

SERFF Tracking Number: GARD-126255527 State: Arkansas
 Filing Company: Berkshire Life Insurance Company of America State Tracking Number: 43522
 Company Tracking Number: 4200
 TOI: H111 Individual Health - Disability Income Sub-TOI: H111.005 Business Overhead Expense - Related to marketing with employer or association groups
 Product Name: 4200, DI-2009
 Project Name/Number: /

Filing at a Glance

Company: Berkshire Life Insurance Company of America

Product Name: 4200, DI-2009

SERFF Tr Num: GARD-126255527 State: Arkansas

TOI: H111 Individual Health - Disability Income

SERFF Status: Closed-Approved-Closed State Tr Num: 43522

Sub-TOI: H111.005 Business Overhead Expense - Related to marketing with employer or association groups

Co Tr Num: 4200

State Status: Approved-Closed

Filing Type: Form/Rate

Author: Cindy Ego

Reviewer(s): Rosalind Minor

Date Submitted: 09/16/2009

Disposition Date: 09/17/2009

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Filed Concurrently

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 09/17/2009

Explanation for Other Group Market Type:

State Status Changed: 09/17/2009

Deemer Date:

Created By: Cindy Ego

Submitted By: Cindy Ego

Corresponding Filing Tracking Number: GARD-126259672

Filing Description:

Berkshire Life Insurance Company of America is submitting the forms listed below for your review and approval. Policy form 4200 (01/10) along with the related riders and endorsements, replace forms 4100 (06/01) and 4105 (06/01) which were approved in your state on 03/26/2001 as indicated below. Applications DI-2009 and DI-NM-2009 replace the forms indicated below which were approved on 08/29/2007. The submitted forms are filed in our state of domicile,

SERFF Tracking Number: GARD-126255527 State: Arkansas
Filing Company: Berkshire Life Insurance Company of America State Tracking Number: 43522
Company Tracking Number: 4200
TOI: H111 Individual Health - Disability Income Sub-TOI: H111.005 Business Overhead Expense - Related to marketing with employer or association groups

Product Name: 4200, DI-2009

Project Name/Number: /

Massachusetts, concurrently. If the forms submitted in your state contain a state suffix, all references in this letter to such form number without a state suffix apply to the suffixed version submitted.

POLICY TITLE REPLACES

4200 (01/10) Overhead Expense Disability Insurance Policy 4100 (06/01)

RIDERS

4204 (01/10) Supplemental Overhead Expense Benefit Rider

4205 (01/10) Future Increase Option Rider 4105 (06/01)

4206 (01/10) - UF Additional Monthly Benefit Rider

4206 (01/10) - FIO Additional Monthly Benefit Rider

4207 (01/10) Automatic Benefit Enhancement Rider

ENDORSEMENTS

4201-E (01/10) Professional Replacement Endorsement

4202-E (01/10) Policy Endorsement

4203-E (01/10) Accelerated Benefit Endorsement

4208-E (01/10) Managerial Duties Endorsement

4209-E (01/10) Mental and/or Substance-Related Disorders Endorsement

APPLICATIONS REPLACES

DI-2009 Application for Insurance DI-2007

DI-NM-2009 Application for Insurance – Part 2 Non-Medical DI-NM-2007

DI-PC-2009 Producer's Certification (Included for Informational Purposes)

Policies

Overhead Expense Disability Insurance Policy - Form 4200 (01/10) – The Overhead Expense Disability Insurance Policy provides a reimbursement of covered overhead expenses when an insured is disabled. This policy is noncancellable and guaranteed renewable to Age 65. The issue ages for this policy are 18 – 60 and it is available to occupation classes 6, 5, 4, 3, 6M, 5M, 4M and 3M.

Riders and Endorsements for Policy 4200 (01/10)

Supplemental Overhead Expense Benefit Rider – Form 4204 (01/10) – The Supplemental Overhead Expense Benefit Rider provides a benefit in addition to the base policy monthly benefit. This pool of money may be used at any time

SERFF Tracking Number: GARD-126255527 State: Arkansas
Filing Company: Berkshire Life Insurance Company of America State Tracking Number: 43522
Company Tracking Number: 4200
TOI: H111 Individual Health - Disability Income Sub-TOI: H111.005 Business Overhead Expense - Related to marketing with employer or association groups
Product Name: 4200, DI-2009
Project Name/Number: /

during a period of disability when you have additional monthly expenses.

Future Increase Option Rider – Form 4205 (01/10) - The Future Increase Option Rider provides an opportunity for the policyowner to purchase additional coverage on the insured without the necessity of providing evidence of medical insurability or occupation.

Additional Monthly Benefit Rider – Form 4206 (01/10)- FIO- The Additional Monthly Benefit Rider will be added to Policy 4200 (01/10) upon the successful exercise of a Future Increase Option in lieu of issuing a separate policy for the increased coverage.

Additional Monthly Benefit Rider – Form 4206 (01/10) - UF- The Additional Monthly Benefit Rider will be added to Policy 4200 (01/10) upon the completion of successful underwriting in lieu of issuing a separate policy for the increased coverage.

Automatic Benefit Enhancement Rider – Form 4207 (01/10) – The Automatic Benefit Enhancement Rider is a no cost rider that provides an opportunity for automatic benefit increases on each of the first five policy anniversaries without evidence of insurability.

Professional Replacement Endorsement - Form 4201-E (01/10) – The Professional Replacement Endorsement amends the definition of Covered Overhead Expenses to include a portion of the salary paid to a professional who is hired to perform the insured's duties during a period of total disability.

Policy Endorsement – Form 4202-E (01/10) – The Policy Endorsement amends the definition of Expenses Not Covered to include compensation for the insured, members of the insured's profession and replacements hired to perform the insured's duties during a period of disability.

Accelerated Benefit Endorsement – Form 4203-E (01/10) – The Accelerated Benefit Endorsement provides one-half of the monthly benefit of the policy immediately after the insured has satisfied the elimination period while totally disabled.

