24	0.26	0.30							
40	0.25	0.29	0.32							
41	0.28	0.30	0.34							
42	0.29	0.32	0.36							
43	0.30	0.34	0.38							
44	0.31	0.35	0.40							
45	0.32	0.36	0.41							
46	0.34	0.37	0.42							
47	0.34	0.37	0.42							
48	0.35	0.38	0.43							
49	0.35	0.38	0.43							
50	0.35	0.38	0.43							
51	0.34	0.37	0.42							
52	0.32	0.36	0.41							
53	0.30	0.34	0.37							
54	0.26	0.30	0.34							
55	0.24	0.26	0.30							
56	0.20	0.23	0.25							
57	0.17	0.19	0.22							
58	0.14	0.16	0.18							
59	0.12	0.13	0.14							

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/NC and IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Transitional Your Occupation Benefit
Rider Form(s) IDIPE07-1, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Full*	Individually Sold and Association	No	Male

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.10	0.11	0.12							
26	0.11	0.12	0.13							
27	0.11	0.12	0.13							
28	0.12	0.13	0.14							
29	0.12	0.13	0.16							
30	0.13	0.14	0.17							
31	0.14	0.16	0.18							
32	0.16	0.17	0.19							
33	0.16	0.18	0.20							
34	0.17	0.19	0.22							
35	0.18	0.20	0.23							
36	0.20	0.22	0.25							
37	0.22	0.24	0.26							
38	0.23	0.25	0.29							
39	0.24	0.26	0.30							
40	0.25	0.29	0.32							
41	0.28	0.30	0.34							
42	0.29	0.32	0.36							
43	0.30	0.34	0.38							
44	0.31	0.35	0.40							
45	0.32	0.36	0.41							
46	0.34	0.37	0.42							
47	0.34	0.37	0.42							
48	0.35	0.38	0.43							
49	0.35	0.38	0.43							
50	0.35	0.38	0.43							
51	0.34	0.37	0.42							
52	0.32	0.36	0.41							
53	0.30	0.34	0.37							
54	0.26	0.30	0.34							
55	0.24	0.26	0.30							
56	0.20	0.23	0.25							
57	0.17	0.19	0.22							
58	0.14	0.16	0.18							
59	0.12	0.13	0.14							

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Rider Form(s) IDIPE07-1, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 65	Not Applicable	Limited	Individually Sold and Association	No	Male

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.76	0.84	0.95							
26	0.77	0.86	0.97							
27	0.79	0.88	0.98							
28	0.82	0.90	1.01							
29	0.83	0.92	1.03							
30	0.85	0.95	1.07							
31	0.88	0.97	1.09							
32	0.90	1.01	1.13							
33	0.94	1.03	1.16							
34	0.96	1.07	1.20							
35	1.00	1.10	1.25							
36	1.02	1.14	1.28							
37	1.06	1.18	1.32							
38	1.08	1.20	1.36							
39	1.10	1.24	1.38							
40	1.13	1.25	1.40							
41	1.14	1.27	1.43							
42	1.14	1.27	1.43							
43	1.14	1.27	1.43							
44	1.12	1.25	1.40							
45	1.09	1.21	1.37							
46	1.04	1.16	1.31							
47	0.98	1.10	1.24							
48	0.91	1.02	1.15							
49	0.84	0.94	1.06							
50	0.76	0.84	0.95							
51	0.66	0.74	0.84							
52	0.58	0.65	0.73							
53	0.49	0.55	0.62							
54	0.41	0.46	0.52							
55	0.34	0.37	0.42							
56	0.26	0.29	0.34							
57	0.20	0.23	0.26							
58	0.16	0.18	0.20							
59	0.12	0.14	0.16							

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 65	Not Applicable	Full*	Individually Sold and Association	No	Male

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.76	0.84	0.95							
26	0.77	0.86	0.97							
27	0.79	0.88	0.98							
28	0.82	0.90	1.01							
29	0.83	0.92	1.03							
30	0.85	0.95	1.07							
31	0.88	0.97	1.09							
32	0.90	1.01	1.13							
33	0.94	1.03	1.16							
34	0.96	1.07	1.20							
35	1.00	1.10	1.25							
36	1.02	1.14	1.28							
37	1.06	1.18	1.32							
38	1.08	1.20	1.36							
39	1.10	1.24	1.38							
40	1.13	1.25	1.40							
41	1.14	1.27	1.43							
42	1.14	1.27	1.43							
43	1.14	1.27	1.43							
44	1.12	1.25	1.40							
45	1.09	1.21	1.37							
46	1.04	1.16	1.31							
47	0.98	1.10	1.24							
48	0.91	1.02	1.15							
49	0.84	0.94	1.06							
50	0.76	0.84	0.95							
51	0.66	0.74	0.84							
52	0.58	0.65	0.73							
53	0.49	0.55	0.62							
54	0.41	0.46	0.52							
55	0.34	0.37	0.42							
56	0.26	0.29	0.34							
57	0.20	0.23	0.26							
58	0.16	0.18	0.20							
59	0.12	0.14	0.16							

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Limited	Individually Sold and Association	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.10	0.11	0.12							
26	0.11	0.11	0.12							
27	0.11	0.12	0.13							
28	0.12	0.13	0.14							
29	0.12	0.13	0.14							
30	0.13	0.14	0.16							
31	0.13	0.16	0.17							
32	0.14	0.16	0.18							
33	0.16	0.17	0.19							
34	0.16	0.18	0.20							
35	0.17	0.19	0.22							
36	0.19	0.20	0.24							
37	0.20	0.23	0.25							
38	0.22	0.24	0.28							
39	0.23	0.25	0.29							
40	0.24	0.26	0.30							
41	0.25	0.28	0.31							
42	0.26	0.30	0.34							
43	0.28	0.31	0.36							
44	0.29	0.32	0.37							
45	0.30	0.34	0.38							
46	0.31	0.35	0.38							
47	0.31	0.35	0.38							
48	0.32	0.35	0.40							
49	0.32	0.35	0.40							
50	0.32	0.35	0.40							
51	0.31	0.34	0.38							
52	0.30	0.32	0.37							
53	0.28	0.30	0.34							
54	0.24	0.28	0.30							
55	0.22	0.24	0.26							
56	0.18	0.20	0.23							
57	0.16	0.17	0.19							
58	0.13	0.14	0.16							
59	0.11	0.12	0.13							

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Full*	Individually Sold and Association	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.10	0.11	0.12							
26	0.11	0.11	0.12							
27	0.11	0.12	0.13							
28	0.12	0.13	0.14							
29	0.12	0.13	0.14							
30	0.13	0.14	0.16							
31	0.13	0.16	0.17							
32	0.14	0.16	0.18							
33	0.16	0.17	0.19							
34	0.16	0.18	0.20							
35	0.17	0.19	0.22							
36	0.19	0.20	0.24							
37	0.20	0.23	0.25							
38	0.22	0.24	0.28							
39	0.23	0.25	0.29							
40	0.24	0.26	0.30							
41	0.25	0.28	0.31							
42	0.26	0.30	0.34							
43	0.28	0.31	0.36							
44	0.29	0.32	0.37							
45	0.30	0.34	0.38							
46	0.31	0.35	0.38							
47	0.31	0.35	0.38							
48	0.32	0.35	0.40							
49	0.32	0.35	0.40							
50	0.32	0.35	0.40							
51	0.31	0.34	0.38							
52	0.30	0.32	0.37							
53	0.28	0.30	0.34							
54	0.24	0.28	0.30							
55	0.22	0.24	0.26							
56	0.18	0.20	0.23							
57	0.16	0.17	0.19							
58	0.13	0.14	0.16							
59	0.11	0.12	0.13							

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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CPI COLA Benefit 2008 on Transitional Your Occupation Benefit
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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 65	Not Applicable	Limited	Individually Sold and Association	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.76	0.84	0.94							
26	0.77	0.86	0.96							
27	0.79	0.88	0.98							
28	0.82	0.90	1.01							
29	0.84	0.94	1.04							
30	0.86	0.96	1.08							
31	0.89	0.98	1.10							
32	0.91	1.02	1.14							
33	0.95	1.04	1.18							
34	0.97	1.08	1.21							
35	1.00	1.12	1.25							
36	1.02	1.14	1.28							
37	1.06	1.18	1.32							
38	1.07	1.19	1.34							
39	1.09	1.22	1.37							
40	1.10	1.22	1.38							
41	1.12	1.24	1.39							
42	1.10	1.24	1.39							
43	1.10	1.22	1.38							
44	1.08	1.20	1.36							
45	1.04	1.16	1.31							
46	1.00	1.10	1.25							
47	0.94	1.04	1.18							
48	0.86	0.96	1.08							
49	0.79	0.88	0.98							
50	0.71	0.78	0.89							
51	0.61	0.68	0.78							
52	0.53	0.60	0.67							
53	0.44	0.50	0.56							
54	0.37	0.42	0.47							
55	0.30	0.34	0.38							
56	0.24	0.26	0.30							
57	0.18	0.20	0.23							
58	0.14	0.16	0.18							
59	0.11	0.13	0.14							

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 65	Not Applicable	Full*	Individually Sold and Association	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.76	0.84	0.94							
26	0.77	0.86	0.96							
27	0.79	0.88	0.98							
28	0.82	0.90	1.01							
29	0.84	0.94	1.04							
30	0.86	0.96	1.08							
31	0.89	0.98	1.10							
32	0.91	1.02	1.14							
33	0.95	1.04	1.18							
34	0.97	1.08	1.21							
35	1.00	1.12	1.25							
36	1.02	1.14	1.28							
37	1.06	1.18	1.32							
38	1.07	1.19	1.34							
39	1.09	1.22	1.37							
40	1.10	1.22	1.38							
41	1.12	1.24	1.39							
42	1.10	1.24	1.39							
43	1.10	1.22	1.38							
44	1.08	1.20	1.36							
45	1.04	1.16	1.31							
46	1.00	1.10	1.25							
47	0.94	1.04	1.18							
48	0.86	0.96	1.08							
49	0.79	0.88	0.98							
50	0.71	0.78	0.89							
51	0.61	0.68	0.78							
52	0.53	0.60	0.67							
53	0.44	0.50	0.56							
54	0.37	0.42	0.47							
55	0.30	0.34	0.38							
56	0.24	0.26	0.30							
57	0.18	0.20	0.23							
58	0.14	0.16	0.18							
59	0.11	0.13	0.14							

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/NC-ML et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Limited	2 Years	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	0.46	0.48	0.54	0.55	0.87	2.06	3.82
26	0.47	0.52	0.58	0.60	0.92	2.17	3.99
27	0.50	0.56	0.62	0.63	0.98	2.28	4.18
28	0.55	0.60	0.65	0.67	1.05	2.39	4.40
29	0.58	0.65	0.70	0.71	1.10	2.51	4.61
30	0.62	0.67	0.76	0.77	1.17	2.64	4.85
31	0.68	0.73	0.80	0.83	1.25	2.78	5.10
32	0.72	0.78	0.86	0.89	1.33	2.94	5.37
33	0.78	0.84	0.94	0.95	1.44	3.11	5.67
34	0.83	0.90	1.00	1.02	1.53	3.27	5.97
35	0.90	0.98	1.07	1.10	1.62	3.44	6.29
36	0.97	1.06	1.16	1.18	1.74	3.64	6.66
37	1.03	1.14	1.25	1.29	1.84	3.87	7.03
38	1.12	1.22	1.34	1.38	1.98	4.08	7.45
39	1.20	1.32	1.45	1.50	2.12	4.31	7.87
40	1.30	1.42	1.56	1.60	2.25	4.57	8.35
41	1.40	1.52	1.68	1.74	2.40	4.83	8.83
42	1.51	1.64	1.81	1.85	2.55	5.10	9.36
43	1.61	1.78	1.94	2.01	2.73	5.41	9.91
44	1.73	1.88	2.09	2.15	2.90	5.73	10.51
45	1.86	2.03	2.24	2.31	3.08	6.04	11.12
46	1.99	2.17	2.40	2.47	3.27	6.38	11.75
47	2.14	2.33	2.56	2.62	3.45	6.73	12.41
48	2.27	2.50	2.74	2.82	3.66	7.10	13.15
49	2.42	2.65	2.92	3.00	3.85	7.47	13.87
50	2.56	2.81	3.11	3.20	4.03	7.84	14.58
51	2.71	2.96	3.26	3.37	4.21	8.20	15.26
52	2.84	3.10	3.43	3.54	4.37	8.50	15.84
53	3.01	3.29	3.64	3.75	4.54	8.89	16.53
54	3.14	3.44	3.79	3.91	4.69	9.19	17.08
55	3.25	3.55	3.94	4.05	4.77	9.37	17.42
56	3.30	3.61	3.98	4.11	4.77	9.42	17.48
57	3.29	3.60	3.96	4.11	4.68	9.25	17.17
58	3.19	3.49	3.84	3.97	4.47	8.90	16.47
59	3.00	3.29	3.64	3.74	4.14	8.27	15.28

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Limited	3 Years	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	0.47	0.49	0.56	0.58	0.91	2.15	3.97
26	0.48	0.53	0.60	0.62	0.95	2.26	4.15
27	0.52	0.58	0.65	0.66	1.01	2.37	4.35
28	0.56	0.61	0.67	0.69	1.09	2.49	4.58
29	0.59	0.66	0.72	0.74	1.15	2.61	4.80
30	0.64	0.70	0.78	0.81	1.22	2.75	5.05
31	0.70	0.76	0.83	0.86	1.30	2.89	5.30
32	0.73	0.80	0.89	0.92	1.39	3.06	5.59
33	0.79	0.86	0.97	0.99	1.50	3.23	5.90
34	0.84	0.92	1.03	1.07	1.59	3.40	6.22
35	0.91	1.01	1.10	1.15	1.69	3.58	6.55
36	0.98	1.08	1.20	1.23	1.81	3.78	6.92
37	1.06	1.16	1.30	1.33	1.91	4.03	7.32
38	1.14	1.26	1.39	1.44	2.06	4.25	7.74
39	1.22	1.36	1.50	1.55	2.20	4.49	8.18
40	1.32	1.45	1.61	1.67	2.35	4.75	8.68
41	1.43	1.56	1.74	1.81	2.50	5.03	9.19
42	1.54	1.69	1.87	1.92	2.66	5.30	9.74
43	1.63	1.82	2.02	2.09	2.83	5.63	10.31
44	1.75	1.93	2.16	2.23	3.01	5.96	10.92
45	1.88	2.08	2.32	2.40	3.21	6.28	11.56
46	2.03	2.23	2.48	2.56	3.39	6.63	12.22
47	2.17	2.39	2.64	2.73	3.59	7.00	12.90
48	2.30	2.56	2.83	2.93	3.80	7.38	13.67
49	2.46	2.72	3.01	3.12	4.00	7.77	14.42
50	2.60	2.88	3.22	3.32	4.19	8.15	15.16
51	2.76	3.04	3.38	3.51	4.37	8.53	15.87
52	2.89	3.18	3.55	3.68	4.54	8.84	16.48
53	3.06	3.37	3.76	3.90	4.73	9.24	17.19
54	3.19	3.53	3.92	4.07	4.88	9.56	17.77
55	3.30	3.65	4.07	4.21	4.96	9.75	18.12
56	3.35	3.71	4.13	4.27	4.96	9.79	18.18
57	3.34	3.70	4.10	4.27	4.86	9.63	17.85
58	3.24	3.59	3.97	4.13	4.65	9.25	17.13
59	3.05	3.37	3.76	3.89	4.30	8.60	15.90

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/NC-ML et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Limited	5 Years	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	0.48	0.52	0.59	0.61	0.95	2.27	4.20
26	0.49	0.55	0.62	0.66	1.01	2.39	4.39
27	0.53	0.60	0.67	0.69	1.07	2.51	4.60
28	0.58	0.64	0.71	0.74	1.15	2.63	4.84
29	0.60	0.68	0.76	0.78	1.22	2.76	5.07
30	0.65	0.72	0.82	0.85	1.29	2.90	5.34
31	0.71	0.78	0.88	0.91	1.38	3.06	5.61
32	0.74	0.83	0.94	0.98	1.47	3.23	5.91
33	0.82	0.90	1.02	1.05	1.58	3.42	6.24
34	0.86	0.96	1.08	1.13	1.68	3.60	6.57
35	0.94	1.04	1.16	1.22	1.78	3.78	6.92
36	1.01	1.13	1.26	1.30	1.91	4.00	7.33
37	1.08	1.21	1.36	1.41	2.02	4.26	7.73
38	1.16	1.31	1.46	1.52	2.17	4.49	8.20
39	1.25	1.40	1.57	1.64	2.32	4.74	8.66
40	1.36	1.51	1.69	1.76	2.47	5.03	9.19
41	1.46	1.62	1.82	1.91	2.65	5.31	9.71
42	1.57	1.75	1.97	2.04	2.81	5.61	10.30
43	1.68	1.88	2.11	2.21	2.99	5.95	10.90
44	1.80	2.00	2.27	2.36	3.19	6.30	11.56
45	1.93	2.16	2.44	2.54	3.39	6.64	12.23
46	2.08	2.32	2.60	2.71	3.59	7.02	12.93
47	2.22	2.47	2.77	2.89	3.80	7.40	13.65
48	2.36	2.65	2.98	3.09	4.01	7.81	14.47
49	2.52	2.82	3.17	3.30	4.23	8.22	15.26
50	2.66	2.99	3.37	3.51	4.43	8.62	16.04
51	2.82	3.16	3.55	3.70	4.62	9.02	16.79
52	2.96	3.30	3.73	3.89	4.81	9.35	17.42
53	3.13	3.50	3.95	4.12	4.99	9.78	18.18
54	3.28	3.66	4.13	4.30	5.15	10.11	18.79
55	3.38	3.78	4.27	4.45	5.24	10.31	19.16
56	3.43	3.84	4.33	4.51	5.24	10.36	19.23
57	3.42	3.83	4.31	4.51	5.14	10.18	18.89
58	3.32	3.72	4.18	4.36	4.91	9.79	18.12
59	3.12	3.49	3.95	4.11	4.55	9.10	16.81

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Full*	2 Years	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	0.50	0.54	0.60	0.62	0.97	2.29	4.24
26	0.53	0.58	0.64	0.66	1.02	2.41	4.43
27	0.56	0.62	0.68	0.70	1.09	2.52	4.65
28	0.61	0.66	0.73	0.75	1.15	2.65	4.88
29	0.65	0.71	0.77	0.79	1.23	2.78	5.12
30	0.70	0.76	0.83	0.86	1.31	2.94	5.40
31	0.74	0.82	0.90	0.92	1.39	3.09	5.68
32	0.79	0.86	0.96	0.99	1.48	3.26	5.97
33	0.86	0.94	1.03	1.06	1.58	3.44	6.29
34	0.92	1.01	1.10	1.14	1.69	3.64	6.63
35	1.01	1.09	1.19	1.23	1.81	3.83	7.00
36	1.07	1.18	1.30	1.32	1.92	4.05	7.39
37	1.15	1.26	1.39	1.44	2.05	4.30	7.80
38	1.25	1.37	1.49	1.54	2.20	4.53	8.27
39	1.33	1.46	1.61	1.67	2.35	4.80	8.75
40	1.44	1.58	1.73	1.78	2.50	5.07	9.27
41	1.56	1.69	1.86	1.92	2.67	5.37	9.81
42	1.67	1.82	2.00	2.06	2.84	5.68	10.40
43	1.80	1.97	2.15	2.23	3.04	6.02	11.01
44	1.92	2.10	2.32	2.38	3.22	6.37	11.67
45	2.06	2.26	2.48	2.56	3.43	6.72	12.35
46	2.21	2.41	2.66	2.74	3.63	7.08	13.06
47	2.36	2.58	2.83	2.92	3.83	7.48	13.78
48	2.52	2.76	3.04	3.13	4.05	7.89	14.61
49	2.69	2.94	3.24	3.34	4.27	8.31	15.41
50	2.84	3.12	3.44	3.54	4.47	8.71	16.19
51	3.01	3.29	3.64	3.75	4.67	9.11	16.94
52	3.16	3.46	3.80	3.93	4.85	9.45	17.60
53	3.34	3.66	4.04	4.16	5.05	9.87	18.36
54	3.49	3.83	4.21	4.36	5.21	10.20	18.98
55	3.60	3.95	4.36	4.50	5.29	10.42	19.36
56	3.66	4.02	4.43	4.57	5.29	10.46	19.42
57	3.65	4.00	4.40	4.55	5.20	10.29	19.09
58	3.55	3.88	4.27	4.40	4.97	9.89	18.30
59	3.32	3.65	4.03	4.15	4.60	9.20	16.98

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Full*	3 Years	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	0.52	0.55	0.62	0.64	1.00	2.38	4.41
26	0.54	0.59	0.66	0.68	1.07	2.51	4.61
27	0.58	0.64	0.71	0.72	1.14	2.62	4.84
28	0.62	0.68	0.76	0.77	1.20	2.76	5.08
29	0.66	0.73	0.79	0.83	1.28	2.89	5.32
30	0.71	0.78	0.85	0.90	1.36	3.06	5.62
31	0.76	0.84	0.92	0.95	1.45	3.21	5.91
32	0.80	0.89	1.00	1.02	1.54	3.39	6.22
33	0.88	0.96	1.07	1.10	1.64	3.58	6.55
34	0.94	1.03	1.14	1.18	1.76	3.78	6.90
35	1.02	1.12	1.24	1.28	1.87	3.98	7.28
36	1.09	1.20	1.34	1.37	2.00	4.21	7.69
37	1.18	1.30	1.44	1.50	2.13	4.48	8.11
38	1.27	1.40	1.54	1.60	2.29	4.71	8.60
39	1.36	1.50	1.67	1.74	2.44	4.99	9.10
40	1.46	1.62	1.79	1.85	2.60	5.27	9.65
41	1.58	1.74	1.93	2.00	2.77	5.59	10.21
42	1.69	1.87	2.08	2.14	2.96	5.91	10.81
43	1.82	2.02	2.22	2.32	3.15	6.26	11.45
44	1.96	2.15	2.40	2.47	3.35	6.62	12.13
45	2.10	2.32	2.57	2.67	3.57	6.99	12.85
46	2.24	2.47	2.76	2.85	3.77	7.37	13.59
47	2.40	2.65	2.93	3.04	3.98	7.78	14.33
48	2.57	2.83	3.14	3.25	4.21	8.21	15.19
49	2.74	3.01	3.35	3.47	4.44	8.64	16.03
50	2.89	3.20	3.56	3.68	4.66	9.06	16.84
51	3.06	3.37	3.76	3.90	4.85	9.47	17.62
52	3.20	3.54	3.94	4.09	5.05	9.82	18.30
53	3.40	3.76	4.19	4.32	5.24	10.26	19.10
54	3.55	3.92	4.36	4.53	5.42	10.60	19.73
55	3.66	4.04	4.51	4.68	5.50	10.84	20.13
56	3.72	4.12	4.58	4.75	5.50	10.88	20.20
57	3.71	4.09	4.56	4.74	5.41	10.70	19.86
58	3.61	3.97	4.42	4.58	5.16	10.29	19.03
59	3.38	3.74	4.18	4.31	4.78	9.57	17.67

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/NC-ML et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Full*	5 Years	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	0.53	0.58	0.65	0.68	1.06	2.52	4.66
26	0.55	0.61	0.70	0.72	1.13	2.65	4.87
27	0.59	0.66	0.74	0.77	1.20	2.77	5.12
28	0.64	0.71	0.79	0.82	1.27	2.92	5.37
29	0.67	0.76	0.84	0.87	1.36	3.06	5.63
30	0.72	0.80	0.90	0.94	1.44	3.23	5.94
31	0.78	0.86	0.97	1.01	1.53	3.40	6.25
32	0.83	0.92	1.04	1.08	1.63	3.59	6.57
33	0.90	1.00	1.13	1.16	1.74	3.78	6.92
34	0.96	1.07	1.20	1.25	1.86	4.00	7.29
35	1.04	1.16	1.30	1.36	1.98	4.21	7.70
36	1.12	1.25	1.40	1.45	2.12	4.46	8.13
37	1.20	1.34	1.51	1.58	2.25	4.73	8.58
38	1.30	1.45	1.62	1.69	2.42	4.98	9.10
39	1.39	1.56	1.75	1.83	2.58	5.28	9.63
40	1.50	1.68	1.88	1.96	2.75	5.58	10.20
41	1.62	1.80	2.03	2.12	2.93	5.91	10.79
42	1.74	1.94	2.18	2.27	3.12	6.25	11.44
43	1.87	2.09	2.34	2.45	3.34	6.62	12.11
44	2.00	2.23	2.52	2.62	3.54	7.01	12.84
45	2.15	2.40	2.70	2.82	3.77	7.39	13.59
46	2.30	2.57	2.89	3.01	3.99	7.79	14.37
47	2.46	2.75	3.08	3.21	4.21	8.23	15.16
48	2.63	2.94	3.30	3.44	4.45	8.68	16.07
49	2.80	3.13	3.52	3.67	4.69	9.14	16.95
50	2.96	3.32	3.74	3.90	4.92	9.58	17.81
51	3.13	3.50	3.95	4.12	5.13	10.02	18.63
52	3.29	3.67	4.14	4.32	5.34	10.40	19.36
53	3.48	3.89	4.39	4.58	5.54	10.86	20.20
54	3.64	4.07	4.58	4.78	5.73	11.22	20.88
55	3.76	4.20	4.74	4.95	5.82	11.46	21.30
56	3.82	4.27	4.81	5.01	5.82	11.51	21.36
57	3.80	4.25	4.79	5.00	5.72	11.32	21.00
58	3.70	4.13	4.64	4.84	5.46	10.88	20.13
59	3.47	3.88	4.38	4.57	5.06	10.12	18.68

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 65	Not Applicable	Limited	2 Years	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	4.02	4.38	4.79	5.35	9.02	19.93	
26	4.14	4.51	4.94	5.52	9.32	20.42	
27	4.27	4.66	5.10	5.72	9.61	20.90	
28	4.43	4.82	5.29	5.91	9.92	21.37	
29	4.58	4.99	5.48	6.14	10.24	21.82	
30	4.75	5.18	5.70	6.35	10.56	22.26	
31	4.94	5.39	5.92	6.61	10.87	22.67	
32	5.14	5.59	6.16	6.85	11.19	23.09	
33	5.34	5.83	6.42	7.14	11.52	23.49	
34	5.56	6.06	6.66	7.43	11.86	23.86	
35	5.77	6.30	6.91	7.71	12.17	24.21	
36	5.98	6.53	7.16	8.00	12.47	24.55	
37	6.19	6.76	7.43	8.27	12.78	24.85	
38	6.41	7.00	7.68	8.57	13.05	25.12	
39	6.61	7.22	7.93	8.83	13.32	25.36	
40	6.80	7.43	8.17	9.09	13.57	25.55	
41	6.98	7.63	8.39	9.33	13.75	25.65	
42	7.14	7.80	8.59	9.55	13.90	25.71	
43	7.28	7.97	8.76	9.72	14.01	25.70	
44	7.39	8.09	8.90	9.87	14.03	25.58	
45	7.48	8.17	9.00	9.96	13.98	25.38	
46	7.51	8.21	9.04	10.01	13.88	25.04	
47	7.49	8.20	9.04	9.97	13.65	24.56	
48	7.40	8.11	8.94	9.86	13.32	23.93	
49	7.28	7.97	8.78	9.66	12.87	23.14	
50	7.08	7.76	8.56	9.38	12.32	22.21	
51	6.83	7.49	8.26	9.03	11.66	21.13	
52	6.53	7.14	7.88	8.60	10.93	19.89	
53	6.08	6.66	7.34	7.96	9.97	18.27	
54	5.59	6.11	6.74	7.27	8.95	16.58	
55	5.05	5.53	6.11	6.52	7.89	14.77	
56	4.50	4.93	5.44	5.76	6.82	12.98	
57	3.95	4.32	4.76	5.00	5.78	11.19	
58	3.40	3.72	4.10	4.27	4.83	9.52	
59	2.88	3.16	3.48	3.58	3.96	7.93	
60	2.40	2.63	2.90	2.99	3.24	6.52	
61	1.99	2.17	2.40	2.47	2.60	5.28	
62	1.64	1.79	1.98	2.04	2.07	4.28	
63	1.50	1.63	1.81	1.86	1.83	3.84	
64	1.43	1.57	1.73	1.79	1.71	3.62	

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 65	Not Applicable	Limited	3 Years	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	4.03	4.39	4.81	5.37	9.05	20.02	
26	4.14	4.52	4.97	5.54	9.35	20.50	
27	4.28	4.67	5.12	5.74	9.65	20.99	
28	4.44	4.84	5.32	5.93	9.97	21.47	
29	4.60	5.02	5.51	6.16	10.28	21.92	
30	4.76	5.21	5.72	6.38	10.60	22.37	
31	4.96	5.41	5.94	6.65	10.91	22.78	
32	5.15	5.62	6.19	6.89	11.25	23.21	
33	5.35	5.86	6.44	7.18	11.58	23.61	
34	5.57	6.08	6.70	7.48	11.91	23.99	
35	5.78	6.32	6.95	7.75	12.24	24.34	
36	6.00	6.55	7.20	8.05	12.54	24.70	
37	6.20	6.78	7.48	8.31	12.85	25.00	
38	6.43	7.02	7.73	8.63	13.13	25.29	
39	6.64	7.26	7.98	8.89	13.40	25.53	
40	6.83	7.46	8.22	9.15	13.66	25.74	
41	7.01	7.67	8.45	9.40	13.85	25.85	
42	7.16	7.85	8.65	9.61	14.01	25.91	
43	7.31	8.02	8.83	9.80	14.11	25.92	
44	7.42	8.14	8.98	9.95	14.15	25.81	
45	7.50	8.22	9.07	10.05	14.11	25.62	
46	7.55	8.27	9.12	10.10	14.01	25.29	
47	7.52	8.26	9.13	10.07	13.79	24.83	
48	7.44	8.17	9.04	9.97	13.46	24.21	
49	7.32	8.04	8.88	9.78	13.02	23.44	
50	7.13	7.84	8.66	9.51	12.48	22.52	
51	6.88	7.56	8.38	9.17	11.82	21.46	
52	6.58	7.22	8.00	8.74	11.10	20.23	
53	6.13	6.74	7.46	8.11	10.15	18.62	
54	5.64	6.20	6.88	7.43	9.13	16.95	
55	5.11	5.62	6.24	6.68	8.07	15.15	
56	4.56	5.03	5.58	5.92	7.00	13.35	
57	4.01	4.42	4.91	5.16	5.97	11.56	
58	3.44	3.82	4.24	4.43	5.00	9.87	
59	2.93	3.24	3.60	3.73	4.12	8.26	
60	2.44	2.70	3.00	3.11	3.37	6.79	
61	2.03	2.23	2.48	2.56	2.70	5.49	
62	1.67	1.84	2.05	2.12	2.15	4.46	
63	1.52	1.68	1.87	1.93	1.90	3.99	
64	1.45	1.61	1.79	1.86	1.78	3.76	

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/NC-ML et al
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Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 65	Not Applicable	Limited	5 Years	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	4.04	4.40	4.84	5.41	9.10	20.14	
26	4.15	4.55	4.99	5.58	9.41	20.64	
27	4.30	4.69	5.16	5.77	9.71	21.13	
28	4.45	4.86	5.34	5.98	10.03	21.62	
29	4.61	5.04	5.54	6.21	10.35	22.08	
30	4.79	5.23	5.76	6.43	10.67	22.53	
31	4.97	5.44	5.99	6.69	10.99	22.95	
32	5.17	5.64	6.24	6.95	11.33	23.39	
33	5.38	5.88	6.49	7.23	11.66	23.79	
34	5.59	6.12	6.74	7.53	12.01	24.19	
35	5.81	6.36	7.01	7.82	12.33	24.55	
36	6.02	6.60	7.26	8.12	12.64	24.92	
37	6.23	6.83	7.54	8.40	12.96	25.23	
38	6.46	7.07	7.80	8.71	13.25	25.53	
39	6.66	7.31	8.06	8.98	13.52	25.78	
40	6.86	7.52	8.30	9.25	13.79	26.02	
41	7.04	7.73	8.53	9.50	14.00	26.14	
42	7.20	7.91	8.75	9.73	14.16	26.21	
43	7.34	8.08	8.94	9.91	14.27	26.24	
44	7.46	8.21	9.10	10.07	14.32	26.15	
45	7.55	8.29	9.19	10.19	14.29	25.98	
46	7.60	8.35	9.25	10.25	14.20	25.67	
47	7.57	8.35	9.26	10.24	14.00	25.23	
48	7.50	8.27	9.18	10.13	13.67	24.64	
49	7.38	8.14	9.04	9.96	13.25	23.89	
50	7.19	7.94	8.82	9.69	12.72	22.99	
51	6.95	7.68	8.54	9.36	12.08	21.96	
52	6.65	7.34	8.18	8.95	11.36	20.74	
53	6.20	6.86	7.66	8.33	10.42	19.16	
54	5.72	6.34	7.08	7.66	9.41	17.50	
55	5.20	5.75	6.44	6.92	8.36	15.71	
56	4.64	5.16	5.78	6.16	7.29	13.93	
57	4.09	4.55	5.11	5.41	6.24	12.11	
58	3.53	3.95	4.44	4.66	5.27	10.41	
59	3.00	3.36	3.78	3.94	4.37	8.76	
60	2.50	2.80	3.16	3.29	3.57	7.17	
61	2.08	2.32	2.60	2.71	2.85	5.81	
62	1.72	1.91	2.15	2.24	2.28	4.71	
63	1.56	1.74	1.97	2.05	2.01	4.22	
64	1.49	1.67	1.87	1.97	1.89	3.98	

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 65	Not Applicable	Limited	Max. Ben. Period	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	4.19	4.66	5.21	5.84	9.83	21.92	
26	4.31	4.80	5.38	6.03	10.17	22.46	
27	4.45	4.96	5.54	6.23	10.49	22.99	
28	4.61	5.14	5.75	6.45	10.82	23.51	
29	4.78	5.32	5.96	6.69	11.17	24.00	
30	4.96	5.52	6.19	6.93	11.51	24.49	
31	5.15	5.74	6.43	7.21	11.86	24.94	
32	5.35	5.95	6.70	7.49	12.21	25.40	
33	5.57	6.20	6.97	7.79	12.57	25.84	
34	5.78	6.44	7.24	8.11	12.94	26.25	
35	6.01	6.70	7.51	8.42	13.28	26.63	
36	6.23	6.95	7.79	8.73	13.60	27.01	
37	6.44	7.19	8.08	9.03	13.95	27.34	
38	6.67	7.44	8.35	9.35	14.25	27.63	
39	6.89	7.68	8.63	9.64	14.54	27.90	
40	7.09	7.91	8.88	9.92	14.81	28.11	
41	7.27	8.12	9.12	10.18	15.02	28.22	
42	7.44	8.30	9.34	10.42	15.18	28.28	
43	7.58	8.47	9.53	10.60	15.28	28.27	
44	7.70	8.60	9.68	10.76	15.32	28.14	
45	7.79	8.69	9.78	10.88	15.27	27.92	
46	7.82	8.74	9.83	10.93	15.16	27.54	
47	7.80	8.72	9.83	10.90	14.92	27.02	
48	7.72	8.63	9.72	10.76	14.55	26.32	
49	7.58	8.47	9.55	10.56	14.06	25.45	
50	7.38	8.26	9.30	10.25	13.47	24.43	
51	7.12	7.97	8.98	9.87	12.74	23.24	
52	6.80	7.60	8.57	9.41	11.95	21.88	
53	6.34	7.08	7.98	8.71	10.90	20.10	
54	5.82	6.50	7.33	7.96	9.79	18.24	
55	5.27	5.88	6.64	7.14	8.64	16.25	
56	4.69	5.24	5.90	6.31	7.48	14.28	
57	4.12	4.60	5.18	5.49	6.35	12.31	
58	3.54	3.96	4.46	4.68	5.30	10.47	
59	3.00	3.36	3.78	3.94	4.37	8.72	
60	2.50	2.80	3.16	3.29	3.57	7.17	
61	2.08	2.32	2.60	2.71	2.85	5.81	
62	1.72	1.91	2.15	2.24	2.28	4.71	
63	1.56	1.74	1.97	2.05	2.01	4.22	
64	1.49	1.67	1.87	1.97	1.89	3.98	

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 65	Not Applicable	Full*	2 Years	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	4.73	5.15	5.64	6.30	10.60	23.45	
26	4.86	5.30	5.82	6.50	10.96	24.02	
27	5.03	5.48	6.00	6.72	11.32	24.59	
28	5.21	5.68	6.23	6.97	11.68	25.14	
29	5.39	5.88	6.46	7.22	12.04	25.66	
30	5.60	6.11	6.70	7.49	12.43	26.19	
31	5.82	6.34	6.97	7.79	12.80	26.68	
32	6.05	6.59	7.25	8.08	13.18	27.16	
33	6.29	6.86	7.54	8.41	13.57	27.62	
34	6.53	7.13	7.82	8.74	13.94	28.07	
35	6.78	7.40	8.14	9.07	14.33	28.48	
36	7.03	7.68	8.44	9.42	14.69	28.88	
37	7.28	7.96	8.75	9.74	15.03	29.23	
38	7.54	8.22	9.04	10.09	15.38	29.56	
39	7.78	8.50	9.34	10.41	15.69	29.83	
40	8.00	8.74	9.61	10.71	15.96	30.05	
41	8.21	8.98	9.86	10.98	16.19	30.18	
42	8.40	9.18	10.10	11.24	16.38	30.24	
43	8.57	9.36	10.31	11.44	16.49	30.23	
44	8.70	9.50	10.48	11.62	16.53	30.10	
45	8.78	9.61	10.58	11.73	16.48	29.84	
46	8.83	9.66	10.64	11.78	16.34	29.45	
47	8.81	9.65	10.63	11.75	16.09	28.91	
48	8.72	9.54	10.52	11.62	15.69	28.15	
49	8.57	9.37	10.33	11.39	15.16	27.24	
50	8.34	9.12	10.07	11.05	14.51	26.13	
51	8.04	8.81	9.72	10.65	13.75	24.86	
52	7.68	8.40	9.28	10.13	12.88	23.40	
53	7.15	7.82	8.63	9.38	11.76	21.51	
54	6.56	7.20	7.93	8.58	10.55	19.49	
55	5.94	6.50	7.18	7.69	9.30	17.38	
56	5.30	5.80	6.40	6.81	8.05	15.27	
57	4.64	5.09	5.60	5.91	6.82	13.17	
58	4.00	4.38	4.84	5.05	5.70	11.19	
59	3.38	3.71	4.08	4.22	4.68	9.34	
60	2.82	3.10	3.41	3.52	3.81	7.67	
61	2.34	2.56	2.82	2.91	3.06	6.22	
62	1.93	2.11	2.33	2.39	2.44	5.03	
63	1.76	1.93	2.14	2.19	2.15	4.52	
64	1.68	1.85	2.03	2.10	2.01	4.27	

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 65	Not Applicable	Full*	3 Years	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	4.73	5.16	5.66	6.33	10.64	23.54	
26	4.87	5.32	5.84	6.52	11.01	24.12	
27	5.04	5.50	6.02	6.74	11.36	24.68	
28	5.22	5.69	6.25	6.99	11.73	25.25	
29	5.40	5.90	6.48	7.26	12.09	25.77	
30	5.62	6.13	6.72	7.52	12.48	26.31	
31	5.83	6.36	7.00	7.82	12.86	26.80	
32	6.06	6.61	7.27	8.12	13.24	27.29	
33	6.30	6.89	7.57	8.45	13.64	27.75	
34	6.55	7.15	7.86	8.79	14.01	28.22	
35	6.80	7.43	8.18	9.12	14.40	28.63	
36	7.04	7.70	8.48	9.46	14.77	29.04	
37	7.31	7.98	8.80	9.80	15.11	29.40	
38	7.56	8.26	9.08	10.14	15.47	29.73	
39	7.80	8.53	9.40	10.48	15.78	30.03	
40	8.03	8.78	9.67	10.78	16.07	30.25	
41	8.23	9.02	9.94	11.06	16.30	30.40	
42	8.42	9.23	10.18	11.32	16.49	30.47	
43	8.59	9.41	10.38	11.53	16.61	30.47	
44	8.72	9.56	10.56	11.71	16.65	30.35	
45	8.82	9.67	10.67	11.83	16.62	30.11	
46	8.87	9.72	10.74	11.89	16.48	29.73	
47	8.86	9.71	10.73	11.87	16.24	29.21	
48	8.76	9.61	10.63	11.74	15.85	28.47	
49	8.62	9.44	10.45	11.52	15.33	27.57	
50	8.39	9.20	10.19	11.19	14.70	26.48	
51	8.09	8.89	9.84	10.80	13.94	25.22	
52	7.73	8.50	9.41	10.29	13.08	23.77	
53	7.21	7.92	8.77	9.55	11.96	21.90	
54	6.62	7.30	8.08	8.75	10.75	19.90	
55	6.00	6.60	7.33	7.88	9.51	17.80	
56	5.36	5.90	6.55	6.99	8.26	15.69	
57	4.70	5.18	5.76	6.10	7.03	13.59	
58	4.06	4.48	4.98	5.22	5.90	11.58	
59	3.44	3.80	4.22	4.38	4.86	9.71	
60	2.87	3.17	3.53	3.66	3.96	7.98	
61	2.38	2.63	2.92	3.02	3.17	6.47	
62	1.97	2.16	2.41	2.48	2.53	5.23	
63	1.79	1.98	2.21	2.28	2.24	4.70	
64	1.70	1.90	2.10	2.19	2.09	4.44	

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 65	Not Applicable	Full*	5 Years	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	4.74	5.18	5.69	6.36	10.70	23.68	
26	4.88	5.34	5.87	6.57	11.06	24.27	
27	5.05	5.52	6.06	6.79	11.42	24.84	
28	5.23	5.71	6.29	7.04	11.80	25.40	
29	5.42	5.93	6.53	7.30	12.17	25.94	
30	5.63	6.16	6.77	7.57	12.56	26.49	
31	5.84	6.40	7.04	7.88	12.94	26.98	
32	6.08	6.65	7.32	8.18	13.33	27.49	
33	6.32	6.91	7.63	8.51	13.73	27.96	
34	6.58	7.19	7.92	8.86	14.11	28.44	
35	6.83	7.46	8.24	9.20	14.50	28.86	
36	7.07	7.75	8.54	9.55	14.88	29.28	
37	7.33	8.03	8.87	9.88	15.24	29.66	
38	7.58	8.32	9.17	10.24	15.59	30.01	
39	7.84	8.59	9.48	10.57	15.92	30.32	
40	8.06	8.84	9.77	10.88	16.22	30.56	
41	8.28	9.08	10.03	11.18	16.46	30.72	
42	8.47	9.30	10.27	11.44	16.65	30.81	
43	8.64	9.49	10.50	11.66	16.79	30.83	
44	8.77	9.65	10.68	11.86	16.85	30.73	
45	8.88	9.76	10.80	11.98	16.82	30.51	
46	8.93	9.80	10.87	12.05	16.70	30.15	
47	8.92	9.80	10.88	12.04	16.47	29.66	
48	8.82	9.72	10.79	11.93	16.09	28.94	
49	8.69	9.56	10.62	11.72	15.58	28.07	
50	8.46	9.32	10.37	11.41	14.96	26.99	
51	8.17	9.02	10.03	11.02	14.21	25.77	
52	7.81	8.63	9.60	10.52	13.36	24.34	
53	7.30	8.06	8.99	9.80	12.26	22.50	
54	6.71	7.44	8.30	9.00	11.06	20.52	
55	6.10	6.76	7.56	8.14	9.83	18.43	
56	5.45	6.06	6.78	7.26	8.58	16.31	
57	4.80	5.34	5.99	6.36	7.34	14.20	
58	4.14	4.62	5.21	5.49	6.20	12.18	
59	3.53	3.95	4.44	4.63	5.14	10.26	
60	2.94	3.29	3.71	3.86	4.19	8.44	
61	2.44	2.72	3.06	3.20	3.36	6.84	
62	2.02	2.24	2.53	2.63	2.68	5.53	
63	1.84	2.05	2.32	2.40	2.37	4.97	
64	1.75	1.97	2.21	2.31	2.21	4.70	

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 65	Not Applicable	Full*	Max. Ben. Period	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	4.92	5.47	6.13	6.87	11.56	25.80	
26	5.06	5.64	6.32	7.10	11.96	26.42	
27	5.23	5.83	6.53	7.33	12.34	27.05	
28	5.42	6.04	6.77	7.60	12.74	27.65	
29	5.62	6.25	7.02	7.88	13.14	28.23	
30	5.83	6.49	7.28	8.17	13.56	28.81	
31	6.06	6.74	7.57	8.50	13.96	29.35	
32	6.30	7.01	7.87	8.82	14.39	29.88	
33	6.55	7.30	8.20	9.18	14.81	30.38	
34	6.80	7.58	8.51	9.53	15.21	30.88	
35	7.07	7.87	8.84	9.90	15.63	31.33	
36	7.32	8.17	9.17	10.27	16.03	31.77	
37	7.58	8.46	9.50	10.63	16.41	32.15	
38	7.85	8.75	9.83	11.01	16.78	32.52	
39	8.10	9.04	10.15	11.35	17.11	32.81	
40	8.34	9.30	10.45	11.68	17.42	33.06	
41	8.56	9.55	10.73	11.99	17.68	33.20	
42	8.75	9.77	10.98	12.27	17.87	33.26	
43	8.93	9.96	11.21	12.49	18.00	33.25	
44	9.06	10.12	11.39	12.68	18.04	33.11	
45	9.16	10.22	11.51	12.81	18.00	32.82	
46	9.20	10.27	11.57	12.87	17.84	32.40	
47	9.18	10.26	11.56	12.83	17.57	31.80	
48	9.08	10.15	11.44	12.68	17.14	30.97	
49	8.93	9.97	11.23	12.44	16.56	29.96	
50	8.69	9.71	10.94	12.09	15.87	28.74	
51	8.38	9.37	10.56	11.64	15.03	27.35	
52	8.00	8.94	10.08	11.09	14.09	25.74	
53	7.45	8.33	9.38	10.27	12.87	23.66	
54	6.84	7.66	8.63	9.38	11.55	21.44	
55	6.19	6.92	7.80	8.43	10.19	19.12	
56	5.52	6.17	6.95	7.46	8.83	16.80	
57	4.84	5.41	6.10	6.49	7.49	14.49	
58	4.16	4.66	5.26	5.54	6.27	12.31	
59	3.53	3.95	4.44	4.65	5.15	10.27	
60	2.94	3.29	3.71	3.86	4.19	8.44	
61	2.44	2.72	3.06	3.20	3.36	6.84	
62	2.02	2.24	2.53	2.63	2.68	5.53	
63	1.84	2.05	2.32	2.40	2.37	4.97	
64	1.75	1.97	2.21	2.31	2.21	4.70	

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 70	Not Applicable	Limited	2 Years	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	4.60	5.00	5.47	6.14	10.26		
26	4.75	5.18	5.69	6.37	10.64		
27	4.94	5.40	5.92	6.62	11.05		
28	5.15	5.62	6.16	6.89	11.48		
29	5.38	5.87	6.42	7.20	11.90		
30	5.62	6.12	6.72	7.51	12.35		
31	5.88	6.41	7.03	7.87	12.81		
32	6.16	6.70	7.36	8.22	13.25		
33	6.43	7.02	7.70	8.61	13.77		
34	6.73	7.34	8.08	9.02	14.25		
35	7.04	7.68	8.44	9.43	14.73		
36	7.34	8.03	8.83	9.87	15.23		
37	7.67	8.38	9.22	10.30	15.72		
38	8.00	8.74	9.61	10.74	16.22		
39	8.34	9.12	10.02	11.19	16.71		
40	8.68	9.48	10.42	11.64	17.18		
41	8.99	9.83	10.81	12.06	17.61		
42	9.31	10.16	11.18	12.49	18.01		
43	9.62	10.51	11.56	12.89	18.38		
44	9.90	10.81	11.93	13.28	18.70		
45	10.15	11.09	12.23	13.62	18.93		
46	10.37	11.34	12.49	13.90	19.08		
47	10.52	11.52	12.70	14.12	19.15		
48	10.66	11.65	12.84	14.27	19.09		
49	10.69	11.71	12.90	14.33	18.89		
50	10.68	11.69	12.90	14.31	18.57		
51	10.58	11.58	12.78	14.16	18.12		
52	10.40	11.38	12.56	13.89	17.50		
53	10.03	10.99	12.12	13.39	16.59		
54	9.60	10.51	11.60	12.75	15.56		
55	9.08	9.94	10.97	12.04	14.41		
56	8.51	9.30	10.28	11.25	13.20		
57	7.90	8.64	9.54	10.40	11.94		
58	7.24	7.93	8.75	9.52	10.70		
59	6.56	7.20	7.93	8.63	9.48		
60	5.89	6.44	7.10	7.75	8.33		
61	5.20	5.70	6.28	6.88	7.19		
62	4.52	4.96	5.46	5.98	6.08		
63	3.83	4.19	4.62	5.05	5.04		
64	3.17	3.47	3.83	4.16	4.07		
65	2.58	2.82	3.11	3.53	3.39		
66	2.08	2.27	2.51	2.84	2.69		
67	1.68	1.85	2.04	2.31	2.15		
68	1.42	1.57	1.73	1.98	1.78		
69	1.32	1.45	1.61	1.84	1.64		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 70	Not Applicable	Limited	3 Years	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	4.61	5.02	5.50	6.16	10.29		
26	4.76	5.20	5.71	6.39	10.67		
27	4.96	5.41	5.94	6.65	11.09		
28	5.16	5.63	6.18	6.91	11.52		
29	5.39	5.88	6.44	7.22	11.95		
30	5.63	6.14	6.74	7.54	12.40		
31	5.89	6.43	7.06	7.90	12.86		
32	6.17	6.72	7.38	8.26	13.31		
33	6.44	7.04	7.74	8.65	13.82		
34	6.74	7.37	8.11	9.06	14.31		
35	7.06	7.70	8.47	9.48	14.80		
36	7.37	8.05	8.87	9.91	15.30		
37	7.69	8.40	9.26	10.35	15.79		
38	8.03	8.77	9.66	10.80	16.30		
39	8.36	9.16	10.07	11.25	16.79		
40	8.70	9.52	10.48	11.71	17.27		
41	9.01	9.86	10.87	12.13	17.70		
42	9.34	10.21	11.24	12.56	18.11		
43	9.65	10.56	11.63	12.97	18.48		
44	9.92	10.86	12.00	13.36	18.81		
45	10.18	11.14	12.31	13.71	19.06		
46	10.40	11.39	12.58	14.00	19.21		
47	10.56	11.58	12.78	14.23	19.29		
48	10.69	11.71	12.94	14.39	19.23		
49	10.73	11.78	13.01	14.44	19.04		
50	10.73	11.76	13.01	14.43	18.73		
51	10.63	11.65	12.90	14.29	18.29		
52	10.45	11.46	12.68	14.03	17.68		
53	10.08	11.08	12.24	13.54	16.78		
54	9.65	10.60	11.74	12.91	15.74		
55	9.14	10.03	11.11	12.20	14.59		
56	8.57	9.40	10.42	11.41	13.39		
57	7.94	8.74	9.68	10.56	12.12		
58	7.28	8.02	8.88	9.68	10.87		
59	6.61	7.28	8.05	8.77	9.64		
60	5.93	6.52	7.21	7.87	8.45		
61	5.23	5.75	6.36	6.97	7.29		
62	4.55	5.00	5.53	6.06	6.16		
63	3.85	4.22	4.68	5.12	5.11		
64	3.19	3.50	3.89	4.23	4.14		
65	2.58	2.82	3.11	3.53	3.39		
66	2.08	2.27	2.51	2.84	2.69		
67	1.68	1.85	2.04	2.31	2.15		
68	1.42	1.57	1.73	1.98	1.78		
69	1.32	1.45	1.61	1.84	1.64		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 70	Not Applicable	Limited	5 Years	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	4.62	5.04	5.52	6.20	10.34		
26	4.78	5.22	5.74	6.43	10.73		
27	4.97	5.44	5.98	6.68	11.14		
28	5.17	5.65	6.22	6.96	11.58		
29	5.40	5.90	6.48	7.27	12.02		
30	5.65	6.17	6.79	7.59	12.47		
31	5.90	6.46	7.10	7.95	12.94		
32	6.18	6.74	7.43	8.31	13.39		
33	6.46	7.07	7.79	8.71	13.90		
34	6.77	7.40	8.16	9.12	14.40		
35	7.08	7.74	8.53	9.55	14.89		
36	7.39	8.10	8.93	9.98	15.40		
37	7.72	8.45	9.32	10.43	15.90		
38	8.05	8.82	9.73	10.88	16.41		
39	8.39	9.20	10.15	11.34	16.92		
40	8.72	9.56	10.56	11.80	17.40		
41	9.05	9.92	10.96	12.24	17.85		
42	9.37	10.27	11.34	12.67	18.26		
43	9.68	10.62	11.72	13.09	18.64		
44	9.97	10.93	12.11	13.49	18.99		
45	10.22	11.22	12.43	13.85	19.24		
46	10.45	11.47	12.70	14.15	19.40		
47	10.62	11.66	12.91	14.39	19.49		
48	10.75	11.81	13.08	14.55	19.45		
49	10.79	11.88	13.16	14.63	19.27		
50	10.79	11.87	13.16	14.62	18.98		
51	10.70	11.77	13.07	14.49	18.54		
52	10.52	11.58	12.86	14.24	17.94		
53	10.16	11.21	12.43	13.75	17.04		
54	9.73	10.73	11.93	13.14	16.02		
55	9.23	10.16	11.32	12.44	14.88		
56	8.65	9.54	10.62	11.65	13.67		
57	8.03	8.87	9.89	10.80	12.40		
58	7.37	8.15	9.07	9.91	11.13		
59	6.70	7.40	8.24	8.99	9.89		
60	5.99	6.61	7.37	8.05	8.65		
61	5.28	5.83	6.49	7.12	7.44		
62	4.60	5.06	5.64	6.19	6.29		
63	3.89	4.28	4.78	5.23	5.22		
64	3.23	3.56	3.98	4.34	4.24		
65	2.58	2.82	3.11	3.53	3.39		
66	2.08	2.27	2.51	2.84	2.69		
67	1.68	1.85	2.04	2.31	2.15		
68	1.42	1.57	1.73	1.98	1.78		
69	1.32	1.45	1.61	1.84	1.64		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 70	Not Applicable	Limited	Max. Ben. Period	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	4.79	5.33	5.95	6.70	11.18		
26	4.96	5.52	6.18	6.95	11.60		
27	5.15	5.75	6.43	7.22	12.05		
28	5.36	5.98	6.70	7.52	12.52		
29	5.60	6.24	6.98	7.85	13.00		
30	5.86	6.52	7.31	8.20	13.47		
31	6.12	6.82	7.64	8.58	13.97		
32	6.41	7.13	7.99	8.97	14.46		
33	6.70	7.46	8.38	9.40	15.01		
34	7.01	7.81	8.77	9.84	15.55		
35	7.33	8.17	9.17	10.29	16.08		
36	7.66	8.54	9.60	10.76	16.62		
37	7.99	8.92	10.02	11.25	17.16		
38	8.34	9.30	10.45	11.72	17.69		
39	8.69	9.70	10.90	12.21	18.23		
40	9.04	10.08	11.33	12.71	18.75		
41	9.36	10.45	11.75	13.17	19.22		
42	9.70	10.81	12.16	13.63	19.65		
43	10.02	11.18	12.56	14.06	20.04		
44	10.31	11.51	12.96	14.49	20.41		
45	10.57	11.80	13.30	14.86	20.67		
46	10.80	12.06	13.57	15.17	20.83		
47	10.97	12.25	13.80	15.42	20.91		
48	11.10	12.40	13.96	15.58	20.84		
49	11.14	12.46	14.03	15.65	20.63		
50	11.12	12.43	14.02	15.62	20.29		
51	11.03	12.32	13.90	15.46	19.79		
52	10.84	12.11	13.66	15.17	19.12		
53	10.45	11.70	13.18	14.62	18.12		
54	10.00	11.18	12.61	13.94	17.00		
55	9.47	10.57	11.93	13.17	15.74		
56	8.87	9.90	11.17	12.29	14.43		
57	8.22	9.19	10.37	11.36	13.05		
58	7.54	8.44	9.50	10.41	11.70		
59	6.84	7.66	8.62	9.43	10.37		
60	6.13	6.85	7.73	8.48	9.11		
61	5.41	6.06	6.83	7.51	7.85		
62	4.72	5.27	5.94	6.54	6.65		
63	3.98	4.45	5.02	5.52	5.51		
64	3.30	3.68	4.16	4.55	4.45		
65	2.69	3.00	3.37	3.85	3.70		
66	2.16	2.41	2.72	3.09	2.93		
67	1.75	1.97	2.22	2.52	2.35		
68	1.48	1.67	1.88	2.15	1.94		
69	1.38	1.55	1.75	2.00	1.79		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 70	Not Applicable	Full*	2 Years	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	5.40	5.89	6.44	7.23	12.06		
26	5.60	6.11	6.70	7.50	12.52		
27	5.82	6.35	6.96	7.80	13.01		
28	6.06	6.61	7.25	8.12	13.50		
29	6.32	6.90	7.56	8.48	14.01		
30	6.61	7.21	7.92	8.86	14.54		
31	6.91	7.54	8.27	9.26	15.08		
32	7.24	7.88	8.65	9.69	15.61		
33	7.56	8.26	9.06	10.14	16.19		
34	7.92	8.64	9.49	10.61	16.76		
35	8.28	9.04	9.92	11.11	17.35		
36	8.65	9.46	10.39	11.62	17.92		
37	9.04	9.86	10.84	12.13	18.49		
38	9.42	10.28	11.32	12.65	19.09		
39	9.82	10.72	11.80	13.18	19.67		
40	10.21	11.15	12.26	13.71	20.22		
41	10.57	11.56	12.72	14.20	20.73		
42	10.94	11.95	13.16	14.70	21.21		
43	11.32	12.36	13.60	15.18	21.64		
44	11.65	12.72	14.02	15.63	22.00		
45	11.94	13.06	14.39	16.03	22.29		
46	12.20	13.33	14.70	16.36	22.48		
47	12.38	13.55	14.94	16.64	22.55		
48	12.53	13.70	15.11	16.80	22.47		
49	12.58	13.78	15.18	16.88	22.25		
50	12.56	13.75	15.17	16.84	21.86		
51	12.46	13.63	15.04	16.68	21.34		
52	12.24	13.39	14.78	16.36	20.62		
53	11.81	12.94	14.27	15.77	19.55		
54	11.29	12.36	13.64	15.04	18.33		
55	10.69	11.70	12.90	14.19	16.96		
56	10.01	10.96	12.08	13.26	15.56		
57	9.29	10.16	11.22	12.26	14.06		
58	8.51	9.32	10.28	11.22	12.60		
59	7.73	8.46	9.32	10.17	11.17		
60	6.92	7.58	8.36	9.13	9.79		
61	6.12	6.70	7.38	8.08	8.45		
62	5.33	5.83	6.42	7.04	7.16		
63	4.50	4.93	5.44	5.93	5.91		
64	3.73	4.07	4.50	4.89	4.80		
65	3.02	3.31	3.66	4.15	3.99		
66	2.45	2.68	2.95	3.35	3.16		
67	1.98	2.17	2.41	2.73	2.52		
68	1.67	1.84	2.04	2.32	2.10		
69	1.56	1.72	1.90	2.16	1.93		

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 70	Not Applicable	Full*	3 Years	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	5.41	5.90	6.47	7.26	12.10		
26	5.60	6.12	6.72	7.52	12.57		
27	5.83	6.37	6.98	7.82	13.05		
28	6.07	6.62	7.27	8.14	13.55		
29	6.34	6.92	7.58	8.51	14.05		
30	6.62	7.24	7.94	8.89	14.58		
31	6.92	7.56	8.30	9.29	15.13		
32	7.25	7.91	8.69	9.73	15.66		
33	7.57	8.28	9.10	10.19	16.26		
34	7.93	8.66	9.53	10.66	16.82		
35	8.30	9.06	9.97	11.16	17.42		
36	8.68	9.48	10.44	11.66	18.00		
37	9.06	9.89	10.88	12.19	18.57		
38	9.44	10.32	11.36	12.71	19.18		
39	9.84	10.75	11.84	13.25	19.76		
40	10.24	11.18	12.32	13.78	20.32		
41	10.60	11.60	12.78	14.28	20.84		
42	10.97	12.00	13.24	14.78	21.32		
43	11.34	12.41	13.67	15.27	21.76		
44	11.68	12.77	14.10	15.72	22.13		
45	11.98	13.12	14.47	16.13	22.43		
46	12.24	13.39	14.80	16.48	22.62		
47	12.42	13.62	15.04	16.76	22.70		
48	12.58	13.78	15.22	16.93	22.63		
49	12.62	13.85	15.29	17.02	22.43		
50	12.61	13.82	15.29	16.97	22.05		
51	12.50	13.72	15.16	16.82	21.53		
52	12.29	13.48	14.92	16.53	20.82		
53	11.87	13.03	14.41	15.93	19.75		
54	11.35	12.46	13.79	15.21	18.54		
55	10.75	11.80	13.06	14.38	17.17		
56	10.07	11.05	12.24	13.44	15.77		
57	9.35	10.26	11.38	12.44	14.27		
58	8.57	9.42	10.43	11.40	12.80		
59	7.79	8.56	9.47	10.33	11.35		
60	6.97	7.66	8.48	9.27	9.94		
61	6.16	6.77	7.48	8.20	8.57		
62	5.35	5.88	6.50	7.13	7.26		
63	4.52	4.98	5.51	6.03	6.00		
64	3.76	4.12	4.57	4.97	4.88		
65	3.02	3.31	3.66	4.15	3.99		
66	2.45	2.68	2.95	3.35	3.16		
67	1.98	2.17	2.41	2.73	2.52		
68	1.67	1.84	2.04	2.32	2.10		
69	1.56	1.72	1.90	2.16	1.93		

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 70	Not Applicable	Full*	5 Years	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	5.42	5.93	6.50	7.29	12.16		
26	5.62	6.14	6.74	7.57	12.63		
27	5.84	6.40	7.02	7.87	13.11		
28	6.08	6.65	7.32	8.19	13.62		
29	6.35	6.95	7.63	8.56	14.13		
30	6.64	7.26	7.99	8.94	14.66		
31	6.95	7.58	8.35	9.35	15.21		
32	7.27	7.94	8.74	9.79	15.76		
33	7.60	8.32	9.16	10.25	16.35		
34	7.96	8.70	9.59	10.73	16.93		
35	8.33	9.11	10.03	11.24	17.53		
36	8.70	9.53	10.50	11.74	18.11		
37	9.08	9.94	10.97	12.27	18.70		
38	9.48	10.38	11.45	12.80	19.31		
39	9.88	10.81	11.93	13.34	19.90		
40	10.27	11.24	12.42	13.88	20.47		
41	10.64	11.66	12.88	14.40	21.00		
42	11.02	12.07	13.33	14.90	21.48		
43	11.39	12.49	13.79	15.40	21.94		
44	11.72	12.85	14.22	15.87	22.32		
45	12.02	13.20	14.60	16.28	22.63		
46	12.29	13.49	14.93	16.64	22.84		
47	12.48	13.72	15.18	16.93	22.93		
48	12.64	13.88	15.37	17.11	22.87		
49	12.70	13.96	15.46	17.22	22.68		
50	12.68	13.94	15.47	17.19	22.31		
51	12.58	13.84	15.35	17.04	21.80		
52	12.36	13.61	15.11	16.76	21.10		
53	11.95	13.18	14.62	16.18	20.04		
54	11.44	12.61	14.02	15.47	18.85		
55	10.84	11.95	13.28	14.64	17.49		
56	10.16	11.21	12.47	13.71	16.09		
57	9.43	10.42	11.60	12.71	14.58		
58	8.66	9.58	10.66	11.66	13.10		
59	7.87	8.69	9.68	10.58	11.63		
60	7.04	7.78	8.66	9.48	10.17		
61	6.22	6.86	7.63	8.37	8.75		
62	5.40	5.96	6.62	7.28	7.41		
63	4.57	5.05	5.62	6.15	6.13		
64	3.80	4.19	4.68	5.09	4.99		
65	3.02	3.31	3.66	4.15	3.99		
66	2.45	2.68	2.95	3.35	3.16		
67	1.98	2.17	2.41	2.73	2.52		
68	1.67	1.84	2.04	2.32	2.10		
69	1.56	1.72	1.90	2.16	1.93		

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 70	Not Applicable	Full*	Max. Ben. Period	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	5.63	6.26	7.01	7.89	13.16		
26	5.83	6.49	7.27	8.19	13.66		
27	6.06	6.76	7.56	8.51	14.18		
28	6.31	7.03	7.88	8.86	14.73		
29	6.59	7.34	8.22	9.25	15.28		
30	6.89	7.67	8.60	9.66	15.86		
31	7.20	8.02	8.99	10.10	16.45		
32	7.54	8.39	9.41	10.57	17.03		
33	7.87	8.78	9.85	11.06	17.66		
34	8.24	9.19	10.32	11.58	18.29		
35	8.63	9.61	10.79	12.12	18.93		
36	9.01	10.06	11.29	12.67	19.55		
37	9.41	10.49	11.78	13.24	20.18		
38	9.82	10.94	12.30	13.80	20.83		
39	10.22	11.40	12.82	14.38	21.46		
40	10.63	11.86	13.33	14.95	22.07		
41	11.02	12.30	13.82	15.50	22.62		
42	11.40	12.72	14.30	16.04	23.14		
43	11.78	13.15	14.78	16.56	23.62		
44	12.13	13.54	15.24	17.07	24.01		
45	12.43	13.88	15.64	17.49	24.33		
46	12.71	14.18	15.97	17.87	24.54		
47	12.90	14.41	16.24	18.16	24.62		
48	13.06	14.58	16.42	18.34	24.53		
49	13.10	14.65	16.50	18.43	24.30		
50	13.09	14.63	16.49	18.39	23.87		
51	12.97	14.50	16.34	18.20	23.31		
52	12.74	14.24	16.07	17.87	22.52		
53	12.30	13.76	15.50	17.23	21.34		
54	11.76	13.15	14.83	16.43	20.03		
55	11.14	12.44	14.03	15.51	18.54		
56	10.43	11.65	13.14	14.49	17.01		
57	9.67	10.81	12.19	13.40	15.38		
58	8.87	9.92	11.18	12.27	13.79		
59	8.05	9.00	10.14	11.12	12.21		
60	7.21	8.06	9.10	9.98	10.71		
61	6.37	7.13	8.03	8.84	9.23		
62	5.54	6.20	6.98	7.69	7.83		
63	4.69	5.24	5.90	6.49	6.46		
64	3.89	4.33	4.90	5.35	5.24		
65	3.16	3.53	3.97	4.52	4.35		
66	2.54	2.84	3.20	3.65	3.45		
67	2.06	2.32	2.62	2.97	2.75		
68	1.74	1.96	2.22	2.53	2.29		
69	1.62	1.82	2.06	2.36	2.10		

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Limited	2 Years	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	5.62	6.11	6.70	7.52			
26	5.84	6.36	6.97	7.82			
27	6.08	6.62	7.26	8.15			
28	6.35	6.91	7.60	8.50			
29	6.64	7.24	7.94	8.90			
30	6.95	7.58	8.32	9.32			
31	7.27	7.93	8.71	9.76			
32	7.62	8.32	9.12	10.22			
33	7.98	8.72	9.58	10.73			
34	8.38	9.13	10.03	11.25			
35	8.77	9.55	10.50	11.78			
36	9.16	10.01	10.98	12.31			
37	9.56	10.44	11.47	12.86			
38	9.97	10.90	11.98	13.42			
39	10.39	11.35	12.49	13.97			
40	10.79	11.78	12.96	14.50			
41	11.15	12.18	13.42	15.01			
42	11.48	12.55	13.82	15.46			
43	11.78	12.88	14.18	15.87			
44	12.04	13.16	14.48	16.20			
45	12.23	13.38	14.72	16.45			
46	12.34	13.50	14.87	16.61			
47	12.37	13.54	14.93	16.65			
48	12.30	13.45	14.83	16.54			
49	12.13	13.27	14.64	16.28			
50	11.86	12.98	14.30	15.92			
51	11.47	12.56	13.86	15.39			
52	10.99	12.04	13.28	14.71			
53	10.26	11.23	12.40	13.69			
54	9.43	10.33	11.40	12.55			
55	8.53	9.36	10.32	11.29			
56	7.61	8.33	9.18	10.01			
57	6.64	7.26	8.02	8.69			
58	5.65	6.19	6.84	7.36			
59	4.72	5.16	5.69	6.08			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Limited	3 Years	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	5.62	6.12	6.72	7.54			
26	5.84	6.37	7.00	7.84			
27	6.10	6.64	7.28	8.18			
28	6.36	6.92	7.62	8.52			
29	6.65	7.26	7.97	8.92			
30	6.96	7.60	8.34	9.35			
31	7.28	7.96	8.74	9.80			
32	7.63	8.34	9.14	10.26			
33	7.99	8.75	9.60	10.76			
34	8.39	9.16	10.07	11.29			
35	8.78	9.58	10.54	11.82			
36	9.18	10.03	11.03	12.35			
37	9.58	10.46	11.52	12.90			
38	10.00	10.93	12.02	13.48			
39	10.42	11.39	12.54	14.03			
40	10.81	11.82	13.01	14.57			
41	11.17	12.22	13.48	15.08			
42	11.51	12.60	13.88	15.53			
43	11.81	12.92	14.26	15.95			
44	12.06	13.21	14.56	16.28			
45	12.25	13.43	14.81	16.54			
46	12.37	13.56	14.95	16.70			
47	12.41	13.60	15.01	16.76			
48	12.34	13.52	14.93	16.65			
49	12.17	13.34	14.74	16.40			
50	11.90	13.06	14.41	16.04			
51	11.52	12.64	13.97	15.53			
52	11.04	12.11	13.40	14.85			
53	10.31	11.32	12.52	13.83			
54	9.48	10.42	11.53	12.71			
55	8.59	9.46	10.46	11.45			
56	7.66	8.42	9.32	10.17			
57	6.68	7.36	8.16	8.86			
58	5.70	6.29	6.97	7.52			
59	4.76	5.24	5.81	6.23			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Limited	5 Years	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	5.63	6.14	6.74	7.58			
26	5.86	6.40	7.03	7.88			
27	6.11	6.66	7.32	8.21			
28	6.37	6.95	7.66	8.57			
29	6.66	7.28	8.00	8.97			
30	6.97	7.62	8.38	9.40			
31	7.30	7.98	8.78	9.84			
32	7.64	8.36	9.19	10.32			
33	8.02	8.77	9.65	10.82			
34	8.41	9.19	10.12	11.35			
35	8.81	9.61	10.60	11.89			
36	9.20	10.07	11.09	12.42			
37	9.60	10.51	11.58	12.98			
38	10.02	10.98	12.10	13.56			
39	10.44	11.44	12.61	14.12			
40	10.84	11.88	13.09	14.66			
41	11.21	12.28	13.56	15.18			
42	11.54	12.66	13.98	15.64			
43	11.86	13.00	14.35	16.07			
44	12.11	13.28	14.66	16.41			
45	12.30	13.51	14.93	16.68			
46	12.42	13.64	15.08	16.85			
47	12.46	13.68	15.14	16.92			
48	12.40	13.62	15.07	16.81			
49	12.23	13.44	14.89	16.58			
50	11.96	13.16	14.58	16.23			
51	11.59	12.76	14.14	15.72			
52	11.11	12.23	13.58	15.05			
53	10.39	11.45	12.71	14.05			
54	9.56	10.55	11.74	12.94			
55	8.68	9.59	10.67	11.70			
56	7.74	8.56	9.53	10.41			
57	6.77	7.49	8.36	9.10			
58	5.78	6.42	7.18	7.75			
59	4.84	5.36	6.00	6.45			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Limited	Max. Ben. Period	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	5.84	6.50	7.28	8.21			
26	6.08	6.77	7.58	8.53			
27	6.34	7.04	7.90	8.89			
28	6.61	7.36	8.26	9.27			
29	6.91	7.70	8.64	9.71			
30	7.24	8.06	9.04	10.17			
31	7.57	8.44	9.47	10.65			
32	7.93	8.84	9.91	11.16			
33	8.32	9.28	10.40	11.71			
34	8.72	9.72	10.91	12.27			
35	9.13	10.16	11.41	12.86			
36	9.54	10.64	11.94	13.42			
37	9.96	11.11	12.47	14.03			
38	10.39	11.59	13.02	14.64			
39	10.82	12.07	13.57	15.25			
40	11.23	12.54	14.09	15.82			
41	11.62	12.96	14.58	16.38			
42	11.96	13.36	15.02	16.86			
43	12.28	13.70	15.42	17.31			
44	12.54	14.00	15.74	17.68			
45	12.73	14.23	16.01	17.95			
46	12.85	14.36	16.16	18.12			
47	12.89	14.40	16.22	18.18			
48	12.82	14.32	16.13	18.04			
49	12.64	14.12	15.91	17.78			
50	12.35	13.81	15.55	17.38			
51	11.95	13.37	15.06	16.80			
52	11.45	12.80	14.44	16.05			
53	10.69	11.95	13.48	14.95			
54	9.83	10.99	12.40	13.72			
55	8.89	9.96	11.22	12.35			
56	7.92	8.86	9.98	10.94			
57	6.91	7.73	8.71	9.51			
58	5.89	6.59	7.44	8.06			
59	4.91	5.48	6.18	6.66			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Full*	2 Years	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	6.60	7.20	7.88	8.86			
26	6.86	7.48	8.21	9.20			
27	7.15	7.80	8.54	9.59			
28	7.46	8.14	8.93	10.02			
29	7.81	8.52	9.35	10.48			
30	8.17	8.92	9.78	10.97			
31	8.54	9.32	10.25	11.49			
32	8.96	9.78	10.73	12.04			
33	9.38	10.25	11.26	12.63			
34	9.85	10.75	11.80	13.24			
35	10.31	11.24	12.35	13.86			
36	10.78	11.76	12.92	14.49			
37	11.24	12.29	13.49	15.13			
38	11.74	12.83	14.10	15.80			
39	12.23	13.34	14.69	16.46			
40	12.68	13.86	15.25	17.08			
41	13.12	14.34	15.78	17.66			
42	13.51	14.76	16.26	18.19			
43	13.87	15.16	16.69	18.68			
44	14.16	15.49	17.04	19.07			
45	14.38	15.73	17.32	19.37			
46	14.52	15.89	17.50	19.54			
47	14.56	15.92	17.56	19.61			
48	14.48	15.84	17.46	19.47			
49	14.27	15.62	17.22	19.18			
50	13.96	15.28	16.84	18.73			
51	13.50	14.78	16.31	18.12			
52	12.92	14.16	15.62	17.32			
53	12.07	13.22	14.58	16.12			
54	11.10	12.16	13.42	14.79			
55	10.04	11.00	12.14	13.32			
56	8.94	9.79	10.81	11.80			
57	7.81	8.56	9.43	10.25			
58	6.66	7.28	8.05	8.68			
59	5.54	6.07	6.70	7.18			

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
** Rider Form IDI2000-PR/L45-TD attached.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Full*	3 Years	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	6.61	7.21	7.91	8.88			
26	6.88	7.49	8.23	9.22			
27	7.16	7.81	8.57	9.61			
28	7.48	8.15	8.95	10.04			
29	7.82	8.53	9.37	10.51			
30	8.18	8.94	9.80	11.01			
31	8.56	9.35	10.27	11.52			
32	8.98	9.80	10.76	12.08			
33	9.40	10.27	11.29	12.67			
34	9.86	10.78	11.83	13.28			
35	10.33	11.27	12.40	13.90			
36	10.79	11.80	12.97	14.54			
37	11.27	12.31	13.54	15.19			
38	11.76	12.86	14.15	15.86			
39	12.25	13.38	14.74	16.53			
40	12.71	13.91	15.31	17.15			
41	13.14	14.39	15.84	17.74			
42	13.54	14.81	16.33	18.27			
43	13.90	15.20	16.76	18.77			
44	14.20	15.54	17.12	19.16			
45	14.41	15.79	17.40	19.47			
46	14.56	15.95	17.59	19.65			
47	14.60	16.00	17.65	19.72			
48	14.52	15.91	17.57	19.60			
49	14.32	15.70	17.34	19.32			
50	14.00	15.35	16.96	18.87			
51	13.55	14.87	16.43	18.27			
52	12.97	14.24	15.76	17.48			
53	12.13	13.32	14.72	16.28			
54	11.16	12.25	13.56	14.96			
55	10.10	11.10	12.30	13.50			
56	9.00	9.89	10.97	11.98			
57	7.87	8.65	9.59	10.43			
58	6.72	7.38	8.20	8.86			
59	5.59	6.17	6.84	7.34			

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
** Rider Form IDI2000-PR/L45-TD attached.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Full*	5 Years	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	6.62	7.24	7.93	8.91			
26	6.89	7.51	8.26	9.27			
27	7.18	7.84	8.60	9.66			
28	7.49	8.17	9.00	10.09			
29	7.84	8.56	9.42	10.56			
30	8.20	8.96	9.85	11.05			
31	8.58	9.38	10.32	11.58			
32	9.00	9.84	10.81	12.13			
33	9.42	10.31	11.35	12.73			
34	9.89	10.81	11.89	13.35			
35	10.36	11.32	12.46	13.98			
36	10.81	11.84	13.04	14.62			
37	11.29	12.36	13.61	15.27			
38	11.80	12.91	14.23	15.95			
39	12.28	13.44	14.82	16.62			
40	12.74	13.97	15.40	17.25			
41	13.19	14.45	15.94	17.86			
42	13.58	14.88	16.44	18.40			
43	13.94	15.29	16.88	18.89			
44	14.24	15.62	17.24	19.31			
45	14.46	15.88	17.53	19.62			
46	14.60	16.03	17.72	19.81			
47	14.66	16.09	17.80	19.90			
48	14.58	16.01	17.72	19.78			
49	14.39	15.82	17.51	19.52			
50	14.06	15.47	17.14	19.09			
51	13.63	15.00	16.62	18.49			
52	13.06	14.38	15.95	17.71			
53	12.22	13.45	14.94	16.54			
54	11.26	12.41	13.78	15.21			
55	10.20	11.26	12.53	13.77			
56	9.10	10.04	11.20	12.25			
57	7.97	8.81	9.82	10.70			
58	6.80	7.54	8.42	9.12			
59	5.68	6.30	7.04	7.59			

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
** Rider Form IDI2000-PR/L45-TD attached.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Full*	Max. Ben. Period	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	6.88	7.66	8.57	9.65			
26	7.15	7.96	8.92	10.04			
27	7.45	8.29	9.29	10.47			
28	7.78	8.65	9.71	10.93			
29	8.14	9.06	10.16	11.43			
30	8.51	9.48	10.63	11.96			
31	8.90	9.92	11.14	12.54			
32	9.34	10.40	11.66	13.12			
33	9.78	10.91	12.24	13.78			
34	10.26	11.44	12.83	14.44			
35	10.74	11.96	13.43	15.12			
36	11.22	12.52	14.05	15.80			
37	11.71	13.07	14.66	16.50			
38	12.23	13.64	15.32	17.24			
39	12.73	14.20	15.96	17.95			
40	13.21	14.75	16.57	18.63			
41	13.67	15.25	17.15	19.27			
42	14.08	15.71	17.68	19.85			
43	14.45	16.13	18.14	20.38			
44	14.75	16.48	18.53	20.82			
45	14.98	16.74	18.83	21.13			
46	15.12	16.90	19.02	21.32			
47	15.17	16.94	19.08	21.40			
48	15.08	16.85	18.97	21.25			
49	14.87	16.62	18.72	20.94			
50	14.53	16.25	18.30	20.46			
51	14.06	15.73	17.72	19.79			
52	13.46	15.06	16.98	18.92			
53	12.58	14.06	15.85	17.62			
54	11.57	12.94	14.58	16.16			
55	10.46	11.71	13.20	14.56			
56	9.31	10.42	11.75	12.90			
57	8.14	9.10	10.25	11.21			
58	6.94	7.75	8.75	9.50			
59	5.77	6.46	7.27	7.87			

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
** Rider Form IDI2000-PR/L45-TD attached.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Limited	2 Years	Multi-life Only	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
18 - 25				0.37	0.60	1.44	2.67
26				0.40	0.62	1.53	2.78
27				0.43	0.66	1.58	2.94
28				0.45	0.70	1.67	3.08
29				0.48	0.74	1.76	3.22
30				0.51	0.79	1.85	3.40
31				0.56	0.84	1.95	3.58
32				0.59	0.90	2.06	3.77
33				0.64	0.97	2.19	3.96
34				0.68	1.02	2.30	4.17
35				0.75	1.09	2.42	4.41
36				0.79	1.17	2.55	4.66
37				0.86	1.24	2.72	4.92
38				0.93	1.32	2.85	5.23
39				1.00	1.41	3.03	5.50
40				1.07	1.52	3.20	5.84
41				1.16	1.61	3.38	6.17
42				1.24	1.71	3.58	6.55
43				1.35	1.84	3.78	6.94
44				1.45	1.94	4.02	7.35
45				1.55	2.06	4.24	7.78
46				1.66	2.19	4.46	8.23
47				1.76	2.31	4.71	8.68
48				1.89	2.45	4.97	9.20
49				2.01	2.58	5.23	9.71
50				2.14	2.70	5.49	10.21
51				2.27	2.82	5.75	10.68
52				2.38	2.92	5.95	11.09
53				2.52	3.04	6.22	11.56
54				2.62	3.15	6.42	11.96
55				2.71	3.19	6.56	12.20
56				2.76	3.19	6.59	12.23
57				2.76	3.14	6.48	12.02
58				2.67	2.99	6.24	11.54
59				2.51	2.77	5.80	10.70

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Limited	3 Years	Multi-life Only	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
18 - 25				0.39	0.63	1.53	2.83
26				0.43	0.66	1.62	2.94
27				0.45	0.69	1.67	3.10
28				0.47	0.75	1.77	3.26
29				0.51	0.78	1.86	3.41
30				0.54	0.84	1.96	3.60
31				0.60	0.89	2.06	3.77
32				0.62	0.95	2.18	3.99
33				0.68	1.02	2.31	4.19
34				0.72	1.08	2.43	4.41
35				0.79	1.16	2.55	4.66
36				0.84	1.24	2.70	4.93
37				0.91	1.31	2.87	5.20
38				0.99	1.40	3.01	5.52
39				1.06	1.50	3.20	5.82
40				1.14	1.61	3.39	6.17
41				1.23	1.70	3.58	6.52
42				1.31	1.82	3.77	6.92
43				1.43	1.94	4.00	7.34
44				1.53	2.06	4.25	7.77
45				1.64	2.19	4.48	8.22
46				1.75	2.31	4.71	8.70
47				1.86	2.45	4.97	9.17
48				2.00	2.59	5.26	9.72
49				2.13	2.73	5.52	10.26
50				2.27	2.86	5.80	10.79
51				2.40	2.98	6.08	11.30
52				2.52	3.09	6.29	11.73
53				2.67	3.22	6.57	12.22
54				2.78	3.34	6.80	12.64
55				2.88	3.37	6.93	12.89
56				2.92	3.37	6.96	12.94
57				2.92	3.32	6.85	12.71
58				2.83	3.16	6.59	12.20
59				2.66	2.93	6.13	11.32

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Limited	5 Years	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25				0.43	0.68	1.65	3.06
26				0.46	0.71	1.75	3.18
27				0.48	0.75	1.82	3.36
28				0.52	0.81	1.91	3.52
29				0.55	0.85	2.01	3.69
30				0.59	0.91	2.11	3.88
31				0.64	0.97	2.22	4.08
32				0.68	1.04	2.35	4.31
33				0.74	1.10	2.50	4.53
34				0.78	1.17	2.63	4.76
35				0.86	1.25	2.76	5.04
36				0.91	1.35	2.92	5.34
37				0.99	1.43	3.10	5.62
38				1.07	1.52	3.26	5.97
39				1.15	1.62	3.45	6.29
40				1.23	1.74	3.66	6.68
41				1.33	1.85	3.86	7.05
42				1.43	1.97	4.08	7.48
43				1.54	2.10	4.32	7.93
44				1.66	2.23	4.59	8.40
45				1.78	2.37	4.84	8.89
46				1.90	2.51	5.09	9.41
47				2.02	2.66	5.38	9.92
48				2.16	2.81	5.69	10.52
49				2.31	2.96	5.97	11.10
50				2.45	3.11	6.27	11.67
51				2.60	3.23	6.58	12.21
52				2.73	3.36	6.80	12.67
53				2.89	3.48	7.11	13.21
54				3.01	3.61	7.35	13.66
55				3.12	3.66	7.49	13.94
56				3.16	3.66	7.54	13.98
57				3.16	3.60	7.40	13.74
58				3.06	3.43	7.13	13.19
59				2.88	3.19	6.62	12.23

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Limited	Max. Ben. Period	Multi-life Only	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
18 - 25	0.34	0.37	0.41				
26	0.35	0.38	0.44				
27	0.37	0.42	0.47				
28	0.40	0.44	0.49				
29	0.42	0.48	0.53				
30	0.46	0.50	0.58				
31	0.49	0.54	0.61				
32	0.52	0.59	0.66				
33	0.58	0.62	0.71				
34	0.60	0.67	0.76				
35	0.66	0.73	0.82				
36	0.71	0.79	0.89				
37	0.76	0.84	0.95				
38	0.82	0.92	1.03				
39	0.88	0.98	1.10				
40	0.95	1.06	1.19				
41	1.03	1.14	1.27				
42	1.10	1.22	1.37				
43	1.18	1.32	1.48				
44	1.26	1.40	1.58				
45	1.36	1.51	1.70				
46	1.45	1.62	1.82				
47	1.56	1.73	1.94				
48	1.66	1.86	2.09				
49	1.76	1.98	2.22				
50	1.87	2.10	2.35				
51	1.98	2.21	2.48				
52	2.08	2.32	2.62				
53	2.20	2.45	2.76				
54	2.29	2.56	2.88				
55	2.36	2.65	2.99				
56	2.41	2.69	3.04				
57	2.40	2.68	3.01				
58	2.33	2.60	2.93				
59	2.18	2.44	2.76				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Full*	2 Years	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25				0.41	0.66	1.60	2.96
26				0.44	0.68	1.68	3.09
27				0.47	0.72	1.76	3.26
28				0.51	0.78	1.86	3.42
29				0.53	0.82	1.95	3.58
30				0.58	0.87	2.06	3.78
31				0.62	0.93	2.17	3.97
32				0.67	1.00	2.28	4.18
33				0.71	1.06	2.42	4.40
34				0.76	1.13	2.55	4.63
35				0.83	1.22	2.68	4.90
36				0.89	1.29	2.83	5.18
37				0.97	1.38	3.00	5.46
38				1.04	1.47	3.17	5.80
39				1.12	1.56	3.36	6.12
40				1.20	1.68	3.55	6.48
41				1.29	1.79	3.75	6.86
42				1.38	1.91	3.97	7.27
43				1.50	2.04	4.21	7.71
44				1.60	2.15	4.46	8.17
45				1.73	2.29	4.71	8.64
46				1.83	2.44	4.96	9.14
47				1.96	2.56	5.24	9.65
48				2.09	2.71	5.53	10.22
49				2.23	2.86	5.81	10.79
50				2.37	3.00	6.11	11.34
51				2.52	3.14	6.38	11.87
52				2.63	3.24	6.61	12.32
53				2.79	3.38	6.91	12.85
54				2.92	3.50	7.14	13.29
55				3.01	3.54	7.29	13.55
56				3.06	3.54	7.32	13.60
57				3.06	3.48	7.21	13.37
58				2.96	3.32	6.92	12.82
59				2.78	3.08	6.44	11.89

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Full*	3 Years	Multi-life Only	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
18 - 25				0.44	0.69	1.68	3.14
26				0.46	0.72	1.78	3.27
27				0.49	0.77	1.86	3.44
28				0.53	0.83	1.97	3.62
29				0.56	0.86	2.06	3.78
30				0.61	0.92	2.18	4.00
31				0.66	0.99	2.29	4.20
32				0.70	1.06	2.41	4.42
33				0.76	1.13	2.55	4.65
34				0.81	1.20	2.70	4.90
35				0.87	1.29	2.84	5.18
36				0.93	1.37	2.99	5.48
37				1.02	1.46	3.18	5.76
38				1.09	1.56	3.34	6.13
39				1.18	1.66	3.55	6.47
40				1.27	1.78	3.75	6.85
41				1.37	1.90	3.97	7.26
42				1.46	2.02	4.20	7.69
43				1.59	2.15	4.46	8.15
44				1.69	2.28	4.71	8.64
45				1.83	2.43	4.97	9.13
46				1.94	2.58	5.25	9.67
47				2.07	2.71	5.53	10.20
48				2.22	2.88	5.85	10.80
49				2.37	3.04	6.14	11.41
50				2.51	3.19	6.46	11.99
51				2.67	3.32	6.74	12.55
52				2.79	3.44	6.99	13.02
53				2.96	3.58	7.30	13.59
54				3.09	3.70	7.55	14.05
55				3.20	3.75	7.71	14.32
56				3.24	3.75	7.73	14.38
57				3.24	3.69	7.62	14.14
58				3.13	3.52	7.32	13.54
59				2.94	3.27	6.81	12.57

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Full*	5 Years	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25				0.47	0.75	1.83	3.39
26				0.51	0.78	1.93	3.53
27				0.54	0.83	2.01	3.72
28				0.58	0.90	2.12	3.91
29				0.61	0.94	2.22	4.09
30				0.66	1.00	2.35	4.32
31				0.71	1.07	2.48	4.54
32				0.76	1.15	2.61	4.77
33				0.82	1.22	2.76	5.03
34				0.87	1.30	2.92	5.29
35				0.95	1.39	3.07	5.60
36				1.01	1.48	3.23	5.92
37				1.10	1.59	3.43	6.24
38				1.18	1.69	3.62	6.62
39				1.28	1.79	3.84	7.00
40				1.37	1.93	4.06	7.40
41				1.48	2.06	4.29	7.84
42				1.59	2.19	4.54	8.32
43				1.71	2.33	4.82	8.81
44				1.84	2.47	5.09	9.34
45				1.98	2.63	5.38	9.87
46				2.10	2.79	5.67	10.45
47				2.24	2.94	5.98	11.02
48				2.40	3.12	6.33	11.68
49				2.56	3.29	6.64	12.33
50				2.73	3.45	6.97	12.96
51				2.89	3.60	7.29	13.56
52				3.02	3.73	7.56	14.08
53				3.21	3.88	7.90	14.69
54				3.35	4.01	8.16	15.19
55				3.46	4.07	8.34	15.49
56				3.51	4.07	8.36	15.54
57				3.51	4.00	8.24	15.28
58				3.39	3.82	7.91	14.64
59				3.20	3.54	7.36	13.59

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Full*	Max. Ben. Period	Multi-life Only	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
18 - 25	0.37	0.41	0.46				
26	0.38	0.43	0.49				
27	0.41	0.47	0.52				
28	0.44	0.49	0.55				
29	0.47	0.53	0.59				
30	0.50	0.56	0.64				
31	0.55	0.60	0.68				
32	0.58	0.65	0.73				
33	0.64	0.70	0.79				
34	0.67	0.74	0.84				
35	0.73	0.82	0.91				
36	0.78	0.88	0.98				
37	0.84	0.94	1.06				
38	0.91	1.02	1.14				
39	0.97	1.09	1.22				
40	1.06	1.18	1.32				
41	1.14	1.26	1.42				
42	1.22	1.36	1.52				
43	1.31	1.46	1.64				
44	1.40	1.56	1.76				
45	1.50	1.68	1.90				
46	1.61	1.80	2.03				
47	1.73	1.92	2.16				
48	1.84	2.06	2.32				
49	1.96	2.20	2.46				
50	2.08	2.33	2.62				
51	2.20	2.45	2.76				
52	2.30	2.57	2.90				
53	2.44	2.72	3.07				
54	2.54	2.84	3.20				
55	2.63	2.94	3.32				
56	2.68	2.99	3.37				
57	2.66	2.98	3.35				
58	2.59	2.89	3.25				
59	2.42	2.71	3.07				

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 65	Not Applicable	Limited	2 Years	Multi-life Only	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
18 - 25	2.76	2.98	3.23	3.73	6.28	13.95	
26	2.84	3.07	3.34	3.85	6.49	14.30	
27	2.93	3.17	3.44	3.98	6.70	14.62	
28	3.05	3.28	3.58	4.12	6.91	14.96	
29	3.16	3.40	3.71	4.28	7.13	15.27	
30	3.26	3.53	3.84	4.43	7.36	15.59	
31	3.41	3.66	4.00	4.61	7.58	15.87	
32	3.54	3.82	4.14	4.77	7.80	16.16	
33	3.67	3.97	4.32	4.97	8.04	16.42	
34	3.82	4.13	4.49	5.16	8.25	16.71	
35	3.96	4.28	4.67	5.36	8.48	16.94	
36	4.10	4.44	4.84	5.57	8.68	17.17	
37	4.26	4.61	5.00	5.75	8.89	17.39	
38	4.40	4.76	5.17	5.96	9.07	17.59	
39	4.55	4.92	5.34	6.14	9.27	17.74	
40	4.68	5.06	5.52	6.31	9.43	17.88	
41	4.80	5.18	5.65	6.47	9.56	17.96	
42	4.91	5.32	5.80	6.62	9.65	18.00	
43	5.02	5.42	5.90	6.75	9.72	18.00	
44	5.09	5.51	5.99	6.85	9.74	17.91	
45	5.14	5.57	6.06	6.90	9.69	17.77	
46	5.16	5.58	6.10	6.93	9.61	17.52	
47	5.16	5.58	6.08	6.90	9.46	17.20	
48	5.10	5.52	6.02	6.82	9.21	16.75	
49	5.02	5.44	5.92	6.67	8.89	16.20	
50	4.87	5.28	5.76	6.47	8.50	15.54	
51	4.70	5.10	5.57	6.22	8.04	14.80	
52	4.49	4.87	5.32	5.92	7.52	13.92	
53	4.19	4.54	4.94	5.46	6.84	12.79	
54	3.84	4.16	4.55	4.97	6.12	11.61	
55	3.47	3.77	4.12	4.45	5.38	10.35	
56	3.10	3.36	3.66	3.92	4.62	9.10	
57	2.71	2.95	3.22	3.38	3.91	7.84	
58	2.34	2.53	2.77	2.88	3.24	6.66	
59	1.98	2.15	2.34	2.39	2.65	5.56	

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 65	Not Applicable	Limited	3 Years	Multi-life Only	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
18 - 25	2.77	2.99	3.25	3.75	6.31	14.04	
26	2.84	3.08	3.36	3.88	6.52	14.39	
27	2.94	3.18	3.47	4.00	6.74	14.71	
28	3.06	3.29	3.60	4.14	6.96	15.06	
29	3.17	3.42	3.73	4.30	7.18	15.37	
30	3.28	3.55	3.86	4.46	7.41	15.70	
31	3.42	3.68	4.02	4.65	7.62	15.98	
32	3.55	3.84	4.18	4.81	7.85	16.28	
33	3.68	4.00	4.34	5.00	8.10	16.54	
34	3.83	4.15	4.52	5.21	8.30	16.84	
35	3.97	4.31	4.70	5.41	8.54	17.07	
36	4.13	4.46	4.87	5.61	8.75	17.31	
37	4.27	4.63	5.05	5.80	8.96	17.55	
38	4.43	4.79	5.22	6.01	9.15	17.75	
39	4.57	4.96	5.39	6.20	9.35	17.92	
40	4.70	5.10	5.57	6.38	9.52	18.06	
41	4.82	5.22	5.71	6.54	9.65	18.16	
42	4.93	5.36	5.86	6.69	9.75	18.19	
43	5.04	5.47	5.98	6.83	9.82	18.22	
44	5.11	5.56	6.06	6.93	9.86	18.14	
45	5.16	5.62	6.13	6.99	9.82	18.01	
46	5.20	5.64	6.18	7.03	9.74	17.78	
47	5.20	5.64	6.18	7.00	9.60	17.47	
48	5.14	5.58	6.12	6.93	9.35	17.04	
49	5.05	5.51	6.01	6.79	9.04	16.50	
50	4.92	5.35	5.87	6.60	8.66	15.85	
51	4.75	5.17	5.69	6.36	8.20	15.13	
52	4.54	4.96	5.44	6.06	7.69	14.26	
53	4.24	4.62	5.06	5.61	7.03	13.15	
54	3.89	4.26	4.68	5.13	6.30	11.98	
55	3.53	3.85	4.25	4.61	5.57	10.73	
56	3.16	3.46	3.80	4.08	4.81	9.47	
57	2.77	3.05	3.36	3.54	4.09	8.22	
58	2.39	2.63	2.90	3.04	3.42	7.01	
59	2.03	2.23	2.46	2.54	2.81	5.89	

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 65	Not Applicable	Limited	5 Years	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	2.78	3.00	3.28	3.78	6.36	14.16	
26	2.86	3.11	3.38	3.91	6.58	14.52	
27	2.95	3.20	3.50	4.04	6.80	14.85	
28	3.07	3.31	3.62	4.19	7.02	15.20	
29	3.18	3.44	3.77	4.35	7.25	15.52	
30	3.30	3.58	3.90	4.51	7.48	15.85	
31	3.43	3.71	4.07	4.69	7.71	16.15	
32	3.58	3.86	4.22	4.86	7.94	16.46	
33	3.71	4.02	4.39	5.06	8.18	16.73	
34	3.85	4.19	4.57	5.27	8.40	17.04	
35	4.00	4.34	4.76	5.47	8.64	17.28	
36	4.15	4.51	4.93	5.68	8.86	17.53	
37	4.30	4.68	5.11	5.88	9.07	17.78	
38	4.45	4.84	5.29	6.10	9.27	18.00	
39	4.60	5.00	5.47	6.29	9.48	18.17	
40	4.74	5.16	5.65	6.47	9.65	18.34	
41	4.86	5.28	5.80	6.65	9.80	18.45	
42	4.97	5.42	5.95	6.81	9.90	18.50	
43	5.08	5.53	6.08	6.95	9.98	18.54	
44	5.16	5.63	6.18	7.06	10.03	18.48	
45	5.21	5.69	6.25	7.13	10.01	18.37	
46	5.24	5.72	6.31	7.18	9.94	18.16	
47	5.24	5.74	6.31	7.16	9.81	17.88	
48	5.20	5.68	6.26	7.10	9.57	17.47	
49	5.11	5.60	6.17	6.97	9.27	16.95	
50	4.98	5.46	6.02	6.79	8.90	16.32	
51	4.82	5.29	5.86	6.56	8.45	15.62	
52	4.61	5.08	5.62	6.27	7.96	14.76	
53	4.31	4.74	5.26	5.83	7.29	13.68	
54	3.97	4.39	4.88	5.36	6.58	12.53	
55	3.61	3.98	4.45	4.85	5.85	11.29	
56	3.24	3.59	4.01	4.32	5.09	10.04	
57	2.86	3.18	3.56	3.78	4.37	8.77	
58	2.47	2.76	3.11	3.27	3.68	7.55	
59	2.10	2.35	2.64	2.76	3.06	6.38	

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 65	Not Applicable	Limited	Max. Ben. Period	Multi-life Only	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
18 - 25	2.93	3.25	3.65	4.22	7.10	15.94	
26	3.01	3.36	3.77	4.36	7.34	16.35	
27	3.11	3.47	3.89	4.50	7.58	16.71	
28	3.23	3.59	4.03	4.66	7.81	17.09	
29	3.35	3.72	4.19	4.83	8.06	17.45	
30	3.47	3.86	4.33	5.01	8.31	17.81	
31	3.61	4.01	4.51	5.21	8.57	18.14	
32	3.76	4.18	4.68	5.41	8.82	18.47	
33	3.90	4.34	4.87	5.61	9.09	18.78	
34	4.04	4.51	5.06	5.84	9.33	19.10	
35	4.20	4.68	5.27	6.07	9.59	19.36	
36	4.36	4.86	5.46	6.29	9.82	19.62	
37	4.51	5.04	5.65	6.51	10.06	19.88	
38	4.67	5.21	5.84	6.74	10.27	20.10	
39	4.82	5.38	6.04	6.95	10.49	20.28	
40	4.97	5.54	6.23	7.15	10.67	20.43	
41	5.09	5.68	6.38	7.33	10.82	20.53	
42	5.21	5.82	6.54	7.50	10.93	20.57	
43	5.32	5.93	6.67	7.64	10.99	20.57	
44	5.40	6.02	6.77	7.75	11.03	20.47	
45	5.45	6.08	6.84	7.82	10.98	20.31	
46	5.47	6.11	6.89	7.85	10.89	20.03	
47	5.47	6.11	6.88	7.83	10.73	19.66	
48	5.41	6.04	6.80	7.73	10.44	19.15	
49	5.32	5.94	6.68	7.57	10.09	18.51	
50	5.17	5.77	6.50	7.34	9.65	17.77	
51	4.99	5.58	6.29	7.06	9.12	16.91	
52	4.76	5.33	6.00	6.73	8.54	15.91	
53	4.44	4.96	5.58	6.21	7.77	14.62	
54	4.07	4.56	5.14	5.66	6.96	13.27	
55	3.68	4.12	4.64	5.07	6.13	11.83	
56	3.29	3.67	4.13	4.47	5.28	10.40	
57	2.88	3.23	3.64	3.86	4.47	8.97	
58	2.48	2.77	3.13	3.29	3.71	7.61	
59	2.10	2.35	2.64	2.76	3.06	6.35	

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 65	Not Applicable	Full*	2 Years	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	3.25	3.50	3.80	4.39	7.39	16.41	
26	3.34	3.61	3.92	4.53	7.64	16.82	
27	3.46	3.73	4.04	4.68	7.89	17.20	
28	3.58	3.86	4.20	4.85	8.14	17.60	
29	3.71	4.01	4.36	5.04	8.40	17.96	
30	3.85	4.16	4.51	5.22	8.66	18.34	
31	4.01	4.31	4.70	5.43	8.92	18.67	
32	4.16	4.49	4.88	5.64	9.19	19.01	
33	4.32	4.68	5.08	5.85	9.45	19.33	
34	4.49	4.85	5.27	6.08	9.71	19.66	
35	4.66	5.04	5.48	6.31	9.98	19.93	
36	4.84	5.23	5.69	6.56	10.21	20.21	
37	5.00	5.42	5.89	6.77	10.45	20.46	
38	5.18	5.59	6.08	7.02	10.70	20.69	
39	5.35	5.78	6.29	7.23	10.91	20.89	
40	5.51	5.95	6.48	7.44	11.10	21.03	
41	5.64	6.11	6.65	7.62	11.26	21.13	
42	5.77	6.25	6.82	7.81	11.37	21.16	
43	5.89	6.37	6.95	7.95	11.45	21.16	
44	5.99	6.47	7.06	8.06	11.48	21.07	
45	6.04	6.54	7.13	8.13	11.43	20.90	
46	6.07	6.58	7.18	8.17	11.33	20.63	
47	6.06	6.58	7.16	8.14	11.16	20.24	
48	6.00	6.49	7.09	8.04	10.86	19.70	
49	5.89	6.38	6.96	7.87	10.48	19.06	
50	5.74	6.20	6.78	7.62	10.02	18.29	
51	5.53	6.00	6.55	7.35	9.49	17.41	
52	5.28	5.72	6.25	6.98	8.88	16.38	
53	4.92	5.33	5.81	6.44	8.10	15.05	
54	4.51	4.91	5.34	5.88	7.22	13.64	
55	4.08	4.43	4.84	5.26	6.36	12.18	
56	3.65	3.95	4.31	4.63	5.47	10.69	
57	3.19	3.47	3.78	4.00	4.62	9.23	
58	2.75	2.99	3.26	3.40	3.84	7.83	
59	2.33	2.52	2.75	2.83	3.14	6.55	

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¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 65	Not Applicable	Full*	3 Years	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	3.25	3.52	3.83	4.42	7.43	16.50	
26	3.35	3.62	3.95	4.55	7.68	16.92	
27	3.47	3.74	4.07	4.70	7.94	17.30	
28	3.59	3.88	4.22	4.88	8.19	17.71	
29	3.72	4.03	4.38	5.07	8.44	18.07	
30	3.86	4.19	4.54	5.26	8.71	18.46	
31	4.02	4.33	4.73	5.46	8.98	18.79	
32	4.18	4.51	4.91	5.67	9.25	19.14	
33	4.33	4.70	5.11	5.90	9.52	19.46	
34	4.51	4.87	5.30	6.13	9.78	19.80	
35	4.68	5.06	5.53	6.36	10.05	20.09	
36	4.85	5.26	5.74	6.60	10.29	20.37	
37	5.03	5.45	5.94	6.83	10.53	20.64	
38	5.21	5.63	6.13	7.07	10.79	20.87	
39	5.38	5.82	6.35	7.30	11.01	21.09	
40	5.53	6.00	6.54	7.51	11.20	21.23	
41	5.66	6.16	6.72	7.71	11.36	21.35	
42	5.80	6.30	6.89	7.89	11.49	21.40	
43	5.92	6.42	7.02	8.04	11.57	21.41	
44	6.01	6.53	7.14	8.15	11.60	21.32	
45	6.07	6.60	7.21	8.23	11.57	21.16	
46	6.11	6.64	7.27	8.28	11.47	20.91	
47	6.11	6.64	7.26	8.26	11.30	20.54	
48	6.04	6.56	7.20	8.17	11.02	20.02	
49	5.94	6.46	7.08	8.00	10.65	19.39	
50	5.78	6.29	6.90	7.76	10.20	18.65	
51	5.58	6.08	6.67	7.50	9.67	17.78	
52	5.33	5.82	6.38	7.14	9.07	16.75	
53	4.98	5.42	5.95	6.60	8.29	15.44	
54	4.57	5.00	5.48	6.05	7.43	14.05	
55	4.14	4.52	4.99	5.44	6.57	12.60	
56	3.71	4.06	4.46	4.82	5.68	11.11	
57	3.25	3.56	3.94	4.19	4.83	9.65	
58	2.81	3.08	3.41	3.58	4.04	8.23	
59	2.39	2.62	2.89	2.99	3.32	6.92	

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 65	Not Applicable	Full*	5 Years	Multi-life Only	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
18 - 25	3.26	3.54	3.85	4.45	7.49	16.64	
26	3.36	3.65	3.97	4.60	7.74	17.06	
27	3.48	3.77	4.10	4.75	7.99	17.46	
28	3.60	3.90	4.26	4.92	8.26	17.86	
29	3.74	4.06	4.43	5.12	8.52	18.24	
30	3.88	4.21	4.58	5.30	8.79	18.63	
31	4.03	4.37	4.78	5.52	9.06	18.98	
32	4.20	4.55	4.96	5.73	9.34	19.34	
33	4.36	4.73	5.17	5.96	9.61	19.67	
34	4.54	4.91	5.36	6.20	9.88	20.02	
35	4.70	5.10	5.59	6.44	10.15	20.32	
36	4.87	5.30	5.80	6.68	10.41	20.61	
37	5.05	5.50	6.01	6.91	10.66	20.89	
38	5.23	5.69	6.22	7.16	10.91	21.14	
39	5.41	5.88	6.43	7.39	11.14	21.37	
40	5.57	6.06	6.64	7.61	11.35	21.54	
41	5.71	6.22	6.82	7.82	11.52	21.67	
42	5.84	6.37	6.98	8.02	11.65	21.74	
43	5.96	6.50	7.14	8.17	11.75	21.77	
44	6.06	6.61	7.26	8.30	11.80	21.70	
45	6.13	6.68	7.34	8.38	11.78	21.57	
46	6.17	6.72	7.40	8.44	11.68	21.33	
47	6.17	6.73	7.42	8.43	11.53	20.99	
48	6.10	6.67	7.36	8.35	11.26	20.49	
49	6.01	6.58	7.25	8.20	10.90	19.90	
50	5.86	6.41	7.08	7.98	10.47	19.16	
51	5.66	6.22	6.86	7.72	9.95	18.33	
52	5.41	5.95	6.58	7.37	9.36	17.33	
53	5.06	5.57	6.17	6.85	8.59	16.04	
54	4.66	5.15	5.71	6.30	7.74	14.66	
55	4.24	4.68	5.22	5.70	6.89	13.22	
56	3.79	4.21	4.69	5.08	6.00	11.74	
57	3.35	3.72	4.16	4.45	5.14	10.26	
58	2.89	3.23	3.64	3.84	4.34	8.82	
59	2.47	2.76	3.11	3.24	3.60	7.47	

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 65	Not Applicable	Full*	Max. Ben. Period	Multi-life Only	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
18 - 25	3.44	3.83	4.30	4.96	8.35	18.76	
26	3.54	3.95	4.43	5.13	8.64	19.22	
27	3.66	4.08	4.57	5.29	8.91	19.67	
28	3.79	4.22	4.74	5.49	9.20	20.12	
29	3.94	4.38	4.92	5.69	9.50	20.53	
30	4.08	4.55	5.10	5.90	9.79	20.96	
31	4.25	4.72	5.30	6.14	10.09	21.34	
32	4.42	4.91	5.51	6.37	10.40	21.73	
33	4.58	5.11	5.74	6.62	10.70	22.09	
34	4.76	5.30	5.95	6.88	10.98	22.46	
35	4.94	5.51	6.19	7.14	11.28	22.78	
36	5.12	5.72	6.42	7.41	11.56	23.10	
37	5.30	5.93	6.65	7.66	11.83	23.39	
38	5.50	6.12	6.88	7.94	12.10	23.65	
39	5.68	6.32	7.10	8.18	12.34	23.87	
40	5.84	6.52	7.32	8.42	12.56	24.04	
41	5.99	6.68	7.51	8.64	12.74	24.15	
42	6.12	6.84	7.69	8.84	12.87	24.19	
43	6.25	6.97	7.85	8.99	12.96	24.19	
44	6.35	7.08	7.97	9.13	13.00	24.08	
45	6.41	7.15	8.05	9.21	12.95	23.88	
46	6.44	7.19	8.10	9.26	12.82	23.57	
47	6.43	7.19	8.09	9.22	12.64	23.13	
48	6.36	7.10	8.00	9.11	12.31	22.52	
49	6.25	6.98	7.86	8.92	11.88	21.79	
50	6.08	6.79	7.66	8.66	11.37	20.91	
51	5.87	6.56	7.39	8.34	10.76	19.90	
52	5.60	6.26	7.06	7.94	10.09	18.72	
53	5.22	5.83	6.56	7.33	9.20	17.20	
54	4.79	5.36	6.04	6.68	8.22	15.59	
55	4.33	4.85	5.46	5.99	7.25	13.92	
56	3.86	4.32	4.86	5.29	6.26	12.22	
57	3.38	3.79	4.27	4.58	5.29	10.55	
58	2.92	3.26	3.68	3.90	4.40	8.95	
59	2.47	2.76	3.11	3.25	3.61	7.48	

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery) on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDISA, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Limited	Not Applicable	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	0.12	0.13	0.16	0.16	0.25	0.54	1.01
26	0.13	0.14	0.17	0.17	0.26	0.57	1.06
27	0.13	0.16	0.18	0.18	0.29	0.61	1.10
28	0.14	0.17	0.19	0.20	0.30	0.63	1.17
29	0.16	0.18	0.20	0.22	0.32	0.66	1.22
30	0.18	0.19	0.22	0.23	0.35	0.69	1.28
31	0.19	0.22	0.24	0.24	0.37	0.74	1.34
32	0.20	0.23	0.25	0.26	0.39	0.77	1.42
33	0.22	0.24	0.28	0.29	0.41	0.83	1.50
34	0.24	0.26	0.30	0.31	0.45	0.86	1.57
35	0.25	0.29	0.32	0.33	0.47	0.91	1.66
36	0.26	0.30	0.35	0.35	0.51	0.96	1.76
37	0.29	0.32	0.36	0.38	0.54	1.02	1.86
38	0.31	0.35	0.38	0.40	0.58	1.08	1.97
39	0.34	0.36	0.41	0.44	0.62	1.13	2.08
40	0.35	0.40	0.44	0.47	0.66	1.21	2.20
41	0.38	0.43	0.49	0.51	0.70	1.28	2.33
42	0.42	0.47	0.53	0.55	0.74	1.34	2.48
43	0.44	0.50	0.56	0.59	0.79	1.43	2.62
44	0.48	0.54	0.60	0.63	0.83	1.51	2.77
45	0.52	0.58	0.64	0.67	0.90	1.60	2.94
46	0.55	0.60	0.68	0.71	0.95	1.68	3.10
47	0.58	0.65	0.73	0.77	1.00	1.78	3.28
48	0.62	0.70	0.79	0.82	1.05	1.87	3.47
49	0.67	0.76	0.84	0.87	1.12	1.97	3.66
50	0.71	0.80	0.89	0.93	1.17	2.07	3.85
51	0.74	0.83	0.94	0.99	1.22	2.17	4.03
52	0.79	0.88	1.00	1.02	1.27	2.24	4.18
53	0.83	0.92	1.04	1.09	1.31	2.34	4.37
54	0.86	0.97	1.09	1.14	1.36	2.42	4.51
55	0.90	1.00	1.13	1.18	1.39	2.48	4.60
56	0.90	1.02	1.14	1.20	1.39	2.49	4.61
57	0.90	1.02	1.14	1.20	1.37	2.44	4.53
58	0.88	0.98	1.10	1.15	1.29	2.34	4.35
59	0.83	0.92	1.03	1.08	1.21	2.18	4.04

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery) on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDISA, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Full*	Not Applicable	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	0.13	0.14	0.17	0.17	0.26	0.57	1.06
26	0.14	0.16	0.18	0.18	0.28	0.61	1.11
27	0.14	0.17	0.19	0.20	0.30	0.63	1.17
28	0.16	0.18	0.20	0.21	0.31	0.66	1.22
29	0.17	0.19	0.22	0.23	0.33	0.69	1.28
30	0.19	0.20	0.23	0.24	0.37	0.74	1.35
31	0.20	0.23	0.25	0.25	0.39	0.77	1.42
32	0.22	0.24	0.26	0.28	0.41	0.81	1.50
33	0.23	0.25	0.29	0.30	0.44	0.86	1.57
34	0.25	0.28	0.31	0.32	0.47	0.91	1.66
35	0.26	0.30	0.34	0.35	0.49	0.96	1.75
36	0.28	0.31	0.36	0.37	0.53	1.01	1.85
37	0.30	0.34	0.38	0.40	0.56	1.08	1.95
38	0.32	0.36	0.41	0.43	0.61	1.13	2.07
39	0.35	0.38	0.43	0.46	0.66	1.20	2.19
40	0.37	0.42	0.47	0.49	0.69	1.27	2.32
41	0.41	0.46	0.52	0.53	0.74	1.34	2.45
42	0.44	0.49	0.55	0.58	0.77	1.42	2.60
43	0.47	0.53	0.59	0.62	0.83	1.51	2.75
44	0.50	0.56	0.64	0.67	0.89	1.60	2.92
45	0.54	0.60	0.67	0.70	0.94	1.68	3.09
46	0.58	0.64	0.72	0.75	1.00	1.77	3.27
47	0.61	0.68	0.77	0.81	1.05	1.87	3.44
48	0.66	0.73	0.83	0.86	1.12	1.97	3.65
49	0.71	0.79	0.89	0.92	1.17	2.08	3.85
50	0.74	0.84	0.94	0.98	1.23	2.18	4.05
51	0.78	0.88	0.98	1.04	1.28	2.28	4.24
52	0.83	0.92	1.04	1.08	1.33	2.37	4.40
53	0.88	0.97	1.10	1.15	1.39	2.46	4.59
54	0.91	1.02	1.15	1.20	1.43	2.55	4.74
55	0.95	1.04	1.19	1.24	1.46	2.61	4.84
56	0.95	1.07	1.20	1.25	1.46	2.62	4.85
57	0.95	1.07	1.20	1.25	1.44	2.57	4.77
58	0.92	1.03	1.16	1.21	1.37	2.48	4.58
59	0.88	0.97	1.09	1.14	1.27	2.30	4.25

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery) on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDISA, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 65	Not Applicable	Limited	Not Applicable	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	1.14	1.26	1.42	1.47	2.47	5.42	
26	1.16	1.31	1.46	1.52	2.56	5.56	
27	1.21	1.36	1.51	1.58	2.65	5.69	
28	1.26	1.40	1.56	1.63	2.74	5.82	
29	1.30	1.45	1.62	1.69	2.82	5.94	
30	1.36	1.51	1.69	1.76	2.91	6.06	
31	1.40	1.56	1.75	1.82	2.99	6.17	
32	1.45	1.62	1.82	1.90	3.08	6.28	
33	1.52	1.69	1.90	1.97	3.19	6.39	
34	1.57	1.76	1.98	2.06	3.28	6.49	
35	1.64	1.84	2.05	2.13	3.36	6.59	
36	1.69	1.88	2.14	2.21	3.44	6.68	
37	1.75	1.96	2.20	2.29	3.53	6.77	
38	1.82	2.02	2.28	2.37	3.61	6.83	
39	1.87	2.10	2.35	2.45	3.68	6.90	
40	1.93	2.15	2.42	2.52	3.76	6.95	
41	1.98	2.21	2.48	2.59	3.81	6.97	
42	2.02	2.27	2.54	2.65	3.85	7.00	
43	2.06	2.30	2.59	2.70	3.89	7.00	
44	2.10	2.34	2.64	2.75	3.90	6.96	
45	2.12	2.36	2.66	2.77	3.89	6.91	
46	2.14	2.39	2.68	2.78	3.86	6.81	
47	2.12	2.38	2.68	2.78	3.81	6.69	
48	2.11	2.35	2.65	2.77	3.71	6.51	
49	2.06	2.30	2.60	2.71	3.60	6.29	
50	2.00	2.24	2.53	2.63	3.46	6.04	
51	1.94	2.17	2.45	2.54	3.29	5.75	
52	1.85	2.06	2.33	2.44	3.09	5.41	
53	1.73	1.93	2.17	2.27	2.84	4.97	
54	1.58	1.78	2.00	2.08	2.56	4.51	
55	1.43	1.60	1.81	1.90	2.28	4.02	
56	1.27	1.43	1.61	1.68	1.99	3.53	
57	1.12	1.26	1.40	1.48	1.70	3.05	
58	0.96	1.08	1.21	1.28	1.43	2.59	
59	0.82	0.91	1.03	1.07	1.18	2.16	
60	0.68	0.77	0.86	0.90	0.97	1.77	
61	0.56	0.64	0.71	0.75	0.77	1.44	
62	0.47	0.52	0.59	0.61	0.63	1.17	
63	0.43	0.48	0.54	0.55	0.54	1.05	
64	0.41	0.46	0.52	0.53	0.52	0.99	

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/NC-ML et al
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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 65	Not Applicable	Full*	Not Applicable	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	1.24	1.37	1.54	1.59	2.68	5.86	
26	1.26	1.42	1.58	1.64	2.76	6.01	
27	1.31	1.46	1.63	1.70	2.86	6.15	
28	1.36	1.51	1.69	1.76	2.96	6.28	
29	1.40	1.57	1.75	1.83	3.05	6.41	
30	1.46	1.63	1.82	1.90	3.14	6.55	
31	1.52	1.69	1.90	1.97	3.23	6.67	
32	1.57	1.75	1.97	2.05	3.34	6.79	
33	1.64	1.82	2.05	2.13	3.44	6.91	
34	1.70	1.91	2.14	2.22	3.54	7.02	
35	1.78	1.98	2.22	2.30	3.63	7.12	
36	1.82	2.04	2.30	2.39	3.71	7.22	
37	1.90	2.11	2.38	2.47	3.82	7.30	
38	1.97	2.18	2.46	2.56	3.90	7.39	
39	2.03	2.27	2.54	2.65	3.99	7.46	
40	2.09	2.33	2.62	2.73	4.06	7.51	
41	2.14	2.39	2.69	2.79	4.12	7.55	
42	2.18	2.45	2.75	2.86	4.16	7.56	
43	2.23	2.50	2.81	2.92	4.20	7.56	
44	2.27	2.53	2.86	2.97	4.21	7.52	
45	2.29	2.56	2.88	3.00	4.20	7.46	
46	2.30	2.58	2.89	3.01	4.17	7.36	
47	2.29	2.57	2.89	3.01	4.12	7.23	
48	2.28	2.54	2.87	2.99	4.03	7.04	
49	2.23	2.50	2.82	2.93	3.89	6.81	
50	2.17	2.42	2.74	2.85	3.75	6.53	
51	2.10	2.35	2.64	2.75	3.55	6.22	
52	2.00	2.23	2.52	2.63	3.35	5.85	
53	1.87	2.09	2.35	2.45	3.07	5.38	
54	1.72	1.92	2.16	2.25	2.76	4.87	
55	1.55	1.73	1.96	2.05	2.46	4.35	
56	1.38	1.55	1.74	1.82	2.15	3.82	
57	1.21	1.36	1.52	1.60	1.84	3.29	
58	1.04	1.16	1.31	1.38	1.54	2.79	
59	0.89	0.98	1.12	1.16	1.28	2.33	
60	0.74	0.83	0.94	0.97	1.05	1.91	
61	0.61	0.68	0.77	0.81	0.83	1.55	
62	0.50	0.56	0.64	0.66	0.68	1.25	
63	0.47	0.52	0.59	0.60	0.59	1.13	
64	0.44	0.49	0.55	0.58	0.55	1.07	

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery) on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDISA, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 70	Not Applicable	Limited	Not Applicable	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	1.30	1.45	1.62	1.69	2.82		
26	1.34	1.51	1.69	1.75	2.92		
27	1.40	1.56	1.75	1.82	3.05		
28	1.46	1.62	1.82	1.90	3.15		
29	1.54	1.70	1.91	1.98	3.27		
30	1.60	1.78	1.99	2.06	3.38		
31	1.67	1.86	2.08	2.16	3.52		
32	1.74	1.94	2.17	2.27	3.65		
33	1.84	2.03	2.29	2.37	3.80		
34	1.91	2.12	2.39	2.48	3.91		
35	2.00	2.22	2.50	2.61	4.06		
36	2.09	2.32	2.60	2.73	4.19		
37	2.17	2.44	2.74	2.84	4.32		
38	2.28	2.53	2.84	2.97	4.47		
39	2.36	2.64	2.96	3.08	4.60		
40	2.46	2.74	3.08	3.21	4.74		
41	2.56	2.86	3.19	3.34	4.85		
42	2.64	2.94	3.31	3.45	4.98		
43	2.74	3.04	3.42	3.57	5.07		
44	2.81	3.13	3.53	3.67	5.15		
45	2.88	3.22	3.62	3.76	5.23		
46	2.94	3.29	3.70	3.85	5.29		
47	2.99	3.34	3.77	3.91	5.30		
48	3.02	3.37	3.79	3.96	5.29		
49	3.04	3.38	3.82	3.98	5.26		
50	3.04	3.38	3.82	3.98	5.15		
51	3.00	3.36	3.78	3.94	5.04		
52	2.95	3.30	3.72	3.88	4.88		
53	2.84	3.18	3.59	3.75	4.63		
54	2.72	3.04	3.43	3.58	4.36		
55	2.58	2.89	3.25	3.39	4.05		
56	2.42	2.70	3.04	3.17	3.71		
57	2.23	2.50	2.82	2.93	3.37		
58	2.05	2.29	2.59	2.70	3.04		
59	1.86	2.09	2.34	2.45	2.69		
60	1.67	1.86	2.11	2.20	2.36		
61	1.48	1.64	1.86	1.93	2.01		
62	1.28	1.43	1.62	1.68	1.71		
63	1.09	1.21	1.37	1.43	1.41		
64	0.90	1.01	1.13	1.18	1.15		
65	0.73	0.82	0.92	0.95	0.93		
66	0.59	0.66	0.74	0.78	0.72		
67	0.48	0.53	0.60	0.64	0.58		
68	0.40	0.46	0.52	0.54	0.49		
69	0.37	0.42	0.48	0.49	0.45		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery) on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDISA, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 70	Not Applicable	Full*	Not Applicable	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	1.40	1.57	1.75	1.83	3.05		
26	1.45	1.63	1.82	1.89	3.16		
27	1.51	1.69	1.90	1.97	3.29		
28	1.58	1.75	1.97	2.05	3.40		
29	1.66	1.84	2.06	2.14	3.53		
30	1.73	1.92	2.15	2.23	3.66		
31	1.80	2.02	2.24	2.33	3.81		
32	1.88	2.10	2.35	2.45	3.93		
33	1.98	2.20	2.47	2.56	4.09		
34	2.06	2.29	2.58	2.69	4.23		
35	2.16	2.40	2.70	2.82	4.38		
36	2.26	2.51	2.82	2.94	4.53		
37	2.35	2.63	2.95	3.07	4.67		
38	2.46	2.74	3.07	3.21	4.83		
39	2.56	2.86	3.20	3.34	4.98		
40	2.66	2.96	3.34	3.47	5.12		
41	2.76	3.08	3.46	3.61	5.26		
42	2.86	3.18	3.58	3.73	5.37		
43	2.95	3.29	3.70	3.85	5.49		
44	3.04	3.38	3.82	3.97	5.58		
45	3.11	3.48	3.91	4.07	5.65		
46	3.18	3.55	4.00	4.16	5.72		
47	3.23	3.60	4.07	4.23	5.74		
48	3.26	3.65	4.10	4.28	5.73		
49	3.28	3.66	4.13	4.30	5.68		
50	3.28	3.66	4.13	4.30	5.58		
51	3.24	3.64	4.09	4.27	5.45		
52	3.19	3.56	4.02	4.19	5.28		
53	3.07	3.44	3.88	4.05	5.01		
54	2.94	3.29	3.71	3.86	4.72		
55	2.78	3.12	3.52	3.67	4.37		
56	2.62	2.92	3.29	3.43	4.03		
57	2.41	2.70	3.05	3.17	3.65		
58	2.22	2.48	2.80	2.92	3.28		
59	2.02	2.26	2.53	2.65	2.91		
60	1.80	2.02	2.28	2.37	2.55		
61	1.60	1.78	2.02	2.09	2.19		
62	1.39	1.55	1.75	1.82	1.85		
63	1.18	1.31	1.48	1.54	1.53		
64	0.97	1.09	1.22	1.28	1.24		
65	0.79	0.89	1.00	1.04	1.00		
66	0.64	0.71	0.80	0.84	0.78		
67	0.52	0.58	0.65	0.69	0.63		
68	0.43	0.49	0.55	0.59	0.53		
69	0.41	0.46	0.52	0.54	0.48		

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery) on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDISA, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Limited	Not Applicable	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	1.39	1.55	1.73	1.78			
26	1.43	1.60	1.79	1.86			
27	1.49	1.66	1.86	1.93			
28	1.56	1.72	1.93	2.00			
29	1.61	1.79	2.00	2.08			
30	1.68	1.87	2.10	2.19			
31	1.74	1.96	2.18	2.27			
32	1.82	2.03	2.29	2.37			
33	1.91	2.12	2.39	2.48			
34	1.99	2.22	2.48	2.59			
35	2.08	2.30	2.59	2.69			
36	2.15	2.41	2.70	2.81			
37	2.24	2.50	2.81	2.92			
38	2.33	2.59	2.92	3.05			
39	2.42	2.70	3.04	3.15			
40	2.50	2.78	3.13	3.25			
41	2.57	2.87	3.22	3.36			
42	2.64	2.94	3.31	3.45			
43	2.70	3.01	3.40	3.52			
44	2.75	3.07	3.46	3.60			
45	2.78	3.11	3.49	3.63			
46	2.81	3.13	3.53	3.67			
47	2.81	3.13	3.53	3.68			
48	2.77	3.11	3.50	3.65			
49	2.74	3.06	3.46	3.60			
50	2.68	2.99	3.36	3.51			
51	2.59	2.89	3.25	3.39			
52	2.46	2.75	3.11	3.24			
53	2.29	2.58	2.89	3.04			
54	2.11	2.36	2.66	2.77			
55	1.92	2.15	2.41	2.52			
56	1.70	1.91	2.15	2.24			
57	1.49	1.67	1.87	1.97			
58	1.27	1.42	1.61	1.68			
59	1.08	1.20	1.36	1.41			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML et al
Residual Disability Benefit (without recovery) on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDISA, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Full*	Not Applicable	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	1.50	1.67	1.87	1.93			
26	1.55	1.73	1.93	2.01			
27	1.61	1.79	2.02	2.09			
28	1.68	1.86	2.09	2.16			
29	1.74	1.93	2.17	2.25			
30	1.81	2.03	2.27	2.36			
31	1.88	2.11	2.36	2.45			
32	1.97	2.20	2.47	2.56			
33	2.06	2.29	2.58	2.68			
34	2.15	2.40	2.69	2.79			
35	2.24	2.50	2.80	2.91			
36	2.33	2.60	2.92	3.04			
37	2.42	2.70	3.04	3.16			
38	2.52	2.81	3.16	3.29			
39	2.62	2.92	3.28	3.40			
40	2.70	3.01	3.38	3.52			
41	2.77	3.10	3.48	3.63			
42	2.86	3.18	3.58	3.73			
43	2.92	3.25	3.67	3.81			
44	2.98	3.32	3.73	3.89			
45	3.01	3.36	3.78	3.93			
46	3.04	3.38	3.82	3.97			
47	3.04	3.38	3.82	3.98			
48	3.00	3.36	3.79	3.94			
49	2.95	3.31	3.73	3.89			
50	2.89	3.23	3.64	3.80			
51	2.80	3.12	3.52	3.67			
52	2.66	2.98	3.36	3.51			
53	2.48	2.78	3.13	3.28			
54	2.28	2.56	2.88	3.00			
55	2.08	2.32	2.60	2.73			
56	1.84	2.06	2.32	2.43			
57	1.61	1.80	2.03	2.13			
58	1.38	1.54	1.74	1.82			
59	1.16	1.30	1.46	1.53			

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
** Rider Form IDI2000-PR/L45-TD attached.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Limited	Not Applicable	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	0.14	0.17	0.18	0.20	0.30		
26	0.16	0.18	0.20	0.21	0.32		
27	0.17	0.19	0.22	0.23	0.35		
28	0.18	0.20	0.23	0.24	0.37		
29	0.19	0.22	0.24	0.25	0.39		
30	0.20	0.24	0.26	0.28	0.41		
31	0.23	0.25	0.28	0.30	0.44		
32	0.24	0.28	0.30	0.31	0.47		
33	0.26	0.29	0.32	0.33	0.49		
34	0.28	0.31	0.35	0.36	0.53		
35	0.30	0.35	0.37	0.39	0.56		
36	0.32	0.35	0.41	0.41	0.61		
37	0.35	0.38	0.43	0.46	0.64		
38	0.36	0.41	0.46	0.48	0.69		
39	0.40	0.44	0.50	0.52	0.74		
40	0.43	0.48	0.54	0.55	0.78		
41	0.47	0.52	0.58	0.60	0.83		
42	0.50	0.56	0.62	0.64	0.90		
43	0.54	0.60	0.67	0.70	0.95		
44	0.58	0.64	0.72	0.76	1.01		
45	0.61	0.68	0.77	0.79	1.06		
46	0.65	0.73	0.82	0.86	1.14		
47	0.70	0.79	0.88	0.92	1.21		
48	0.76	0.84	0.95	0.99	1.27		
49	0.80	0.90	1.01	1.05	1.33		
50	0.84	0.95	1.07	1.12	1.40		
51	0.89	1.01	1.13	1.17	1.47		
52	0.95	1.04	1.19	1.23	1.51		
53	1.00	1.12	1.25	1.30	1.59		
54	1.03	1.16	1.31	1.37	1.63		
55	1.07	1.21	1.36	1.41	1.66		
56	1.09	1.22	1.37	1.43	1.67		
57	1.08	1.22	1.37	1.43	1.63		
58	1.06	1.18	1.32	1.39	1.55		
59	1.00	1.10	1.25	1.30	1.45		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Full*	Not Applicable	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	0.16	0.18	0.19	0.21	0.31		
26	0.17	0.19	0.22	0.22	0.33		
27	0.18	0.20	0.23	0.24	0.37		
28	0.19	0.22	0.24	0.25	0.39		
29	0.20	0.23	0.25	0.26	0.41		
30	0.22	0.25	0.28	0.29	0.44		
31	0.24	0.26	0.29	0.31	0.46		
32	0.25	0.29	0.31	0.32	0.49		
33	0.28	0.30	0.34	0.35	0.52		
34	0.29	0.32	0.36	0.38	0.55		
35	0.31	0.36	0.40	0.41	0.59		
36	0.34	0.37	0.43	0.44	0.64		
37	0.36	0.41	0.46	0.48	0.68		
38	0.38	0.43	0.48	0.51	0.72		
39	0.42	0.47	0.53	0.54	0.77		
40	0.46	0.50	0.56	0.59	0.82		
41	0.49	0.54	0.61	0.63	0.89		
42	0.53	0.59	0.66	0.68	0.94		
43	0.56	0.64	0.71	0.74	1.00		
44	0.61	0.67	0.76	0.79	1.06		
45	0.65	0.72	0.80	0.84	1.13		
46	0.68	0.77	0.86	0.91	1.20		
47	0.73	0.83	0.92	0.97	1.27		
48	0.79	0.89	1.00	1.04	1.35		
49	0.84	0.95	1.06	1.10	1.40		
50	0.89	1.00	1.13	1.17	1.47		
51	0.94	1.06	1.19	1.23	1.54		
52	1.00	1.10	1.25	1.30	1.60		
53	1.04	1.18	1.31	1.37	1.67		
54	1.09	1.22	1.38	1.44	1.71		
55	1.13	1.27	1.43	1.48	1.74		
56	1.15	1.28	1.44	1.51	1.75		
57	1.14	1.28	1.44	1.50	1.71		
58	1.12	1.24	1.39	1.46	1.64		
59	1.04	1.16	1.31	1.37	1.52		

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 65	Not Applicable	Limited	Not Applicable	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	1.37	1.52	1.70	1.77	2.97		
26	1.40	1.56	1.75	1.83	3.07		
27	1.45	1.62	1.81	1.89	3.17		
28	1.51	1.68	1.88	1.96	3.28		
29	1.56	1.74	1.96	2.02	3.37		
30	1.62	1.81	2.02	2.10	3.48		
31	1.69	1.87	2.10	2.20	3.60		
32	1.74	1.96	2.18	2.28	3.69		
33	1.82	2.02	2.28	2.36	3.81		
34	1.88	2.10	2.36	2.46	3.92		
35	1.97	2.18	2.45	2.55	4.03		
36	2.04	2.27	2.56	2.65	4.13		
37	2.10	2.35	2.63	2.75	4.23		
38	2.17	2.44	2.74	2.84	4.32		
39	2.26	2.51	2.82	2.93	4.42		
40	2.32	2.59	2.90	3.02	4.51		
41	2.38	2.65	2.98	3.11	4.57		
42	2.44	2.71	3.05	3.19	4.62		
43	2.47	2.76	3.12	3.24	4.66		
44	2.52	2.81	3.17	3.29	4.67		
45	2.54	2.84	3.19	3.34	4.67		
46	2.56	2.86	3.20	3.35	4.63		
47	2.56	2.86	3.20	3.34	4.57		
48	2.52	2.82	3.18	3.31	4.45		
49	2.47	2.76	3.12	3.25	4.32		
50	2.41	2.70	3.04	3.17	4.15		
51	2.33	2.60	2.93	3.06	3.94		
52	2.22	2.48	2.80	2.91	3.70		
53	2.08	2.30	2.60	2.71	3.40		
54	1.90	2.12	2.40	2.50	3.07		
55	1.72	1.93	2.16	2.27	2.73		
56	1.54	1.72	1.93	2.01	2.38		
57	1.34	1.50	1.70	1.77	2.02		
58	1.15	1.30	1.45	1.52	1.71		
59	0.98	1.10	1.24	1.29	1.43		
60	0.82	0.91	1.03	1.07	1.16		
61	0.67	0.76	0.85	0.90	0.93		
62	0.56	0.62	0.71	0.74	0.74		
63	0.52	0.56	0.65	0.67	0.67		
64	0.49	0.54	0.61	0.64	0.62		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 65	Not Applicable	Full*	Not Applicable	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	1.48	1.64	1.85	1.91	3.21		
26	1.52	1.69	1.90	1.98	3.32		
27	1.57	1.75	1.96	2.04	3.43		
28	1.63	1.81	2.04	2.12	3.54		
29	1.69	1.88	2.11	2.19	3.65		
30	1.75	1.96	2.18	2.28	3.77		
31	1.82	2.03	2.27	2.37	3.89		
32	1.88	2.11	2.36	2.46	4.00		
33	1.97	2.18	2.46	2.55	4.12		
34	2.04	2.27	2.56	2.66	4.24		
35	2.12	2.36	2.65	2.76	4.35		
36	2.21	2.45	2.76	2.86	4.47		
37	2.27	2.54	2.84	2.97	4.57		
38	2.35	2.63	2.95	3.07	4.67		
39	2.44	2.71	3.05	3.17	4.78		
40	2.51	2.80	3.14	3.27	4.86		
41	2.57	2.87	3.22	3.36	4.93		
42	2.63	2.93	3.30	3.44	5.00		
43	2.68	2.99	3.37	3.51	5.04		
44	2.72	3.04	3.42	3.55	5.05		
45	2.75	3.07	3.46	3.60	5.05		
46	2.76	3.08	3.47	3.62	5.01		
47	2.76	3.08	3.47	3.61	4.93		
48	2.72	3.05	3.43	3.58	4.82		
49	2.68	2.99	3.37	3.52	4.67		
50	2.60	2.92	3.29	3.43	4.50		
51	2.52	2.82	3.17	3.31	4.27		
52	2.40	2.69	3.02	3.15	4.01		
53	2.24	2.50	2.82	2.93	3.68		
54	2.05	2.29	2.59	2.70	3.32		
55	1.86	2.09	2.34	2.45	2.94		
56	1.66	1.86	2.09	2.17	2.58		
57	1.45	1.62	1.84	1.91	2.20		
58	1.25	1.40	1.57	1.64	1.86		
59	1.07	1.19	1.33	1.39	1.54		
60	0.89	0.98	1.12	1.16	1.25		
61	0.73	0.82	0.92	0.97	1.00		
62	0.61	0.67	0.77	0.79	0.79		
63	0.55	0.61	0.70	0.72	0.71		
64	0.53	0.59	0.66	0.69	0.67		

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 70	Not Applicable	Limited	Not Applicable	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	1.56	1.74	1.94	2.02	3.37		
26	1.62	1.81	2.02	2.10	3.51		
27	1.68	1.87	2.10	2.20	3.65		
28	1.75	1.96	2.18	2.28	3.80		
29	1.84	2.03	2.29	2.37	3.92		
30	1.91	2.14	2.39	2.48	4.07		
31	2.00	2.23	2.50	2.60	4.23		
32	2.09	2.33	2.60	2.73	4.37		
33	2.18	2.44	2.74	2.85	4.54		
34	2.29	2.56	2.87	2.98	4.69		
35	2.40	2.68	3.00	3.12	4.86		
36	2.51	2.80	3.13	3.25	5.03		
37	2.60	2.90	3.28	3.40	5.18		
38	2.74	3.04	3.42	3.55	5.36		
39	2.84	3.17	3.56	3.70	5.52		
40	2.95	3.30	3.71	3.85	5.69		
41	3.06	3.42	3.84	4.00	5.82		
42	3.17	3.53	3.97	4.14	5.97		
43	3.28	3.64	4.10	4.28	6.08		
44	3.37	3.77	4.22	4.40	6.20		
45	3.46	3.85	4.34	4.52	6.29		
46	3.52	3.92	4.43	4.61	6.34		
47	3.59	4.01	4.51	4.70	6.36		
48	3.62	4.04	4.56	4.75	6.34		
49	3.64	4.07	4.58	4.77	6.30		
50	3.62	4.07	4.57	4.76	6.20		
51	3.61	4.02	4.54	4.74	6.05		
52	3.53	3.96	4.46	4.65	5.85		
53	3.42	3.82	4.31	4.49	5.57		
54	3.26	3.65	4.12	4.30	5.23		
55	3.08	3.46	3.90	4.06	4.85		
56	2.89	3.24	3.64	3.81	4.47		
57	2.69	3.01	3.38	3.52	4.05		
58	2.46	2.75	3.11	3.24	3.65		
59	2.23	2.51	2.82	2.93	3.22		
60	2.00	2.24	2.52	2.62	2.83		
61	1.78	1.98	2.22	2.32	2.44		
62	1.55	1.72	1.94	2.02	2.06		
63	1.31	1.45	1.64	1.71	1.70		
64	1.08	1.21	1.37	1.41	1.39		
65	0.88	0.97	1.10	1.15	1.12		
66	0.71	0.79	0.90	0.92	0.89		
67	0.58	0.65	0.72	0.76	0.69		
68	0.48	0.54	0.62	0.64	0.58		
69	0.46	0.52	0.56	0.61	0.53		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 70	Not Applicable	Full*	Not Applicable	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	1.69	1.88	2.10	2.19	3.65		
26	1.75	1.96	2.18	2.28	3.80		
27	1.81	2.03	2.27	2.37	3.93		
28	1.90	2.11	2.36	2.46	4.09		
29	1.98	2.20	2.47	2.56	4.24		
30	2.06	2.30	2.58	2.68	4.39		
31	2.16	2.41	2.70	2.81	4.57		
32	2.26	2.52	2.82	2.94	4.73		
33	2.36	2.63	2.96	3.08	4.90		
34	2.47	2.76	3.10	3.22	5.08		
35	2.59	2.89	3.24	3.37	5.27		
36	2.71	3.02	3.38	3.52	5.44		
37	2.82	3.14	3.54	3.68	5.60		
38	2.95	3.29	3.70	3.84	5.80		
39	3.07	3.42	3.85	4.00	5.97		
40	3.19	3.56	4.01	4.16	6.14		
41	3.31	3.70	4.15	4.32	6.29		
42	3.42	3.82	4.30	4.47	6.45		
43	3.54	3.94	4.44	4.62	6.58		
44	3.65	4.07	4.57	4.76	6.70		
45	3.73	4.16	4.69	4.89	6.80		
46	3.80	4.25	4.79	4.99	6.85		
47	3.88	4.33	4.87	5.08	6.89		
48	3.92	4.37	4.93	5.14	6.85		
49	3.94	4.40	4.96	5.16	6.81		
50	3.92	4.39	4.94	5.15	6.70		
51	3.90	4.34	4.91	5.12	6.54		
52	3.82	4.28	4.82	5.03	6.33		
53	3.70	4.13	4.66	4.85	6.01		
54	3.53	3.95	4.45	4.65	5.65		
55	3.34	3.73	4.21	4.39	5.26		
56	3.13	3.50	3.94	4.12	4.83		
57	2.90	3.25	3.66	3.81	4.37		
58	2.66	2.98	3.36	3.51	3.93		
59	2.41	2.71	3.05	3.17	3.48		
60	2.17	2.42	2.72	2.84	3.06		
61	1.92	2.14	2.40	2.51	2.63		
62	1.67	1.86	2.10	2.19	2.22		
63	1.42	1.57	1.78	1.85	1.84		
64	1.16	1.31	1.48	1.53	1.50		
65	0.95	1.06	1.19	1.24	1.20		
66	0.77	0.85	0.97	1.00	0.95		
67	0.62	0.70	0.78	0.82	0.75		
68	0.52	0.59	0.67	0.70	0.63		
69	0.49	0.55	0.61	0.66	0.58		

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Limited	Not Applicable	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	1.63	1.82	2.04	2.12			
26	1.70	1.88	2.11	2.20			
27	1.75	1.96	2.18	2.28			
28	1.82	2.03	2.28	2.36			
29	1.90	2.12	2.38	2.46			
30	1.98	2.20	2.46	2.56			
31	2.06	2.29	2.58	2.67			
32	2.15	2.39	2.68	2.78			
33	2.23	2.50	2.80	2.91			
34	2.34	2.59	2.92	3.04			
35	2.44	2.71	3.04	3.16			
36	2.53	2.82	3.17	3.29			
37	2.63	2.93	3.30	3.43			
38	2.74	3.04	3.42	3.55			
39	2.82	3.16	3.54	3.69			
40	2.92	3.25	3.66	3.81			
41	3.00	3.35	3.78	3.92			
42	3.08	3.44	3.86	4.04			
43	3.16	3.52	3.96	4.13			
44	3.20	3.59	4.03	4.20			
45	3.24	3.62	4.08	4.26			
46	3.28	3.65	4.10	4.29			
47	3.28	3.65	4.12	4.30			
48	3.25	3.62	4.08	4.26			
49	3.18	3.58	4.02	4.19			
50	3.12	3.48	3.92	4.08			
51	3.01	3.36	3.79	3.96			
52	2.88	3.20	3.62	3.77			
53	2.69	3.00	3.37	3.52			
54	2.46	2.75	3.10	3.24			
55	2.23	2.50	2.81	2.93			
56	1.99	2.22	2.50	2.61			
57	1.73	1.94	2.20	2.28			
58	1.49	1.67	1.87	1.97			
59	1.26	1.40	1.57	1.63			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML et al
Residual Disability Benefit with 24 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Full*	Not Applicable	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	1.76	1.97	2.21	2.29			
26	1.84	2.04	2.28	2.37			
27	1.90	2.11	2.36	2.46			
28	1.97	2.20	2.46	2.55			
29	2.05	2.29	2.57	2.66			
30	2.14	2.38	2.66	2.77			
31	2.23	2.48	2.78	2.89			
32	2.33	2.58	2.89	3.01			
33	2.41	2.70	3.02	3.15			
34	2.53	2.81	3.16	3.28			
35	2.63	2.93	3.29	3.42			
36	2.74	3.05	3.42	3.55			
37	2.84	3.17	3.56	3.70			
38	2.95	3.29	3.70	3.84			
39	3.05	3.41	3.83	3.99			
40	3.16	3.52	3.96	4.12			
41	3.24	3.62	4.08	4.24			
42	3.34	3.72	4.18	4.36			
43	3.41	3.80	4.28	4.46			
44	3.47	3.88	4.36	4.54			
45	3.50	3.92	4.42	4.60			
46	3.54	3.95	4.44	4.63			
47	3.54	3.95	4.45	4.65			
48	3.52	3.91	4.42	4.60			
49	3.44	3.86	4.34	4.53			
50	3.37	3.77	4.24	4.42			
51	3.25	3.64	4.10	4.28			
52	3.11	3.47	3.92	4.08			
53	2.90	3.24	3.65	3.81			
54	2.66	2.98	3.35	3.51			
55	2.41	2.70	3.04	3.17			
56	2.15	2.40	2.70	2.82			
57	1.87	2.10	2.38	2.46			
58	1.61	1.80	2.03	2.13			
59	1.36	1.51	1.70	1.77			

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
** Rider Form IDI2000-PR/L45-TD attached.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Limited	Not Applicable	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	0.16	0.18	0.20	0.21	0.32		
26	0.17	0.19	0.22	0.22	0.35		
27	0.18	0.20	0.23	0.24	0.37		
28	0.19	0.22	0.24	0.25	0.39		
29	0.20	0.24	0.26	0.28	0.41		
30	0.23	0.25	0.28	0.29	0.44		
31	0.24	0.26	0.30	0.31	0.47		
32	0.25	0.29	0.32	0.33	0.51		
33	0.28	0.31	0.35	0.35	0.53		
34	0.30	0.34	0.36	0.38	0.56		
35	0.32	0.35	0.40	0.41	0.59		
36	0.35	0.38	0.43	0.45	0.64		
37	0.36	0.41	0.47	0.48	0.68		
38	0.38	0.43	0.49	0.52	0.74		
39	0.42	0.47	0.53	0.55	0.78		
40	0.46	0.52	0.58	0.59	0.83		
41	0.49	0.55	0.61	0.64	0.90		
42	0.54	0.59	0.67	0.69	0.95		
43	0.58	0.64	0.72	0.75	1.01		
44	0.61	0.68	0.77	0.79	1.07		
45	0.65	0.73	0.82	0.85	1.15		
46	0.70	0.78	0.88	0.92	1.22		
47	0.76	0.83	0.95	0.99	1.28		
48	0.80	0.90	1.02	1.05	1.36		
49	0.85	0.95	1.07	1.12	1.43		
50	0.90	1.02	1.14	1.20	1.50		
51	0.96	1.07	1.20	1.24	1.55		
52	1.01	1.12	1.26	1.32	1.62		
53	1.06	1.19	1.33	1.40	1.69		
54	1.10	1.25	1.39	1.45	1.73		
55	1.15	1.27	1.45	1.50	1.76		
56	1.16	1.30	1.46	1.53	1.76		
57	1.16	1.28	1.46	1.52	1.73		
58	1.13	1.26	1.42	1.47	1.66		
59	1.06	1.19	1.33	1.39	1.53		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Full*	Not Applicable	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	0.17	0.19	0.22	0.22	0.33		
26	0.18	0.20	0.23	0.23	0.37		
27	0.19	0.22	0.24	0.25	0.39		
28	0.20	0.23	0.25	0.26	0.41		
29	0.22	0.25	0.28	0.29	0.44		
30	0.24	0.26	0.29	0.30	0.46		
31	0.25	0.28	0.31	0.32	0.49		
32	0.26	0.30	0.34	0.35	0.53		
33	0.29	0.32	0.36	0.37	0.55		
34	0.31	0.35	0.38	0.40	0.59		
35	0.34	0.37	0.42	0.44	0.63		
36	0.36	0.41	0.46	0.47	0.68		
37	0.38	0.43	0.49	0.51	0.71		
38	0.41	0.46	0.52	0.54	0.77		
39	0.44	0.49	0.55	0.59	0.82		
40	0.48	0.54	0.60	0.62	0.89		
41	0.52	0.58	0.65	0.68	0.94		
42	0.56	0.62	0.71	0.72	1.00		
43	0.60	0.67	0.76	0.78	1.06		
44	0.65	0.72	0.80	0.84	1.14		
45	0.68	0.77	0.86	0.90	1.21		
46	0.73	0.82	0.92	0.97	1.28		
47	0.79	0.88	1.00	1.04	1.36		
48	0.84	0.95	1.07	1.10	1.43		
49	0.90	1.00	1.13	1.17	1.50		
50	0.95	1.07	1.20	1.25	1.59		
51	1.01	1.13	1.26	1.31	1.64		
52	1.06	1.18	1.33	1.39	1.70		
53	1.12	1.25	1.40	1.47	1.77		
54	1.16	1.31	1.46	1.53	1.83		
55	1.21	1.34	1.52	1.58	1.86		
56	1.22	1.37	1.54	1.61	1.86		
57	1.22	1.36	1.54	1.60	1.83		
58	1.19	1.32	1.49	1.55	1.74		
59	1.12	1.25	1.40	1.46	1.62		

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 65	Not Applicable	Limited	Not Applicable	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	1.45	1.62	1.82	1.89	3.16		
26	1.50	1.67	1.87	1.94	3.28		
27	1.56	1.72	1.93	2.01	3.38		
28	1.61	1.79	2.00	2.08	3.51		
29	1.67	1.85	2.08	2.16	3.60		
30	1.73	1.92	2.16	2.24	3.71		
31	1.80	2.00	2.24	2.33	3.83		
32	1.86	2.08	2.33	2.43	3.94		
33	1.94	2.16	2.44	2.52	4.07		
34	2.00	2.26	2.52	2.62	4.17		
35	2.09	2.33	2.62	2.73	4.29		
36	2.16	2.42	2.72	2.82	4.39		
37	2.24	2.51	2.82	2.92	4.52		
38	2.32	2.59	2.90	3.04	4.61		
39	2.40	2.68	3.01	3.14	4.72		
40	2.46	2.75	3.10	3.22	4.81		
41	2.53	2.83	3.18	3.31	4.86		
42	2.59	2.89	3.25	3.38	4.92		
43	2.64	2.95	3.32	3.46	4.98		
44	2.69	3.00	3.36	3.51	4.99		
45	2.71	3.04	3.41	3.55	4.99		
46	2.74	3.04	3.42	3.58	4.96		
47	2.72	3.04	3.42	3.57	4.86		
48	2.70	3.01	3.38	3.53	4.76		
49	2.64	2.95	3.32	3.47	4.61		
50	2.58	2.88	3.24	3.38	4.43		
51	2.48	2.77	3.12	3.27	4.21		
52	2.36	2.64	2.99	3.11	3.94		
53	2.21	2.46	2.77	2.91	3.63		
54	2.03	2.27	2.56	2.66	3.28		
55	1.84	2.04	2.30	2.40	2.91		
56	1.63	1.82	2.05	2.15	2.54		
57	1.43	1.60	1.81	1.89	2.17		
58	1.24	1.38	1.56	1.63	1.84		
59	1.04	1.18	1.32	1.37	1.52		
60	0.88	0.97	1.10	1.15	1.24		
61	0.72	0.82	0.91	0.94	0.99		
62	0.60	0.67	0.74	0.78	0.79		
63	0.54	0.61	0.68	0.71	0.70		
64	0.52	0.59	0.66	0.69	0.66		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 65	Not Applicable	Full*	Not Applicable	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	1.57	1.75	1.97	2.04	3.42		
26	1.62	1.80	2.03	2.10	3.54		
27	1.68	1.86	2.09	2.17	3.66		
28	1.74	1.93	2.17	2.25	3.78		
29	1.80	2.00	2.24	2.33	3.89		
30	1.87	2.08	2.34	2.43	4.03		
31	1.94	2.16	2.42	2.52	4.14		
32	2.02	2.24	2.52	2.62	4.27		
33	2.10	2.34	2.63	2.73	4.39		
34	2.17	2.44	2.72	2.83	4.52		
35	2.26	2.52	2.83	2.94	4.63		
36	2.34	2.62	2.94	3.05	4.76		
37	2.42	2.71	3.05	3.16	4.88		
38	2.51	2.80	3.14	3.28	4.99		
39	2.59	2.89	3.25	3.39	5.09		
40	2.66	2.98	3.35	3.48	5.20		
41	2.74	3.06	3.44	3.58	5.27		
42	2.81	3.13	3.52	3.66	5.32		
43	2.86	3.19	3.59	3.74	5.37		
44	2.90	3.24	3.64	3.80	5.38		
45	2.93	3.28	3.68	3.84	5.38		
46	2.95	3.29	3.70	3.86	5.35		
47	2.94	3.29	3.70	3.85	5.27		
48	2.92	3.25	3.66	3.82	5.14		
49	2.86	3.19	3.59	3.75	4.99		
50	2.78	3.11	3.50	3.66	4.80		
51	2.69	3.00	3.37	3.53	4.55		
52	2.56	2.86	3.23	3.36	4.28		
53	2.39	2.66	3.00	3.14	3.92		
54	2.20	2.45	2.76	2.88	3.54		
55	1.98	2.21	2.50	2.60	3.14		
56	1.76	1.97	2.22	2.32	2.74		
57	1.55	1.73	1.96	2.04	2.36		
58	1.33	1.49	1.68	1.76	1.98		
59	1.13	1.27	1.43	1.48	1.64		
60	0.95	1.06	1.19	1.24	1.35		
61	0.78	0.88	0.98	1.02	1.07		
62	0.65	0.72	0.80	0.85	0.86		
63	0.59	0.66	0.74	0.77	0.76		
64	0.56	0.64	0.71	0.75	0.70		

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 70	Not Applicable	Limited	Not Applicable	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	1.67	1.85	2.08	2.16	3.60		
26	1.73	1.92	2.15	2.23	3.75		
27	1.79	2.00	2.24	2.33	3.88		
28	1.87	2.08	2.34	2.43	4.04		
29	1.96	2.17	2.44	2.53	4.17		
30	2.03	2.28	2.54	2.65	4.34		
31	2.14	2.38	2.66	2.77	4.51		
32	2.23	2.48	2.78	2.90	4.67		
33	2.33	2.59	2.92	3.05	4.84		
34	2.45	2.72	3.05	3.17	5.00		
35	2.56	2.86	3.19	3.34	5.18		
36	2.66	2.98	3.34	3.47	5.36		
37	2.78	3.11	3.49	3.63	5.53		
38	2.90	3.24	3.64	3.78	5.73		
39	3.04	3.37	3.79	3.94	5.88		
40	3.14	3.50	3.95	4.12	6.06		
41	3.26	3.64	4.08	4.27	6.21		
42	3.37	3.77	4.24	4.42	6.36		
43	3.48	3.90	4.38	4.55	6.49		
44	3.60	4.01	4.51	4.70	6.61		
45	3.68	4.10	4.63	4.82	6.70		
46	3.77	4.20	4.73	4.92	6.76		
47	3.83	4.27	4.81	5.01	6.79		
48	3.86	4.32	4.86	5.07	6.77		
49	3.88	4.33	4.88	5.09	6.72		
50	3.88	4.33	4.88	5.08	6.60		
51	3.84	4.30	4.84	5.04	6.46		
52	3.78	4.22	4.76	4.96	6.26		
53	3.64	4.07	4.60	4.80	5.93		
54	3.48	3.90	4.38	4.58	5.58		
55	3.30	3.68	4.15	4.32	5.18		
56	3.08	3.46	3.90	4.06	4.76		
57	2.87	3.20	3.61	3.76	4.32		
58	2.63	2.94	3.32	3.46	3.88		
59	2.39	2.66	3.01	3.14	3.44		
60	2.15	2.39	2.69	2.81	3.00		
61	1.88	2.11	2.38	2.48	2.60		
62	1.64	1.84	2.08	2.15	2.19		
63	1.39	1.56	1.75	1.82	1.82		
64	1.15	1.27	1.45	1.51	1.48		
65	0.94	1.04	1.18	1.23	1.18		
66	0.76	0.84	0.95	0.99	0.94		
67	0.61	0.68	0.78	0.81	0.75		
68	0.52	0.58	0.67	0.69	0.63		
69	0.48	0.54	0.61	0.64	0.56		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 70	Not Applicable	Full*	Not Applicable	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	1.80	2.00	2.24	2.33	3.89		
26	1.87	2.08	2.33	2.42	4.05		
27	1.93	2.16	2.42	2.52	4.19		
28	2.03	2.24	2.53	2.62	4.36		
29	2.11	2.35	2.63	2.74	4.52		
30	2.20	2.46	2.75	2.86	4.68		
31	2.30	2.57	2.88	2.99	4.86		
32	2.41	2.69	3.01	3.13	5.05		
33	2.52	2.81	3.16	3.29	5.23		
34	2.64	2.94	3.30	3.43	5.41		
35	2.76	3.08	3.46	3.60	5.60		
36	2.88	3.22	3.61	3.76	5.80		
37	3.01	3.36	3.78	3.93	5.98		
38	3.14	3.50	3.94	4.09	6.19		
39	3.28	3.65	4.10	4.27	6.36		
40	3.40	3.79	4.27	4.45	6.56		
41	3.53	3.94	4.42	4.61	6.72		
42	3.65	4.07	4.58	4.77	6.89		
43	3.77	4.21	4.74	4.92	7.02		
44	3.89	4.33	4.87	5.08	7.15		
45	3.98	4.44	5.00	5.21	7.25		
46	4.07	4.54	5.11	5.32	7.30		
47	4.14	4.62	5.20	5.42	7.34		
48	4.18	4.67	5.26	5.49	7.31		
49	4.19	4.68	5.28	5.51	7.26		
50	4.19	4.68	5.28	5.50	7.14		
51	4.15	4.64	5.23	5.45	6.98		
52	4.08	4.56	5.15	5.36	6.76		
53	3.94	4.40	4.97	5.19	6.42		
54	3.76	4.21	4.74	4.95	6.03		
55	3.56	3.98	4.49	4.68	5.60		
56	3.34	3.73	4.21	4.39	5.14		
57	3.10	3.47	3.90	4.07	4.67		
58	2.84	3.18	3.59	3.74	4.19		
59	2.58	2.88	3.25	3.39	3.71		
60	2.32	2.58	2.90	3.04	3.24		
61	2.04	2.28	2.57	2.68	2.81		
62	1.78	1.98	2.24	2.32	2.37		
63	1.50	1.68	1.90	1.97	1.96		
64	1.25	1.38	1.57	1.63	1.61		
65	1.01	1.13	1.27	1.33	1.28		
66	0.82	0.91	1.02	1.07	1.01		
67	0.66	0.74	0.84	0.87	0.81		
68	0.56	0.62	0.72	0.75	0.68		
69	0.52	0.59	0.66	0.69	0.62		

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Limited	Not Applicable	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	1.73	1.93	2.16	2.25			
26	1.80	2.00	2.24	2.33			
27	1.86	2.08	2.32	2.42			
28	1.94	2.15	2.41	2.51			
29	2.00	2.24	2.51	2.61			
30	2.10	2.33	2.62	2.73			
31	2.18	2.44	2.74	2.84			
32	2.28	2.53	2.84	2.96			
33	2.38	2.64	2.96	3.08			
34	2.47	2.76	3.10	3.21			
35	2.58	2.88	3.23	3.35			
36	2.68	3.00	3.35	3.48			
37	2.78	3.10	3.48	3.62			
38	2.89	3.23	3.62	3.76			
39	3.00	3.34	3.76	3.90			
40	3.10	3.46	3.88	4.04			
41	3.18	3.55	3.98	4.16			
42	3.26	3.64	4.09	4.27			
43	3.34	3.72	4.19	4.36			
44	3.40	3.78	4.26	4.45			
45	3.43	3.84	4.32	4.50			
46	3.47	3.86	4.36	4.53			
47	3.47	3.88	4.36	4.53			
48	3.43	3.83	4.32	4.50			
49	3.37	3.78	4.25	4.43			
50	3.29	3.67	4.14	4.32			
51	3.18	3.55	4.01	4.19			
52	3.04	3.40	3.83	3.99			
53	2.83	3.18	3.58	3.73			
54	2.60	2.90	3.29	3.42			
55	2.35	2.63	2.98	3.09			
56	2.10	2.35	2.64	2.76			
57	1.85	2.05	2.30	2.42			
58	1.57	1.76	1.99	2.07			
59	1.32	1.49	1.67	1.75			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/NC-ML et al
Residual Disability Benefit with 36 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Full*	Not Applicable	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	1.87	2.09	2.34	2.44			
26	1.94	2.16	2.42	2.52			
27	2.02	2.24	2.51	2.61			
28	2.10	2.33	2.60	2.71			
29	2.17	2.42	2.71	2.82			
30	2.27	2.52	2.83	2.94			
31	2.36	2.63	2.95	3.07			
32	2.46	2.74	3.07	3.20			
33	2.57	2.86	3.20	3.34			
34	2.68	2.99	3.35	3.47			
35	2.78	3.11	3.49	3.62			
36	2.89	3.24	3.62	3.77			
37	3.01	3.35	3.77	3.92			
38	3.12	3.49	3.91	4.07			
39	3.24	3.61	4.06	4.22			
40	3.35	3.73	4.19	4.36			
41	3.43	3.84	4.31	4.50			
42	3.53	3.94	4.43	4.61			
43	3.60	4.02	4.52	4.72			
44	3.67	4.09	4.61	4.81			
45	3.71	4.15	4.67	4.86			
46	3.74	4.18	4.70	4.90			
47	3.74	4.19	4.70	4.90			
48	3.71	4.14	4.67	4.86			
49	3.65	4.08	4.60	4.78			
50	3.55	3.97	4.48	4.67			
51	3.43	3.84	4.33	4.52			
52	3.29	3.67	4.14	4.31			
53	3.06	3.43	3.86	4.03			
54	2.82	3.14	3.55	3.69			
55	2.54	2.84	3.22	3.35			
56	2.27	2.54	2.86	2.98			
57	1.99	2.22	2.50	2.61			
58	1.70	1.91	2.15	2.24			
59	1.43	1.61	1.80	1.89			

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
** Rider Form IDI2000-PR/L45-TD attached.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Your Occupation Benefit
Rider Form(s) IDI2000-PE/YOCC and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 65	Not Applicable	Limited	Not Applicable	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	1.19	1.32	1.32				
26	1.21	1.36	1.36				
27	1.25	1.40	1.40				
28	1.30	1.44	1.44				
29	1.32	1.48	1.48				
30	1.37	1.52	1.52				
31	1.42	1.57	1.57				
32	1.46	1.62	1.62				
33	1.51	1.68	1.68				
34	1.56	1.74	1.74				
35	1.61	1.79	1.79				
36	1.64	1.84	1.84				
37	1.70	1.90	1.90				
38	1.74	1.94	1.94				
39	1.78	1.98	1.98				
40	1.81	2.02	2.02				
41	1.84	2.05	2.05				
42	1.86	2.06	2.06				
43	1.87	2.08	2.08				
44	1.86	2.08	2.08				
45	1.85	2.05	2.05				
46	1.81	2.03	2.03				
47	1.76	1.98	1.98				
48	1.69	1.88	1.88				
49	1.61	1.79	1.79				
50	1.51	1.67	1.67				
51	1.39	1.56	1.56				
52	1.26	1.42	1.42				
53	1.12	1.26	1.26				
54	0.97	1.09	1.09				
55	0.83	0.94	0.94				
56	0.70	0.77	0.77				
57	0.56	0.62	0.62				
58	0.44	0.50	0.50				
59	0.35	0.40	0.40				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Your Occupation Benefit
Rider Form(s) IDI2000-PE/YOCC and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 65	Not Applicable	Full*	Not Applicable	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	1.19	1.32	1.32				
26	1.21	1.36	1.36				
27	1.25	1.40	1.40				
28	1.30	1.44	1.44				
29	1.32	1.48	1.48				
30	1.37	1.52	1.52				
31	1.42	1.57	1.57				
32	1.46	1.62	1.62				
33	1.51	1.68	1.68				
34	1.56	1.74	1.74				
35	1.61	1.79	1.79				
36	1.64	1.84	1.84				
37	1.70	1.90	1.90				
38	1.74	1.94	1.94				
39	1.78	1.98	1.98				
40	1.81	2.02	2.02				
41	1.84	2.05	2.05				
42	1.86	2.06	2.06				
43	1.87	2.08	2.08				
44	1.86	2.08	2.08				
45	1.85	2.05	2.05				
46	1.81	2.03	2.03				
47	1.76	1.98	1.98				
48	1.69	1.88	1.88				
49	1.61	1.79	1.79				
50	1.51	1.67	1.67				
51	1.39	1.56	1.56				
52	1.26	1.42	1.42				
53	1.12	1.26	1.26				
54	0.97	1.09	1.09				
55	0.83	0.94	0.94				
56	0.70	0.77	0.77				
57	0.56	0.62	0.62				
58	0.44	0.50	0.50				
59	0.35	0.40	0.40				

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Your Occupation Benefit
Rider Form(s) IDI2000-PE/YOCC and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 70	Not Applicable	Limited	Not Applicable	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	1.39	1.55	1.55				
26	1.43	1.60	1.60				
27	1.48	1.66	1.66				
28	1.54	1.72	1.72				
29	1.60	1.79	1.79				
30	1.66	1.86	1.86				
31	1.73	1.93	1.93				
32	1.80	2.02	2.02				
33	1.88	2.10	2.10				
34	1.96	2.18	2.18				
35	2.04	2.27	2.27				
36	2.12	2.38	2.38				
37	2.21	2.46	2.46				
38	2.29	2.56	2.56				
39	2.38	2.65	2.65				
40	2.46	2.74	2.74				
41	2.53	2.83	2.83				
42	2.60	2.90	2.90				
43	2.68	2.98	2.98				
44	2.74	3.05	3.05				
45	2.77	3.10	3.10				
46	2.81	3.13	3.13				
47	2.82	3.16	3.16				
48	2.82	3.14	3.14				
49	2.80	3.12	3.12				
50	2.75	3.07	3.07				
51	2.69	3.01	3.01				
52	2.62	2.93	2.93				
53	2.51	2.80	2.80				
54	2.38	2.65	2.65				
55	2.24	2.50	2.50				
56	2.10	2.34	2.34				
57	1.94	2.17	2.17				
58	1.80	2.02	2.02				
59	1.66	1.85	1.85				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Your Occupation Benefit
Rider Form(s) IDI2000-PE/YOCC and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 70	Not Applicable	Full*	Not Applicable	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	1.39	1.55	1.55				
26	1.43	1.60	1.60				
27	1.48	1.66	1.66				
28	1.54	1.72	1.72				
29	1.60	1.79	1.79				
30	1.66	1.86	1.86				
31	1.73	1.93	1.93				
32	1.80	2.02	2.02				
33	1.88	2.10	2.10				
34	1.96	2.18	2.18				
35	2.04	2.27	2.27				
36	2.12	2.38	2.38				
37	2.21	2.46	2.46				
38	2.29	2.56	2.56				
39	2.38	2.65	2.65				
40	2.46	2.74	2.74				
41	2.53	2.83	2.83				
42	2.60	2.90	2.90				
43	2.68	2.98	2.98				
44	2.74	3.05	3.05				
45	2.77	3.10	3.10				
46	2.81	3.13	3.13				
47	2.82	3.16	3.16				
48	2.82	3.14	3.14				
49	2.80	3.12	3.12				
50	2.75	3.07	3.07				
51	2.69	3.01	3.01				
52	2.62	2.93	2.93				
53	2.51	2.80	2.80				
54	2.38	2.65	2.65				
55	2.24	2.50	2.50				
56	2.10	2.34	2.34				
57	1.94	2.17	2.17				
58	1.80	2.02	2.02				
59	1.66	1.85	1.85				