Managerial Duties Endorsement – Form 4208-E (01/10) – The Managerial Duties Endorsement excludes disabilities that only limit an insured's ability to perform manual duties. Benefit will not be paid if the insured is able to perform their managerial duties but unable to perform the manual duties of their occupation.

Mental and/or Substance-Related Disorders Endorsement – Form 4209-E (01/10) – The Mental and/or Substance Related Disorders Endorsement limits the period for which we pay benefits for a mental and/or substance related disorder to 24 months during the insured's lifetime.

SERFF Tracking Number: GARD-126255527 State: Arkansas
Filing Company: Berkshire Life Insurance Company of America State Tracking Number: 43522
Company Tracking Number: 4200
TOI: H111 Individual Health - Disability Income Sub-TOI: H111.005 Business Overhead Expense - Related to marketing with employer or association groups
Product Name: 4200, DI-2009
Project Name/Number: /

Application

The submitted applications, DI-2009 and DI-NM-2009, will be used to apply for individual disability income insurance by both Berkshire Life Insurance Company of America (Berkshire Life) and The Guardian Life Insurance Company of America (Guardian). Berkshire Life is a wholly owned subsidiary of Guardian. A separate filing will be submitted on behalf of Guardian. We would appreciate any efforts you can make to coordinate the review of these forms for the two companies. The Producer's Certification, form DI-PC-2009, is not considered part of the application, however, we are including this form for your Department's information because it contains the required insurance replacement question.

Policy Numbers with which these applications will be used

AH55A 7/99 Business Reducing Term Disability Income Policy (Guardian)
NC56-A 7/99 Personal Reducing Term Disability Income Policy (Guardian)
4200 (01/10) Overhead Expense Disability Income Policy (Berkshire Life)
1200 (09/04) Disability Income Policy (Berkshire Life)
1400 (03/07) Disability Income Policy (Berkshire Life)
1500 (03/07) Disability Income Policy (Berkshire Life)

The following forms that were approved in your state for both Berkshire Life and Guardian on 05/22/2003 will be used in conjunction with application DI-2009:

Form Number	Description
C-ADU-SUPP-2003	Alcohol and Drug Usage Supplement
C-AVIA-SUPP-2003	Aviation Supplement
C-AVOC-SUPP-2003	Avocations Supplement
C-AP-SUPP-2003	Supplement to Application for Insurance
C-UNDINQ-2003	Underwriting Inquiry Form
C-NIIP-2003	Insurance Information Practices
C-AUTH-2003	Authorization to Obtain and Release Information
C-MED-2003	Representations to the Medical Examiner (Part 2)

Form DI-CR-2007, Conditional Receipt for Disability which was approved on 08/29/2007 will be used in conjunction with the submitted application.

We will also use Special Exceptions Agreement, form 71-SE (06/01) and Amendment to the Application, form 71-A

SERFF Tracking Number: GARD-126255527 State: Arkansas
Filing Company: Berkshire Life Insurance Company of America State Tracking Number: 43522
Company Tracking Number: 4200
TOI: H111 Individual Health - Disability Income Sub-TOI: H111.005 Business Overhead Expense - Related to marketing with employer or association groups

Product Name: 4200, DI-2009

Project Name/Number: /

(06/01), which were approved on 03/26/2001 with DI-2009 and the Declaration of Insurability, form 2986-6-2001 which was approved on 08/16/2001.

In addition to using this application in the traditional paper situation, we also plan to use this application to take applications electronically using a computer. Please note that we are not referring to direct solicitation through the internet or other means. The sale of individual disability income insurance using this application will always involve a licensed agent. When the application is completed in this manner the application and all required forms will be printed at the end of the process and signed by the applicant. Under the electronic application procedure described above, the completed application at the end of the process will be an exact copy of the application forms as approved by your Department.

Marketing

Our policies are marketed in an individual basis through our agency distribution system. Our products are mainly marketed to professionals such as physicians, attorneys and small business owners. Our policies are underwritten on an individual basis using information supplied or authorized by the applicant.

Any special certification, fees, transmittal forms, etc. unique to your state are also included with this submission.

Company and Contact

Filing Contact Information

Cindy Ego, Compliance Specialist

700 South Street

413-395-4319 [Phone]

Pittsfield, MA 01201

Filing Company Information

Berkshire Life Insurance Company of America

CoCode: 71714

State of Domicile: Massachusetts

700 South Street

Group Code:

Company Type:

Pittsfield, MA 01201

Group Name:

State ID Number:

(413) 499-4321 ext. [Phone]

FEIN Number: 75-1277524

Filing Fees

Fee Required? Yes

Fee Amount: \$225.00

SERFF Tracking Number: GARD-126255527 State: Arkansas
Filing Company: Berkshire Life Insurance Company of America State Tracking Number: 43522
Company Tracking Number: 4200
TOI: H111 Individual Health - Disability Income Sub-TOI: H111.005 Business Overhead Expense - Related to marketing with employer or association groups
Product Name: 4200, DI-2009
Project Name/Number: /
Retaliatory? Yes
Fee Explanation: Rates - \$150
Forms - \$75 = \$225
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Berkshire Life Insurance Company of America	\$225.00	09/16/2009	30602416

SERFF Tracking Number: GARD-126255527 State: Arkansas
Filing Company: Berkshire Life Insurance Company of America State Tracking Number: 43522
Company Tracking Number: 4200
TOI: H111 Individual Health - Disability Income Sub-TOI: H111.005 Business Overhead Expense - Related
to marketing with employer or association
groups
Product Name: 4200, DI-2009
Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Rosalind Minor	09/17/2009	09/17/2009

SERFF Tracking Number: GARD-126255527 *State:* Arkansas
Filing Company: Berkshire Life Insurance Company of America *State Tracking Number:* 43522
Company Tracking Number: 4200
TOI: H111 Individual Health - Disability Income *Sub-TOI:* H111.005 Business Overhead Expense - Related
to marketing with employer or association
groups

Product Name: 4200, DI-2009
Project Name/Number: /

Disposition

Disposition Date: 09/17/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: GARD-126255527 State: Arkansas
 Filing Company: Berkshire Life Insurance Company of America State Tracking Number: 43522
 Company Tracking Number: 4200
 TOI: H111 Individual Health - Disability Income Sub-TOI: H111.005 Business Overhead Expense - Related to marketing with employer or association groups

Product Name: 4200, DI-2009

Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	John Doe Applications	Approved-Closed	Yes
Supporting Document	Producer Certification	Approved-Closed	Yes
Form	Overhead Expense Disability Insurance Policy	Approved-Closed	Yes
Form	Supplemental Overhead Expense Benefit Rider	Approved-Closed	Yes
Form	Future Increase Option Rider	Approved-Closed	Yes
Form	Additional Monthly Benefit Rider	Approved-Closed	Yes
Form	Additional Monthly Benefit Rider	Approved-Closed	Yes
Form	Automatic Benefit Enhancement Rider	Approved-Closed	Yes
Form	Professional Replacement Endorsement	Approved-Closed	Yes
Form	Policy Endorsement	Approved-Closed	Yes
Form	Accelerated Benefit Endorsement	Approved-Closed	Yes
Form	Managerial Duties Endorsement	Approved-Closed	Yes
Form	Mental and/or Substance-Related Disorders Endorsement	Approved-Closed	Yes
Form	Application for Insurance	Approved-Closed	Yes
Form	Application for Insurance - Part 2 Non-Medical	Approved-Closed	Yes
Rate	4200 Rates	Approved-Closed	Yes
Rate	4205 Rates	Approved-Closed	Yes

SERFF Tracking Number: GARD-126255527 State: Arkansas
 Filing Company: Berkshire Life Insurance Company of America State Tracking Number: 43522
 Company Tracking Number: 4200
 TOI: H111 Individual Health - Disability Income Sub-TOI: H111.005 Business Overhead Expense - Related to marketing with employer or association groups
 Product Name: 4200, DI-2009
 Project Name/Number: /

Form Schedule

Lead Form Number: 4200 (01/10)

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 09/17/2009	4200 (01/10)	Policy/Cont	Overhead Expense ract/Fratern Disability Insurance al Policy Certificate	Initial		50.800	4200 (01-10).pdf
Approved-Closed 09/17/2009	4204 (01/10)	Policy/Cont	Supplemental ract/Fratern Overhead Expense al Benefit Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50.600	4204 (01-10).pdf
Approved-Closed 09/17/2009	4205 (01/10)	Policy/Cont	Future Increase ract/Fratern Option Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50.700	4205 (01-10).pdf
Approved-Closed 09/17/2009	4206-FIO (01/10)	Policy/Cont	Additional Monthly ract/Fratern Benefit Rider al Certificate: Amendmen t, Insert Page,	Initial		50.700	4206 (01-10)-FIO.pdf

SERFF Tracking Number: GARD-126255527 State: Arkansas
 Filing Company: Berkshire Life Insurance Company of America State Tracking Number: 43522
 Company Tracking Number: 4200
 TOI: H111 Individual Health - Disability Income Sub-TOI: H111.005 Business Overhead Expense - Related to marketing with employer or association groups

Product Name: 4200, DI-2009

Project Name/Number: /

Approval Status	Policy/Cont	Additional Monthly	Initial	Amount	Attachment
Approved- Closed 09/17/2009	4206-UF (01/10)	Policy/Cont Additional Monthly ract/Fratern Benefit Rider	Initial	50.600	4206 (01-10)- UF.pdf
Certificate: Amendmen t, Insert Page, Endorseme nt or Rider					
Approved- Closed 09/17/2009	4207 (01/10)	Policy/Cont Automatic Benefit ract/Fratern Enhancement Rider	Initial	50.500	4207 (01- 10).pdf
Certificate: Amendmen t, Insert Page, Endorseme nt or Rider					
Approved- Closed 09/17/2009	4201-E (1/10)	Policy/Cont Professional ract/Fratern Replacement	Initial	50.000	4201-E (01- 10).pdf
al Endorsement Certificate: Amendmen t, Insert Page, Endorseme nt or Rider					
Approved- Closed 09/17/2009	4202-E (01/10)	Policy/Cont Policy Endorsement ract/Fratern	Initial	50.000	4202-E (01- 10).pdf
al Certificate: Amendmen t, Insert Page,					

<i>SERFF Tracking Number:</i>	<i>GARD-126255527</i>	<i>State:</i>	<i>Arkansas</i>	
<i>Filing Company:</i>	<i>Berkshire Life Insurance Company of America</i>	<i>State Tracking Number:</i>	<i>43522</i>	
<i>Company Tracking Number:</i>	<i>4200</i>			
<i>TOI:</i>	<i>H111 Individual Health - Disability Income</i>	<i>Sub-TOI:</i>	<i>H111.005 Business Overhead Expense - Related to marketing with employer or association groups</i>	
<i>Product Name:</i>	<i>4200, DI-2009</i>			
<i>Project Name/Number:</i>	<i>/</i>			
Approved- 4203-E Closed (01/10) 09/17/2009	Endorsement or Rider Policy/Contract Accelerated Benefit Fratern Endorsement Certificate: Amendment, Insert Page, Endorsement or Rider	Initial	51.100	4203-E (01-10).pdf
Approved- 4208-E Closed (01/10) 09/17/2009	Policy/Contract Managerial Duties Fratern Endorsement Certificate: Amendment, Insert Page, Endorsement or Rider	Initial	50.800	4208-E (01-10).pdf
Approved- 4209-E Closed (01/10) 09/17/2009	Policy/Contract Mental and/or Fratern Substance-Related al Disorders Certificate: Endorsement Amendment, Insert Page, Endorsement or Rider	Initial	51.500	4209-E (01-10).pdf
Approved- DI-2009 Closed 09/17/2009	Application/ Application for Enrollment Insurance Form	Initial	50.100	DI-2009.pdf
Approved- DI-NM- Closed 2009 09/17/2009	Application/ Application for Enrollment Insurance - Part 2 Form Non-Medical	Initial	53.500	DI-NM-2009.pdf