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Your Occupation Benefit
Rider Form(s) IDI2000-PE/YOCC and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Limited	Not Applicable	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	1.73	1.92	1.92				
26	1.79	2.00	2.00				
27	1.86	2.08	2.08				
28	1.94	2.16	2.16				
29	2.03	2.26	2.26				
30	2.11	2.35	2.35				
31	2.20	2.45	2.45				
32	2.30	2.56	2.56				
33	2.40	2.68	2.68				
34	2.51	2.80	2.80				
35	2.63	2.92	2.92				
36	2.72	3.05	3.05				
37	2.84	3.17	3.17				
38	2.95	3.30	3.30				
39	3.07	3.42	3.42				
40	3.17	3.54	3.54				
41	3.26	3.64	3.64				
42	3.34	3.72	3.72				
43	3.41	3.80	3.80				
44	3.46	3.85	3.85				
45	3.47	3.89	3.89				
46	3.48	3.88	3.88				
47	3.44	3.85	3.85				
48	3.37	3.77	3.77				
49	3.28	3.66	3.66				
50	3.14	3.52	3.52				
51	2.99	3.35	3.35				
52	2.81	3.14	3.14				
53	2.57	2.87	2.87				
54	2.32	2.58	2.58				
55	2.04	2.28	2.28				
56	1.76	1.98	1.98				
57	1.50	1.67	1.67				
58	1.24	1.38	1.38				
59	1.00	1.12	1.12				

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Your Occupation Benefit
Rider Form(s) IDI2000-PE/YOCC and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Full*	Not Applicable	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	1.73	1.92	1.92				
26	1.79	2.00	2.00				
27	1.86	2.08	2.08				
28	1.94	2.16	2.16				
29	2.03	2.26	2.26				
30	2.11	2.35	2.35				
31	2.20	2.45	2.45				
32	2.30	2.56	2.56				
33	2.40	2.68	2.68				
34	2.51	2.80	2.80				
35	2.63	2.92	2.92				
36	2.72	3.05	3.05				
37	2.84	3.17	3.17				
38	2.95	3.30	3.30				
39	3.07	3.42	3.42				
40	3.17	3.54	3.54				
41	3.26	3.64	3.64				
42	3.34	3.72	3.72				
43	3.41	3.80	3.80				
44	3.46	3.85	3.85				
45	3.47	3.89	3.89				
46	3.48	3.88	3.88				
47	3.44	3.85	3.85				
48	3.37	3.77	3.77				
49	3.28	3.66	3.66				
50	3.14	3.52	3.52				
51	2.99	3.35	3.35				
52	2.81	3.14	3.14				
53	2.57	2.87	2.87				
54	2.32	2.58	2.58				
55	2.04	2.28	2.28				
56	1.76	1.98	1.98				
57	1.50	1.67	1.67				
58	1.24	1.38	1.38				
59	1.00	1.12	1.12				

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
** Rider Form IDI2000-PR/L45-TD attached.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Transitional Your Occupation Benefit
Rider Form(s) IDI2000-PE/TYO-05Y, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Limited	Not Applicable	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	0.04	0.05	0.05				
26	0.05	0.05	0.05				
27	0.05	0.05	0.06				
28	0.05	0.06	0.06				
29	0.05	0.06	0.06				
30	0.06	0.06	0.07				
31	0.06	0.07	0.07				
32	0.06	0.07	0.08				
33	0.07	0.07	0.08				
34	0.07	0.08	0.10				
35	0.08	0.10	0.10				
36	0.08	0.10	0.11				
37	0.10	0.11	0.12				
38	0.11	0.12	0.13				
39	0.11	0.12	0.13				
40	0.12	0.13	0.14				
41	0.13	0.13	0.16				
42	0.13	0.14	0.17				
43	0.14	0.16	0.18				
44	0.16	0.17	0.19				
45	0.16	0.18	0.20				
46	0.18	0.19	0.23				
47	0.19	0.22	0.24				
48	0.20	0.23	0.25				
49	0.22	0.24	0.28				
50	0.23	0.26	0.29				
51	0.24	0.26	0.30				
52	0.25	0.28	0.31				
53	0.26	0.30	0.34				
54	0.28	0.31	0.36				
55	0.29	0.32	0.36				
56	0.30	0.34	0.37				
57	0.30	0.32	0.37				
58	0.29	0.31	0.36				
59	0.28	0.30	0.34				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Full*	Not Applicable	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	0.04	0.05	0.05				
26	0.05	0.05	0.05				
27	0.05	0.05	0.06				
28	0.05	0.06	0.06				
29	0.05	0.06	0.06				
30	0.06	0.06	0.07				
31	0.06	0.07	0.07				
32	0.06	0.07	0.08				
33	0.07	0.07	0.08				
34	0.07	0.08	0.10				
35	0.08	0.10	0.10				
36	0.08	0.10	0.11				
37	0.10	0.11	0.12				
38	0.11	0.12	0.13				
39	0.11	0.12	0.13				
40	0.12	0.13	0.14				
41	0.13	0.13	0.16				
42	0.13	0.14	0.17				
43	0.14	0.16	0.18				
44	0.16	0.17	0.19				
45	0.16	0.18	0.20				
46	0.18	0.19	0.23				
47	0.19	0.22	0.24				
48	0.20	0.23	0.25				
49	0.22	0.24	0.28				
50	0.23	0.26	0.29				
51	0.24	0.26	0.30				
52	0.25	0.28	0.31				
53	0.26	0.30	0.34				
54	0.28	0.31	0.36				
55	0.29	0.32	0.36				
56	0.30	0.34	0.37				
57	0.30	0.32	0.37				
58	0.29	0.31	0.36				
59	0.28	0.30	0.34				

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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CPI COLA Benefit 2008 on Transitional Your Occupation Benefit
Rider Form(s) IDI2000-PE/TYO-A65, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 65	Not Applicable	Limited	Not Applicable	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	0.82	0.91	1.02				
26	0.84	0.94	1.04				
27	0.86	0.96	1.07				
28	0.89	0.98	1.12				
29	0.91	1.02	1.14				
30	0.94	1.04	1.18				
31	0.98	1.08	1.21				
32	1.01	1.13	1.26				
33	1.04	1.16	1.31				
34	1.08	1.21	1.34				
35	1.12	1.24	1.39				
36	1.14	1.28	1.44				
37	1.18	1.32	1.48				
38	1.21	1.34	1.52				
39	1.24	1.39	1.56				
40	1.27	1.42	1.60				
41	1.30	1.44	1.62				
42	1.31	1.46	1.63				
43	1.32	1.46	1.64				
44	1.32	1.46	1.66				
45	1.32	1.48	1.66				
46	1.30	1.45	1.63				
47	1.27	1.42	1.60				
48	1.24	1.37	1.55				
49	1.18	1.31	1.48				
50	1.10	1.24	1.39				
51	1.03	1.15	1.30				
52	0.95	1.06	1.20				
53	0.84	0.95	1.07				
54	0.74	0.83	0.94				
55	0.64	0.72	0.80				
56	0.54	0.60	0.68				
57	0.44	0.49	0.55				
58	0.35	0.40	0.44				
59	0.29	0.31	0.35				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/NC-ML et al
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Rider Form(s) IDI2000-PE/TYO-A65, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 65	Not Applicable	Full*	Not Applicable	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	0.82	0.91	1.02				
26	0.84	0.94	1.04				
27	0.86	0.96	1.07				
28	0.89	0.98	1.12				
29	0.91	1.02	1.14				
30	0.94	1.04	1.18				
31	0.98	1.08	1.21				
32	1.01	1.13	1.26				
33	1.04	1.16	1.31				
34	1.08	1.21	1.34				
35	1.12	1.24	1.39				
36	1.14	1.28	1.44				
37	1.18	1.32	1.48				
38	1.21	1.34	1.52				
39	1.24	1.39	1.56				
40	1.27	1.42	1.60				
41	1.30	1.44	1.62				
42	1.31	1.46	1.63				
43	1.32	1.46	1.64				
44	1.32	1.46	1.66				
45	1.32	1.48	1.66				
46	1.30	1.45	1.63				
47	1.27	1.42	1.60				
48	1.24	1.37	1.55				
49	1.18	1.31	1.48				
50	1.10	1.24	1.39				
51	1.03	1.15	1.30				
52	0.95	1.06	1.20				
53	0.84	0.95	1.07				
54	0.74	0.83	0.94				
55	0.64	0.72	0.80				
56	0.54	0.60	0.68				
57	0.44	0.49	0.55				
58	0.35	0.40	0.44				
59	0.29	0.31	0.35				

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Transitional Your Occupation Benefit
Rider Form(s) IDI2000-PE/TYO-10Y, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
10 Yrs	Not Applicable	Limited	Not Applicable	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	0.18	0.19	0.22				
26	0.19	0.20	0.23				
27	0.20	0.22	0.25				
28	0.22	0.24	0.26				
29	0.23	0.25	0.28				
30	0.24	0.26	0.30				
31	0.26	0.29	0.32				
32	0.28	0.31	0.35				
33	0.30	0.34	0.37				
34	0.32	0.36	0.40				
35	0.35	0.38	0.43				
36	0.37	0.42	0.47				
37	0.40	0.44	0.50				
38	0.43	0.48	0.54				
39	0.46	0.50	0.58				
40	0.49	0.54	0.61				
41	0.53	0.59	0.66				
42	0.56	0.62	0.70				
43	0.60	0.67	0.74				
44	0.64	0.70	0.79				
45	0.66	0.74	0.84				
46	0.71	0.78	0.89				
47	0.73	0.83	0.92				
48	0.78	0.86	0.97				
49	0.80	0.90	1.02				
50	0.83	0.94	1.04				
51	0.85	0.94	1.07				
52	0.84	0.94	1.06				
53	0.78	0.88	0.98				
54	0.71	0.79	0.90				
55	0.62	0.70	0.79				
56	0.54	0.60	0.68				
57	0.44	0.49	0.56				
58	0.35	0.40	0.44				
59	0.26	0.29	0.34				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML et al
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Rider Form(s) IDI2000-PE/TYO-10Y, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
10 Yrs	Not Applicable	Full*	Not Applicable	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	0.18	0.19	0.22				
26	0.19	0.20	0.23				
27	0.20	0.22	0.25				
28	0.22	0.24	0.26				
29	0.23	0.25	0.28				
30	0.24	0.26	0.30				
31	0.26	0.29	0.32				
32	0.28	0.31	0.35				
33	0.30	0.34	0.37				
34	0.32	0.36	0.40				
35	0.35	0.38	0.43				
36	0.37	0.42	0.47				
37	0.40	0.44	0.50				
38	0.43	0.48	0.54				
39	0.46	0.50	0.58				
40	0.49	0.54	0.61				
41	0.53	0.59	0.66				
42	0.56	0.62	0.70				
43	0.60	0.67	0.74				
44	0.64	0.70	0.79				
45	0.66	0.74	0.84				
46	0.71	0.78	0.89				
47	0.73	0.83	0.92				
48	0.78	0.86	0.97				
49	0.80	0.90	1.02				
50	0.83	0.94	1.04				
51	0.85	0.94	1.07				
52	0.84	0.94	1.06				
53	0.78	0.88	0.98				
54	0.71	0.79	0.90				
55	0.62	0.70	0.79				
56	0.54	0.60	0.68				
57	0.44	0.49	0.56				
58	0.35	0.40	0.44				
59	0.26	0.29	0.34				

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Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Transitional Your Occupation Benefit
Rider Form(s) IDIPE07-1, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Limited	Not Applicable	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	0.10	0.11	0.12				
26	0.11	0.11	0.12				
27	0.11	0.12	0.13				
28	0.12	0.13	0.14				
29	0.12	0.13	0.14				
30	0.13	0.14	0.16				
31	0.13	0.16	0.17				
32	0.14	0.16	0.18				
33	0.16	0.17	0.19				
34	0.16	0.18	0.20				
35	0.17	0.19	0.22				
36	0.19	0.20	0.24				
37	0.20	0.23	0.25				
38	0.22	0.24	0.28				
39	0.23	0.25	0.29				
40	0.24	0.26	0.30				
41	0.25	0.28	0.31				
42	0.26	0.30	0.34				
43	0.28	0.31	0.36				
44	0.29	0.32	0.37				
45	0.30	0.34	0.38				
46	0.31	0.35	0.38				
47	0.31	0.35	0.38				
48	0.32	0.35	0.40				
49	0.32	0.35	0.40				
50	0.32	0.35	0.40				
51	0.31	0.34	0.38				
52	0.30	0.32	0.37				
53	0.28	0.30	0.34				
54	0.24	0.28	0.30				
55	0.22	0.24	0.26				
56	0.18	0.20	0.23				
57	0.16	0.17	0.19				
58	0.13	0.14	0.16				
59	0.11	0.12	0.13				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Full*	Not Applicable	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	0.10	0.11	0.12				
26	0.11	0.11	0.12				
27	0.11	0.12	0.13				
28	0.12	0.13	0.14				
29	0.12	0.13	0.14				
30	0.13	0.14	0.16				
31	0.13	0.16	0.17				
32	0.14	0.16	0.18				
33	0.16	0.17	0.19				
34	0.16	0.18	0.20				
35	0.17	0.19	0.22				
36	0.19	0.20	0.24				
37	0.20	0.23	0.25				
38	0.22	0.24	0.28				
39	0.23	0.25	0.29				
40	0.24	0.26	0.30				
41	0.25	0.28	0.31				
42	0.26	0.30	0.34				
43	0.28	0.31	0.36				
44	0.29	0.32	0.37				
45	0.30	0.34	0.38				
46	0.31	0.35	0.38				
47	0.31	0.35	0.38				
48	0.32	0.35	0.40				
49	0.32	0.35	0.40				
50	0.32	0.35	0.40				
51	0.31	0.34	0.38				
52	0.30	0.32	0.37				
53	0.28	0.30	0.34				
54	0.24	0.28	0.30				
55	0.22	0.24	0.26				
56	0.18	0.20	0.23				
57	0.16	0.17	0.19				
58	0.13	0.14	0.16				
59	0.11	0.12	0.13				

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Transitional Your Occupation Benefit
Rider Form(s) IDIPE07-1, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 65	Not Applicable	Limited	Not Applicable	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	0.76	0.84	0.94				
26	0.77	0.86	0.96				
27	0.79	0.88	0.98				
28	0.82	0.90	1.01				
29	0.84	0.94	1.04				
30	0.86	0.96	1.08				
31	0.89	0.98	1.10				
32	0.91	1.02	1.14				
33	0.95	1.04	1.18				
34	0.97	1.08	1.21				
35	1.00	1.12	1.25				
36	1.02	1.14	1.28				
37	1.06	1.18	1.32				
38	1.07	1.19	1.34				
39	1.09	1.22	1.37				
40	1.10	1.22	1.38				
41	1.12	1.24	1.39				
42	1.10	1.24	1.39				
43	1.10	1.22	1.38				
44	1.08	1.20	1.36				
45	1.04	1.16	1.31				
46	1.00	1.10	1.25				
47	0.94	1.04	1.18				
48	0.86	0.96	1.08				
49	0.79	0.88	0.98				
50	0.71	0.78	0.89				
51	0.61	0.68	0.78				
52	0.53	0.60	0.67				
53	0.44	0.50	0.56				
54	0.37	0.42	0.47				
55	0.30	0.34	0.38				
56	0.24	0.26	0.30				
57	0.18	0.20	0.23				
58	0.14	0.16	0.18				
59	0.11	0.13	0.14				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Rider Form(s) IDIPE07-1, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 65	Not Applicable	Full*	Not Applicable	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	0.76	0.84	0.94				
26	0.77	0.86	0.96				
27	0.79	0.88	0.98				
28	0.82	0.90	1.01				
29	0.84	0.94	1.04				
30	0.86	0.96	1.08				
31	0.89	0.98	1.10				
32	0.91	1.02	1.14				
33	0.95	1.04	1.18				
34	0.97	1.08	1.21				
35	1.00	1.12	1.25				
36	1.02	1.14	1.28				
37	1.06	1.18	1.32				
38	1.07	1.19	1.34				
39	1.09	1.22	1.37				
40	1.10	1.22	1.38				
41	1.12	1.24	1.39				
42	1.10	1.24	1.39				
43	1.10	1.22	1.38				
44	1.08	1.20	1.36				
45	1.04	1.16	1.31				
46	1.00	1.10	1.25				
47	0.94	1.04	1.18				
48	0.86	0.96	1.08				
49	0.79	0.88	0.98				
50	0.71	0.78	0.89				
51	0.61	0.68	0.78				
52	0.53	0.60	0.67				
53	0.44	0.50	0.56				
54	0.37	0.42	0.47				
55	0.30	0.34	0.38				
56	0.24	0.26	0.30				
57	0.18	0.20	0.23				
58	0.14	0.16	0.18				
59	0.11	0.13	0.14				

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Your Occupation Benefit
Rider Form(s) IDI2000-PE/YOCC and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type		Smoker	Sex
To Age 65	Not Applicable	Limited	Individually Sold and Association		No	Female

Issue Age	6A	5A	5I	4M	4A
18 - 25	1.36	1.51	3.02	3.78	1.51
26	1.40	1.57	3.14	3.94	1.57
27	1.46	1.63	3.26	4.08	1.63
28	1.52	1.70	3.41	4.26	1.70
29	1.58	1.78	3.55	4.44	1.78
30	1.66	1.85	3.70	4.62	1.85
31	1.72	1.91	3.82	4.78	1.91
32	1.78	1.98	3.96	4.96	1.98
33	1.82	2.04	4.08	5.10	2.04
34	1.87	2.09	4.18	5.22	2.09
35	1.91	2.14	4.27	5.34	2.14
36	1.94	2.17	4.34	5.44	2.17
37	1.97	2.20	4.39	5.50	2.20
38	1.99	2.22	4.44	5.56	2.22
39	2.00	2.23	4.46	5.58	2.23
40	2.00	2.24	4.49	5.62	2.24
41	1.99	2.23	4.46	5.58	2.23
42	1.98	2.22	4.44	5.56	2.22
43	1.96	2.20	4.39	5.50	2.20
44	1.93	2.16	4.32	5.40	2.16
45	1.88	2.10	4.20	5.26	2.10
46	1.82	2.04	4.08	5.10	2.04
47	1.74	1.96	3.91	4.90	1.96
48	1.63	1.82	3.65	4.56	1.82
49	1.51	1.69	3.38	4.24	1.69
50	1.38	1.54	3.07	3.84	1.54
51	1.24	1.39	2.78	3.48	1.39
52	1.09	1.22	2.45	3.06	1.22
53	0.95	1.06	2.11	2.64	1.06
54	0.79	0.89	1.78	2.22	0.89
55	0.66	0.73	1.46	1.84	0.73
56	0.53	0.59	1.18	1.48	0.59
57	0.41	0.46	0.91	1.14	0.46
58	0.31	0.36	0.72	0.90	0.36
59	0.24	0.28	0.55	0.70	0.28

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 65	Not Applicable	Full*	Individually Sold and Association	No	Female

Issue Age	6A	5A	5I	4M	4A
18 - 25	1.36	1.51	3.02	3.78	1.51
26	1.40	1.57	3.14	3.94	1.57
27	1.46	1.63	3.26	4.08	1.63
28	1.52	1.70	3.41	4.26	1.70
29	1.58	1.78	3.55	4.44	1.78
30	1.66	1.85	3.70	4.62	1.85
31	1.72	1.91	3.82	4.78	1.91
32	1.78	1.98	3.96	4.96	1.98
33	1.82	2.04	4.08	5.10	2.04
34	1.87	2.09	4.18	5.22	2.09
35	1.91	2.14	4.27	5.34	2.14
36	1.94	2.17	4.34	5.44	2.17
37	1.97	2.20	4.39	5.50	2.20
38	1.99	2.22	4.44	5.56	2.22
39	2.00	2.23	4.46	5.58	2.23
40	2.00	2.24	4.49	5.62	2.24
41	1.99	2.23	4.46	5.58	2.23
42	1.98	2.22	4.44	5.56	2.22
43	1.96	2.20	4.39	5.50	2.20
44	1.93	2.16	4.32	5.40	2.16
45	1.88	2.10	4.20	5.26	2.10
46	1.82	2.04	4.08	5.10	2.04
47	1.74	1.96	3.91	4.90	1.96
48	1.63	1.82	3.65	4.56	1.82
49	1.51	1.69	3.38	4.24	1.69
50	1.38	1.54	3.07	3.84	1.54
51	1.24	1.39	2.78	3.48	1.39
52	1.09	1.22	2.45	3.06	1.22
53	0.95	1.06	2.11	2.64	1.06
54	0.79	0.89	1.78	2.22	0.89
55	0.66	0.73	1.46	1.84	0.73
56	0.53	0.59	1.18	1.48	0.59
57	0.41	0.46	0.91	1.14	0.46
58	0.31	0.36	0.72	0.90	0.36
59	0.24	0.28	0.55	0.70	0.28

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 70	Not Applicable	Limited	Individually Sold and Association	No	Female

Issue Age	6A	5A	5I	4M	4A
18 - 25	1.60	1.78	3.55	4.44	1.78
26	1.66	1.85	3.70	4.62	1.85
27	1.74	1.94	3.89	4.86	1.94
28	1.82	2.03	4.06	5.08	2.03
29	1.91	2.14	4.27	5.34	2.14
30	1.99	2.23	4.46	5.58	2.23
31	2.09	2.33	4.66	5.82	2.33
32	2.17	2.42	4.85	6.06	2.42
33	2.26	2.51	5.02	6.28	2.51
34	2.33	2.60	5.21	6.52	2.60
35	2.40	2.68	5.35	6.70	2.68
36	2.46	2.76	5.52	6.90	2.76
37	2.52	2.82	5.64	7.06	2.82
38	2.58	2.88	5.76	7.20	2.88
39	2.63	2.94	5.88	7.36	2.94
40	2.68	2.99	5.98	7.48	2.99
41	2.71	3.04	6.07	7.60	3.04
42	2.74	3.06	6.12	7.66	3.06
43	2.77	3.10	6.19	7.74	3.10
44	2.78	3.11	6.22	7.78	3.11
45	2.78	3.12	6.24	7.80	3.12
46	2.78	3.11	6.22	7.78	3.11
47	2.75	3.08	6.17	7.72	3.08
48	2.69	3.01	6.02	7.54	3.01
49	2.60	2.92	5.83	7.30	2.92
50	2.51	2.81	5.62	7.02	2.81
51	2.40	2.69	5.38	6.72	2.69
52	2.27	2.54	5.09	6.36	2.54
53	2.12	2.38	4.75	5.94	2.38
54	1.96	2.20	4.39	5.50	2.20
55	1.79	2.00	4.01	5.02	2.00
56	1.62	1.81	3.62	4.54	1.81
57	1.45	1.62	3.24	4.06	1.62
58	1.31	1.46	2.93	3.66	1.46
59	1.16	1.30	2.59	3.24	1.30

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Your Occupation Benefit
Rider Form(s) IDI2000-PE/YOCC and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 70	Not Applicable	Full*	Individually Sold and Association	No	Female

Issue Age	6A	5A	5I	4M	4A
18 - 25	1.60	1.78	3.55	4.44	1.78
26	1.66	1.85	3.70	4.62	1.85
27	1.74	1.94	3.89	4.86	1.94
28	1.82	2.03	4.06	5.08	2.03
29	1.91	2.14	4.27	5.34	2.14
30	1.99	2.23	4.46	5.58	2.23
31	2.09	2.33	4.66	5.82	2.33
32	2.17	2.42	4.85	6.06	2.42
33	2.26	2.51	5.02	6.28	2.51
34	2.33	2.60	5.21	6.52	2.60
35	2.40	2.68	5.35	6.70	2.68
36	2.46	2.76	5.52	6.90	2.76
37	2.52	2.82	5.64	7.06	2.82
38	2.58	2.88	5.76	7.20	2.88
39	2.63	2.94	5.88	7.36	2.94
40	2.68	2.99	5.98	7.48	2.99
41	2.71	3.04	6.07	7.60	3.04
42	2.74	3.06	6.12	7.66	3.06
43	2.77	3.10	6.19	7.74	3.10
44	2.78	3.11	6.22	7.78	3.11
45	2.78	3.12	6.24	7.80	3.12
46	2.78	3.11	6.22	7.78	3.11
47	2.75	3.08	6.17	7.72	3.08
48	2.69	3.01	6.02	7.54	3.01
49	2.60	2.92	5.83	7.30	2.92
50	2.51	2.81	5.62	7.02	2.81
51	2.40	2.69	5.38	6.72	2.69
52	2.27	2.54	5.09	6.36	2.54
53	2.12	2.38	4.75	5.94	2.38
54	1.96	2.20	4.39	5.50	2.20
55	1.79	2.00	4.01	5.02	2.00
56	1.62	1.81	3.62	4.54	1.81
57	1.45	1.62	3.24	4.06	1.62
58	1.31	1.46	2.93	3.66	1.46
59	1.16	1.30	2.59	3.24	1.30

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Limited	Individually Sold and Association	No	Female

Issue Age	6A	5A	5I	4M	4A
18 - 25	2.09	2.33	5.82	7.57	2.33
26	2.20	2.45	6.12	7.96	2.45
27	2.30	2.57	6.42	8.35	2.57
28	2.42	2.70	6.76	8.77	2.70
29	2.54	2.84	7.12	9.24	2.84
30	2.68	2.99	7.48	9.71	2.99
31	2.81	3.13	7.84	10.18	3.13
32	2.94	3.28	8.20	10.64	3.28
33	3.06	3.41	8.52	11.08	3.41
34	3.17	3.54	8.86	11.51	3.54
35	3.29	3.67	9.18	11.94	3.67
36	3.38	3.78	9.46	12.29	3.78
37	3.48	3.89	9.72	12.64	3.89
38	3.58	4.00	10.00	12.98	4.00
39	3.66	4.09	10.24	13.30	4.09
40	3.72	4.16	10.42	13.54	4.16
41	3.78	4.22	10.56	13.73	4.22
42	3.82	4.27	10.68	13.88	4.27
43	3.84	4.30	10.74	13.97	4.30
44	3.83	4.28	10.72	13.92	4.28
45	3.80	4.26	10.66	13.85	4.26
46	3.74	4.20	10.50	13.66	4.20
47	3.66	4.10	10.26	13.34	4.10
48	3.52	3.94	9.84	12.79	3.94
49	3.34	3.73	9.34	12.13	3.73
50	3.13	3.50	8.76	11.39	3.50
51	2.90	3.25	8.14	10.57	3.25
52	2.65	2.98	7.44	9.67	2.98
53	2.38	2.65	6.64	8.62	2.65
54	2.08	2.33	5.82	7.57	2.33
55	1.79	1.99	4.98	6.48	1.99
56	1.49	1.67	4.18	5.42	1.67
57	1.21	1.36	3.40	4.40	1.36
58	0.96	1.07	2.68	3.47	1.07
59	0.73	0.82	2.04	2.65	0.82

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Full*	Individually Sold and Association	No	Female

Issue Age	6A	5A	5I	4M	4A
18 - 25	2.09	2.33	5.82	7.57	2.33
26	2.20	2.45	6.12	7.96	2.45
27	2.30	2.57	6.42	8.35	2.57
28	2.42	2.70	6.76	8.77	2.70
29	2.54	2.84	7.12	9.24	2.84
30	2.68	2.99	7.48	9.71	2.99
31	2.81	3.13	7.84	10.18	3.13
32	2.94	3.28	8.20	10.64	3.28
33	3.06	3.41	8.52	11.08	3.41
34	3.17	3.54	8.86	11.51	3.54
35	3.29	3.67	9.18	11.94	3.67
36	3.38	3.78	9.46	12.29	3.78
37	3.48	3.89	9.72	12.64	3.89
38	3.58	4.00	10.00	12.98	4.00
39	3.66	4.09	10.24	13.30	4.09
40	3.72	4.16	10.42	13.54	4.16
41	3.78	4.22	10.56	13.73	4.22
42	3.82	4.27	10.68	13.88	4.27
43	3.84	4.30	10.74	13.97	4.30
44	3.83	4.28	10.72	13.92	4.28
45	3.80	4.26	10.66	13.85	4.26
46	3.74	4.20	10.50	13.66	4.20
47	3.66	4.10	10.26	13.34	4.10
48	3.52	3.94	9.84	12.79	3.94
49	3.34	3.73	9.34	12.13	3.73
50	3.13	3.50	8.76	11.39	3.50
51	2.90	3.25	8.14	10.57	3.25
52	2.65	2.98	7.44	9.67	2.98
53	2.38	2.65	6.64	8.62	2.65
54	2.08	2.33	5.82	7.57	2.33
55	1.79	1.99	4.98	6.48	1.99
56	1.49	1.67	4.18	5.42	1.67
57	1.21	1.36	3.40	4.40	1.36
58	0.96	1.07	2.68	3.47	1.07
59	0.73	0.82	2.04	2.65	0.82

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
** Rider Form IDI2000-PR/L45-TD attached.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 65	Not Applicable	Limited	Individually Sold and Association	No	Male

Issue Age	6A	5A	5I	4M	4A
18 - 25	1.13	1.26	2.52	3.16	1.26
26	1.15	1.28	2.57	3.22	1.28
27	1.18	1.32	2.64	3.30	1.32
28	1.21	1.34	2.69	3.36	1.34
29	1.24	1.38	2.76	3.46	1.38
30	1.27	1.42	2.83	3.54	1.42
31	1.31	1.46	2.93	3.66	1.46
32	1.36	1.50	3.00	3.76	1.50
33	1.40	1.56	3.12	3.90	1.56
34	1.45	1.62	3.24	4.06	1.62
35	1.50	1.67	3.34	4.18	1.67
36	1.55	1.73	3.46	4.32	1.73
37	1.61	1.79	3.58	4.48	1.79
38	1.66	1.85	3.70	4.62	1.85
39	1.70	1.90	3.79	4.74	1.90
40	1.75	1.94	3.89	4.86	1.94
41	1.79	1.99	3.98	4.98	1.99
42	1.81	2.02	4.03	5.04	2.02
43	1.84	2.04	4.08	5.10	2.04
44	1.84	2.05	4.10	5.14	2.05
45	1.84	2.04	4.08	5.10	2.04
46	1.81	2.03	4.06	5.08	2.03
47	1.78	1.98	3.96	4.96	1.98
48	1.72	1.91	3.82	4.78	1.91
49	1.63	1.82	3.65	4.56	1.82
50	1.55	1.72	3.43	4.30	1.72
51	1.44	1.61	3.22	4.02	1.61
52	1.32	1.48	2.95	3.70	1.48
53	1.18	1.32	2.64	3.30	1.32
54	1.03	1.15	2.30	2.88	1.15
55	0.89	1.00	1.99	2.50	1.00
56	0.74	0.83	1.66	2.08	0.83
57	0.61	0.68	1.37	1.72	0.68
58	0.49	0.55	1.10	1.38	0.55
59	0.38	0.43	0.86	1.08	0.43

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 65	Not Applicable	Full*	Individually Sold and Association	No	Male

Issue Age	6A	5A	5I	4M	4A
18 - 25	1.13	1.26	2.52	3.16	1.26
26	1.15	1.28	2.57	3.22	1.28
27	1.18	1.32	2.64	3.30	1.32
28	1.21	1.34	2.69	3.36	1.34
29	1.24	1.38	2.76	3.46	1.38
30	1.27	1.42	2.83	3.54	1.42
31	1.31	1.46	2.93	3.66	1.46
32	1.36	1.50	3.00	3.76	1.50
33	1.40	1.56	3.12	3.90	1.56
34	1.45	1.62	3.24	4.06	1.62
35	1.50	1.67	3.34	4.18	1.67
36	1.55	1.73	3.46	4.32	1.73
37	1.61	1.79	3.58	4.48	1.79
38	1.66	1.85	3.70	4.62	1.85
39	1.70	1.90	3.79	4.74	1.90
40	1.75	1.94	3.89	4.86	1.94
41	1.79	1.99	3.98	4.98	1.99
42	1.81	2.02	4.03	5.04	2.02
43	1.84	2.04	4.08	5.10	2.04
44	1.84	2.05	4.10	5.14	2.05
45	1.84	2.04	4.08	5.10	2.04
46	1.81	2.03	4.06	5.08	2.03
47	1.78	1.98	3.96	4.96	1.98
48	1.72	1.91	3.82	4.78	1.91
49	1.63	1.82	3.65	4.56	1.82
50	1.55	1.72	3.43	4.30	1.72
51	1.44	1.61	3.22	4.02	1.61
52	1.32	1.48	2.95	3.70	1.48
53	1.18	1.32	2.64	3.30	1.32
54	1.03	1.15	2.30	2.88	1.15
55	0.89	1.00	1.99	2.50	1.00
56	0.74	0.83	1.66	2.08	0.83
57	0.61	0.68	1.37	1.72	0.68
58	0.49	0.55	1.10	1.38	0.55
59	0.38	0.43	0.86	1.08	0.43

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
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Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 70	Not Applicable	Limited	Individually Sold and Association	No	Male

Issue Age	6A	5A	5I	4M	4A
18 - 25	1.32	1.46	2.93	3.66	1.46
26	1.36	1.51	3.02	3.78	1.51
27	1.39	1.56	3.12	3.90	1.56
28	1.44	1.61	3.22	4.02	1.61
29	1.49	1.67	3.34	4.18	1.67
30	1.55	1.73	3.46	4.32	1.73
31	1.61	1.80	3.60	4.50	1.80
32	1.68	1.87	3.74	4.68	1.87
33	1.75	1.96	3.91	4.90	1.96
34	1.84	2.04	4.08	5.10	2.04
35	1.92	2.14	4.27	5.34	2.14
36	2.00	2.24	4.49	5.62	2.24
37	2.10	2.34	4.68	5.86	2.34
38	2.20	2.45	4.90	6.12	2.45
39	2.29	2.56	5.11	6.40	2.56
40	2.39	2.65	5.30	6.64	2.65
41	2.47	2.76	5.52	6.90	2.76
42	2.56	2.86	5.71	7.14	2.86
43	2.64	2.94	5.88	7.36	2.94
44	2.71	3.02	6.05	7.56	3.02
45	2.76	3.08	6.17	7.72	3.08
46	2.82	3.14	6.29	7.86	3.14
47	2.84	3.18	6.36	7.96	3.18
48	2.86	3.19	6.38	7.98	3.19
49	2.86	3.18	6.36	7.96	3.18
50	2.83	3.16	6.31	7.90	3.16
51	2.78	3.12	6.24	7.80	3.12
52	2.72	3.05	6.10	7.62	3.05
53	2.63	2.94	5.88	7.36	2.94
54	2.52	2.81	5.62	7.02	2.81
55	2.39	2.66	5.33	6.66	2.66
56	2.26	2.52	5.04	6.30	2.52
57	2.11	2.35	4.70	5.88	2.35
58	1.96	2.20	4.39	5.50	2.20
59	1.81	2.03	4.06	5.08	2.03

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 70	Not Applicable	Full*	Individually Sold and Association	No	Male

Issue Age	6A	5A	5I	4M	4A
18 - 25	1.32	1.46	2.93	3.66	1.46
26	1.36	1.51	3.02	3.78	1.51
27	1.39	1.56	3.12	3.90	1.56
28	1.44	1.61	3.22	4.02	1.61
29	1.49	1.67	3.34	4.18	1.67
30	1.55	1.73	3.46	4.32	1.73
31	1.61	1.80	3.60	4.50	1.80
32	1.68	1.87	3.74	4.68	1.87
33	1.75	1.96	3.91	4.90	1.96
34	1.84	2.04	4.08	5.10	2.04
35	1.92	2.14	4.27	5.34	2.14
36	2.00	2.24	4.49	5.62	2.24
37	2.10	2.34	4.68	5.86	2.34
38	2.20	2.45	4.90	6.12	2.45
39	2.29	2.56	5.11	6.40	2.56
40	2.39	2.65	5.30	6.64	2.65
41	2.47	2.76	5.52	6.90	2.76
42	2.56	2.86	5.71	7.14	2.86
43	2.64	2.94	5.88	7.36	2.94
44	2.71	3.02	6.05	7.56	3.02
45	2.76	3.08	6.17	7.72	3.08
46	2.82	3.14	6.29	7.86	3.14
47	2.84	3.18	6.36	7.96	3.18
48	2.86	3.19	6.38	7.98	3.19
49	2.86	3.18	6.36	7.96	3.18
50	2.83	3.16	6.31	7.90	3.16
51	2.78	3.12	6.24	7.80	3.12
52	2.72	3.05	6.10	7.62	3.05
53	2.63	2.94	5.88	7.36	2.94
54	2.52	2.81	5.62	7.02	2.81
55	2.39	2.66	5.33	6.66	2.66
56	2.26	2.52	5.04	6.30	2.52
57	2.11	2.35	4.70	5.88	2.35
58	1.96	2.20	4.39	5.50	2.20
59	1.81	2.03	4.06	5.08	2.03

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Limited	Individually Sold and Association	No	Male

Issue Age	6A	5A	5I	4M	4A
18 - 25	1.61	1.79	4.48	5.81	1.79
26	1.66	1.85	4.62	6.01	1.85
27	1.72	1.91	4.78	6.20	1.91
28	1.78	1.98	4.96	6.43	1.98
29	1.85	2.05	5.14	6.67	2.05
30	1.92	2.14	5.34	6.95	2.14
31	1.99	2.22	5.56	7.21	2.22
32	2.09	2.32	5.80	7.52	2.32
33	2.18	2.42	6.06	7.88	2.42
34	2.29	2.54	6.36	8.27	2.54
35	2.40	2.66	6.66	8.66	2.66
36	2.51	2.80	7.00	9.08	2.80
37	2.63	2.93	7.32	9.52	2.93
38	2.75	3.06	7.66	9.95	3.06
39	2.87	3.19	7.98	10.38	3.19
40	2.98	3.32	8.32	10.80	3.32
41	3.08	3.44	8.62	11.20	3.44
42	3.18	3.54	8.86	11.51	3.54
43	3.26	3.64	9.10	11.82	3.64
44	3.32	3.71	9.28	12.05	3.71
45	3.36	3.76	9.40	12.20	3.76
46	3.38	3.77	9.42	12.25	3.77
47	3.37	3.77	9.42	12.25	3.77
48	3.32	3.71	9.28	12.05	3.71
49	3.25	3.64	9.10	11.82	3.64
50	3.14	3.52	8.80	11.42	3.52
51	3.01	3.37	8.44	10.96	3.37
52	2.86	3.19	7.98	10.38	3.19
53	2.63	2.94	7.36	9.55	2.94
54	2.39	2.66	6.66	8.66	2.66
55	2.12	2.38	5.94	7.73	2.38
56	1.86	2.08	5.20	6.74	2.08
57	1.60	1.78	4.44	5.77	1.78
58	1.33	1.49	3.72	4.84	1.49
59	1.08	1.21	3.04	3.94	1.21

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Your Occupation Benefit
Rider Form(s) IDI2000-PE/YOCC and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Full*	Individually Sold and Association	No	Male

Issue Age	6A	5A	5I	4M	4A
18 - 25	1.61	1.79	4.48	5.81	1.79
26	1.66	1.85	4.62	6.01	1.85
27	1.72	1.91	4.78	6.20	1.91
28	1.78	1.98	4.96	6.43	1.98
29	1.85	2.05	5.14	6.67	2.05
30	1.92	2.14	5.34	6.95	2.14
31	1.99	2.22	5.56	7.21	2.22
32	2.09	2.32	5.80	7.52	2.32
33	2.18	2.42	6.06	7.88	2.42
34	2.29	2.54	6.36	8.27	2.54
35	2.40	2.66	6.66	8.66	2.66
36	2.51	2.80	7.00	9.08	2.80
37	2.63	2.93	7.32	9.52	2.93
38	2.75	3.06	7.66	9.95	3.06
39	2.87	3.19	7.98	10.38	3.19
40	2.98	3.32	8.32	10.80	3.32
41	3.08	3.44	8.62	11.20	3.44
42	3.18	3.54	8.86	11.51	3.54
43	3.26	3.64	9.10	11.82	3.64
44	3.32	3.71	9.28	12.05	3.71
45	3.36	3.76	9.40	12.20	3.76
46	3.38	3.77	9.42	12.25	3.77
47	3.37	3.77	9.42	12.25	3.77
48	3.32	3.71	9.28	12.05	3.71
49	3.25	3.64	9.10	11.82	3.64
50	3.14	3.52	8.80	11.42	3.52
51	3.01	3.37	8.44	10.96	3.37
52	2.86	3.19	7.98	10.38	3.19
53	2.63	2.94	7.36	9.55	2.94
54	2.39	2.66	6.66	8.66	2.66
55	2.12	2.38	5.94	7.73	2.38
56	1.86	2.08	5.20	6.74	2.08
57	1.60	1.78	4.44	5.77	1.78
58	1.33	1.49	3.72	4.84	1.49
59	1.08	1.21	3.04	3.94	1.21

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
** Rider Form IDI2000-PR/L45-TD attached.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/NC-ML et al
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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 65	Not Applicable	Limited	Individually Sold and Association	No	Unisex

Issue Age	6A	5A	5I	4M	4A
18 - 25	1.19	1.32	2.65	3.31	1.32
26	1.21	1.36	2.71	3.40	1.36
27	1.25	1.40	2.80	3.49	1.40
28	1.30	1.44	2.87	3.59	1.44
29	1.32	1.48	2.96	3.71	1.48
30	1.37	1.52	3.05	3.82	1.52
31	1.42	1.57	3.16	3.94	1.57
32	1.46	1.62	3.24	4.06	1.62
33	1.51	1.68	3.36	4.20	1.68
34	1.56	1.74	3.48	4.34	1.74
35	1.61	1.79	3.58	4.46	1.79
36	1.64	1.84	3.68	4.60	1.84
37	1.70	1.90	3.78	4.73	1.90
38	1.74	1.94	3.89	4.86	1.94
39	1.78	1.98	3.96	4.96	1.98
40	1.81	2.02	4.04	5.05	2.02
41	1.84	2.05	4.10	5.14	2.05
42	1.86	2.06	4.14	5.17	2.06
43	1.87	2.08	4.16	5.20	2.08
44	1.86	2.08	4.16	5.21	2.08
45	1.85	2.05	4.12	5.14	2.05
46	1.81	2.03	4.07	5.09	2.03
47	1.76	1.98	3.95	4.94	1.98
48	1.69	1.88	3.78	4.73	1.88
49	1.61	1.79	3.59	4.48	1.79
50	1.51	1.67	3.35	4.19	1.67
51	1.39	1.56	3.11	3.89	1.56
52	1.26	1.42	2.83	3.54	1.42
53	1.12	1.26	2.51	3.13	1.26
54	0.97	1.09	2.17	2.71	1.09
55	0.83	0.94	1.86	2.33	0.94
56	0.70	0.77	1.54	1.93	0.77
57	0.56	0.62	1.26	1.57	0.62
58	0.44	0.50	1.01	1.26	0.50
59	0.35	0.40	0.79	0.98	0.40

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 65	Not Applicable	Full*	Individually Sold and Association	No	Unisex

Issue Age	6A	5A	5I	4M	4A
18 - 25	1.19	1.32	2.65	3.31	1.32
26	1.21	1.36	2.71	3.40	1.36
27	1.25	1.40	2.80	3.49	1.40
28	1.30	1.44	2.87	3.59	1.44
29	1.32	1.48	2.96	3.71	1.48
30	1.37	1.52	3.05	3.82	1.52
31	1.42	1.57	3.16	3.94	1.57
32	1.46	1.62	3.24	4.06	1.62
33	1.51	1.68	3.36	4.20	1.68
34	1.56	1.74	3.48	4.34	1.74
35	1.61	1.79	3.58	4.46	1.79
36	1.64	1.84	3.68	4.60	1.84
37	1.70	1.90	3.78	4.73	1.90
38	1.74	1.94	3.89	4.86	1.94
39	1.78	1.98	3.96	4.96	1.98
40	1.81	2.02	4.04	5.05	2.02
41	1.84	2.05	4.10	5.14	2.05
42	1.86	2.06	4.14	5.17	2.06
43	1.87	2.08	4.16	5.20	2.08
44	1.86	2.08	4.16	5.21	2.08
45	1.85	2.05	4.12	5.14	2.05
46	1.81	2.03	4.07	5.09	2.03
47	1.76	1.98	3.95	4.94	1.98
48	1.69	1.88	3.78	4.73	1.88
49	1.61	1.79	3.59	4.48	1.79
50	1.51	1.67	3.35	4.19	1.67
51	1.39	1.56	3.11	3.89	1.56
52	1.26	1.42	2.83	3.54	1.42
53	1.12	1.26	2.51	3.13	1.26
54	0.97	1.09	2.17	2.71	1.09
55	0.83	0.94	1.86	2.33	0.94
56	0.70	0.77	1.54	1.93	0.77
57	0.56	0.62	1.26	1.57	0.62
58	0.44	0.50	1.01	1.26	0.50
59	0.35	0.40	0.79	0.98	0.40

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type		Smoker	Sex
To Age 70	Not Applicable	Limited	Individually Sold and Association		No	Unisex
Issue Age	**6A**	**5A**	**5I**	**4M**	**4A**	
18 - 25	1.39	1.55	3.08	3.85	1.55	
26	1.43	1.60	3.19	4.00	1.60	
27	1.48	1.66	3.31	4.14	1.66	
28	1.54	1.72	3.43	4.28	1.72	
29	1.60	1.79	3.58	4.46	1.79	
30	1.66	1.86	3.71	4.63	1.86	
31	1.73	1.93	3.86	4.84	1.93	
32	1.80	2.02	4.02	5.03	2.02	
33	1.88	2.10	4.19	5.24	2.10	
34	1.96	2.18	4.37	5.46	2.18	
35	2.04	2.27	4.55	5.68	2.27	
36	2.12	2.38	4.75	5.94	2.38	
37	2.21	2.46	4.92	6.16	2.46	
38	2.29	2.56	5.11	6.40	2.56	
39	2.38	2.65	5.30	6.64	2.65	
40	2.46	2.74	5.47	6.85	2.74	
41	2.53	2.83	5.66	7.08	2.83	
42	2.60	2.90	5.82	7.27	2.90	
43	2.68	2.98	5.96	7.45	2.98	
44	2.74	3.05	6.10	7.62	3.05	
45	2.77	3.10	6.19	7.74	3.10	
46	2.81	3.13	6.28	7.84	3.13	
47	2.82	3.16	6.31	7.90	3.16	
48	2.82	3.14	6.30	7.87	3.14	
49	2.80	3.12	6.23	7.79	3.12	
50	2.75	3.07	6.14	7.68	3.07	
51	2.69	3.01	6.02	7.54	3.01	
52	2.62	2.93	5.84	7.31	2.93	
53	2.51	2.80	5.60	7.01	2.80	
54	2.38	2.65	5.32	6.64	2.65	
55	2.24	2.50	5.00	6.25	2.50	
56	2.10	2.34	4.69	5.86	2.34	
57	1.94	2.17	4.34	5.42	2.17	
58	1.80	2.02	4.03	5.04	2.02	
59	1.66	1.85	3.70	4.62	1.85	

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 70	Not Applicable	Full*	Individually Sold and Association	No	Unisex

Issue Age	6A	5A	5I	4M	4A
18 - 25	1.39	1.55	3.08	3.85	1.55
26	1.43	1.60	3.19	4.00	1.60
27	1.48	1.66	3.31	4.14	1.66
28	1.54	1.72	3.43	4.28	1.72
29	1.60	1.79	3.58	4.46	1.79
30	1.66	1.86	3.71	4.63	1.86
31	1.73	1.93	3.86	4.84	1.93
32	1.80	2.02	4.02	5.03	2.02
33	1.88	2.10	4.19	5.24	2.10
34	1.96	2.18	4.37	5.46	2.18
35	2.04	2.27	4.55	5.68	2.27
36	2.12	2.38	4.75	5.94	2.38
37	2.21	2.46	4.92	6.16	2.46
38	2.29	2.56	5.11	6.40	2.56
39	2.38	2.65	5.30	6.64	2.65
40	2.46	2.74	5.47	6.85	2.74
41	2.53	2.83	5.66	7.08	2.83
42	2.60	2.90	5.82	7.27	2.90
43	2.68	2.98	5.96	7.45	2.98
44	2.74	3.05	6.10	7.62	3.05
45	2.77	3.10	6.19	7.74	3.10
46	2.81	3.13	6.28	7.84	3.13
47	2.82	3.16	6.31	7.90	3.16
48	2.82	3.14	6.30	7.87	3.14
49	2.80	3.12	6.23	7.79	3.12
50	2.75	3.07	6.14	7.68	3.07
51	2.69	3.01	6.02	7.54	3.01
52	2.62	2.93	5.84	7.31	2.93
53	2.51	2.80	5.60	7.01	2.80
54	2.38	2.65	5.32	6.64	2.65
55	2.24	2.50	5.00	6.25	2.50
56	2.10	2.34	4.69	5.86	2.34
57	1.94	2.17	4.34	5.42	2.17
58	1.80	2.02	4.03	5.04	2.02
59	1.66	1.85	3.70	4.62	1.85

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Limited	Individually Sold and Association	No	Unisex

Issue Age	6A	5A	5I	4M	4A
18 - 25	1.73	1.92	4.81	6.25	1.92
26	1.79	2.00	4.99	6.50	2.00
27	1.86	2.08	5.18	6.74	2.08
28	1.94	2.16	5.41	7.02	2.16
29	2.03	2.26	5.63	7.32	2.26
30	2.11	2.35	5.88	7.64	2.35
31	2.20	2.45	6.13	7.96	2.45
32	2.30	2.56	6.40	8.30	2.56
33	2.40	2.68	6.67	8.69	2.68
34	2.51	2.80	6.98	9.08	2.80
35	2.63	2.92	7.30	9.48	2.92
36	2.72	3.05	7.61	9.89	3.05
37	2.84	3.17	7.92	10.30	3.17
38	2.95	3.30	8.24	10.70	3.30
39	3.07	3.42	8.54	11.11	3.42
40	3.17	3.54	8.84	11.48	3.54
41	3.26	3.64	9.11	11.83	3.64
42	3.34	3.72	9.31	12.11	3.72
43	3.41	3.80	9.50	12.36	3.80
44	3.46	3.85	9.64	12.52	3.85
45	3.47	3.89	9.71	12.61	3.89
46	3.48	3.88	9.70	12.60	3.88
47	3.44	3.85	9.64	12.53	3.85
48	3.37	3.77	9.42	12.24	3.77
49	3.28	3.66	9.16	11.90	3.66
50	3.14	3.52	8.78	11.41	3.52
51	2.99	3.35	8.36	10.86	3.35
52	2.81	3.14	7.85	10.20	3.14
53	2.57	2.87	7.18	9.32	2.87
54	2.32	2.58	6.46	8.39	2.58
55	2.04	2.28	5.70	7.42	2.28
56	1.76	1.98	4.94	6.42	1.98
57	1.50	1.67	4.18	5.44	1.67
58	1.24	1.38	3.46	4.50	1.38
59	1.00	1.12	2.78	3.61	1.12

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Full*	Individually Sold and Association	No	Unisex

Issue Age	6A	5A	5I	4M	4A
18 - 25	1.73	1.92	4.81	6.25	1.92
26	1.79	2.00	4.99	6.50	2.00
27	1.86	2.08	5.18	6.74	2.08
28	1.94	2.16	5.41	7.02	2.16
29	2.03	2.26	5.63	7.32	2.26
30	2.11	2.35	5.88	7.64	2.35
31	2.20	2.45	6.13	7.96	2.45
32	2.30	2.56	6.40	8.30	2.56
33	2.40	2.68	6.67	8.69	2.68
34	2.51	2.80	6.98	9.08	2.80
35	2.63	2.92	7.30	9.48	2.92
36	2.72	3.05	7.61	9.89	3.05
37	2.84	3.17	7.92	10.30	3.17
38	2.95	3.30	8.24	10.70	3.30
39	3.07	3.42	8.54	11.11	3.42
40	3.17	3.54	8.84	11.48	3.54
41	3.26	3.64	9.11	11.83	3.64
42	3.34	3.72	9.31	12.11	3.72
43	3.41	3.80	9.50	12.36	3.80
44	3.46	3.85	9.64	12.52	3.85
45	3.47	3.89	9.71	12.61	3.89
46	3.48	3.88	9.70	12.60	3.88
47	3.44	3.85	9.64	12.53	3.85
48	3.37	3.77	9.42	12.24	3.77
49	3.28	3.66	9.16	11.90	3.66
50	3.14	3.52	8.78	11.41	3.52
51	2.99	3.35	8.36	10.86	3.35
52	2.81	3.14	7.85	10.20	3.14
53	2.57	2.87	7.18	9.32	2.87
54	2.32	2.58	6.46	8.39	2.58
55	2.04	2.28	5.70	7.42	2.28
56	1.76	1.98	4.94	6.42	1.98
57	1.50	1.67	4.18	5.44	1.67
58	1.24	1.38	3.46	4.50	1.38
59	1.00	1.12	2.78	3.61	1.12

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
** Rider Form IDI2000-PR/L45-TD attached.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 65	Not Applicable	Limited	Not Applicable	Multi-life Only	No	Unisex

Issue Age	6A	5A	5I	4M	4A
18 - 25	1.19	1.32	2.65	3.31	1.32
26	1.21	1.36	2.71	3.40	1.36
27	1.25	1.40	2.80	3.49	1.40
28	1.30	1.44	2.87	3.59	1.44
29	1.32	1.48	2.96	3.71	1.48
30	1.37	1.52	3.05	3.82	1.52
31	1.42	1.57	3.16	3.94	1.57
32	1.46	1.62	3.24	4.06	1.62
33	1.51	1.68	3.36	4.20	1.68
34	1.56	1.74	3.48	4.34	1.74
35	1.61	1.79	3.58	4.46	1.79
36	1.64	1.84	3.68	4.60	1.84
37	1.70	1.90	3.78	4.73	1.90
38	1.74	1.94	3.89	4.86	1.94
39	1.78	1.98	3.96	4.96	1.98
40	1.81	2.02	4.04	5.05	2.02
41	1.84	2.05	4.10	5.14	2.05
42	1.86	2.06	4.14	5.17	2.06
43	1.87	2.08	4.16	5.20	2.08
44	1.86	2.08	4.16	5.21	2.08
45	1.85	2.05	4.12	5.14	2.05
46	1.81	2.03	4.07	5.09	2.03
47	1.76	1.98	3.95	4.94	1.98
48	1.69	1.88	3.78	4.73	1.88
49	1.61	1.79	3.59	4.48	1.79
50	1.51	1.67	3.35	4.19	1.67
51	1.39	1.56	3.11	3.89	1.56
52	1.26	1.42	2.83	3.54	1.42
53	1.12	1.26	2.51	3.13	1.26
54	0.97	1.09	2.17	2.71	1.09
55	0.83	0.94	1.86	2.33	0.94
56	0.70	0.77	1.54	1.93	0.77
57	0.56	0.62	1.26	1.57	0.62
58	0.44	0.50	1.01	1.26	0.50
59	0.35	0.40	0.79	0.98	0.40

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Your Occupation Benefit
Rider Form(s) IDI2000-PE/YOCC and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 65	Not Applicable	Full*	Not Applicable	Multi-life Only	No	Unisex

Issue Age	6A	5A	5I	4M	4A
18 - 25	1.19	1.32	2.65	3.31	1.32
26	1.21	1.36	2.71	3.40	1.36
27	1.25	1.40	2.80	3.49	1.40
28	1.30	1.44	2.87	3.59	1.44
29	1.32	1.48	2.96	3.71	1.48
30	1.37	1.52	3.05	3.82	1.52
31	1.42	1.57	3.16	3.94	1.57
32	1.46	1.62	3.24	4.06	1.62
33	1.51	1.68	3.36	4.20	1.68
34	1.56	1.74	3.48	4.34	1.74
35	1.61	1.79	3.58	4.46	1.79
36	1.64	1.84	3.68	4.60	1.84
37	1.70	1.90	3.78	4.73	1.90
38	1.74	1.94	3.89	4.86	1.94
39	1.78	1.98	3.96	4.96	1.98
40	1.81	2.02	4.04	5.05	2.02
41	1.84	2.05	4.10	5.14	2.05
42	1.86	2.06	4.14	5.17	2.06
43	1.87	2.08	4.16	5.20	2.08
44	1.86	2.08	4.16	5.21	2.08
45	1.85	2.05	4.12	5.14	2.05
46	1.81	2.03	4.07	5.09	2.03
47	1.76	1.98	3.95	4.94	1.98
48	1.69	1.88	3.78	4.73	1.88
49	1.61	1.79	3.59	4.48	1.79
50	1.51	1.67	3.35	4.19	1.67
51	1.39	1.56	3.11	3.89	1.56
52	1.26	1.42	2.83	3.54	1.42
53	1.12	1.26	2.51	3.13	1.26
54	0.97	1.09	2.17	2.71	1.09
55	0.83	0.94	1.86	2.33	0.94
56	0.70	0.77	1.54	1.93	0.77
57	0.56	0.62	1.26	1.57	0.62
58	0.44	0.50	1.01	1.26	0.50
59	0.35	0.40	0.79	0.98	0.40

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Your Occupation Benefit
Rider Form(s) IDI2000-PE/YOCC and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 70	Not Applicable	Limited	Not Applicable	Multi-life Only	No	Unisex

Issue Age	6A	5A	5I	4M	4A
18 - 25	1.39	1.55	3.08	3.85	1.55
26	1.43	1.60	3.19	4.00	1.60
27	1.48	1.66	3.31	4.14	1.66
28	1.54	1.72	3.43	4.28	1.72
29	1.60	1.79	3.58	4.46	1.79
30	1.66	1.86	3.71	4.63	1.86
31	1.73	1.93	3.86	4.84	1.93
32	1.80	2.02	4.02	5.03	2.02
33	1.88	2.10	4.19	5.24	2.10
34	1.96	2.18	4.37	5.46	2.18
35	2.04	2.27	4.55	5.68	2.27
36	2.12	2.38	4.75	5.94	2.38
37	2.21	2.46	4.92	6.16	2.46
38	2.29	2.56	5.11	6.40	2.56
39	2.38	2.65	5.30	6.64	2.65
40	2.46	2.74	5.47	6.85	2.74
41	2.53	2.83	5.66	7.08	2.83
42	2.60	2.90	5.82	7.27	2.90
43	2.68	2.98	5.96	7.45	2.98
44	2.74	3.05	6.10	7.62	3.05
45	2.77	3.10	6.19	7.74	3.10
46	2.81	3.13	6.28	7.84	3.13
47	2.82	3.16	6.31	7.90	3.16
48	2.82	3.14	6.30	7.87	3.14
49	2.80	3.12	6.23	7.79	3.12
50	2.75	3.07	6.14	7.68	3.07
51	2.69	3.01	6.02	7.54	3.01
52	2.62	2.93	5.84	7.31	2.93
53	2.51	2.80	5.60	7.01	2.80
54	2.38	2.65	5.32	6.64	2.65
55	2.24	2.50	5.00	6.25	2.50
56	2.10	2.34	4.69	5.86	2.34
57	1.94	2.17	4.34	5.42	2.17
58	1.80	2.02	4.03	5.04	2.02
59	1.66	1.85	3.70	4.62	1.85

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Your Occupation Benefit
Rider Form(s) IDI2000-PE/YOCC and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 70	Not Applicable	Full*	Not Applicable	Multi-life Only	No	Unisex

Issue Age	6A	5A	5I	4M	4A
18 - 25	1.39	1.55	3.08	3.85	1.55
26	1.43	1.60	3.19	4.00	1.60
27	1.48	1.66	3.31	4.14	1.66
28	1.54	1.72	3.43	4.28	1.72
29	1.60	1.79	3.58	4.46	1.79
30	1.66	1.86	3.71	4.63	1.86
31	1.73	1.93	3.86	4.84	1.93
32	1.80	2.02	4.02	5.03	2.02
33	1.88	2.10	4.19	5.24	2.10
34	1.96	2.18	4.37	5.46	2.18
35	2.04	2.27	4.55	5.68	2.27
36	2.12	2.38	4.75	5.94	2.38
37	2.21	2.46	4.92	6.16	2.46
38	2.29	2.56	5.11	6.40	2.56
39	2.38	2.65	5.30	6.64	2.65
40	2.46	2.74	5.47	6.85	2.74
41	2.53	2.83	5.66	7.08	2.83
42	2.60	2.90	5.82	7.27	2.90
43	2.68	2.98	5.96	7.45	2.98
44	2.74	3.05	6.10	7.62	3.05
45	2.77	3.10	6.19	7.74	3.10
46	2.81	3.13	6.28	7.84	3.13
47	2.82	3.16	6.31	7.90	3.16
48	2.82	3.14	6.30	7.87	3.14
49	2.80	3.12	6.23	7.79	3.12
50	2.75	3.07	6.14	7.68	3.07
51	2.69	3.01	6.02	7.54	3.01
52	2.62	2.93	5.84	7.31	2.93
53	2.51	2.80	5.60	7.01	2.80
54	2.38	2.65	5.32	6.64	2.65
55	2.24	2.50	5.00	6.25	2.50
56	2.10	2.34	4.69	5.86	2.34
57	1.94	2.17	4.34	5.42	2.17
58	1.80	2.02	4.03	5.04	2.02
59	1.66	1.85	3.70	4.62	1.85

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Your Occupation Benefit
Rider Form(s) IDI2000-PE/YOCC and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Limited	Not Applicable	Multi-life Only	No	Unisex

Issue Age	6A	5A	5I	4M	4A
18 - 25	1.73	1.92	4.81	6.25	1.92
26	1.79	2.00	4.99	6.50	2.00
27	1.86	2.08	5.18	6.74	2.08
28	1.94	2.16	5.41	7.02	2.16
29	2.03	2.26	5.63	7.32	2.26
30	2.11	2.35	5.88	7.64	2.35
31	2.20	2.45	6.13	7.96	2.45
32	2.30	2.56	6.40	8.30	2.56
33	2.40	2.68	6.67	8.69	2.68
34	2.51	2.80	6.98	9.08	2.80
35	2.63	2.92	7.30	9.48	2.92
36	2.72	3.05	7.61	9.89	3.05
37	2.84	3.17	7.92	10.30	3.17
38	2.95	3.30	8.24	10.70	3.30
39	3.07	3.42	8.54	11.11	3.42
40	3.17	3.54	8.84	11.48	3.54
41	3.26	3.64	9.11	11.83	3.64
42	3.34	3.72	9.31	12.11	3.72
43	3.41	3.80	9.50	12.36	3.80
44	3.46	3.85	9.64	12.52	3.85
45	3.47	3.89	9.71	12.61	3.89
46	3.48	3.88	9.70	12.60	3.88
47	3.44	3.85	9.64	12.53	3.85
48	3.37	3.77	9.42	12.24	3.77
49	3.28	3.66	9.16	11.90	3.66
50	3.14	3.52	8.78	11.41	3.52
51	2.99	3.35	8.36	10.86	3.35
52	2.81	3.14	7.85	10.20	3.14
53	2.57	2.87	7.18	9.32	2.87
54	2.32	2.58	6.46	8.39	2.58
55	2.04	2.28	5.70	7.42	2.28
56	1.76	1.98	4.94	6.42	1.98
57	1.50	1.67	4.18	5.44	1.67
58	1.24	1.38	3.46	4.50	1.38
59	1.00	1.12	2.78	3.61	1.12

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Your Occupation Benefit
Rider Form(s) IDI2000-PE/YOCC and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Full*	Not Applicable	Multi-life Only	No	Unisex

Issue Age	6A	5A	5I	4M	4A
18 - 25	1.73	1.92	4.81	6.25	1.92
26	1.79	2.00	4.99	6.50	2.00
27	1.86	2.08	5.18	6.74	2.08
28	1.94	2.16	5.41	7.02	2.16
29	2.03	2.26	5.63	7.32	2.26
30	2.11	2.35	5.88	7.64	2.35
31	2.20	2.45	6.13	7.96	2.45
32	2.30	2.56	6.40	8.30	2.56
33	2.40	2.68	6.67	8.69	2.68
34	2.51	2.80	6.98	9.08	2.80
35	2.63	2.92	7.30	9.48	2.92
36	2.72	3.05	7.61	9.89	3.05
37	2.84	3.17	7.92	10.30	3.17
38	2.95	3.30	8.24	10.70	3.30
39	3.07	3.42	8.54	11.11	3.42
40	3.17	3.54	8.84	11.48	3.54
41	3.26	3.64	9.11	11.83	3.64
42	3.34	3.72	9.31	12.11	3.72
43	3.41	3.80	9.50	12.36	3.80
44	3.46	3.85	9.64	12.52	3.85
45	3.47	3.89	9.71	12.61	3.89
46	3.48	3.88	9.70	12.60	3.88
47	3.44	3.85	9.64	12.53	3.85
48	3.37	3.77	9.42	12.24	3.77
49	3.28	3.66	9.16	11.90	3.66
50	3.14	3.52	8.78	11.41	3.52
51	2.99	3.35	8.36	10.86	3.35
52	2.81	3.14	7.85	10.20	3.14
53	2.57	2.87	7.18	9.32	2.87
54	2.32	2.58	6.46	8.39	2.58
55	2.04	2.28	5.70	7.42	2.28
56	1.76	1.98	4.94	6.42	1.98
57	1.50	1.67	4.18	5.44	1.67
58	1.24	1.38	3.46	4.50	1.38
59	1.00	1.12	2.78	3.61	1.12

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
** Rider Form IDI2000-PR/L45-TD attached.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Catastrophic Disability Benefit
Rider Form(s) IDI2000-PR/CATDIS, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Catastrophic Disability Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Full*	Not Applicable	All	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25				0.03	0.05	0.06	0.07
26				0.03	0.05	0.06	0.07
27				0.05	0.05	0.06	0.07
28				0.05	0.06	0.07	0.08
29				0.05	0.06	0.07	0.08
30				0.05	0.06	0.07	0.09
31				0.06	0.07	0.08	0.09
32				0.06	0.07	0.08	0.10
33				0.06	0.08	0.09	0.10
34				0.07	0.08	0.10	0.11
35				0.07	0.09	0.10	0.12
36				0.08	0.10	0.11	0.13
37				0.08	0.10	0.12	0.14
38				0.09	0.12	0.13	0.15
39				0.10	0.13	0.14	0.17
40				0.10	0.14	0.15	0.18
41				0.12	0.15	0.17	0.20
42				0.13	0.16	0.18	0.21
43				0.14	0.17	0.19	0.22
44				0.14	0.18	0.21	0.24
45				0.15	0.20	0.22	0.25
46				0.16	0.21	0.23	0.26
47				0.17	0.22	0.24	0.29
48				0.18	0.23	0.26	0.30
49				0.20	0.24	0.28	0.32
50				0.21	0.25	0.29	0.33
51				0.21	0.26	0.30	0.35
52				0.22	0.28	0.32	0.36
53				0.23	0.29	0.33	0.39
54				0.24	0.30	0.34	0.41
55				0.25	0.31	0.35	0.42
56				0.25	0.32	0.36	0.42
57				0.25	0.31	0.36	0.42
58				0.24	0.31	0.35	0.41
59				0.23	0.29	0.33	0.39

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Catastrophic Disability Benefit
Rider Form(s) IDI2000-PR/CATDIS, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Catastrophic Disability Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 65	Not Applicable	Full*	Not Applicable	All	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25				0.28	0.35	0.40	0.46
26				0.29	0.36	0.41	0.47
27				0.30	0.37	0.42	0.48
28				0.30	0.38	0.43	0.51
29				0.31	0.39	0.45	0.53
30				0.32	0.41	0.46	0.54
31				0.35	0.43	0.48	0.57
32				0.36	0.45	0.51	0.59
33				0.37	0.47	0.53	0.62
34				0.39	0.49	0.56	0.65
35				0.41	0.52	0.58	0.68
36				0.44	0.54	0.62	0.72
37				0.45	0.56	0.65	0.76
38				0.48	0.60	0.68	0.79
39				0.49	0.62	0.72	0.84
40				0.52	0.66	0.75	0.87
41				0.54	0.68	0.77	0.90
42				0.56	0.70	0.80	0.94
43				0.58	0.71	0.81	0.96
44				0.59	0.72	0.84	0.97
45				0.59	0.74	0.85	0.98
46				0.60	0.75	0.85	0.99
47				0.60	0.74	0.85	0.99
48				0.59	0.74	0.84	0.98
49				0.58	0.71	0.81	0.96
50				0.55	0.70	0.79	0.92
51				0.54	0.67	0.77	0.89
52				0.51	0.64	0.73	0.85
53				0.48	0.60	0.68	0.79
54				0.44	0.55	0.63	0.74
55				0.40	0.51	0.57	0.67
56				0.36	0.45	0.52	0.59
57				0.32	0.40	0.45	0.53
58				0.28	0.35	0.40	0.46
59				0.23	0.29	0.33	0.39
60				0.20	0.24	0.28	0.32
61				0.16	0.21	0.23	0.26
62				0.14	0.16	0.19	0.22
63				0.12	0.14	0.17	0.19
64				0.10	0.13	0.14	0.17

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/NC-ML et al
CPI COLA Benefit 2008 on Catastrophic Disability Benefit
Rider Form(s) IDI2000-PR/CATDIS, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Catastrophic Disability Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 70	Not Applicable	Full*	Not Applicable	All	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25				0.31	0.39	0.45	0.53
26				0.32	0.40	0.46	0.54
27				0.33	0.43	0.48	0.56
28				0.36	0.44	0.51	0.58
29				0.37	0.46	0.53	0.61
30				0.38	0.48	0.55	0.64
31				0.40	0.51	0.57	0.67
32				0.43	0.53	0.61	0.70
33				0.45	0.56	0.64	0.75
34				0.47	0.59	0.67	0.78
35				0.49	0.62	0.72	0.84
36				0.53	0.66	0.75	0.88
37				0.55	0.70	0.79	0.92
38				0.59	0.74	0.85	0.98
39				0.62	0.78	0.89	1.03
40				0.66	0.82	0.94	1.09
41				0.69	0.86	0.98	1.14
42				0.71	0.90	1.02	1.19
43				0.75	0.93	1.06	1.23
44				0.77	0.95	1.09	1.28
45				0.78	0.99	1.12	1.31
46				0.81	1.00	1.14	1.33
47				0.82	1.02	1.17	1.35
48				0.82	1.02	1.18	1.36
49				0.83	1.04	1.18	1.38
50				0.82	1.02	1.17	1.36
51				0.82	1.01	1.16	1.35
52				0.79	1.00	1.13	1.32
53				0.77	0.97	1.10	1.29
54				0.74	0.92	1.06	1.23
55				0.70	0.89	1.00	1.17
56				0.67	0.83	0.95	1.10
57				0.62	0.77	0.88	1.03
58				0.58	0.71	0.81	0.96
59				0.52	0.66	0.75	0.87
60				0.47	0.59	0.67	0.78
61				0.41	0.53	0.59	0.69
62				0.37	0.46	0.53	0.62
63				0.32	0.39	0.45	0.53
64				0.26	0.33	0.39	0.44
65				0.22	0.28	0.32	0.36
66				0.17	0.22	0.25	0.30
67				0.14	0.17	0.20	0.23
68				0.10	0.13	0.14	0.18
69				0.08	0.09	0.11	0.12

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/NC-MLP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/GR et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Limited	Individually Sold and Association	No	Female

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.43	0.49	0.55	0.58		0.79		1.18	1.23	2.16
26	0.48	0.53	0.59	0.61		0.85		1.25	1.31	2.30
27	0.50	0.56	0.62	0.66		0.90		1.33	1.39	2.44
28	0.54	0.60	0.67	0.70		0.97		1.42	1.49	2.60
29	0.58	0.65	0.72	0.76		1.02		1.51	1.57	2.75
30	0.62	0.70	0.78	0.81		1.08		1.61	1.66	2.93
31	0.66	0.74	0.84	0.87		1.14		1.71	1.77	3.10
32	0.72	0.80	0.90	0.94		1.22		1.79	1.87	3.30
33	0.76	0.85	0.96	1.00		1.29		1.89	1.98	3.50
34	0.82	0.91	1.01	1.06		1.37		2.01	2.09	3.71
35	0.86	0.97	1.09	1.14		1.44		2.12	2.21	3.91
36	0.92	1.02	1.16	1.22		1.52		2.22	2.31	4.13
37	0.98	1.10	1.24	1.30		1.60		2.35	2.45	4.32
38	1.04	1.18	1.31	1.38		1.69		2.46	2.56	4.55
39	1.10	1.25	1.39	1.47		1.78		2.57	2.68	4.77
40	1.19	1.32	1.49	1.56		1.87		2.71	2.81	4.99
41	1.27	1.40	1.58	1.66		1.97		2.82	2.93	5.21
42	1.34	1.50	1.69	1.77		2.07		2.94	3.05	5.45
43	1.44	1.61	1.80	1.90		2.17		3.06	3.19	5.67
44	1.54	1.72	1.94	2.02		2.30		3.19	3.31	5.89
45	1.63	1.84	2.06	2.15		2.40		3.29	3.43	6.09
46	1.75	1.96	2.20	2.31		2.51		3.41	3.54	6.30
47	1.86	2.06	2.33	2.44		2.63		3.51	3.65	6.49
48	1.97	2.21	2.48	2.60		2.75		3.62	3.77	6.68
49	2.08	2.33	2.62	2.74		2.86		3.72	3.87	6.85
50	2.18	2.45	2.76	2.89		2.97		3.81	3.96	7.01
51	2.28	2.56	2.88	3.01		3.06		3.88	4.04	7.11
52	2.38	2.66	3.00	3.14		3.13		3.93	4.08	7.19
53	2.47	2.77	3.12	3.25		3.21		3.98	4.15	7.26
54	2.54	2.86	3.22	3.36		3.24		4.00	4.16	7.28
55	2.59	2.90	3.26	3.42		3.25		3.98	4.15	7.21
56	2.59	2.90	3.26	3.42		3.22		3.91	4.06	7.03
57	2.53	2.84	3.19	3.34		3.12		3.75	3.91	6.73
58	2.42	2.71	3.05	3.19		2.94		3.53	3.67	6.30
59	2.24	2.51	2.82	2.96		2.69		3.20	3.34	5.71

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/GR et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Full*	Individually Sold and Association	No	Female

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.48	0.55	0.61	0.63		0.89		1.32	1.36	2.40
26	0.53	0.58	0.66	0.68		0.94		1.40	1.45	2.54
27	0.56	0.62	0.70	0.72		1.00		1.49	1.54	2.71
28	0.60	0.66	0.74	0.78		1.06		1.57	1.65	2.88
29	0.65	0.72	0.80	0.84		1.14		1.67	1.74	3.06
30	0.70	0.77	0.86	0.90		1.21		1.78	1.85	3.26
31	0.74	0.83	0.92	0.97		1.28		1.89	1.97	3.45
32	0.79	0.89	1.00	1.05		1.36		1.99	2.07	3.67
33	0.84	0.95	1.07	1.12		1.43		2.11	2.20	3.88
34	0.91	1.01	1.13	1.18		1.52		2.23	2.32	4.11
35	0.96	1.08	1.20	1.27		1.60		2.35	2.45	4.33
36	1.02	1.14	1.28	1.35		1.69		2.48	2.57	4.58
37	1.09	1.22	1.37	1.44		1.78		2.62	2.72	4.81
38	1.16	1.30	1.45	1.53		1.87		2.74	2.85	5.05
39	1.24	1.38	1.55	1.63		1.98		2.86	2.98	5.30
40	1.32	1.46	1.66	1.73		2.08		3.00	3.11	5.54
41	1.40	1.56	1.76	1.84		2.19		3.12	3.26	5.80
42	1.49	1.67	1.88	1.97		2.30		3.27	3.39	6.04
43	1.60	1.79	2.00	2.10		2.42		3.40	3.53	6.29
44	1.72	1.91	2.16	2.24		2.55		3.53	3.67	6.53
45	1.81	2.04	2.29	2.40		2.67		3.66	3.81	6.78
46	1.94	2.16	2.44	2.56		2.79		3.78	3.94	7.00
47	2.06	2.30	2.59	2.71		2.92		3.91	4.06	7.22
48	2.18	2.45	2.76	2.89		3.06		4.03	4.19	7.43
49	2.32	2.59	2.92	3.05		3.17		4.14	4.30	7.62
50	2.42	2.72	3.06	3.21		3.29		4.24	4.40	7.79
51	2.53	2.84	3.20	3.35		3.39		4.31	4.48	7.90
52	2.64	2.95	3.32	3.48		3.47		4.37	4.54	7.99
53	2.75	3.07	3.47	3.62		3.57		4.42	4.60	8.06
54	2.83	3.17	3.56	3.74		3.61		4.46	4.63	8.09
55	2.87	3.22	3.62	3.80		3.62		4.42	4.60	8.01
56	2.87	3.22	3.62	3.78		3.58		4.33	4.51	7.81
57	2.82	3.16	3.55	3.71		3.46		4.17	4.33	7.48
58	2.69	3.01	3.38	3.54		3.27		3.92	4.07	7.00
59	2.50	2.78	3.13	3.28		2.99		3.56	3.71	6.34

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/GR et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 65	Not Applicable	Limited	Individually Sold and Association	No	Female

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	4.80	5.34	5.98	6.22	6.68	9.06	9.73	13.70	13.75	
26	4.99	5.57	6.23	6.50	6.97	9.38	10.07	14.18	14.23	
27	5.22	5.81	6.50	6.79	7.28	9.73	10.42	14.67	14.72	
28	5.45	6.07	6.82	7.11	7.62	10.07	10.80	15.18	15.24	
29	5.69	6.36	7.12	7.43	7.97	10.40	11.16	15.69	15.75	
30	5.94	6.64	7.44	7.76	8.31	10.72	11.50	16.19	16.26	
31	6.20	6.91	7.75	8.10	8.68	11.03	11.82	16.67	16.74	
32	6.44	7.19	8.06	8.42	9.03	11.33	12.13	17.13	17.19	
33	6.66	7.44	8.35	8.72	9.33	11.58	12.41	17.50	17.58	
34	6.86	7.67	8.60	8.98	9.63	11.80	12.65	17.84	17.91	
35	7.06	7.87	8.84	9.25	9.90	11.99	12.85	18.12	18.19	
36	7.22	8.08	9.07	9.49	10.15	12.14	13.01	18.33	18.40	
37	7.39	8.26	9.29	9.69	10.37	12.27	13.13	18.46	18.56	
38	7.52	8.40	9.46	9.89	10.58	12.35	13.21	18.51	18.60	
39	7.64	8.54	9.61	10.05	10.75	12.41	13.27	18.47	18.57	
40	7.74	8.65	9.73	10.18	10.88	12.41	13.26	18.35	18.45	
41	7.81	8.75	9.84	10.29	10.98	12.35	13.20	18.14	18.25	
42	7.87	8.80	9.90	10.35	11.05	12.27	13.10	17.86	17.96	
43	7.90	8.84	9.96	10.42	11.10	12.13	12.94	17.46	17.57	
44	7.91	8.84	9.97	10.42	11.10	11.94	12.72	16.97	17.08	
45	7.87	8.81	9.91	10.38	11.05	11.68	12.44	16.39	16.51	
46	7.79	8.71	9.82	10.28	10.93	11.39	12.10	15.73	15.86	
47	7.66	8.58	9.66	10.11	10.74	10.99	11.67	14.99	15.13	
48	7.43	8.32	9.37	9.81	10.40	10.50	11.14	14.12	14.27	
49	7.15	7.99	9.01	9.43	9.98	9.95	10.52	13.19	13.34	
50	6.80	7.61	8.58	8.98	9.49	9.34	9.87	12.21	12.34	
51	6.41	7.18	8.09	8.46	8.91	8.67	9.14	11.17	11.32	
52	5.96	6.68	7.52	7.89	8.28	7.96	8.36	10.10	10.24	
53	5.42	6.07	6.84	7.16	7.49	7.14	7.46	8.97	9.11	
54	4.86	5.44	6.12	6.41	6.67	6.29	6.56	7.82	7.96	
55	4.27	4.78	5.38	5.62	5.82	5.45	5.65	6.71	6.85	
56	3.68	4.12	4.63	4.85	4.98	4.62	4.76	5.64	5.79	
57	3.12	3.49	3.91	4.09	4.17	3.85	3.92	4.64	4.79	
58	2.60	2.93	3.30	3.44	3.47	3.19	3.22	3.82	3.95	
59	2.16	2.42	2.71	2.83	2.83	2.58	2.58	3.08	3.20	
60	1.75	1.96	2.20	2.30		2.06		2.45		
61	1.40	1.56	1.75	1.83		1.61		1.93		
62	1.10	1.25	1.40	1.47		1.25		1.51		
63	1.00	1.10	1.24	1.30		1.07		1.30		
64	0.92	1.02	1.15	1.21		0.98		1.19		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/GR et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 65	Not Applicable	Full*	Individually Sold and Association	No	Female

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	5.64	6.29	7.03	7.33	7.87	10.66	11.43	16.12	16.17	
26	5.87	6.55	7.33	7.64	8.20	11.04	11.85	16.68	16.74	
27	6.13	6.83	7.66	7.98	8.56	11.43	12.27	17.26	17.31	
28	6.41	7.15	8.02	8.36	8.97	11.85	12.70	17.86	17.93	
29	6.70	7.48	8.38	8.74	9.37	12.22	13.11	18.46	18.52	
30	7.00	7.80	8.76	9.13	9.79	12.60	13.52	19.05	19.12	
31	7.28	8.14	9.12	9.52	10.21	12.97	13.90	19.61	19.69	
32	7.58	8.46	9.49	9.91	10.61	13.32	14.28	20.14	20.22	
33	7.84	8.75	9.82	10.25	10.98	13.62	14.59	20.59	20.68	
34	8.08	9.02	10.13	10.58	11.33	13.88	14.88	20.99	21.08	
35	8.30	9.28	10.42	10.88	11.65	14.11	15.11	21.32	21.42	
36	8.50	9.50	10.68	11.16	11.94	14.29	15.31	21.56	21.66	
37	8.69	9.72	10.92	11.41	12.20	14.44	15.46	21.73	21.82	
38	8.84	9.90	11.14	11.63	12.44	14.55	15.56	21.78	21.89	
39	9.00	10.06	11.30	11.82	12.64	14.59	15.61	21.74	21.85	
40	9.11	10.18	11.46	11.98	12.80	14.59	15.59	21.58	21.70	
41	9.19	10.28	11.57	12.10	12.93	14.55	15.54	21.34	21.47	
42	9.25	10.34	11.65	12.19	13.01	14.43	15.40	21.01	21.13	
43	9.29	10.40	11.71	12.25	13.05	14.27	15.23	20.53	20.67	
44	9.30	10.42	11.72	12.27	13.06	14.04	14.97	19.97	20.11	
45	9.26	10.36	11.66	12.21	13.01	13.75	14.64	19.28	19.43	
46	9.17	10.25	11.56	12.10	12.86	13.39	14.24	18.51	18.67	
47	9.01	10.08	11.36	11.89	12.63	12.94	13.73	17.63	17.79	
48	8.74	9.78	11.03	11.53	12.22	12.35	13.11	16.62	16.79	
49	8.40	9.41	10.60	11.09	11.74	11.71	12.39	15.53	15.69	
50	8.00	8.95	10.09	10.57	11.16	10.99	11.60	14.36	14.52	
51	7.54	8.45	9.52	9.96	10.49	10.20	10.75	13.13	13.31	
52	7.02	7.87	8.86	9.27	9.74	9.36	9.83	11.88	12.06	
53	6.38	7.15	8.05	8.43	8.81	8.40	8.79	10.54	10.71	
54	5.71	6.40	7.20	7.54	7.84	7.41	7.72	9.20	9.37	
55	5.03	5.62	6.32	6.62	6.84	6.42	6.64	7.89	8.06	
56	4.34	4.85	5.46	5.70	5.87	5.44	5.60	6.64	6.82	
57	3.66	4.10	4.62	4.83	4.92	4.53	4.61	5.46	5.62	
58	3.07	3.44	3.88	4.05	4.09	3.75	3.78	4.49	4.64	
59	2.53	2.84	3.19	3.34	3.34	3.04	3.04	3.62	3.76	
60	2.06	2.30	2.59	2.70		2.42		2.88		
61	1.64	1.84	2.06	2.15		1.90		2.27		
62	1.31	1.46	1.64	1.73		1.47		1.77		
63	1.16	1.28	1.45	1.52		1.27		1.53		
64	1.08	1.20	1.36	1.41		1.15		1.41		