Berkshire Life Insurance Company of America
700 South Street • Pittsfield, Massachusetts 01201
413-499-4321

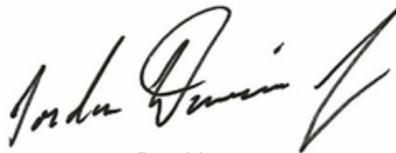
The Policy is issued by
Berkshire Life Insurance Company of America, a wholly
owned stock subsidiary of The Guardian Life Insurance
Company of America, New York, NY

Berkshire Life hereby furnishes insurance to the extent
set out in the Policy. All of the provisions on this and
the pages that follow are part of the Policy.



Secretary

Berkshire Life Insurance Company
of America



President

Berkshire Life Insurance Company
of America

Overhead Expense Disability Insurance Policy
Non-Participating

When used in the Policy, the words You and Your mean the person insured,
who is named in the Schedule Page. The words We, Us, Our, and
Berkshire Life mean Berkshire Life Insurance Company of America.

NONCANCELLABLE AND GUARANTEED RENEWABLE TO AGE 65

The Policyowner may renew the Policy at the end of each Premium Term until Your Age 65.
During that time, We cannot change the premium or cancel the Policy.

**CONDITIONAL RIGHT TO RENEW
AFTER AGE 65 — PREMIUMS CAN CHANGE**

After Your Age 65, the Policyowner may renew the Policy at the end of each Premium Term
as long as You are not Disabled and You are Gainfully Employed Full Time in the Business for
at least ten months each year and the premium is paid on time. The premium will be at Our
rates then in effect for persons of Your Age, Class of Risk, gender, Occupation Class, and any
special class rating that applies to the Policy. We have the right to change such premiums on a
class basis on any Policy Anniversary.

NOTICE OF TEN-DAY RIGHT TO EXAMINE POLICY

Please read the Policy carefully. It is a legal contract between the Policyowner and Us. The
Policyowner may return the Policy to Us within ten days after it is received, by delivering or
mailing it to Our Home Office or to the representative through whom the Policyowner
bought it. When We receive the Policy, it will be deemed void from the beginning. Any
premium paid on it will be refunded.

Berkshire Life Insurance Company of America
is a wholly owned stock subsidiary of
The Guardian Life Insurance Company of America, New York, NY



Berkshire Life Insurance Company of America, Pittsfield, MA

Schedule Page 1a

Insured: **John Doe** Policy Number: **Z0000001**
 Policyowner: **ACME, Inc.** Policy Date: **June 5, 2009**

Policy Specifications for the Insured

Class of Risk: **[Preferred, Select or Standard]** Gender: **[Male or Female]**
 Occupation Class: **[6, 5, 4, 3, 6M, 5M, 4M or 3M]** Issue Age: **[18 – 60]**

Policy Features and Premium Summary

Benefit Period: **[12, 18 or 24] Months**
 Elimination Period: **[30, 60 or 90] Days**
 Accumulation Period: **[90, 150, 210] Days**
 Premium Term: **[Annual, Semiannual, Quarterly or Monthly]**

<u>Policy Features</u>	<u>Maximum Monthly Overhead Expense Benefit</u>	<u>Annual Premium</u>
Overhead Expense Disability Insurance Policy	\$99,999	\$99,999.99
Additional Monthly Benefit Rider	\$99,999	\$99,999.99
Future Increase Option Rider (Total Increase Option: \$99,999)		\$99,999.99
Supplemental Overhead Expense Benefit Rider (Supplemental Overhead Expense Benefit: \$99,999)		\$99,999.99
Automatic Benefit Enhancement Rider (Automatic Increase Rate: 4%)		No Charge
----- Total:	----- \$99,999	----- \$99,999.99

Annual Policy Fee: **\$30.00**

Annual Premium: **\$99,999.99**

The **level** premium payment option has been selected. **The level premium period will be to Age 65.**

Schedule Page 1b

Insured:
Policyowner:

John Doe
ACME, Inc.

Policy Number:
Policy Date:

Z0000001
June 5, 2009

About The Premium

The premiums for the Policy are based on gender specific rates.

If the Policyowner elects to increase, decrease or change Coverage or change the Premium Term, the premium for the Policy may change. A new Schedule Page will be provided to the Policyowner.

The following summarizes the premium for each Premium Term option during the [level](#) premium period for the Coverage that has been selected.

For a Semiannual Premium Term:

The Policyowner will pay [\\$99,999.99](#) every 6 months. This means the Policyowner is paying an additional [\\$99,999.99](#) or [99.99%](#) per year, or a total annualized premium of [\\$99,999.99](#).

For a Quarterly Premium Term:

The Policyowner will pay [\\$99,999.99](#) every 3 months. This means the Policyowner is paying an additional [\\$99,999.99](#) or [99.99%](#) per year, or a total annualized premium of [\\$99,999.99](#).

For a Monthly Premium Term under a list-bill arrangement:

The Policyowner will pay [\\$99,999.99](#) every month. This means the Policyowner is paying an additional [\\$99,999.99](#) or [99.99%](#) per year, or a total annualized premium of [\\$99,999.99](#).

For a Monthly Premium Term utilizing Guard-O-Matic / Monthly Electronic Funds Transfer (EFT):

The Policyowner will pay [\\$99,999.99](#) every month. When this payment option is selected, there is no additional charge for paying premiums on a monthly basis versus paying them on an annual basis.

The additional charge, if any, that is added for paying in installments more frequent than payment on an annual basis will remain the same until the end of the [level](#) premium period.

Schedule Page 1c

Insured:
Policyowner:

John Doe
ACME, Inc.