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/GR et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 70	Not Applicable	Limited	Individually Sold and Association	No	Female

Issue Age	6A	5A	4A	3A		2A		1A		1B
Reg. Occ. Period	Standard			ST	Age 65	ST	Age 65	ST	5 yrs	ST
18 - 25	5.52	6.16	6.90	7.19	7.72	10.37	11.16			
26	5.77	6.44	7.21	7.53	8.08	10.80	11.59			
27	6.07	6.76	7.57	7.90	8.49	11.24	12.08			
28	6.38	7.09	7.97	8.30	8.91	11.68	12.55			
29	6.70	7.46	8.36	8.73	9.38	12.13	13.03			
30	7.02	7.84	8.78	9.17	9.83	12.59	13.51			
31	7.36	8.22	9.20	9.60	10.32	13.03	13.97			
32	7.69	8.58	9.64	10.06	10.79	13.46	14.42			
33	7.99	8.93	10.02	10.47	11.21	13.83	14.84			
34	8.29	9.26	10.40	10.87	11.66	14.20	15.23			
35	8.58	9.59	10.78	11.26	12.08	14.54	15.57			
36	8.86	9.90	11.12	11.62	12.45	14.84	15.92			
37	9.12	10.20	11.46	11.97	12.83	15.11	16.20			
38	9.37	10.48	11.78	12.32	13.20	15.35	16.46			
39	9.61	10.74	12.08	12.64	13.54	15.56	16.65			
40	9.83	10.99	12.36	12.94	13.86	15.72	16.82			
41	10.02	11.22	12.62	13.20	14.13	15.84	16.95			
42	10.21	11.42	12.86	13.46	14.40	15.90	17.02			
43	10.42	11.65	13.12	13.72	14.67	15.95	17.07			
44	10.57	11.83	13.33	13.95	14.90	15.93	17.03			
45	10.69	11.98	13.50	14.12	15.08	15.86	16.94			
46	10.78	12.06	13.60	14.21	15.18	15.70	16.77			
47	10.79	12.08	13.61	14.25	15.20	15.47	16.50			
48	10.72	12.00	13.51	14.13	15.08	15.11	16.11			
49	10.56	11.82	13.32	13.95	14.86	14.66	15.63			
50	10.33	11.57	13.03	13.64	14.52	14.13	15.04			
51	10.02	11.22	12.65	13.24	14.08	13.51	14.38			
52	9.64	10.80	12.17	12.72	13.51	12.80	13.59			
53	9.10	10.18	11.46	11.99	12.70	11.90	12.60			
54	8.47	9.48	10.69	11.18	11.81	10.93	11.56			
55	7.81	8.74	9.83	10.29	10.86	9.91	10.47			
56	7.09	7.94	8.94	9.35	9.83	8.89	9.35			
57	6.38	7.14	8.04	8.40	8.82	7.84	8.23			
58	5.69	6.37	7.16	7.49	7.85	6.89	7.21			
59	5.02	5.60	6.30	6.59	6.89	5.97	6.24			
60	4.36	4.87	5.47	5.70		5.09				
61	3.73	4.16	4.67	4.88		4.27				
62	3.12	3.49	3.91	4.09		3.52				
63	2.59	2.88	3.24	3.38		2.85				
64	2.09	2.33	2.62	2.74		2.28				
65	1.67	1.86	2.09	2.19		1.79				
66	1.32	1.46	1.64	1.73		1.39				
67	1.04	1.18	1.33	1.39		1.09				
68	0.88	1.00	1.10	1.16		0.90				
69	0.82	0.91	1.02	1.07		0.82				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/GR et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 70	Not Applicable	Full*	Individually Sold and Association	No	Female

Issue Age	6A	5A	4A	3A		2A		1A		1B
Reg. Occ. Period	Standard			ST	Age 65	ST	Age 65	ST	5 yrs	ST
18 - 25	6.49	7.25	8.11	8.45	9.07	12.20	13.11			
26	6.80	7.58	8.50	8.86	9.51	12.70	13.64			
27	7.14	7.96	8.92	9.30	9.99	13.21	14.20			
28	7.50	8.35	9.37	9.76	10.49	13.75	14.77			
29	7.87	8.78	9.84	10.27	11.03	14.28	15.33			
30	8.26	9.22	10.34	10.79	11.58	14.80	15.89			
31	8.66	9.66	10.84	11.30	12.13	15.32	16.45			
32	9.05	10.09	11.33	11.83	12.70	15.81	16.97			
33	9.41	10.50	11.78	12.31	13.20	16.27	17.46			
34	9.76	10.90	12.24	12.78	13.71	16.70	17.92			
35	10.09	11.28	12.67	13.24	14.20	17.09	18.33			
36	10.43	11.65	13.08	13.67	14.65	17.46	18.72			
37	10.73	12.00	13.49	14.09	15.10	17.78	19.06			
38	11.03	12.32	13.86	14.49	15.53	18.07	19.35			
39	11.30	12.64	14.21	14.87	15.93	18.30	19.61			
40	11.57	12.94	14.56	15.21	16.30	18.49	19.80			
41	11.80	13.20	14.86	15.54	16.63	18.63	19.94			
42	12.01	13.44	15.13	15.82	16.94	18.71	20.03			
43	12.25	13.70	15.43	16.15	17.26	18.77	20.07			
44	12.44	13.92	15.68	16.40	17.54	18.75	20.03			
45	12.59	14.09	15.88	16.61	17.74	18.65	19.93			
46	12.68	14.20	15.98	16.73	17.86	18.47	19.72			
47	12.70	14.21	16.01	16.76	17.88	18.19	19.42			
48	12.61	14.11	15.89	16.64	17.74	17.78	18.95			
49	12.43	13.91	15.67	16.40	17.48	17.25	18.38			
50	12.16	13.61	15.34	16.05	17.08	16.63	17.69			
51	11.80	13.21	14.88	15.57	16.56	15.89	16.91			
52	11.34	12.71	14.30	14.97	15.89	15.05	15.99			
53	10.69	11.98	13.49	14.11	14.95	14.00	14.82			
54	9.97	11.16	12.56	13.14	13.89	12.86	13.60			
55	9.19	10.27	11.57	12.10	12.78	11.67	12.32			
56	8.35	9.35	10.51	11.01	11.58	10.45	11.01			
57	7.51	8.40	9.46	9.89	10.38	9.23	9.69			
58	6.70	7.49	8.42	8.81	9.23	8.11	8.49			
59	5.90	6.60	7.42	7.75	8.11	7.03	7.35			
60	5.12	5.72	6.43	6.72		5.99				
61	4.38	4.88	5.50	5.74		5.03				
62	3.67	4.10	4.62	4.82		4.14				
63	3.04	3.38	3.82	3.98		3.36				
64	2.46	2.75	3.08	3.22		2.68				
65	1.97	2.18	2.46	2.58		2.10				
66	1.55	1.73	1.94	2.04		1.64				
67	1.24	1.38	1.56	1.63		1.29				
68	1.03	1.16	1.31	1.37		1.06				
69	0.95	1.07	1.20	1.27		0.97				

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/GR et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Limited	Individually Sold and Association	No	Female

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	7.08	7.88	8.83	9.21	9.90					
26	7.44	8.29	9.29	9.67	10.42					
27	7.82	8.72	9.78	10.19	10.96					
28	8.24	9.19	10.31	10.75	11.56					
29	8.69	9.70	10.87	11.34	12.19					
30	9.14	10.20	11.45	11.94	12.83					
31	9.61	10.72	12.02	12.55	13.49					
32	10.08	11.23	12.61	13.17	14.13					
33	10.51	11.72	13.15	13.74	14.77					
34	10.92	12.19	13.69	14.31	15.38					
35	11.34	12.66	14.22	14.86	15.96					
36	11.74	13.10	14.72	15.39	16.51					
37	12.10	13.52	15.19	15.89	17.07					
38	12.47	13.94	15.67	16.38	17.58					
39	12.80	14.32	16.10	16.82	18.08					
40	13.10	14.65	16.49	17.24	18.50					
41	13.37	14.94	16.82	17.58	18.87					
42	13.57	15.18	17.09	17.87	19.18					
43	13.74	15.37	17.30	18.10	19.41					
44	13.85	15.49	17.45	18.26	19.56					
45	13.86	15.53	17.47	18.29	19.58					
46	13.79	15.44	17.39	18.20	19.49					
47	13.62	15.26	17.18	17.99	19.24					
48	13.28	14.87	16.76	17.54	18.75					
49	12.84	14.38	16.19	16.94	18.09					
50	12.28	13.74	15.47	16.20	17.28					
51	11.60	13.00	14.64	15.33	16.32					
52	10.85	12.14	13.68	14.31	15.23					
53	9.89	11.06	12.46	13.04	13.85					
54	8.84	9.90	11.16	11.67	12.35					
55	7.79	8.71	9.80	10.25	10.81					
56	6.70	7.50	8.44	8.82	9.27					
57	5.64	6.30	7.09	7.42	7.76					
58	4.62	5.16	5.80	6.06	6.30					
59	3.67	4.09	4.61	4.82	4.98					

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Full*	Individually Sold and Association	No	Female

Issue Age	6A	5A	4A	3A		2A		1A		1B
Reg. Occ. Period	Standard			ST	Age 65	ST	Age 65	ST	5 yrs	ST
18 - 25	8.32	9.29	10.39	10.83	11.65					
26	8.75	9.74	10.92	11.39	12.25					
27	9.20	10.26	11.50	11.99	12.89					
28	9.71	10.82	12.12	12.65	13.60					
29	10.22	11.40	12.79	13.34	14.34					
30	10.76	12.01	13.46	14.04	15.10					
31	11.30	12.61	14.15	14.77	15.87					
32	11.84	13.22	14.83	15.48	16.64					
33	12.36	13.79	15.48	16.17	17.38					
34	12.85	14.35	16.12	16.82	18.09					
35	13.33	14.90	16.74	17.48	18.77					
36	13.80	15.42	17.32	18.09	19.44					
37	14.23	15.91	17.88	18.69	20.07					
38	14.66	16.40	18.43	19.27	20.69					
39	15.06	16.85	18.95	19.80	21.26					
40	15.42	17.24	19.40	20.29	21.77					
41	15.72	17.58	19.79	20.70	22.21					
42	15.97	17.86	20.11	21.03	22.56					
43	16.16	18.08	20.36	21.30	22.84					
44	16.28	18.23	20.52	21.47	23.01					
45	16.32	18.26	20.56	21.52	23.05					
46	16.24	18.17	20.46	21.42	22.93					
47	16.03	17.95	20.21	21.16	22.64					
48	15.62	17.50	19.72	20.63	22.06					
49	15.10	16.91	19.04	19.93	21.28					
50	14.44	16.16	18.20	19.07	20.33					
51	13.66	15.29	17.22	18.03	19.21					
52	12.76	14.29	16.09	16.84	17.92					
53	11.63	13.02	14.65	15.34	16.28					
54	10.42	11.66	13.13	13.73	14.54					
55	9.16	10.25	11.53	12.06	12.72					
56	7.87	8.82	9.92	10.38	10.91					
57	6.64	7.42	8.34	8.73	9.13					
58	5.42	6.07	6.82	7.13	7.42					
59	4.32	4.82	5.41	5.67	5.87					

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
** Rider Form IDI2000-PR/L45-TD attached.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Limited	Individually Sold and Association	No	Male

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.41	0.44	0.50	0.53		0.81		1.40	1.46	2.54
26	0.43	0.48	0.53	0.55		0.85		1.46	1.53	2.66
27	0.46	0.50	0.58	0.60		0.90		1.53	1.62	2.78
28	0.48	0.54	0.61	0.63		0.97		1.61	1.68	2.93
29	0.52	0.58	0.65	0.68		1.02		1.68	1.77	3.07
30	0.55	0.62	0.70	0.71		1.08		1.77	1.86	3.22
31	0.60	0.66	0.74	0.78		1.15		1.87	1.97	3.39
32	0.64	0.72	0.80	0.83		1.23		1.97	2.06	3.56
33	0.70	0.77	0.86	0.89		1.32		2.07	2.18	3.75
34	0.74	0.83	0.92	0.97		1.41		2.19	2.30	3.96
35	0.82	0.91	1.01	1.06		1.52		2.31	2.42	4.17
36	0.88	0.97	1.10	1.14		1.63		2.44	2.56	4.40
37	0.94	1.06	1.19	1.23		1.75		2.59	2.72	4.66
38	1.01	1.14	1.27	1.32		1.89		2.74	2.87	4.94
39	1.10	1.22	1.38	1.44		2.02		2.90	3.05	5.23
40	1.19	1.33	1.49	1.55		2.16		3.08	3.23	5.53
41	1.28	1.44	1.62	1.68		2.32		3.27	3.43	5.87
42	1.38	1.55	1.74	1.81		2.48		3.45	3.63	6.24
43	1.49	1.67	1.87	1.96		2.67		3.67	3.85	6.61
44	1.61	1.79	2.02	2.09		2.85		3.89	4.08	7.02
45	1.72	1.92	2.16	2.24		3.05		4.13	4.32	7.44
46	1.85	2.06	2.33	2.42		3.24		4.37	4.58	7.87
47	1.98	2.21	2.48	2.58		3.43		4.62	4.85	8.33
48	2.12	2.36	2.66	2.77		3.65		4.88	5.13	8.83
49	2.26	2.52	2.84	2.97		3.86		5.17	5.43	9.33
50	2.41	2.69	3.04	3.15		4.07		5.45	5.71	9.81
51	2.54	2.84	3.20	3.34		4.26		5.70	5.98	10.29
52	2.69	3.00	3.38	3.51		4.44		5.93	6.24	10.69
53	2.86	3.19	3.59	3.75		4.65		6.23	6.53	11.19
54	3.00	3.35	3.77	3.93		4.82		6.45	6.77	11.57
55	3.11	3.48	3.91	4.08		4.92		6.60	6.93	11.81
56	3.17	3.55	4.00	4.16		4.95		6.66	6.97	11.88
57	3.17	3.54	4.00	4.16		4.86		6.57	6.90	11.68
58	3.10	3.46	3.89	4.06		4.68		6.33	6.63	11.22
59	2.92	3.26	3.67	3.84		4.35		5.89	6.18	10.42

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Full*	Individually Sold and Association	No	Male

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.46	0.49	0.56	0.59		0.89		1.55	1.63	2.83
26	0.48	0.53	0.59	0.62		0.94		1.63	1.71	2.95
27	0.50	0.56	0.64	0.66		1.00		1.71	1.79	3.10
28	0.54	0.60	0.67	0.70		1.06		1.78	1.87	3.26
29	0.58	0.65	0.72	0.75		1.14		1.87	1.97	3.41
30	0.61	0.68	0.77	0.81		1.21		1.97	2.06	3.59
31	0.66	0.74	0.83	0.86		1.29		2.07	2.18	3.76
32	0.71	0.79	0.89	0.92		1.38		2.18	2.29	3.96
33	0.77	0.85	0.96	0.99		1.47		2.30	2.42	4.17
34	0.83	0.92	1.03	1.07		1.58		2.43	2.55	4.40
35	0.90	1.01	1.12	1.16		1.69		2.56	2.70	4.64
36	0.97	1.08	1.21	1.25		1.82		2.71	2.85	4.90
37	1.04	1.18	1.31	1.37		1.94		2.87	3.03	5.18
38	1.13	1.27	1.42	1.47		2.09		3.04	3.19	5.49
39	1.22	1.37	1.54	1.60		2.24		3.22	3.39	5.81
40	1.32	1.48	1.66	1.73		2.40		3.42	3.59	6.16
41	1.43	1.60	1.80	1.86		2.58		3.62	3.81	6.52
42	1.54	1.72	1.93	2.00		2.76		3.84	4.04	6.92
43	1.66	1.85	2.08	2.16		2.97		4.07	4.28	7.35
44	1.79	1.98	2.24	2.32		3.16		4.32	4.54	7.79
45	1.91	2.14	2.41	2.50		3.38		4.58	4.81	8.26
46	2.05	2.29	2.58	2.68		3.59		4.85	5.09	8.75
47	2.20	2.45	2.76	2.86		3.82		5.13	5.39	9.24
48	2.35	2.63	2.95	3.08		4.05		5.43	5.70	9.80
49	2.51	2.81	3.16	3.29		4.29		5.74	6.03	10.36
50	2.68	2.99	3.37	3.50		4.52		6.04	6.34	10.91
51	2.83	3.16	3.56	3.71		4.74		6.34	6.66	11.42
52	2.98	3.32	3.74	3.91		4.93		6.59	6.92	11.89
53	3.17	3.54	4.00	4.16		5.16		6.91	7.26	12.43
54	3.32	3.72	4.19	4.37		5.36		7.16	7.52	12.87
55	3.46	3.85	4.36	4.53		5.46		7.34	7.70	13.13
56	3.52	3.94	4.44	4.62		5.50		7.38	7.76	13.19
57	3.52	3.92	4.44	4.62		5.41		7.29	7.66	12.98
58	3.43	3.83	4.32	4.51		5.19		7.02	7.37	12.46
59	3.24	3.62	4.09	4.26		4.83		6.55	6.88	11.57

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/GR et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 65	Not Applicable	Limited	Individually Sold and Association	No	Male

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	3.30	3.67	4.12	4.27	4.65	6.95	7.56	13.05	13.11	
26	3.38	3.77	4.22	4.38	4.76	7.16	7.80	13.35	13.42	
27	3.48	3.88	4.34	4.51	4.91	7.38	8.05	13.63	13.70	
28	3.59	4.00	4.48	4.65	5.05	7.62	8.29	13.90	13.97	
29	3.71	4.12	4.62	4.80	5.21	7.87	8.56	14.16	14.23	
30	3.83	4.27	4.79	4.96	5.39	8.12	8.81	14.40	14.49	
31	3.98	4.43	4.97	5.15	5.60	8.36	9.09	14.64	14.73	
32	4.13	4.60	5.16	5.36	5.81	8.64	9.38	14.88	14.96	
33	4.31	4.80	5.39	5.59	6.05	8.92	9.69	15.11	15.21	
34	4.50	5.00	5.62	5.83	6.33	9.23	10.03	15.36	15.46	
35	4.70	5.23	5.87	6.10	6.60	9.56	10.35	15.58	15.69	
36	4.88	5.46	6.12	6.36	6.89	9.87	10.70	15.80	15.92	
37	5.10	5.68	6.38	6.62	7.18	10.18	11.04	16.01	16.13	
38	5.32	5.93	6.65	6.91	7.48	10.52	11.40	16.21	16.34	
39	5.53	6.16	6.91	7.20	7.77	10.83	11.73	16.41	16.54	
40	5.74	6.38	7.18	7.46	8.05	11.16	12.06	16.58	16.72	
41	5.93	6.61	7.43	7.72	8.33	11.43	12.35	16.71	16.86	
42	6.11	6.80	7.64	7.96	8.58	11.67	12.60	16.81	16.97	
43	6.26	6.98	7.86	8.17	8.81	11.88	12.82	16.86	17.04	
44	6.40	7.14	8.04	8.35	8.98	12.02	12.96	16.87	17.05	
45	6.50	7.26	8.17	8.49	9.13	12.12	13.04	16.82	17.01	
46	6.58	7.34	8.26	8.59	9.22	12.13	13.04	16.67	16.87	
47	6.61	7.38	8.30	8.64	9.26	12.08	12.96	16.45	16.67	
48	6.59	7.34	8.29	8.63	9.22	11.90	12.75	16.10	16.34	
49	6.52	7.27	8.21	8.54	9.12	11.64	12.44	15.68	15.93	
50	6.40	7.15	8.05	8.40	8.92	11.27	12.02	15.13	15.38	
51	6.22	6.96	7.84	8.17	8.66	10.81	11.50	14.48	14.74	
52	5.99	6.68	7.54	7.87	8.31	10.26	10.87	13.70	13.98	
53	5.62	6.29	7.08	7.38	7.77	9.49	9.99	12.65	12.95	
54	5.21	5.82	6.55	6.84	7.14	8.64	9.04	11.53	11.83	
55	4.75	5.32	5.99	6.24	6.49	7.72	8.04	10.34	10.65	
56	4.27	4.78	5.39	5.61	5.78	6.80	7.03	9.13	9.44	
57	3.79	4.22	4.78	4.97	5.08	5.88	6.00	7.92	8.23	
58	3.29	3.67	4.14	4.32	4.37	5.00	5.06	6.74	7.05	
59	2.80	3.13	3.53	3.68	3.69	4.17	4.17	5.65	5.93	
60	2.35	2.63	2.96	3.08		3.42		4.65		
61	1.96	2.18	2.47	2.58		2.76		3.78		
62	1.63	1.82	2.06	2.15		2.22		3.07		
63	1.50	1.68	1.90	1.98		1.98		2.77		
64	1.45	1.62	1.82	1.90		1.86		2.62		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/GR et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 65	Not Applicable	Full*	Individually Sold and Association	No	Male

Issue Age	6A	5A	4A	3A		2A		1A		1B
Reg. Occ. Period	Standard			ST	Age 65	ST	Age 65	ST	5 yrs	ST
18 - 25	3.89	4.32	4.85	5.01	5.46	8.17	8.90	15.36	15.43	
26	3.98	4.44	4.97	5.15	5.61	8.43	9.18	15.70	15.77	
27	4.09	4.56	5.11	5.30	5.77	8.69	9.46	16.03	16.12	
28	4.22	4.70	5.27	5.46	5.95	8.97	9.75	16.35	16.43	
29	4.36	4.85	5.44	5.65	6.13	9.25	10.06	16.65	16.74	
30	4.51	5.02	5.63	5.84	6.35	9.55	10.37	16.95	17.05	
31	4.68	5.21	5.84	6.06	6.58	9.83	10.70	17.23	17.34	
32	4.86	5.41	6.07	6.29	6.83	10.17	11.04	17.50	17.61	
33	5.06	5.64	6.34	6.57	7.13	10.50	11.41	17.79	17.90	
34	5.29	5.89	6.61	6.87	7.44	10.87	11.80	18.06	18.19	
35	5.52	6.14	6.91	7.16	7.76	11.24	12.19	18.33	18.45	
36	5.76	6.42	7.20	7.48	8.11	11.60	12.59	18.59	18.72	
37	6.00	6.68	7.51	7.80	8.44	11.98	12.98	18.83	18.98	
38	6.25	6.97	7.82	8.13	8.80	12.37	13.41	19.07	19.23	
39	6.50	7.25	8.14	8.46	9.15	12.75	13.80	19.31	19.47	
40	6.74	7.52	8.45	8.77	9.49	13.11	14.19	19.49	19.67	
41	6.97	7.78	8.74	9.07	9.80	13.44	14.52	19.65	19.83	
42	7.18	8.00	9.00	9.36	10.10	13.73	14.82	19.77	19.97	
43	7.37	8.22	9.24	9.60	10.35	13.97	15.08	19.83	20.04	
44	7.52	8.40	9.46	9.82	10.58	14.15	15.25	19.84	20.05	
45	7.66	8.54	9.61	9.99	10.74	14.26	15.35	19.78	20.01	
46	7.74	8.64	9.72	10.11	10.84	14.28	15.35	19.61	19.86	
47	7.78	8.68	9.77	10.17	10.89	14.21	15.25	19.35	19.61	
48	7.75	8.65	9.74	10.14	10.84	14.01	15.00	18.95	19.23	
49	7.67	8.57	9.65	10.05	10.73	13.70	14.63	18.44	18.73	
50	7.52	8.40	9.47	9.87	10.50	13.27	14.13	17.79	18.10	
51	7.32	8.18	9.22	9.60	10.19	12.72	13.52	17.03	17.35	
52	7.04	7.87	8.87	9.25	9.79	12.08	12.79	16.12	16.45	
53	6.61	7.39	8.33	8.68	9.14	11.16	11.75	14.88	15.24	
54	6.12	6.84	7.72	8.05	8.41	10.15	10.63	13.56	13.92	
55	5.59	6.25	7.04	7.35	7.64	9.09	9.45	12.16	12.53	
56	5.03	5.62	6.34	6.61	6.81	8.00	8.26	10.74	11.10	
57	4.45	4.97	5.62	5.85	5.97	6.91	7.06	9.32	9.68	
58	3.86	4.32	4.87	5.08	5.14	5.88	5.95	7.94	8.28	
59	3.30	3.68	4.15	4.34	4.35	4.91	4.92	6.66	6.97	
60	2.77	3.10	3.48	3.63		4.03		5.48		
61	2.30	2.58	2.90	3.02		3.24		4.46		
62	1.92	2.15	2.42	2.52		2.61		3.61		
63	1.76	1.98	2.23	2.32		2.32		3.26		
64	1.70	1.90	2.15	2.23		2.19		3.09		

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/GR et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 70	Not Applicable	Limited	Individually Sold and Association	No	Male

Issue Age	6A	5A	4A	3A		2A		1A		1B
Reg. Occ. Period	Standard			ST	Age 65	ST	Age 65	ST	5 yrs	ST
18 - 25	3.77	4.19	4.70	4.88	5.31	7.85	8.57			
26	3.89	4.33	4.85	5.03	5.47	8.14	8.88			
27	4.02	4.48	5.02	5.20	5.67	8.45	9.21			
28	4.18	4.63	5.21	5.41	5.88	8.76	9.56			
29	4.34	4.82	5.41	5.61	6.12	9.09	9.91			
30	4.52	5.04	5.65	5.87	6.37	9.43	10.28			
31	4.72	5.26	5.89	6.12	6.66	9.81	10.67			
32	4.94	5.50	6.18	6.41	6.97	10.18	11.09			
33	5.18	5.77	6.49	6.74	7.33	10.61	11.56			
34	5.46	6.07	6.82	7.08	7.71	11.05	12.02			
35	5.75	6.38	7.18	7.45	8.10	11.51	12.52			
36	6.02	6.73	7.55	7.83	8.52	11.99	13.04			
37	6.35	7.07	7.93	8.23	8.95	12.48	13.56			
38	6.67	7.43	8.34	8.66	9.41	13.01	14.13			
39	7.00	7.79	8.76	9.09	9.87	13.54	14.70			
40	7.33	8.16	9.18	9.53	10.34	14.04	15.25			
41	7.64	8.53	9.58	9.96	10.80	14.55	15.79			
42	7.97	8.88	9.98	10.37	11.25	15.02	16.28			
43	8.28	9.23	10.38	10.79	11.68	15.48	16.78			
44	8.58	9.55	10.75	11.18	12.10	15.89	17.23			
45	8.83	9.85	11.10	11.53	12.48	16.25	17.58			
46	9.07	10.13	11.40	11.85	12.81	16.54	17.88			
47	9.28	10.34	11.65	12.13	13.11	16.74	18.09			
48	9.44	10.54	11.87	12.35	13.33	16.84	18.18			
49	9.55	10.68	12.01	12.52	13.49	16.85	18.17			
50	9.61	10.74	12.10	12.59	13.56	16.73	18.02			
51	9.60	10.72	12.08	12.59	13.54	16.49	17.73			
52	9.49	10.61	11.96	12.47	13.37	16.09	17.28			
53	9.24	10.33	11.64	12.13	13.00	15.40	16.50			
54	8.90	9.96	11.22	11.70	12.50	14.59	15.61			
55	8.50	9.49	10.72	11.17	11.90	13.67	14.57			
56	8.04	8.98	10.13	10.56	11.21	12.66	13.46			
57	7.51	8.40	9.48	9.88	10.47	11.59	12.28			
58	6.95	7.78	8.76	9.14	9.66	10.49	11.10			
59	6.36	7.10	8.02	8.35	8.82	9.37	9.90			
60	5.75	6.42	7.25	7.54		8.25				
61	5.12	5.71	6.44	6.72		7.15				
62	4.49	5.02	5.66	5.89		6.11				
63	3.82	4.27	4.81	5.01		5.08				
64	3.18	3.55	4.01	4.17		4.16				
65	2.59	2.90	3.26	3.42		3.34				
66	2.09	2.34	2.65	2.76		2.66				
67	1.72	1.91	2.16	2.25		2.13				
68	1.45	1.63	1.84	1.92		1.78				
69	1.36	1.52	1.72	1.81		1.64				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 70	Not Applicable	Full*	Individually Sold and Association	No	Male

Issue Age	6A	5A	4A	3A		2A		1A		1B
Reg. Occ. Period	Standard			ST	Age 65	ST	Age 65	ST	5 yrs	ST
18 - 25	4.44	4.93	5.52	5.74	6.26	9.23	10.07			
26	4.57	5.09	5.70	5.92	6.45	9.58	10.44			
27	4.73	5.27	5.90	6.12	6.67	9.94	10.83			
28	4.91	5.46	6.12	6.36	6.92	10.32	11.24			
29	5.10	5.68	6.37	6.61	7.20	10.70	11.66			
30	5.33	5.93	6.65	6.89	7.50	11.10	12.10			
31	5.56	6.19	6.94	7.20	7.83	11.53	12.56			
32	5.82	6.47	7.26	7.54	8.20	11.98	13.04			
33	6.11	6.80	7.63	7.92	8.63	12.49	13.59			
34	6.42	7.15	8.03	8.33	9.06	13.01	14.15			
35	6.76	7.52	8.44	8.76	9.52	13.55	14.73			
36	7.09	7.91	8.88	9.22	10.02	14.11	15.34			
37	7.46	8.32	9.34	9.69	10.52	14.69	15.96			
38	7.85	8.74	9.82	10.19	11.06	15.31	16.63			
39	8.23	9.17	10.30	10.70	11.60	15.92	17.28			
40	8.62	9.60	10.79	11.21	12.17	16.53	17.94			
41	9.00	10.03	11.27	11.72	12.70	17.11	18.57			
42	9.37	10.44	11.75	12.20	13.23	17.66	19.16			
43	9.73	10.86	12.20	12.70	13.74	18.22	19.75			
44	10.08	11.24	12.65	13.16	14.24	18.70	20.26			
45	10.39	11.59	13.06	13.57	14.67	19.11	20.70			
46	10.68	11.92	13.42	13.95	15.07	19.45	21.05			
47	10.91	12.18	13.70	14.27	15.41	19.69	21.29			
48	11.11	12.40	13.96	14.54	15.67	19.81	21.39			
49	11.23	12.55	14.14	14.72	15.87	19.83	21.38			
50	11.30	12.62	14.23	14.81	15.95	19.69	21.21			
51	11.29	12.61	14.21	14.80	15.92	19.39	20.86			
52	11.17	12.48	14.08	14.66	15.73	18.93	20.33			
53	10.87	12.16	13.69	14.28	15.30	18.12	19.42			
54	10.48	11.71	13.21	13.77	14.71	17.17	18.35			
55	10.00	11.17	12.61	13.13	14.00	16.08	17.15			
56	9.46	10.56	11.92	12.42	13.20	14.89	15.84			
57	8.84	9.89	11.15	11.62	12.32	13.63	14.46			
58	8.17	9.14	10.32	10.75	11.37	12.34	13.05			
59	7.48	8.36	9.43	9.82	10.38	11.02	11.64			
60	6.76	7.55	8.52	8.88		9.71				
61	6.02	6.73	7.58	7.90		8.42				
62	5.28	5.90	6.65	6.93		7.18				
63	4.49	5.02	5.66	5.89		5.98				
64	3.74	4.18	4.70	4.91		4.89				
65	3.05	3.41	3.84	4.00		3.92				
66	2.46	2.76	3.12	3.24		3.13				
67	2.00	2.24	2.54	2.66		2.50				
68	1.70	1.91	2.16	2.27		2.09				
69	1.58	1.79	2.02	2.12		1.92				

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Limited	Individually Sold and Association	No	Male

Issue Age	6A	5A	4A	3A		2A		1A		1B
Reg. Occ. Period	Standard			ST	Age 65	ST	Age 65	ST	5 yrs	ST
18 - 25	4.50	4.99	5.59	5.82	6.35					
26	4.64	5.17	5.80	6.01	6.57					
27	4.81	5.35	6.01	6.23	6.80					
28	5.00	5.57	6.25	6.47	7.06					
29	5.22	5.80	6.50	6.74	7.36					
30	5.44	6.05	6.79	7.04	7.68					
31	5.68	6.32	7.09	7.37	8.03					
32	5.95	6.62	7.44	7.72	8.41					
33	6.25	6.97	7.81	8.12	8.84					
34	6.59	7.33	8.23	8.54	9.32					
35	6.92	7.70	8.65	8.98	9.79					
36	7.27	8.11	9.11	9.45	10.29					
37	7.64	8.52	9.55	9.94	10.81					
38	8.04	8.95	10.06	10.44	11.36					
39	8.42	9.38	10.55	10.96	11.93					
40	8.81	9.82	11.04	11.45	12.45					
41	9.18	10.22	11.48	11.95	13.00					
42	9.52	10.61	11.93	12.40	13.46					
43	9.83	10.96	12.32	12.81	13.90					
44	10.09	11.27	12.66	13.17	14.29					
45	10.32	11.52	12.96	13.47	14.61					
46	10.49	11.70	13.16	13.70	14.84					
47	10.58	11.82	13.31	13.85	14.98					
48	10.61	11.83	13.33	13.88	15.01					
49	10.55	11.78	13.27	13.81	14.92					
50	10.40	11.63	13.09	13.63	14.71					
51	10.16	11.35	12.80	13.34	14.35					
52	9.82	10.97	12.36	12.88	13.85					
53	9.25	10.33	11.65	12.14	13.01					
54	8.58	9.60	10.82	11.27	12.03					
55	7.85	8.77	9.90	10.32	10.96					
56	7.06	7.88	8.90	9.27	9.81					
57	6.23	6.97	7.86	8.19	8.63					
58	5.38	6.02	6.79	7.07	7.39					
59	4.54	5.06	5.71	5.96	6.20					

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/GR et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Full*	Individually Sold and Association	No	Male

Issue Age	6A	5A	4A	3A		2A		1A		1B
Reg. Occ. Period	Standard			ST	Age 65	ST	Age 65	ST	5 yrs	ST
18 - 25	5.29	5.88	6.59	6.84	7.46					
26	5.47	6.08	6.82	7.07	7.72					
27	5.68	6.30	7.07	7.34	8.00					
28	5.89	6.55	7.34	7.62	8.30					
29	6.13	6.82	7.66	7.94	8.65					
30	6.40	7.12	7.98	8.29	9.04					
31	6.68	7.44	8.35	8.66	9.44					
32	7.00	7.79	8.75	9.07	9.90					
33	7.36	8.20	9.19	9.55	10.41					
34	7.75	8.63	9.68	10.05	10.95					
35	8.15	9.07	10.18	10.58	11.51					
36	8.57	9.55	10.70	11.12	12.11					
37	9.00	10.02	11.24	11.68	12.72					
38	9.46	10.54	11.83	12.28	13.36					
39	9.91	11.04	12.41	12.89	14.03					
40	10.36	11.56	12.98	13.48	14.65					
41	10.79	12.02	13.51	14.05	15.28					
42	11.20	12.48	14.04	14.58	15.84					
43	11.57	12.89	14.50	15.07	16.36					
44	11.88	13.25	14.90	15.49	16.81					
45	12.13	13.55	15.24	15.85	17.18					
46	12.34	13.76	15.49	16.11	17.46					
47	12.46	13.90	15.65	16.28	17.63					
48	12.48	13.93	15.70	16.33	17.66					
49	12.41	13.86	15.62	16.25	17.55					
50	12.24	13.68	15.41	16.04	17.30					
51	11.95	13.36	15.06	15.69	16.88					
52	11.54	12.90	14.56	15.16	16.28					
53	10.87	12.16	13.70	14.29	15.31					
54	10.09	11.29	12.73	13.27	14.16					
55	9.23	10.33	11.65	12.13	12.89					
56	8.30	9.29	10.48	10.91	11.53					
57	7.33	8.20	9.24	9.64	10.14					
58	6.32	7.08	7.98	8.31	8.71					
59	5.33	5.96	6.73	7.02	7.29					

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
** Rider Form IDI2000-PR/L45-TD attached.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/GR et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Limited	Individually Sold and Association	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.42	0.46	0.52	0.54		0.81		1.35	1.43	2.52
26	0.43	0.48	0.55	0.58		0.85		1.43	1.50	2.63
27	0.47	0.53	0.59	0.61		0.90		1.50	1.57	2.76
28	0.50	0.56	0.62	0.64		0.97		1.57	1.65	2.90
29	0.53	0.60	0.66	0.69		1.02		1.65	1.74	3.04
30	0.58	0.64	0.72	0.75		1.08		1.74	1.82	3.20
31	0.62	0.68	0.77	0.81		1.15		1.84	1.93	3.37
32	0.66	0.73	0.83	0.86		1.23		1.94	2.02	3.54
33	0.72	0.79	0.90	0.92		1.31		2.06	2.13	3.74
34	0.76	0.84	0.95	0.99		1.40		2.16	2.27	3.94
35	0.83	0.92	1.02	1.07		1.50		2.28	2.39	4.16
36	0.89	1.00	1.10	1.14		1.60		2.40	2.53	4.40
37	0.95	1.07	1.19	1.24		1.70		2.55	2.67	4.64
38	1.02	1.15	1.28	1.33		1.82		2.70	2.83	4.92
39	1.10	1.24	1.38	1.45		1.94		2.85	2.99	5.19
40	1.19	1.33	1.49	1.55		2.07		3.01	3.17	5.51
41	1.28	1.43	1.61	1.68		2.22		3.19	3.34	5.83
42	1.38	1.54	1.73	1.79		2.35		3.37	3.53	6.17
43	1.48	1.66	1.86	1.94		2.51		3.58	3.75	6.55
44	1.58	1.76	1.99	2.07		2.67		3.78	3.97	6.93
45	1.70	1.90	2.15	2.23		2.84		3.99	4.18	7.34
46	1.82	2.04	2.29	2.39		3.00		4.21	4.41	7.76
47	1.96	2.17	2.44	2.54		3.17		4.44	4.66	8.18
48	2.08	2.33	2.62	2.73		3.36		4.69	4.92	8.67
49	2.22	2.48	2.78	2.91		3.54		4.93	5.18	9.15
50	2.34	2.63	2.96	3.08		3.71		5.18	5.43	9.63
51	2.48	2.77	3.12	3.25		3.88		5.41	5.68	10.07
52	2.60	2.90	3.29	3.42		4.03		5.61	5.89	10.45
53	2.76	3.08	3.48	3.62		4.17		5.86	6.15	10.91
54	2.88	3.22	3.64	3.78		4.32		6.06	6.35	11.28
55	2.98	3.32	3.76	3.92		4.39		6.18	6.49	11.50
56	3.02	3.38	3.82	3.97		4.39		6.22	6.50	11.54
57	3.01	3.37	3.79	3.97		4.31		6.11	6.41	11.33
58	2.93	3.28	3.67	3.84		4.12		5.87	6.16	10.87
59	2.75	3.07	3.48	3.61		3.82		5.46	5.73	10.09

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/GR et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Full*	Individually Sold and Association	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.47	0.50	0.58	0.60		0.89		1.51	1.58	2.79
26	0.48	0.54	0.61	0.63		0.94		1.58	1.66	2.93
27	0.52	0.58	0.66	0.68		1.00		1.66	1.75	3.07
28	0.56	0.62	0.70	0.71		1.06		1.75	1.83	3.22
29	0.59	0.66	0.74	0.77		1.14		1.84	1.93	3.38
30	0.64	0.71	0.79	0.83		1.21		1.94	2.02	3.56
31	0.68	0.76	0.85	0.89		1.29		2.05	2.13	3.75
32	0.73	0.82	0.92	0.95		1.37		2.15	2.24	3.94
33	0.79	0.88	1.00	1.02		1.46		2.28	2.38	4.16
34	0.84	0.94	1.06	1.10		1.56		2.40	2.52	4.38
35	0.92	1.02	1.14	1.20		1.66		2.53	2.65	4.62
36	0.98	1.10	1.24	1.28		1.77		2.67	2.81	4.88
37	1.06	1.19	1.33	1.39		1.90		2.84	2.97	5.15
38	1.14	1.27	1.43	1.48		2.02		2.99	3.14	5.46
39	1.22	1.37	1.54	1.61		2.15		3.17	3.32	5.76
40	1.32	1.48	1.66	1.73		2.31		3.34	3.51	6.12
41	1.43	1.58	1.79	1.86		2.46		3.54	3.72	6.48
42	1.54	1.72	1.92	1.99		2.61		3.75	3.93	6.86
43	1.64	1.84	2.06	2.15		2.79		3.97	4.16	7.27
44	1.76	1.97	2.22	2.31		2.97		4.20	4.40	7.70
45	1.90	2.11	2.38	2.48		3.16		4.43	4.64	8.15
46	2.03	2.26	2.54	2.66		3.34		4.68	4.91	8.61
47	2.16	2.42	2.71	2.83		3.53		4.94	5.18	9.10
48	2.32	2.59	2.90	3.02		3.74		5.20	5.46	9.64
49	2.46	2.76	3.10	3.23		3.93		5.48	5.75	10.18
50	2.60	2.93	3.30	3.43		4.13		5.75	6.03	10.69
51	2.76	3.08	3.48	3.62		4.30		6.01	6.30	11.18
52	2.89	3.23	3.65	3.81		4.47		6.24	6.55	11.62
53	3.06	3.42	3.86	4.03		4.65		6.51	6.83	12.12
54	3.20	3.58	4.03	4.21		4.80		6.73	7.06	12.53
55	3.30	3.70	4.18	4.35		4.88		6.88	7.22	12.78
56	3.36	3.76	4.24	4.42		4.88		6.90	7.23	12.82
57	3.35	3.74	4.21	4.40		4.78		6.79	7.13	12.60
58	3.25	3.64	4.09	4.26		4.58		6.52	6.84	12.08
59	3.05	3.41	3.85	4.01		4.24		6.07	6.37	11.21

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/GR et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 65	Not Applicable	Limited	Individually Sold and Association	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	3.68	4.09	4.58	4.76	5.15	7.62	8.25	13.16	13.21	
26	3.79	4.22	4.73	4.91	5.31	7.89	8.52	13.48	13.54	
27	3.91	4.36	4.88	5.08	5.50	8.14	8.81	13.79	13.86	
28	4.06	4.52	5.06	5.27	5.69	8.40	9.09	14.10	14.18	
29	4.20	4.68	5.24	5.46	5.90	8.67	9.38	14.40	14.48	
30	4.36	4.86	5.45	5.66	6.12	8.95	9.67	14.70	14.77	
31	4.54	5.05	5.66	5.89	6.37	9.21	9.96	14.96	15.06	
32	4.70	5.23	5.89	6.12	6.62	9.49	10.26	15.24	15.32	
33	4.90	5.46	6.13	6.37	6.88	9.78	10.57	15.50	15.60	
34	5.09	5.68	6.37	6.62	7.14	10.06	10.87	15.75	15.85	
35	5.29	5.89	6.61	6.88	7.43	10.33	11.16	15.98	16.09	
36	5.48	6.12	6.85	7.14	7.72	10.59	11.44	16.20	16.31	
37	5.68	6.32	7.10	7.38	7.97	10.86	11.71	16.40	16.51	
38	5.87	6.55	7.34	7.66	8.25	11.10	11.98	16.58	16.71	
39	6.06	6.76	7.60	7.90	8.52	11.34	12.22	16.74	16.87	
40	6.24	6.96	7.81	8.14	8.76	11.56	12.44	16.86	17.00	
41	6.40	7.15	8.03	8.36	8.98	11.73	12.62	16.93	17.08	
42	6.55	7.31	8.22	8.56	9.21	11.86	12.77	16.97	17.13	
43	6.67	7.45	8.39	8.73	9.38	11.96	12.86	16.96	17.12	
44	6.78	7.57	8.52	8.87	9.52	12.01	12.88	16.89	17.06	
45	6.85	7.64	8.60	8.97	9.60	11.98	12.86	16.74	16.92	
46	6.89	7.69	8.65	9.02	9.66	11.90	12.75	16.52	16.71	
47	6.86	7.68	8.65	9.00	9.63	11.73	12.55	16.21	16.42	
48	6.79	7.60	8.56	8.91	9.51	11.45	12.24	15.79	16.02	
49	6.67	7.45	8.40	8.76	9.33	11.10	11.83	15.28	15.51	
50	6.49	7.26	8.18	8.53	9.06	10.66	11.33	14.65	14.89	
51	6.26	7.01	7.90	8.23	8.73	10.12	10.74	13.95	14.19	
52	5.99	6.68	7.54	7.88	8.30	9.52	10.07	13.12	13.38	
53	5.58	6.23	7.02	7.33	7.71	8.73	9.18	12.06	12.33	
54	5.12	5.72	6.46	6.74	7.03	7.89	8.23	10.93	11.22	
55	4.63	5.17	5.84	6.10	6.33	7.00	7.27	9.75	10.04	
56	4.13	4.62	5.20	5.43	5.60	6.12	6.29	8.57	8.86	
57	3.62	4.04	4.56	4.76	4.85	5.23	5.35	7.38	7.68	
58	3.12	3.48	3.92	4.09	4.15	4.42	4.47	6.28	6.56	
59	2.64	2.95	3.32	3.47	3.47	3.67	3.67	5.24	5.50	
60	2.20	2.46	2.77	2.90		2.99		4.31		
61	1.82	2.04	2.29	2.39		2.39		3.49		
62	1.51	1.68	1.90	1.98		1.91		2.83		
63	1.37	1.54	1.73	1.81		1.69		2.54		
64	1.31	1.46	1.64	1.73		1.58		2.39		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/GR et al
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Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 65	Not Applicable	Full*	Individually Sold and Association	No	Unisex

Issue Age	6A	5A	4A	3A		2A		1A		1B
Reg. Occ. Period	Standard			ST	Age 65	ST	Age 65	ST	5 yrs	ST
18 - 25	4.33	4.81	5.40	5.60	6.06	8.97	9.71	15.48	15.54	
26	4.45	4.97	5.57	5.77	6.26	9.27	10.03	15.85	15.93	
27	4.61	5.14	5.75	5.97	6.46	9.57	10.36	16.23	16.31	
28	4.78	5.32	5.95	6.20	6.70	9.89	10.70	16.59	16.68	
29	4.94	5.50	6.18	6.43	6.95	10.20	11.04	16.94	17.03	
30	5.14	5.71	6.41	6.66	7.21	10.52	11.39	17.29	17.38	
31	5.33	5.94	6.66	6.93	7.49	10.83	11.72	17.61	17.71	
32	5.54	6.17	6.92	7.20	7.79	11.18	12.08	17.93	18.03	
33	5.76	6.42	7.21	7.49	8.08	11.51	12.43	18.23	18.35	
34	5.99	6.67	7.49	7.80	8.41	11.83	12.78	18.52	18.66	
35	6.22	6.92	7.79	8.10	8.73	12.16	13.11	18.80	18.92	
36	6.44	7.19	8.06	8.40	9.06	12.47	13.46	19.06	19.18	
37	6.67	7.44	8.36	8.69	9.38	12.78	13.78	19.29	19.43	
38	6.91	7.70	8.65	9.00	9.71	13.06	14.10	19.50	19.65	
39	7.13	7.96	8.93	9.30	10.02	13.34	14.38	19.69	19.84	
40	7.34	8.18	9.19	9.57	10.32	13.59	14.63	19.83	20.00	
41	7.52	8.40	9.44	9.83	10.58	13.79	14.85	19.92	20.10	
42	7.70	8.59	9.66	10.07	10.83	13.96	15.01	19.97	20.14	
43	7.86	8.76	9.86	10.26	11.03	14.06	15.12	19.95	20.13	
44	7.97	8.90	10.02	10.43	11.20	14.12	15.16	19.87	20.06	
45	8.05	9.00	10.13	10.55	11.30	14.10	15.13	19.70	19.91	
46	8.10	9.04	10.18	10.60	11.35	14.00	15.00	19.44	19.66	
47	8.08	9.02	10.16	10.59	11.33	13.80	14.77	19.07	19.32	
48	7.99	8.93	10.07	10.50	11.19	13.48	14.39	18.58	18.83	
49	7.86	8.77	9.89	10.32	10.98	13.05	13.92	17.97	18.25	
50	7.64	8.54	9.64	10.04	10.67	12.54	13.33	17.24	17.52	
51	7.37	8.24	9.29	9.69	10.26	11.91	12.63	16.41	16.70	
52	7.04	7.87	8.87	9.26	9.78	11.20	11.85	15.44	15.74	
53	6.55	7.33	8.26	8.63	9.06	10.27	10.80	14.19	14.51	
54	6.02	6.73	7.60	7.92	8.27	9.27	9.69	12.87	13.19	
55	5.45	6.10	6.86	7.16	7.44	8.23	8.56	11.47	11.81	
56	4.86	5.42	6.12	6.38	6.58	7.19	7.41	10.08	10.42	
57	4.26	4.76	5.36	5.60	5.70	6.15	6.28	8.69	9.03	
58	3.66	4.09	4.62	4.83	4.88	5.19	5.27	7.38	7.70	
59	3.11	3.48	3.91	4.08	4.09	4.31	4.31	6.17	6.47	
60	2.59	2.89	3.26	3.40		3.51		5.06		
61	2.15	2.40	2.69	2.82		2.82		4.10		
62	1.78	1.98	2.23	2.32		2.24		3.32		
63	1.62	1.80	2.04	2.12		1.98		2.98		
64	1.54	1.73	1.94	2.04		1.85		2.82		

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/GR et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 70	Not Applicable	Limited	Individually Sold and Association	No	Unisex

Issue Age	6A	5A	4A	3A		2A		1A		1B
Reg. Occ. Period	Standard			ST	Age 65	ST	Age 65	ST	5 yrs	ST
18 - 25	4.21	4.69	5.23	5.45	5.92	8.66	9.40			
26	4.36	4.86	5.44	5.66	6.13	8.99	9.74			
27	4.54	5.06	5.66	5.88	6.37	9.34	10.12			
28	4.72	5.26	5.89	6.12	6.64	9.71	10.51			
29	4.93	5.50	6.14	6.39	6.93	10.07	10.91			
30	5.15	5.74	6.43	6.68	7.25	10.44	11.32			
31	5.39	6.00	6.73	6.99	7.57	10.83	11.73			
32	5.64	6.28	7.03	7.31	7.92	11.22	12.16			
33	5.89	6.56	7.37	7.66	8.30	11.65	12.60			
34	6.17	6.88	7.72	8.03	8.69	12.06	13.04			
35	6.46	7.19	8.06	8.40	9.09	12.48	13.51			
36	6.73	7.52	8.45	8.79	9.50	12.90	13.96			
37	7.03	7.85	8.82	9.18	9.91	13.33	14.41			
38	7.34	8.18	9.19	9.57	10.35	13.75	14.88			
39	7.64	8.53	9.59	9.98	10.79	14.18	15.32			
40	7.96	8.87	9.97	10.38	11.21	14.58	15.76			
41	8.23	9.19	10.34	10.76	11.63	14.96	16.16			
42	8.53	9.52	10.69	11.16	12.03	15.31	16.53			
43	8.82	9.84	11.05	11.51	12.43	15.63	16.87			
44	9.07	10.13	11.40	11.87	12.81	15.90	17.16			
45	9.30	10.38	11.70	12.19	13.12	16.12	17.39			
46	9.50	10.61	11.94	12.44	13.40	16.26	17.51			
47	9.65	10.78	12.14	12.66	13.62	16.33	17.58			
48	9.77	10.91	12.28	12.80	13.77	16.30	17.51			
49	9.80	10.96	12.35	12.87	13.83	16.15	17.35			
50	9.79	10.94	12.34	12.86	13.79	15.89	17.07			
51	9.71	10.85	12.23	12.75	13.67	15.54	16.65			
52	9.54	10.66	12.01	12.52	13.41	15.04	16.10			
53	9.19	10.30	11.59	12.10	12.94	14.28	15.26			
54	8.80	9.84	11.10	11.57	12.33	13.43	14.31			
55	8.33	9.30	10.50	10.95	11.64	12.47	13.26			
56	7.80	8.71	9.83	10.25	10.87	11.45	12.14			
57	7.24	8.09	9.12	9.50	10.06	10.40	10.99			
58	6.64	7.43	8.36	8.73	9.21	9.33	9.86			
59	6.02	6.73	7.58	7.91	8.35	8.29	8.73			
60	5.40	6.02	6.80	7.08		7.25				
61	4.76	5.33	6.01	6.27		6.23				
62	4.15	4.63	5.23	5.44		5.27				
63	3.50	3.91	4.42	4.60		4.37				
64	2.90	3.24	3.66	3.82		3.55				
65	2.36	2.64	2.96	3.11		2.84				
66	1.90	2.12	2.40	2.50		2.25				
67	1.54	1.73	1.96	2.04		1.81				
68	1.30	1.46	1.66	1.74		1.50				
69	1.21	1.37	1.54	1.62		1.38				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/GR et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 70	Not Applicable	Full*	Individually Sold and Association	No	Unisex

Issue Age	6A	5A	4A	3A		2A		1A		1B
Reg. Occ. Period	Standard			ST	Age 65	ST	Age 65	ST	5 yrs	ST
18 - 25	4.96	5.51	6.17	6.42	6.96	10.19	11.05			
26	5.14	5.71	6.40	6.66	7.21	10.58	11.47			
27	5.33	5.94	6.65	6.92	7.50	10.99	11.91			
28	5.56	6.19	6.94	7.21	7.81	11.42	12.36			
29	5.80	6.47	7.24	7.53	8.15	11.85	12.83			
30	6.06	6.74	7.57	7.87	8.52	12.28	13.31			
31	6.34	7.06	7.91	8.22	8.90	12.75	13.80			
32	6.64	7.38	8.28	8.61	9.32	13.20	14.29			
33	6.92	7.73	8.66	9.02	9.76	13.71	14.82			
34	7.26	8.09	9.08	9.44	10.22	14.19	15.35			
35	7.60	8.46	9.49	9.89	10.70	14.69	15.89			
36	7.93	8.84	9.94	10.33	11.18	15.18	16.42			
37	8.28	9.23	10.37	10.80	11.67	15.67	16.95			
38	8.64	9.64	10.82	11.26	12.18	16.18	17.50			
39	9.00	10.03	11.28	11.74	12.70	16.68	18.02			
40	9.36	10.43	11.74	12.21	13.20	17.16	18.54			
41	9.70	10.82	12.17	12.67	13.69	17.60	19.02			
42	10.03	11.20	12.59	13.11	14.16	18.01	19.44			
43	10.37	11.57	13.01	13.55	14.63	18.39	19.85			
44	10.68	11.92	13.42	13.96	15.07	18.71	20.19			
45	10.94	12.22	13.76	14.33	15.44	18.96	20.45			
46	11.18	12.48	14.05	14.64	15.77	19.14	20.62			
47	11.35	12.68	14.29	14.89	16.03	19.22	20.69			
48	11.48	12.83	14.45	15.05	16.19	19.17	20.62			
49	11.53	12.89	14.52	15.15	16.27	19.01	20.42			
50	11.52	12.88	14.51	15.13	16.24	18.70	20.08			
51	11.41	12.76	14.39	15.00	16.08	18.27	19.60			
52	11.22	12.54	14.14	14.74	15.78	17.69	18.94			
53	10.82	12.11	13.64	14.24	15.21	16.80	17.95			
54	10.34	11.57	13.06	13.62	14.50	15.80	16.84			
55	9.80	10.96	12.35	12.88	13.70	14.66	15.59			
56	9.18	10.25	11.57	12.06	12.79	13.48	14.29			
57	8.51	9.52	10.73	11.18	11.83	12.22	12.94			
58	7.80	8.74	9.84	10.26	10.83	10.98	11.59			
59	7.08	7.92	8.93	9.32	9.82	9.74	10.26			
60	6.35	7.09	8.00	8.34		8.52				
61	5.60	6.28	7.07	7.37		7.34				
62	4.88	5.46	6.14	6.41		6.20				
63	4.13	4.62	5.20	5.42		5.14				
64	3.42	3.82	4.31	4.49		4.17				
65	2.77	3.11	3.49	3.66		3.34				
66	2.24	2.51	2.82	2.94		2.66				
67	1.81	2.04	2.30	2.40		2.12				
68	1.54	1.72	1.96	2.05		1.76				
69	1.43	1.61	1.81	1.90		1.62				

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/GR et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Limited	Individually Sold and Association	No	Unisex

Issue Age	6A	5A	4A	3A		2A		1A		1B
Reg. Occ. Period	Standard			ST	Age 65	ST	Age 65	ST	5 yrs	ST
18 - 25	5.15	5.72	6.41	6.67	7.23					
26	5.35	5.95	6.67	6.93	7.53					
27	5.58	6.20	6.95	7.22	7.84					
28	5.82	6.47	7.26	7.54	8.19					
29	6.08	6.78	7.61	7.89	8.57					
30	6.37	7.09	7.96	8.27	8.98					
31	6.66	7.43	8.33	8.66	9.40					
32	6.98	7.79	8.72	9.07	9.84					
33	7.32	8.16	9.16	9.52	10.33					
34	7.68	8.56	9.60	9.99	10.82					
35	8.04	8.94	10.04	10.47	11.33					
36	8.40	9.37	10.51	10.93	11.85					
37	8.76	9.78	10.97	11.43	12.37					
38	9.14	10.20	11.46	11.94	12.93					
39	9.53	10.62	11.94	12.43	13.46					
40	9.89	11.04	12.40	12.90	13.96					
41	10.22	11.40	12.83	13.36	14.47					
42	10.52	11.75	13.22	13.77	14.88					
43	10.80	12.06	13.57	14.13	15.28					
44	11.04	12.32	13.86	14.44	15.61					
45	11.21	12.53	14.09	14.67	15.86					
46	11.30	12.64	14.22	14.82	16.00					
47	11.34	12.67	14.28	14.88	16.05					
48	11.28	12.60	14.20	14.80	15.95					
49	11.12	12.43	14.00	14.59	15.71					
50	10.87	12.16	13.68	14.28	15.34					
51	10.51	11.76	13.25	13.83	14.85					
52	10.08	11.27	12.71	13.25	14.19					
53	9.41	10.51	11.86	12.36	13.21					
54	8.65	9.67	10.91	11.39	12.11					
55	7.82	8.76	9.88	10.29	10.93					
56	6.97	7.79	8.78	9.15	9.67					
57	6.08	6.80	7.67	8.00	8.40					
58	5.18	5.80	6.55	6.82	7.13					
59	4.32	4.82	5.44	5.68	5.89					

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/GR et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Full*	Individually Sold and Association	No	Unisex

Issue Age	6A	5A	4A	3A		2A		1A		1B
Reg. Occ. Period	Standard			ST	Age 65	ST	Age 65	ST	5 yrs	ST
18 - 25	6.05	6.73	7.54	7.84	8.51					
26	6.29	7.00	7.85	8.15	8.86					
27	6.55	7.30	8.17	8.50	9.23					
28	6.84	7.61	8.54	8.88	9.64					
29	7.16	7.97	8.94	9.29	10.07					
30	7.49	8.34	9.36	9.73	10.56					
31	7.84	8.74	9.80	10.19	11.05					
32	8.22	9.16	10.26	10.67	11.59					
33	8.60	9.60	10.78	11.20	12.14					
34	9.02	10.07	11.29	11.75	12.73					
35	9.46	10.52	11.82	12.31	13.33					
36	9.88	11.02	12.36	12.86	13.95					
37	10.31	11.50	12.90	13.44	14.56					
38	10.76	12.01	13.49	14.04	15.20					
39	11.21	12.49	14.04	14.63	15.84					
40	11.63	12.98	14.58	15.18	16.43					
41	12.02	13.42	15.10	15.72	17.01					
42	12.38	13.82	15.55	16.19	17.51					
43	12.72	14.20	15.97	16.63	17.99					
44	12.98	14.50	16.31	17.00	18.35					
45	13.18	14.74	16.57	17.26	18.65					
46	13.31	14.87	16.74	17.43	18.83					
47	13.34	14.92	16.79	17.50	18.88					
48	13.27	14.83	16.69	17.41	18.77					
49	13.08	14.63	16.48	17.17	18.48					
50	12.79	14.30	16.10	16.80	18.06					
51	12.37	13.85	15.60	16.27	17.47					
52	11.84	13.25	14.94	15.58	16.69					
53	11.06	12.37	13.94	14.55	15.55					
54	10.18	11.39	12.83	13.39	14.25					
55	9.20	10.31	11.62	12.11	12.86					
56	8.20	9.17	10.34	10.78	11.39					
57	7.16	8.00	9.02	9.41	9.89					
58	6.11	6.82	7.70	8.03	8.38					
59	5.08	5.68	6.40	6.68	6.93					

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
** Rider Form IDI2000-PR/L45-TD attached.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Limited	Individually Sold and Association	No	Female

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.31	0.34	0.40	0.40		0.55		0.84	0.87	1.52
26	0.34	0.37	0.41	0.43		0.60		0.88	0.92	1.61
27	0.35	0.40	0.43	0.46		0.63		0.92	0.99	1.71
28	0.38	0.42	0.48	0.49		0.68		1.00	1.06	1.82
29	0.41	0.46	0.50	0.53		0.71		1.06	1.11	1.93
30	0.43	0.48	0.54	0.56		0.76		1.12	1.18	2.06
31	0.47	0.53	0.59	0.61		0.81		1.19	1.27	2.18
32	0.50	0.56	0.62	0.66		0.86		1.25	1.33	2.31
33	0.53	0.60	0.67	0.70		0.90		1.33	1.41	2.45
34	0.58	0.64	0.72	0.75		0.97		1.41	1.50	2.60
35	0.61	0.67	0.76	0.81		1.01		1.49	1.57	2.74
36	0.65	0.72	0.82	0.85		1.06		1.56	1.65	2.88
37	0.68	0.77	0.86	0.90		1.13		1.65	1.74	3.03
38	0.73	0.82	0.92	0.97		1.18		1.73	1.82	3.19
39	0.78	0.88	0.98	1.04		1.24		1.80	1.90	3.34
40	0.84	0.92	1.04	1.09		1.31		1.89	1.99	3.50
41	0.89	1.00	1.10	1.15		1.38		1.97	2.08	3.65
42	0.94	1.06	1.19	1.23		1.45		2.06	2.17	3.81
43	1.01	1.12	1.27	1.32		1.52		2.13	2.27	3.97
44	1.08	1.20	1.37	1.41		1.60		2.22	2.37	4.13
45	1.14	1.28	1.45	1.51		1.69		2.31	2.44	4.27
46	1.22	1.37	1.54	1.61		1.76		2.39	2.53	4.40
47	1.30	1.45	1.63	1.71		1.84		2.46	2.60	4.55
48	1.38	1.54	1.74	1.82		1.92		2.54	2.68	4.68
49	1.45	1.63	1.84	1.92		2.00		2.61	2.75	4.80
50	1.54	1.72	1.93	2.02		2.07		2.66	2.82	4.91
51	1.60	1.79	2.02	2.12		2.15		2.72	2.87	4.97
52	1.67	1.86	2.10	2.20		2.19		2.75	2.92	5.04
53	1.73	1.94	2.18	2.29		2.23		2.78	2.95	5.08
54	1.79	1.99	2.24	2.35		2.28		2.81	2.96	5.10
55	1.80	2.04	2.28	2.40		2.29		2.78	2.95	5.04
56	1.80	2.04	2.28	2.39		2.24		2.74	2.89	4.93
57	1.78	1.98	2.24	2.33		2.17		2.63	2.78	4.72
58	1.70	1.90	2.15	2.23		2.06		2.48	2.62	4.40
59	1.57	1.76	1.98	2.07		1.89		2.24	2.38	3.99

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Full*	Individually Sold and Association	No	Female

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.34	0.38	0.43	0.45		0.62		0.92	0.97	1.68
26	0.37	0.41	0.46	0.47		0.66		0.98	1.03	1.78
27	0.40	0.43	0.48	0.51		0.70		1.03	1.09	1.89
28	0.42	0.47	0.53	0.55		0.75		1.10	1.17	2.02
29	0.46	0.50	0.56	0.59		0.79		1.17	1.24	2.13
30	0.48	0.54	0.60	0.63		0.84		1.25	1.32	2.28
31	0.52	0.58	0.66	0.68		0.89		1.33	1.41	2.42
32	0.56	0.62	0.70	0.72		0.95		1.40	1.47	2.56
33	0.59	0.66	0.74	0.78		1.00		1.49	1.57	2.72
34	0.64	0.71	0.79	0.83		1.06		1.57	1.65	2.88
35	0.67	0.74	0.84	0.89		1.13		1.65	1.74	3.04
36	0.72	0.80	0.90	0.94		1.18		1.74	1.83	3.20
37	0.76	0.85	0.96	1.00		1.24		1.83	1.94	3.37
38	0.82	0.91	1.02	1.07		1.31		1.91	2.02	3.53
39	0.86	0.97	1.09	1.14		1.39		2.00	2.12	3.72
40	0.92	1.02	1.16	1.22		1.46		2.10	2.22	3.88
41	0.98	1.10	1.24	1.29		1.53		2.19	2.31	4.06
42	1.04	1.18	1.32	1.38		1.61		2.29	2.41	4.24
43	1.12	1.25	1.40	1.47		1.69		2.38	2.52	4.40
44	1.19	1.34	1.51	1.56		1.78		2.48	2.62	4.58
45	1.27	1.43	1.61	1.68		1.87		2.56	2.71	4.74
46	1.37	1.52	1.72	1.79		1.96		2.65	2.81	4.90
47	1.45	1.62	1.81	1.90		2.05		2.73	2.88	5.05
48	1.54	1.72	1.93	2.02		2.14		2.82	2.98	5.20
49	1.62	1.81	2.04	2.14		2.23		2.89	3.06	5.34
50	1.70	1.91	2.15	2.24		2.31		2.96	3.12	5.45
51	1.78	1.98	2.24	2.35		2.38		3.03	3.19	5.52
52	1.85	2.06	2.33	2.44		2.43		3.06	3.23	5.60
53	1.92	2.16	2.42	2.54		2.48		3.10	3.27	5.64
54	1.98	2.22	2.51	2.61		2.53		3.11	3.29	5.67
55	2.00	2.26	2.53	2.66		2.54		3.10	3.27	5.61
56	2.00	2.26	2.53	2.66		2.50		3.04	3.21	5.47
57	1.98	2.21	2.48	2.60		2.42		2.93	3.09	5.24
58	1.90	2.11	2.38	2.48		2.29		2.75	2.90	4.90
59	1.74	1.96	2.20	2.30		2.09		2.50	2.64	4.44

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 65	Not Applicable	Limited	Individually Sold and Association	No	Female

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	3.36	3.74	4.18	4.36	4.82	6.34	7.00	9.59	9.64	
26	3.49	3.90	4.36	4.55	5.01	6.57	7.26	9.92	9.97	
27	3.65	4.07	4.56	4.75	5.24	6.80	7.51	10.27	10.32	
28	3.82	4.26	4.76	4.97	5.49	7.04	7.77	10.63	10.69	
29	3.98	4.45	4.98	5.20	5.74	7.28	8.04	10.99	11.04	
30	4.16	4.63	5.21	5.43	5.99	7.50	8.28	11.33	11.40	
31	4.34	4.84	5.42	5.67	6.26	7.72	8.51	11.66	11.74	
32	4.52	5.04	5.65	5.89	6.50	7.92	8.74	11.98	12.06	
33	4.66	5.21	5.84	6.11	6.72	8.11	8.92	12.25	12.32	
34	4.81	5.36	6.02	6.29	6.93	8.26	9.10	12.49	12.56	
35	4.94	5.52	6.20	6.47	7.13	8.40	9.25	12.68	12.76	
36	5.06	5.66	6.36	6.62	7.30	8.50	9.36	12.83	12.91	
37	5.17	5.77	6.49	6.79	7.46	8.59	9.45	12.93	13.02	
38	5.27	5.89	6.62	6.91	7.60	8.65	9.51	12.96	13.05	
39	5.35	5.98	6.73	7.04	7.73	8.68	9.55	12.94	13.02	
40	5.41	6.06	6.82	7.13	7.83	8.68	9.53	12.85	12.95	
41	5.47	6.12	6.89	7.20	7.89	8.65	9.49	12.71	12.80	
42	5.50	6.16	6.92	7.26	7.95	8.58	9.41	12.50	12.61	
43	5.53	6.20	6.97	7.29	7.97	8.49	9.30	12.22	12.33	
44	5.53	6.20	6.97	7.29	7.97	8.36	9.15	11.88	11.99	
45	5.51	6.17	6.95	7.27	7.95	8.18	8.94	11.47	11.59	
46	5.46	6.11	6.88	7.20	7.84	7.97	8.69	11.01	11.14	
47	5.35	6.01	6.76	7.08	7.72	7.71	8.38	10.49	10.62	
48	5.20	5.82	6.55	6.87	7.45	7.36	7.99	9.89	10.03	
49	4.99	5.59	6.30	6.60	7.14	6.97	7.54	9.24	9.38	
50	4.76	5.33	6.01	6.28	6.79	6.53	7.06	8.54	8.68	
51	4.49	5.03	5.66	5.93	6.37	6.07	6.53	7.82	7.96	
52	4.18	4.69	5.27	5.52	5.91	5.58	5.98	7.06	7.22	
53	3.80	4.26	4.79	5.01	5.35	5.00	5.32	6.27	6.41	
54	3.40	3.80	4.27	4.50	4.75	4.40	4.67	5.47	5.62	
55	2.99	3.34	3.76	3.93	4.13	3.82	4.00	4.70	4.85	
56	2.59	2.88	3.25	3.40	3.53	3.24	3.37	3.95	4.09	
57	2.18	2.44	2.75	2.88	2.96	2.70	2.77	3.26	3.39	
58	1.82	2.05	2.30	2.40	2.44	2.23	2.27	2.67	2.81	
59	1.51	1.69	1.90	1.98	1.98	1.82	1.82	2.16	2.28	
60	1.22	1.37	1.54	1.61		1.44		1.73		
61	0.98	1.10	1.22	1.29		1.13		1.34		
62	0.78	0.86	0.98	1.02		0.89		1.06		
63	0.68	0.76	0.86	0.90		0.76		0.91		
64	0.64	0.72	0.82	0.84		0.69		0.85		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 65	Not Applicable	Full*	Individually Sold and Association	No	Female

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	3.95	4.40	4.92	5.13	5.67	7.46	8.23	11.29	11.33	
26	4.10	4.58	5.14	5.36	5.91	7.73	8.54	11.67	11.74	
27	4.30	4.79	5.36	5.59	6.16	8.00	8.83	12.08	12.14	
28	4.49	5.00	5.60	5.85	6.45	8.29	9.15	12.51	12.57	
29	4.69	5.23	5.86	6.12	6.75	8.56	9.45	12.93	12.99	
30	4.88	5.46	6.12	6.38	7.04	8.82	9.74	13.34	13.41	
31	5.10	5.69	6.38	6.67	7.36	9.07	10.01	13.73	13.81	
32	5.32	5.93	6.65	6.93	7.64	9.32	10.28	14.10	14.18	
33	5.48	6.12	6.88	7.18	7.90	9.53	10.50	14.41	14.50	
34	5.66	6.31	7.08	7.41	8.15	9.72	10.71	14.70	14.78	
35	5.81	6.49	7.28	7.62	8.40	9.88	10.88	14.92	15.02	
36	5.95	6.65	7.48	7.80	8.59	9.99	11.01	15.09	15.19	
37	6.08	6.80	7.64	7.98	8.79	10.11	11.12	15.20	15.31	
38	6.20	6.92	7.79	8.14	8.95	10.18	11.19	15.25	15.36	
39	6.29	7.03	7.92	8.28	9.10	10.21	11.22	15.21	15.33	
40	6.37	7.13	8.03	8.40	9.21	10.21	11.21	15.11	15.22	
41	6.43	7.20	8.10	8.48	9.29	10.18	11.18	14.95	15.07	
42	6.47	7.25	8.15	8.53	9.35	10.10	11.07	14.71	14.83	
43	6.50	7.28	8.20	8.57	9.38	9.99	10.94	14.38	14.51	
44	6.52	7.28	8.21	8.58	9.38	9.83	10.75	13.97	14.11	
45	6.48	7.26	8.17	8.56	9.34	9.63	10.51	13.50	13.64	
46	6.42	7.18	8.09	8.48	9.23	9.37	10.22	12.95	13.11	
47	6.30	7.07	7.96	8.33	9.06	9.06	9.86	12.34	12.50	
48	6.12	6.84	7.72	8.07	8.76	8.65	9.41	11.64	11.80	
49	5.88	6.59	7.42	7.76	8.41	8.20	8.88	10.87	11.03	
50	5.60	6.28	7.07	7.39	7.98	7.69	8.30	10.04	10.21	
51	5.28	5.92	6.66	6.97	7.50	7.14	7.69	9.20	9.37	
52	4.92	5.51	6.20	6.49	6.96	6.56	7.04	8.32	8.49	
53	4.48	5.00	5.63	5.90	6.28	5.88	6.27	7.38	7.55	
54	4.01	4.48	5.04	5.28	5.59	5.19	5.49	6.44	6.61	
55	3.52	3.92	4.43	4.63	4.85	4.50	4.72	5.52	5.70	
56	3.04	3.38	3.83	4.00	4.15	3.82	3.97	4.64	4.82	
57	2.57	2.87	3.23	3.38	3.47	3.17	3.25	3.83	3.99	
58	2.16	2.41	2.71	2.83	2.88	2.62	2.66	3.15	3.30	
59	1.78	1.98	2.23	2.32	2.32	2.13	2.13	2.54	2.68	
60	1.45	1.62	1.81	1.90		1.69		2.02		
61	1.15	1.28	1.45	1.51		1.32		1.58		
62	0.92	1.02	1.15	1.21		1.04		1.24		
63	0.82	0.90	1.02	1.06		0.89		1.08		
64	0.74	0.84	0.95	0.99		0.81		0.99		

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Limited	Individually Sold and Association	No	Male

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.29	0.31	0.35	0.38		0.56		0.98	1.05	1.78
26	0.31	0.34	0.37	0.39		0.60		1.02	1.09	1.87
27	0.32	0.35	0.40	0.41		0.63		1.08	1.16	1.96
28	0.34	0.38	0.43	0.44		0.68		1.12	1.20	2.06
29	0.36	0.41	0.46	0.47		0.71		1.18	1.27	2.13
30	0.40	0.43	0.48	0.51		0.76		1.24	1.33	2.26
31	0.42	0.47	0.53	0.55		0.81		1.31	1.41	2.38
32	0.44	0.50	0.56	0.59		0.87		1.38	1.47	2.49
33	0.48	0.54	0.61	0.63		0.93		1.45	1.56	2.63
34	0.53	0.58	0.66	0.68		0.99		1.53	1.65	2.77
35	0.58	0.64	0.71	0.74		1.06		1.62	1.74	2.93
36	0.61	0.67	0.77	0.79		1.14		1.71	1.83	3.09
37	0.66	0.74	0.83	0.87		1.22		1.82	1.95	3.27
38	0.72	0.80	0.90	0.93		1.32		1.91	2.06	3.45
39	0.77	0.85	0.97	1.01		1.41		2.04	2.18	3.66
40	0.84	0.92	1.04	1.08		1.52		2.15	2.31	3.88
41	0.91	1.01	1.13	1.17		1.63		2.29	2.45	4.11
42	0.97	1.09	1.21	1.27		1.74		2.42	2.60	4.37
43	1.04	1.18	1.31	1.37		1.87		2.57	2.75	4.63
44	1.12	1.26	1.40	1.47		1.99		2.73	2.93	4.92
45	1.20	1.34	1.52	1.58		2.14		2.88	3.10	5.20
46	1.28	1.45	1.63	1.69		2.27		3.06	3.27	5.51
47	1.38	1.54	1.74	1.81		2.40		3.23	3.47	5.83
48	1.48	1.66	1.86	1.94		2.55		3.43	3.67	6.17
49	1.58	1.76	1.98	2.07		2.70		3.62	3.88	6.53
50	1.68	1.88	2.12	2.21		2.85		3.81	4.07	6.88
51	1.79	1.98	2.24	2.33		2.99		3.99	4.28	7.19
52	1.87	2.10	2.36	2.46		3.12		4.16	4.46	7.49
53	1.99	2.24	2.52	2.62		3.24		4.36	4.66	7.83
54	2.10	2.33	2.64	2.75		3.37		4.51	4.84	8.11
55	2.17	2.42	2.74	2.86		3.44		4.63	4.96	8.27
56	2.22	2.48	2.80	2.91		3.46		4.65	4.98	8.32
57	2.22	2.47	2.80	2.91		3.42		4.59	4.93	8.18
58	2.16	2.42	2.71	2.84		3.27		4.42	4.74	7.87
59	2.05	2.28	2.58	2.69		3.05		4.13	4.41	7.29

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Full*	Individually Sold and Association	No	Male

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.31	0.35	0.40	0.41		0.63		1.09	1.17	1.98
26	0.34	0.37	0.41	0.44		0.66		1.14	1.22	2.07
27	0.36	0.40	0.44	0.46		0.70		1.19	1.28	2.17
28	0.38	0.42	0.48	0.48		0.75		1.25	1.33	2.28
29	0.40	0.46	0.50	0.53		0.79		1.31	1.41	2.38
30	0.43	0.48	0.54	0.55		0.84		1.38	1.47	2.51
31	0.47	0.52	0.58	0.61		0.90		1.45	1.56	2.63
32	0.49	0.56	0.62	0.64		0.97		1.53	1.64	2.77
33	0.54	0.60	0.67	0.70		1.04		1.62	1.74	2.93
34	0.58	0.65	0.73	0.75		1.10		1.71	1.83	3.08
35	0.64	0.71	0.78	0.82		1.18		1.80	1.93	3.25
36	0.67	0.74	0.85	0.89		1.27		1.89	2.04	3.43
37	0.73	0.83	0.92	0.97		1.36		2.01	2.16	3.63
38	0.79	0.89	1.00	1.04		1.47		2.13	2.29	3.84
39	0.85	0.95	1.08	1.13		1.56		2.26	2.42	4.07
40	0.92	1.03	1.16	1.21		1.69		2.39	2.56	4.31
41	1.01	1.12	1.26	1.31		1.82		2.54	2.72	4.57
42	1.08	1.20	1.36	1.40		1.93		2.70	2.88	4.85
43	1.16	1.30	1.45	1.52		2.07		2.86	3.06	5.14
44	1.25	1.39	1.56	1.63		2.22		3.03	3.25	5.46
45	1.34	1.49	1.69	1.75		2.37		3.20	3.43	5.78
46	1.44	1.61	1.80	1.89		2.52		3.40	3.64	6.12
47	1.54	1.72	1.93	2.00		2.67		3.59	3.85	6.48
48	1.64	1.84	2.06	2.15		2.83		3.81	4.07	6.86
49	1.76	1.97	2.21	2.31		3.00		4.02	4.31	7.26
50	1.87	2.09	2.35	2.45		3.16		4.24	4.53	7.63
51	1.98	2.21	2.50	2.60		3.32		4.43	4.75	8.00
52	2.08	2.33	2.63	2.74		3.46		4.62	4.95	8.33
53	2.22	2.48	2.80	2.91		3.61		4.84	5.19	8.70
54	2.33	2.59	2.94	3.06		3.75		5.02	5.37	9.00
55	2.42	2.70	3.04	3.17		3.83		5.14	5.51	9.20
56	2.46	2.76	3.11	3.24		3.84		5.17	5.53	9.24
57	2.46	2.75	3.11	3.24		3.78		5.10	5.47	9.09
58	2.41	2.69	3.02	3.16		3.63		4.92	5.27	8.73
59	2.27	2.53	2.86	2.99		3.38		4.58	4.91	8.11

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 65	Not Applicable	Limited	Individually Sold and Association	No	Male

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	2.32	2.57	2.88	2.99	3.36	4.85	5.47	9.14	9.20	
26	2.36	2.64	2.96	3.07	3.45	5.01	5.65	9.34	9.41	
27	2.44	2.71	3.04	3.16	3.55	5.18	5.82	9.54	9.61	
28	2.51	2.80	3.13	3.24	3.66	5.34	6.00	9.72	9.80	
29	2.59	2.88	3.24	3.36	3.77	5.51	6.20	9.90	9.99	
30	2.69	2.99	3.35	3.47	3.91	5.68	6.38	10.09	10.18	
31	2.78	3.10	3.48	3.60	4.05	5.85	6.58	10.25	10.34	
32	2.89	3.22	3.62	3.75	4.20	6.05	6.80	10.42	10.51	
33	3.02	3.36	3.77	3.91	4.38	6.26	7.03	10.58	10.68	
34	3.14	3.50	3.92	4.09	4.58	6.46	7.26	10.75	10.85	
35	3.29	3.65	4.10	4.27	4.77	6.68	7.49	10.90	11.01	
36	3.43	3.83	4.27	4.44	4.98	6.91	7.74	11.06	11.18	
37	3.56	3.98	4.46	4.63	5.19	7.13	7.98	11.21	11.33	
38	3.72	4.15	4.66	4.84	5.41	7.37	8.23	11.34	11.48	
39	3.86	4.31	4.85	5.03	5.61	7.59	8.48	11.50	11.63	
40	4.01	4.46	5.03	5.22	5.82	7.80	8.72	11.61	11.75	
41	4.15	4.62	5.20	5.41	6.01	8.00	8.91	11.69	11.85	
42	4.27	4.76	5.35	5.58	6.20	8.18	9.10	11.76	11.92	
43	4.39	4.88	5.50	5.70	6.35	8.31	9.26	11.80	11.98	
44	4.48	4.99	5.63	5.85	6.49	8.42	9.36	11.81	11.98	
45	4.56	5.08	5.71	5.95	6.58	8.48	9.41	11.77	11.97	
46	4.61	5.15	5.77	6.01	6.64	8.50	9.41	11.66	11.88	
47	4.62	5.16	5.82	6.05	6.67	8.46	9.34	11.51	11.74	
48	4.62	5.15	5.80	6.03	6.62	8.34	9.18	11.28	11.51	
49	4.56	5.10	5.75	5.98	6.56	8.14	8.95	10.98	11.22	
50	4.48	4.99	5.64	5.88	6.42	7.89	8.64	10.59	10.85	
51	4.36	4.88	5.48	5.70	6.21	7.57	8.25	10.12	10.40	
52	4.19	4.69	5.28	5.51	5.96	7.19	7.80	9.59	9.88	
53	3.92	4.40	4.96	5.18	5.55	6.62	7.14	8.86	9.15	
54	3.65	4.08	4.60	4.78	5.11	6.04	6.45	8.07	8.37	
55	3.32	3.72	4.19	4.37	4.61	5.42	5.72	7.23	7.55	
56	2.99	3.34	3.77	3.92	4.09	4.76	4.98	6.39	6.70	
57	2.65	2.96	3.34	3.48	3.59	4.11	4.24	5.53	5.85	
58	2.30	2.57	2.90	3.01	3.07	3.50	3.57	4.72	5.03	
59	1.96	2.18	2.47	2.58	2.59	2.92	2.93	3.96	4.24	
60	1.64	1.84	2.06	2.15		2.40		3.27		
61	1.37	1.54	1.73	1.81		1.93		2.65		
62	1.14	1.27	1.44	1.50		1.56		2.15		
63	1.04	1.18	1.33	1.38		1.39		1.94		
64	1.01	1.13	1.27	1.33		1.30		1.84		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 65	Not Applicable	Full*	Individually Sold and Association	No	Male