Policy Number:
Policy Date:

Z0000001
June 5, 2009

Additional Monthly Benefit Rider Summary

Issue Age	Maximum Monthly Overhead Expense Benefit	Annual Premium
99	\$99,999	\$99,999.99
99	\$99,999	\$99,999.99
99	\$99,999	\$99,999.99
99	\$99,999	\$99,999.99
99	\$99,999	\$99,999.99
...
Total	\$99,999	\$99,999.99

Automatic Benefit Enhancement Rider Summary

Automatic Increase Rate: 4.00%
Rider Annual Premium: No Charge

Subject to the terms and conditions of the Automatic Benefit Enhancement Rider, no Automatic Increase will be made which will cause the Maximum Monthly Overhead Expense Benefit to exceed the amount of allowable Coverage, if any, available based on Our underwriting rules in effect at the time of increase or on the Effective Date of the Policy, whichever are more favorable to the Policyowner.

The Policyowner will be responsible for the premium for each Automatic Increase that is placed in force.

Schedule Page 1d

Insured:
Policyowner:

John Doe
ACME, Inc.

Policy Number:
Policy Date:

Z0000001
June 5, 2009

About The Benefit Period

The Benefit Period for the Policy meets the federal guidelines for nondiscrimination in employment because of age.

For a 12-Month Benefit Period:	
<u>If Disability begins</u> At any Age	<u>The Benefit Period is</u> 12 months
For an 18-Month Benefit Period:	
<u>If Disability begins</u> Before Age 75 At or after Age 75	<u>The Benefit Period is</u> 18 months 12 months
For a 24-Month Benefit Period:	
<u>If Disability begins</u> Before Age 75 At or after Age 75	<u>The Benefit Period is</u> 24 months 12 months

TABLE OF CONTENTS

Non-Cancellable and Guaranteed Renewable	front cover
Right to Examine the Policy	front cover
Schedule Pages	
Definitions	3
Provisions Relating to Benefits	
Overhead Expense Monthly Total Disability Benefit	7
Overhead Expense Monthly Residual Disability Benefit	7
Extension of Benefits	8
Medical Care Requirement	8
Legal and Accounting Fee Benefit	8
Waiver of Elimination Period	9
Recurrent, Concurrent and Separate Periods of Disability	9
Waiver of Premium Benefit	9
Survivor Benefit	10
Occupational Rehabilitation, Modification and Access Provisions	10
Transfer and Exchange Provisions	
Assignment and Change of Ownership	11
Conversion Option	11
Suspension for Active Military Service	12
Exclusions and Limitations	12
Provisions Relating to Claims	
Notice of Claim	13
Proof of Loss	13
Payment of Claims	14
Examinations	14
Provisions Relating to Premium and Renewal	
Grace Period	14
Conditional Right to Renew After Age 65	15
Reinstatement	15
General Contract Provisions	
Entire Contract; Changes	16
Incontestable	16
Termination of the Policy	16

Additional Coverage, if any, is shown in the Schedule Page
and is described in the rider forms attached to the Policy.

If there are questions about the Policy,
call Berkshire Life Insurance Company of America at 1-800-819-2468.

DEFINITIONS

Whenever they are used in the Policy, the following defined terms are capitalized. Please read them carefully as they will help You and the Policyowner understand the Policy provisions.

Accumulation Period

The Accumulation Period is shown in the Schedule Page. It is a period of consecutive days that begins on the first day that You are Disabled and during which the Elimination Period must be satisfied.

Age

Age means Your age as of the Policy Anniversary that first occurs on or after the birthday on which You attain that age.

Available Benefit

Available Benefit means an amount equal to $(A \times B) - C$ where:

- A is the Maximum Monthly Overhead Expense Benefit;
- B is the number of months following the Elimination Period during which You have been Disabled in the same claim; and
- C is the total amount of benefit already paid during the Disability in the same claim.

Benefit Period

The Benefit Period is shown in the Schedule Page. It is the longest period of time for which We will pay benefits for a continuous Disability from the same cause.

Business

Business means an entity, company or professional practice in which You have an ownership interest.

Class of Risk

The Class of Risk is shown in the Schedule Page.

Conversion Policy

Conversion Policy means the individual disability income insurance policy issued pursuant to the Conversion Option provision.

Coverage

Coverage means the benefits available under the Policy.

Covered Overhead Expenses

Covered Overhead Expenses means the normal, necessary and customary expenses that You incur and pay in the continued operation of Your Business.

In the event of multiple owners or joint occupancy, Covered Overhead Expenses means that part of such normal, necessary and customary expenses for which You are responsible.

Covered Overhead Expenses must be deductible for federal income tax purposes. Covered Overhead Expenses include:

- real estate and property taxes;
- utilities, such as heat, water, electricity and telephone;
- laundry, janitorial and maintenance services;
- salaries and employer-paid benefits of employees who have no ownership interest in Your Business and who are not members of Your profession;
- property, liability, malpractice and other business insurance premiums that have not been waived due to Your Disability;
- professional, trade and association dues;
- licensing fees, including continuing education costs required to maintain such professional license;

- legal and accounting fees paid except those that are directly related to the termination or sale of Your Business;
- billing and collection fees;
- rent or lease payments for space which You occupy and use in the continued operation of Your Business;
- rent or lease payments for motor vehicles, equipment, fixtures, furniture or other assets used in the continued operation of Your Business if You have no direct or indirect ownership in the assets;
- scheduled installment payments of interest on debt; and
- depreciation or scheduled installment payments of principal on debt for which You were liable before You became Disabled, but not both, regardless of whether these are deductible for federal income tax purposes. The choice must be made only once for each separate Disability at the time the claim begins. The amount of depreciation allowed will be that used for federal income tax purposes. The amount of principal will not be more than that paid under a plan of scheduled installment payments which begin before the start of Disability.

Expenses Not Covered

Covered Overhead Expenses do not include:

- that portion of normal and customary business expenses which is the obligation of any person other than You;
- any expense for which You were not normally and customarily liable on a periodic basis prior to the start of Disability;
- any other expenses that have been waived, reimbursed or are reimbursable from any other source;
- any prepayment or advance payment of a Covered Overhead Expense;
- any salary, fee, draw, advance, benefit or other remuneration for a member of Your Family who was not a paid employee during the 60 days immediately prior to Your Disability;
- income taxes or self-employment taxes;
- any expense for equipment, motor vehicles, fixtures, furniture or other assets purchased or leased after the date You became Disabled;
- the cost of inventory, merchandise, products, goods and services directly attributable to generating revenue;
- the cost of implements of Your profession;
- the cost of supplies, fees and expenses passed on to Your clients; and
- the cost of gifts, charitable donations, meals and entertainment.

Disability or Disabled

Disability means Total Disability or Residual Disability. Disabled means Totally Disabled or Residually Disabled.

Effective Date

Effective Date means the date that the Policy, or a rider, takes effect.

Elimination Period

The Elimination Period is shown in the Schedule Page. The Elimination Period is the number of days that must elapse before benefits become payable. The Elimination Period starts on the first day that You are Disabled. You must be Disabled from the same cause or a different cause for this entire period. The days within this period need not be consecutive, but they must occur within the Accumulation Period. Benefits will not accrue or be payable during the Elimination Period.

Family

Family means a spouse or domestic partner, brother, sister, parent, child, grandparent, aunt, uncle, cousin, niece or nephew. This includes the Family of the person's spouse or domestic partner.

Full Time

Full Time means at least 30 hours each week.

Gainfully Employed or Gainful Employment

Gainfully Employed or Gainful Employment means actively at work or engaged in activities for income, remuneration or profit.

Gross Monthly Revenue

Gross Monthly Revenue means the monthly amount earned or received by You or Your Business for goods sold, work performed or services provided by You or anyone employed in Your Business. Only that portion of monthly revenue that is allocable to You as an owner of the Business will be considered in determining Gross Monthly Revenue. Gross Monthly Revenue is arrived at:

- before deducting normal, necessary and customary business expenses, including any Covered Overhead Expenses;
- before deducting any income taxes; and
- after deducting the cost of inventory, merchandise, products, goods and services directly attributable to generating revenue.

At the time Disability begins, Gross Monthly Revenue may either be:

- credited to the period in which it is earned (accrual method); or
- credited to the period in which it is received (cash method).

If utilizing the cash method, Gross Monthly Revenue received during a period of Disability for goods sold, work performed or services provided by You or others under Your supervision or direction, or is otherwise allocable to You prior to becoming Disabled will not be included in Gross Monthly Revenue during the period of Disability.

Current Gross Monthly Revenue means Gross Monthly Revenue for each month during a period of Disability.

Prior Gross Monthly Revenue means Your average Gross Monthly Revenue in the 12 calendar months just prior to the date on which You became Disabled.

Loss of Gross Monthly Revenue means the amount that is equal to Your Prior Gross Monthly Revenue less Your Current Gross Monthly Revenue.

Gross Monthly Revenue must be consistently credited in the same manner to determine Prior Gross Monthly Revenue and Current Gross Monthly Revenue.

For the purpose of determining eligibility for benefits, We can require that Your accounting practices be the same as those which were in effect at the time You first became Disabled.

Injury

Injury means an accidental bodily injury that first occurs on or after the Effective Date and while the Policy is in force.

Issue Age

Issue Age is shown in the Schedule Page.

Maximum Aggregate Benefit

The Maximum Aggregate Benefit is equal to the Maximum Monthly Overhead Expense Benefit multiplied by the number of months in the Benefit Period.

Maximum Monthly Overhead Expense Benefit

The Maximum Monthly Overhead Expense Benefit is shown in the Schedule Page.

Occupation Class

The Occupation Class is shown in the Schedule Page.

Physician

Physician means a person who is licensed by law in the state in which he or she practices as a Medical Doctor or Doctor of Osteopathy, and is acting within the scope of that license to treat Injury or Sickness that results in a Disability. If Your Disability is due to a mental or substance-related disorder, the Physician must be a licensed psychiatrist or licensed doctoral-level psychologist.

A Physician cannot be You, a member of Your Family or household, Your business or professional partner or employer or any person who has a financial affiliation or business interest with You. A Physician cannot be the Policyowner, a member of the Policyowner's Family or household, business or professional partner or any person who has a financial affiliation or business interest with the Policyowner.

Policy

Policy means the legal contract between the Policyowner and Us. The entire contract consists of this policy, any application(s), the Schedule Pages and any attached riders, amendments and endorsements.

Policy Anniversary

Policy Anniversary is the yearly anniversary of the Policy Date while the Policy remains in force.

Policy Date

The Policy Date is shown in the Schedule Page. It is the date from which premiums are calculated and become due.

Policyowner

The Policyowner is the person or entity shown in the Schedule Page unless later changed as provided for in the Policy.

Pre-existing Condition

Pre-existing Condition means a physical or mental condition:

- that was misrepresented or not disclosed in the application; and
- for which You received professional medical advice, diagnosis or treatment within two years before the Effective Date; or
- that caused symptoms within one year before the Effective Date for which a prudent person would usually seek professional medical advice, diagnosis or treatment.

Premium Term

Premium Term is shown in the Schedule Page. It is the frequency of Your premium payments.

Prior Coverage

Prior Coverage means the total amount of benefits which have been paid or are eligible to be received under all other policies issued by any insurer prior to the Effective Date of the Policy for the same kind of loss that is covered by the Policy.

Reimbursable Expense Amount

Reimbursable Expense Amount means the Covered Overhead Expenses You incur and pay for the claimed month less Prior Coverage for that month.