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	2.72	3.02	3.38	3.51	3.96	5.72	6.45	10.75	10.82	
26	2.78	3.11	3.48	3.60	4.06	5.90	6.65	10.99	11.07	
27	2.87	3.19	3.58	3.71	4.17	6.08	6.85	11.22	11.31	
28	2.95	3.30	3.68	3.83	4.30	6.28	7.06	11.44	11.53	
29	3.05	3.38	3.82	3.96	4.44	6.47	7.29	11.66	11.75	
30	3.16	3.52	3.94	4.09	4.60	6.68	7.51	11.87	11.97	
31	3.28	3.65	4.09	4.24	4.76	6.88	7.74	12.06	12.17	
32	3.40	3.78	4.26	4.40	4.93	7.12	7.99	12.25	12.36	
33	3.55	3.95	4.44	4.60	5.15	7.36	8.26	12.45	12.56	
34	3.71	4.13	4.62	4.81	5.38	7.61	8.54	12.64	12.77	
35	3.86	4.30	4.84	5.01	5.61	7.87	8.81	12.83	12.95	
36	4.03	4.50	5.04	5.23	5.87	8.13	9.11	13.01	13.15	
37	4.20	4.68	5.26	5.45	6.11	8.40	9.40	13.19	13.33	
38	4.37	4.88	5.48	5.69	6.36	8.66	9.69	13.35	13.51	
39	4.55	5.06	5.70	5.92	6.61	8.92	9.98	13.51	13.67	
40	4.72	5.26	5.92	6.14	6.85	9.18	10.25	13.65	13.83	
41	4.88	5.44	6.12	6.36	7.07	9.41	10.50	13.75	13.94	
42	5.03	5.60	6.29	6.56	7.29	9.61	10.71	13.84	14.03	
43	5.16	5.76	6.47	6.72	7.46	9.79	10.89	13.88	14.08	
44	5.27	5.88	6.62	6.88	7.64	9.91	11.01	13.89	14.10	
45	5.36	5.98	6.73	6.99	7.74	9.98	11.07	13.84	14.08	
46	5.41	6.05	6.80	7.07	7.81	9.99	11.07	13.73	13.97	
47	5.44	6.07	6.84	7.12	7.84	9.95	10.99	13.54	13.81	
48	5.42	6.05	6.82	7.10	7.80	9.81	10.80	13.27	13.54	
49	5.36	6.00	6.76	7.04	7.72	9.58	10.52	12.91	13.20	
50	5.27	5.88	6.64	6.91	7.54	9.29	10.17	12.46	12.76	
51	5.12	5.74	6.46	6.72	7.30	8.90	9.71	11.91	12.23	
52	4.93	5.51	6.20	6.47	7.02	8.45	9.17	11.29	11.62	
53	4.62	5.17	5.83	6.08	6.53	7.80	8.40	10.43	10.77	
54	4.28	4.80	5.41	5.64	6.00	7.11	7.58	9.49	9.86	
55	3.91	4.37	4.93	5.14	5.43	6.37	6.73	8.51	8.88	
56	3.52	3.92	4.44	4.62	4.83	5.61	5.87	7.51	7.88	
57	3.12	3.48	3.92	4.09	4.22	4.84	4.99	6.51	6.89	
58	2.70	3.02	3.41	3.55	3.61	4.12	4.19	5.56	5.91	
59	2.30	2.58	2.90	3.04	3.05	3.44	3.45	4.65	4.98	
60	1.93	2.16	2.44	2.54		2.83		3.83		
61	1.62	1.80	2.04	2.12		2.28		3.11		
62	1.34	1.50	1.69	1.76		1.83		2.53		
63	1.24	1.38	1.56	1.62		1.63		2.28		
64	1.19	1.33	1.50	1.56		1.53		2.16		

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Limited	Individually Sold and Association	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.30	0.32	0.36	0.38		0.56		0.95	1.01	1.76
26	0.31	0.34	0.40	0.40		0.60		1.01	1.08	1.84
27	0.32	0.37	0.41	0.43		0.63		1.05	1.12	1.94
28	0.35	0.40	0.43	0.46		0.68		1.10	1.18	2.04
29	0.37	0.42	0.47	0.48		0.71		1.17	1.25	2.13
30	0.40	0.44	0.50	0.52		0.76		1.22	1.31	2.24
31	0.43	0.48	0.54	0.56		0.81		1.29	1.39	2.37
32	0.46	0.52	0.58	0.60		0.87		1.35	1.44	2.49
33	0.50	0.55	0.62	0.64		0.92		1.44	1.54	2.62
34	0.53	0.59	0.66	0.69		0.98		1.52	1.62	2.75
35	0.58	0.65	0.72	0.76		1.06		1.60	1.71	2.92
36	0.62	0.70	0.78	0.81		1.13		1.68	1.79	3.08
37	0.66	0.74	0.84	0.87		1.20		1.79	1.90	3.25
38	0.72	0.82	0.91	0.94		1.28		1.88	2.01	3.44
39	0.77	0.86	0.97	1.01		1.36		1.99	2.13	3.63
40	0.84	0.92	1.04	1.08		1.46		2.11	2.26	3.85
41	0.91	1.01	1.12	1.17		1.55		2.22	2.39	4.07
42	0.97	1.08	1.20	1.25		1.64		2.37	2.53	4.31
43	1.03	1.16	1.30	1.36		1.76		2.50	2.67	4.58
44	1.10	1.24	1.39	1.46		1.87		2.65	2.84	4.85
45	1.19	1.33	1.50	1.56		1.98		2.79	3.00	5.13
46	1.27	1.43	1.61	1.67		2.10		2.95	3.16	5.43
47	1.37	1.52	1.72	1.78		2.23		3.10	3.33	5.73
48	1.45	1.63	1.84	1.90		2.35		3.28	3.51	6.07
49	1.55	1.74	1.96	2.04		2.48		3.44	3.70	6.41
50	1.64	1.85	2.06	2.15		2.60		3.62	3.88	6.73
51	1.74	1.94	2.18	2.29		2.71		3.80	4.06	7.05
52	1.82	2.04	2.30	2.40		2.82		3.93	4.20	7.32
53	1.93	2.16	2.42	2.54		2.92		4.10	4.40	7.62
54	2.02	2.24	2.53	2.66		3.02		4.24	4.54	7.89
55	2.08	2.33	2.63	2.74		3.07		4.32	4.64	8.05
56	2.12	2.36	2.68	2.78		3.07		4.35	4.65	8.07
57	2.11	2.35	2.65	2.78		3.01		4.28	4.58	7.94
58	2.05	2.29	2.58	2.69		2.88		4.11	4.40	7.62
59	1.92	2.15	2.42	2.53		2.67		3.83	4.09	7.06

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Full*	Individually Sold and Association	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.32	0.36	0.40	0.41		0.63		1.06	1.13	1.96
26	0.34	0.38	0.43	0.45		0.66		1.11	1.19	2.05
27	0.36	0.41	0.46	0.47		0.70		1.17	1.25	2.15
28	0.40	0.43	0.48	0.51		0.75		1.23	1.32	2.26
29	0.41	0.47	0.52	0.54		0.79		1.29	1.39	2.37
30	0.44	0.49	0.56	0.58		0.84		1.35	1.45	2.50
31	0.48	0.53	0.60	0.63		0.90		1.43	1.54	2.62
32	0.50	0.58	0.65	0.67		0.97		1.50	1.61	2.76
33	0.56	0.61	0.70	0.71		1.02		1.60	1.72	2.90
34	0.59	0.66	0.74	0.77		1.09		1.68	1.80	3.06
35	0.65	0.72	0.80	0.84		1.16		1.77	1.89	3.23
36	0.68	0.77	0.86	0.89		1.24		1.87	1.99	3.42
37	0.74	0.83	0.92	0.97		1.32		1.98	2.12	3.60
38	0.80	0.90	1.01	1.05		1.41		2.09	2.23	3.83
39	0.85	0.96	1.08	1.13		1.51		2.22	2.38	4.04
40	0.92	1.03	1.16	1.21		1.62		2.34	2.51	4.28
41	1.01	1.10	1.25	1.31		1.73		2.48	2.65	4.53
42	1.08	1.19	1.34	1.39		1.83		2.62	2.81	4.80
43	1.15	1.28	1.45	1.51		1.96		2.78	2.97	5.09
44	1.24	1.37	1.55	1.62		2.07		2.95	3.15	5.39
45	1.32	1.48	1.67	1.74		2.21		3.10	3.33	5.70
46	1.42	1.58	1.79	1.85		2.33		3.27	3.51	6.03
47	1.52	1.69	1.90	1.98		2.47		3.45	3.70	6.37
48	1.62	1.81	2.04	2.12		2.61		3.65	3.91	6.74
49	1.72	1.93	2.16	2.25		2.75		3.83	4.10	7.13
50	1.82	2.05	2.30	2.40		2.90		4.03	4.31	7.48
51	1.93	2.16	2.42	2.54		3.01		4.21	4.51	7.83
52	2.03	2.26	2.56	2.66		3.13		4.37	4.66	8.13
53	2.15	2.40	2.70	2.83		3.24		4.55	4.88	8.48
54	2.24	2.51	2.82	2.94		3.36		4.72	5.04	8.77
55	2.32	2.59	2.93	3.05		3.42		4.81	5.15	8.94
56	2.35	2.63	2.96	3.08		3.42		4.83	5.17	8.98
57	2.34	2.62	2.95	3.08		3.35		4.75	5.09	8.82
58	2.28	2.54	2.86	2.99		3.20		4.57	4.88	8.46
59	2.14	2.39	2.70	2.82		2.97		4.25	4.55	7.85

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 65	Not Applicable	Limited	Individually Sold and Association	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	2.58	2.86	3.22	3.34	3.73	5.34	5.97	9.21	9.27	
26	2.65	2.95	3.31	3.44	3.85	5.52	6.16	9.44	9.50	
27	2.74	3.05	3.42	3.55	3.98	5.69	6.37	9.65	9.72	
28	2.84	3.16	3.55	3.68	4.11	5.88	6.57	9.88	9.96	
29	2.95	3.28	3.68	3.83	4.27	6.07	6.79	10.08	10.16	
30	3.05	3.40	3.82	3.97	4.43	6.27	6.99	10.29	10.36	
31	3.18	3.53	3.97	4.13	4.60	6.45	7.20	10.47	10.56	
32	3.30	3.67	4.12	4.28	4.77	6.65	7.43	10.67	10.76	
33	3.43	3.83	4.28	4.45	4.96	6.85	7.64	10.85	10.95	
34	3.56	3.97	4.45	4.63	5.16	7.04	7.84	11.02	11.12	
35	3.70	4.12	4.63	4.82	5.36	7.23	8.05	11.18	11.29	
36	3.83	4.27	4.80	5.00	5.57	7.42	8.26	11.33	11.44	
37	3.97	4.44	4.97	5.18	5.76	7.60	8.45	11.48	11.59	
38	4.10	4.58	5.15	5.36	5.96	7.77	8.65	11.61	11.74	
39	4.25	4.73	5.32	5.53	6.14	7.95	8.82	11.72	11.85	
40	4.37	4.88	5.48	5.69	6.33	8.08	8.98	11.80	11.94	
41	4.48	4.99	5.62	5.85	6.49	8.21	9.10	11.86	12.00	
42	4.58	5.12	5.76	5.99	6.64	8.30	9.20	11.88	12.03	
43	4.68	5.22	5.87	6.12	6.76	8.37	9.26	11.88	12.05	
44	4.75	5.30	5.95	6.21	6.85	8.40	9.29	11.81	11.98	
45	4.80	5.35	6.02	6.28	6.91	8.40	9.26	11.73	11.91	
46	4.81	5.38	6.06	6.31	6.96	8.33	9.18	11.57	11.77	
47	4.81	5.38	6.05	6.30	6.92	8.22	9.04	11.35	11.56	
48	4.76	5.32	5.99	6.24	6.85	8.02	8.80	11.06	11.26	
49	4.68	5.23	5.88	6.13	6.70	7.77	8.50	10.69	10.93	
50	4.55	5.08	5.72	5.97	6.51	7.46	8.13	10.26	10.51	
51	4.39	4.91	5.53	5.77	6.27	7.08	7.71	9.77	10.02	
52	4.19	4.69	5.28	5.52	5.95	6.67	7.21	9.19	9.45	
53	3.91	4.36	4.91	5.13	5.50	6.12	6.57	8.44	8.71	
54	3.58	4.01	4.52	4.72	5.01	5.52	5.88	7.66	7.93	
55	3.24	3.62	4.09	4.27	4.51	4.91	5.19	6.83	7.12	
56	2.89	3.23	3.64	3.81	3.97	4.27	4.46	6.01	6.28	
57	2.53	2.84	3.20	3.34	3.42	3.67	3.77	5.18	5.46	
58	2.18	2.44	2.76	2.88	2.92	3.08	3.14	4.40	4.66	
59	1.85	2.06	2.33	2.43	2.44	2.56	2.58	3.67	3.92	
60	1.54	1.72	1.94	2.02		2.09		3.01		
61	1.27	1.43	1.61	1.68		1.68		2.44		
62	1.06	1.18	1.33	1.38		1.33		1.98		
63	0.96	1.08	1.21	1.25		1.17		1.78		
64	0.92	1.03	1.16	1.22		1.10		1.67		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 65	Not Applicable	Full*	Individually Sold and Association	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	3.04	3.37	3.78	3.92	4.38	6.28	7.03	10.84	10.91	
26	3.12	3.48	3.90	4.05	4.53	6.49	7.26	11.10	11.18	
27	3.22	3.59	4.02	4.17	4.68	6.70	7.49	11.35	11.44	
28	3.34	3.72	4.18	4.34	4.84	6.92	7.73	11.62	11.70	
29	3.47	3.85	4.33	4.51	5.03	7.14	7.98	11.86	11.96	
30	3.59	4.01	4.49	4.67	5.21	7.37	8.22	12.10	12.20	
31	3.74	4.15	4.67	4.85	5.42	7.59	8.48	12.32	12.43	
32	3.89	4.32	4.85	5.04	5.61	7.82	8.73	12.54	12.65	
33	4.03	4.50	5.05	5.24	5.84	8.05	8.98	12.76	12.87	
34	4.19	4.67	5.23	5.45	6.07	8.28	9.23	12.97	13.09	
35	4.36	4.85	5.45	5.67	6.30	8.51	9.49	13.16	13.28	
36	4.51	5.04	5.65	5.88	6.54	8.73	9.72	13.34	13.46	
37	4.67	5.22	5.86	6.08	6.77	8.94	9.94	13.51	13.64	
38	4.84	5.39	6.05	6.30	7.02	9.15	10.17	13.66	13.81	
39	4.99	5.57	6.25	6.51	7.22	9.34	10.38	13.78	13.94	
40	5.15	5.74	6.44	6.70	7.44	9.51	10.57	13.88	14.05	
41	5.27	5.88	6.61	6.88	7.64	9.66	10.71	13.95	14.12	
42	5.39	6.02	6.77	7.05	7.81	9.76	10.82	13.97	14.16	
43	5.50	6.13	6.91	7.19	7.96	9.84	10.90	13.97	14.16	
44	5.59	6.23	7.01	7.30	8.06	9.89	10.93	13.90	14.10	
45	5.64	6.29	7.08	7.38	8.14	9.87	10.90	13.79	14.01	
46	5.68	6.32	7.13	7.43	8.18	9.80	10.80	13.61	13.84	
47	5.66	6.32	7.12	7.42	8.14	9.66	10.63	13.35	13.60	
48	5.59	6.25	7.04	7.35	8.05	9.43	10.34	13.00	13.26	
49	5.50	6.14	6.91	7.21	7.89	9.14	9.99	12.58	12.86	
50	5.35	5.98	6.73	7.03	7.65	8.77	9.57	12.07	12.35	
51	5.16	5.77	6.50	6.79	7.37	8.34	9.06	11.50	11.79	
52	4.93	5.51	6.20	6.49	7.00	7.84	8.48	10.81	11.11	
53	4.60	5.14	5.77	6.03	6.46	7.20	7.72	9.93	10.25	
54	4.21	4.72	5.32	5.54	5.90	6.49	6.91	9.00	9.33	
55	3.82	4.27	4.80	5.01	5.29	5.77	6.10	8.03	8.37	
56	3.40	3.80	4.27	4.47	4.67	5.03	5.26	7.06	7.39	
57	2.98	3.34	3.76	3.92	4.03	4.31	4.44	6.09	6.42	
58	2.57	2.87	3.24	3.38	3.44	3.63	3.69	5.17	5.49	
59	2.17	2.42	2.74	2.85	2.86	3.01	3.02	4.31	4.62	
60	1.81	2.03	2.28	2.38		2.46		3.54		
61	1.50	1.68	1.90	1.98		1.98		2.87		
62	1.25	1.38	1.56	1.62		1.56		2.32		
63	1.13	1.27	1.43	1.47		1.39		2.09		
64	1.08	1.21	1.37	1.43		1.30		1.98		

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Rider Form(s) IDI2000-PR/RDISA, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Limited	Individually Sold and Association	No	Female

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.12	0.13	0.14	0.15		0.21				
26	0.13	0.13	0.16	0.16		0.22				
27	0.13	0.14	0.17	0.17		0.24				
28	0.13	0.16	0.18	0.18		0.25				
29	0.14	0.17	0.19	0.21		0.28				
30	0.17	0.18	0.22	0.21		0.30				
31	0.18	0.20	0.22	0.23		0.30				
32	0.19	0.22	0.24	0.25		0.32				
33	0.20	0.23	0.25	0.28		0.33				
34	0.22	0.24	0.28	0.29		0.37				
35	0.23	0.26	0.30	0.30		0.38				
36	0.24	0.28	0.31	0.31		0.40				
37	0.26	0.30	0.32	0.35		0.43				
38	0.29	0.31	0.35	0.37		0.45				
39	0.30	0.32	0.37	0.38		0.47				
40	0.31	0.35	0.40	0.41		0.49				
41	0.32	0.37	0.42	0.45		0.52				
42	0.35	0.40	0.46	0.47		0.55				
43	0.38	0.42	0.48	0.49		0.58				
44	0.41	0.46	0.50	0.54		0.61				
45	0.43	0.48	0.54	0.56		0.63				
46	0.47	0.50	0.58	0.61		0.67				
47	0.49	0.55	0.62	0.64		0.69				
48	0.52	0.58	0.66	0.68		0.72				
49	0.55	0.61	0.70	0.71		0.76				
50	0.58	0.66	0.73	0.76		0.78				
51	0.60	0.67	0.76	0.81		0.81				
52	0.64	0.71	0.79	0.83		0.83				
53	0.66	0.73	0.83	0.87		0.85				
54	0.67	0.74	0.85	0.89		0.86				
55	0.68	0.76	0.86	0.90		0.87				
56	0.68	0.76	0.86	0.90		0.85				
57	0.67	0.74	0.84	0.89		0.83				
58	0.65	0.71	0.80	0.85		0.78				
59	0.59	0.66	0.74	0.78		0.71				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Full*	Individually Sold and Association	No	Female

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.13	0.13	0.16	0.16		0.22				
26	0.13	0.14	0.17	0.17		0.23				
27	0.13	0.16	0.18	0.18		0.25				
28	0.14	0.17	0.19	0.20		0.26				
29	0.16	0.18	0.20	0.21		0.29				
30	0.18	0.19	0.22	0.22		0.30				
31	0.19	0.22	0.23	0.24		0.32				
32	0.20	0.22	0.25	0.26		0.35				
33	0.22	0.24	0.26	0.29		0.36				
34	0.23	0.25	0.29	0.30		0.38				
35	0.24	0.28	0.31	0.31		0.40				
36	0.25	0.29	0.32	0.33		0.43				
37	0.28	0.31	0.35	0.37		0.45				
38	0.30	0.32	0.37	0.38		0.46				
39	0.31	0.35	0.40	0.40		0.49				
40	0.32	0.37	0.41	0.44		0.53				
41	0.35	0.40	0.44	0.46		0.55				
42	0.37	0.42	0.48	0.49		0.58				
43	0.40	0.44	0.50	0.53		0.61				
44	0.43	0.48	0.54	0.56		0.63				
45	0.46	0.50	0.58	0.60		0.67				
46	0.48	0.54	0.61	0.63		0.70				
47	0.52	0.58	0.66	0.68		0.72				
48	0.55	0.61	0.68	0.71		0.77				
49	0.58	0.65	0.73	0.76		0.81				
50	0.61	0.68	0.77	0.81		0.82				
51	0.64	0.71	0.80	0.84		0.85				
52	0.66	0.74	0.84	0.87		0.87				
53	0.68	0.77	0.86	0.91		0.89				
54	0.71	0.79	0.90	0.93		0.90				
55	0.72	0.80	0.91	0.95		0.91				
56	0.72	0.80	0.91	0.95		0.89				
57	0.71	0.79	0.89	0.93		0.87				
58	0.67	0.74	0.84	0.89		0.82				
59	0.62	0.70	0.78	0.82		0.75				

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 65	Not Applicable	Limited	Individually Sold and Association	No	Female

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.31	1.45	1.63	1.69		2.46				
26	1.37	1.51	1.70	1.77		2.56				
27	1.42	1.58	1.76	1.84		2.66				
28	1.49	1.64	1.86	1.93		2.74				
29	1.55	1.73	1.93	2.02		2.83				
30	1.63	1.80	2.02	2.12		2.92				
31	1.69	1.90	2.11	2.20		3.00				
32	1.76	1.96	2.20	2.30		3.08				
33	1.81	2.02	2.28	2.37		3.16				
34	1.87	2.09	2.34	2.44		3.21				
35	1.92	2.16	2.41	2.52		3.27				
36	1.97	2.20	2.47	2.58		3.31				
37	2.02	2.24	2.53	2.65		3.34				
38	2.05	2.28	2.58	2.68		3.36				
39	2.08	2.33	2.62	2.74		3.38				
40	2.11	2.35	2.65	2.77		3.38				
41	2.14	2.39	2.68	2.81		3.36				
42	2.15	2.40	2.69	2.82		3.34				
43	2.16	2.41	2.70	2.83		3.31				
44	2.16	2.41	2.71	2.83		3.24				
45	2.15	2.40	2.69	2.83		3.19				
46	2.12	2.38	2.68	2.81		3.09				
47	2.08	2.33	2.63	2.75		2.99				
48	2.02	2.27	2.54	2.67		2.85				
49	1.94	2.17	2.45	2.56		2.70				
50	1.86	2.06	2.33	2.44		2.55				
51	1.75	1.96	2.20	2.31		2.36				
52	1.63	1.81	2.05	2.15		2.16				
53	1.48	1.64	1.87	1.94		1.94				
54	1.32	1.49	1.67	1.74		1.71				
55	1.16	1.30	1.46	1.54		1.48				
56	1.01	1.12	1.26	1.31		1.27				
57	0.84	0.95	1.07	1.12		1.06				
58	0.72	0.80	0.90	0.94		0.87				
59	0.59	0.66	0.74	0.77		0.70				
60	0.48	0.54	0.59	0.63		0.56				
61	0.38	0.43	0.48	0.49		0.44				
62	0.31	0.34	0.38	0.40		0.35				
63	0.28	0.31	0.34	0.36		0.30				
64	0.25	0.29	0.31	0.32		0.28				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 65	Not Applicable	Full*	Individually Sold and Association	No	Female

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.42	1.57	1.76	1.83		2.66				
26	1.46	1.63	1.84	1.91		2.76				
27	1.54	1.72	1.91	1.99		2.86				
28	1.61	1.79	2.00	2.09		2.97				
29	1.68	1.87	2.09	2.19		3.06				
30	1.75	1.96	2.18	2.29		3.16				
31	1.82	2.04	2.28	2.38		3.24				
32	1.90	2.11	2.38	2.48		3.34				
33	1.97	2.18	2.46	2.56		3.42				
34	2.02	2.26	2.53	2.65		3.47				
35	2.08	2.33	2.60	2.73		3.53				
36	2.12	2.38	2.68	2.79		3.58				
37	2.17	2.42	2.74	2.85		3.61				
38	2.22	2.47	2.78	2.91		3.63				
39	2.24	2.51	2.83	2.96		3.66				
40	2.28	2.54	2.86	2.99		3.66				
41	2.30	2.58	2.89	3.02		3.63				
42	2.32	2.59	2.92	3.05		3.61				
43	2.33	2.59	2.93	3.07		3.58				
44	2.33	2.60	2.94	3.07		3.51				
45	2.32	2.59	2.92	3.06		3.44				
46	2.29	2.57	2.89	3.02		3.35				
47	2.24	2.52	2.84	2.98		3.24				
48	2.18	2.45	2.76	2.89		3.08				
49	2.10	2.35	2.65	2.77		2.92				
50	2.00	2.24	2.52	2.65		2.75				
51	1.90	2.11	2.38	2.48		2.55				
52	1.75	1.97	2.22	2.32		2.33				
53	1.60	1.79	2.02	2.10		2.10				
54	1.43	1.61	1.80	1.89		1.85				
55	1.26	1.40	1.58	1.66		1.61				
56	1.09	1.21	1.37	1.43		1.37				
57	0.92	1.02	1.15	1.21		1.14				
58	0.77	0.86	0.97	1.01		0.94				
59	0.64	0.71	0.80	0.83		0.76				
60	0.52	0.58	0.65	0.68		0.61				
61	0.41	0.47	0.52	0.54		0.47				
62	0.32	0.37	0.41	0.44		0.38				
63	0.30	0.32	0.37	0.38		0.31				
64	0.28	0.31	0.34	0.36		0.30				

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 70	Not Applicable	Limited	Individually Sold and Association	No	Female

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.50	1.68	1.88	1.96		2.83				
26	1.57	1.76	1.97	2.06		2.93				
27	1.64	1.84	2.06	2.15		3.06				
28	1.74	1.93	2.16	2.25		3.19				
29	1.82	2.03	2.28	2.38		3.31				
30	1.91	2.14	2.40	2.50		3.43				
31	2.00	2.24	2.51	2.61		3.55				
32	2.09	2.33	2.62	2.74		3.67				
33	2.17	2.42	2.72	2.84		3.76				
34	2.26	2.52	2.83	2.96		3.86				
35	2.33	2.60	2.94	3.06		3.94				
36	2.41	2.69	3.04	3.16		4.04				
37	2.48	2.77	3.12	3.25		4.11				
38	2.54	2.86	3.20	3.35		4.17				
39	2.62	2.93	3.30	3.43		4.23				
40	2.68	2.99	3.37	3.52		4.28				
41	2.72	3.06	3.44	3.59		4.31				
42	2.78	3.11	3.49	3.67		4.32				
43	2.83	3.18	3.56	3.74		4.35				
44	2.88	3.22	3.62	3.80		4.34				
45	2.92	3.26	3.67	3.84		4.31				
46	2.94	3.29	3.71	3.86		4.27				
47	2.94	3.30	3.71	3.88		4.21				
48	2.93	3.26	3.67	3.84		4.11				
49	2.87	3.22	3.62	3.80		3.99				
50	2.81	3.14	3.55	3.71		3.84				
51	2.72	3.06	3.44	3.60		3.68				
52	2.63	2.94	3.31	3.46		3.48				
53	2.47	2.77	3.12	3.27		3.24				
54	2.30	2.58	2.92	3.05		2.98				
55	2.14	2.38	2.68	2.81		2.69				
56	1.93	2.16	2.42	2.55		2.42				
57	1.74	1.94	2.18	2.29		2.14				
58	1.55	1.73	1.96	2.05		1.87				
59	1.37	1.52	1.72	1.81		1.63				
60	1.19	1.33	1.49	1.56		1.39				
61	1.01	1.13	1.27	1.32		1.16				
62	0.84	0.95	1.07	1.12		0.95				
63	0.71	0.78	0.88	0.92		0.78				
64	0.58	0.64	0.72	0.75		0.62				
65	0.46	0.50	0.58	0.60		0.48				
66	0.36	0.40	0.46	0.46		0.38				
67	0.29	0.32	0.36	0.38		0.30				
68	0.24	0.28	0.31	0.31		0.24				
69	0.22	0.24	0.29	0.30		0.22				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 70	Not Applicable	Full*	Individually Sold and Association	No	Female

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.63	1.81	2.03	2.12		3.06				
26	1.70	1.90	2.12	2.22		3.17				
27	1.79	1.98	2.23	2.32		3.31				
28	1.88	2.09	2.34	2.44		3.44				
29	1.98	2.20	2.46	2.58		3.58				
30	2.06	2.30	2.59	2.70		3.70				
31	2.16	2.42	2.71	2.83		3.84				
32	2.26	2.52	2.83	2.96		3.96				
33	2.35	2.63	2.95	3.08		4.07				
34	2.44	2.72	3.06	3.20		4.17				
35	2.52	2.82	3.17	3.31		4.27				
36	2.60	2.92	3.28	3.42		4.36				
37	2.69	3.00	3.37	3.52		4.44				
38	2.76	3.08	3.47	3.62		4.51				
39	2.83	3.16	3.56	3.71		4.58				
40	2.89	3.23	3.65	3.81		4.62				
41	2.95	3.30	3.72	3.89		4.66				
42	3.01	3.36	3.78	3.96		4.68				
43	3.06	3.43	3.85	4.04		4.69				
44	3.12	3.48	3.91	4.09		4.68				
45	3.14	3.53	3.97	4.15		4.67				
46	3.17	3.55	4.01	4.17		4.61				
47	3.18	3.56	4.01	4.19		4.55				
48	3.16	3.53	3.97	4.16		4.44				
49	3.11	3.48	3.91	4.09		4.31				
50	3.04	3.40	3.83	4.01		4.16				
51	2.95	3.30	3.72	3.90		3.98				
52	2.84	3.18	3.58	3.75		3.76				
53	2.68	3.00	3.37	3.53		3.50				
54	2.50	2.78	3.14	3.29		3.22				
55	2.30	2.57	2.89	3.02		2.91				
56	2.09	2.33	2.63	2.75		2.61				
57	1.88	2.10	2.36	2.47		2.31				
58	1.68	1.87	2.11	2.21		2.02				
59	1.48	1.64	1.86	1.94		1.76				
60	1.27	1.44	1.61	1.68		1.50				
61	1.10	1.22	1.37	1.44		1.25				
62	0.92	1.02	1.15	1.21		1.04				
63	0.76	0.84	0.95	0.99		0.84				
64	0.61	0.68	0.77	0.81		0.67				
65	0.49	0.55	0.61	0.64		0.53				
66	0.40	0.43	0.48	0.51		0.41				
67	0.31	0.35	0.40	0.40		0.32				
68	0.26	0.30	0.32	0.35		0.26				
69	0.24	0.26	0.31	0.31		0.24				

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/GR et al
Residual Disability Benefit (without recovery) on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDISA, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Limited	Individually Sold and Association	No	Female

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.63	1.81	2.03	2.12						
26	1.72	1.90	2.14	2.22						
27	1.79	1.99	2.24	2.32						
28	1.88	2.09	2.34	2.44						
29	1.97	2.20	2.46	2.56						
30	2.06	2.30	2.58	2.69						
31	2.16	2.41	2.70	2.82						
32	2.26	2.51	2.82	2.94						
33	2.33	2.60	2.94	3.06						
34	2.42	2.70	3.04	3.17						
35	2.51	2.80	3.13	3.28						
36	2.58	2.88	3.23	3.38						
37	2.65	2.95	3.32	3.47						
38	2.70	3.04	3.41	3.57						
39	2.77	3.10	3.48	3.63						
40	2.81	3.14	3.55	3.70						
41	2.86	3.19	3.59	3.76						
42	2.89	3.23	3.64	3.81						
43	2.92	3.26	3.67	3.84						
44	2.94	3.28	3.68	3.85						
45	2.93	3.28	3.68	3.85						
46	2.90	3.24	3.65	3.83						
47	2.86	3.20	3.60	3.77						
48	2.77	3.11	3.50	3.67						
49	2.68	3.00	3.38	3.54						
50	2.56	2.86	3.22	3.38						
51	2.41	2.70	3.05	3.19						
52	2.26	2.52	2.84	2.98						
53	2.05	2.29	2.59	2.70						
54	1.84	2.05	2.32	2.43						
55	1.62	1.80	2.03	2.13						
56	1.38	1.55	1.75	1.83						
57	1.18	1.31	1.48	1.55						
58	0.97	1.09	1.22	1.29						
59	0.79	0.88	0.98	1.04						

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/GR et al
Residual Disability Benefit (without recovery) on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDISA, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Full*	Individually Sold and Association	No	Female

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.76	1.97	2.20	2.29						
26	1.85	2.06	2.30	2.40						
27	1.93	2.16	2.42	2.52						
28	2.03	2.26	2.53	2.65						
29	2.12	2.38	2.66	2.77						
30	2.23	2.50	2.78	2.91						
31	2.33	2.59	2.93	3.05						
32	2.44	2.71	3.05	3.19						
33	2.52	2.82	3.17	3.31						
34	2.62	2.93	3.29	3.43						
35	2.70	3.02	3.38	3.54						
36	2.78	3.12	3.49	3.66						
37	2.86	3.20	3.59	3.75						
38	2.93	3.28	3.68	3.84						
39	2.99	3.35	3.76	3.92						
40	3.04	3.40	3.83	4.00						
41	3.08	3.46	3.89	4.07						
42	3.12	3.49	3.92	4.11						
43	3.14	3.53	3.97	4.15						
44	3.17	3.54	3.98	4.17						
45	3.16	3.54	3.98	4.17						
46	3.13	3.50	3.95	4.14						
47	3.10	3.47	3.90	4.08						
48	3.00	3.36	3.79	3.97						
49	2.89	3.24	3.65	3.83						
50	2.77	3.10	3.48	3.66						
51	2.60	2.93	3.30	3.45						
52	2.44	2.72	3.07	3.22						
53	2.22	2.48	2.80	2.92						
54	1.98	2.22	2.51	2.62						
55	1.74	1.96	2.20	2.30						
56	1.50	1.68	1.90	1.98						
57	1.27	1.42	1.60	1.67						
58	1.04	1.18	1.32	1.39						
59	0.85	0.95	1.07	1.12						

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
** Rider Form IDI2000-PR/L45-TD attached.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/GR et al
Residual Disability Benefit (without recovery) on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDISA, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Limited	Individually Sold and Association	No	Male

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.11	0.12	0.13	0.14		0.21				
26	0.11	0.13	0.13	0.14		0.22				
27	0.12	0.13	0.14	0.15		0.24				
28	0.13	0.13	0.16	0.16		0.25				
29	0.13	0.14	0.17	0.18		0.28				
30	0.14	0.16	0.18	0.20		0.30				
31	0.16	0.18	0.20	0.21		0.30				
32	0.17	0.19	0.22	0.22		0.32				
33	0.18	0.20	0.23	0.24		0.35				
34	0.20	0.22	0.25	0.26		0.38				
35	0.22	0.24	0.28	0.29		0.40				
36	0.23	0.26	0.30	0.30		0.44				
37	0.25	0.29	0.31	0.32		0.46				
38	0.28	0.31	0.34	0.36		0.49				
39	0.30	0.31	0.36	0.38		0.54				
40	0.31	0.35	0.40	0.41		0.58				
41	0.34	0.38	0.43	0.45		0.62				
42	0.37	0.41	0.47	0.48		0.66				
43	0.40	0.44	0.49	0.52		0.70				
44	0.42	0.48	0.53	0.55		0.75				
45	0.46	0.50	0.58	0.60		0.81				
46	0.49	0.54	0.61	0.63		0.86				
47	0.52	0.58	0.66	0.68		0.90				
48	0.56	0.62	0.71	0.72		0.97				
49	0.60	0.67	0.74	0.78		1.02				
50	0.64	0.71	0.80	0.84		1.07				
51	0.67	0.74	0.84	0.89		1.13				
52	0.71	0.79	0.90	0.93		1.17				
53	0.74	0.84	0.95	0.99		1.23				
54	0.79	0.89	1.00	1.05		1.27				
55	0.83	0.91	1.03	1.07		1.30				
56	0.84	0.92	1.06	1.09		1.31				
57	0.84	0.92	1.06	1.09		1.29				
58	0.82	0.91	1.02	1.06		1.23				
59	0.77	0.86	0.97	1.01		1.14				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Full*	Individually Sold and Association	No	Male

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.12	0.13	0.13	0.15		0.22				
26	0.12	0.13	0.14	0.15		0.23				
27	0.13	0.13	0.16	0.16		0.25				
28	0.13	0.14	0.17	0.17		0.26				
29	0.14	0.16	0.18	0.20		0.29				
30	0.16	0.17	0.19	0.21		0.30				
31	0.17	0.19	0.22	0.21		0.32				
32	0.18	0.20	0.22	0.23		0.35				
33	0.19	0.22	0.24	0.25		0.37				
34	0.22	0.23	0.26	0.28		0.39				
35	0.22	0.25	0.29	0.30		0.43				
36	0.24	0.28	0.31	0.31		0.46				
37	0.26	0.30	0.32	0.35		0.48				
38	0.29	0.31	0.36	0.38		0.53				
39	0.31	0.34	0.38	0.40		0.56				
40	0.32	0.37	0.41	0.44		0.61				
41	0.36	0.40	0.46	0.46		0.64				
42	0.40	0.43	0.48	0.51		0.69				
43	0.41	0.47	0.52	0.55		0.74				
44	0.44	0.49	0.56	0.59		0.79				
45	0.48	0.54	0.60	0.63		0.85				
46	0.52	0.58	0.65	0.67		0.90				
47	0.55	0.61	0.68	0.71		0.95				
48	0.59	0.66	0.74	0.77		1.01				
49	0.64	0.71	0.79	0.82		1.07				
50	0.66	0.74	0.84	0.89		1.14				
51	0.71	0.79	0.89	0.93		1.18				
52	0.74	0.84	0.94	0.98		1.23				
53	0.79	0.89	1.01	1.05		1.30				
54	0.84	0.92	1.04	1.09		1.33				
55	0.86	0.96	1.09	1.14		1.37				
56	0.88	0.98	1.10	1.15		1.38				
57	0.88	0.98	1.10	1.15		1.36				
58	0.85	0.96	1.08	1.13		1.30				
59	0.82	0.91	1.02	1.06		1.21				

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Rider Form(s) IDI2000-PR/RDISA, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 65	Not Applicable	Limited	Individually Sold and Association	No	Male

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.90	1.00	1.12	1.16		1.90				
26	0.92	1.02	1.15	1.18		1.94				
27	0.95	1.06	1.19	1.22		2.01				
28	0.98	1.09	1.22	1.27		2.07				
29	1.01	1.12	1.26	1.31		2.15				
30	1.04	1.16	1.30	1.35		2.21				
31	1.09	1.20	1.36	1.40		2.28				
32	1.12	1.25	1.40	1.46		2.35				
33	1.18	1.31	1.46	1.52		2.44				
34	1.22	1.37	1.54	1.59		2.52				
35	1.27	1.43	1.61	1.66		2.60				
36	1.33	1.49	1.67	1.73		2.68				
37	1.38	1.54	1.74	1.82		2.77				
38	1.45	1.62	1.80	1.89		2.86				
39	1.50	1.68	1.90	1.96		2.94				
40	1.56	1.74	1.96	2.04		3.04				
41	1.62	1.80	2.02	2.09		3.11				
42	1.66	1.86	2.08	2.16		3.17				
43	1.72	1.90	2.15	2.22		3.23				
44	1.74	1.94	2.18	2.28		3.28				
45	1.76	1.98	2.23	2.31		3.30				
46	1.79	2.00	2.24	2.33		3.31				
47	1.80	2.02	2.26	2.35		3.29				
48	1.80	2.00	2.26	2.35		3.24				
49	1.78	1.98	2.24	2.32		3.16				
50	1.74	1.94	2.18	2.29		3.07				
51	1.69	1.90	2.14	2.22		2.93				
52	1.63	1.81	2.05	2.15		2.79				
53	1.54	1.72	1.92	2.01		2.58				
54	1.42	1.58	1.79	1.86		2.35				
55	1.28	1.45	1.63	1.70		2.10				
56	1.16	1.30	1.46	1.53		1.85				
57	1.03	1.15	1.30	1.36		1.60				
58	0.90	1.00	1.12	1.18		1.36				
59	0.76	0.84	0.96	1.00		1.14				
60	0.65	0.72	0.82	0.84		0.94				
61	0.54	0.59	0.67	0.70		0.75				
62	0.46	0.49	0.56	0.58		0.61				
63	0.41	0.46	0.52	0.54		0.55				
64	0.40	0.44	0.49	0.52		0.51				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Rider Form(s) IDI2000-PR/RDISA, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 65	Not Applicable	Full*	Individually Sold and Association	No	Male

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.97	1.08	1.21	1.25		2.05				
26	1.00	1.10	1.25	1.29		2.10				
27	1.02	1.14	1.27	1.32		2.17				
28	1.06	1.18	1.32	1.37		2.24				
29	1.09	1.21	1.37	1.41		2.32				
30	1.13	1.26	1.40	1.46		2.39				
31	1.18	1.30	1.45	1.52		2.46				
32	1.21	1.36	1.52	1.58		2.54				
33	1.27	1.42	1.58	1.64		2.63				
34	1.32	1.48	1.66	1.73		2.73				
35	1.38	1.54	1.73	1.79		2.82				
36	1.44	1.61	1.80	1.87		2.91				
37	1.50	1.67	1.88	1.96		2.99				
38	1.56	1.74	1.96	2.04		3.09				
39	1.63	1.81	2.04	2.12		3.19				
40	1.69	1.88	2.11	2.20		3.28				
41	1.74	1.94	2.18	2.27		3.36				
42	1.80	2.00	2.24	2.33		3.43				
43	1.85	2.06	2.32	2.40		3.50				
44	1.88	2.10	2.36	2.46		3.54				
45	1.91	2.14	2.41	2.50		3.57				
46	1.93	2.16	2.42	2.53		3.58				
47	1.94	2.17	2.44	2.54		3.55				
48	1.94	2.16	2.44	2.54		3.50				
49	1.92	2.15	2.42	2.51		3.42				
50	1.88	2.10	2.36	2.47		3.32				
51	1.82	2.05	2.30	2.40		3.17				
52	1.76	1.97	2.22	2.32		3.01				
53	1.66	1.85	2.08	2.17		2.79				
54	1.54	1.72	1.93	2.01		2.54				
55	1.39	1.56	1.76	1.84		2.28				
56	1.26	1.40	1.58	1.64		2.00				
57	1.12	1.25	1.40	1.47		1.73				
58	0.97	1.08	1.21	1.28		1.47				
59	0.83	0.92	1.03	1.08		1.22				
60	0.70	0.77	0.88	0.91		1.01				
61	0.58	0.65	0.73	0.76		0.81				
62	0.48	0.54	0.60	0.63		0.66				
63	0.44	0.49	0.56	0.58		0.59				
64	0.42	0.48	0.54	0.55		0.55				

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/GR et al
Residual Disability Benefit (without recovery) on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDISA, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 70	Not Applicable	Limited	Individually Sold and Association	No	Male

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.02	1.14	1.27	1.32		2.14				
26	1.06	1.19	1.32	1.37		2.22				
27	1.10	1.22	1.37	1.41		2.31				
28	1.13	1.26	1.42	1.47		2.39				
29	1.19	1.32	1.48	1.53		2.47				
30	1.24	1.37	1.54	1.59		2.56				
31	1.28	1.44	1.61	1.67		2.67				
32	1.36	1.50	1.68	1.74		2.77				
33	1.42	1.57	1.76	1.83		2.90				
34	1.49	1.64	1.86	1.93		3.00				
35	1.56	1.74	1.96	2.04		3.14				
36	1.63	1.82	2.05	2.14		3.27				
37	1.73	1.92	2.16	2.24		3.40				
38	1.81	2.02	2.27	2.36		3.54				
39	1.90	2.12	2.39	2.47		3.68				
40	1.99	2.22	2.51	2.59		3.82				
41	2.08	2.33	2.60	2.71		3.96				
42	2.16	2.41	2.71	2.83		4.09				
43	2.26	2.51	2.82	2.93		4.21				
44	2.33	2.59	2.94	3.05		4.32				
45	2.41	2.69	3.02	3.14		4.43				
46	2.47	2.76	3.11	3.23		4.51				
47	2.52	2.81	3.18	3.31		4.55				
48	2.57	2.87	3.23	3.36		4.59				
49	2.59	2.90	3.28	3.42		4.59				
50	2.62	2.93	3.30	3.43		4.55				
51	2.60	2.93	3.30	3.43		4.49				
52	2.59	2.89	3.25	3.39		4.38				
53	2.51	2.81	3.17	3.31		4.19				
54	2.42	2.70	3.06	3.19		3.97				
55	2.32	2.59	2.93	3.05		3.71				
56	2.18	2.44	2.76	2.88		3.44				
57	2.04	2.28	2.58	2.68		3.16				
58	1.90	2.12	2.39	2.48		2.85				
59	1.73	1.93	2.17	2.28		2.55				
60	1.56	1.75	1.98	2.06		2.24				
61	1.39	1.55	1.76	1.82		1.94				
62	1.22	1.37	1.54	1.60		1.66				
63	1.03	1.16	1.31	1.37		1.39				
64	0.86	0.97	1.10	1.14		1.14				
65	0.71	0.79	0.89	0.93		0.91				
66	0.58	0.64	0.72	0.75		0.71				
67	0.47	0.52	0.59	0.62		0.58				
68	0.40	0.44	0.49	0.53		0.48				
69	0.37	0.41	0.47	0.48		0.45				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/GR et al
Residual Disability Benefit (without recovery) on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDISA, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 70	Not Applicable	Full*	Individually Sold and Association	No	Male

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.10	1.24	1.38	1.44		2.31				
26	1.14	1.27	1.43	1.47		2.40				
27	1.19	1.32	1.48	1.53		2.48				
28	1.22	1.37	1.54	1.59		2.58				
29	1.27	1.43	1.60	1.64		2.67				
30	1.33	1.48	1.66	1.73		2.77				
31	1.39	1.55	1.73	1.81		2.89				
32	1.45	1.62	1.81	1.89		2.99				
33	1.54	1.70	1.91	1.98		3.13				
34	1.61	1.79	2.00	2.08		3.24				
35	1.69	1.88	2.11	2.20		3.39				
36	1.78	1.98	2.22	2.31		3.53				
37	1.87	2.08	2.33	2.43		3.67				
38	1.97	2.18	2.45	2.55		3.83				
39	2.06	2.29	2.58	2.67		3.98				
40	2.16	2.40	2.70	2.81		4.13				
41	2.24	2.51	2.82	2.93		4.28				
42	2.34	2.60	2.94	3.06		4.43				
43	2.44	2.71	3.05	3.17		4.55				
44	2.52	2.81	3.17	3.29		4.68				
45	2.59	2.90	3.26	3.39		4.77				
46	2.68	2.98	3.36	3.50		4.86				
47	2.72	3.04	3.43	3.58		4.93				
48	2.77	3.11	3.49	3.63		4.96				
49	2.81	3.13	3.54	3.68		4.96				
50	2.83	3.16	3.56	3.70		4.92				
51	2.82	3.16	3.56	3.70		4.85				
52	2.80	3.12	3.52	3.67		4.74				
53	2.71	3.04	3.42	3.58		4.53				
54	2.62	2.93	3.30	3.44		4.29				
55	2.51	2.80	3.16	3.29		4.01				
56	2.36	2.64	2.98	3.11		3.73				
57	2.21	2.47	2.78	2.91		3.42				
58	2.05	2.29	2.58	2.69		3.08				
59	1.87	2.09	2.35	2.46		2.75				
60	1.69	1.90	2.14	2.22		2.43				
61	1.51	1.68	1.90	1.98		2.10				
62	1.32	1.48	1.67	1.73		1.79				
63	1.12	1.26	1.42	1.47		1.50				
64	0.94	1.04	1.19	1.22		1.22				
65	0.76	0.85	0.96	1.00		0.98				
66	0.61	0.68	0.78	0.81		0.78				
67	0.50	0.56	0.64	0.67		0.63				
68	0.42	0.48	0.54	0.56		0.53				
69	0.40	0.44	0.50	0.53		0.48				

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Rider Form(s) IDI2000-PR/RDISA, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Limited	Individually Sold and Association	No	Male

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.09	1.20	1.36	1.39						
26	1.10	1.24	1.38	1.44						
27	1.15	1.27	1.44	1.48						
28	1.19	1.32	1.49	1.54						
29	1.24	1.37	1.54	1.59						
30	1.27	1.43	1.61	1.66						
31	1.33	1.49	1.66	1.73						
32	1.38	1.54	1.74	1.81						
33	1.45	1.63	1.81	1.89						
34	1.52	1.70	1.90	1.98						
35	1.61	1.78	1.99	2.07						
36	1.67	1.87	2.09	2.17						
37	1.75	1.94	2.18	2.28						
38	1.82	2.04	2.28	2.38						
39	1.91	2.14	2.40	2.48						
40	1.99	2.22	2.50	2.58						
41	2.06	2.29	2.58	2.68						
42	2.14	2.38	2.68	2.78						
43	2.20	2.44	2.76	2.85						
44	2.24	2.51	2.82	2.93						
45	2.29	2.56	2.87	2.99						
46	2.33	2.59	2.93	3.04						
47	2.33	2.60	2.94	3.06						
48	2.33	2.60	2.94	3.06						
49	2.32	2.59	2.93	3.04						
50	2.28	2.54	2.87	2.99						
51	2.23	2.48	2.80	2.92						
52	2.15	2.40	2.69	2.82						
53	2.02	2.26	2.54	2.66						
54	1.87	2.09	2.35	2.45						
55	1.72	1.90	2.16	2.24						
56	1.54	1.72	1.93	2.02						
57	1.37	1.51	1.72	1.79						
58	1.18	1.31	1.49	1.55						
59	1.00	1.10	1.26	1.31						

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/GR et al
Residual Disability Benefit (without recovery) on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDISA, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Full*	Individually Sold and Association	No	Male

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.18	1.30	1.45	1.51						
26	1.20	1.34	1.50	1.56						
27	1.25	1.38	1.55	1.61						
28	1.28	1.43	1.61	1.66						
29	1.33	1.48	1.66	1.73						
30	1.38	1.54	1.73	1.79						
31	1.44	1.61	1.80	1.86						
32	1.50	1.67	1.88	1.94						
33	1.57	1.75	1.97	2.04						
34	1.64	1.84	2.06	2.14						
35	1.73	1.92	2.16	2.23						
36	1.80	2.02	2.26	2.35						
37	1.90	2.10	2.36	2.46						
38	1.98	2.21	2.47	2.58						
39	2.06	2.30	2.59	2.68						
40	2.16	2.40	2.69	2.79						
41	2.23	2.48	2.78	2.91						
42	2.30	2.57	2.88	3.00						
43	2.38	2.64	2.98	3.08						
44	2.42	2.71	3.05	3.16						
45	2.48	2.77	3.11	3.23						
46	2.51	2.80	3.16	3.28						
47	2.52	2.82	3.18	3.31						
48	2.52	2.82	3.18	3.31						
49	2.51	2.80	3.16	3.28						
50	2.47	2.76	3.11	3.23						
51	2.41	2.69	3.04	3.16						
52	2.32	2.59	2.92	3.05						
53	2.17	2.44	2.75	2.86						
54	2.02	2.26	2.54	2.66						
55	1.85	2.06	2.33	2.43						
56	1.66	1.86	2.09	2.19						
57	1.46	1.63	1.85	1.93						
58	1.27	1.42	1.61	1.67						
59	1.08	1.20	1.37	1.41						

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
** Rider Form IDI2000-PR/L45-TD attached.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Rider Form(s) IDI2000-PR/RDISA, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Limited	Individually Sold and Association	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.11	0.12	0.13	0.14		0.21				
26	0.12	0.13	0.14	0.15		0.22				
27	0.12	0.13	0.16	0.16		0.24				
28	0.13	0.14	0.17	0.17		0.25				
29	0.13	0.16	0.18	0.20		0.28				
30	0.16	0.17	0.19	0.21		0.30				
31	0.17	0.19	0.22	0.21		0.30				
32	0.18	0.20	0.22	0.23		0.32				
33	0.19	0.22	0.24	0.25		0.35				
34	0.22	0.23	0.26	0.28		0.38				
35	0.22	0.25	0.29	0.30		0.39				
36	0.23	0.26	0.31	0.30		0.43				
37	0.25	0.29	0.31	0.33		0.46				
38	0.28	0.31	0.34	0.36		0.48				
39	0.30	0.31	0.36	0.38		0.52				
40	0.31	0.35	0.40	0.41		0.55				
41	0.34	0.38	0.43	0.45		0.59				
42	0.37	0.41	0.47	0.48		0.62				
43	0.40	0.44	0.49	0.52		0.67				
44	0.42	0.48	0.53	0.55		0.70				
45	0.46	0.50	0.56	0.59		0.75				
46	0.48	0.53	0.60	0.63		0.81				
47	0.50	0.58	0.65	0.68		0.84				
48	0.55	0.61	0.70	0.71		0.89				
49	0.59	0.66	0.74	0.77		0.93				
50	0.62	0.71	0.78	0.82		0.98				
51	0.66	0.73	0.83	0.87		1.02				
52	0.70	0.77	0.88	0.90		1.06				
53	0.73	0.82	0.92	0.97		1.10				
54	0.76	0.85	0.96	1.00		1.14				
55	0.79	0.88	1.00	1.05		1.16				
56	0.79	0.90	1.01	1.06		1.16				
57	0.79	0.90	1.01	1.06		1.14				
58	0.77	0.86	0.97	1.01		1.08				
59	0.73	0.82	0.91	0.95		1.01				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Full*	Individually Sold and Association	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.12	0.13	0.14	0.15		0.22				
26	0.13	0.13	0.16	0.16		0.23				
27	0.13	0.14	0.17	0.17		0.25				
28	0.13	0.16	0.18	0.18		0.26				
29	0.14	0.17	0.19	0.21		0.29				
30	0.17	0.18	0.20	0.21		0.30				
31	0.18	0.20	0.22	0.22		0.32				
32	0.19	0.22	0.23	0.24		0.35				
33	0.20	0.22	0.25	0.26		0.37				
34	0.22	0.24	0.28	0.29		0.39				
35	0.23	0.26	0.30	0.30		0.41				
36	0.24	0.28	0.31	0.32		0.45				
37	0.26	0.30	0.34	0.36		0.47				
38	0.29	0.31	0.36	0.38		0.51				
39	0.31	0.34	0.38	0.40		0.55				
40	0.32	0.37	0.41	0.44		0.58				
41	0.36	0.40	0.46	0.46		0.62				
42	0.40	0.43	0.48	0.51		0.64				
43	0.41	0.47	0.52	0.55		0.70				
44	0.44	0.49	0.56	0.59		0.74				
45	0.48	0.53	0.59	0.62		0.79				
46	0.50	0.56	0.64	0.66		0.84				
47	0.54	0.60	0.67	0.71		0.89				
48	0.58	0.65	0.73	0.76		0.93				
49	0.62	0.70	0.78	0.81		0.98				
50	0.66	0.74	0.83	0.86		1.04				
51	0.68	0.77	0.86	0.91		1.07				
52	0.73	0.82	0.92	0.95		1.12				
53	0.77	0.85	0.97	1.01		1.16				
54	0.80	0.90	1.01	1.06		1.20				
55	0.84	0.92	1.04	1.09		1.22				
56	0.84	0.94	1.06	1.10		1.22				
57	0.84	0.94	1.06	1.10		1.21				
58	0.82	0.91	1.02	1.06		1.14				
59	0.77	0.85	0.96	1.00		1.06				

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Rider Form(s) IDI2000-PR/RDISA, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 65	Not Applicable	Limited	Individually Sold and Association	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.01	1.10	1.25	1.30		2.07				
26	1.02	1.15	1.28	1.33		2.15				
27	1.07	1.19	1.33	1.39		2.22				
28	1.10	1.24	1.37	1.44		2.30				
29	1.14	1.27	1.43	1.48		2.36				
30	1.19	1.33	1.49	1.55		2.44				
31	1.24	1.37	1.54	1.60		2.51				
32	1.27	1.43	1.61	1.67		2.58				
33	1.34	1.49	1.67	1.73		2.67				
34	1.38	1.55	1.74	1.82		2.74				
35	1.45	1.62	1.80	1.87		2.82				
36	1.49	1.66	1.88	1.94		2.89				
37	1.54	1.72	1.93	2.01		2.96				
38	1.61	1.78	2.00	2.08		3.02				
39	1.64	1.85	2.06	2.15		3.08				
40	1.70	1.90	2.14	2.22		3.15				
41	1.74	1.94	2.18	2.28		3.19				
42	1.78	1.99	2.24	2.32		3.23				
43	1.81	2.03	2.28	2.38		3.25				
44	1.85	2.06	2.33	2.42		3.27				
45	1.87	2.08	2.34	2.44		3.25				
46	1.88	2.10	2.35	2.45		3.24				
47	1.87	2.09	2.35	2.45		3.19				
48	1.86	2.06	2.33	2.44		3.12				
49	1.81	2.03	2.29	2.39		3.01				
50	1.76	1.98	2.23	2.32		2.91				
51	1.72	1.91	2.16	2.23		2.75				
52	1.63	1.81	2.05	2.15		2.59				
53	1.52	1.70	1.91	1.99		2.38				
54	1.39	1.56	1.76	1.83		2.15				
55	1.26	1.40	1.60	1.67		1.91				
56	1.12	1.26	1.42	1.47		1.67				
57	0.98	1.10	1.24	1.31		1.43				
58	0.84	0.95	1.07	1.13		1.20				
59	0.72	0.80	0.91	0.94		0.99				
60	0.60	0.67	0.76	0.79		0.81				
61	0.49	0.56	0.62	0.66		0.64				
62	0.41	0.46	0.52	0.54		0.53				
63	0.38	0.42	0.48	0.48		0.46				
64	0.36	0.40	0.46	0.46		0.44				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/GR et al
Residual Disability Benefit (without recovery) on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDISA, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 65	Not Applicable	Full*	Individually Sold and Association	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.09	1.20	1.36	1.39		2.24				
26	1.10	1.25	1.39	1.45		2.32				
27	1.15	1.28	1.44	1.50		2.40				
28	1.19	1.33	1.49	1.55		2.48				
29	1.24	1.38	1.54	1.61		2.55				
30	1.28	1.44	1.61	1.67		2.63				
31	1.34	1.49	1.67	1.73		2.71				
32	1.38	1.54	1.73	1.81		2.79				
33	1.45	1.61	1.80	1.87		2.89				
34	1.50	1.68	1.88	1.96		2.97				
35	1.56	1.74	1.96	2.02		3.05				
36	1.61	1.80	2.03	2.10		3.12				
37	1.67	1.86	2.09	2.17		3.20				
38	1.73	1.92	2.16	2.25		3.27				
39	1.79	1.99	2.24	2.32		3.34				
40	1.84	2.05	2.30	2.40		3.40				
41	1.88	2.10	2.36	2.46		3.45				
42	1.92	2.16	2.42	2.52		3.50				
43	1.97	2.20	2.47	2.58		3.52				
44	1.99	2.23	2.51	2.61		3.53				
45	2.02	2.24	2.53	2.65		3.52				
46	2.03	2.27	2.54	2.66		3.50				
47	2.02	2.26	2.54	2.66		3.45				
48	2.00	2.24	2.52	2.63		3.37				
49	1.97	2.20	2.48	2.58		3.25				
50	1.91	2.14	2.41	2.51		3.14				
51	1.85	2.06	2.33	2.42		2.98				
52	1.76	1.97	2.22	2.32		2.81				
53	1.64	1.84	2.06	2.15		2.58				
54	1.51	1.69	1.90	1.98		2.32				
55	1.37	1.52	1.72	1.81		2.07				
56	1.21	1.37	1.54	1.60		1.81				
57	1.07	1.19	1.34	1.40		1.54				
58	0.92	1.02	1.15	1.22		1.30				
59	0.78	0.86	0.98	1.02		1.07				
60	0.66	0.73	0.83	0.85		0.89				
61	0.54	0.60	0.67	0.71		0.70				
62	0.44	0.49	0.56	0.58		0.56				
63	0.41	0.46	0.52	0.53		0.49				
64	0.40	0.43	0.48	0.51		0.46				

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/GR et al
Residual Disability Benefit (without recovery) on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDISA, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 70	Not Applicable	Limited	Individually Sold and Association	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.14	1.27	1.43	1.48		2.36				
26	1.19	1.33	1.49	1.54		2.45				
27	1.24	1.37	1.54	1.60		2.55				
28	1.28	1.43	1.61	1.67		2.65				
29	1.36	1.50	1.68	1.74		2.74				
30	1.40	1.56	1.75	1.82		2.83				
31	1.46	1.63	1.82	1.90		2.94				
32	1.54	1.72	1.91	1.99		3.06				
33	1.62	1.79	2.02	2.08		3.17				
34	1.68	1.87	2.10	2.19		3.28				
35	1.76	1.96	2.20	2.30		3.40				
36	1.84	2.04	2.29	2.40		3.51				
37	1.91	2.15	2.41	2.50		3.62				
38	2.00	2.23	2.51	2.61		3.75				
39	2.08	2.33	2.60	2.71		3.85				
40	2.16	2.41	2.71	2.83		3.97				
41	2.24	2.51	2.81	2.93		4.07				
42	2.33	2.59	2.92	3.04		4.17				
43	2.41	2.68	3.01	3.14		4.26				
44	2.47	2.76	3.11	3.23		4.32				
45	2.53	2.83	3.19	3.31		4.38				
46	2.59	2.89	3.25	3.39		4.43				
47	2.63	2.94	3.31	3.44		4.44				
48	2.66	2.96	3.34	3.48		4.43				
49	2.68	2.98	3.36	3.50		4.40				
50	2.68	2.98	3.36	3.50		4.32				
51	2.64	2.95	3.32	3.47		4.22				
52	2.59	2.90	3.28	3.42		4.09				
53	2.51	2.80	3.16	3.30		3.89				
54	2.40	2.68	3.02	3.15		3.66				
55	2.27	2.54	2.86	2.99		3.39				
56	2.14	2.38	2.68	2.79		3.12				
57	1.97	2.20	2.48	2.58		2.83				
58	1.80	2.02	2.28	2.38		2.54				
59	1.63	1.84	2.06	2.15		2.25				
60	1.46	1.63	1.86	1.93		1.98				
61	1.30	1.45	1.63	1.70		1.69				
62	1.13	1.26	1.43	1.47		1.44				
63	0.96	1.07	1.20	1.25		1.18				
64	0.79	0.89	1.00	1.05		0.97				
65	0.65	0.72	0.82	0.84		0.78				
66	0.52	0.58	0.66	0.69		0.61				
67	0.42	0.47	0.53	0.56		0.48				
68	0.35	0.40	0.46	0.47		0.41				
69	0.32	0.37	0.42	0.44		0.38				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/GR et al
Residual Disability Benefit (without recovery) on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDISA, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 70	Not Applicable	Full*	Individually Sold and Association	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.24	1.38	1.54	1.61		2.55				
26	1.27	1.44	1.61	1.66		2.66				
27	1.33	1.49	1.67	1.73		2.75				
28	1.39	1.54	1.73	1.81		2.85				
29	1.45	1.62	1.81	1.89		2.96				
30	1.52	1.69	1.90	1.97		3.07				
31	1.58	1.78	1.98	2.06		3.19				
32	1.66	1.85	2.06	2.15		3.30				
33	1.74	1.93	2.17	2.25		3.43				
34	1.81	2.02	2.27	2.37		3.54				
35	1.90	2.11	2.38	2.48		3.67				
36	1.98	2.21	2.48	2.59		3.80				
37	2.06	2.32	2.59	2.70		3.92				
38	2.16	2.41	2.70	2.83		4.05				
39	2.24	2.51	2.82	2.93		4.17				
40	2.34	2.60	2.94	3.06		4.29				
41	2.42	2.71	3.04	3.17		4.40				
42	2.51	2.80	3.14	3.28		4.51				
43	2.59	2.89	3.25	3.39		4.60				
44	2.68	2.98	3.36	3.50		4.68				
45	2.74	3.06	3.44	3.59		4.74				
46	2.80	3.12	3.52	3.67		4.78				
47	2.84	3.17	3.58	3.73		4.81				
48	2.87	3.22	3.61	3.76		4.80				
49	2.88	3.22	3.64	3.78		4.76				
50	2.88	3.22	3.64	3.78		4.68				
51	2.86	3.20	3.60	3.75		4.57				
52	2.81	3.13	3.54	3.68		4.43				
53	2.70	3.04	3.41	3.57		4.20				
54	2.59	2.89	3.26	3.40		3.94				
55	2.45	2.75	3.10	3.23		3.67				
56	2.30	2.57	2.89	3.01		3.37				
57	2.12	2.38	2.69	2.79		3.06				
58	1.96	2.18	2.46	2.58		2.74				
59	1.78	1.98	2.23	2.32		2.44				
60	1.58	1.78	2.00	2.08		2.14				
61	1.40	1.56	1.78	1.84		1.83				
62	1.22	1.37	1.54	1.60		1.55				
63	1.03	1.15	1.30	1.36		1.29				
64	0.85	0.96	1.08	1.13		1.05				
65	0.70	0.78	0.88	0.91		0.84				
66	0.56	0.62	0.71	0.74		0.66				
67	0.46	0.50	0.58	0.61		0.53				
68	0.38	0.43	0.48	0.52		0.45				
69	0.36	0.40	0.46	0.47		0.40				

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/GR et al
Residual Disability Benefit (without recovery) on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDISA, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Limited	Individually Sold and Association	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.22	1.37	1.52	1.56						
26	1.26	1.40	1.57	1.64						
27	1.31	1.45	1.63	1.70						
28	1.37	1.51	1.70	1.76						
29	1.42	1.57	1.76	1.83						
30	1.48	1.64	1.85	1.92						
31	1.54	1.72	1.92	1.99						
32	1.61	1.79	2.02	2.08						
33	1.68	1.87	2.10	2.19						
34	1.75	1.96	2.18	2.28						
35	1.82	2.03	2.28	2.37						
36	1.90	2.12	2.38	2.47						
37	1.98	2.20	2.47	2.58						
38	2.05	2.28	2.57	2.68						
39	2.14	2.38	2.68	2.77						
40	2.20	2.45	2.76	2.86						
41	2.26	2.52	2.83	2.96						
42	2.33	2.59	2.92	3.04						
43	2.38	2.65	2.99	3.09						
44	2.42	2.70	3.04	3.16						
45	2.45	2.74	3.07	3.20						
46	2.47	2.76	3.11	3.23						
47	2.47	2.76	3.11	3.24						
48	2.44	2.74	3.08	3.21						
49	2.41	2.69	3.04	3.16						
50	2.35	2.63	2.95	3.08						
51	2.28	2.54	2.86	2.99						
52	2.16	2.42	2.74	2.85						
53	2.02	2.27	2.54	2.67						
54	1.86	2.08	2.34	2.44						
55	1.69	1.90	2.12	2.22						
56	1.50	1.68	1.90	1.98						
57	1.31	1.46	1.64	1.73						
58	1.12	1.25	1.42	1.47						
59	0.95	1.06	1.19	1.24						

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/GR et al
Residual Disability Benefit (without recovery) on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDISA, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Full*	Individually Sold and Association	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.32	1.46	1.64	1.70						
26	1.37	1.52	1.70	1.77						
27	1.42	1.57	1.78	1.84						
28	1.48	1.63	1.84	1.90						
29	1.54	1.70	1.91	1.98						
30	1.60	1.79	1.99	2.07						
31	1.66	1.86	2.08	2.15						
32	1.73	1.93	2.17	2.25						
33	1.81	2.02	2.27	2.36						
34	1.90	2.11	2.36	2.46						
35	1.98	2.20	2.46	2.56						
36	2.05	2.29	2.57	2.67						
37	2.14	2.38	2.68	2.78						
38	2.22	2.47	2.77	2.90						
39	2.30	2.57	2.88	2.99						
40	2.38	2.65	2.98	3.09						
41	2.44	2.72	3.06	3.20						
42	2.51	2.80	3.14	3.28						
43	2.57	2.86	3.23	3.35						
44	2.62	2.93	3.29	3.42						
45	2.65	2.95	3.32	3.46						
46	2.68	2.98	3.36	3.50						
47	2.68	2.98	3.36	3.50						
48	2.64	2.95	3.34	3.47						
49	2.59	2.92	3.29	3.42						
50	2.54	2.84	3.20	3.34						
51	2.46	2.75	3.10	3.23						
52	2.34	2.62	2.95	3.08						
53	2.18	2.45	2.76	2.89						
54	2.00	2.24	2.53	2.65						
55	1.82	2.04	2.29	2.40						
56	1.62	1.81	2.04	2.14						
57	1.42	1.58	1.79	1.87						
58	1.21	1.36	1.54	1.60						
59	1.02	1.14	1.28	1.35						

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
** Rider Form IDI2000-PR/L45-TD attached.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/GR et al
Residual Disability Benefit with 24 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Limited	Individually Sold and Association	No	Female

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.13	0.16	0.17	0.18		0.25				
26	0.14	0.17	0.19	0.20		0.28				
27	0.16	0.18	0.20	0.21		0.30				
28	0.17	0.19	0.22	0.22		0.30				
29	0.18	0.20	0.23	0.24		0.32				
30	0.20	0.22	0.25	0.26		0.35				
31	0.22	0.23	0.26	0.29		0.37				
32	0.23	0.25	0.29	0.30		0.38				
33	0.24	0.28	0.31	0.31		0.40				
34	0.26	0.30	0.31	0.33		0.44				
35	0.28	0.31	0.34	0.37		0.46				
36	0.30	0.31	0.37	0.38		0.48				
37	0.31	0.35	0.40	0.41		0.51				
38	0.32	0.37	0.41	0.44		0.54				
39	0.35	0.40	0.44	0.46		0.56				
40	0.38	0.42	0.48	0.48		0.60				
41	0.40	0.44	0.50	0.53		0.63				
42	0.42	0.48	0.53	0.55		0.66				
43	0.46	0.50	0.58	0.60		0.69				
44	0.49	0.54	0.61	0.64		0.72				
45	0.52	0.58	0.66	0.68		0.76				
46	0.55	0.62	0.70	0.72		0.81				
47	0.59	0.66	0.74	0.77		0.84				
48	0.62	0.71	0.78	0.83		0.87				
49	0.66	0.74	0.84	0.87		0.90				
50	0.70	0.77	0.88	0.91		0.94				
51	0.72	0.82	0.91	0.95		0.97				
52	0.74	0.84	0.95	0.99		0.99				
53	0.78	0.88	0.98	1.04		1.02				
54	0.80	0.91	1.01	1.06		1.04				
55	0.83	0.92	1.03	1.08		1.04				
56	0.83	0.92	1.03	1.07		1.02				
57	0.80	0.91	1.01	1.06		0.99				
58	0.77	0.86	0.96	1.01		0.93				
59	0.71	0.79	0.90	0.93		0.86				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/GR et al
Residual Disability Benefit with 24 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Full*	Individually Sold and Association	No	Female

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.14	0.17	0.18	0.20		0.26				
26	0.16	0.18	0.20	0.21		0.29				
27	0.17	0.19	0.22	0.22		0.30				
28	0.18	0.20	0.22	0.23		0.32				
29	0.19	0.22	0.24	0.25		0.35				
30	0.22	0.23	0.26	0.28		0.37				
31	0.22	0.24	0.28	0.30		0.38				
32	0.24	0.26	0.30	0.31		0.40				
33	0.25	0.29	0.31	0.33		0.43				
34	0.28	0.31	0.34	0.36		0.46				
35	0.29	0.32	0.36	0.38		0.47				
36	0.31	0.34	0.40	0.40		0.51				
37	0.32	0.37	0.41	0.44		0.54				
38	0.35	0.40	0.43	0.46		0.56				
39	0.37	0.41	0.47	0.48		0.60				
40	0.40	0.44	0.49	0.52		0.63				
41	0.42	0.47	0.53	0.55		0.66				
42	0.44	0.49	0.56	0.59		0.69				
43	0.48	0.54	0.60	0.63		0.72				
44	0.52	0.58	0.65	0.68		0.77				
45	0.55	0.61	0.68	0.71		0.81				
46	0.58	0.66	0.73	0.77		0.84				
47	0.62	0.68	0.78	0.81		0.89				
48	0.66	0.74	0.83	0.87		0.92				
49	0.70	0.78	0.88	0.91		0.95				
50	0.73	0.82	0.92	0.97		0.99				
51	0.76	0.85	0.96	1.00		1.02				
52	0.79	0.89	1.01	1.05		1.05				
53	0.83	0.92	1.03	1.08		1.07				
54	0.84	0.95	1.07	1.13		1.08				
55	0.86	0.97	1.09	1.14		1.08				
56	0.86	0.97	1.09	1.14		1.07				
57	0.84	0.95	1.07	1.12		1.05				
58	0.82	0.91	1.01	1.06		0.98				
59	0.74	0.84	0.94	0.98		0.90				

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 65	Not Applicable	Limited	Individually Sold and Association	No	Female

Issue Age	6A	5A	4A	3A		2A		1A		1B
Reg. Occ. Period	Standard			ST	Age 65	ST	Age 65	ST	5 yrs	ST
18 - 25	1.56	1.75	1.96	2.04		2.96				
26	1.63	1.81	2.03	2.13		3.06				
27	1.70	1.90	2.14	2.22		3.17				
28	1.78	1.98	2.23	2.32		3.29				
29	1.86	2.06	2.33	2.43		3.39				
30	1.94	2.16	2.42	2.54		3.50				
31	2.02	2.26	2.53	2.65		3.60				
32	2.10	2.34	2.64	2.75		3.69				
33	2.17	2.42	2.72	2.84		3.78				
34	2.24	2.51	2.81	2.93		3.85				
35	2.30	2.57	2.89	3.02		3.92				
36	2.36	2.64	2.95	3.09		3.97				
37	2.41	2.69	3.04	3.16		4.00				
38	2.45	2.75	3.08	3.23		4.04				
39	2.51	2.80	3.13	3.28		4.06				
40	2.53	2.82	3.19	3.32		4.06				
41	2.54	2.86	3.22	3.36		4.04				
42	2.57	2.87	3.23	3.38		4.00				
43	2.58	2.89	3.25	3.40		3.96				
44	2.58	2.89	3.25	3.42		3.90				
45	2.57	2.87	3.24	3.39		3.82				
46	2.54	2.84	3.20	3.36		3.71				
47	2.51	2.80	3.16	3.31		3.59				
48	2.42	2.71	3.06	3.20		3.43				
49	2.33	2.60	2.94	3.08		3.24				
50	2.22	2.48	2.80	2.93		3.06				
51	2.09	2.34	2.64	2.76		2.83				
52	1.96	2.18	2.46	2.58		2.60				
53	1.78	1.98	2.24	2.33		2.32				
54	1.58	1.78	2.00	2.09		2.07				
55	1.39	1.56	1.76	1.83		1.78				
56	1.20	1.36	1.51	1.58		1.51				
57	1.01	1.14	1.27	1.33		1.25				
58	0.84	0.96	1.08	1.13		1.05				
59	0.71	0.79	0.89	0.93		0.84				
60	0.58	0.64	0.72	0.75		0.68				
61	0.46	0.50	0.58	0.60		0.53				
62	0.36	0.41	0.46	0.47		0.41				
63	0.32	0.36	0.40	0.43		0.36				
64	0.31	0.32	0.37	0.39		0.31				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 65	Not Applicable	Full*	Individually Sold and Association	No	Female

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.69	1.90	2.11	2.20		3.20				
26	1.76	1.97	2.20	2.30		3.31				
27	1.84	2.05	2.30	2.40		3.43				
28	1.92	2.15	2.41	2.51		3.55				
29	2.00	2.24	2.51	2.62		3.67				
30	2.10	2.34	2.63	2.74		3.78				
31	2.18	2.44	2.74	2.85		3.90				
32	2.27	2.53	2.86	2.98		4.00				
33	2.35	2.62	2.95	3.08		4.09				
34	2.42	2.70	3.04	3.17		4.17				
35	2.50	2.77	3.12	3.27		4.23				
36	2.56	2.86	3.20	3.35		4.29				
37	2.60	2.92	3.28	3.42		4.34				
38	2.65	2.96	3.34	3.50		4.36				
39	2.70	3.02	3.38	3.54		4.38				
40	2.74	3.05	3.44	3.59		4.38				
41	2.76	3.08	3.48	3.63		4.36				
42	2.77	3.11	3.49	3.66		4.34				
43	2.78	3.12	3.52	3.67		4.28				
44	2.78	3.12	3.52	3.68		4.21				
45	2.77	3.11	3.50	3.67		4.13				
46	2.75	3.07	3.47	3.63		4.01				
47	2.70	3.04	3.41	3.58		3.88				
48	2.62	2.94	3.30	3.46		3.70				
49	2.52	2.82	3.18	3.34		3.51				
50	2.40	2.69	3.04	3.16		3.30				
51	2.26	2.53	2.86	2.99		3.06				
52	2.11	2.36	2.66	2.78		2.82				
53	1.92	2.15	2.42	2.53		2.52				
54	1.72	1.92	2.16	2.27		2.23				
55	1.51	1.69	1.90	1.98		1.92				
56	1.30	1.45	1.63	1.71		1.63				
57	1.10	1.24	1.38	1.45		1.36				
58	0.92	1.03	1.16	1.22		1.13				
59	0.76	0.85	0.96	1.00		0.91				
60	0.62	0.68	0.78	0.81		0.72				
61	0.49	0.55	0.62	0.64		0.56				
62	0.40	0.44	0.49	0.52		0.45				
63	0.35	0.40	0.43	0.46		0.38				
64	0.32	0.36	0.40	0.43		0.35				

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 70	Not Applicable	Limited	Individually Sold and Association	No	Female

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.80	2.02	2.24	2.35		3.39				
26	1.90	2.10	2.35	2.46		3.53				
27	1.98	2.21	2.47	2.58		3.67				
28	2.08	2.32	2.59	2.71		3.82				
29	2.18	2.44	2.74	2.85		3.96				
30	2.29	2.56	2.87	2.99		4.11				
31	2.41	2.69	3.01	3.14		4.26				
32	2.51	2.80	3.14	3.29		4.39				
33	2.60	2.92	3.28	3.42		4.51				
34	2.70	3.04	3.40	3.55		4.63				
35	2.80	3.12	3.52	3.67		4.75				
36	2.89	3.23	3.64	3.80		4.85				
37	2.98	3.32	3.74	3.92		4.93				
38	3.06	3.42	3.84	4.03		5.01				
39	3.13	3.50	3.95	4.13		5.07				
40	3.22	3.59	4.03	4.22		5.13				
41	3.28	3.66	4.12	4.31		5.18				
42	3.32	3.73	4.20	4.39		5.19				
43	3.40	3.80	4.27	4.49		5.20				
44	3.46	3.85	4.36	4.55		5.20				
45	3.49	3.91	4.40	4.60		5.19				
46	3.52	3.94	4.44	4.65		5.13				
47	3.53	3.95	4.44	4.66		5.05				
48	3.49	3.91	4.42	4.61		4.93				
49	3.46	3.85	4.36	4.55		4.80				
50	3.37	3.78	4.26	4.45		4.61				
51	3.28	3.66	4.13	4.32		4.42				
52	3.14	3.53	3.97	4.16		4.17				
53	2.96	3.32	3.74	3.92		3.89				
54	2.77	3.10	3.48	3.66		3.57				
55	2.54	2.86	3.22	3.36		3.24				
56	2.32	2.59	2.93	3.06		2.91				
57	2.08	2.33	2.63	2.74		2.56				
58	1.86	2.08	2.33	2.44		2.24				
59	1.63	1.84	2.06	2.15		1.94				
60	1.43	1.60	1.79	1.86		1.67				
61	1.22	1.37	1.52	1.59		1.39				
62	1.01	1.14	1.27	1.33		1.15				
63	0.84	0.94	1.06	1.10		0.94				
64	0.68	0.76	0.85	0.89		0.75				
65	0.55	0.60	0.68	0.71		0.58				
66	0.43	0.48	0.54	0.56		0.46				
67	0.34	0.38	0.43	0.45		0.36				
68	0.29	0.32	0.36	0.38		0.30				
69	0.26	0.30	0.32	0.36		0.28				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 70	Not Applicable	Full*	Individually Sold and Association	No	Female

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.96	2.17	2.42	2.54		3.67				
26	2.04	2.27	2.54	2.66		3.82				
27	2.15	2.39	2.68	2.79		3.97				
28	2.24	2.51	2.81	2.93		4.13				
29	2.36	2.64	2.95	3.08		4.28				
30	2.48	2.77	3.11	3.24		4.44				
31	2.59	2.90	3.25	3.39		4.60				
32	2.71	3.04	3.40	3.55		4.75				
33	2.82	3.14	3.54	3.69		4.88				
34	2.93	3.28	3.67	3.84		5.01				
35	3.04	3.38	3.80	3.97		5.13				
36	3.12	3.49	3.92	4.09		5.24				
37	3.22	3.60	4.04	4.23		5.34				
38	3.30	3.70	4.16	4.35		5.43				
39	3.38	3.79	4.27	4.46		5.49				
40	3.48	3.89	4.36	4.57		5.54				
41	3.54	3.96	4.45	4.67		5.59				
42	3.60	4.03	4.54	4.75		5.61				
43	3.67	4.10	4.62	4.85		5.62				
44	3.73	4.18	4.70	4.92		5.62				
45	3.78	4.22	4.76	4.98		5.60				
46	3.80	4.26	4.80	5.01		5.54				
47	3.82	4.27	4.80	5.03		5.45				
48	3.78	4.24	4.78	4.99		5.34				
49	3.73	4.18	4.70	4.92		5.19				
50	3.65	4.09	4.61	4.82		4.99				
51	3.54	3.96	4.46	4.68		4.76				
52	3.40	3.82	4.30	4.50		4.51				
53	3.22	3.59	4.04	4.23		4.20				
54	2.99	3.35	3.77	3.94		3.85				
55	2.76	3.08	3.48	3.63		3.50				
56	2.51	2.81	3.16	3.30		3.14				
57	2.24	2.52	2.84	2.97		2.77				
58	2.00	2.24	2.52	2.65		2.43				
59	1.78	1.98	2.23	2.32		2.10				
60	1.54	1.72	1.93	2.01		1.81				
61	1.32	1.46	1.64	1.73		1.51				
62	1.10	1.24	1.38	1.45		1.24				
63	0.91	1.01	1.14	1.20		1.01				
64	0.74	0.83	0.92	0.97		0.81				
65	0.59	0.66	0.74	0.77		0.63				
66	0.47	0.52	0.58	0.61		0.49				
67	0.37	0.41	0.47	0.48		0.38				
68	0.31	0.35	0.40	0.41		0.32				
69	0.29	0.31	0.36	0.38		0.30				

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Limited	Individually Sold and Association	No	Female

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.91	2.15	2.40	2.48						
26	2.00	2.24	2.51	2.61						
27	2.10	2.34	2.62	2.74						
28	2.20	2.45	2.76	2.88						
29	2.30	2.58	2.89	3.01						
30	2.42	2.69	3.04	3.16						
31	2.53	2.82	3.17	3.31						
32	2.64	2.94	3.30	3.44						
33	2.74	3.06	3.43	3.59						
34	2.83	3.17	3.56	3.70						
35	2.93	3.26	3.66	3.83						
36	3.01	3.36	3.77	3.93						
37	3.08	3.46	3.88	4.06						
38	3.16	3.53	3.97	4.15						
39	3.22	3.60	4.06	4.24						
40	3.29	3.66	4.12	4.31						
41	3.32	3.72	4.19	4.38						
42	3.36	3.76	4.24	4.43						
43	3.38	3.79	4.27	4.46						
44	3.40	3.82	4.28	4.49						
45	3.38	3.80	4.27	4.47						
46	3.37	3.77	4.24	4.44						
47	3.31	3.72	4.18	4.38						
48	3.22	3.60	4.07	4.26						
49	3.11	3.48	3.91	4.09						
50	2.95	3.32	3.74	3.92						
51	2.80	3.13	3.53	3.69						
52	2.60	2.93	3.30	3.44						
53	2.38	2.66	2.99	3.14						
54	2.14	2.39	2.68	2.82						
55	1.87	2.09	2.35	2.46						
56	1.62	1.80	2.03	2.13						
57	1.37	1.52	1.72	1.79						
58	1.12	1.26	1.42	1.48						
59	0.92	1.02	1.15	1.20						

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Full*	Individually Sold and Association	No	Female

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	2.06	2.32	2.59	2.69						
26	2.16	2.42	2.70	2.83						
27	2.27	2.53	2.83	2.96						
28	2.38	2.65	2.98	3.11						
29	2.50	2.78	3.12	3.25						
30	2.62	2.92	3.28	3.42						
31	2.74	3.05	3.42	3.58						
32	2.86	3.18	3.56	3.73						
33	2.95	3.30	3.71	3.88						
34	3.06	3.42	3.84	4.00						
35	3.16	3.53	3.96	4.14						
36	3.25	3.64	4.08	4.26						
37	3.34	3.73	4.19	4.38						
38	3.41	3.82	4.28	4.49						
39	3.48	3.90	4.38	4.59						
40	3.55	3.96	4.45	4.67						
41	3.59	4.02	4.54	4.74						
42	3.64	4.07	4.57	4.78						
43	3.66	4.09	4.62	4.83						
44	3.67	4.12	4.63	4.85						
45	3.66	4.10	4.62	4.84						
46	3.65	4.08	4.58	4.81						
47	3.58	4.01	4.52	4.74						
48	3.48	3.90	4.39	4.60						
49	3.36	3.76	4.24	4.43						
50	3.20	3.59	4.04	4.23						
51	3.02	3.38	3.82	4.00						
52	2.82	3.16	3.56	3.73						
53	2.57	2.87	3.23	3.39						
54	2.30	2.58	2.89	3.04						
55	2.02	2.26	2.54	2.66						
56	1.74	1.94	2.20	2.30						
57	1.46	1.64	1.85	1.93						
58	1.21	1.37	1.54	1.61						
59	1.00	1.10	1.25	1.30						

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
** Rider Form IDI2000-PR/L45-TD attached.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Residual Disability Benefit with 24 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Limited	Individually Sold and Association	No	Male

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.13	0.13	0.16	0.16		0.25				
26	0.13	0.14	0.17	0.17		0.28				
27	0.13	0.16	0.18	0.20		0.30				
28	0.14	0.17	0.19	0.21		0.30				
29	0.16	0.18	0.20	0.21		0.32				
30	0.17	0.20	0.22	0.23		0.35				
31	0.19	0.22	0.23	0.25		0.37				
32	0.20	0.23	0.25	0.26		0.39				
33	0.22	0.24	0.28	0.29		0.43				
34	0.23	0.26	0.30	0.30		0.46				
35	0.26	0.30	0.31	0.33		0.48				
36	0.29	0.31	0.35	0.36		0.52				
37	0.31	0.32	0.37	0.39		0.55				
38	0.31	0.36	0.40	0.43		0.60				
39	0.35	0.40	0.44	0.46		0.64				
40	0.38	0.42	0.48	0.48		0.68				
41	0.41	0.46	0.50	0.53		0.74				
42	0.44	0.49	0.55	0.56		0.79				
43	0.48	0.53	0.59	0.62		0.85				
44	0.50	0.56	0.65	0.67		0.90				
45	0.54	0.61	0.68	0.71		0.97				
46	0.58	0.66	0.73	0.77		1.04				
47	0.62	0.71	0.78	0.82		1.08				
48	0.67	0.74	0.84	0.87		1.15				
49	0.71	0.80	0.91	0.94		1.22				
50	0.76	0.85	0.96	1.00		1.29				
51	0.80	0.91	1.01	1.06		1.35				
52	0.85	0.95	1.08	1.12		1.40				
53	0.91	1.01	1.13	1.18		1.47				
54	0.95	1.07	1.19	1.25		1.53				
55	0.98	1.10	1.25	1.29		1.56				
56	1.01	1.12	1.27	1.31		1.56				
57	1.01	1.12	1.27	1.31		1.54				
58	0.98	1.10	1.24	1.29		1.47				
59	0.92	1.03	1.16	1.22		1.38				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Full*	Individually Sold and Association	No	Male

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.13	0.14	0.17	0.17		0.26				
26	0.14	0.16	0.18	0.18		0.29				
27	0.14	0.17	0.19	0.21		0.30				
28	0.16	0.18	0.20	0.21		0.32				
29	0.17	0.19	0.22	0.22		0.35				
30	0.18	0.22	0.23	0.24		0.37				
31	0.20	0.22	0.24	0.26		0.38				
32	0.22	0.24	0.26	0.28		0.41				
33	0.23	0.25	0.29	0.30		0.45				
34	0.24	0.28	0.31	0.32		0.47				
35	0.28	0.31	0.34	0.36		0.51				
36	0.30	0.32	0.37	0.38		0.55				
37	0.31	0.35	0.40	0.41		0.59				
38	0.34	0.38	0.42	0.45		0.63				
39	0.37	0.41	0.47	0.47		0.68				
40	0.40	0.44	0.49	0.52		0.71				
41	0.43	0.48	0.54	0.55		0.78				
42	0.47	0.52	0.58	0.60		0.83				
43	0.49	0.56	0.62	0.64		0.89				
44	0.54	0.59	0.67	0.70		0.95				
45	0.58	0.65	0.72	0.75		1.01				
46	0.61	0.68	0.77	0.81		1.08				
47	0.66	0.74	0.83	0.86		1.14				
48	0.71	0.79	0.89	0.92		1.22				
49	0.74	0.84	0.95	0.99		1.29				
50	0.80	0.90	1.01	1.06		1.36				
51	0.84	0.95	1.07	1.12		1.41				
52	0.90	1.01	1.13	1.17		1.47				
53	0.95	1.07	1.19	1.24		1.55				
54	1.01	1.12	1.26	1.31		1.61				
55	1.03	1.16	1.31	1.36		1.64				
56	1.06	1.19	1.33	1.39		1.64				
57	1.06	1.19	1.33	1.39		1.62				
58	1.03	1.15	1.30	1.36		1.56				
59	0.97	1.09	1.22	1.28		1.45				

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 65	Not Applicable	Limited	Individually Sold and Association	No	Male

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.08	1.20	1.36	1.39		2.27				
26	1.10	1.24	1.37	1.44		2.33				
27	1.13	1.27	1.42	1.47		2.42				
28	1.18	1.31	1.46	1.52		2.48				
29	1.21	1.36	1.51	1.56		2.56				
30	1.25	1.39	1.56	1.62		2.66				
31	1.30	1.45	1.63	1.69		2.74				
32	1.36	1.50	1.69	1.75		2.82				
33	1.40	1.56	1.76	1.82		2.91				
34	1.46	1.63	1.84	1.90		3.01				
35	1.54	1.72	1.91	1.98		3.12				
36	1.61	1.78	2.00	2.07		3.22				
37	1.66	1.86	2.08	2.16		3.32				
38	1.74	1.93	2.16	2.25		3.43				
39	1.80	2.02	2.26	2.35		3.54				
40	1.88	2.09	2.34	2.44		3.65				
41	1.93	2.16	2.42	2.52		3.73				
42	1.99	2.22	2.51	2.60		3.81				
43	2.04	2.28	2.57	2.67		3.88				
44	2.09	2.33	2.63	2.73		3.92				
45	2.14	2.38	2.68	2.77		3.96				
46	2.16	2.40	2.69	2.82		3.96				
47	2.16	2.41	2.71	2.82		3.93				
48	2.16	2.41	2.70	2.82		3.89				
49	2.14	2.38	2.68	2.79		3.81				
50	2.09	2.33	2.63	2.74		3.68				
51	2.03	2.28	2.56	2.67		3.53				
52	1.96	2.18	2.46	2.56		3.35				
53	1.84	2.05	2.32	2.40		3.09				
54	1.70	1.90	2.15	2.23		2.82				
55	1.55	1.74	1.96	2.05		2.52				
56	1.39	1.56	1.76	1.83		2.22				
57	1.24	1.37	1.56	1.62		1.92				
58	1.08	1.20	1.36	1.41		1.63				
59	0.92	1.02	1.15	1.20		1.37				
60	0.77	0.85	0.97	1.01		1.12				
61	0.64	0.72	0.82	0.84		0.90				
62	0.54	0.59	0.67	0.70		0.71				
63	0.48	0.55	0.61	0.64		0.64				
64	0.47	0.53	0.59	0.62		0.61				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 65	Not Applicable	Full*	Individually Sold and Association	No	Male

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.16	1.30	1.45	1.51		2.45				
26	1.19	1.33	1.49	1.55		2.53				
27	1.22	1.37	1.54	1.59		2.61				
28	1.27	1.42	1.58	1.64		2.69				
29	1.31	1.45	1.63	1.69		2.77				
30	1.36	1.51	1.69	1.75		2.86				
31	1.40	1.56	1.75	1.82		2.96				
32	1.45	1.63	1.82	1.90		3.05				
33	1.52	1.69	1.90	1.98		3.15				
34	1.58	1.76	1.98	2.06		3.25				
35	1.66	1.85	2.06	2.15		3.37				
36	1.73	1.92	2.16	2.24		3.48				
37	1.80	2.00	2.24	2.33		3.59				
38	1.88	2.09	2.34	2.44		3.71				
39	1.96	2.17	2.44	2.54		3.83				
40	2.03	2.26	2.53	2.63		3.93				
41	2.09	2.33	2.62	2.73		4.03				
42	2.16	2.40	2.70	2.82		4.12				
43	2.21	2.46	2.77	2.89		4.19				
44	2.26	2.52	2.84	2.94		4.24				
45	2.30	2.57	2.88	2.99		4.28				
46	2.33	2.59	2.92	3.04		4.28				
47	2.33	2.60	2.94	3.05		4.26				
48	2.33	2.59	2.93	3.05		4.20				
49	2.30	2.57	2.89	3.01		4.11				
50	2.26	2.52	2.84	2.97		3.98				
51	2.20	2.46	2.77	2.89		3.82				
52	2.11	2.36	2.66	2.77		3.62				
53	1.98	2.22	2.51	2.60		3.35				
54	1.84	2.05	2.32	2.42		3.05				
55	1.68	1.88	2.11	2.21		2.73				
56	1.51	1.69	1.90	1.98		2.40				
57	1.34	1.49	1.69	1.75		2.07				
58	1.16	1.30	1.45	1.53		1.76				
59	1.00	1.10	1.25	1.30		1.47				
60	0.84	0.92	1.04	1.09		1.21				
61	0.68	0.77	0.88	0.91		0.97				
62	0.58	0.65	0.73	0.76		0.78				
63	0.53	0.59	0.66	0.70		0.70				
64	0.50	0.58	0.65	0.67		0.66				

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 70	Not Applicable	Limited	Individually Sold and Association	No	Male

Issue Age	6A	5A	4A	3A		2A		1A		1B
Reg. Occ. Period	Standard			ST	Age 65	ST	Age 65	ST	5 yrs	ST
18 - 25	1.24	1.37	1.54	1.59		2.56				
26	1.27	1.42	1.58	1.64		2.66				
27	1.31	1.46	1.63	1.70		2.76				
28	1.37	1.51	1.70	1.76		2.86				
29	1.42	1.57	1.76	1.83		2.97				
30	1.48	1.63	1.85	1.91		3.08				
31	1.54	1.72	1.92	1.99		3.20				
32	1.62	1.80	2.02	2.09		3.32				
33	1.69	1.90	2.12	2.20		3.46				
34	1.78	1.98	2.23	2.31		3.61				
35	1.88	2.09	2.34	2.44		3.76				
36	1.98	2.20	2.46	2.56		3.92				
37	2.06	2.30	2.59	2.68		4.07				
38	2.17	2.42	2.72	2.83		4.26				
39	2.28	2.54	2.86	2.97		4.43				
40	2.40	2.68	3.00	3.11		4.59				
41	2.51	2.78	3.12	3.24		4.75				
42	2.59	2.90	3.26	3.39		4.91				
43	2.70	3.01	3.38	3.52		5.06				
44	2.80	3.12	3.50	3.66		5.19				
45	2.88	3.22	3.62	3.76		5.30				
46	2.95	3.30	3.72	3.86		5.41				
47	3.04	3.38	3.80	3.96		5.46				
48	3.08	3.44	3.88	4.04		5.50				
49	3.12	3.48	3.92	4.09		5.51				
50	3.13	3.50	3.95	4.11		5.46				
51	3.13	3.49	3.95	4.11		5.38				
52	3.10	3.47	3.91	4.07		5.26				
53	3.02	3.37	3.80	3.96		5.03				
54	2.92	3.25	3.66	3.82		4.76				
55	2.77	3.10	3.49	3.65		4.46				
56	2.63	2.94	3.30	3.44		4.14				
57	2.45	2.75	3.10	3.22		3.78				
58	2.27	2.54	2.86	2.99		3.43				
59	2.06	2.33	2.62	2.73		3.06				
60	1.88	2.10	2.36	2.46		2.69				
61	1.67	1.87	2.10	2.19		2.33				
62	1.46	1.63	1.85	1.93		1.99				
63	1.25	1.39	1.57	1.64		1.66				
64	1.03	1.16	1.31	1.37		1.36				
65	0.84	0.95	1.07	1.12		1.08				
66	0.68	0.76	0.86	0.90		0.87				
67	0.56	0.62	0.71	0.74		0.69				
68	0.47	0.53	0.60	0.63		0.58				
69	0.44	0.49	0.56	0.59		0.54				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 70	Not Applicable	Full*	Individually Sold and Association	No	Male

Issue Age	6A	5A	4A	3A		2A		1A		1B
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.33	1.48	1.66	1.73		2.77				
26	1.37	1.54	1.72	1.78		2.88				
27	1.42	1.58	1.78	1.84		2.99				
28	1.48	1.63	1.84	1.90		3.09				
29	1.54	1.70	1.91	1.98		3.21				
30	1.60	1.78	1.99	2.07		3.34				
31	1.67	1.86	2.08	2.15		3.46				
32	1.74	1.94	2.17	2.27		3.59				
33	1.82	2.04	2.29	2.38		3.75				
34	1.92	2.15	2.41	2.50		3.91				
35	2.03	2.26	2.53	2.63		4.07				
36	2.14	2.38	2.66	2.76		4.23				
37	2.24	2.50	2.80	2.91		4.40				
38	2.35	2.62	2.95	3.06		4.60				
39	2.47	2.75	3.10	3.21		4.77				
40	2.59	2.88	3.24	3.36		4.96				
41	2.70	3.01	3.38	3.51		5.13				
42	2.81	3.13	3.53	3.67		5.30				
43	2.93	3.25	3.66	3.81		5.46				
44	3.04	3.38	3.79	3.94		5.61				
45	3.12	3.48	3.91	4.07		5.74				
46	3.20	3.56	4.02	4.17		5.84				
47	3.28	3.65	4.10	4.28		5.91				
48	3.34	3.72	4.19	4.36		5.95				
49	3.37	3.77	4.25	4.43		5.95				
50	3.38	3.79	4.27	4.44		5.91				
51	3.38	3.78	4.27	4.44		5.82				
52	3.35	3.74	4.22	4.40		5.68				
53	3.26	3.65	4.10	4.28		5.44				
54	3.14	3.52	3.96	4.13		5.15				
55	3.00	3.35	3.78	3.93		4.83				
56	2.84	3.17	3.56	3.73		4.47				
57	2.65	2.96	3.35	3.48		4.09				
58	2.45	2.75	3.10	3.23		3.70				
59	2.24	2.51	2.83	2.94		3.31				
60	2.03	2.27	2.56	2.66		2.91				
61	1.80	2.02	2.27	2.37		2.53				
62	1.58	1.78	1.99	2.08		2.15				
63	1.36	1.51	1.70	1.77		1.79				
64	1.12	1.26	1.42	1.47		1.47				
65	0.92	1.02	1.15	1.21		1.17				
66	0.74	0.83	0.94	0.97		0.94				
67	0.60	0.67	0.76	0.81		0.75				
68	0.50	0.58	0.66	0.68		0.63				
69	0.48	0.54	0.60	0.63		0.58				

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Limited	Individually Sold and Association	No	Male

Issue Age	6A	5A	4A	3A		2A		1A		1B
Reg. Occ. Period	Standard			ST	Age 65	ST	Age 65	ST	5 yrs	ST
18 - 25	1.27	1.43	1.60	1.66						
26	1.32	1.46	1.63	1.70						
27	1.37	1.51	1.69	1.76						
28	1.40	1.56	1.75	1.82						
29	1.45	1.63	1.81	1.89						
30	1.51	1.68	1.90	1.96						
31	1.57	1.75	1.97	2.04						
32	1.63	1.81	2.04	2.13						
33	1.72	1.90	2.15	2.22						
34	1.80	1.99	2.24	2.32						
35	1.88	2.09	2.34	2.44						
36	1.97	2.18	2.45	2.55						
37	2.05	2.28	2.57	2.67						
38	2.16	2.40	2.69	2.79						
39	2.24	2.51	2.80	2.91						
40	2.33	2.59	2.93	3.04						
41	2.41	2.69	3.04	3.15						
42	2.51	2.78	3.12	3.25						
43	2.57	2.86	3.22	3.35						
44	2.63	2.94	3.30	3.43						
45	2.68	2.99	3.37	3.50						
46	2.71	3.04	3.41	3.55						
47	2.74	3.05	3.44	3.58						
48	2.74	3.05	3.44	3.58						
49	2.70	3.04	3.41	3.55						
50	2.68	2.98	3.35	3.50						
51	2.59	2.90	3.28	3.42						
52	2.51	2.80	3.16	3.29						
53	2.35	2.63	2.95	3.08						
54	2.17	2.42	2.75	2.86						
55	1.99	2.23	2.51	2.62						
56	1.79	2.00	2.26	2.35						
57	1.58	1.76	2.00	2.07						
58	1.37	1.54	1.73	1.82						
59	1.16	1.30	1.46	1.53						

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Full*	Individually Sold and Association	No	Male

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.38	1.54	1.72	1.79						
26	1.43	1.58	1.78	1.84						
27	1.46	1.63	1.82	1.90						
28	1.52	1.69	1.90	1.97						
29	1.57	1.75	1.97	2.04						
30	1.63	1.81	2.04	2.12						
31	1.70	1.90	2.12	2.20						
32	1.78	1.97	2.21	2.30						
33	1.85	2.06	2.32	2.40						
34	1.94	2.16	2.42	2.51						
35	2.03	2.26	2.53	2.63						
36	2.12	2.36	2.65	2.75						
37	2.22	2.47	2.77	2.89						
38	2.33	2.59	2.90	3.01						
39	2.42	2.70	3.04	3.15						
40	2.52	2.81	3.16	3.28						
41	2.60	2.92	3.28	3.40						
42	2.70	3.01	3.38	3.52						
43	2.77	3.10	3.48	3.62						
44	2.84	3.17	3.56	3.71						
45	2.89	3.23	3.65	3.78						
46	2.94	3.28	3.68	3.84						
47	2.95	3.30	3.72	3.86						
48	2.95	3.30	3.72	3.86						
49	2.93	3.28	3.68	3.84						
50	2.88	3.22	3.62	3.77						
51	2.81	3.13	3.54	3.68						
52	2.70	3.02	3.41	3.55						
53	2.54	2.84	3.20	3.34						
54	2.35	2.63	2.96	3.09						
55	2.16	2.41	2.71	2.83						
56	1.93	2.16	2.44	2.54						
57	1.72	1.91	2.16	2.24						
58	1.48	1.66	1.87	1.96						
59	1.26	1.40	1.58	1.64						

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
** Rider Form IDI2000-PR/L45-TD attached.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Limited	Individually Sold and Association	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.13	0.14	0.16	0.17		0.25				
26	0.13	0.16	0.18	0.18		0.28				
27	0.14	0.17	0.19	0.21		0.30				
28	0.16	0.18	0.20	0.21		0.30				
29	0.17	0.19	0.22	0.22		0.32				
30	0.18	0.22	0.23	0.24		0.35				
31	0.20	0.22	0.24	0.26		0.37				
32	0.22	0.24	0.26	0.28		0.39				
33	0.23	0.25	0.29	0.30		0.41				
34	0.24	0.28	0.31	0.31		0.45				
35	0.26	0.31	0.32	0.35		0.47				
36	0.29	0.31	0.36	0.37		0.51				
37	0.31	0.34	0.38	0.40		0.54				
38	0.31	0.36	0.40	0.43		0.58				
39	0.35	0.40	0.44	0.46		0.62				
40	0.38	0.42	0.48	0.48		0.66				
41	0.41	0.46	0.50	0.53		0.70				
42	0.44	0.49	0.55	0.56		0.75				
43	0.48	0.53	0.59	0.62		0.81				
44	0.50	0.56	0.64	0.67		0.85				
45	0.54	0.60	0.67	0.70		0.89				
46	0.58	0.65	0.72	0.76		0.95				
47	0.61	0.70	0.77	0.81		1.01				
48	0.66	0.74	0.84	0.87		1.06				
49	0.71	0.79	0.89	0.92		1.12				
50	0.74	0.84	0.94	0.98		1.17				
51	0.78	0.89	1.00	1.04		1.23				
52	0.84	0.92	1.04	1.08		1.27				
53	0.88	0.98	1.10	1.14		1.32				
54	0.91	1.02	1.15	1.21		1.37				
55	0.94	1.07	1.19	1.24		1.39				
56	0.96	1.08	1.20	1.25		1.39				
57	0.95	1.08	1.20	1.25		1.37				
58	0.92	1.03	1.16	1.22		1.31				
59	0.88	0.97	1.10	1.14		1.22				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Full*	Individually Sold and Association	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.13	0.16	0.17	0.18		0.26				
26	0.14	0.17	0.19	0.20		0.29				
27	0.16	0.18	0.20	0.21		0.30				
28	0.17	0.19	0.22	0.22		0.32				
29	0.18	0.20	0.22	0.23		0.35				
30	0.19	0.22	0.24	0.25		0.37				
31	0.22	0.23	0.25	0.28		0.38				
32	0.22	0.25	0.28	0.29		0.41				
33	0.24	0.26	0.30	0.30		0.44				
34	0.25	0.29	0.31	0.33		0.46				
35	0.28	0.31	0.35	0.37		0.49				
36	0.30	0.32	0.38	0.38		0.54				
37	0.31	0.36	0.40	0.43		0.56				
38	0.34	0.38	0.42	0.45		0.61				
39	0.37	0.41	0.47	0.47		0.64				
40	0.40	0.44	0.49	0.52		0.69				
41	0.43	0.48	0.54	0.55		0.74				
42	0.47	0.52	0.58	0.60		0.79				
43	0.49	0.56	0.62	0.64		0.84				
44	0.54	0.59	0.66	0.70		0.89				
45	0.58	0.64	0.71	0.74		0.94				
46	0.60	0.67	0.76	0.81		1.00				
47	0.65	0.73	0.82	0.85		1.06				
48	0.70	0.78	0.88	0.91		1.13				
49	0.74	0.84	0.92	0.97		1.17				
50	0.78	0.88	1.00	1.04		1.23				
51	0.83	0.92	1.04	1.08		1.30				
52	0.88	0.97	1.10	1.14		1.33				
53	0.92	1.03	1.15	1.21		1.39				
54	0.96	1.08	1.21	1.27		1.44				
55	1.00	1.12	1.26	1.31		1.46				
56	1.01	1.13	1.27	1.32		1.47				
57	1.01	1.13	1.27	1.31		1.44				
58	0.98	1.09	1.22	1.29		1.38				
59	0.92	1.02	1.15	1.21		1.28				

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 65	Not Applicable	Limited	Individually Sold and Association	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.20	1.34	1.50	1.56		2.48				
26	1.24	1.37	1.54	1.61		2.58				
27	1.27	1.43	1.60	1.66		2.66				
28	1.33	1.48	1.66	1.73		2.74				
29	1.37	1.54	1.72	1.78		2.83				
30	1.43	1.60	1.78	1.85		2.92				
31	1.49	1.64	1.85	1.93		3.01				
32	1.54	1.72	1.92	2.00		3.09				
33	1.61	1.78	2.00	2.07		3.19				
34	1.66	1.85	2.08	2.16		3.29				
35	1.73	1.92	2.16	2.24		3.37				
36	1.80	1.99	2.24	2.32		3.46				
37	1.85	2.06	2.32	2.42		3.54				
38	1.91	2.15	2.41	2.50		3.62				
39	1.98	2.21	2.48	2.58		3.70				
40	2.04	2.28	2.56	2.66		3.77				
41	2.09	2.33	2.62	2.74		3.83				
42	2.15	2.39	2.69	2.81		3.88				
43	2.17	2.42	2.75	2.85		3.91				
44	2.22	2.47	2.78	2.90		3.92				
45	2.24	2.51	2.81	2.93		3.92				
46	2.24	2.51	2.82	2.94		3.89				
47	2.24	2.51	2.82	2.93		3.83				
48	2.22	2.48	2.80	2.91		3.74				
49	2.17	2.42	2.75	2.86		3.62				
50	2.12	2.38	2.68	2.79		3.48				
51	2.05	2.29	2.58	2.69		3.31				
52	1.96	2.18	2.46	2.56		3.11				
53	1.82	2.03	2.29	2.39		2.85				
54	1.67	1.87	2.11	2.20		2.58				
55	1.51	1.70	1.90	1.99		2.29				
56	1.36	1.51	1.70	1.77		1.99				
57	1.19	1.32	1.50	1.56		1.70				
58	1.01	1.14	1.27	1.33		1.44				
59	0.86	0.97	1.09	1.14		1.20				
60	0.72	0.80	0.91	0.94		0.97				
61	0.59	0.66	0.74	0.79		0.78				
62	0.49	0.55	0.62	0.64		0.62				
63	0.46	0.49	0.58	0.59		0.55				
64	0.43	0.48	0.54	0.56		0.52				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 65	Not Applicable	Full*	Individually Sold and Association	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.30	1.45	1.63	1.68		2.69				
26	1.34	1.49	1.67	1.74		2.78				
27	1.38	1.54	1.72	1.79		2.88				
28	1.44	1.60	1.80	1.86		2.97				
29	1.49	1.66	1.86	1.92		3.06				
30	1.54	1.72	1.92	2.00		3.16				
31	1.61	1.79	1.99	2.08		3.25				
32	1.66	1.86	2.08	2.16		3.35				
33	1.73	1.92	2.16	2.24		3.45				
34	1.80	1.99	2.24	2.33		3.55				
35	1.87	2.08	2.33	2.43		3.65				
36	1.94	2.16	2.42	2.52		3.75				
37	1.99	2.24	2.51	2.61		3.83				
38	2.06	2.32	2.59	2.70		3.92				
39	2.15	2.39	2.69	2.79		4.00				
40	2.21	2.46	2.77	2.88		4.08				
41	2.26	2.52	2.83	2.96		4.14				
42	2.32	2.58	2.90	3.02		4.19				
43	2.35	2.63	2.96	3.08		4.22				
44	2.40	2.68	3.01	3.13		4.23				
45	2.42	2.70	3.04	3.16		4.23				
46	2.42	2.71	3.05	3.19		4.20				
47	2.42	2.71	3.05	3.17		4.14				
48	2.40	2.69	3.02	3.15		4.04				
49	2.35	2.63	2.96	3.09		3.92				
50	2.29	2.57	2.89	3.01		3.76				
51	2.22	2.48	2.78	2.91		3.58				
52	2.11	2.36	2.66	2.77		3.36				
53	1.98	2.20	2.48	2.58		3.08				
54	1.80	2.02	2.28	2.38		2.78				
55	1.63	1.84	2.06	2.15		2.47				
56	1.45	1.63	1.84	1.91		2.15				
57	1.27	1.43	1.62	1.68		1.84				
58	1.10	1.24	1.38	1.45		1.56				
59	0.94	1.04	1.18	1.22		1.30				
60	0.78	0.86	0.98	1.02		1.06				
61	0.65	0.72	0.82	0.85		0.84				
62	0.54	0.59	0.67	0.70		0.67				
63	0.48	0.54	0.61	0.63		0.60				
64	0.47	0.52	0.58	0.61		0.55				

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 70	Not Applicable	Limited	Individually Sold and Association	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.37	1.54	1.72	1.78		2.83				
26	1.43	1.60	1.78	1.85		2.93				
27	1.48	1.64	1.85	1.93		3.06				
28	1.54	1.72	1.92	2.00		3.17				
29	1.62	1.79	2.02	2.08		3.29				
30	1.68	1.88	2.10	2.19		3.42				
31	1.76	1.97	2.20	2.29		3.54				
32	1.84	2.05	2.29	2.40		3.67				
33	1.92	2.15	2.41	2.51		3.81				
34	2.02	2.24	2.52	2.62		3.93				
35	2.11	2.35	2.64	2.74		4.08				
36	2.21	2.46	2.76	2.86		4.21				
37	2.29	2.56	2.88	2.99		4.35				
38	2.41	2.68	3.01	3.13		4.50				
39	2.51	2.78	3.13	3.25		4.62				
40	2.59	2.90	3.26	3.39		4.76				
41	2.69	3.01	3.38	3.52		4.88				
42	2.78	3.11	3.49	3.65		5.00				
43	2.88	3.20	3.61	3.76		5.11				
44	2.96	3.31	3.72	3.88		5.19				
45	3.04	3.38	3.83	3.98		5.27				
46	3.10	3.46	3.90	4.06		5.31				
47	3.16	3.53	3.97	4.14		5.34				
48	3.19	3.56	4.01	4.17		5.31				
49	3.20	3.58	4.03	4.20		5.28				
50	3.19	3.58	4.02	4.19		5.19				
51	3.18	3.54	4.00	4.17		5.07				
52	3.11	3.48	3.92	4.09		4.91				
53	3.01	3.36	3.79	3.94		4.67				
54	2.87	3.22	3.62	3.78		4.38				
55	2.71	3.04	3.43	3.58		4.07				
56	2.54	2.86	3.20	3.35		3.75				
57	2.36	2.65	2.98	3.09		3.39				
58	2.16	2.42	2.74	2.85		3.06				
59	1.97	2.21	2.48	2.58		2.70				
60	1.76	1.98	2.22	2.31		2.37				
61	1.56	1.74	1.96	2.05		2.05				
62	1.37	1.51	1.72	1.78		1.73				
63	1.15	1.27	1.45	1.51		1.43				
64	0.95	1.07	1.20	1.24		1.16				
65	0.77	0.85	0.97	1.01		0.93				
66	0.62	0.70	0.79	0.81		0.74				
67	0.50	0.58	0.64	0.67		0.58				
68	0.42	0.48	0.55	0.56		0.48				
69	0.40	0.46	0.49	0.54		0.45				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/GR et al
Residual Disability Benefit with 24 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 70	Not Applicable	Full*	Individually Sold and Association	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.49	1.66	1.85	1.92		3.06				
26	1.54	1.72	1.92	2.00		3.17				
27	1.60	1.79	1.99	2.08		3.30				
28	1.67	1.86	2.08	2.16		3.43				
29	1.74	1.93	2.17	2.25		3.55				
30	1.81	2.03	2.27	2.36		3.68				
31	1.90	2.12	2.38	2.47		3.83				
32	1.98	2.22	2.48	2.59		3.96				
33	2.08	2.32	2.60	2.71		4.11				
34	2.17	2.42	2.72	2.83		4.26				
35	2.28	2.54	2.86	2.97		4.42				
36	2.39	2.66	2.98	3.09		4.55				
37	2.48	2.77	3.12	3.24		4.69				
38	2.59	2.89	3.25	3.38		4.85				
39	2.70	3.01	3.38	3.52		5.00				
40	2.81	3.13	3.53	3.67		5.15				
41	2.92	3.25	3.65	3.81		5.27				
42	3.01	3.36	3.78	3.93		5.41				
43	3.12	3.47	3.91	4.07		5.52				
44	3.22	3.58	4.02	4.19		5.61				
45	3.29	3.66	4.13	4.30		5.69				
46	3.35	3.74	4.21	4.39		5.75				
47	3.41	3.82	4.28	4.47		5.77				
48	3.46	3.84	4.34	4.52		5.75				
49	3.47	3.88	4.36	4.54		5.70				
50	3.46	3.86	4.36	4.53		5.61				
51	3.43	3.83	4.32	4.51		5.49				
52	3.36	3.77	4.25	4.43		5.30				
53	3.25	3.64	4.09	4.27		5.04				
54	3.11	3.48	3.91	4.09		4.74				
55	2.94	3.29	3.71	3.86		4.40				
56	2.76	3.08	3.47	3.62		4.05				
57	2.56	2.86	3.22	3.35		3.67				
58	2.34	2.62	2.95	3.08		3.30				
59	2.12	2.39	2.69	2.79		2.92				
60	1.91	2.14	2.40	2.50		2.56				
61	1.69	1.88	2.11	2.21		2.21				
62	1.46	1.63	1.85	1.92		1.86				
63	1.25	1.38	1.56	1.63		1.54				
64	1.02	1.15	1.30	1.35		1.25				
65	0.84	0.92	1.04	1.09		1.00				
66	0.67	0.74	0.85	0.89		0.81				
67	0.55	0.61	0.68	0.71		0.63				
68	0.46	0.52	0.59	0.62		0.53				
69	0.43	0.48	0.54	0.58		0.48				

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/GR et al
Residual Disability Benefit with 24 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Limited	Individually Sold and Association	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.44	1.61	1.80	1.86						
26	1.50	1.66	1.86	1.93						
27	1.54	1.72	1.92	2.00						
28	1.61	1.79	2.00	2.07						
29	1.67	1.87	2.09	2.16						
30	1.74	1.93	2.16	2.25						
31	1.81	2.02	2.27	2.35						
32	1.90	2.10	2.35	2.45						
33	1.97	2.20	2.46	2.56						
34	2.06	2.28	2.57	2.67						
35	2.15	2.39	2.68	2.78						
36	2.23	2.48	2.78	2.90						
37	2.32	2.58	2.90	3.01						
38	2.41	2.68	3.01	3.13						
39	2.48	2.77	3.12	3.24						
40	2.57	2.86	3.22	3.35						
41	2.64	2.95	3.32	3.45						
42	2.71	3.04	3.40	3.55						
43	2.77	3.10	3.48	3.63						
44	2.82	3.16	3.55	3.69						
45	2.86	3.19	3.59	3.75						
46	2.88	3.22	3.61	3.77						
47	2.88	3.22	3.62	3.78						
48	2.86	3.19	3.59	3.75						
49	2.80	3.14	3.54	3.68						
50	2.75	3.06	3.46	3.59						
51	2.65	2.95	3.34	3.48						
52	2.53	2.82	3.19	3.32						
53	2.36	2.64	2.96	3.09						
54	2.16	2.42	2.72	2.85						
55	1.97	2.20	2.47	2.58						
56	1.75	1.96	2.20	2.30						
57	1.52	1.72	1.93	2.00						
58	1.31	1.46	1.64	1.73						
59	1.10	1.24	1.38	1.44						

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/GR et al
Residual Disability Benefit with 24 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Full*	Individually Sold and Association	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.55	1.73	1.94	2.01						
26	1.62	1.80	2.00	2.08						
27	1.67	1.86	2.08	2.16						
28	1.73	1.93	2.16	2.24						
29	1.80	2.02	2.26	2.33						
30	1.88	2.09	2.34	2.44						
31	1.97	2.18	2.45	2.54						
32	2.05	2.27	2.54	2.66						
33	2.12	2.38	2.66	2.77						
34	2.23	2.47	2.77	2.89						
35	2.32	2.58	2.89	3.00						
36	2.41	2.69	3.01	3.13						
37	2.51	2.78	3.13	3.25						
38	2.59	2.89	3.25	3.38						
39	2.69	3.00	3.37	3.51						
40	2.77	3.10	3.48	3.62						
41	2.86	3.19	3.59	3.74						
42	2.94	3.28	3.67	3.84						
43	3.00	3.35	3.77	3.92						
44	3.05	3.41	3.83	4.00						
45	3.08	3.46	3.89	4.05						
46	3.12	3.48	3.91	4.08						
47	3.12	3.48	3.91	4.09						
48	3.10	3.44	3.89	4.05						
49	3.04	3.40	3.83	3.99						
50	2.96	3.31	3.73	3.89						
51	2.86	3.20	3.61	3.76						
52	2.74	3.05	3.46	3.59						
53	2.56	2.86	3.22	3.35						
54	2.34	2.62	2.95	3.08						
55	2.12	2.38	2.68	2.79						
56	1.90	2.11	2.38	2.48						
57	1.64	1.85	2.09	2.16						
58	1.42	1.58	1.79	1.87						
59	1.19	1.33	1.50	1.56						

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
** Rider Form IDI2000-PR/L45-TD attached.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/GR et al
Residual Disability Benefit with 36 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Limited	Individually Sold and Association	No	Female

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.14	0.17	0.19	0.20		0.28				
26	0.16	0.18	0.20	0.21		0.30				
27	0.17	0.19	0.22	0.22		0.30				
28	0.18	0.20	0.23	0.24		0.32				
29	0.20	0.22	0.24	0.26		0.35				
30	0.22	0.23	0.26	0.28		0.37				
31	0.22	0.25	0.29	0.30		0.38				
32	0.24	0.28	0.31	0.31		0.41				
33	0.26	0.30	0.31	0.33		0.44				
34	0.29	0.31	0.34	0.36		0.46				
35	0.30	0.32	0.36	0.38		0.48				
36	0.31	0.35	0.40	0.41		0.51				
37	0.32	0.37	0.42	0.44		0.54				
38	0.35	0.40	0.44	0.46		0.56				
39	0.37	0.42	0.48	0.49		0.60				
40	0.40	0.44	0.50	0.53		0.63				
41	0.43	0.48	0.53	0.55		0.67				
42	0.46	0.50	0.58	0.60		0.70				
43	0.48	0.54	0.61	0.64		0.72				
44	0.52	0.58	0.66	0.68		0.78				
45	0.55	0.62	0.70	0.72		0.81				
46	0.59	0.66	0.74	0.78		0.85				
47	0.62	0.71	0.79	0.83		0.89				
48	0.66	0.74	0.84	0.87		0.93				
49	0.71	0.78	0.89	0.92		0.97				
50	0.74	0.84	0.92	0.97		1.00				
51	0.77	0.86	0.97	1.02		1.04				
52	0.80	0.91	1.01	1.06		1.06				
53	0.84	0.92	1.06	1.10		1.08				
54	0.86	0.96	1.09	1.14		1.09				
55	0.88	0.98	1.10	1.15		1.10				
56	0.88	0.98	1.10	1.15		1.08				
57	0.85	0.96	1.09	1.13		1.06				
58	0.83	0.91	1.03	1.07		0.99				
59	0.76	0.84	0.95	1.00		0.90				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Full*	Individually Sold and Association	No	Female

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.16	0.18	0.20	0.21		0.29				
26	0.17	0.19	0.22	0.21		0.30				
27	0.18	0.20	0.22	0.23		0.32				
28	0.19	0.22	0.24	0.25		0.35				
29	0.22	0.23	0.25	0.28		0.37				
30	0.22	0.24	0.28	0.29		0.38				
31	0.23	0.26	0.30	0.31		0.40				
32	0.25	0.29	0.31	0.33		0.44				
33	0.28	0.31	0.34	0.36		0.46				
34	0.30	0.32	0.36	0.38		0.48				
35	0.31	0.35	0.38	0.40		0.52				
36	0.32	0.37	0.41	0.44		0.54				
37	0.35	0.40	0.44	0.46		0.56				
38	0.37	0.41	0.47	0.48		0.60				
39	0.40	0.44	0.49	0.53		0.63				
40	0.42	0.47	0.53	0.55		0.67				
41	0.46	0.49	0.56	0.59		0.70				
42	0.48	0.54	0.60	0.63		0.74				
43	0.50	0.58	0.65	0.68		0.77				
44	0.55	0.61	0.68	0.71		0.82				
45	0.58	0.66	0.73	0.77		0.85				
46	0.62	0.70	0.78	0.82		0.89				
47	0.66	0.74	0.84	0.87		0.93				
48	0.70	0.78	0.89	0.92		0.98				
49	0.74	0.83	0.92	0.97		1.01				
50	0.78	0.88	0.98	1.02		1.06				
51	0.82	0.91	1.02	1.07		1.08				
52	0.84	0.95	1.07	1.12		1.12				
53	0.88	0.98	1.10	1.16		1.14				
54	0.91	1.01	1.14	1.20		1.15				
55	0.92	1.03	1.16	1.22		1.16				
56	0.92	1.03	1.16	1.22		1.14				
57	0.90	1.01	1.14	1.18		1.10				
58	0.86	0.96	1.09	1.14		1.05				
59	0.80	0.89	1.01	1.06		0.95				

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 65	Not Applicable	Limited	Individually Sold and Association	No	Female

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.67	1.86	2.08	2.17		3.16				
26	1.74	1.93	2.16	2.27		3.27				
27	1.81	2.02	2.27	2.36		3.39				
28	1.90	2.12	2.38	2.47		3.50				
29	1.98	2.22	2.48	2.58		3.62				
30	2.06	2.30	2.59	2.70		3.74				
31	2.16	2.41	2.69	2.82		3.84				
32	2.24	2.51	2.81	2.93		3.93				
33	2.32	2.59	2.92	3.04		4.04				
34	2.40	2.68	3.00	3.13		4.11				
35	2.46	2.75	3.08	3.22		4.17				
36	2.52	2.81	3.17	3.31		4.23				
37	2.57	2.87	3.23	3.38		4.28				
38	2.62	2.94	3.30	3.44		4.31				
39	2.68	2.98	3.35	3.50		4.31				
40	2.69	3.01	3.38	3.55		4.31				
41	2.71	3.05	3.43	3.59		4.31				
42	2.74	3.06	3.46	3.60		4.27				
43	2.76	3.07	3.47	3.62		4.22				
44	2.76	3.08	3.47	3.63		4.16				
45	2.75	3.06	3.46	3.61		4.07				
46	2.71	3.04	3.42	3.58		3.96				
47	2.68	2.99	3.36	3.52		3.83				
48	2.59	2.89	3.26	3.42		3.67				
49	2.50	2.78	3.13	3.29		3.46				
50	2.38	2.65	2.99	3.13		3.25				
51	2.23	2.51	2.81	2.94		3.02				
52	2.08	2.33	2.62	2.74		2.77				
53	1.90	2.12	2.39	2.50		2.48				
54	1.69	1.90	2.14	2.23		2.19				
55	1.49	1.66	1.88	1.96		1.90				
56	1.28	1.44	1.62	1.69		1.61				
57	1.09	1.21	1.37	1.44		1.33				
58	0.91	1.01	1.14	1.20		1.10				
59	0.74	0.84	0.95	0.98		0.90				
60	0.60	0.68	0.76	0.81		0.71				
61	0.48	0.55	0.60	0.63		0.56				
62	0.40	0.43	0.48	0.51		0.44				
63	0.34	0.38	0.43	0.45		0.38				
64	0.32	0.35	0.40	0.43		0.33				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/GR et al
Residual Disability Benefit with 36 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 65	Not Applicable	Full*	Individually Sold and Association	No	Female

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.80	2.00	2.24	2.35		3.42				
26	1.88	2.09	2.34	2.45		3.53				
27	1.97	2.18	2.45	2.55		3.67				
28	2.05	2.29	2.57	2.67		3.78				
29	2.15	2.40	2.69	2.79		3.92				
30	2.24	2.50	2.80	2.92		4.04				
31	2.33	2.59	2.92	3.05		4.15				
32	2.42	2.70	3.04	3.16		4.26				
33	2.51	2.80	3.14	3.28		4.36				
34	2.59	2.88	3.24	3.38		4.44				
35	2.66	2.96	3.34	3.48		4.51				
36	2.72	3.04	3.42	3.58		4.58				
37	2.77	3.11	3.49	3.66		4.62				
38	2.83	3.17	3.56	3.73		4.66				
39	2.88	3.22	3.62	3.78		4.67				
40	2.92	3.25	3.66	3.84		4.67				
41	2.94	3.30	3.71	3.88		4.66				
42	2.95	3.31	3.73	3.90		4.61				
43	2.98	3.32	3.74	3.92		4.57				
44	2.98	3.34	3.74	3.92		4.50				
45	2.96	3.31	3.74	3.91		4.40				
46	2.94	3.29	3.70	3.86		4.28				
47	2.88	3.23	3.64	3.81		4.14				
48	2.80	3.12	3.53	3.69		3.96				
49	2.69	3.01	3.38	3.55		3.75				
50	2.57	2.86	3.23	3.38		3.52				
51	2.41	2.70	3.04	3.19		3.27				
52	2.24	2.51	2.83	2.97		2.99				
53	2.05	2.29	2.58	2.70		2.69				
54	1.82	2.05	2.30	2.40		2.37				
55	1.61	1.80	2.03	2.12		2.06				
56	1.39	1.55	1.74	1.82		1.74				
57	1.18	1.31	1.48	1.55		1.45				
58	0.98	1.10	1.24	1.30		1.20				
59	0.82	0.91	1.02	1.06		0.97				
60	0.66	0.74	0.83	0.86		0.77				
61	0.53	0.59	0.66	0.69		0.61				
62	0.42	0.47	0.53	0.55		0.47				
63	0.37	0.41	0.47	0.48		0.40				
64	0.35	0.38	0.43	0.46		0.37				

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 70	Not Applicable	Limited	Individually Sold and Association	No	Female

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.92	2.16	2.41	2.50		3.61				
26	2.02	2.24	2.51	2.62		3.76				
27	2.11	2.35	2.64	2.75		3.92				
28	2.22	2.47	2.77	2.90		4.07				
29	2.33	2.59	2.92	3.05		4.23				
30	2.44	2.72	3.06	3.19		4.38				
31	2.56	2.86	3.20	3.34		4.53				
32	2.68	2.99	3.35	3.50		4.68				
33	2.78	3.11	3.48	3.65		4.82				
34	2.89	3.22	3.62	3.78		4.93				
35	2.99	3.34	3.74	3.92		5.06				
36	3.08	3.46	3.86	4.05		5.18				
37	3.18	3.56	4.00	4.17		5.27				
38	3.26	3.65	4.10	4.29		5.35				
39	3.35	3.74	4.21	4.40		5.43				
40	3.42	3.83	4.31	4.51		5.47				
41	3.48	3.91	4.39	4.60		5.52				
42	3.56	3.97	4.49	4.68		5.54				
43	3.62	4.06	4.57	4.77		5.55				
44	3.68	4.12	4.63	4.85		5.55				
45	3.72	4.18	4.70	4.92		5.52				
46	3.74	4.20	4.73	4.95		5.46				
47	3.76	4.21	4.74	4.96		5.38				
48	3.73	4.18	4.70	4.93		5.27				
49	3.68	4.10	4.63	4.85		5.11				
50	3.59	4.02	4.54	4.76		4.93				
51	3.48	3.91	4.40	4.60		4.70				
52	3.36	3.76	4.24	4.43		4.45				
53	3.17	3.55	4.00	4.17		4.15				
54	2.95	3.30	3.72	3.90		3.81				
55	2.71	3.04	3.42	3.59		3.45				
56	2.47	2.77	3.12	3.25		3.09				
57	2.23	2.48	2.80	2.93		2.74				
58	1.98	2.22	2.50	2.61		2.40				
59	1.75	1.96	2.20	2.30		2.07				
60	1.51	1.69	1.90	1.98		1.77				
61	1.30	1.45	1.63	1.69		1.48				
62	1.09	1.21	1.37	1.43		1.22				
63	0.90	1.01	1.13	1.18		0.99				
64	0.73	0.82	0.91	0.95		0.81				
65	0.59	0.65	0.73	0.76		0.63				
66	0.46	0.50	0.58	0.60		0.48				
67	0.36	0.41	0.46	0.48		0.38				
68	0.31	0.34	0.40	0.40		0.31				
69	0.29	0.31	0.35	0.38		0.29				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/GR et al
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Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 70	Not Applicable	Full*	Individually Sold and Association	No	Female

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	2.08	2.33	2.59	2.70		3.91				
26	2.17	2.42	2.71	2.83		4.07				
27	2.28	2.54	2.86	2.98		4.23				
28	2.40	2.68	3.00	3.13		4.40				
29	2.52	2.81	3.14	3.29		4.58				
30	2.64	2.95	3.30	3.45		4.74				
31	2.77	3.10	3.47	3.61		4.90				
32	2.89	3.23	3.62	3.78		5.06				
33	3.01	3.36	3.77	3.93		5.21				
34	3.12	3.48	3.91	4.09		5.35				
35	3.23	3.61	4.06	4.24		5.46				
36	3.34	3.73	4.18	4.37		5.59				
37	3.43	3.84	4.32	4.51		5.69				
38	3.53	3.94	4.44	4.63		5.77				
39	3.62	4.04	4.55	4.76		5.87				
40	3.70	4.14	4.66	4.86		5.92				
41	3.77	4.22	4.75	4.97		5.96				
42	3.84	4.30	4.85	5.06		5.99				
43	3.91	4.38	4.94	5.16		6.00				
44	3.98	4.45	5.02	5.26		6.00				
45	4.02	4.51	5.08	5.31		5.97				
46	4.06	4.54	5.11	5.36		5.91				
47	4.07	4.55	5.12	5.36		5.82				
48	4.03	4.52	5.09	5.32		5.69				
49	3.98	4.44	5.02	5.26		5.52				
50	3.89	4.36	4.91	5.14		5.32				
51	3.77	4.22	4.76	4.98		5.09				
52	3.64	4.07	4.58	4.78		4.82				
53	3.42	3.83	4.32	4.51		4.49				
54	3.19	3.56	4.02	4.21		4.12				
55	2.94	3.29	3.70	3.88		3.74				
56	2.68	2.99	3.37	3.52		3.35				
57	2.41	2.69	3.02	3.16		2.96				
58	2.15	2.40	2.69	2.83		2.59				
59	1.90	2.11	2.38	2.48		2.24				
60	1.63	1.82	2.06	2.15		1.91				
61	1.40	1.56	1.75	1.83		1.61				
62	1.18	1.31	1.48	1.54		1.32				
63	0.97	1.09	1.22	1.28		1.07				
64	0.79	0.88	0.98	1.04		0.86				
65	0.64	0.70	0.79	0.82		0.68				
66	0.49	0.55	0.62	0.64		0.53				
67	0.40	0.44	0.49	0.53		0.41				
68	0.32	0.37	0.42	0.44		0.35				
69	0.31	0.34	0.38	0.40		0.30				

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Limited	Individually Sold and Association	No	Female

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	2.03	2.27	2.54	2.65						
26	2.12	2.36	2.65	2.76						
27	2.23	2.48	2.77	2.90						
28	2.33	2.59	2.92	3.05						
29	2.44	2.72	3.06	3.19						
30	2.56	2.86	3.20	3.34						
31	2.68	2.99	3.35	3.50						
32	2.80	3.12	3.49	3.66						
33	2.90	3.23	3.64	3.80						
34	3.00	3.35	3.76	3.92						
35	3.10	3.46	3.88	4.06						
36	3.19	3.56	4.00	4.17						
37	3.26	3.65	4.10	4.28						
38	3.34	3.73	4.20	4.38						
39	3.41	3.82	4.28	4.47						
40	3.47	3.88	4.36	4.55						
41	3.50	3.92	4.43	4.62						
42	3.55	3.97	4.46	4.68						
43	3.58	4.01	4.50	4.70						
44	3.58	4.01	4.52	4.74						
45	3.58	4.01	4.51	4.73						
46	3.56	3.97	4.49	4.68						
47	3.49	3.91	4.42	4.61						
48	3.40	3.82	4.28	4.50						
49	3.29	3.67	4.13	4.32						
50	3.12	3.49	3.95	4.13						
51	2.95	3.30	3.72	3.90						
52	2.76	3.08	3.47	3.63						
53	2.51	2.80	3.16	3.31						
54	2.24	2.51	2.82	2.96						
55	1.98	2.21	2.48	2.59						
56	1.70	1.90	2.15	2.23						
57	1.44	1.61	1.80	1.90						
58	1.19	1.33	1.50	1.56						
59	0.97	1.09	1.21	1.28						

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Full*	Individually Sold and Association	No	Female

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	2.20	2.45	2.75	2.85						
26	2.29	2.56	2.86	2.99						
27	2.41	2.69	3.00	3.13						
28	2.52	2.81	3.14	3.29						
29	2.64	2.95	3.30	3.45						
30	2.77	3.10	3.47	3.61						
31	2.89	3.23	3.62	3.78						
32	3.02	3.37	3.78	3.94						
33	3.13	3.49	3.92	4.09						
34	3.24	3.62	4.07	4.24						
35	3.35	3.74	4.19	4.38						
36	3.44	3.84	4.32	4.51						
37	3.53	3.94	4.44	4.62						
38	3.61	4.03	4.54	4.74						
39	3.68	4.12	4.63	4.84						
40	3.74	4.19	4.70	4.93						
41	3.79	4.25	4.79	5.00						
42	3.83	4.28	4.82	5.05						
43	3.86	4.33	4.87	5.09						
44	3.88	4.34	4.88	5.12						
45	3.88	4.33	4.88	5.11						
46	3.84	4.30	4.85	5.07						
47	3.78	4.24	4.78	4.99						
48	3.67	4.12	4.63	4.85						
49	3.55	3.97	4.46	4.68						
50	3.38	3.78	4.27	4.46						
51	3.19	3.56	4.02	4.21						
52	2.98	3.34	3.74	3.92						
53	2.71	3.04	3.41	3.58						
54	2.42	2.71	3.05	3.20						
55	2.14	2.39	2.69	2.81						
56	1.84	2.06	2.32	2.42						
57	1.55	1.73	1.96	2.05						
58	1.28	1.44	1.62	1.69						
59	1.04	1.18	1.31	1.38						

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
** Rider Form IDI2000-PR/L45-TD attached.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Limited	Individually Sold and Association	No	Male

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.13	0.14	0.17	0.18		0.28				
26	0.13	0.16	0.18	0.20		0.30				
27	0.14	0.17	0.19	0.21		0.30				
28	0.16	0.18	0.20	0.21		0.32				
29	0.17	0.20	0.22	0.23		0.35				
30	0.19	0.22	0.23	0.24		0.37				
31	0.20	0.22	0.25	0.26		0.39				
32	0.22	0.24	0.28	0.29		0.43				
33	0.23	0.26	0.30	0.30		0.45				
34	0.25	0.29	0.31	0.32		0.48				
35	0.28	0.31	0.34	0.36		0.51				
36	0.30	0.32	0.37	0.38		0.55				
37	0.31	0.36	0.40	0.41		0.59				
38	0.34	0.38	0.43	0.46		0.63				
39	0.37	0.41	0.47	0.48		0.68				
40	0.40	0.46	0.50	0.52		0.72				
41	0.43	0.48	0.54	0.56		0.79				
42	0.48	0.52	0.59	0.61		0.84				
43	0.50	0.56	0.64	0.66		0.90				
44	0.54	0.60	0.68	0.71		0.97				
45	0.58	0.66	0.73	0.76		1.04				
46	0.62	0.70	0.78	0.82		1.09				
47	0.67	0.74	0.84	0.87		1.16				
48	0.71	0.80	0.91	0.93		1.23				
49	0.76	0.85	0.96	1.00		1.31				
50	0.82	0.91	1.02	1.06		1.38				
51	0.86	0.96	1.09	1.13		1.45				
52	0.91	1.01	1.14	1.20		1.50				
53	0.96	1.08	1.21	1.27		1.56				
54	1.01	1.13	1.27	1.32		1.63				
55	1.06	1.18	1.32	1.38		1.66				
56	1.08	1.19	1.34	1.40		1.67				
57	1.08	1.19	1.34	1.40		1.64				
58	1.04	1.16	1.31	1.37		1.58				
59	0.98	1.10	1.25	1.30		1.47				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Full*	Individually Sold and Association	No	Male

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.14	0.16	0.18	0.20		0.29				
26	0.14	0.17	0.19	0.21		0.30				
27	0.16	0.18	0.20	0.21		0.32				
28	0.17	0.19	0.22	0.22		0.35				
29	0.18	0.22	0.23	0.24		0.37				
30	0.20	0.22	0.24	0.25		0.38				
31	0.22	0.23	0.26	0.28		0.41				
32	0.22	0.25	0.29	0.30		0.45				
33	0.24	0.28	0.31	0.31		0.46				
34	0.26	0.30	0.32	0.35		0.51				
35	0.29	0.31	0.36	0.38		0.54				
36	0.31	0.35	0.40	0.40		0.58				
37	0.34	0.38	0.42	0.44		0.62				
38	0.36	0.40	0.46	0.47		0.67				
39	0.40	0.43	0.48	0.52		0.71				
40	0.42	0.48	0.53	0.55		0.77				
41	0.46	0.50	0.58	0.60		0.83				
42	0.49	0.55	0.62	0.63		0.89				
43	0.53	0.59	0.66	0.69		0.95				
44	0.58	0.64	0.72	0.75		1.01				
45	0.61	0.68	0.77	0.81		1.08				
46	0.66	0.73	0.83	0.86		1.15				
47	0.71	0.78	0.89	0.92		1.22				
48	0.74	0.84	0.95	0.98		1.30				
49	0.80	0.90	1.01	1.06		1.38				
50	0.85	0.96	1.08	1.13		1.45				
51	0.91	1.01	1.14	1.18		1.52				
52	0.95	1.07	1.20	1.25		1.58				
53	1.01	1.13	1.27	1.33		1.64				
54	1.07	1.19	1.34	1.39		1.71				
55	1.10	1.24	1.39	1.45		1.75				
56	1.13	1.26	1.42	1.47		1.76				
57	1.13	1.26	1.42	1.47		1.73				
58	1.10	1.22	1.38	1.44		1.66				
59	1.03	1.16	1.31	1.37		1.55				

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/GR et al
Residual Disability Benefit with 36 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 65	Not Applicable	Limited	Individually Sold and Association	No	Male

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.15	1.27	1.44	1.48		2.42				
26	1.19	1.31	1.48	1.53		2.50				
27	1.21	1.36	1.51	1.56		2.58				
28	1.25	1.38	1.56	1.62		2.66				
29	1.28	1.44	1.62	1.68		2.74				
30	1.34	1.49	1.67	1.73		2.83				
31	1.38	1.54	1.73	1.81		2.91				
32	1.44	1.61	1.80	1.86		3.00				
33	1.50	1.67	1.88	1.94		3.11				
34	1.56	1.75	1.96	2.04		3.22				
35	1.63	1.81	2.04	2.13		3.32				
36	1.70	1.90	2.14	2.21		3.43				
37	1.78	1.98	2.23	2.31		3.55				
38	1.85	2.06	2.32	2.40		3.67				
39	1.92	2.16	2.41	2.51		3.77				
40	1.99	2.23	2.51	2.59		3.89				
41	2.06	2.30	2.59	2.68		3.98				
42	2.14	2.38	2.68	2.77		4.06				
43	2.17	2.42	2.74	2.84		4.14				
44	2.23	2.48	2.80	2.91		4.17				
45	2.27	2.53	2.84	2.96		4.22				
46	2.29	2.56	2.87	2.99		4.23				
47	2.30	2.57	2.89	3.00		4.20				
48	2.29	2.56	2.88	3.00		4.15				
49	2.27	2.54	2.86	2.98		4.06				
50	2.23	2.50	2.80	2.92		3.93				
51	2.16	2.42	2.72	2.84		3.76				
52	2.08	2.33	2.63	2.74		3.58				
53	1.96	2.18	2.46	2.58		3.31				
54	1.81	2.02	2.28	2.38		3.00				
55	1.64	1.85	2.08	2.17		2.68				
56	1.49	1.66	1.88	1.96		2.37				
57	1.32	1.48	1.66	1.73		2.06				
58	1.14	1.27	1.45	1.51		1.74				
59	0.98	1.10	1.24	1.29		1.45				
60	0.83	0.92	1.03	1.07		1.18				
61	0.68	0.76	0.85	0.90		0.97				
62	0.58	0.64	0.72	0.75		0.78				
63	0.52	0.59	0.66	0.69		0.69				
64	0.50	0.58	0.64	0.67		0.64				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 65	Not Applicable	Full*	Individually Sold and Association	No	Male

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.25	1.38	1.55	1.61		2.61				
26	1.27	1.42	1.60	1.64		2.70				
27	1.31	1.45	1.63	1.70		2.78				
28	1.36	1.50	1.69	1.75		2.88				
29	1.39	1.55	1.74	1.82		2.96				
30	1.45	1.61	1.80	1.87		3.06				
31	1.50	1.67	1.87	1.94		3.15				
32	1.55	1.73	1.94	2.01		3.24				
33	1.63	1.80	2.03	2.10		3.36				
34	1.69	1.90	2.11	2.20		3.48				
35	1.76	1.97	2.21	2.30		3.59				
36	1.84	2.06	2.30	2.39		3.71				
37	1.92	2.15	2.41	2.48		3.84				
38	1.99	2.23	2.51	2.60		3.96				
39	2.08	2.33	2.60	2.71		4.08				
40	2.16	2.41	2.70	2.81		4.20				
41	2.23	2.50	2.80	2.91		4.30				
42	2.30	2.57	2.88	2.99		4.39				
43	2.35	2.63	2.95	3.08		4.47				
44	2.41	2.69	3.02	3.15		4.52				
45	2.45	2.74	3.07	3.20		4.57				
46	2.48	2.77	3.11	3.24		4.58				
47	2.50	2.77	3.12	3.24		4.54				
48	2.48	2.77	3.12	3.24		4.49				
49	2.45	2.75	3.08	3.22		4.38				
50	2.41	2.69	3.04	3.16		4.26				
51	2.34	2.62	2.95	3.08		4.07				
52	2.24	2.51	2.84	2.96		3.86				
53	2.11	2.36	2.66	2.78		3.58				
54	1.97	2.18	2.47	2.58		3.24				
55	1.79	1.99	2.24	2.35		2.91				
56	1.61	1.80	2.03	2.12		2.56				
57	1.43	1.60	1.80	1.87		2.22				
58	1.24	1.38	1.56	1.63		1.89				
59	1.06	1.19	1.33	1.39		1.56				
60	0.89	1.00	1.12	1.16		1.29				
61	0.74	0.83	0.92	0.97		1.05				
62	0.61	0.68	0.77	0.81		0.84				
63	0.56	0.64	0.72	0.74		0.75				
64	0.55	0.61	0.68	0.71		0.70				

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 70	Not Applicable	Limited	Individually Sold and Association	No	Male

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.31	1.45	1.63	1.69		2.74				
26	1.37	1.50	1.69	1.75		2.83				
27	1.39	1.56	1.75	1.82		2.93				
28	1.45	1.62	1.81	1.89		3.06				
29	1.51	1.68	1.90	1.96		3.16				
30	1.57	1.76	1.97	2.05		3.29				
31	1.63	1.84	2.05	2.14		3.42				
32	1.72	1.91	2.16	2.23		3.55				
33	1.80	2.02	2.26	2.35		3.69				
34	1.90	2.12	2.38	2.46		3.84				
35	2.00	2.23	2.51	2.59		4.00				
36	2.10	2.34	2.63	2.74		4.17				
37	2.21	2.46	2.77	2.88		4.35				
38	2.33	2.59	2.90	3.01		4.53				
39	2.42	2.71	3.05	3.16		4.70				
40	2.54	2.84	3.19	3.32		4.90				
41	2.68	2.96	3.32	3.47		5.06				
42	2.77	3.08	3.48	3.61		5.23				
43	2.88	3.22	3.61	3.75		5.39				
44	2.99	3.32	3.74	3.90		5.53				
45	3.07	3.43	3.86	4.01		5.66				
46	3.17	3.53	3.97	4.13		5.76				
47	3.23	3.60	4.06	4.22		5.83				
48	3.30	3.67	4.13	4.31		5.87				
49	3.32	3.72	4.18	4.36		5.87				
50	3.35	3.74	4.21	4.38		5.82				
51	3.34	3.73	4.21	4.38		5.74				
52	3.31	3.70	4.18	4.35		5.61				
53	3.22	3.59	4.06	4.23		5.36				
54	3.10	3.47	3.91	4.07		5.08				
55	2.95	3.31	3.73	3.89		4.76				
56	2.80	3.12	3.53	3.68		4.42				
57	2.62	2.94	3.30	3.43		4.04				
58	2.42	2.70	3.06	3.19		3.66				
59	2.22	2.47	2.80	2.91		3.25				
60	2.00	2.24	2.52	2.63		2.88				
61	1.78	1.99	2.24	2.33		2.48				
62	1.56	1.75	1.98	2.06		2.13				
63	1.33	1.49	1.68	1.74		1.77				
64	1.10	1.24	1.39	1.45		1.45				
65	0.90	1.01	1.13	1.18		1.16				
66	0.73	0.83	0.92	0.97		0.93				
67	0.59	0.66	0.74	0.79		0.74				
68	0.50	0.58	0.65	0.68		0.62				
69	0.47	0.53	0.59	0.63		0.56				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 70	Not Applicable	Full*	Individually Sold and Association	No	Male

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.42	1.57	1.76	1.83		2.96				
26	1.46	1.63	1.82	1.90		3.07				
27	1.51	1.69	1.90	1.97		3.17				
28	1.57	1.74	1.97	2.04		3.30				
29	1.63	1.81	2.04	2.12		3.42				
30	1.70	1.90	2.12	2.21		3.55				
31	1.78	1.98	2.22	2.31		3.69				
32	1.86	2.06	2.33	2.40		3.84				
33	1.96	2.17	2.44	2.54		4.00				
34	2.06	2.29	2.57	2.66		4.16				
35	2.16	2.41	2.70	2.81		4.34				
36	2.27	2.53	2.84	2.96		4.51				
37	2.39	2.66	2.99	3.11		4.69				
38	2.51	2.80	3.13	3.25		4.90				
39	2.63	2.94	3.30	3.42		5.09				
40	2.76	3.07	3.46	3.59		5.29				
41	2.88	3.22	3.60	3.75		5.47				
42	3.00	3.34	3.76	3.91		5.66				
43	3.12	3.48	3.91	4.06		5.83				
44	3.23	3.60	4.04	4.21		5.98				
45	3.32	3.71	4.18	4.35		6.12				
46	3.42	3.82	4.28	4.46		6.22				
47	3.49	3.90	4.38	4.57		6.30				
48	3.56	3.97	4.46	4.66		6.35				
49	3.59	4.01	4.52	4.72		6.35				
50	3.62	4.04	4.55	4.74		6.29				
51	3.61	4.03	4.55	4.74		6.20				
52	3.58	4.00	4.51	4.69		6.06				
53	3.48	3.89	4.38	4.58		5.80				
54	3.35	3.74	4.22	4.40		5.50				
55	3.20	3.58	4.03	4.20		5.14				
56	3.02	3.38	3.82	3.98		4.76				
57	2.83	3.17	3.56	3.71		4.36				
58	2.62	2.93	3.30	3.44		3.94				
59	2.40	2.68	3.02	3.15		3.52				
60	2.16	2.42	2.72	2.84		3.11				
61	1.92	2.16	2.42	2.53		2.69				
62	1.69	1.90	2.14	2.22		2.30				
63	1.44	1.61	1.81	1.89		1.91				
64	1.19	1.33	1.51	1.56		1.56				
65	0.97	1.09	1.22	1.29		1.25				
66	0.79	0.89	1.00	1.05		1.00				
67	0.65	0.72	0.82	0.85		0.81				
68	0.55	0.61	0.70	0.72		0.67				
69	0.50	0.58	0.65	0.68		0.62				

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Limited	Individually Sold and Association	No	Male

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.37	1.51	1.69	1.76						
26	1.39	1.55	1.75	1.82						
27	1.45	1.61	1.80	1.86						
28	1.50	1.66	1.86	1.93						
29	1.54	1.72	1.92	1.99						
30	1.61	1.78	2.00	2.07						
31	1.67	1.86	2.08	2.16						
32	1.74	1.93	2.16	2.24						
33	1.81	2.02	2.27	2.35						
34	1.90	2.12	2.38	2.46						
35	1.99	2.22	2.50	2.58						
36	2.08	2.33	2.59	2.70						
37	2.17	2.42	2.72	2.83						
38	2.28	2.54	2.84	2.96						
39	2.38	2.65	2.96	3.08						
40	2.47	2.76	3.10	3.21						
41	2.56	2.86	3.20	3.34						
42	2.65	2.95	3.31	3.44						
43	2.71	3.04	3.41	3.55						
44	2.78	3.11	3.49	3.63						
45	2.83	3.17	3.56	3.69						
46	2.87	3.20	3.60	3.75						
47	2.89	3.23	3.64	3.78						
48	2.89	3.22	3.64	3.78						
49	2.86	3.20	3.60	3.75						
50	2.81	3.14	3.55	3.68						
51	2.75	3.06	3.46	3.60						
52	2.65	2.95	3.32	3.47						
53	2.48	2.78	3.13	3.27						
54	2.30	2.58	2.92	3.02						
55	2.10	2.35	2.66	2.77						
56	1.90	2.12	2.39	2.48						
57	1.68	1.88	2.11	2.20						
58	1.45	1.63	1.82	1.91						
59	1.24	1.37	1.55	1.62						

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Full*	Individually Sold and Association	No	Male

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.46	1.63	1.82	1.90						
26	1.51	1.68	1.90	1.96						
27	1.56	1.73	1.94	2.01						
28	1.62	1.80	2.00	2.08						
29	1.67	1.86	2.08	2.15						
30	1.73	1.92	2.16	2.24						
31	1.80	2.00	2.24	2.33						
32	1.88	2.09	2.34	2.43						
33	1.97	2.18	2.45	2.54						
34	2.06	2.29	2.57	2.66						
35	2.16	2.40	2.69	2.79						
36	2.24	2.51	2.81	2.92						
37	2.35	2.62	2.95	3.06						
38	2.46	2.75	3.07	3.20						
39	2.57	2.86	3.22	3.34						
40	2.68	2.98	3.35	3.47						
41	2.77	3.08	3.47	3.60						
42	2.86	3.19	3.58	3.73						
43	2.94	3.28	3.68	3.84						
44	3.01	3.36	3.78	3.92						
45	3.06	3.42	3.85	4.00						
46	3.11	3.47	3.90	4.06						
47	3.12	3.49	3.92	4.09						
48	3.12	3.48	3.92	4.09						
49	3.10	3.47	3.90	4.06						
50	3.04	3.40	3.83	3.99						
51	2.96	3.31	3.74	3.90						
52	2.86	3.19	3.60	3.75						
53	2.69	3.01	3.38	3.53						
54	2.50	2.78	3.14	3.27						
55	2.27	2.54	2.87	2.99						
56	2.05	2.29	2.58	2.69						
57	1.81	2.03	2.28	2.38						
58	1.56	1.75	1.98	2.07						
59	1.33	1.49	1.68	1.75						

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
** Rider Form IDI2000-PR/L45-TD attached.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/GR et al
Residual Disability Benefit with 36 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Limited	Individually Sold and Association	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.13	0.16	0.18	0.18		0.28				
26	0.14	0.17	0.19	0.20		0.30				
27	0.16	0.18	0.20	0.21		0.30				
28	0.17	0.19	0.22	0.22		0.32				
29	0.18	0.22	0.23	0.24		0.35				
30	0.20	0.22	0.24	0.25		0.37				
31	0.22	0.23	0.26	0.28		0.39				
32	0.22	0.25	0.29	0.30		0.43				
33	0.24	0.28	0.31	0.30		0.45				
34	0.26	0.30	0.31	0.33		0.47				
35	0.29	0.31	0.35	0.37		0.49				
36	0.31	0.34	0.38	0.39		0.54				
37	0.31	0.36	0.41	0.43		0.56				
38	0.34	0.38	0.43	0.46		0.62				
39	0.37	0.41	0.47	0.48		0.66				
40	0.40	0.46	0.50	0.52		0.70				
41	0.43	0.48	0.54	0.56		0.75				
42	0.48	0.52	0.59	0.61		0.81				
43	0.50	0.56	0.64	0.66		0.85				
44	0.54	0.60	0.67	0.70		0.90				
45	0.58	0.65	0.72	0.75		0.97				
46	0.61	0.68	0.77	0.81		1.02				
47	0.66	0.73	0.84	0.87		1.07				
48	0.71	0.79	0.90	0.92		1.14				
49	0.74	0.84	0.94	0.98		1.20				
50	0.79	0.90	1.01	1.06		1.25				
51	0.84	0.94	1.06	1.09		1.31				
52	0.89	0.98	1.10	1.16		1.36				
53	0.92	1.04	1.18	1.23		1.41				
54	0.97	1.10	1.22	1.28		1.45				
55	1.01	1.12	1.27	1.31		1.47				
56	1.02	1.14	1.28	1.35		1.47				
57	1.02	1.13	1.28	1.33		1.45				
58	1.00	1.10	1.25	1.30		1.39				
59	0.92	1.04	1.18	1.22		1.29				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Full*	Individually Sold and Association	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	0.14	0.17	0.19	0.20		0.29				
26	0.16	0.18	0.20	0.21		0.30				
27	0.17	0.19	0.22	0.22		0.32				
28	0.18	0.20	0.22	0.23		0.35				
29	0.19	0.22	0.24	0.25		0.37				
30	0.22	0.23	0.25	0.26		0.38				
31	0.22	0.24	0.28	0.29		0.41				
32	0.23	0.26	0.30	0.30		0.45				
33	0.25	0.29	0.31	0.32		0.46				
34	0.28	0.31	0.34	0.36		0.49				
35	0.30	0.32	0.37	0.38		0.53				
36	0.31	0.36	0.40	0.41		0.56				
37	0.34	0.38	0.43	0.45		0.60				
38	0.36	0.40	0.46	0.47		0.64				
39	0.40	0.43	0.48	0.52		0.69				
40	0.42	0.48	0.53	0.55		0.74				
41	0.46	0.50	0.58	0.60		0.79				
42	0.49	0.55	0.62	0.63		0.84				
43	0.53	0.59	0.66	0.69		0.89				
44	0.58	0.64	0.71	0.74		0.95				
45	0.60	0.67	0.76	0.79		1.01				
46	0.65	0.72	0.82	0.85		1.07				
47	0.70	0.77	0.88	0.91		1.14				
48	0.74	0.84	0.94	0.97		1.20				
49	0.79	0.88	1.00	1.04		1.25				
50	0.84	0.94	1.06	1.10		1.32				
51	0.89	1.00	1.10	1.15		1.38				
52	0.92	1.03	1.18	1.22		1.43				
53	0.98	1.10	1.24	1.30		1.48				
54	1.02	1.15	1.28	1.35		1.53				
55	1.07	1.19	1.34	1.39		1.56				
56	1.08	1.20	1.36	1.41		1.56				
57	1.08	1.19	1.36	1.40		1.53				
58	1.04	1.16	1.31	1.37		1.46				
59	0.98	1.10	1.24	1.29		1.36				

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 65	Not Applicable	Limited	Individually Sold and Association	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.27	1.43	1.61	1.66		2.66				
26	1.32	1.46	1.64	1.71		2.74				
27	1.37	1.51	1.70	1.77		2.83				
28	1.42	1.57	1.76	1.83		2.93				
29	1.46	1.63	1.82	1.90		3.01				
30	1.52	1.69	1.90	1.98		3.12				
31	1.58	1.76	1.98	2.06		3.21				
32	1.63	1.82	2.05	2.14		3.31				
33	1.72	1.90	2.15	2.22		3.42				
34	1.76	1.98	2.22	2.31		3.50				
35	1.84	2.05	2.30	2.40		3.59				
36	1.90	2.14	2.40	2.48		3.68				
37	1.98	2.21	2.48	2.58		3.78				
38	2.04	2.28	2.56	2.67		3.86				
39	2.11	2.35	2.65	2.76		3.94				
40	2.16	2.42	2.72	2.83		4.03				
41	2.23	2.50	2.80	2.91		4.08				
42	2.28	2.54	2.86	2.98		4.13				
43	2.33	2.59	2.93	3.05		4.17				
44	2.36	2.64	2.95	3.08		4.17				
45	2.39	2.68	3.00	3.13		4.17				
46	2.41	2.68	3.01	3.15		4.15				
47	2.40	2.68	3.01	3.14		4.08				
48	2.38	2.65	2.98	3.11		3.99				
49	2.33	2.59	2.93	3.06		3.86				
50	2.27	2.53	2.86	2.98		3.71				
51	2.18	2.44	2.75	2.88		3.53				
52	2.08	2.33	2.63	2.74		3.31				
53	1.94	2.16	2.44	2.56		3.05				
54	1.79	1.99	2.24	2.33		2.74				
55	1.62	1.80	2.03	2.12		2.44				
56	1.44	1.61	1.80	1.90		2.13				
57	1.26	1.40	1.60	1.66		1.82				
58	1.09	1.21	1.37	1.44		1.54				
59	0.92	1.03	1.16	1.21		1.28				
60	0.77	0.85	0.97	1.01		1.05				
61	0.64	0.72	0.80	0.83		0.83				
62	0.53	0.59	0.66	0.69		0.67				
63	0.48	0.54	0.60	0.63		0.59				
64	0.46	0.52	0.58	0.61		0.55				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 65	Not Applicable	Full*	Individually Sold and Association	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.38	1.54	1.73	1.79		2.86				
26	1.43	1.58	1.79	1.85		2.97				
27	1.48	1.63	1.84	1.91		3.07				
28	1.54	1.70	1.91	1.98		3.16				
29	1.58	1.76	1.98	2.06		3.25				
30	1.64	1.82	2.06	2.14		3.37				
31	1.72	1.90	2.14	2.22		3.47				
32	1.78	1.98	2.22	2.31		3.58				
33	1.85	2.06	2.32	2.40		3.68				
34	1.91	2.15	2.40	2.48		3.78				
35	1.98	2.22	2.50	2.59		3.89				
36	2.06	2.30	2.59	2.68		3.99				
37	2.14	2.39	2.69	2.78		4.09				
38	2.21	2.46	2.77	2.89		4.17				
39	2.28	2.54	2.86	2.99		4.27				
40	2.34	2.62	2.95	3.07		4.35				
41	2.41	2.69	3.04	3.15		4.42				
42	2.47	2.76	3.10	3.22		4.46				
43	2.51	2.81	3.16	3.29		4.51				
44	2.56	2.86	3.20	3.34		4.51				
45	2.58	2.88	3.24	3.38		4.51				
46	2.59	2.89	3.25	3.40		4.49				
47	2.59	2.89	3.25	3.39		4.42				
48	2.57	2.86	3.22	3.36		4.31				
49	2.51	2.81	3.16	3.30		4.17				
50	2.45	2.74	3.08	3.22		4.01				
51	2.36	2.64	2.96	3.11		3.82				
52	2.24	2.51	2.84	2.96		3.59				
53	2.10	2.34	2.64	2.76		3.29				
54	1.93	2.16	2.42	2.53		2.97				
55	1.74	1.94	2.20	2.29		2.63				
56	1.55	1.73	1.96	2.05		2.30				
57	1.37	1.52	1.72	1.79		1.98				
58	1.18	1.31	1.48	1.55		1.66				
59	1.00	1.12	1.26	1.31		1.38				
60	0.84	0.92	1.04	1.09		1.13				
61	0.68	0.77	0.86	0.90		0.90				
62	0.58	0.64	0.71	0.75		0.71				
63	0.52	0.58	0.66	0.68		0.63				
64	0.49	0.56	0.62	0.66		0.59				

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 70	Not Applicable	Limited	Individually Sold and Association	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.46	1.63	1.82	1.90		3.01				
26	1.52	1.69	1.90	1.97		3.14				
27	1.57	1.76	1.98	2.06		3.24				
28	1.64	1.82	2.06	2.14		3.38				
29	1.72	1.91	2.15	2.23		3.50				
30	1.79	2.00	2.24	2.32		3.63				
31	1.88	2.09	2.34	2.44		3.77				
32	1.97	2.18	2.45	2.55		3.92				
33	2.05	2.28	2.57	2.68		4.06				
34	2.16	2.40	2.69	2.79		4.19				
35	2.24	2.51	2.81	2.93		4.35				
36	2.34	2.62	2.94	3.06		4.50				
37	2.45	2.74	3.07	3.20		4.63				
38	2.56	2.86	3.20	3.34		4.80				
39	2.68	2.96	3.34	3.47		4.93				
40	2.77	3.08	3.48	3.62		5.08				
41	2.87	3.20	3.59	3.75		5.20				
42	2.96	3.31	3.73	3.89		5.34				
43	3.06	3.43	3.85	4.00		5.44				
44	3.17	3.53	3.97	4.14		5.54				
45	3.24	3.61	4.08	4.24		5.61				
46	3.31	3.70	4.16	4.34		5.67				
47	3.37	3.76	4.24	4.42		5.69				
48	3.40	3.80	4.27	4.46		5.68				
49	3.41	3.82	4.30	4.49		5.62				
50	3.41	3.82	4.30	4.47		5.53				
51	3.38	3.78	4.26	4.43		5.42				
52	3.32	3.72	4.19	4.36		5.24				
53	3.20	3.58	4.04	4.22		4.97				
54	3.06	3.43	3.85	4.03		4.68				
55	2.90	3.24	3.65	3.81		4.35				
56	2.71	3.04	3.43	3.58		3.99				
57	2.52	2.82	3.18	3.31		3.62				
58	2.32	2.59	2.93	3.05		3.24				
59	2.10	2.34	2.65	2.76		2.89				
60	1.90	2.10	2.36	2.47		2.52				
61	1.66	1.86	2.09	2.19		2.17				
62	1.45	1.62	1.82	1.90		1.83				
63	1.22	1.37	1.54	1.60		1.52				
64	1.01	1.12	1.27	1.32		1.24				
65	0.83	0.92	1.03	1.08		0.99				
66	0.66	0.74	0.84	0.87		0.79				
67	0.54	0.60	0.68	0.71		0.63				
68	0.46	0.50	0.59	0.61		0.53				
69	0.42	0.48	0.54	0.56		0.47				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
To Age 70	Not Applicable	Full*	Individually Sold and Association	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.58	1.76	1.98	2.06		3.25				
26	1.64	1.82	2.05	2.13		3.39				
27	1.70	1.90	2.14	2.22		3.51				
28	1.79	1.98	2.23	2.31		3.66				
29	1.86	2.06	2.32	2.40		3.78				
30	1.93	2.16	2.42	2.52		3.92				
31	2.03	2.26	2.53	2.63		4.08				
32	2.12	2.36	2.65	2.75		4.23				
33	2.22	2.47	2.77	2.90		4.38				
34	2.33	2.59	2.90	3.01		4.53				
35	2.42	2.71	3.04	3.16		4.69				
36	2.53	2.83	3.18	3.31		4.85				
37	2.65	2.95	3.32	3.46		5.01				
38	2.77	3.08	3.47	3.60		5.19				
39	2.88	3.22	3.61	3.75		5.34				
40	2.99	3.34	3.76	3.92		5.50				
41	3.11	3.47	3.89	4.06		5.62				
42	3.22	3.58	4.03	4.20		5.77				
43	3.31	3.71	4.18	4.34		5.88				
44	3.42	3.82	4.28	4.47		5.99				
45	3.50	3.91	4.40	4.59		6.07				
46	3.58	4.00	4.50	4.68		6.12				
47	3.65	4.07	4.57	4.76		6.15				
48	3.67	4.10	4.62	4.83		6.13				
49	3.68	4.12	4.64	4.85		6.08				
50	3.68	4.12	4.64	4.84		5.98				
51	3.65	4.09	4.61	4.80		5.85				
52	3.59	4.01	4.54	4.72		5.67				
53	3.47	3.88	4.37	4.57		5.37				
54	3.30	3.71	4.18	4.35		5.05				
55	3.13	3.50	3.95	4.12		4.69				
56	2.94	3.29	3.71	3.86		4.31				
57	2.72	3.05	3.43	3.59		3.92				
58	2.51	2.80	3.16	3.29		3.51				
59	2.27	2.53	2.86	2.99		3.12				
60	2.04	2.27	2.56	2.67		2.73				
61	1.80	2.00	2.26	2.36		2.35				
62	1.56	1.74	1.98	2.05		1.98				
63	1.32	1.48	1.67	1.73		1.64				
64	1.10	1.21	1.38	1.44		1.35				
65	0.89	1.00	1.12	1.17		1.07				
66	0.72	0.80	0.90	0.94		0.85				
67	0.58	0.66	0.74	0.77		0.68				
68	0.49	0.55	0.64	0.66		0.56				
69	0.46	0.52	0.58	0.61		0.52				

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Limited	Individually Sold and Association	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.52	1.70	1.90	1.98						
26	1.58	1.76	1.98	2.06						
27	1.63	1.82	2.04	2.13						
28	1.72	1.90	2.12	2.21						
29	1.76	1.98	2.21	2.30						
30	1.85	2.05	2.30	2.40						
31	1.92	2.15	2.41	2.50						
32	2.00	2.23	2.51	2.60						
33	2.09	2.33	2.60	2.71						
34	2.17	2.42	2.72	2.83						
35	2.27	2.53	2.84	2.94						
36	2.35	2.64	2.95	3.07						
37	2.45	2.72	3.06	3.19						
38	2.54	2.84	3.19	3.31						
39	2.64	2.94	3.30	3.43						
40	2.72	3.04	3.41	3.55						
41	2.80	3.12	3.50	3.67						
42	2.87	3.20	3.60	3.75						
43	2.94	3.28	3.68	3.84						
44	2.99	3.32	3.74	3.92						
45	3.02	3.38	3.80	3.96						
46	3.05	3.40	3.83	3.99						
47	3.05	3.41	3.83	3.99						
48	3.02	3.37	3.80	3.96						
49	2.96	3.32	3.74	3.90						
50	2.89	3.23	3.65	3.81						
51	2.80	3.12	3.53	3.68						
52	2.68	2.99	3.37	3.51						
53	2.50	2.80	3.14	3.28						
54	2.29	2.56	2.89	3.00						
55	2.06	2.32	2.62	2.73						
56	1.85	2.06	2.33	2.43						
57	1.63	1.80	2.03	2.13						
58	1.38	1.55	1.75	1.82						
59	1.16	1.31	1.46	1.54						