Residual Disability

Residual Disability or Residually Disabled means that You are Gainfully Employed and You are not Totally Disabled, but solely due to Injury or Sickness You experience a Loss of Gross Monthly Revenue that is at least 15% of Your Prior Gross Monthly Revenue; and either:

- You are able to perform one or more, but not all, of the material and substantial duties of Your Occupation; or
- You are able to perform all of the material and substantial duties of Your Occupation but not for the length of time they normally require.

Sickness

Sickness means an illness or disease that first manifests itself on or after the Effective Date and while the Policy is in force.

Suspension Period

Suspension Period means a period of time during which the Policy is not in force. We will neither require premiums nor pay benefits under the Policy during a Suspension Period. The Policy will not cover losses that result from Injury or Sickness that occurs or begins during a Suspension Period. The Policy will cover only losses that result from Injury that occurs after the end of a Suspension Period or Sickness that first manifests itself more than ten days after the end of a Suspension Period. No privileges or options under the Policy or any attached riders may be exercised during a Suspension Period.

Termination Date

Termination Date means the date on which the Policy terminates.

Total Disability or Totally Disabled

Total Disability or Totally Disabled means that, solely due to Injury or Sickness, You are not able to perform the material and substantial duties of Your Occupation.

Working an average of more than 40 hours in a week, in itself, is not a material and substantial duty.

We, Us, Our, and Berkshire Life

We, Us, Our, and Berkshire Life mean Berkshire Life Insurance Company of America.

You and Your

When used in the Policy, the words You and Your mean the person insured, who is named in the Schedule Page.

Your Occupation

Your Occupation means the occupation (or occupations if more than one) in which You are Gainfully Employed during the 12 months prior to the time You become Disabled.

PROVISIONS RELATING TO BENEFITS

Overhead Expense Monthly Total Disability Benefit

While You are Totally Disabled, We will pay monthly benefits if each of the following conditions are met:

- You become Disabled while the Policy is in force;
- You satisfy the Elimination Period; and
- Proof of Loss is provided to Us.

After You satisfy the Elimination Period, at the end of each month that You remain Totally Disabled, We will pay the Policyowner the Reimbursable Expense Amount up to the Available Benefit.

These payments will not be made during the Elimination Period, or for more than the Benefit Period during any Disability, except as provided in the Extension of Benefits provision.

We will not increase Total Disability benefits if You are Disabled from more than one cause at the same time.

Overhead Expense Monthly Residual Disability Benefit

While You are Residually Disabled, We will pay monthly benefits if each of the following conditions are met:

- You become Disabled while the Policy is in force;
- You satisfy the Elimination Period; and
- Proof of Loss is provided to Us.

After You satisfy the Elimination Period, at the end of each month that You remain Residually Disabled, We will pay the Policyowner the Reimbursable Expense Amount minus Your Current Gross Monthly Revenue for that same month up to the Available Benefit.

These payments will not be made during the Elimination Period, or for more than the Benefit Period during any Disability, except as provided in the Extension of Benefits provision.

We will not increase Residual Disability benefits if You are Disabled from more than one cause at the same time.

Extension of Benefits

Benefits will continue beyond the end of the Benefit Period if each of the following conditions are met:

- You are Disabled at the end of the Benefit Period;
- You remain Disabled;
- the total amount of benefits paid during the Disability is less than the Maximum Aggregate Benefit; and
- Proof of Loss is provided to Us.

Benefits under this provision will end when the first of the following occurs:

- the total amount of benefits paid during the Disability is equal to the Maximum Aggregate Benefit;
- You are no longer Disabled in the same claim;
- 12 months have elapsed since the end of the Benefit Period; or
- You attain Age 65.

Fractional Month of Disability

We will pay one-thirtieth (1/30th) of the monthly benefit payable under the Policy for each day for which We are liable when You are Disabled for less than a full month.

Medical Care Requirement

We will not pay benefits nor waive premium under the Policy for any period of Disability during which You are not under the regular medical care of a Physician. The medical care must be provided by a Physician whose specialty is appropriate for Your Injury or Sickness. The medical care must be appropriate, according to prevailing medical standards, for the condition causing the Disability.

We will waive the Medical Care Requirement during any claim under the Policy upon reasonable written proof that Your Injury or Sickness no longer requires the regular medical care of a Physician under prevailing medical standards. Such waiver will not restrict Our rights under the Proof of Loss and Examinations provisions of the Policy.

Legal and Accounting Fee Benefit

If, due to Your Disability, You incur and pay legal and accounting fees as a result of the termination or sale of Your ownership interest in the Business, We will reimburse Your portion of such fees up to an aggregate amount of \$5,000 when each of the following conditions are met :

- You become Disabled while the Policy is in force;
- You satisfy the Elimination Period;
- no more than 12 months have elapsed since the end of the Benefit Period; and
- written proof of such fees is provided to Us.

If You have other insurance with Us that provides a similar benefit, We will only provide an aggregate reimbursement of up to \$5,000 for these legal and accounting fees from all such other insurance.

This benefit is an additional benefit and is not included in the Maximum Aggregate Benefit.

Waiver of Elimination Period

We will waive the Elimination Period if:

- You become Disabled within five years after the end of a previous Disability;
- the previous Disability lasted more than six months; and
- We paid benefits under the Policy for the previous Disability.

Recurrent Disability

If, after the end of a period of Disability, You become Disabled again, the later period of Disability will be deemed a continuation of the previous Disability, when each of the following conditions are met:

- You have returned to Full Time Gainful Employment for a period of less than 12 months after the previous Disability ends;
- the Disability results entirely or in part from the same cause or causes as the previous Disability; and
- We paid benefits under the Policy for the previous Disability.

If the Disability is determined to be a continuation of the previous Disability, Your prior claim for Disability will resume and no new Elimination Period will be required. All terms and conditions set forth in the Policy must be satisfied.

If the Disability is determined not to be a continuation of the previous Disability, then the current period of Disability will be considered a new and separate Disability.