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/GR et al
Residual Disability Benefit with 36 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Full*	Individually Sold and Association	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**		**2A**		**1A**		**1B**
Reg. Occ. Period	**Standard**			**ST**	**Age 65**	**ST**	**Age 65**	**ST**	**5 yrs**	**ST**
18 - 25	1.64	1.84	2.06	2.15						
26	1.72	1.90	2.14	2.22						
27	1.78	1.98	2.21	2.30						
28	1.85	2.05	2.29	2.39						
29	1.91	2.14	2.39	2.48						
30	1.99	2.22	2.50	2.59						
31	2.08	2.32	2.59	2.70						
32	2.16	2.41	2.70	2.82						
33	2.26	2.51	2.82	2.93						
34	2.35	2.63	2.95	3.06						
35	2.45	2.74	3.07	3.19						
36	2.54	2.86	3.19	3.32						
37	2.65	2.95	3.31	3.45						
38	2.75	3.07	3.44	3.59						
39	2.86	3.18	3.56	3.71						
40	2.95	3.29	3.68	3.84						
41	3.02	3.38	3.79	3.96						
42	3.11	3.47	3.90	4.06						
43	3.17	3.54	3.98	4.15						
44	3.23	3.60	4.06	4.23						
45	3.26	3.65	4.10	4.28						
46	3.30	3.67	4.14	4.31						
47	3.30	3.68	4.14	4.31						
48	3.26	3.65	4.10	4.28						
49	3.22	3.59	4.04	4.21						
50	3.12	3.49	3.94	4.11						
51	3.02	3.38	3.82	3.98						
52	2.89	3.23	3.65	3.80						
53	2.69	3.02	3.40	3.54						
54	2.48	2.77	3.12	3.24						
55	2.24	2.51	2.83	2.94						
56	1.99	2.24	2.51	2.62						
57	1.75	1.96	2.20	2.30						
58	1.50	1.68	1.90	1.98						
59	1.26	1.42	1.58	1.66						

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
** Rider Form IDI2000-PR/L45-TD attached.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/GR et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Limited	2 Years	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	0.41	0.43	0.48	0.49	0.77	1.80	3.36
26	0.42	0.46	0.50	0.52	0.82	1.90	3.51
27	0.44	0.49	0.54	0.55	0.86	1.99	3.69
28	0.48	0.53	0.58	0.59	0.92	2.10	3.87
29	0.50	0.56	0.61	0.63	0.98	2.20	4.05
30	0.55	0.60	0.66	0.68	1.04	2.32	4.27
31	0.60	0.65	0.71	0.74	1.10	2.45	4.49
32	0.64	0.68	0.76	0.78	1.17	2.59	4.72
33	0.70	0.74	0.83	0.84	1.25	2.74	4.98
34	0.72	0.79	0.88	0.90	1.33	2.87	5.25
35	0.79	0.86	0.94	0.98	1.44	3.04	5.54
36	0.85	0.94	1.02	1.04	1.53	3.20	5.86
37	0.91	1.01	1.09	1.13	1.62	3.40	6.19
38	0.98	1.08	1.18	1.22	1.74	3.60	6.56
39	1.06	1.16	1.27	1.32	1.85	3.80	6.92
40	1.14	1.25	1.37	1.41	1.98	4.02	7.35
41	1.24	1.34	1.48	1.53	2.13	4.26	7.78
42	1.32	1.44	1.58	1.63	2.24	4.49	8.23
43	1.42	1.56	1.72	1.77	2.39	4.76	8.72
44	1.52	1.66	1.84	1.89	2.55	5.05	9.24
45	1.63	1.79	1.98	2.04	2.71	5.32	9.78
46	1.75	1.92	2.11	2.17	2.86	5.62	10.34
47	1.87	2.04	2.24	2.31	3.04	5.93	10.91
48	1.99	2.18	2.41	2.48	3.21	6.25	11.56
49	2.14	2.34	2.56	2.65	3.38	6.57	12.20
50	2.24	2.47	2.72	2.81	3.54	6.91	12.84
51	2.39	2.60	2.87	2.97	3.70	7.22	13.42
52	2.50	2.72	3.02	3.11	3.85	7.48	13.94
53	2.65	2.90	3.20	3.30	3.99	7.82	14.55
54	2.76	3.02	3.35	3.44	4.13	8.09	15.04
55	2.86	3.12	3.46	3.57	4.20	8.24	15.32
56	2.90	3.18	3.52	3.61	4.20	8.28	15.39
57	2.89	3.17	3.49	3.61	4.13	8.14	15.10
58	2.81	3.08	3.38	3.50	3.93	7.83	14.49
59	2.64	2.89	3.20	3.29	3.66	7.27	13.45

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/GR et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Limited	3 Years	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	0.41	0.44	0.49	0.52	0.81	1.87	3.49
26	0.42	0.47	0.53	0.54	0.85	1.98	3.65
27	0.46	0.50	0.56	0.58	0.90	2.07	3.84
28	0.49	0.54	0.60	0.61	0.95	2.19	4.03
29	0.52	0.58	0.64	0.66	1.01	2.29	4.21
30	0.56	0.61	0.68	0.70	1.08	2.41	4.44
31	0.61	0.66	0.73	0.76	1.15	2.55	4.66
32	0.65	0.71	0.78	0.82	1.22	2.70	4.91
33	0.71	0.77	0.85	0.87	1.30	2.85	5.18
34	0.73	0.82	0.90	0.93	1.39	2.98	5.46
35	0.80	0.89	0.97	1.01	1.50	3.16	5.76
36	0.86	0.96	1.06	1.08	1.59	3.33	6.09
37	0.92	1.03	1.13	1.17	1.69	3.53	6.44
38	1.00	1.10	1.22	1.27	1.81	3.74	6.82
39	1.08	1.19	1.32	1.37	1.92	3.95	7.19
40	1.16	1.28	1.42	1.47	2.06	4.18	7.65
41	1.26	1.38	1.52	1.59	2.21	4.43	8.09
42	1.34	1.48	1.64	1.70	2.33	4.66	8.56
43	1.44	1.60	1.78	1.84	2.48	4.95	9.08
44	1.55	1.70	1.90	1.96	2.66	5.25	9.61
45	1.66	1.84	2.05	2.12	2.82	5.53	10.18
46	1.78	1.97	2.18	2.27	2.98	5.84	10.76
47	1.91	2.09	2.32	2.40	3.15	6.17	11.35
48	2.03	2.24	2.50	2.58	3.34	6.50	12.02
49	2.17	2.40	2.65	2.75	3.52	6.83	12.68
50	2.28	2.53	2.82	2.92	3.68	7.18	13.35
51	2.42	2.68	2.96	3.08	3.85	7.50	13.96
52	2.54	2.80	3.13	3.23	4.00	7.78	14.50
53	2.70	2.98	3.31	3.43	4.15	8.13	15.14
54	2.81	3.10	3.47	3.58	4.29	8.42	15.64
55	2.90	3.20	3.58	3.70	4.36	8.57	15.94
56	2.95	3.26	3.64	3.75	4.36	8.61	16.01
57	2.94	3.25	3.61	3.75	4.29	8.47	15.71
58	2.86	3.16	3.50	3.63	4.09	8.14	15.07
59	2.69	2.96	3.31	3.42	3.80	7.56	13.99

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/GR et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Limited	5 Years	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	0.42	0.46	0.52	0.54	0.85	1.98	3.70
26	0.43	0.48	0.55	0.58	0.90	2.09	3.86
27	0.47	0.53	0.59	0.61	0.94	2.19	4.06
28	0.50	0.56	0.62	0.64	1.01	2.31	4.26
29	0.53	0.60	0.66	0.69	1.07	2.42	4.46
30	0.58	0.64	0.72	0.75	1.14	2.55	4.70
31	0.62	0.68	0.77	0.81	1.21	2.70	4.94
32	0.66	0.73	0.83	0.86	1.29	2.85	5.19
33	0.72	0.79	0.90	0.92	1.38	3.01	5.48
34	0.76	0.84	0.95	0.99	1.47	3.16	5.78
35	0.83	0.92	1.02	1.07	1.58	3.34	6.09
36	0.89	1.00	1.10	1.14	1.68	3.52	6.45
37	0.95	1.07	1.19	1.24	1.78	3.74	6.81
38	1.02	1.15	1.28	1.33	1.91	3.96	7.22
39	1.10	1.24	1.38	1.45	2.04	4.18	7.61
40	1.19	1.33	1.49	1.55	2.17	4.42	8.09
41	1.28	1.43	1.61	1.68	2.33	4.69	8.56
42	1.38	1.54	1.73	1.79	2.46	4.94	9.05
43	1.48	1.66	1.86	1.94	2.63	5.24	9.59
44	1.58	1.76	1.99	2.07	2.81	5.56	10.16
45	1.70	1.90	2.15	2.23	2.98	5.85	10.76
46	1.82	2.04	2.29	2.39	3.15	6.18	11.37
47	1.96	2.17	2.44	2.54	3.34	6.52	12.00
48	2.08	2.33	2.62	2.73	3.53	6.88	12.72
49	2.22	2.48	2.78	2.91	3.71	7.23	13.42
50	2.34	2.63	2.96	3.08	3.90	7.60	14.12
51	2.48	2.77	3.12	3.25	4.07	7.94	14.76
52	2.60	2.90	3.29	3.42	4.23	8.23	15.33
53	2.76	3.08	3.48	3.62	4.38	8.60	16.01
54	2.88	3.22	3.64	3.78	4.54	8.90	16.54
55	2.98	3.32	3.76	3.92	4.61	9.06	16.85
56	3.02	3.38	3.82	3.97	4.61	9.11	16.93
57	3.01	3.37	3.79	3.97	4.53	8.95	16.61
58	2.93	3.28	3.67	3.84	4.32	8.61	15.94
59	2.75	3.07	3.48	3.61	4.01	8.00	14.80

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/GR et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Full*	2 Years	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	0.44	0.47	0.53	0.54	0.85	2.01	3.73
26	0.46	0.50	0.56	0.58	0.90	2.11	3.91
27	0.49	0.54	0.61	0.62	0.95	2.21	4.09
28	0.54	0.59	0.64	0.64	1.01	2.33	4.30
29	0.56	0.62	0.68	0.70	1.09	2.45	4.50
30	0.61	0.66	0.73	0.76	1.15	2.59	4.75
31	0.66	0.71	0.78	0.81	1.23	2.73	5.01
32	0.71	0.77	0.85	0.87	1.31	2.86	5.25
33	0.76	0.83	0.91	0.93	1.39	3.04	5.54
34	0.80	0.88	0.97	1.00	1.50	3.20	5.84
35	0.89	0.96	1.04	1.09	1.58	3.38	6.16
36	0.95	1.03	1.14	1.16	1.69	3.56	6.51
37	1.01	1.12	1.22	1.27	1.81	3.78	6.86
38	1.09	1.20	1.31	1.35	1.93	3.99	7.27
39	1.18	1.28	1.42	1.46	2.05	4.22	7.69
40	1.27	1.39	1.52	1.56	2.21	4.46	8.15
41	1.37	1.49	1.64	1.69	2.36	4.72	8.64
42	1.48	1.61	1.76	1.81	2.50	5.01	9.15
43	1.58	1.73	1.90	1.96	2.67	5.29	9.69
44	1.69	1.85	2.04	2.10	2.84	5.60	10.26
45	1.82	1.98	2.18	2.27	3.02	5.91	10.87
46	1.94	2.12	2.34	2.42	3.20	6.24	11.48
47	2.08	2.28	2.50	2.58	3.37	6.59	12.13
48	2.22	2.44	2.68	2.75	3.57	6.94	12.85
49	2.36	2.59	2.84	2.94	3.76	7.30	13.56
50	2.50	2.75	3.04	3.12	3.94	7.67	14.26
51	2.65	2.90	3.20	3.30	4.12	8.01	14.91
52	2.77	3.04	3.36	3.46	4.27	8.32	15.49
53	2.94	3.22	3.55	3.66	4.44	8.68	16.16
54	3.07	3.36	3.71	3.83	4.59	8.98	16.71
55	3.17	3.48	3.84	3.96	4.66	9.16	17.04
56	3.23	3.53	3.90	4.01	4.66	9.20	17.08
57	3.22	3.52	3.88	4.01	4.58	9.05	16.80
58	3.12	3.42	3.77	3.88	4.37	8.70	16.10
59	2.93	3.20	3.54	3.66	4.05	8.10	14.95

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/GR et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Full*	3 Years	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	0.46	0.48	0.55	0.56	0.89	2.09	3.88
26	0.47	0.52	0.59	0.60	0.93	2.20	4.06
27	0.50	0.55	0.64	0.64	0.99	2.30	4.26
28	0.55	0.60	0.66	0.67	1.06	2.42	4.48
29	0.58	0.64	0.71	0.72	1.14	2.55	4.68
30	0.62	0.68	0.76	0.78	1.20	2.70	4.94
31	0.67	0.73	0.80	0.84	1.28	2.84	5.20
32	0.72	0.79	0.88	0.91	1.36	2.97	5.46
33	0.77	0.85	0.95	0.97	1.45	3.16	5.76
34	0.82	0.90	1.01	1.05	1.55	3.33	6.07
35	0.90	0.98	1.08	1.14	1.64	3.51	6.40
36	0.96	1.06	1.18	1.21	1.76	3.71	6.78
37	1.03	1.14	1.27	1.31	1.87	3.94	7.14
38	1.12	1.22	1.36	1.40	2.01	4.15	7.56
39	1.20	1.32	1.46	1.52	2.13	4.39	8.00
40	1.30	1.43	1.57	1.63	2.30	4.63	8.48
41	1.39	1.52	1.70	1.76	2.45	4.91	8.99
42	1.50	1.66	1.82	1.87	2.59	5.20	9.52
43	1.61	1.78	1.97	2.04	2.77	5.50	10.08
44	1.72	1.90	2.11	2.19	2.96	5.82	10.67
45	1.85	2.03	2.26	2.36	3.14	6.15	11.31
46	1.98	2.17	2.42	2.51	3.32	6.49	11.95
47	2.11	2.34	2.58	2.68	3.51	6.85	12.62
48	2.26	2.50	2.77	2.86	3.70	7.22	13.37
49	2.40	2.66	2.94	3.06	3.91	7.59	14.10
50	2.54	2.82	3.14	3.24	4.11	7.98	14.83
51	2.70	2.98	3.31	3.43	4.28	8.33	15.50
52	2.82	3.11	3.48	3.60	4.44	8.65	16.10
53	2.99	3.30	3.67	3.81	4.61	9.03	16.81
54	3.12	3.44	3.84	3.98	4.77	9.34	17.38
55	3.22	3.56	3.97	4.12	4.84	9.53	17.72
56	3.28	3.62	4.03	4.17	4.84	9.57	17.77
57	3.26	3.61	4.01	4.17	4.76	9.42	17.47
58	3.17	3.50	3.90	4.03	4.54	9.05	16.74
59	2.98	3.29	3.66	3.80	4.21	8.43	15.54

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Full*	5 Years	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	0.47	0.50	0.58	0.60	0.93	2.21	4.10
26	0.48	0.54	0.61	0.63	0.99	2.32	4.30
27	0.52	0.58	0.66	0.68	1.05	2.43	4.50
28	0.56	0.62	0.70	0.71	1.12	2.56	4.73
29	0.59	0.66	0.74	0.77	1.20	2.70	4.95
30	0.64	0.71	0.79	0.83	1.27	2.85	5.23
31	0.68	0.76	0.85	0.89	1.36	3.00	5.51
32	0.73	0.82	0.92	0.95	1.44	3.15	5.78
33	0.79	0.88	1.00	1.02	1.53	3.34	6.09
34	0.84	0.94	1.06	1.10	1.64	3.52	6.42
35	0.92	1.02	1.14	1.20	1.74	3.72	6.78
36	0.98	1.10	1.24	1.28	1.86	3.92	7.16
37	1.06	1.19	1.33	1.39	1.99	4.16	7.55
38	1.14	1.27	1.43	1.48	2.13	4.39	8.00
39	1.22	1.37	1.54	1.61	2.25	4.64	8.46
40	1.32	1.48	1.66	1.73	2.43	4.91	8.97
41	1.43	1.58	1.79	1.86	2.59	5.19	9.50
42	1.54	1.72	1.92	1.99	2.74	5.51	10.07
43	1.64	1.84	2.06	2.15	2.93	5.82	10.66
44	1.76	1.97	2.22	2.31	3.12	6.16	11.29
45	1.90	2.11	2.38	2.48	3.32	6.50	11.96
46	2.03	2.26	2.54	2.66	3.51	6.86	12.63
47	2.16	2.42	2.71	2.83	3.70	7.25	13.34
48	2.32	2.59	2.90	3.02	3.92	7.63	14.14
49	2.46	2.76	3.10	3.23	4.13	8.03	14.92
50	2.60	2.93	3.30	3.43	4.34	8.44	15.69
51	2.76	3.08	3.48	3.62	4.52	8.81	16.40
52	2.89	3.23	3.65	3.81	4.69	9.15	17.04
53	3.06	3.42	3.86	4.03	4.88	9.55	17.78
54	3.20	3.58	4.03	4.21	5.04	9.88	18.38
55	3.30	3.70	4.18	4.35	5.12	10.08	18.74
56	3.36	3.76	4.24	4.42	5.12	10.12	18.79
57	3.35	3.74	4.21	4.40	5.03	9.96	18.48
58	3.25	3.64	4.09	4.26	4.81	9.57	17.71
59	3.05	3.41	3.85	4.01	4.45	8.91	16.45

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 65	Not Applicable	Limited	2 Years	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	3.54	3.85	4.21	4.72	7.92	17.55	
26	3.64	3.97	4.34	4.85	8.20	17.96	
27	3.76	4.09	4.49	5.03	8.46	18.39	
28	3.89	4.25	4.66	5.21	8.73	18.80	
29	4.03	4.40	4.82	5.41	9.02	19.20	
30	4.18	4.57	5.02	5.59	9.29	19.59	
31	4.36	4.75	5.21	5.82	9.57	19.94	
32	4.51	4.92	5.42	6.04	9.84	20.32	
33	4.70	5.14	5.64	6.29	10.14	20.67	
34	4.88	5.34	5.87	6.53	10.43	21.00	
35	5.08	5.54	6.08	6.79	10.71	21.31	
36	5.27	5.75	6.30	7.04	10.97	21.60	
37	5.45	5.94	6.54	7.27	11.24	21.87	
38	5.63	6.16	6.76	7.54	11.48	22.10	
39	5.82	6.35	6.98	7.77	11.72	22.32	
40	5.99	6.54	7.19	8.00	11.94	22.48	
41	6.14	6.72	7.38	8.21	12.11	22.57	
42	6.29	6.86	7.56	8.40	12.24	22.63	
43	6.41	7.01	7.72	8.56	12.32	22.62	
44	6.50	7.12	7.84	8.68	12.35	22.52	
45	6.58	7.19	7.92	8.77	12.32	22.32	
46	6.61	7.24	7.96	8.80	12.21	22.03	
47	6.59	7.22	7.96	8.77	12.02	21.62	
48	6.52	7.14	7.87	8.67	11.71	21.04	
49	6.41	7.01	7.73	8.50	11.32	20.37	
50	6.23	6.83	7.52	8.26	10.83	19.54	
51	6.01	6.59	7.26	7.95	10.26	18.60	
52	5.75	6.29	6.94	7.57	9.61	17.50	
53	5.35	5.86	6.46	7.00	8.77	16.07	
54	4.92	5.38	5.94	6.39	7.87	14.58	
55	4.45	4.86	5.38	5.74	6.93	12.99	
56	3.96	4.34	4.78	5.07	6.01	11.43	
57	3.48	3.80	4.20	4.40	5.09	9.85	
58	3.00	3.28	3.61	3.75	4.24	8.37	
59	2.53	2.77	3.06	3.15	3.50	6.99	
60	2.11	2.32	2.56	2.63	2.85	5.75	
61	1.75	1.92	2.11	2.17	2.28	4.65	
62	1.45	1.58	1.74	1.81	1.82	3.77	
63	1.31	1.44	1.58	1.64	1.61	3.39	
64	1.26	1.38	1.51	1.56	1.51	3.18	

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 65	Not Applicable	Limited	3 Years	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	3.54	3.86	4.24	4.74	7.96	17.61	
26	3.65	3.98	4.37	4.88	8.23	18.04	
27	3.77	4.10	4.51	5.05	8.50	18.47	
28	3.90	4.26	4.68	5.23	8.76	18.89	
29	4.04	4.42	4.85	5.43	9.05	19.28	
30	4.19	4.58	5.04	5.61	9.34	19.68	
31	4.37	4.76	5.23	5.84	9.61	20.04	
32	4.52	4.93	5.45	6.07	9.89	20.43	
33	4.72	5.16	5.66	6.33	10.19	20.78	
34	4.90	5.36	5.89	6.57	10.49	21.11	
35	5.09	5.57	6.12	6.82	10.76	21.43	
36	5.28	5.77	6.34	7.08	11.03	21.74	
37	5.46	5.96	6.58	7.31	11.30	22.00	
38	5.65	6.18	6.80	7.59	11.55	22.24	
39	5.83	6.37	7.03	7.82	11.79	22.47	
40	6.01	6.58	7.24	8.06	12.02	22.65	
41	6.17	6.76	7.43	8.27	12.19	22.75	
42	6.31	6.90	7.62	8.46	12.33	22.80	
43	6.43	7.04	7.78	8.63	12.41	22.80	
44	6.53	7.16	7.90	8.75	12.45	22.72	
45	6.60	7.24	7.99	8.86	12.42	22.53	
46	6.64	7.28	8.03	8.89	12.33	22.25	
47	6.62	7.27	8.04	8.87	12.13	21.86	
48	6.55	7.20	7.96	8.76	11.83	21.30	
49	6.44	7.07	7.82	8.60	11.45	20.64	
50	6.26	6.89	7.62	8.37	10.97	19.81	
51	6.05	6.66	7.36	8.06	10.41	18.89	
52	5.80	6.36	7.04	7.69	9.76	17.80	
53	5.40	5.93	6.56	7.13	8.94	16.38	
54	4.97	5.45	6.06	6.53	8.03	14.91	
55	4.50	4.94	5.50	5.88	7.10	13.32	
56	4.01	4.43	4.90	5.21	6.18	11.76	
57	3.53	3.89	4.32	4.54	5.26	10.18	
58	3.05	3.35	3.73	3.89	4.40	8.68	
59	2.58	2.84	3.17	3.28	3.63	7.27	
60	2.15	2.38	2.64	2.74	2.97	5.98	
61	1.78	1.97	2.18	2.27	2.37	4.84	
62	1.48	1.62	1.80	1.87	1.89	3.93	
63	1.33	1.48	1.64	1.71	1.68	3.52	
64	1.28	1.42	1.56	1.63	1.56	3.31	

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 65	Not Applicable	Limited	5 Years	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	3.55	3.88	4.26	4.76	8.00	17.72	
26	3.66	4.00	4.39	4.91	8.28	18.15	
27	3.78	4.13	4.54	5.08	8.54	18.59	
28	3.91	4.28	4.70	5.27	8.82	19.01	
29	4.06	4.44	4.87	5.46	9.11	19.42	
30	4.20	4.61	5.06	5.66	9.40	19.82	
31	4.38	4.79	5.27	5.89	9.67	20.19	
32	4.55	4.96	5.48	6.12	9.96	20.58	
33	4.73	5.18	5.71	6.37	10.27	20.94	
34	4.92	5.39	5.94	6.62	10.57	21.29	
35	5.11	5.59	6.17	6.88	10.84	21.62	
36	5.30	5.81	6.40	7.14	11.12	21.92	
37	5.48	6.01	6.64	7.38	11.40	22.21	
38	5.68	6.23	6.86	7.66	11.65	22.46	
39	5.86	6.42	7.10	7.90	11.90	22.70	
40	6.04	6.62	7.31	8.14	12.13	22.89	
41	6.19	6.80	7.51	8.36	12.32	23.00	
42	6.35	6.96	7.70	8.56	12.45	23.08	
43	6.47	7.10	7.86	8.73	12.56	23.09	
44	6.58	7.22	7.99	8.87	12.60	23.02	
45	6.65	7.30	8.09	8.97	12.58	22.85	
46	6.68	7.36	8.15	9.02	12.50	22.59	
47	6.67	7.34	8.16	9.00	12.32	22.21	
48	6.60	7.28	8.08	8.91	12.03	21.67	
49	6.49	7.15	7.96	8.76	11.65	21.03	
50	6.32	6.98	7.76	8.53	11.19	20.23	
51	6.11	6.76	7.51	8.23	10.63	19.33	
52	5.86	6.46	7.20	7.88	9.99	18.25	
53	5.47	6.04	6.73	7.33	9.17	16.85	
54	5.04	5.57	6.23	6.74	8.28	15.39	
55	4.56	5.06	5.68	6.10	7.35	13.82	
56	4.08	4.55	5.09	5.43	6.43	12.25	
57	3.60	4.01	4.50	4.76	5.50	10.66	
58	3.11	3.47	3.90	4.09	4.63	9.15	
59	2.64	2.95	3.32	3.47	3.85	7.71	
60	2.20	2.46	2.77	2.90	3.14	6.33	
61	1.82	2.04	2.29	2.39	2.51	5.12	
62	1.51	1.68	1.90	1.98	2.00	4.15	
63	1.37	1.54	1.73	1.81	1.77	3.73	
64	1.31	1.46	1.64	1.73	1.66	3.50	

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 65	Not Applicable	Limited	Max. Ben. Period	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	3.68	4.09	4.58	5.14	8.65	19.31	
26	3.79	4.22	4.73	5.30	8.95	19.76	
27	3.91	4.36	4.88	5.49	9.22	20.23	
28	4.06	4.52	5.06	5.68	9.52	20.68	
29	4.20	4.68	5.24	5.89	9.83	21.12	
30	4.36	4.86	5.45	6.10	10.14	21.55	
31	4.54	5.05	5.66	6.35	10.43	21.93	
32	4.70	5.23	5.89	6.59	10.74	22.35	
33	4.90	5.46	6.13	6.87	11.07	22.74	
34	5.09	5.68	6.37	7.13	11.39	23.10	
35	5.29	5.89	6.61	7.39	11.68	23.44	
36	5.48	6.12	6.85	7.68	11.97	23.76	
37	5.68	6.32	7.10	7.94	12.26	24.06	
38	5.87	6.55	7.34	8.23	12.52	24.31	
39	6.06	6.76	7.60	8.48	12.79	24.55	
40	6.24	6.96	7.81	8.74	13.03	24.73	
41	6.40	7.15	8.03	8.96	13.21	24.83	
42	6.55	7.31	8.22	9.17	13.35	24.89	
43	6.67	7.45	8.39	9.34	13.46	24.88	
44	6.78	7.57	8.52	9.48	13.49	24.77	
45	6.85	7.64	8.60	9.58	13.44	24.55	
46	6.89	7.69	8.65	9.61	13.34	24.23	
47	6.86	7.68	8.65	9.59	13.12	23.78	
48	6.79	7.60	8.56	9.46	12.80	23.14	
49	6.67	7.45	8.40	9.29	12.36	22.41	
50	6.49	7.26	8.18	9.03	11.85	21.49	
51	6.26	7.01	7.90	8.68	11.21	20.46	
52	5.99	6.68	7.54	8.28	10.51	19.25	
53	5.58	6.23	7.02	7.66	9.59	17.68	
54	5.12	5.72	6.46	7.00	8.61	16.04	
55	4.63	5.17	5.84	6.29	7.59	14.29	
56	4.13	4.62	5.20	5.55	6.59	12.57	
57	3.62	4.04	4.56	4.83	5.59	10.84	
58	3.12	3.48	3.92	4.12	4.66	9.21	
59	2.64	2.95	3.32	3.47	3.85	7.69	
60	2.20	2.46	2.77	2.90	3.14	6.33	
61	1.82	2.04	2.29	2.39	2.51	5.12	
62	1.51	1.68	1.90	1.98	2.00	4.15	
63	1.37	1.54	1.73	1.81	1.77	3.73	
64	1.31	1.46	1.64	1.73	1.66	3.50	

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 65	Not Applicable	Full*	2 Years	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	4.16	4.52	4.97	5.54	9.34	20.64	
26	4.27	4.67	5.12	5.72	9.64	21.13	
27	4.43	4.82	5.29	5.91	9.96	21.64	
28	4.58	4.99	5.47	6.13	10.28	22.12	
29	4.75	5.17	5.69	6.36	10.60	22.58	
30	4.93	5.36	5.89	6.59	10.94	23.06	
31	5.11	5.58	6.13	6.85	11.25	23.49	
32	5.33	5.80	6.37	7.12	11.62	23.90	
33	5.53	6.04	6.64	7.39	11.95	24.30	
34	5.75	6.28	6.89	7.69	12.27	24.70	
35	5.96	6.50	7.16	7.99	12.60	25.07	
36	6.19	6.76	7.42	8.28	12.91	25.42	
37	6.41	7.00	7.69	8.57	13.24	25.73	
38	6.64	7.24	7.96	8.87	13.52	26.00	
39	6.84	7.48	8.21	9.15	13.80	26.26	
40	7.06	7.69	8.46	9.41	14.05	26.44	
41	7.22	7.90	8.69	9.66	14.25	26.57	
42	7.39	8.08	8.89	9.89	14.42	26.62	
43	7.55	8.23	9.07	10.06	14.50	26.61	
44	7.64	8.36	9.22	10.22	14.55	26.49	
45	7.73	8.46	9.31	10.33	14.50	26.27	
46	7.78	8.50	9.36	10.36	14.39	25.92	
47	7.75	8.48	9.35	10.34	14.16	25.43	
48	7.67	8.39	9.26	10.22	13.80	24.77	
49	7.55	8.24	9.10	10.03	13.34	23.97	
50	7.34	8.03	8.87	9.73	12.78	22.98	
51	7.07	7.75	8.54	9.37	12.11	21.88	
52	6.77	7.40	8.16	8.91	11.34	20.59	
53	6.29	6.89	7.60	8.26	10.35	18.92	
54	5.78	6.32	6.98	7.54	9.28	17.16	
55	5.23	5.74	6.31	6.77	8.19	15.30	
56	4.67	5.10	5.63	5.98	7.08	13.43	
57	4.09	4.48	4.93	5.21	6.01	11.58	
58	3.52	3.85	4.25	4.45	5.01	9.85	
59	2.99	3.28	3.60	3.73	4.13	8.23	
60	2.48	2.72	3.00	3.09	3.35	6.74	
61	2.06	2.26	2.47	2.56	2.69	5.47	
62	1.70	1.86	2.05	2.12	2.15	4.43	
63	1.56	1.69	1.87	1.92	1.90	3.97	
64	1.48	1.62	1.79	1.85	1.77	3.75	

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 65	Not Applicable	Full*	3 Years	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	4.16	4.54	4.99	5.57	9.37	20.71	
26	4.28	4.68	5.15	5.74	9.67	21.22	
27	4.43	4.84	5.32	5.93	9.99	21.73	
28	4.60	5.02	5.50	6.15	10.33	22.21	
29	4.75	5.18	5.71	6.38	10.65	22.68	
30	4.94	5.39	5.92	6.61	10.98	23.17	
31	5.12	5.60	6.16	6.89	11.29	23.60	
32	5.34	5.82	6.40	7.15	11.66	24.01	
33	5.54	6.06	6.67	7.43	12.01	24.42	
34	5.76	6.30	6.92	7.74	12.33	24.83	
35	5.98	6.53	7.20	8.04	12.67	25.20	
36	6.20	6.78	7.45	8.33	12.98	25.56	
37	6.42	7.02	7.74	8.61	13.31	25.88	
38	6.66	7.27	8.00	8.92	13.60	26.16	
39	6.86	7.51	8.26	9.21	13.88	26.42	
40	7.08	7.73	8.51	9.48	14.15	26.62	
41	7.25	7.93	8.75	9.73	14.34	26.75	
42	7.42	8.12	8.95	9.96	14.51	26.82	
43	7.57	8.28	9.14	10.14	14.61	26.82	
44	7.67	8.41	9.29	10.30	14.66	26.71	
45	7.75	8.51	9.38	10.42	14.62	26.51	
46	7.81	8.54	9.44	10.45	14.51	26.17	
47	7.79	8.54	9.43	10.44	14.29	25.70	
48	7.70	8.45	9.36	10.34	13.94	25.05	
49	7.58	8.32	9.19	10.14	13.49	24.26	
50	7.38	8.10	8.98	9.86	12.94	23.29	
51	7.12	7.82	8.65	9.50	12.27	22.20	
52	6.82	7.48	8.28	9.05	11.51	20.92	
53	6.34	6.97	7.72	8.41	10.52	19.27	
54	5.83	6.41	7.12	7.69	9.46	17.52	
55	5.28	5.82	6.44	6.93	8.37	15.66	
56	4.72	5.20	5.76	6.14	7.27	13.81	
57	4.14	4.57	5.06	5.37	6.20	11.95	
58	3.56	3.94	4.38	4.60	5.19	10.20	
59	3.04	3.36	3.72	3.86	4.29	8.56	
60	2.53	2.80	3.11	3.22	3.48	7.01	
61	2.10	2.32	2.56	2.67	2.79	5.69	
62	1.73	1.91	2.12	2.20	2.23	4.61	
63	1.58	1.74	1.94	2.00	1.97	4.13	
64	1.50	1.67	1.85	1.92	1.84	3.91	

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 65	Not Applicable	Full*	5 Years	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	4.18	4.55	5.02	5.60	9.42	20.83	
26	4.30	4.70	5.17	5.77	9.73	21.34	
27	4.44	4.86	5.34	5.97	10.05	21.86	
28	4.61	5.04	5.53	6.20	10.38	22.35	
29	4.76	5.21	5.75	6.43	10.71	22.83	
30	4.96	5.41	5.96	6.66	11.05	23.32	
31	5.15	5.63	6.19	6.93	11.37	23.76	
32	5.35	5.84	6.44	7.20	11.74	24.19	
33	5.56	6.08	6.72	7.49	12.09	24.61	
34	5.78	6.32	6.97	7.80	12.42	25.01	
35	6.00	6.56	7.26	8.10	12.77	25.41	
36	6.23	6.83	7.51	8.40	13.09	25.77	
37	6.44	7.07	7.80	8.69	13.42	26.10	
38	6.68	7.32	8.08	9.00	13.72	26.40	
39	6.89	7.56	8.34	9.30	14.01	26.68	
40	7.10	7.78	8.59	9.57	14.27	26.90	
41	7.28	7.99	8.83	9.83	14.48	27.04	
42	7.45	8.18	9.04	10.07	14.66	27.13	
43	7.61	8.34	9.24	10.26	14.77	27.14	
44	7.72	8.48	9.40	10.43	14.82	27.05	
45	7.80	8.59	9.50	10.55	14.80	26.86	
46	7.86	8.63	9.56	10.60	14.70	26.54	
47	7.84	8.63	9.56	10.59	14.49	26.09	
48	7.76	8.54	9.49	10.50	14.16	25.47	
49	7.64	8.41	9.35	10.32	13.71	24.70	
50	7.44	8.21	9.13	10.04	13.17	23.75	
51	7.19	7.93	8.82	9.69	12.51	22.68	
52	6.88	7.60	8.45	9.26	11.76	21.43	
53	6.41	7.09	7.91	8.63	10.79	19.79	
54	5.92	6.54	7.31	7.92	9.73	18.06	
55	5.36	5.95	6.65	7.16	8.65	16.21	
56	4.80	5.33	5.96	6.38	7.54	14.36	
57	4.22	4.70	5.27	5.60	6.46	12.49	
58	3.65	4.07	4.57	4.83	5.45	10.71	
59	3.11	3.48	3.91	4.08	4.53	9.04	
60	2.59	2.89	3.26	3.40	3.68	7.41	
61	2.15	2.40	2.69	2.82	2.96	6.02	
62	1.78	1.98	2.23	2.32	2.36	4.87	
63	1.62	1.80	2.04	2.12	2.08	4.37	
64	1.54	1.73	1.94	2.04	1.94	4.13	

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 65	Not Applicable	Full*	Max. Ben. Period	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	4.33	4.81	5.40	6.05	10.18	22.70	
26	4.45	4.97	5.57	6.23	10.51	23.24	
27	4.61	5.14	5.75	6.44	10.86	23.80	
28	4.78	5.32	5.95	6.69	11.22	24.33	
29	4.94	5.50	6.18	6.93	11.56	24.84	
30	5.14	5.71	6.41	7.19	11.94	25.37	
31	5.33	5.94	6.66	7.48	12.27	25.84	
32	5.54	6.17	6.92	7.76	12.67	26.29	
33	5.76	6.42	7.21	8.07	13.04	26.73	
34	5.99	6.67	7.49	8.40	13.39	27.17	
35	6.22	6.92	7.79	8.72	13.75	27.58	
36	6.44	7.19	8.06	9.04	14.10	27.96	
37	6.67	7.44	8.36	9.35	14.44	28.30	
38	6.91	7.70	8.65	9.68	14.77	28.60	
39	7.13	7.96	8.93	9.99	15.07	28.89	
40	7.34	8.18	9.19	10.27	15.34	29.08	
41	7.52	8.40	9.44	10.55	15.55	29.23	
42	7.70	8.59	9.66	10.80	15.73	29.28	
43	7.86	8.76	9.86	10.98	15.84	29.27	
44	7.97	8.90	10.02	11.17	15.88	29.14	
45	8.05	9.00	10.13	11.27	15.84	28.90	
46	8.10	9.04	10.18	11.32	15.71	28.51	
47	8.08	9.02	10.16	11.29	15.46	27.97	
48	7.99	8.93	10.07	11.18	15.08	27.25	
49	7.86	8.77	9.89	10.95	14.57	26.37	
50	7.64	8.54	9.64	10.64	13.96	25.28	
51	7.37	8.24	9.29	10.25	13.24	24.07	
52	7.04	7.87	8.87	9.75	12.40	22.65	
53	6.55	7.33	8.26	9.04	11.32	20.81	
54	6.02	6.73	7.60	8.26	10.15	18.88	
55	5.45	6.10	6.86	7.42	8.97	16.83	
56	4.86	5.42	6.12	6.56	7.76	14.77	
57	4.26	4.76	5.36	5.70	6.59	12.74	
58	3.66	4.09	4.62	4.89	5.51	10.84	
59	3.11	3.48	3.91	4.09	4.54	9.05	
60	2.59	2.89	3.26	3.40	3.68	7.41	
61	2.15	2.40	2.69	2.82	2.96	6.02	
62	1.78	1.98	2.23	2.32	2.36	4.87	
63	1.62	1.80	2.04	2.12	2.08	4.37	
64	1.54	1.73	1.94	2.04	1.94	4.13	

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 70	Not Applicable	Limited	2 Years	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	4.04	4.42	4.81	5.41	9.02		
26	4.18	4.57	5.00	5.60	9.36		
27	4.36	4.76	5.21	5.82	9.73		
28	4.52	4.94	5.42	6.06	10.10		
29	4.74	5.17	5.65	6.34	10.49		
30	4.94	5.39	5.92	6.61	10.86		
31	5.17	5.64	6.19	6.92	11.27		
32	5.41	5.90	6.47	7.23	11.67		
33	5.65	6.17	6.78	7.58	12.11		
34	5.92	6.47	7.10	7.94	12.52		
35	6.19	6.76	7.42	8.30	12.96		
36	6.47	7.07	7.78	8.68	13.40		
37	6.76	7.38	8.11	9.06	13.83		
38	7.06	7.69	8.46	9.45	14.27		
39	7.34	8.02	8.82	9.86	14.71		
40	7.63	8.34	9.18	10.25	15.11		
41	7.91	8.64	9.52	10.61	15.50		
42	8.20	8.94	9.84	10.99	15.86		
43	8.47	9.25	10.16	11.34	16.17		
44	8.71	9.52	10.49	11.68	16.45		
45	8.93	9.76	10.76	11.99	16.66		
46	9.12	9.97	10.98	12.22	16.79		
47	9.26	10.13	11.17	12.43	16.85		
48	9.37	10.25	11.29	12.56	16.79		
49	9.41	10.30	11.36	12.60	16.62		
50	9.40	10.28	11.35	12.58	16.33		
51	9.32	10.20	11.24	12.47	15.95		
52	9.16	10.02	11.05	12.21	15.41		
53	8.82	9.68	10.67	11.78	14.61		
54	8.45	9.25	10.21	11.22	13.69		
55	7.99	8.74	9.66	10.59	12.67		
56	7.49	8.18	9.04	9.89	11.62		
57	6.95	7.61	8.39	9.14	10.51		
58	6.37	6.98	7.69	8.38	9.41		
59	5.78	6.32	6.97	7.59	8.35		
60	5.18	5.66	6.26	6.82	7.33		
61	4.57	5.00	5.53	6.05	6.31		
62	3.98	4.36	4.81	5.27	5.35		
63	3.36	3.67	4.07	4.44	4.43		
64	2.78	3.05	3.37	3.66	3.58		
65	2.27	2.48	2.72	3.11	2.98		
66	1.82	1.99	2.21	2.50	2.37		
67	1.48	1.62	1.80	2.04	1.90		
68	1.25	1.38	1.52	1.74	1.58		
69	1.16	1.28	1.42	1.62	1.45		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 70	Not Applicable	Limited	3 Years	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	4.04	4.43	4.84	5.43	9.05		
26	4.19	4.58	5.02	5.62	9.40		
27	4.36	4.78	5.23	5.84	9.76		
28	4.54	4.96	5.45	6.08	10.13		
29	4.74	5.18	5.68	6.36	10.52		
30	4.96	5.40	5.94	6.64	10.90		
31	5.18	5.65	6.22	6.95	11.32		
32	5.42	5.92	6.49	7.27	11.72		
33	5.66	6.19	6.80	7.61	12.16		
34	5.93	6.49	7.13	7.97	12.58		
35	6.20	6.78	7.45	8.34	13.02		
36	6.48	7.09	7.81	8.73	13.46		
37	6.77	7.40	8.15	9.11	13.90		
38	7.07	7.72	8.50	9.50	14.34		
39	7.36	8.05	8.87	9.90	14.78		
40	7.66	8.36	9.23	10.30	15.19		
41	7.93	8.68	9.56	10.67	15.58		
42	8.22	8.98	9.89	11.06	15.95		
43	8.50	9.29	10.22	11.41	16.26		
44	8.74	9.56	10.55	11.75	16.55		
45	8.95	9.80	10.84	12.08	16.77		
46	9.14	10.02	11.05	12.32	16.91		
47	9.29	10.18	11.24	12.52	16.96		
48	9.41	10.31	11.38	12.65	16.92		
49	9.44	10.36	11.45	12.71	16.76		
50	9.43	10.34	11.45	12.70	16.47		
51	9.36	10.27	11.34	12.58	16.10		
52	9.20	10.09	11.16	12.34	15.56		
53	8.87	9.76	10.78	11.90	14.77		
54	8.50	9.32	10.33	11.36	13.85		
55	8.04	8.82	9.78	10.73	12.83		
56	7.54	8.27	9.16	10.03	11.78		
57	7.00	7.68	8.51	9.28	10.67		
58	6.42	7.06	7.81	8.52	9.57		
59	5.83	6.40	7.09	7.72	8.49		
60	5.22	5.72	6.35	6.92	7.44		
61	4.60	5.05	5.60	6.14	6.41		
62	4.01	4.39	4.87	5.34	5.42		
63	3.38	3.71	4.12	4.51	4.50		
64	2.81	3.08	3.42	3.73	3.63		
65	2.27	2.48	2.72	3.11	2.98		
66	1.82	1.99	2.21	2.50	2.37		
67	1.48	1.62	1.80	2.04	1.90		
68	1.25	1.38	1.52	1.74	1.58		
69	1.16	1.28	1.42	1.62	1.45		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 70	Not Applicable	Limited	5 Years	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	4.06	4.44	4.86	5.45	9.10		
26	4.20	4.60	5.04	5.66	9.44		
27	4.37	4.79	5.26	5.88	9.81		
28	4.55	4.98	5.47	6.12	10.19		
29	4.75	5.21	5.70	6.39	10.58		
30	4.97	5.42	5.98	6.68	10.96		
31	5.20	5.68	6.25	6.99	11.37		
32	5.44	5.94	6.54	7.31	11.79		
33	5.69	6.22	6.85	7.66	12.24		
34	5.95	6.52	7.18	8.03	12.66		
35	6.23	6.82	7.50	8.40	13.10		
36	6.50	7.13	7.86	8.79	13.55		
37	6.79	7.44	8.21	9.18	14.00		
38	7.09	7.76	8.56	9.57	14.44		
39	7.38	8.10	8.93	9.98	14.89		
40	7.68	8.41	9.29	10.38	15.31		
41	7.96	8.72	9.65	10.76	15.71		
42	8.24	9.04	9.97	11.16	16.08		
43	8.53	9.35	10.32	11.51	16.41		
44	8.77	9.62	10.64	11.87	16.70		
45	9.00	9.88	10.93	12.19	16.93		
46	9.19	10.09	11.17	12.44	17.08		
47	9.34	10.26	11.36	12.66	17.15		
48	9.46	10.39	11.51	12.80	17.11		
49	9.50	10.45	11.58	12.87	16.95		
50	9.49	10.44	11.59	12.86	16.69		
51	9.42	10.37	11.50	12.75	16.32		
52	9.26	10.19	11.32	12.52	15.79		
53	8.94	9.86	10.94	12.10	15.00		
54	8.56	9.44	10.50	11.57	14.10		
55	8.11	8.94	9.96	10.95	13.09		
56	7.61	8.39	9.35	10.25	12.03		
57	7.07	7.80	8.69	9.50	10.91		
58	6.49	7.18	7.99	8.73	9.80		
59	5.89	6.52	7.26	7.91	8.71		
60	5.27	5.81	6.48	7.08	7.61		
61	4.64	5.14	5.71	6.27	6.54		
62	4.04	4.45	4.97	5.44	5.53		
63	3.42	3.77	4.20	4.60	4.59		
64	2.84	3.13	3.50	3.82	3.73		
65	2.27	2.48	2.72	3.11	2.98		
66	1.82	1.99	2.21	2.50	2.37		
67	1.48	1.62	1.80	2.04	1.90		
68	1.25	1.38	1.52	1.74	1.58		
69	1.16	1.28	1.42	1.62	1.45		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/GR et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 70	Not Applicable	Limited	Max. Ben. Period	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	4.21	4.69	5.23	5.89	9.84		
26	4.36	4.86	5.44	6.12	10.21		
27	4.54	5.06	5.66	6.35	10.60		
28	4.72	5.26	5.89	6.61	11.02		
29	4.93	5.50	6.14	6.91	11.43		
30	5.15	5.74	6.43	7.21	11.85		
31	5.39	6.00	6.73	7.54	12.29		
32	5.64	6.28	7.03	7.89	12.73		
33	5.89	6.56	7.37	8.27	13.21		
34	6.17	6.88	7.72	8.66	13.67		
35	6.46	7.19	8.06	9.05	14.13		
36	6.73	7.52	8.45	9.48	14.62		
37	7.03	7.85	8.82	9.89	15.10		
38	7.34	8.18	9.19	10.30	15.57		
39	7.64	8.53	9.59	10.75	16.05		
40	7.96	8.87	9.97	11.18	16.49		
41	8.23	9.19	10.34	11.58	16.92		
42	8.53	9.52	10.69	11.99	17.31		
43	8.82	9.84	11.05	12.37	17.65		
44	9.07	10.13	11.40	12.75	17.95		
45	9.30	10.38	11.70	13.09	18.18		
46	9.50	10.61	11.94	13.35	18.33		
47	9.65	10.78	12.14	13.57	18.39		
48	9.77	10.91	12.28	13.71	18.33		
49	9.80	10.96	12.35	13.77	18.15		
50	9.79	10.94	12.34	13.74	17.84		
51	9.71	10.85	12.23	13.60	17.42		
52	9.54	10.66	12.01	13.34	16.82		
53	9.19	10.30	11.59	12.86	15.95		
54	8.80	9.84	11.10	12.27	14.96		
55	8.33	9.30	10.50	11.58	13.85		
56	7.80	8.71	9.83	10.81	12.70		
57	7.24	8.09	9.12	9.99	11.49		
58	6.64	7.43	8.36	9.17	10.29		
59	6.02	6.73	7.58	8.30	9.13		
60	5.40	6.02	6.80	7.46	8.02		
61	4.76	5.33	6.01	6.61	6.91		
62	4.15	4.63	5.23	5.75	5.85		
63	3.50	3.91	4.42	4.85	4.84		
64	2.90	3.24	3.66	4.00	3.91		
65	2.36	2.64	2.96	3.38	3.24		
66	1.90	2.12	2.40	2.73	2.59		
67	1.54	1.73	1.96	2.22	2.07		
68	1.30	1.46	1.66	1.90	1.71		
69	1.21	1.37	1.54	1.77	1.58		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 70	Not Applicable	Full*	2 Years	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	4.75	5.17	5.68	6.36	10.61		
26	4.93	5.36	5.88	6.60	11.02		
27	5.11	5.58	6.12	6.87	11.45		
28	5.33	5.82	6.38	7.14	11.89		
29	5.57	6.08	6.66	7.46	12.34		
30	5.82	6.34	6.97	7.80	12.78		
31	6.08	6.64	7.27	8.14	13.26		
32	6.37	6.94	7.62	8.53	13.73		
33	6.65	7.26	7.97	8.92	14.26		
34	6.97	7.61	8.35	9.34	14.75		
35	7.30	7.96	8.74	9.79	15.26		
36	7.62	8.32	9.14	10.21	15.77		
37	7.94	8.68	9.54	10.67	16.27		
38	8.29	9.06	9.96	11.12	16.79		
39	8.64	9.43	10.38	11.59	17.31		
40	8.99	9.80	10.80	12.05	17.80		
41	9.31	10.18	11.20	12.50	18.25		
42	9.64	10.52	11.58	12.93	18.66		
43	9.95	10.87	11.96	13.35	19.04		
44	10.25	11.20	12.35	13.75	19.37		
45	10.51	11.48	12.66	14.11	19.61		
46	10.74	11.74	12.92	14.40	19.78		
47	10.90	11.93	13.15	14.64	19.85		
48	11.03	12.06	13.30	14.78	19.77		
49	11.08	12.12	13.36	14.86	19.60		
50	11.06	12.11	13.34	14.82	19.24		
51	10.96	11.99	13.24	14.67	18.78		
52	10.78	11.78	13.01	14.40	18.15		
53	10.39	11.38	12.55	13.87	17.20		
54	9.94	10.87	12.01	13.24	16.15		
55	9.41	10.30	11.36	12.49	14.94		
56	8.81	9.64	10.64	11.66	13.70		
57	8.17	8.94	9.86	10.79	12.39		
58	7.49	8.21	9.05	9.88	11.10		
59	6.79	7.44	8.21	8.96	9.82		
60	6.10	6.67	7.37	8.03	8.61		
61	5.38	5.90	6.50	7.12	7.44		
62	4.69	5.14	5.65	6.20	6.30		
63	3.96	4.34	4.78	5.22	5.21		
64	3.29	3.59	3.96	4.30	4.21		
65	2.66	2.92	3.22	3.66	3.51		
66	2.16	2.35	2.59	2.94	2.79		
67	1.74	1.92	2.12	2.40	2.22		
68	1.48	1.61	1.80	2.05	1.85		
69	1.37	1.51	1.67	1.90	1.70		

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 70	Not Applicable	Full*	3 Years	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	4.76	5.18	5.70	6.38	10.65		
26	4.93	5.38	5.90	6.62	11.05		
27	5.12	5.59	6.14	6.89	11.49		
28	5.34	5.83	6.41	7.16	11.94		
29	5.58	6.10	6.68	7.49	12.39		
30	5.83	6.36	7.00	7.82	12.82		
31	6.10	6.65	7.30	8.18	13.31		
32	6.38	6.96	7.64	8.57	13.78		
33	6.66	7.28	8.00	8.96	14.32		
34	6.98	7.63	8.39	9.38	14.81		
35	7.31	7.98	8.77	9.83	15.33		
36	7.63	8.34	9.18	10.26	15.84		
37	7.97	8.70	9.59	10.72	16.34		
38	8.32	9.08	10.01	11.18	16.87		
39	8.66	9.47	10.43	11.65	17.39		
40	9.01	9.84	10.85	12.12	17.89		
41	9.34	10.21	11.26	12.57	18.34		
42	9.66	10.57	11.64	13.00	18.76		
43	9.97	10.92	12.04	13.43	19.15		
44	10.27	11.24	12.42	13.83	19.48		
45	10.54	11.53	12.73	14.20	19.72		
46	10.76	11.78	13.01	14.49	19.91		
47	10.93	11.99	13.24	14.74	19.99		
48	11.06	12.12	13.39	14.89	19.91		
49	11.11	12.18	13.45	14.97	19.75		
50	11.10	12.18	13.45	14.95	19.40		
51	11.00	12.06	13.34	14.80	18.94		
52	10.82	11.86	13.13	14.54	18.32		
53	10.44	11.46	12.67	14.02	17.38		
54	9.98	10.96	12.14	13.39	16.33		
55	9.46	10.39	11.50	12.65	15.12		
56	8.87	9.73	10.78	11.82	13.88		
57	8.22	9.04	10.01	10.95	12.57		
58	7.54	8.29	9.18	10.03	11.27		
59	6.84	7.52	8.33	9.10	9.98		
60	6.13	6.74	7.46	8.15	8.75		
61	5.41	5.96	6.59	7.22	7.54		
62	4.72	5.18	5.72	6.28	6.38		
63	3.98	4.39	4.85	5.30	5.28		
64	3.31	3.64	4.02	4.37	4.28		
65	2.66	2.92	3.22	3.66	3.51		
66	2.16	2.35	2.59	2.94	2.79		
67	1.74	1.92	2.12	2.40	2.22		
68	1.48	1.61	1.80	2.05	1.85		
69	1.37	1.51	1.67	1.90	1.70		

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 70	Not Applicable	Full*	5 Years	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	4.78	5.21	5.72	6.42	10.70		
26	4.94	5.40	5.93	6.66	11.11		
27	5.14	5.62	6.17	6.92	11.55		
28	5.35	5.86	6.43	7.21	11.99		
29	5.59	6.12	6.72	7.53	12.44		
30	5.84	6.38	7.03	7.87	12.89		
31	6.11	6.67	7.34	8.22	13.39		
32	6.40	6.98	7.69	8.61	13.86		
33	6.68	7.32	8.05	9.02	14.40		
34	7.01	7.66	8.44	9.44	14.90		
35	7.33	8.02	8.82	9.89	15.42		
36	7.66	8.38	9.24	10.33	15.94		
37	7.99	8.75	9.65	10.80	16.46		
38	8.34	9.13	10.07	11.26	16.99		
39	8.69	9.52	10.50	11.74	17.51		
40	9.04	9.89	10.93	12.21	18.02		
41	9.36	10.27	11.34	12.67	18.48		
42	9.70	10.63	11.74	13.11	18.91		
43	10.02	10.98	12.13	13.55	19.31		
44	10.32	11.32	12.52	13.96	19.64		
45	10.58	11.60	12.85	14.33	19.91		
46	10.81	11.87	13.13	14.64	20.09		
47	10.98	12.07	13.37	14.89	20.18		
48	11.11	12.22	13.52	15.05	20.13		
49	11.17	12.28	13.61	15.15	19.96		
50	11.16	12.28	13.61	15.13	19.63		
51	11.06	12.18	13.51	15.00	19.18		
52	10.88	11.98	13.30	14.74	18.57		
53	10.51	11.59	12.86	14.24	17.64		
54	10.06	11.09	12.34	13.62	16.59		
55	9.54	10.52	11.70	12.88	15.40		
56	8.95	9.86	10.98	12.06	14.16		
57	8.30	9.17	10.21	11.18	12.83		
58	7.62	8.42	9.38	10.26	11.53		
59	6.92	7.64	8.52	9.32	10.22		
60	6.19	6.84	7.62	8.34	8.95		
61	5.46	6.05	6.72	7.37	7.71		
62	4.76	5.26	5.83	6.41	6.51		
63	4.03	4.45	4.94	5.42	5.39		
64	3.35	3.70	4.12	4.49	4.38		
65	2.66	2.92	3.22	3.66	3.51		
66	2.16	2.35	2.59	2.94	2.79		
67	1.74	1.92	2.12	2.40	2.22		
68	1.48	1.61	1.80	2.05	1.85		
69	1.37	1.51	1.67	1.90	1.70		

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 70	Not Applicable	Full*	Max. Ben. Period	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	4.96	5.51	6.17	6.95	11.57		
26	5.14	5.71	6.40	7.20	12.02		
27	5.33	5.94	6.65	7.49	12.49		
28	5.56	6.19	6.94	7.80	12.97		
29	5.80	6.47	7.24	8.14	13.46		
30	6.06	6.74	7.57	8.50	13.94		
31	6.34	7.06	7.91	8.88	14.47		
32	6.64	7.38	8.28	9.30	14.97		
33	6.92	7.73	8.66	9.74	15.56		
34	7.26	8.09	9.08	10.19	16.10		
35	7.60	8.46	9.49	10.67	16.65		
36	7.93	8.84	9.94	11.14	17.20		
37	8.28	9.23	10.37	11.65	17.76		
38	8.64	9.64	10.82	12.14	18.32		
39	9.00	10.03	11.28	12.65	18.88		
40	9.36	10.43	11.74	13.16	19.42		
41	9.70	10.82	12.17	13.65	19.91		
42	10.03	11.20	12.59	14.11	20.37		
43	10.37	11.57	13.01	14.57	20.78		
44	10.68	11.92	13.42	15.01	21.13		
45	10.94	12.22	13.76	15.40	21.40		
46	11.18	12.48	14.05	15.72	21.59		
47	11.35	12.68	14.29	15.97	21.67		
48	11.48	12.83	14.45	16.13	21.59		
49	11.53	12.89	14.52	16.22	21.39		
50	11.52	12.88	14.51	16.19	21.01		
51	11.41	12.76	14.39	16.02	20.50		
52	11.22	12.54	14.14	15.73	19.83		
53	10.82	12.11	13.64	15.16	18.79		
54	10.34	11.57	13.06	14.47	17.63		
55	9.80	10.96	12.35	13.65	16.32		
56	9.18	10.25	11.57	12.75	14.97		
57	8.51	9.52	10.73	11.79	13.54		
58	7.80	8.74	9.84	10.80	12.14		
59	7.08	7.92	8.93	9.79	10.74		
60	6.35	7.09	8.00	8.79	9.42		
61	5.60	6.28	7.07	7.79	8.13		
62	4.88	5.46	6.14	6.77	6.88		
63	4.13	4.62	5.20	5.72	5.69		
64	3.42	3.82	4.31	4.70	4.60		
65	2.77	3.11	3.49	3.99	3.82		
66	2.24	2.51	2.82	3.21	3.05		
67	1.81	2.04	2.30	2.62	2.42		
68	1.54	1.72	1.96	2.23	2.01		
69	1.43	1.61	1.81	2.07	1.85		

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Limited	2 Years	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	4.94	5.38	5.89	6.62			
26	5.14	5.59	6.14	6.88			
27	5.35	5.83	6.40	7.16			
28	5.59	6.08	6.68	7.49			
29	5.84	6.37	7.00	7.83			
30	6.12	6.67	7.32	8.20			
31	6.40	6.98	7.66	8.59			
32	6.71	7.32	8.03	8.99			
33	7.03	7.67	8.42	9.44			
34	7.37	8.04	8.83	9.90			
35	7.72	8.40	9.24	10.37			
36	8.06	8.81	9.67	10.82			
37	8.41	9.19	10.09	11.32			
38	8.78	9.59	10.55	11.82			
39	9.14	9.98	10.98	12.31			
40	9.49	10.38	11.40	12.77			
41	9.82	10.72	11.80	13.21			
42	10.10	11.04	12.17	13.60			
43	10.37	11.34	12.49	13.96			
44	10.60	11.58	12.76	14.26			
45	10.76	11.77	12.96	14.48			
46	10.85	11.88	13.08	14.61			
47	10.88	11.92	13.14	14.65			
48	10.82	11.84	13.06	14.56			
49	10.68	11.69	12.89	14.33			
50	10.44	11.42	12.59	14.01			
51	10.09	11.05	12.19	13.55			
52	9.67	10.60	11.69	12.94			
53	9.04	9.88	10.91	12.04			
54	8.30	9.10	10.03	11.04			
55	7.51	8.23	9.08	9.94			
56	6.70	7.32	8.08	8.80			
57	5.84	6.40	7.06	7.65			
58	4.98	5.45	6.02	6.47			
59	4.15	4.54	5.00	5.36			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Limited	3 Years	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	4.94	5.39	5.92	6.65			
26	5.15	5.60	6.16	6.90			
27	5.36	5.84	6.42	7.19			
28	5.59	6.10	6.71	7.51			
29	5.84	6.38	7.02	7.85			
30	6.13	6.68	7.34	8.22			
31	6.41	7.00	7.68	8.61			
32	6.72	7.34	8.05	9.03			
33	7.04	7.69	8.45	9.48			
34	7.38	8.06	8.86	9.94			
35	7.73	8.42	9.28	10.41			
36	8.08	8.83	9.71	10.87			
37	8.42	9.22	10.13	11.36			
38	8.80	9.61	10.58	11.87			
39	9.17	10.01	11.03	12.35			
40	9.52	10.40	11.45	12.82			
41	9.84	10.75	11.84	13.27			
42	10.13	11.08	12.22	13.67			
43	10.39	11.38	12.55	14.03			
44	10.62	11.63	12.82	14.33			
45	10.79	11.82	13.03	14.56			
46	10.87	11.93	13.15	14.70			
47	10.92	11.96	13.21	14.74			
48	10.86	11.90	13.14	14.65			
49	10.72	11.75	12.97	14.43			
50	10.48	11.48	12.68	14.12			
51	10.13	11.12	12.29	13.66			
52	9.72	10.67	11.80	13.06			
53	9.08	9.95	11.02	12.17			
54	8.35	9.17	10.15	11.18			
55	7.56	8.32	9.20	10.07			
56	6.74	7.40	8.20	8.94			
57	5.89	6.48	7.18	7.79			
58	5.03	5.52	6.14	6.61			
59	4.20	4.61	5.11	5.49			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/GR et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Limited	5 Years	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	4.96	5.41	5.94	6.67			
26	5.16	5.63	6.18	6.93			
27	5.38	5.87	6.44	7.22			
28	5.60	6.11	6.73	7.54			
29	5.86	6.41	7.06	7.89			
30	6.14	6.71	7.38	8.27			
31	6.42	7.02	7.73	8.66			
32	6.73	7.37	8.09	9.07			
33	7.06	7.72	8.50	9.52			
34	7.40	8.09	8.90	9.99			
35	7.75	8.46	9.32	10.47			
36	8.10	8.87	9.76	10.93			
37	8.45	9.25	10.19	11.43			
38	8.82	9.66	10.64	11.94			
39	9.19	10.06	11.10	12.43			
40	9.54	10.45	11.52	12.90			
41	9.86	10.80	11.93	13.36			
42	10.16	11.14	12.30	13.77			
43	10.43	11.44	12.64	14.13			
44	10.66	11.69	12.91	14.44			
45	10.82	11.89	13.13	14.67			
46	10.92	12.00	13.26	14.82			
47	10.97	12.04	13.33	14.88			
48	10.91	11.99	13.27	14.80			
49	10.76	11.83	13.10	14.59			
50	10.54	11.58	12.83	14.28			
51	10.19	11.22	12.43	13.83			
52	9.78	10.76	11.95	13.25			
53	9.14	10.07	11.18	12.36			
54	8.42	9.29	10.33	11.39			
55	7.63	8.44	9.38	10.29			
56	6.82	7.52	8.39	9.15			
57	5.96	6.60	7.36	8.00			
58	5.09	5.64	6.32	6.82			
59	4.26	4.72	5.28	5.68			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/GR et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Limited	Max. Ben. Period	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	5.15	5.72	6.41	7.22			
26	5.35	5.95	6.67	7.51			
27	5.58	6.20	6.95	7.82			
28	5.82	6.47	7.26	8.17			
29	6.08	6.78	7.61	8.53			
30	6.37	7.09	7.96	8.95			
31	6.66	7.43	8.33	9.36			
32	6.98	7.79	8.72	9.81			
33	7.32	8.16	9.16	10.29			
34	7.68	8.56	9.60	10.80			
35	8.04	8.94	10.04	11.32			
36	8.40	9.37	10.51	11.81			
37	8.76	9.78	10.97	12.35			
38	9.14	10.20	11.46	12.89			
39	9.53	10.62	11.94	13.42			
40	9.89	11.04	12.40	13.93			
41	10.22	11.40	12.83	14.41			
42	10.52	11.75	13.22	14.85			
43	10.80	12.06	13.57	15.23			
44	11.04	12.32	13.86	15.56			
45	11.21	12.53	14.09	15.79			
46	11.30	12.64	14.22	15.94			
47	11.34	12.67	14.28	16.00			
48	11.28	12.60	14.20	15.89			
49	11.12	12.43	14.00	15.64			
50	10.87	12.16	13.68	15.30			
51	10.51	11.76	13.25	14.79			
52	10.08	11.27	12.71	14.13			
53	9.41	10.51	11.86	13.14			
54	8.65	9.67	10.91	12.06			
55	7.82	8.76	9.88	10.87			
56	6.97	7.79	8.78	9.63			
57	6.08	6.80	7.67	8.37			
58	5.18	5.80	6.55	7.08			
59	4.32	4.82	5.44	5.87			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/GR et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Full*	2 Years	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	5.81	6.32	6.94	7.79			
26	6.04	6.58	7.22	8.10			
27	6.29	6.86	7.52	8.44			
28	6.56	7.15	7.86	8.81			
29	6.88	7.49	8.22	9.22			
30	7.19	7.84	8.62	9.66			
31	7.52	8.21	9.02	10.11			
32	7.90	8.60	9.44	10.59			
33	8.26	9.02	9.91	11.11			
34	8.66	9.47	10.39	11.65			
35	9.07	9.89	10.87	12.20			
36	9.48	10.36	11.38	12.74			
37	9.90	10.81	11.87	13.32			
38	10.33	11.29	12.41	13.90			
39	10.76	11.75	12.91	14.48			
40	11.16	12.20	13.42	15.02			
41	11.54	12.61	13.88	15.55			
42	11.89	13.00	14.30	16.01			
43	12.22	13.34	14.70	16.43			
44	12.47	13.63	15.00	16.79			
45	12.65	13.85	15.25	17.04			
46	12.78	13.98	15.40	17.19			
47	12.82	14.02	15.44	17.25			
48	12.74	13.94	15.36	17.14			
49	12.55	13.75	15.16	16.88			
50	12.28	13.44	14.82	16.49			
51	11.88	13.02	14.35	15.95			
52	11.38	12.46	13.74	15.24			
53	10.62	11.63	12.83	14.18			
54	9.77	10.70	11.80	13.01			
55	8.83	9.68	10.69	11.72			
56	7.87	8.62	9.52	10.37			
57	6.88	7.52	8.30	9.02			
58	5.87	6.41	7.09	7.65			
59	4.87	5.34	5.88	6.33			

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
** Rider Form IDI2000-PR/L45-TD attached.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/GR et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Full*	3 Years	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	5.81	6.34	6.96	7.81			
26	6.05	6.59	7.25	8.12			
27	6.30	6.88	7.55	8.46			
28	6.58	7.16	7.88	8.83			
29	6.89	7.50	8.24	9.25			
30	7.20	7.86	8.64	9.68			
31	7.54	8.23	9.05	10.14			
32	7.91	8.63	9.47	10.63			
33	8.27	9.05	9.95	11.14			
34	8.68	9.49	10.43	11.70			
35	9.10	9.91	10.91	12.25			
36	9.49	10.38	11.41	12.79			
37	9.91	10.84	11.92	13.36			
38	10.36	11.32	12.46	13.96			
39	10.79	11.77	12.96	14.54			
40	11.18	12.24	13.46	15.09			
41	11.57	12.65	13.94	15.62			
42	11.92	13.03	14.36	16.08			
43	12.24	13.39	14.76	16.51			
44	12.49	13.68	15.07	16.87			
45	12.67	13.90	15.32	17.14			
46	12.80	14.03	15.48	17.28			
47	12.85	14.08	15.53	17.35			
48	12.78	14.00	15.46	17.25			
49	12.60	13.82	15.25	17.00			
50	12.32	13.51	14.93	16.62			
51	11.93	13.09	14.46	16.08			
52	11.42	12.53	13.86	15.38			
53	10.67	11.71	12.95	14.33			
54	9.82	10.79	11.93	13.16			
55	8.88	9.78	10.82	11.88			
56	7.92	8.71	9.65	10.53			
57	6.92	7.62	8.44	9.18			
58	5.92	6.49	7.22	7.80			
59	4.92	5.42	6.00	6.46			

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
** Rider Form IDI2000-PR/L45-TD attached.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/GR et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Full*	5 Years	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	5.82	6.36	6.98	7.84			
26	6.06	6.61	7.27	8.15			
27	6.31	6.89	7.57	8.50			
28	6.59	7.19	7.92	8.88			
29	6.90	7.52	8.28	9.29			
30	7.21	7.88	8.68	9.73			
31	7.55	8.26	9.08	10.19			
32	7.92	8.65	9.52	10.67			
33	8.29	9.07	10.00	11.20			
34	8.70	9.52	10.48	11.75			
35	9.12	9.95	10.97	12.31			
36	9.52	10.42	11.47	12.86			
37	9.94	10.87	11.98	13.44			
38	10.38	11.36	12.53	14.04			
39	10.81	11.82	13.04	14.63			
40	11.22	12.29	13.55	15.18			
41	11.60	12.71	14.03	15.72			
42	11.95	13.09	14.46	16.19			
43	12.28	13.45	14.86	16.63			
44	12.54	13.74	15.18	17.00			
45	12.72	13.98	15.43	17.26			
46	12.85	14.11	15.60	17.43			
47	12.90	14.17	15.66	17.50			
48	12.83	14.10	15.59	17.41			
49	12.66	13.92	15.41	17.17			
50	12.38	13.62	15.08	16.80			
51	11.99	13.20	14.63	16.27			
52	11.48	12.65	14.04	15.58			
53	10.74	11.83	13.14	14.55			
54	9.90	10.92	12.12	13.39			
55	8.96	9.91	11.02	12.11			
56	8.00	8.84	9.85	10.78			
57	7.01	7.75	8.64	9.41			
58	5.99	6.62	7.42	8.03			
59	4.99	5.54	6.19	6.68			

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
** Rider Form IDI2000-PR/L45-TD attached.
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Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/GR et al
CPI COLA Benefit 2008
Rider Form(s) IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Full*	Max. Ben. Period	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	6.05	6.73	7.54	8.50			
26	6.29	7.00	7.85	8.83			
27	6.55	7.30	8.17	9.20			
28	6.84	7.61	8.54	9.61			
29	7.16	7.97	8.94	10.06			
30	7.49	8.34	9.36	10.53			
31	7.84	8.74	9.80	11.03			
32	8.22	9.16	10.26	11.55			
33	8.60	9.60	10.78	12.12			
34	9.02	10.07	11.29	12.71			
35	9.46	10.52	11.82	13.31			
36	9.88	11.02	12.36	13.90			
37	10.31	11.50	12.90	14.52			
38	10.76	12.01	13.49	15.17			
39	11.21	12.49	14.04	15.80			
40	11.63	12.98	14.58	16.39			
41	12.02	13.42	15.10	16.96			
42	12.38	13.82	15.55	17.47			
43	12.72	14.20	15.97	17.93			
44	12.98	14.50	16.31	18.32			
45	13.18	14.74	16.57	18.60			
46	13.31	14.87	16.74	18.77			
47	13.34	14.92	16.79	18.83			
48	13.27	14.83	16.69	18.71			
49	13.08	14.63	16.48	18.42			
50	12.79	14.30	16.10	18.01			
51	12.37	13.85	15.60	17.41			
52	11.84	13.25	14.94	16.64			
53	11.06	12.37	13.94	15.49			
54	10.18	11.39	12.83	14.21			
55	9.20	10.31	11.62	12.81			
56	8.20	9.17	10.34	11.35			
57	7.16	8.00	9.02	9.86			
58	6.11	6.82	7.70	8.37			
59	5.08	5.68	6.40	6.92			

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
** Rider Form IDI2000-PR/L45-TD attached.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Limited	2 Years	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25				0.33	0.51	1.27	2.34
26				0.35	0.55	1.35	2.45
27				0.37	0.59	1.40	2.59
28				0.40	0.62	1.46	2.72
29				0.43	0.66	1.55	2.85
30				0.45	0.69	1.63	2.99
31				0.49	0.75	1.72	3.16
32				0.52	0.81	1.80	3.31
33				0.56	0.84	1.93	3.49
34				0.60	0.89	2.02	3.66
35				0.67	0.98	2.12	3.88
36				0.70	1.04	2.24	4.10
37				0.76	1.09	2.39	4.32
38				0.83	1.17	2.51	4.59
39				0.89	1.24	2.65	4.84
40				0.94	1.33	2.82	5.14
41				1.02	1.43	2.96	5.42
42				1.09	1.51	3.16	5.75
43				1.18	1.61	3.33	6.11
44				1.28	1.71	3.53	6.47
45				1.37	1.82	3.73	6.83
46				1.45	1.92	3.93	7.25
47				1.55	2.05	4.14	7.65
48				1.66	2.14	4.37	8.10
49				1.77	2.28	4.59	8.55
50				1.87	2.37	4.83	8.98
51				2.00	2.48	5.06	9.41
52				2.09	2.58	5.24	9.76
53				2.22	2.68	5.47	10.16
54				2.31	2.76	5.64	10.52
55				2.38	2.81	5.76	10.74
56				2.43	2.81	5.80	10.77
57				2.43	2.76	5.71	10.59
58				2.35	2.63	5.49	10.16
59				2.21	2.45	5.10	9.42

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Limited	3 Years	Multi-life Only	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
18 - 25				0.36	0.54	1.33	2.48
26				0.37	0.59	1.43	2.60
27				0.39	0.62	1.47	2.74
28				0.43	0.66	1.55	2.87
29				0.45	0.69	1.64	3.01
30				0.47	0.74	1.72	3.17
31				0.52	0.79	1.82	3.33
32				0.55	0.85	1.91	3.50
33				0.60	0.89	2.04	3.69
34				0.63	0.94	2.13	3.87
35				0.70	1.04	2.24	4.10
36				0.75	1.09	2.38	4.33
37				0.81	1.16	2.52	4.57
38				0.87	1.24	2.65	4.85
39				0.93	1.31	2.81	5.12
40				1.00	1.41	2.98	5.43
41				1.08	1.51	3.14	5.73
42				1.16	1.60	3.33	6.08
43				1.25	1.70	3.52	6.46
44				1.35	1.82	3.73	6.84
45				1.45	1.92	3.94	7.23
46				1.54	2.04	4.15	7.67
47				1.64	2.16	4.38	8.09
48				1.75	2.27	4.62	8.56
49				1.87	2.42	4.85	9.03
50				1.99	2.51	5.10	9.49
51				2.12	2.63	5.35	9.94
52				2.22	2.73	5.53	10.32
53				2.35	2.84	5.78	10.75
54				2.45	2.92	5.97	11.12
55				2.52	2.97	6.09	11.35
56				2.56	2.97	6.13	11.39
57				2.56	2.92	6.04	11.20
58				2.48	2.79	5.80	10.75
59				2.33	2.59	5.39	9.96

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Limited	5 Years	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25				0.38	0.59	1.44	2.68
26				0.40	0.63	1.54	2.81
27				0.43	0.67	1.60	2.96
28				0.46	0.71	1.67	3.10
29				0.48	0.75	1.77	3.26
30				0.52	0.79	1.86	3.42
31				0.56	0.85	1.96	3.61
32				0.60	0.92	2.07	3.78
33				0.64	0.97	2.20	3.98
34				0.69	1.02	2.31	4.19
35				0.76	1.12	2.43	4.43
36				0.81	1.18	2.56	4.69
37				0.87	1.25	2.73	4.94
38				0.94	1.35	2.87	5.25
39				1.01	1.43	3.04	5.53
40				1.08	1.53	3.22	5.87
41				1.17	1.63	3.39	6.20
42				1.25	1.73	3.61	6.58
43				1.36	1.85	3.81	6.97
44				1.46	1.97	4.04	7.39
45				1.56	2.08	4.26	7.81
46				1.67	2.21	4.49	8.28
47				1.78	2.35	4.73	8.73
48				1.90	2.46	4.99	9.25
49				2.04	2.61	5.25	9.77
50				2.15	2.73	5.52	10.26
51				2.29	2.85	5.79	10.75
52				2.40	2.96	5.98	11.15
53				2.54	3.07	6.25	11.62
54				2.66	3.17	6.46	12.02
55				2.74	3.22	6.59	12.27
56				2.78	3.22	6.62	12.31
57				2.78	3.16	6.52	12.10
58				2.69	3.02	6.27	11.62
59				2.53	2.81	5.83	10.76

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Limited	Max. Ben. Period	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	0.30	0.32	0.36				
26	0.31	0.34	0.40				
27	0.32	0.37	0.41				
28	0.35	0.40	0.43				
29	0.37	0.42	0.47				
30	0.40	0.44	0.50				
31	0.43	0.48	0.54				
32	0.46	0.52	0.58				
33	0.50	0.55	0.62				
34	0.53	0.59	0.66				
35	0.58	0.65	0.72				
36	0.62	0.70	0.78				
37	0.66	0.74	0.84				
38	0.72	0.82	0.91				
39	0.77	0.86	0.97				
40	0.84	0.92	1.04				
41	0.91	1.01	1.12				
42	0.97	1.08	1.20				
43	1.03	1.16	1.30				
44	1.10	1.24	1.39				
45	1.19	1.33	1.50				
46	1.27	1.43	1.61				
47	1.37	1.52	1.72				
48	1.45	1.63	1.84				
49	1.55	1.74	1.96				
50	1.64	1.85	2.06				
51	1.74	1.94	2.18				
52	1.82	2.04	2.30				
53	1.93	2.16	2.42				
54	2.02	2.24	2.53				
55	2.08	2.33	2.63				
56	2.12	2.36	2.68				
57	2.11	2.35	2.65				
58	2.05	2.29	2.58				
59	1.92	2.15	2.42				

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Full*	2 Years	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25				0.36	0.59	1.41	2.61
26				0.39	0.60	1.49	2.73
27				0.41	0.64	1.55	2.86
28				0.44	0.68	1.64	3.00
29				0.47	0.72	1.72	3.16
30				0.51	0.77	1.80	3.33
31				0.55	0.82	1.90	3.49
32				0.59	0.89	1.99	3.69
33				0.62	0.93	2.12	3.87
34				0.67	1.00	2.24	4.08
35				0.74	1.06	2.37	4.31
36				0.77	1.13	2.50	4.57
37				0.84	1.21	2.64	4.80
38				0.91	1.29	2.78	5.10
39				0.98	1.38	2.96	5.38
40				1.05	1.48	3.12	5.71
41				1.14	1.59	3.30	6.04
42				1.21	1.68	3.49	6.39
43				1.31	1.79	3.71	6.79
44				1.41	1.90	3.93	7.18
45				1.52	2.02	4.14	7.60
46				1.61	2.14	4.36	8.04
47				1.73	2.27	4.61	8.49
48				1.84	2.38	4.87	8.99
49				1.97	2.52	5.10	9.50
50				2.09	2.66	5.37	9.98
51				2.22	2.76	5.62	10.44
52				2.31	2.86	5.82	10.84
53				2.46	2.97	6.07	11.31
54				2.56	3.08	6.29	11.69
55				2.66	3.13	6.41	11.92
56				2.68	3.13	6.44	11.97
57				2.69	3.07	6.34	11.76
58				2.61	2.92	6.08	11.28
59				2.46	2.71	5.67	10.47

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Full*	3 Years	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25				0.38	0.62	1.49	2.76
26				0.41	0.63	1.57	2.88
27				0.44	0.68	1.64	3.03
28				0.46	0.72	1.73	3.18
29				0.49	0.77	1.82	3.33
30				0.53	0.82	1.91	3.52
31				0.59	0.86	2.01	3.69
32				0.62	0.93	2.10	3.89
33				0.66	0.99	2.24	4.09
34				0.71	1.06	2.38	4.31
35				0.78	1.13	2.50	4.55
36				0.82	1.20	2.64	4.83
37				0.89	1.28	2.79	5.07
38				0.97	1.37	2.94	5.39
39				1.04	1.46	3.12	5.69
40				1.12	1.58	3.30	6.04
41				1.21	1.68	3.49	6.39
42				1.28	1.77	3.69	6.75
43				1.39	1.90	3.92	7.17
44				1.50	2.01	4.15	7.59
45				1.61	2.14	4.38	8.04
46				1.70	2.27	4.61	8.50
47				1.83	2.40	4.87	8.98
48				1.96	2.52	5.15	9.50
49				2.08	2.67	5.39	10.04
50				2.22	2.82	5.68	10.55
51				2.35	2.92	5.94	11.03
52				2.45	3.04	6.15	11.45
53				2.61	3.14	6.42	11.96
54				2.71	3.27	6.66	12.36
55				2.82	3.31	6.78	12.61
56				2.84	3.31	6.81	12.65
57				2.85	3.25	6.70	12.43
58				2.76	3.09	6.44	11.91
59				2.60	2.88	6.00	11.07

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¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Full*	5 Years	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25				0.41	0.67	1.61	2.98
26				0.45	0.69	1.69	3.12
27				0.47	0.74	1.77	3.27
28				0.51	0.78	1.87	3.43
29				0.54	0.83	1.96	3.61
30				0.58	0.89	2.07	3.81
31				0.63	0.94	2.18	3.99
32				0.67	1.01	2.28	4.21
33				0.71	1.07	2.43	4.42
34				0.77	1.15	2.56	4.66
35				0.84	1.22	2.71	4.93
36				0.89	1.30	2.85	5.21
37				0.97	1.39	3.01	5.48
38				1.05	1.48	3.18	5.83
39				1.13	1.59	3.38	6.15
40				1.21	1.70	3.58	6.52
41				1.31	1.82	3.77	6.91
42				1.39	1.92	3.99	7.30
43				1.51	2.06	4.24	7.76
44				1.62	2.17	4.49	8.21
45				1.74	2.32	4.73	8.69
46				1.85	2.45	4.98	9.19
47				1.98	2.60	5.27	9.70
48				2.12	2.74	5.57	10.27
49				2.25	2.89	5.83	10.86
50				2.40	3.05	6.14	11.41
51				2.54	3.16	6.42	11.94
52				2.66	3.29	6.66	12.39
53				2.83	3.40	6.94	12.93
54				2.94	3.53	7.19	13.37
55				3.05	3.59	7.33	13.63
56				3.08	3.59	7.36	13.67
57				3.08	3.52	7.24	13.44
58				2.99	3.36	6.95	12.88
59				2.82	3.12	6.48	11.97

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Full*	Max. Ben. Period	Multi-life Only	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
18 - 25	0.32	0.36	0.40				
26	0.34	0.38	0.43				
27	0.36	0.41	0.46				
28	0.40	0.43	0.48				
29	0.41	0.47	0.52				
30	0.44	0.49	0.56				
31	0.48	0.53	0.60				
32	0.50	0.58	0.65				
33	0.56	0.61	0.70				
34	0.59	0.66	0.74				
35	0.65	0.72	0.80				
36	0.68	0.77	0.86				
37	0.74	0.83	0.92				
38	0.80	0.90	1.01				
39	0.85	0.96	1.08				
40	0.92	1.03	1.16				
41	1.01	1.10	1.25				
42	1.08	1.19	1.34				
43	1.15	1.28	1.45				
44	1.24	1.37	1.55				
45	1.32	1.48	1.67				
46	1.42	1.58	1.79				
47	1.52	1.69	1.90				
48	1.62	1.81	2.04				
49	1.72	1.93	2.16				
50	1.82	2.05	2.30				
51	1.93	2.16	2.42				
52	2.03	2.26	2.56				
53	2.15	2.40	2.70				
54	2.24	2.51	2.82				
55	2.32	2.59	2.93				
56	2.35	2.63	2.96				
57	2.34	2.62	2.95				
58	2.28	2.54	2.86				
59	2.14	2.39	2.70				

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 65	Not Applicable	Limited	2 Years	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	2.44	2.62	2.84	3.29	5.52	12.28	
26	2.50	2.70	2.93	3.38	5.72	12.58	
27	2.58	2.78	3.02	3.50	5.90	12.86	
28	2.68	2.88	3.14	3.62	6.08	13.17	
29	2.78	3.00	3.26	3.77	6.28	13.43	
30	2.87	3.11	3.38	3.90	6.47	13.72	
31	3.00	3.23	3.52	4.06	6.67	13.96	
32	3.11	3.36	3.65	4.20	6.87	14.22	
33	3.24	3.50	3.79	4.37	7.07	14.47	
34	3.36	3.64	3.95	4.54	7.26	14.70	
35	3.48	3.77	4.10	4.73	7.45	14.91	
36	3.61	3.90	4.25	4.90	7.64	15.10	
37	3.74	4.06	4.40	5.06	7.82	15.31	
38	3.86	4.19	4.56	5.24	7.99	15.48	
39	4.01	4.32	4.70	5.41	8.17	15.62	
40	4.12	4.46	4.86	5.55	8.29	15.74	
41	4.22	4.56	4.97	5.70	8.42	15.81	
42	4.32	4.68	5.10	5.83	8.50	15.84	
43	4.42	4.78	5.20	5.95	8.54	15.84	
44	4.48	4.85	5.27	6.03	8.57	15.75	
45	4.52	4.90	5.34	6.08	8.56	15.63	
46	4.54	4.92	5.36	6.10	8.45	15.43	
47	4.54	4.92	5.35	6.07	8.34	15.14	
48	4.49	4.86	5.30	6.00	8.10	14.74	
49	4.42	4.79	5.21	5.87	7.83	14.26	
50	4.28	4.64	5.06	5.69	7.48	13.68	
51	4.14	4.49	4.90	5.49	7.07	13.02	
52	3.95	4.30	4.68	5.21	6.62	12.24	
53	3.68	3.98	4.34	4.81	6.04	11.25	
54	3.37	3.66	4.01	4.37	5.38	10.21	
55	3.06	3.31	3.62	3.91	4.74	9.11	
56	2.72	2.95	3.22	3.45	4.07	8.01	
57	2.39	2.60	2.84	2.98	3.45	6.91	
58	2.06	2.23	2.45	2.53	2.84	5.86	
59	1.74	1.88	2.06	2.10	2.33	4.90	

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 65	Not Applicable	Limited	3 Years	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	2.44	2.63	2.87	3.31	5.55	12.34	
26	2.51	2.71	2.95	3.40	5.75	12.66	
27	2.59	2.80	3.05	3.52	5.93	12.94	
28	2.69	2.89	3.17	3.65	6.12	13.26	
29	2.80	3.01	3.29	3.80	6.31	13.52	
30	2.88	3.12	3.41	3.92	6.52	13.81	
31	3.01	3.24	3.54	4.08	6.72	14.06	
32	3.12	3.37	3.67	4.23	6.91	14.33	
33	3.25	3.53	3.82	4.40	7.12	14.58	
34	3.37	3.66	3.97	4.58	7.31	14.81	
35	3.49	3.79	4.14	4.76	7.51	15.03	
36	3.62	3.92	4.28	4.95	7.69	15.24	
37	3.76	4.08	4.44	5.11	7.89	15.44	
38	3.89	4.21	4.61	5.29	8.06	15.62	
39	4.02	4.34	4.75	5.45	8.23	15.77	
40	4.14	4.50	4.91	5.61	8.37	15.91	
41	4.25	4.60	5.02	5.76	8.50	15.98	
42	4.34	4.72	5.16	5.90	8.59	16.02	
43	4.44	4.81	5.26	6.01	8.64	16.03	
44	4.50	4.90	5.33	6.10	8.67	15.95	
45	4.55	4.94	5.41	6.16	8.66	15.84	
46	4.56	4.97	5.44	6.19	8.57	15.65	
47	4.57	4.97	5.44	6.16	8.45	15.38	
48	4.52	4.92	5.39	6.10	8.22	14.99	
49	4.45	4.85	5.30	5.97	7.97	14.52	
50	4.32	4.70	5.16	5.81	7.61	13.96	
51	4.18	4.56	4.99	5.60	7.22	13.31	
52	4.00	4.37	4.79	5.34	6.77	12.54	
53	3.73	4.06	4.45	4.93	6.20	11.56	
54	3.42	3.73	4.13	4.51	5.54	10.54	
55	3.11	3.40	3.74	4.05	4.90	9.44	
56	2.77	3.04	3.34	3.59	4.23	8.34	
57	2.44	2.69	2.96	3.12	3.61	7.24	
58	2.11	2.30	2.57	2.67	3.00	6.17	
59	1.79	1.96	2.17	2.23	2.47	5.18	

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 65	Not Applicable	Limited	5 Years	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	2.45	2.64	2.89	3.34	5.60	12.45	
26	2.52	2.72	2.98	3.44	5.80	12.77	
27	2.60	2.82	3.07	3.55	5.98	13.06	
28	2.70	2.92	3.19	3.68	6.18	13.38	
29	2.81	3.04	3.31	3.83	6.37	13.65	
30	2.89	3.14	3.43	3.97	6.58	13.95	
31	3.02	3.26	3.58	4.13	6.77	14.20	
32	3.14	3.40	3.71	4.28	6.98	14.49	
33	3.26	3.55	3.86	4.45	7.20	14.74	
34	3.40	3.68	4.02	4.63	7.39	14.98	
35	3.52	3.82	4.19	4.82	7.59	15.21	
36	3.65	3.96	4.34	5.00	7.79	15.42	
37	3.78	4.13	4.50	5.18	7.98	15.65	
38	3.91	4.26	4.67	5.36	8.17	15.84	
39	4.04	4.39	4.82	5.53	8.35	16.01	
40	4.16	4.55	4.98	5.69	8.49	16.15	
41	4.27	4.64	5.10	5.85	8.63	16.24	
42	4.38	4.78	5.24	5.99	8.72	16.29	
43	4.48	4.87	5.34	6.12	8.79	16.31	
44	4.55	4.96	5.42	6.21	8.82	16.26	
45	4.60	5.00	5.51	6.28	8.82	16.16	
46	4.61	5.04	5.56	6.31	8.74	15.99	
47	4.62	5.04	5.56	6.30	8.64	15.73	
48	4.57	5.00	5.51	6.24	8.42	15.37	
49	4.50	4.93	5.44	6.13	8.17	14.92	
50	4.38	4.80	5.30	5.97	7.83	14.38	
51	4.24	4.66	5.15	5.77	7.44	13.75	
52	4.06	4.46	4.94	5.52	7.00	12.99	
53	3.80	4.16	4.62	5.13	6.43	12.03	
54	3.49	3.85	4.30	4.72	5.80	11.02	
55	3.17	3.52	3.92	4.27	5.15	9.93	
56	2.84	3.16	3.53	3.81	4.49	8.83	
57	2.51	2.81	3.14	3.34	3.85	7.72	
58	2.17	2.42	2.74	2.88	3.23	6.64	
59	1.85	2.06	2.33	2.43	2.69	5.62	

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 65	Not Applicable	Limited	Max. Ben. Period	Multi-life Only	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
18 - 25	2.58	2.86	3.22	3.71	6.24	14.04	
26	2.65	2.95	3.31	3.83	6.46	14.38	
27	2.74	3.05	3.42	3.96	6.66	14.70	
28	2.84	3.16	3.55	4.09	6.88	15.05	
29	2.95	3.28	3.68	4.26	7.10	15.36	
30	3.05	3.40	3.82	4.40	7.33	15.68	
31	3.18	3.53	3.97	4.59	7.53	15.95	
32	3.30	3.67	4.12	4.75	7.76	16.26	
33	3.43	3.83	4.28	4.95	8.00	16.53	
34	3.56	3.97	4.45	5.14	8.21	16.80	
35	3.70	4.12	4.63	5.34	8.43	17.04	
36	3.83	4.27	4.80	5.54	8.64	17.26	
37	3.97	4.44	4.97	5.73	8.84	17.50	
38	4.10	4.58	5.15	5.93	9.04	17.69	
39	4.25	4.73	5.32	6.11	9.23	17.85	
40	4.37	4.88	5.48	6.29	9.38	17.99	
41	4.48	4.99	5.62	6.45	9.52	18.06	
42	4.58	5.12	5.76	6.60	9.61	18.11	
43	4.68	5.22	5.87	6.73	9.68	18.11	
44	4.75	5.30	5.95	6.82	9.71	18.01	
45	4.80	5.35	6.02	6.89	9.68	17.86	
46	4.81	5.38	6.06	6.91	9.58	17.63	
47	4.81	5.38	6.05	6.89	9.44	17.30	
48	4.76	5.32	5.99	6.80	9.19	16.84	
49	4.68	5.23	5.88	6.66	8.88	16.29	
50	4.55	5.08	5.72	6.46	8.49	15.64	
51	4.39	4.91	5.53	6.22	8.03	14.88	
52	4.19	4.69	5.28	5.92	7.52	13.99	
53	3.91	4.36	4.91	5.46	6.85	12.86	
54	3.58	4.01	4.52	4.98	6.13	11.67	
55	3.24	3.62	4.09	4.46	5.39	10.41	
56	2.89	3.23	3.64	3.93	4.65	9.15	
57	2.53	2.84	3.20	3.40	3.94	7.90	
58	2.18	2.44	2.76	2.90	3.25	6.70	
59	1.85	2.06	2.33	2.43	2.69	5.60	

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 65	Not Applicable	Full*	2 Years	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	2.87	3.08	3.35	3.86	6.51	14.44	
26	2.94	3.18	3.46	3.99	6.72	14.80	
27	3.04	3.28	3.56	4.12	6.95	15.14	
28	3.14	3.40	3.70	4.27	7.16	15.49	
29	3.28	3.53	3.84	4.44	7.39	15.81	
30	3.38	3.66	3.97	4.60	7.62	16.14	
31	3.53	3.79	4.14	4.77	7.84	16.42	
32	3.67	3.95	4.30	4.96	8.08	16.72	
33	3.80	4.12	4.48	5.15	8.31	17.02	
34	3.95	4.27	4.63	5.35	8.54	17.29	
35	4.10	4.43	4.82	5.57	8.77	17.55	
36	4.26	4.61	5.00	5.76	8.99	17.79	
37	4.40	4.78	5.18	5.96	9.20	18.01	
38	4.56	4.92	5.35	6.16	9.42	18.22	
39	4.70	5.09	5.53	6.36	9.60	18.38	
40	4.86	5.24	5.71	6.54	9.76	18.51	
41	4.97	5.38	5.86	6.70	9.91	18.60	
42	5.08	5.51	6.00	6.87	10.01	18.62	
43	5.18	5.60	6.12	6.99	10.07	18.62	
44	5.27	5.69	6.20	7.10	10.11	18.54	
45	5.32	5.75	6.26	7.16	10.06	18.39	
46	5.35	5.78	6.31	7.19	9.98	18.14	
47	5.34	5.78	6.30	7.16	9.81	17.81	
48	5.27	5.71	6.24	7.07	9.55	17.34	
49	5.18	5.62	6.12	6.92	9.23	16.78	
50	5.05	5.46	5.96	6.72	8.82	16.09	
51	4.86	5.28	5.76	6.46	8.35	15.32	
52	4.66	5.04	5.50	6.14	7.81	14.42	
53	4.33	4.69	5.11	5.66	7.12	13.24	
54	3.97	4.31	4.70	5.16	6.36	12.00	
55	3.60	3.91	4.25	4.62	5.60	10.70	
56	3.20	3.48	3.78	4.07	4.82	9.42	
57	2.81	3.05	3.32	3.53	4.08	8.13	
58	2.42	2.63	2.87	3.00	3.38	6.90	
59	2.05	2.22	2.42	2.50	2.76	5.75	

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 65	Not Applicable	Full*	3 Years	Multi-life Only	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
18 - 25	2.87	3.10	3.37	3.89	6.54	14.52	
26	2.95	3.19	3.48	4.01	6.75	14.88	
27	3.04	3.29	3.59	4.14	6.98	15.22	
28	3.16	3.42	3.72	4.29	7.21	15.58	
29	3.28	3.54	3.86	4.46	7.44	15.91	
30	3.40	3.68	4.00	4.62	7.67	16.25	
31	3.54	3.82	4.16	4.81	7.89	16.53	
32	3.68	3.97	4.32	4.99	8.13	16.83	
33	3.82	4.14	4.51	5.19	8.37	17.14	
34	3.96	4.30	4.67	5.39	8.60	17.42	
35	4.12	4.45	4.86	5.61	8.84	17.68	
36	4.27	4.63	5.04	5.81	9.06	17.93	
37	4.42	4.80	5.23	6.00	9.27	18.16	
38	4.58	4.96	5.40	6.22	9.50	18.37	
39	4.73	5.12	5.58	6.42	9.68	18.55	
40	4.88	5.28	5.76	6.61	9.86	18.69	
41	4.99	5.41	5.92	6.77	10.01	18.79	
42	5.10	5.56	6.06	6.93	10.10	18.82	
43	5.21	5.65	6.19	7.07	10.18	18.83	
44	5.29	5.74	6.28	7.18	10.22	18.76	
45	5.34	5.80	6.34	7.26	10.18	18.63	
46	5.39	5.83	6.40	7.28	10.11	18.39	
47	5.38	5.84	6.38	7.27	9.95	18.07	
48	5.30	5.77	6.34	7.19	9.68	17.61	
49	5.22	5.69	6.22	7.04	9.38	17.06	
50	5.09	5.53	6.07	6.84	8.98	16.40	
51	4.91	5.35	5.87	6.59	8.51	15.64	
52	4.70	5.11	5.62	6.28	7.98	14.75	
53	4.38	4.78	5.23	5.81	7.29	13.60	
54	4.02	4.39	4.84	5.31	6.54	12.36	
55	3.65	4.00	4.38	4.78	5.78	11.07	
56	3.25	3.58	3.91	4.23	5.00	9.79	
57	2.86	3.14	3.46	3.69	4.27	8.49	
58	2.47	2.71	3.00	3.15	3.55	7.25	
59	2.10	2.30	2.54	2.63	2.92	6.08	

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 65	Not Applicable	Full*	5 Years	Multi-life Only	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
18 - 25	2.88	3.11	3.40	3.92	6.59	14.64	
26	2.96	3.22	3.50	4.05	6.81	15.00	
27	3.05	3.31	3.61	4.17	7.04	15.36	
28	3.17	3.44	3.76	4.34	7.27	15.72	
29	3.29	3.56	3.90	4.51	7.50	16.05	
30	3.41	3.71	4.04	4.67	7.74	16.40	
31	3.56	3.84	4.20	4.85	7.97	16.70	
32	3.70	4.00	4.37	5.04	8.21	17.01	
33	3.83	4.16	4.56	5.24	8.45	17.33	
34	3.98	4.32	4.72	5.45	8.69	17.61	
35	4.14	4.49	4.92	5.67	8.94	17.89	
36	4.30	4.68	5.10	5.88	9.17	18.14	
37	4.44	4.85	5.29	6.08	9.38	18.38	
38	4.61	5.00	5.47	6.30	9.61	18.61	
39	4.75	5.17	5.66	6.51	9.81	18.80	
40	4.91	5.33	5.84	6.70	9.98	18.96	
41	5.03	5.47	6.00	6.88	10.14	19.07	
42	5.14	5.62	6.14	7.05	10.25	19.13	
43	5.24	5.71	6.29	7.19	10.34	19.15	
44	5.34	5.81	6.38	7.30	10.38	19.10	
45	5.39	5.88	6.46	7.38	10.36	18.99	
46	5.44	5.92	6.52	7.43	10.29	18.77	
47	5.42	5.93	6.52	7.42	10.14	18.47	
48	5.36	5.87	6.47	7.35	9.90	18.03	
49	5.28	5.78	6.37	7.21	9.60	17.50	
50	5.15	5.64	6.23	7.03	9.21	16.86	
51	4.98	5.46	6.04	6.79	8.75	16.13	
52	4.76	5.23	5.78	6.49	8.23	15.26	
53	4.45	4.90	5.42	6.03	7.56	14.11	
54	4.10	4.52	5.03	5.54	6.81	12.90	
55	3.73	4.13	4.58	5.01	6.06	11.62	
56	3.34	3.71	4.12	4.47	5.28	10.34	
57	2.94	3.28	3.66	3.92	4.53	9.03	
58	2.56	2.84	3.19	3.38	3.82	7.77	
59	2.17	2.42	2.74	2.85	3.16	6.57	

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Rider Form(s) IDI2000-PR/SIO and IDIPR08-2, etc. Attached
Premium Rates per $100 of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 65	Not Applicable	Full*	Max. Ben. Period	Multi-life Only	No	Unisex

Issue Age	**6A**	**5A**	**4A**	**3A**	**2A**	**1A**	**1B**
18 - 25	3.04	3.37	3.78	4.37	7.35	16.51	
26	3.12	3.48	3.90	4.51	7.59	16.91	
27	3.22	3.59	4.02	4.65	7.84	17.30	
28	3.34	3.72	4.18	4.83	8.11	17.70	
29	3.47	3.85	4.33	5.01	8.35	18.06	
30	3.59	4.01	4.49	5.20	8.63	18.45	
31	3.74	4.15	4.67	5.39	8.87	18.78	
32	3.89	4.32	4.85	5.60	9.14	19.11	
33	4.03	4.50	5.05	5.83	9.41	19.45	
34	4.19	4.67	5.23	6.05	9.66	19.77	
35	4.36	4.85	5.45	6.29	9.92	20.05	
36	4.51	5.04	5.65	6.52	10.18	20.33	
37	4.67	5.22	5.86	6.74	10.41	20.58	
38	4.84	5.39	6.05	6.98	10.66	20.81	
39	4.99	5.57	6.25	7.20	10.87	21.01	
40	5.15	5.74	6.44	7.41	11.05	21.15	
41	5.27	5.88	6.61	7.59	11.21	21.26	
42	5.39	6.02	6.77	7.77	11.32	21.29	
43	5.50	6.13	6.91	7.91	11.41	21.29	
44	5.59	6.23	7.01	8.04	11.44	21.19	
45	5.64	6.29	7.08	8.11	11.40	21.02	
46	5.68	6.32	7.13	8.14	11.30	20.74	
47	5.66	6.32	7.12	8.12	11.11	20.35	
48	5.59	6.25	7.04	8.03	10.82	19.81	
49	5.50	6.14	6.91	7.84	10.47	19.17	
50	5.35	5.98	6.73	7.62	10.01	18.39	
51	5.16	5.77	6.50	7.34	9.48	17.51	
52	4.93	5.51	6.20	6.98	8.87	16.48	
53	4.60	5.14	5.77	6.44	8.08	15.14	
54	4.21	4.72	5.32	5.88	7.23	13.72	
55	3.82	4.27	4.80	5.27	6.38	12.23	
56	3.40	3.80	4.27	4.65	5.50	10.76	
57	2.98	3.34	3.76	4.03	4.66	9.28	
58	2.57	2.87	3.24	3.44	3.88	7.89	
59	2.17	2.42	2.74	2.86	3.17	6.58	

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/GR et al
Residual Disability Benefit (without recovery) on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDISA, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Limited	Not Applicable	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	0.11	0.12	0.13	0.14	0.22	0.47	0.88
26	0.12	0.13	0.14	0.15	0.23	0.51	0.92
27	0.12	0.13	0.16	0.16	0.25	0.53	0.97
28	0.13	0.14	0.17	0.17	0.26	0.55	1.02
29	0.13	0.16	0.18	0.20	0.29	0.58	1.07
30	0.16	0.17	0.19	0.21	0.31	0.62	1.12
31	0.17	0.19	0.22	0.21	0.31	0.65	1.19
32	0.18	0.20	0.22	0.23	0.33	0.68	1.24
33	0.19	0.22	0.24	0.25	0.37	0.73	1.32
34	0.22	0.23	0.26	0.28	0.40	0.76	1.39
35	0.22	0.25	0.29	0.30	0.41	0.80	1.46
36	0.23	0.26	0.31	0.30	0.45	0.85	1.55
37	0.25	0.29	0.31	0.33	0.48	0.90	1.64
38	0.28	0.31	0.34	0.36	0.51	0.95	1.73
39	0.30	0.31	0.36	0.38	0.54	1.00	1.83
40	0.31	0.35	0.40	0.41	0.58	1.06	1.94
41	0.34	0.38	0.43	0.45	0.62	1.12	2.06
42	0.37	0.41	0.47	0.48	0.66	1.19	2.17
43	0.40	0.44	0.49	0.52	0.70	1.25	2.30
44	0.42	0.48	0.53	0.55	0.74	1.33	2.44
45	0.46	0.50	0.56	0.59	0.78	1.41	2.59
46	0.48	0.53	0.60	0.63	0.85	1.49	2.73
47	0.50	0.58	0.65	0.68	0.89	1.56	2.88
48	0.55	0.61	0.70	0.71	0.93	1.65	3.05
49	0.59	0.66	0.74	0.77	0.98	1.74	3.22
50	0.62	0.71	0.78	0.82	1.02	1.83	3.39
51	0.66	0.73	0.83	0.87	1.07	1.90	3.54
52	0.70	0.77	0.88	0.90	1.12	1.97	3.67
53	0.73	0.82	0.92	0.97	1.16	2.07	3.84
54	0.76	0.85	0.96	1.00	1.20	2.13	3.97
55	0.79	0.88	1.00	1.05	1.22	2.18	4.05
56	0.79	0.90	1.01	1.06	1.22	2.19	4.06
57	0.79	0.90	1.01	1.06	1.20	2.15	3.98
58	0.77	0.86	0.97	1.01	1.14	2.07	3.83
59	0.73	0.82	0.91	0.95	1.06	1.91	3.55

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/GR et al
Residual Disability Benefit (without recovery) on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDISA, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Full*	Not Applicable	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	0.12	0.13	0.14	0.15	0.23	0.51	0.94
26	0.13	0.13	0.16	0.16	0.24	0.53	0.98
27	0.13	0.14	0.17	0.17	0.26	0.55	1.02
28	0.13	0.16	0.18	0.18	0.28	0.58	1.08
29	0.14	0.17	0.19	0.21	0.30	0.62	1.12
30	0.17	0.18	0.20	0.21	0.31	0.65	1.19
31	0.18	0.20	0.22	0.22	0.33	0.68	1.25
32	0.19	0.22	0.23	0.24	0.37	0.72	1.31
33	0.20	0.22	0.25	0.26	0.39	0.76	1.39
34	0.22	0.24	0.28	0.29	0.41	0.80	1.46
35	0.23	0.26	0.30	0.30	0.44	0.85	1.54
36	0.24	0.28	0.31	0.32	0.47	0.89	1.63
37	0.26	0.30	0.34	0.36	0.49	0.95	1.72
38	0.29	0.31	0.36	0.38	0.53	1.00	1.82
39	0.31	0.34	0.38	0.40	0.58	1.06	1.93
40	0.32	0.37	0.41	0.44	0.61	1.11	2.04
41	0.36	0.40	0.46	0.46	0.66	1.18	2.16
42	0.40	0.43	0.48	0.51	0.68	1.25	2.29
43	0.41	0.47	0.52	0.55	0.74	1.32	2.42
44	0.44	0.49	0.56	0.59	0.77	1.40	2.56
45	0.48	0.53	0.59	0.62	0.83	1.47	2.72
46	0.50	0.56	0.64	0.66	0.89	1.56	2.87
47	0.54	0.60	0.67	0.71	0.93	1.65	3.04
48	0.58	0.65	0.73	0.76	0.98	1.74	3.21
49	0.62	0.70	0.78	0.81	1.02	1.83	3.39
50	0.66	0.74	0.83	0.86	1.09	1.91	3.56
51	0.68	0.77	0.86	0.91	1.13	2.00	3.73
52	0.73	0.82	0.92	0.95	1.17	2.08	3.87
53	0.77	0.85	0.97	1.01	1.22	2.17	4.04
54	0.80	0.90	1.01	1.06	1.25	2.24	4.18
55	0.84	0.92	1.04	1.09	1.28	2.29	4.26
56	0.84	0.94	1.06	1.10	1.28	2.30	4.27
57	0.84	0.94	1.06	1.10	1.27	2.27	4.20
58	0.82	0.91	1.02	1.06	1.20	2.18	4.03
59	0.77	0.85	0.96	1.00	1.12	2.02	3.74

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/GR et al
Residual Disability Benefit (without recovery) on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDISA, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 65	Not Applicable	Limited	Not Applicable	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	1.01	1.10	1.25	1.30	2.17	4.77	
26	1.02	1.15	1.28	1.33	2.25	4.88	
27	1.07	1.19	1.33	1.39	2.33	5.01	
28	1.10	1.24	1.37	1.44	2.42	5.12	
29	1.14	1.27	1.43	1.48	2.47	5.23	
30	1.19	1.33	1.49	1.55	2.56	5.34	
31	1.24	1.37	1.54	1.60	2.63	5.42	
32	1.27	1.43	1.61	1.67	2.70	5.52	
33	1.34	1.49	1.67	1.73	2.81	5.62	
34	1.38	1.55	1.74	1.82	2.88	5.71	
35	1.45	1.62	1.80	1.87	2.96	5.80	
36	1.49	1.66	1.88	1.94	3.04	5.87	
37	1.54	1.72	1.93	2.01	3.11	5.95	
38	1.61	1.78	2.00	2.08	3.17	6.02	
39	1.64	1.85	2.06	2.15	3.23	6.07	
40	1.70	1.90	2.14	2.22	3.31	6.12	
41	1.74	1.94	2.18	2.28	3.35	6.14	
42	1.78	1.99	2.24	2.32	3.39	6.16	
43	1.81	2.03	2.28	2.38	3.42	6.15	
44	1.85	2.06	2.33	2.42	3.43	6.13	
45	1.87	2.08	2.34	2.44	3.42	6.07	
46	1.88	2.10	2.35	2.45	3.40	6.00	
47	1.87	2.09	2.35	2.45	3.35	5.89	
48	1.86	2.06	2.33	2.44	3.28	5.72	
49	1.81	2.03	2.29	2.39	3.16	5.54	
50	1.76	1.98	2.23	2.32	3.06	5.31	
51	1.72	1.91	2.16	2.23	2.89	5.06	
52	1.63	1.81	2.05	2.15	2.71	4.76	
53	1.52	1.70	1.91	1.99	2.50	4.37	
54	1.39	1.56	1.76	1.83	2.25	3.96	
55	1.26	1.40	1.60	1.67	2.00	3.53	
56	1.12	1.26	1.42	1.47	1.75	3.11	
57	0.98	1.10	1.24	1.31	1.50	2.67	
58	0.84	0.95	1.07	1.13	1.25	2.28	
59	0.72	0.80	0.91	0.94	1.04	1.90	
60	0.60	0.67	0.76	0.79	0.85	1.56	
61	0.49	0.56	0.62	0.66	0.68	1.27	
62	0.41	0.46	0.52	0.54	0.55	1.02	
63	0.38	0.42	0.48	0.48	0.48	0.92	
64	0.36	0.40	0.46	0.46	0.46	0.87	

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Rider Form(s) IDI2000-PR/RDISA, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 65	Not Applicable	Full*	Not Applicable	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	1.09	1.20	1.36	1.39	2.36	5.16	
26	1.10	1.25	1.39	1.45	2.44	5.28	
27	1.15	1.28	1.44	1.50	2.52	5.41	
28	1.19	1.33	1.49	1.55	2.61	5.53	
29	1.24	1.38	1.54	1.61	2.68	5.64	
30	1.28	1.44	1.61	1.67	2.76	5.76	
31	1.34	1.49	1.67	1.73	2.85	5.87	
32	1.38	1.54	1.73	1.81	2.93	5.97	
33	1.45	1.61	1.80	1.87	3.04	6.07	
34	1.50	1.68	1.88	1.96	3.12	6.17	
35	1.56	1.74	1.96	2.02	3.20	6.27	
36	1.61	1.80	2.03	2.10	3.28	6.36	
37	1.67	1.86	2.09	2.17	3.36	6.44	
38	1.73	1.92	2.16	2.25	3.43	6.50	
39	1.79	1.99	2.24	2.32	3.51	6.57	
40	1.84	2.05	2.30	2.40	3.58	6.61	
41	1.88	2.10	2.36	2.46	3.62	6.64	
42	1.92	2.16	2.42	2.52	3.67	6.66	
43	1.97	2.20	2.47	2.58	3.69	6.66	
44	1.99	2.23	2.51	2.61	3.70	6.62	
45	2.02	2.24	2.53	2.65	3.69	6.57	
46	2.03	2.27	2.54	2.66	3.67	6.48	
47	2.02	2.26	2.54	2.66	3.62	6.36	
48	2.00	2.24	2.52	2.63	3.54	6.19	
49	1.97	2.20	2.48	2.58	3.42	6.00	
50	1.91	2.14	2.41	2.51	3.30	5.74	
51	1.85	2.06	2.33	2.42	3.13	5.47	
52	1.76	1.97	2.22	2.32	2.94	5.15	
53	1.64	1.84	2.06	2.15	2.70	4.73	
54	1.51	1.69	1.90	1.98	2.44	4.29	
55	1.37	1.52	1.72	1.81	2.17	3.83	
56	1.21	1.37	1.54	1.60	1.90	3.36	
57	1.07	1.19	1.34	1.40	1.62	2.89	
58	0.92	1.02	1.15	1.22	1.37	2.46	
59	0.78	0.86	0.98	1.02	1.13	2.06	
60	0.66	0.73	0.83	0.85	0.93	1.68	
61	0.54	0.60	0.67	0.71	0.74	1.36	
62	0.44	0.49	0.56	0.58	0.59	1.11	
63	0.41	0.46	0.52	0.53	0.52	0.99	
64	0.40	0.43	0.48	0.51	0.48	0.94	

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Rider Form(s) IDI2000-PR/RDISA, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 70	Not Applicable	Limited	Not Applicable	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	1.14	1.27	1.43	1.48	2.47		
26	1.19	1.33	1.49	1.54	2.58		
27	1.24	1.37	1.54	1.60	2.68		
28	1.28	1.43	1.61	1.67	2.78		
29	1.36	1.50	1.68	1.74	2.88		
30	1.40	1.56	1.75	1.82	2.97		
31	1.46	1.63	1.82	1.90	3.09		
32	1.54	1.72	1.91	1.99	3.21		
33	1.62	1.79	2.02	2.08	3.34		
34	1.68	1.87	2.10	2.19	3.44		
35	1.76	1.96	2.20	2.30	3.58		
36	1.84	2.04	2.29	2.40	3.68		
37	1.91	2.15	2.41	2.50	3.81		
38	2.00	2.23	2.51	2.61	3.93		
39	2.08	2.33	2.60	2.71	4.05		
40	2.16	2.41	2.71	2.83	4.16		
41	2.24	2.51	2.81	2.93	4.28		
42	2.33	2.59	2.92	3.04	4.38		
43	2.41	2.68	3.01	3.14	4.47		
44	2.47	2.76	3.11	3.23	4.54		
45	2.53	2.83	3.19	3.31	4.60		
46	2.59	2.89	3.25	3.39	4.65		
47	2.63	2.94	3.31	3.44	4.66		
48	2.66	2.96	3.34	3.48	4.65		
49	2.68	2.98	3.36	3.50	4.62		
50	2.68	2.98	3.36	3.50	4.54		
51	2.64	2.95	3.32	3.47	4.43		
52	2.59	2.90	3.28	3.42	4.30		
53	2.51	2.80	3.16	3.30	4.08		
54	2.40	2.68	3.02	3.15	3.84		
55	2.27	2.54	2.86	2.99	3.57		
56	2.14	2.38	2.68	2.79	3.28		
57	1.97	2.20	2.48	2.58	2.97		
58	1.80	2.02	2.28	2.38	2.67		
59	1.63	1.84	2.06	2.15	2.37		
60	1.46	1.63	1.86	1.93	2.08		
61	1.30	1.45	1.63	1.70	1.77		
62	1.13	1.26	1.43	1.47	1.51		
63	0.96	1.07	1.20	1.25	1.24		
64	0.79	0.89	1.00	1.05	1.01		
65	0.65	0.72	0.82	0.84	0.82		
66	0.52	0.58	0.66	0.69	0.64		
67	0.42	0.47	0.53	0.56	0.51		
68	0.35	0.40	0.46	0.47	0.44		
69	0.32	0.37	0.42	0.44	0.40		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/GR et al
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Rider Form(s) IDI2000-PR/RDISA, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 70	Not Applicable	Full*	Not Applicable	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	1.24	1.38	1.54	1.61	2.68		
26	1.27	1.44	1.61	1.66	2.79		
27	1.33	1.49	1.67	1.73	2.89		
28	1.39	1.54	1.73	1.81	2.99		
29	1.45	1.62	1.81	1.89	3.11		
30	1.52	1.69	1.90	1.97	3.22		
31	1.58	1.78	1.98	2.06	3.35		
32	1.66	1.85	2.06	2.15	3.46		
33	1.74	1.93	2.17	2.25	3.60		
34	1.81	2.02	2.27	2.37	3.71		
35	1.90	2.11	2.38	2.48	3.85		
36	1.98	2.21	2.48	2.59	3.99		
37	2.06	2.32	2.59	2.70	4.12		
38	2.16	2.41	2.70	2.83	4.26		
39	2.24	2.51	2.82	2.93	4.38		
40	2.34	2.60	2.94	3.06	4.51		
41	2.42	2.71	3.04	3.17	4.62		
42	2.51	2.80	3.14	3.28	4.74		
43	2.59	2.89	3.25	3.39	4.83		
44	2.68	2.98	3.36	3.50	4.91		
45	2.74	3.06	3.44	3.59	4.98		
46	2.80	3.12	3.52	3.67	5.03		
47	2.84	3.17	3.58	3.73	5.05		
48	2.87	3.22	3.61	3.76	5.04		
49	2.88	3.22	3.64	3.78	5.00		
50	2.88	3.22	3.64	3.78	4.91		
51	2.86	3.20	3.60	3.75	4.80		
52	2.81	3.13	3.54	3.68	4.65		
53	2.70	3.04	3.41	3.57	4.40		
54	2.59	2.89	3.26	3.40	4.14		
55	2.45	2.75	3.10	3.23	3.85		
56	2.30	2.57	2.89	3.01	3.54		
57	2.12	2.38	2.69	2.79	3.21		
58	1.96	2.18	2.46	2.58	2.88		
59	1.78	1.98	2.23	2.32	2.56		
60	1.58	1.78	2.00	2.08	2.24		
61	1.40	1.56	1.78	1.84	1.92		
62	1.22	1.37	1.54	1.60	1.63		
63	1.03	1.15	1.30	1.36	1.36		
64	0.85	0.96	1.08	1.13	1.10		
65	0.70	0.78	0.88	0.91	0.89		
66	0.56	0.62	0.71	0.74	0.69		
67	0.46	0.50	0.58	0.61	0.55		
68	0.38	0.43	0.48	0.52	0.47		
69	0.36	0.40	0.46	0.47	0.43		

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Rider Form(s) IDI2000-PR/RDISA, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Limited	Not Applicable	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	1.22	1.37	1.52	1.56			
26	1.26	1.40	1.57	1.64			
27	1.31	1.45	1.63	1.70			
28	1.37	1.51	1.70	1.76			
29	1.42	1.57	1.76	1.83			
30	1.48	1.64	1.85	1.92			
31	1.54	1.72	1.92	1.99			
32	1.61	1.79	2.02	2.08			
33	1.68	1.87	2.10	2.19			
34	1.75	1.96	2.18	2.28			
35	1.82	2.03	2.28	2.37			
36	1.90	2.12	2.38	2.47			
37	1.98	2.20	2.47	2.58			
38	2.05	2.28	2.57	2.68			
39	2.14	2.38	2.68	2.77			
40	2.20	2.45	2.76	2.86			
41	2.26	2.52	2.83	2.96			
42	2.33	2.59	2.92	3.04			
43	2.38	2.65	2.99	3.09			
44	2.42	2.70	3.04	3.16			
45	2.45	2.74	3.07	3.20			
46	2.47	2.76	3.11	3.23			
47	2.47	2.76	3.11	3.24			
48	2.44	2.74	3.08	3.21			
49	2.41	2.69	3.04	3.16			
50	2.35	2.63	2.95	3.08			
51	2.28	2.54	2.86	2.99			
52	2.16	2.42	2.74	2.85			
53	2.02	2.27	2.54	2.67			
54	1.86	2.08	2.34	2.44			
55	1.69	1.90	2.12	2.22			
56	1.50	1.68	1.90	1.98			
57	1.31	1.46	1.64	1.73			
58	1.12	1.25	1.42	1.47			
59	0.95	1.06	1.19	1.24			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Rider Form(s) IDI2000-PR/RDISA, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Full*	Not Applicable	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	1.32	1.46	1.64	1.70			
26	1.37	1.52	1.70	1.77			
27	1.42	1.57	1.78	1.84			
28	1.48	1.63	1.84	1.90			
29	1.54	1.70	1.91	1.98			
30	1.60	1.79	1.99	2.07			
31	1.66	1.86	2.08	2.15			
32	1.73	1.93	2.17	2.25			
33	1.81	2.02	2.27	2.36			
34	1.90	2.11	2.36	2.46			
35	1.98	2.20	2.46	2.56			
36	2.05	2.29	2.57	2.67			
37	2.14	2.38	2.68	2.78			
38	2.22	2.47	2.77	2.90			
39	2.30	2.57	2.88	2.99			
40	2.38	2.65	2.98	3.09			
41	2.44	2.72	3.06	3.20			
42	2.51	2.80	3.14	3.28			
43	2.57	2.86	3.23	3.35			
44	2.62	2.93	3.29	3.42			
45	2.65	2.95	3.32	3.46			
46	2.68	2.98	3.36	3.50			
47	2.68	2.98	3.36	3.50			
48	2.64	2.95	3.34	3.47			
49	2.59	2.92	3.29	3.42			
50	2.54	2.84	3.20	3.34			
51	2.46	2.75	3.10	3.23			
52	2.34	2.62	2.95	3.08			
53	2.18	2.45	2.76	2.89			
54	2.00	2.24	2.53	2.65			
55	1.82	2.04	2.29	2.40			
56	1.62	1.81	2.04	2.14			
57	1.42	1.58	1.79	1.87			
58	1.21	1.36	1.54	1.60			
59	1.02	1.14	1.28	1.35			

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
** Rider Form IDI2000-PR/L45-TD attached.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/GR et al
Residual Disability Benefit with 24 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Limited	Not Applicable	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	0.13	0.14	0.16	0.17	0.26		
26	0.13	0.16	0.18	0.18	0.29		
27	0.14	0.17	0.19	0.21	0.31		
28	0.16	0.18	0.20	0.21	0.31		
29	0.17	0.19	0.22	0.22	0.33		
30	0.18	0.22	0.23	0.24	0.37		
31	0.20	0.22	0.24	0.26	0.39		
32	0.22	0.24	0.26	0.28	0.41		
33	0.23	0.25	0.29	0.30	0.44		
34	0.24	0.28	0.31	0.31	0.47		
35	0.26	0.31	0.32	0.35	0.49		
36	0.29	0.31	0.36	0.37	0.53		
37	0.31	0.34	0.38	0.40	0.56		
38	0.31	0.36	0.40	0.43	0.61		
39	0.35	0.40	0.44	0.46	0.66		
40	0.38	0.42	0.48	0.48	0.69		
41	0.41	0.46	0.50	0.53	0.74		
42	0.44	0.49	0.55	0.56	0.78		
43	0.48	0.53	0.59	0.62	0.85		
44	0.50	0.56	0.64	0.67	0.90		
45	0.54	0.60	0.67	0.70	0.93		
46	0.58	0.65	0.72	0.76	1.00		
47	0.61	0.70	0.77	0.81	1.06		
48	0.66	0.74	0.84	0.87	1.12		
49	0.71	0.79	0.89	0.92	1.17		
50	0.74	0.84	0.94	0.98	1.23		
51	0.78	0.89	1.00	1.04	1.29		
52	0.84	0.92	1.04	1.08	1.33		
53	0.88	0.98	1.10	1.14	1.39		
54	0.91	1.02	1.15	1.21	1.44		
55	0.94	1.07	1.19	1.24	1.46		
56	0.96	1.08	1.20	1.25	1.46		
57	0.95	1.08	1.20	1.25	1.44		
58	0.92	1.03	1.16	1.22	1.38		
59	0.88	0.97	1.10	1.14	1.28		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/GR et al
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Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Full*	Not Applicable	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	0.13	0.16	0.17	0.18	0.28		
26	0.14	0.17	0.19	0.20	0.30		
27	0.16	0.18	0.20	0.21	0.31		
28	0.17	0.19	0.22	0.22	0.33		
29	0.18	0.20	0.22	0.23	0.37		
30	0.19	0.22	0.24	0.25	0.39		
31	0.22	0.23	0.25	0.28	0.40		
32	0.22	0.25	0.28	0.29	0.44		
33	0.24	0.26	0.30	0.30	0.46		
34	0.25	0.29	0.31	0.33	0.48		
35	0.28	0.31	0.35	0.37	0.52		
36	0.30	0.32	0.38	0.38	0.56		
37	0.31	0.36	0.40	0.43	0.59		
38	0.34	0.38	0.42	0.45	0.64		
39	0.37	0.41	0.47	0.47	0.68		
40	0.40	0.44	0.49	0.52	0.72		
41	0.43	0.48	0.54	0.55	0.77		
42	0.47	0.52	0.58	0.60	0.83		
43	0.49	0.56	0.62	0.64	0.89		
44	0.54	0.59	0.66	0.70	0.93		
45	0.58	0.64	0.71	0.74	0.99		
46	0.60	0.67	0.76	0.81	1.05		
47	0.65	0.73	0.82	0.85	1.12		
48	0.70	0.78	0.88	0.91	1.18		
49	0.74	0.84	0.92	0.97	1.23		
50	0.78	0.88	1.00	1.04	1.29		
51	0.83	0.92	1.04	1.08	1.37		
52	0.88	0.97	1.10	1.14	1.40		
53	0.92	1.03	1.15	1.21	1.46		
54	0.96	1.08	1.21	1.27	1.51		
55	1.00	1.12	1.26	1.31	1.53		
56	1.01	1.13	1.27	1.32	1.54		
57	1.01	1.13	1.27	1.31	1.51		
58	0.98	1.09	1.22	1.29	1.45		
59	0.92	1.02	1.15	1.21	1.35		

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 65	Not Applicable	Limited	Not Applicable	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	1.20	1.34	1.50	1.56	2.61		
26	1.24	1.37	1.54	1.61	2.70		
27	1.27	1.43	1.60	1.66	2.79		
28	1.33	1.48	1.66	1.73	2.88		
29	1.37	1.54	1.72	1.78	2.97		
30	1.43	1.60	1.78	1.85	3.07		
31	1.49	1.64	1.85	1.93	3.16		
32	1.54	1.72	1.92	2.00	3.24		
33	1.61	1.78	2.00	2.07	3.35		
34	1.66	1.85	2.08	2.16	3.45		
35	1.73	1.92	2.16	2.24	3.54		
36	1.80	1.99	2.24	2.32	3.63		
37	1.85	2.06	2.32	2.42	3.71		
38	1.91	2.15	2.41	2.50	3.81		
39	1.98	2.21	2.48	2.58	3.89		
40	2.04	2.28	2.56	2.66	3.96		
41	2.09	2.33	2.62	2.74	4.03		
42	2.15	2.39	2.69	2.81	4.07		
43	2.17	2.42	2.75	2.85	4.11		
44	2.22	2.47	2.78	2.90	4.12		
45	2.24	2.51	2.81	2.93	4.12		
46	2.24	2.51	2.82	2.94	4.08		
47	2.24	2.51	2.82	2.93	4.03		
48	2.22	2.48	2.80	2.91	3.92		
49	2.17	2.42	2.75	2.86	3.81		
50	2.12	2.38	2.68	2.79	3.66		
51	2.05	2.29	2.58	2.69	3.47		
52	1.96	2.18	2.46	2.56	3.27		
53	1.82	2.03	2.29	2.39	2.99		
54	1.67	1.87	2.11	2.20	2.70		
55	1.51	1.70	1.90	1.99	2.40		
56	1.36	1.51	1.70	1.77	2.09		
57	1.19	1.32	1.50	1.56	1.78		
58	1.01	1.14	1.27	1.33	1.51		
59	0.86	0.97	1.09	1.14	1.25		
60	0.72	0.80	0.91	0.94	1.01		
61	0.59	0.66	0.74	0.79	0.82		
62	0.49	0.55	0.62	0.64	0.66		
63	0.46	0.49	0.58	0.59	0.58		
64	0.43	0.48	0.54	0.56	0.54		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 65	Not Applicable	Full*	Not Applicable	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	1.30	1.45	1.63	1.68	2.83		
26	1.34	1.49	1.67	1.74	2.92		
27	1.38	1.54	1.72	1.79	3.02		
28	1.44	1.60	1.80	1.86	3.12		
29	1.49	1.66	1.86	1.92	3.21		
30	1.54	1.72	1.92	2.00	3.32		
31	1.61	1.79	1.99	2.08	3.42		
32	1.66	1.86	2.08	2.16	3.52		
33	1.73	1.92	2.16	2.24	3.62		
34	1.80	1.99	2.24	2.33	3.73		
35	1.87	2.08	2.33	2.43	3.83		
36	1.94	2.16	2.42	2.52	3.93		
37	1.99	2.24	2.51	2.61	4.03		
38	2.06	2.32	2.59	2.70	4.12		
39	2.15	2.39	2.69	2.79	4.20		
40	2.21	2.46	2.77	2.88	4.29		
41	2.26	2.52	2.83	2.96	4.35		
42	2.32	2.58	2.90	3.02	4.39		
43	2.35	2.63	2.96	3.08	4.43		
44	2.40	2.68	3.01	3.13	4.44		
45	2.42	2.70	3.04	3.16	4.44		
46	2.42	2.71	3.05	3.19	4.40		
47	2.42	2.71	3.05	3.17	4.35		
48	2.40	2.69	3.02	3.15	4.24		
49	2.35	2.63	2.96	3.09	4.12		
50	2.29	2.57	2.89	3.01	3.94		
51	2.22	2.48	2.78	2.91	3.76		
52	2.11	2.36	2.66	2.77	3.53		
53	1.98	2.20	2.48	2.58	3.23		
54	1.80	2.02	2.28	2.38	2.92		
55	1.63	1.84	2.06	2.15	2.60		
56	1.45	1.63	1.84	1.91	2.25		
57	1.27	1.43	1.62	1.68	1.93		
58	1.10	1.24	1.38	1.45	1.64		
59	0.94	1.04	1.18	1.22	1.37		
60	0.78	0.86	0.98	1.02	1.12		
61	0.65	0.72	0.82	0.85	0.89		
62	0.54	0.59	0.67	0.70	0.70		
63	0.48	0.54	0.61	0.63	0.63		
64	0.47	0.52	0.58	0.61	0.58		

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 70	Not Applicable	Limited	Not Applicable	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	1.37	1.54	1.72	1.78	2.97		
26	1.43	1.60	1.78	1.85	3.08		
27	1.48	1.64	1.85	1.93	3.21		
28	1.54	1.72	1.92	2.00	3.34		
29	1.62	1.79	2.02	2.08	3.45		
30	1.68	1.88	2.10	2.19	3.59		
31	1.76	1.97	2.20	2.29	3.71		
32	1.84	2.05	2.29	2.40	3.85		
33	1.92	2.15	2.41	2.51	4.00		
34	2.02	2.24	2.52	2.62	4.13		
35	2.11	2.35	2.64	2.74	4.29		
36	2.21	2.46	2.76	2.86	4.42		
37	2.29	2.56	2.88	2.99	4.57		
38	2.41	2.68	3.01	3.13	4.73		
39	2.51	2.78	3.13	3.25	4.85		
40	2.59	2.90	3.26	3.39	5.00		
41	2.69	3.01	3.38	3.52	5.12		
42	2.78	3.11	3.49	3.65	5.26		
43	2.88	3.20	3.61	3.76	5.36		
44	2.96	3.31	3.72	3.88	5.45		
45	3.04	3.38	3.83	3.98	5.53		
46	3.10	3.46	3.90	4.06	5.58		
47	3.16	3.53	3.97	4.14	5.60		
48	3.19	3.56	4.01	4.17	5.58		
49	3.20	3.58	4.03	4.20	5.54		
50	3.19	3.58	4.02	4.19	5.45		
51	3.18	3.54	4.00	4.17	5.32		
52	3.11	3.48	3.92	4.09	5.15		
53	3.01	3.36	3.79	3.94	4.90		
54	2.87	3.22	3.62	3.78	4.60		
55	2.71	3.04	3.43	3.58	4.28		
56	2.54	2.86	3.20	3.35	3.93		
57	2.36	2.65	2.98	3.09	3.57		
58	2.16	2.42	2.74	2.85	3.21		
59	1.97	2.21	2.48	2.58	2.84		
60	1.76	1.98	2.22	2.31	2.48		
61	1.56	1.74	1.96	2.05	2.15		
62	1.37	1.51	1.72	1.78	1.82		
63	1.15	1.27	1.45	1.51	1.50		
64	0.95	1.07	1.20	1.24	1.22		
65	0.77	0.85	0.97	1.01	0.98		
66	0.62	0.70	0.79	0.81	0.77		
67	0.50	0.58	0.64	0.67	0.61		
68	0.42	0.48	0.55	0.56	0.51		
69	0.40	0.46	0.49	0.54	0.47		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 70	Not Applicable	Full*	Not Applicable	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	1.49	1.66	1.85	1.92	3.21		
26	1.54	1.72	1.92	2.00	3.34		
27	1.60	1.79	1.99	2.08	3.46		
28	1.67	1.86	2.08	2.16	3.60		
29	1.74	1.93	2.17	2.25	3.73		
30	1.81	2.03	2.27	2.36	3.86		
31	1.90	2.12	2.38	2.47	4.03		
32	1.98	2.22	2.48	2.59	4.15		
33	2.08	2.32	2.60	2.71	4.31		
34	2.17	2.42	2.72	2.83	4.47		
35	2.28	2.54	2.86	2.97	4.63		
36	2.39	2.66	2.98	3.09	4.78		
37	2.48	2.77	3.12	3.24	4.92		
38	2.59	2.89	3.25	3.38	5.09		
39	2.70	3.01	3.38	3.52	5.26		
40	2.81	3.13	3.53	3.67	5.41		
41	2.92	3.25	3.65	3.81	5.53		
42	3.01	3.36	3.78	3.93	5.68		
43	3.12	3.47	3.91	4.07	5.80		
44	3.22	3.58	4.02	4.19	5.89		
45	3.29	3.66	4.13	4.30	5.98		
46	3.35	3.74	4.21	4.39	6.04		
47	3.41	3.82	4.28	4.47	6.06		
48	3.46	3.84	4.34	4.52	6.04		
49	3.47	3.88	4.36	4.54	5.99		
50	3.46	3.86	4.36	4.53	5.89		
51	3.43	3.83	4.32	4.51	5.76		
52	3.36	3.77	4.25	4.43	5.57		
53	3.25	3.64	4.09	4.27	5.29		
54	3.11	3.48	3.91	4.09	4.98		
55	2.94	3.29	3.71	3.86	4.62		
56	2.76	3.08	3.47	3.62	4.26		
57	2.56	2.86	3.22	3.35	3.85		
58	2.34	2.62	2.95	3.08	3.46		
59	2.12	2.39	2.69	2.79	3.07		
60	1.91	2.14	2.40	2.50	2.69		
61	1.69	1.88	2.11	2.21	2.32		
62	1.46	1.63	1.85	1.92	1.96		
63	1.25	1.38	1.56	1.63	1.62		
64	1.02	1.15	1.30	1.35	1.31		
65	0.84	0.92	1.04	1.09	1.05		
66	0.67	0.74	0.85	0.89	0.85		
67	0.55	0.61	0.68	0.71	0.67		
68	0.46	0.52	0.59	0.62	0.55		
69	0.43	0.48	0.54	0.58	0.51		

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Limited	Not Applicable	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	1.44	1.61	1.80	1.86			
26	1.50	1.66	1.86	1.93			
27	1.54	1.72	1.92	2.00			
28	1.61	1.79	2.00	2.07			
29	1.67	1.87	2.09	2.16			
30	1.74	1.93	2.16	2.25			
31	1.81	2.02	2.27	2.35			
32	1.90	2.10	2.35	2.45			
33	1.97	2.20	2.46	2.56			
34	2.06	2.28	2.57	2.67			
35	2.15	2.39	2.68	2.78			
36	2.23	2.48	2.78	2.90			
37	2.32	2.58	2.90	3.01			
38	2.41	2.68	3.01	3.13			
39	2.48	2.77	3.12	3.24			
40	2.57	2.86	3.22	3.35			
41	2.64	2.95	3.32	3.45			
42	2.71	3.04	3.40	3.55			
43	2.77	3.10	3.48	3.63			
44	2.82	3.16	3.55	3.69			
45	2.86	3.19	3.59	3.75			
46	2.88	3.22	3.61	3.77			
47	2.88	3.22	3.62	3.78			
48	2.86	3.19	3.59	3.75			
49	2.80	3.14	3.54	3.68			
50	2.75	3.06	3.46	3.59			
51	2.65	2.95	3.34	3.48			
52	2.53	2.82	3.19	3.32			
53	2.36	2.64	2.96	3.09			
54	2.16	2.42	2.72	2.85			
55	1.97	2.20	2.47	2.58			
56	1.75	1.96	2.20	2.30			
57	1.52	1.72	1.93	2.00			
58	1.31	1.46	1.64	1.73			
59	1.10	1.24	1.38	1.44			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/GR et al
Residual Disability Benefit with 24 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC2, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Full*	Not Applicable	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	1.55	1.73	1.94	2.01			
26	1.62	1.80	2.00	2.08			
27	1.67	1.86	2.08	2.16			
28	1.73	1.93	2.16	2.24			
29	1.80	2.02	2.26	2.33			
30	1.88	2.09	2.34	2.44			
31	1.97	2.18	2.45	2.54			
32	2.05	2.27	2.54	2.66			
33	2.12	2.38	2.66	2.77			
34	2.23	2.47	2.77	2.89			
35	2.32	2.58	2.89	3.00			
36	2.41	2.69	3.01	3.13			
37	2.51	2.78	3.13	3.25			
38	2.59	2.89	3.25	3.38			
39	2.69	3.00	3.37	3.51			
40	2.77	3.10	3.48	3.62			
41	2.86	3.19	3.59	3.74			
42	2.94	3.28	3.67	3.84			
43	3.00	3.35	3.77	3.92			
44	3.05	3.41	3.83	4.00			
45	3.08	3.46	3.89	4.05			
46	3.12	3.48	3.91	4.08			
47	3.12	3.48	3.91	4.09			
48	3.10	3.44	3.89	4.05			
49	3.04	3.40	3.83	3.99			
50	2.96	3.31	3.73	3.89			
51	2.86	3.20	3.61	3.76			
52	2.74	3.05	3.46	3.59			
53	2.56	2.86	3.22	3.35			
54	2.34	2.62	2.95	3.08			
55	2.12	2.38	2.68	2.79			
56	1.90	2.11	2.38	2.48			
57	1.64	1.85	2.09	2.16			
58	1.42	1.58	1.79	1.87			
59	1.19	1.33	1.50	1.56			

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
** Rider Form IDI2000-PR/L45-TD attached.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/GR et al
Residual Disability Benefit with 36 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Limited	Not Applicable	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	0.13	0.16	0.18	0.18	0.29		
26	0.14	0.17	0.19	0.20	0.31		
27	0.16	0.18	0.20	0.21	0.31		
28	0.17	0.19	0.22	0.22	0.33		
29	0.18	0.22	0.23	0.24	0.37		
30	0.20	0.22	0.24	0.25	0.39		
31	0.22	0.23	0.26	0.28	0.41		
32	0.22	0.25	0.29	0.30	0.45		
33	0.24	0.28	0.31	0.30	0.47		
34	0.26	0.30	0.31	0.33	0.49		
35	0.29	0.31	0.35	0.37	0.52		
36	0.31	0.34	0.38	0.39	0.56		
37	0.31	0.36	0.41	0.43	0.59		
38	0.34	0.38	0.43	0.46	0.66		
39	0.37	0.41	0.47	0.48	0.69		
40	0.40	0.46	0.50	0.52	0.74		
41	0.43	0.48	0.54	0.56	0.78		
42	0.48	0.52	0.59	0.61	0.85		
43	0.50	0.56	0.64	0.66	0.90		
44	0.54	0.60	0.67	0.70	0.94		
45	0.58	0.65	0.72	0.75	1.01		
46	0.61	0.68	0.77	0.81	1.07		
47	0.66	0.73	0.84	0.87	1.13		
48	0.71	0.79	0.90	0.92	1.20		
49	0.74	0.84	0.94	0.98	1.25		
50	0.79	0.90	1.01	1.06	1.31		
51	0.84	0.94	1.06	1.09	1.38		
52	0.89	0.98	1.10	1.16	1.43		
53	0.92	1.04	1.18	1.23	1.48		
54	0.97	1.10	1.22	1.28	1.52		
55	1.01	1.12	1.27	1.31	1.54		
56	1.02	1.14	1.28	1.35	1.54		
57	1.02	1.13	1.28	1.33	1.52		
58	1.00	1.10	1.25	1.30	1.46		
59	0.92	1.04	1.18	1.22	1.36		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/GR et al
Residual Disability Benefit with 36 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Full*	Not Applicable	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	0.14	0.17	0.19	0.20	0.30		
26	0.16	0.18	0.20	0.21	0.31		
27	0.17	0.19	0.22	0.22	0.33		
28	0.18	0.20	0.22	0.23	0.37		
29	0.19	0.22	0.24	0.25	0.39		
30	0.22	0.23	0.25	0.26	0.40		
31	0.22	0.24	0.28	0.29	0.44		
32	0.23	0.26	0.30	0.30	0.47		
33	0.25	0.29	0.31	0.32	0.48		
34	0.28	0.31	0.34	0.36	0.52		
35	0.30	0.32	0.37	0.38	0.55		
36	0.31	0.36	0.40	0.41	0.59		
37	0.34	0.38	0.43	0.45	0.63		
38	0.36	0.40	0.46	0.47	0.68		
39	0.40	0.43	0.48	0.52	0.72		
40	0.42	0.48	0.53	0.55	0.77		
41	0.46	0.50	0.58	0.60	0.83		
42	0.49	0.55	0.62	0.63	0.89		
43	0.53	0.59	0.66	0.69	0.93		
44	0.58	0.64	0.71	0.74	1.00		
45	0.60	0.67	0.76	0.79	1.06		
46	0.65	0.72	0.82	0.85	1.13		
47	0.70	0.77	0.88	0.91	1.20		
48	0.74	0.84	0.94	0.97	1.25		
49	0.79	0.88	1.00	1.04	1.31		
50	0.84	0.94	1.06	1.10	1.39		
51	0.89	1.00	1.10	1.15	1.45		
52	0.92	1.03	1.18	1.22	1.50		
53	0.98	1.10	1.24	1.30	1.55		
54	1.02	1.15	1.28	1.35	1.61		
55	1.07	1.19	1.34	1.39	1.64		
56	1.08	1.20	1.36	1.41	1.64		
57	1.08	1.19	1.36	1.40	1.61		
58	1.04	1.16	1.31	1.37	1.53		
59	0.98	1.10	1.24	1.29	1.43		

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/GR et al
Residual Disability Benefit with 36 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 65	Not Applicable	Limited	Not Applicable	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	1.27	1.43	1.61	1.66	2.79		
26	1.32	1.46	1.64	1.71	2.88		
27	1.37	1.51	1.70	1.77	2.97		
28	1.42	1.57	1.76	1.83	3.08		
29	1.46	1.63	1.82	1.90	3.16		
30	1.52	1.69	1.90	1.98	3.28		
31	1.58	1.76	1.98	2.06	3.37		
32	1.63	1.82	2.05	2.14	3.47		
33	1.72	1.90	2.15	2.22	3.59		
34	1.76	1.98	2.22	2.31	3.67		
35	1.84	2.05	2.30	2.40	3.77		
36	1.90	2.14	2.40	2.48	3.86		
37	1.98	2.21	2.48	2.58	3.97		
38	2.04	2.28	2.56	2.67	4.06		
39	2.11	2.35	2.65	2.76	4.14		
40	2.16	2.42	2.72	2.83	4.23		
41	2.23	2.50	2.80	2.91	4.29		
42	2.28	2.54	2.86	2.98	4.34		
43	2.33	2.59	2.93	3.05	4.38		
44	2.36	2.64	2.95	3.08	4.38		
45	2.39	2.68	3.00	3.13	4.38		
46	2.41	2.68	3.01	3.15	4.36		
47	2.40	2.68	3.01	3.14	4.29		
48	2.38	2.65	2.98	3.11	4.19		
49	2.33	2.59	2.93	3.06	4.06		
50	2.27	2.53	2.86	2.98	3.90		
51	2.18	2.44	2.75	2.88	3.70		
52	2.08	2.33	2.63	2.74	3.47		
53	1.94	2.16	2.44	2.56	3.20		
54	1.79	1.99	2.24	2.33	2.88		
55	1.62	1.80	2.03	2.12	2.56		
56	1.44	1.61	1.80	1.90	2.23		
57	1.26	1.40	1.60	1.66	1.91		
58	1.09	1.21	1.37	1.44	1.62		
59	0.92	1.03	1.16	1.21	1.35		
60	0.77	0.85	0.97	1.01	1.10		
61	0.64	0.72	0.80	0.83	0.87		
62	0.53	0.59	0.66	0.69	0.70		
63	0.48	0.54	0.60	0.63	0.62		
64	0.46	0.52	0.58	0.61	0.58		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Policy Forms IDI2000-P/GR et al
Residual Disability Benefit with 36 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 65	Not Applicable	Full*	Not Applicable	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	1.38	1.54	1.73	1.79	3.00		
26	1.43	1.58	1.79	1.85	3.12		
27	1.48	1.63	1.84	1.91	3.22		
28	1.54	1.70	1.91	1.98	3.32		
29	1.58	1.76	1.98	2.06	3.42		
30	1.64	1.82	2.06	2.14	3.54		
31	1.72	1.90	2.14	2.22	3.65		
32	1.78	1.98	2.22	2.31	3.76		
33	1.85	2.06	2.32	2.40	3.86		
34	1.91	2.15	2.40	2.48	3.97		
35	1.98	2.22	2.50	2.59	4.08		
36	2.06	2.30	2.59	2.68	4.19		
37	2.14	2.39	2.69	2.78	4.30		
38	2.21	2.46	2.77	2.89	4.38		
39	2.28	2.54	2.86	2.99	4.49		
40	2.34	2.62	2.95	3.07	4.57		
41	2.41	2.69	3.04	3.15	4.63		
42	2.47	2.76	3.10	3.22	4.68		
43	2.51	2.81	3.16	3.29	4.74		
44	2.56	2.86	3.20	3.34	4.74		
45	2.58	2.88	3.24	3.38	4.74		
46	2.59	2.89	3.25	3.40	4.72		
47	2.59	2.89	3.25	3.39	4.63		
48	2.57	2.86	3.22	3.36	4.53		
49	2.51	2.81	3.16	3.30	4.38		
50	2.45	2.74	3.08	3.22	4.21		
51	2.36	2.64	2.96	3.11	4.01		
52	2.24	2.51	2.84	2.96	3.77		
53	2.10	2.34	2.64	2.76	3.45		
54	1.93	2.16	2.42	2.53	3.12		
55	1.74	1.94	2.20	2.29	2.76		
56	1.55	1.73	1.96	2.05	2.42		
57	1.37	1.52	1.72	1.79	2.08		
58	1.18	1.31	1.48	1.55	1.74		
59	1.00	1.12	1.26	1.31	1.45		
60	0.84	0.92	1.04	1.09	1.18		
61	0.68	0.77	0.86	0.90	0.94		
62	0.58	0.64	0.71	0.75	0.75		
63	0.52	0.58	0.66	0.68	0.67		
64	0.49	0.56	0.62	0.66	0.62		

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 70	Not Applicable	Limited	Not Applicable	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	1.46	1.63	1.82	1.90	3.16		
26	1.52	1.69	1.90	1.97	3.30		
27	1.57	1.76	1.98	2.06	3.40		
28	1.64	1.82	2.06	2.14	3.55		
29	1.72	1.91	2.15	2.23	3.67		
30	1.79	2.00	2.24	2.32	3.82		
31	1.88	2.09	2.34	2.44	3.96		
32	1.97	2.18	2.45	2.55	4.12		
33	2.05	2.28	2.57	2.68	4.27		
34	2.16	2.40	2.69	2.79	4.39		
35	2.24	2.51	2.81	2.93	4.57		
36	2.34	2.62	2.94	3.06	4.73		
37	2.45	2.74	3.07	3.20	4.86		
38	2.56	2.86	3.20	3.34	5.04		
39	2.68	2.96	3.34	3.47	5.18		
40	2.77	3.08	3.48	3.62	5.34		
41	2.87	3.20	3.59	3.75	5.46		
42	2.96	3.31	3.73	3.89	5.60		
43	3.06	3.43	3.85	4.00	5.72		
44	3.17	3.53	3.97	4.14	5.82		
45	3.24	3.61	4.08	4.24	5.89		
46	3.31	3.70	4.16	4.34	5.96		
47	3.37	3.76	4.24	4.42	5.98		
48	3.40	3.80	4.27	4.46	5.97		
49	3.41	3.82	4.30	4.49	5.90		
50	3.41	3.82	4.30	4.47	5.81		
51	3.38	3.78	4.26	4.43	5.69		
52	3.32	3.72	4.19	4.36	5.51		
53	3.20	3.58	4.04	4.22	5.22		
54	3.06	3.43	3.85	4.03	4.91		
55	2.90	3.24	3.65	3.81	4.57		
56	2.71	3.04	3.43	3.58	4.19		
57	2.52	2.82	3.18	3.31	3.81		
58	2.32	2.59	2.93	3.05	3.40		
59	2.10	2.34	2.65	2.76	3.04		
60	1.90	2.10	2.36	2.47	2.65		
61	1.66	1.86	2.09	2.19	2.28		
62	1.45	1.62	1.82	1.90	1.92		
63	1.22	1.37	1.54	1.60	1.60		
64	1.01	1.12	1.27	1.32	1.30		
65	0.83	0.92	1.03	1.08	1.04		
66	0.66	0.74	0.84	0.87	0.83		
67	0.54	0.60	0.68	0.71	0.67		
68	0.46	0.50	0.59	0.61	0.55		
69	0.42	0.48	0.54	0.56	0.49		

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

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Residual Disability Benefit with 36 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 70	Not Applicable	Full*	Not Applicable	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	1.58	1.76	1.98	2.06	3.42		
26	1.64	1.82	2.05	2.13	3.57		
27	1.70	1.90	2.14	2.22	3.68		
28	1.79	1.98	2.23	2.31	3.84		
29	1.86	2.06	2.32	2.40	3.97		
30	1.93	2.16	2.42	2.52	4.12		
31	2.03	2.26	2.53	2.63	4.29		
32	2.12	2.36	2.65	2.75	4.44		
33	2.22	2.47	2.77	2.90	4.60		
34	2.33	2.59	2.90	3.01	4.76		
35	2.42	2.71	3.04	3.16	4.92		
36	2.53	2.83	3.18	3.31	5.09		
37	2.65	2.95	3.32	3.46	5.27		
38	2.77	3.08	3.47	3.60	5.45		
39	2.88	3.22	3.61	3.75	5.60		
40	2.99	3.34	3.76	3.92	5.77		
41	3.11	3.47	3.89	4.06	5.90		
42	3.22	3.58	4.03	4.20	6.06		
43	3.31	3.71	4.18	4.34	6.18		
44	3.42	3.82	4.28	4.47	6.29		
45	3.50	3.91	4.40	4.59	6.37		
46	3.58	4.00	4.50	4.68	6.43		
47	3.65	4.07	4.57	4.76	6.46		
48	3.67	4.10	4.62	4.83	6.44		
49	3.68	4.12	4.64	4.85	6.38		
50	3.68	4.12	4.64	4.84	6.28		
51	3.65	4.09	4.61	4.80	6.14		
52	3.59	4.01	4.54	4.72	5.96		
53	3.47	3.88	4.37	4.57	5.64		
54	3.30	3.71	4.18	4.35	5.30		
55	3.13	3.50	3.95	4.12	4.92		
56	2.94	3.29	3.71	3.86	4.53		
57	2.72	3.05	3.43	3.59	4.12		
58	2.51	2.80	3.16	3.29	3.68		
59	2.27	2.53	2.86	2.99	3.28		
60	2.04	2.27	2.56	2.67	2.86		
61	1.80	2.00	2.26	2.36	2.46		
62	1.56	1.74	1.98	2.05	2.08		
63	1.32	1.48	1.67	1.73	1.73		
64	1.10	1.21	1.38	1.44	1.41		
65	0.89	1.00	1.12	1.17	1.13		
66	0.72	0.80	0.90	0.94	0.90		
67	0.58	0.66	0.74	0.77	0.71		
68	0.49	0.55	0.64	0.66	0.59		
69	0.46	0.52	0.58	0.61	0.54		

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/GR et al
Residual Disability Benefit with 36 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Limited	Not Applicable	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	1.52	1.70	1.90	1.98			
26	1.58	1.76	1.98	2.06			
27	1.63	1.82	2.04	2.13			
28	1.72	1.90	2.12	2.21			
29	1.76	1.98	2.21	2.30			
30	1.85	2.05	2.30	2.40			
31	1.92	2.15	2.41	2.50			
32	2.00	2.23	2.51	2.60			
33	2.09	2.33	2.60	2.71			
34	2.17	2.42	2.72	2.83			
35	2.27	2.53	2.84	2.94			
36	2.35	2.64	2.95	3.07			
37	2.45	2.72	3.06	3.19			
38	2.54	2.84	3.19	3.31			
39	2.64	2.94	3.30	3.43			
40	2.72	3.04	3.41	3.55			
41	2.80	3.12	3.50	3.67			
42	2.87	3.20	3.60	3.75			
43	2.94	3.28	3.68	3.84			
44	2.99	3.32	3.74	3.92			
45	3.02	3.38	3.80	3.96			
46	3.05	3.40	3.83	3.99			
47	3.05	3.41	3.83	3.99			
48	3.02	3.37	3.80	3.96			
49	2.96	3.32	3.74	3.90			
50	2.89	3.23	3.65	3.81			
51	2.80	3.12	3.53	3.68			
52	2.68	2.99	3.37	3.51			
53	2.50	2.80	3.14	3.28			
54	2.29	2.56	2.89	3.00			
55	2.06	2.32	2.62	2.73			
56	1.85	2.06	2.33	2.43			
57	1.63	1.80	2.03	2.13			
58	1.38	1.55	1.75	1.82			
59	1.16	1.31	1.46	1.54			

** Rider Form IDI2000-PR/L45-TD attached.

¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/GR et al
Residual Disability Benefit with 36 Month Recovery on CPI COLA Benefit 2008
Rider Form(s) IDI2000-PR/RDIS-REC3, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Base Monthly Indemnity and of Social Insurance Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
Graded Life 45/65**	Not Applicable	Full*	Not Applicable	Multi-life Only	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25	1.64	1.84	2.06	2.15			
26	1.72	1.90	2.14	2.22			
27	1.78	1.98	2.21	2.30			
28	1.85	2.05	2.29	2.39			
29	1.91	2.14	2.39	2.48			
30	1.99	2.22	2.50	2.59			
31	2.08	2.32	2.59	2.70			
32	2.16	2.41	2.70	2.82			
33	2.26	2.51	2.82	2.93			
34	2.35	2.63	2.95	3.06			
35	2.45	2.74	3.07	3.19			
36	2.54	2.86	3.19	3.32			
37	2.65	2.95	3.31	3.45			
38	2.75	3.07	3.44	3.59			
39	2.86	3.18	3.56	3.71			
40	2.95	3.29	3.68	3.84			
41	3.02	3.38	3.79	3.96			
42	3.11	3.47	3.90	4.06			
43	3.17	3.54	3.98	4.15			
44	3.23	3.60	4.06	4.23			
45	3.26	3.65	4.10	4.28			
46	3.30	3.67	4.14	4.31			
47	3.30	3.68	4.14	4.31			
48	3.26	3.65	4.10	4.28			
49	3.22	3.59	4.04	4.21			
50	3.12	3.49	3.94	4.11			
51	3.02	3.38	3.82	3.98			
52	2.89	3.23	3.65	3.80			
53	2.69	3.02	3.40	3.54			
54	2.48	2.77	3.12	3.24			
55	2.24	2.51	2.83	2.94			
56	1.99	2.24	2.51	2.62			
57	1.75	1.96	2.20	2.30			
58	1.50	1.68	1.90	1.98			
59	1.26	1.42	1.58	1.66			

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
** Rider Form IDI2000-PR/L45-TD attached.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/GR et al
CPI COLA Benefit 2008 on Catastrophic Disability Benefit
Rider Form(s) IDI2000-PR/CATDIS, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Catastrophic Disability Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
5 Yrs	Not Applicable	Full*	Not Applicable	All	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25				0.03	0.05	0.04	0.06
26				0.03	0.05	0.04	0.06
27				0.05	0.05	0.04	0.06
28				0.05	0.05	0.06	0.07
29				0.05	0.05	0.06	0.07
30				0.05	0.05	0.06	0.08
31				0.05	0.06	0.07	0.08
32				0.05	0.06	0.07	0.09
33				0.05	0.07	0.08	0.09
34				0.06	0.07	0.09	0.10
35				0.06	0.08	0.09	0.11
36				0.07	0.09	0.10	0.12
37				0.07	0.09	0.11	0.12
38				0.08	0.10	0.12	0.13
39				0.09	0.12	0.12	0.14
40				0.09	0.13	0.13	0.15
41				0.10	0.13	0.14	0.18
42				0.12	0.14	0.15	0.19
43				0.13	0.15	0.17	0.20
44				0.13	0.16	0.19	0.21
45				0.13	0.17	0.20	0.22
46				0.14	0.18	0.20	0.23
47				0.15	0.20	0.21	0.25
48				0.16	0.21	0.23	0.26
49				0.17	0.21	0.24	0.29
50				0.18	0.22	0.25	0.29
51				0.18	0.23	0.26	0.31
52				0.20	0.24	0.29	0.32
53				0.21	0.25	0.29	0.34
54				0.21	0.26	0.30	0.36
55				0.22	0.28	0.31	0.36
56				0.22	0.29	0.32	0.36
57				0.22	0.28	0.32	0.36
58				0.21	0.28	0.31	0.36
59				0.21	0.25	0.29	0.34

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/GR et al
CPI COLA Benefit 2008 on Catastrophic Disability Benefit
Rider Form(s) IDI2000-PR/CATDIS, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Catastrophic Disability Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 65	Not Applicable	Full*	Not Applicable	All	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25				0.24	0.30	0.35	0.41
26				0.25	0.31	0.36	0.42
27				0.26	0.32	0.36	0.43
28				0.26	0.33	0.37	0.44
29				0.28	0.35	0.40	0.46
30				0.29	0.37	0.41	0.47
31				0.30	0.38	0.43	0.51
32				0.31	0.39	0.44	0.53
33				0.32	0.41	0.46	0.54
34				0.35	0.44	0.50	0.57
35				0.37	0.46	0.52	0.61
36				0.38	0.47	0.54	0.63
37				0.39	0.49	0.57	0.67
38				0.43	0.53	0.61	0.69
39				0.44	0.55	0.63	0.74
40				0.46	0.58	0.66	0.77
41				0.47	0.60	0.68	0.79
42				0.49	0.62	0.70	0.83
43				0.51	0.63	0.72	0.85
44				0.52	0.63	0.74	0.85
45				0.52	0.64	0.75	0.86
46				0.53	0.66	0.75	0.87
47				0.53	0.64	0.75	0.87
48				0.52	0.64	0.74	0.86
49				0.51	0.63	0.72	0.85
50				0.48	0.62	0.69	0.81
51				0.47	0.59	0.68	0.78
52				0.45	0.56	0.64	0.75
53				0.43	0.53	0.61	0.69
54				0.38	0.48	0.55	0.65
55				0.36	0.45	0.51	0.59
56				0.31	0.39	0.45	0.53
57				0.29	0.36	0.40	0.46
58				0.24	0.30	0.35	0.41
59				0.21	0.25	0.29	0.34
60				0.17	0.21	0.24	0.29
61				0.14	0.18	0.20	0.23
62				0.13	0.14	0.17	0.20
63				0.10	0.13	0.14	0.17
64				0.09	0.12	0.12	0.14

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Metropolitan Life Insurance Company -- NAIC Number 65978

Policy Forms IDI2000-P/GR et al
CPI COLA Benefit 2008 on Catastrophic Disability Benefit
Rider Form(s) IDI2000-PR/CATDIS, etc. and IDIPR08-2, etc. Attached
Premium Rates per $100 of Catastrophic Disability Monthly Indemnity

Max. Ben. Period	Elim. Period	MD/SA Benefits	Reg. Occ. Period	Case Type	Smoker	Sex
To Age 70	Not Applicable	Full*	Not Applicable	All	No	Unisex

Issue Age	6A	5A	4A	3A	2A	1A	1B
18 - 25				0.28	0.35	0.40	0.46
26				0.29	0.36	0.41	0.47
27				0.30	0.38	0.43	0.50
28				0.31	0.38	0.44	0.52
29				0.32	0.40	0.46	0.53
30				0.33	0.43	0.48	0.56
31				0.36	0.45	0.51	0.59
32				0.38	0.46	0.53	0.62
33				0.39	0.49	0.56	0.66
34				0.41	0.52	0.59	0.68
35				0.44	0.55	0.63	0.74
36				0.46	0.58	0.66	0.77
37				0.48	0.62	0.69	0.81
38				0.52	0.64	0.75	0.86
39				0.55	0.69	0.78	0.91
40				0.58	0.71	0.83	0.96
41				0.61	0.76	0.86	1.01
42				0.63	0.79	0.90	1.05
43				0.66	0.82	0.92	1.09
44				0.68	0.84	0.96	1.12
45				0.69	0.87	0.99	1.16
46				0.71	0.89	1.01	1.17
47				0.71	0.90	1.02	1.19
48				0.71	0.90	1.03	1.20
49				0.72	0.91	1.03	1.21
50				0.71	0.90	1.02	1.20
51				0.71	0.89	1.01	1.19
52				0.70	0.89	1.00	1.17
53				0.68	0.85	0.97	1.13
54				0.64	0.81	0.92	1.09
55				0.62	0.78	0.88	1.02
56				0.59	0.72	0.84	0.97
57				0.55	0.68	0.77	0.91
58				0.51	0.63	0.72	0.85
59				0.46	0.58	0.66	0.77
60				0.41	0.52	0.59	0.68
61				0.37	0.46	0.53	0.61
62				0.32	0.40	0.46	0.54
63				0.29	0.35	0.40	0.46
64				0.23	0.30	0.34	0.39
65				0.20	0.24	0.29	0.32
66				0.15	0.20	0.22	0.26
67				0.13	0.15	0.18	0.20
68				0.09	0.12	0.12	0.15
69				0.07	0.08	0.10	0.11

* Rider Form IDI2000-PE/MS-LIMIT attached except Louisiana for which Policy Form IDI2000-P/GRP is issued.
¤ Smoker premium rates are the Non-smoker premiums rates, above, multiplied by 1.20, 1.15, or 1.10 for occupational classes 4A to 6A; 2A and 3A; or 1A and 1B, respectively, rounded to two decimal places.

Supporting Document Schedules

Review Status:

Bypassed -Name: Flesch Certification — Approved-Closed — 02/06/2009

Bypass Reason: This information is provided in the cover letter on page 3.

Comments:

Review Status:

Bypassed -Name: Application — Approved-Closed — 02/06/2009

Bypass Reason: The requirement listed above is not applicable for this filing submission.

Comments:

Review Status:

Satisfied -Name: Cover Letter — Approved-Closed — 02/06/2009

Comments:

Cover Letter

Attachment:

(RW) B08-58 Filing Letter (AR).pdf

Review Status:

Satisfied -Name: ARCERTREAD — Approved-Closed — 02/06/2009

Comments:

ARCERTREAD

Attachment:

ARCERTREAD.pdf

Metropolitan Life Insurance Company
501 Route 22, Bridgewater Township, NJ 08807
Tel 908 253-2288 Fax 908 253-2126
rwinograd@metlife.com

Robert Winograd
Senior Contract Analyst
Group and SBC Contracts & Compliance Department

MetLife®

January 4, 2008

Arkansas Department of Insurance
1200 West 3rd Street
Little Rock, Arkansas 72201-1904

Re: Individual Disability Income Riders
Form Nos. IDIPR08-1 et al.
Our NAIC Company No. is 65978
Our FEIN is 13-5581829

Dear Sir/Madam:

We enclose for filing final printed copies of the individual disability income forms described below. These forms are new and do not replace any forms previously filed with your Department.

Form Number	Brief Description
IDIPR08-1	**Policy Rider.** This rider provides periodic options to purchase additional amounts of coverage without evidence of medical insurability. Until the third anniversary of the effective date of the rider, or if later, the anniversary on or after the insured's age 40, there is an option to purchase the entire remaining available amount of increase. This rider is intended for use with policies IDI2000-P/NC, IDI2000-P/NC-ML and IDI2000-P/GR, approved by your Department on January 8, 2001.
IDIPR08-2	**Policy Rider.** This rider provides an annual cost-of-living adjustment during a period of disability, with a purchase option at the end of a benefit period to lock in the amount of the cost-of-living adjustment. The adjustment will be up to 10%, based on the past year's increase in the cost of living. If the cost of living does not increase in a given year, the policy benefit will remain the same as in the prior year. This rider is intended for use with policies IDI2000-P/NC-ML, IDI2000-P/NC and IDI2000-P/GR, approved by your Department on January 8, 2001.
IDIPR08-3	**Policy Rider.** This rider provides an annual cost-of-living adjustment during a period of disability. The adjustment will be up to 10%, based on the past year's increase in the cost of living. If the cost of living does not increase in a given year, the policy benefit will remain the same as in the prior year. This rider is intended for use with policies IDI2000-P/NC-ML and IDI2000-P/GR, approved by your Department on January 8, 2001, when such policies are issued on a guaranteed standard issue basis with a 2-year exclusion period for preexisting conditions.

Form Number	**Brief Description (Continued)**
IDIPR08-4	**Policy Rider.** This rider provides an annual cost-of-living adjustment during a period of disability. The adjustment will be up to 10%, based on the past year's increase in the cost of living. If the cost of living does not increase in a given year, the policy benefit will remain the same as in the prior year. This rider is intended for use with policies IDI2000-P/NC-ML, and IDI2000-P/GR, approved by your Department on January 8, 2001, when such policies are issued on a guaranteed standard issue basis with a 12-month exclusion period for preexisting conditions.
IDIPR08-5	**Policy Rider.** This rider provides an annual cost-of-living adjustment during a period of disability. The adjustment will be up to 10%, based on the past year's increase in the cost of living. If the cost of living does not increase in a given year, the policy benefit will remain the same as in the prior year. This rider is intended for use with policies IDI2000-P/NC-MLM and IDI2000-P/GRM approved by your Department on March 16, 2007, in cases where time periods relating to coverage of preexisting conditions are intended to be variable and therefore shown on the Policy Schedule page.
IDIPR08-6	**Policy Rider.** This rider provides an annual cost-of-living adjustment during a period of disability. The adjustment will be up to 10%, based on the past year's increase in the cost of living. If the cost of living does not increase in a given year, the policy benefit will remain the same as in the prior year. This rider is intended for use with policies IDI2000-P/NC-MLM and IDI2000-P/GRM, approved by your Department on March 16, 2007, in cases where coverage of preexisting conditions is not limited.
IDIPR08-7	**Policy Rider.** This rider provides an annual cost-of-living adjustment during a period of disability. The adjustment will be up to 10%, based on the past year's increase in the cost of living. If the cost of living does not increase in a given year, the policy benefit will remain the same as in the prior year. This rider is intended for use with policies IDI2000-P/NC-ML, and IDI2000-P/GR, approved by your Department on March 16, 2007, in cases where coverage of preexisting conditions is not limited.

We enclose the required filing fee.

Actuarial Data

We are submitting an Actuarial Memorandum and schedules of premium rates for the enclosed rider forms.

Outlines of Coverage

IDIOOC-ADD08-1	**Outline of Coverage Addendum -** This form is a revised version of the addendum filed [date of B07-38 approval] for use with Outlines of Coverage AH 1354, AH 1355 and AH 1356.
IDIOOC-ADD08-2	**Outline of Coverage Addendum -** This form is a revised version of the addendum filed [date of B07-38 approval] for use with Outlines of Coverage AH1354-GP, AH 1354-GX, AH1356-GP and AH 1356-GX.

Filing Correspondence Instructions

Please direct any questions, comments or correspondence regarding this filing to me. Please feel free to do so via telephone, fax or e-mail (see upper left- hand corner of page 1 of this letter).

Very truly yours,

Robert Winograd
Senior Contract Analyst

Herbert B Brown Jr.
Vice President

MetLife®

Metropolitan Life Insurance Company
NAIC Company Number: 65978
NAIC Group Number: 241

ARKANSAS FLESCH CERTIFICATION

I certify that the form shown below has achieved the Flesch Reading Ease Score shown below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form No.	Form Description	Flesch Score
IDIPRO08-1	Policy Rider	56.54
IDIPRO08-2	Policy Rider	52.21
IDIPRO08-3	Policy Rider	51.04
IDIPRO08-4	Policy Rider	50.84
IDIPRO08-5	Policy Rider	50.79
IDIPRO08-6	Policy Rider	52.05
IDIPRO08-7	Policy Rider	53.01
IDIOOC-ADD08-1	Outline of Coverage	53.65
IDIOOC-ADD08-2	Outline of Coverage	55.45

Herbert B. Brown Jr.
Vice President