Concurrent Disability

We will pay benefits for a concurrent Disability as if there were only one Injury or Sickness. Once a period of Disability begins, We will consider it to be a continuous period of Disability no matter what Injury or Sickness, or combination thereof, caused the Disability or caused it to continue. In all cases, if You are Disabled from more than one cause, the amount and duration of benefits will not be more than that for any one cause.

Separate Periods of Disability

After a Benefit Period ends, You will not be eligible for a new Benefit Period unless each of the following conditions are met:

- the previous Disability ends;
- You return to Full Time Gainful Employment;
- the Policy remains in force; and
- All other terms and conditions of the Policy have been satisfied.

Transplant and Cosmetic Surgery

If, more than six months after the Effective Date, You become Disabled because of:

- the transplant of a part of Your body to another person, or
- complications of cosmetic surgery to improve Your appearance or correct a disfigurement,

We will deem You to be Disabled as a result of Sickness.

Waiver of Premium Benefit

If You are Disabled for the length of the Elimination Period due to Injury or Sickness not excluded from Coverage:

- We will refund the pro rata portion of any premium paid which applies to the period of Disability beyond the date that You were first Disabled in the same claim;
- We will then waive any later premiums that are due while You are continuously Disabled in the same claim and receiving benefits for the Disability; and
- We will continue to waive premiums for the six-month period after the date on which You are no longer Disabled. At the end of the six-month period the pro rata portion of the premium for the remainder of the current Premium Term, and all premiums that fall due thereafter, must be paid in order to keep the Policy in force.

If, after the end of the Benefit Period and before Age 65, You remain continuously Disabled, We will continue to waive premium on the Policy. We must be notified within six months of the date on which You are no longer Disabled. Failure to notify Us will result in termination of the Policy. The pro rata portion of the premium for the remainder of the current Premium Term, and all premiums that fall due thereafter, must be paid in order to keep the Policy in force.

The Waiver of Premium Benefit will also apply if benefits are payable because You have met the requirements of the Recurrent Disability provision of the Policy.

Nothing in this provision will change the conditions for renewal after Age 65 that require You to be Gainfully Employed Full Time for at least ten months each year.

Survivor Benefit

If You die while the Overhead Expense Monthly Total Disability Benefit is being paid, the Policyowner, or the Policyowner's estate may be eligible to receive up to two additional months of benefits pursuant to the Overhead Expense Monthly Total Disability Benefit provision of the Policy.

Under no circumstance will the sum of the benefits payable pursuant to this provision and the total amount of benefits paid during the Disability exceed the Maximum Aggregate Benefit.

OCCUPATIONAL REHABILITATION, MODIFICATION AND ACCESS BENEFITS

Occupational Rehabilitation Benefit

If You are Disabled, You may be eligible for an Occupational Rehabilitation Benefit. If We agree in advance on a program of occupational rehabilitation, We will pay for the program as set forth in a signed written agreement. The program of occupational rehabilitation must be a formal plan that will help You to return to Gainful Employment in Your Occupation. The program must be directed by an organization or individual licensed or accredited to provide occupational rehabilitation or education to persons who are disabled.

The extent of Our role in this program will be determined by the written agreement. We will pay only those costs that are not otherwise covered by insurance, workers' compensation, or any public fund or program.

We will periodically review the program and Your progress in it. We will continue to pay for the program, subject to the written agreement, as long as We determine that it is helping You return to Gainful Employment in Your Occupation.

Participating in a program of occupational rehabilitation will not in itself be considered a recovery from the Injury or Sickness that resulted in Your Disability.

This benefit is an additional benefit and is not included in the Maximum Aggregate Benefit.

Modification and Access Benefit

If You are Disabled, You may be eligible for the Modification and Access Benefit. If a modification is determined by Us to be appropriate and reasonable to enable You to perform Your material and substantial duties, We will reimburse the cost that is incurred for such modification upon written proof acceptable to Us as set forth in a signed written agreement. The purpose of any such modification must be to help You to return to Gainful Employment in Your Occupation. This benefit is an additional benefit and is not included in the Maximum Aggregate Benefit.

TRANSFER AND EXCHANGE PROVISIONS

Assignment and Change of Ownership

The Policyowner may be changed. We do not limit the number of changes that may be made. To make a change, a written request on a form provided by Us for this purpose must be received at Our Home Office.

We will not be bound by an assignment of the Policy unless We receive a written assignment on a form provided by Us before We pay the benefits claimed. We will not be responsible for the validity or tax consequences of any assignment.

Conversion Option

At any time before Your Age 55, You may apply to convert the Policy to an individual disability income insurance policy that We then make available for such use if all of the following conditions are met:

- the Policy has been in force for at least two years;
- We receive a written request to terminate this Overhead Expense Disability Insurance Policy from the Policyowner;
- We receive a written application for conversion signed by You within 90 days of the request for Policy termination;
- You are Gainfully Employed Full Time for at least ten months each year;
- You are not currently Disabled, and have never been Disabled under the Policy; and
- We receive all of the information necessary to determine Your eligibility for insurance under the Conversion Policy.

If You have other Overhead Expense Disability insurance with Us that provides a similar conversion option, We will only provide an aggregate monthly indemnity of up to \$3,000 from all such options.

You will be the owner of the Conversion Policy. The Conversion Policy will:

- provide a monthly indemnity that cannot exceed the lesser of \$3,000 or the Maximum Monthly Overhead Expense Benefit shown in the Schedule Page of the Policy;
- have an elimination period of at least 90 days;
- have a two-year benefit period; and
- have no optional benefit riders.

The effective date of the Conversion Policy will be the date that We approve Your written application to convert the Policy and the initial premium is received at Our Home Office. The premium for the Conversion Policy will be at Our rates then in effect for persons of Your age, class of risk, gender and occupation class. Any special class rating that applies to the Policy will also apply to the Conversion Policy.

The Policy, and all riders and benefits provided by the Policy, will terminate before the effective date of the Conversion Policy.

The Conversion Policy will only cover losses that result from Injury that occurs after the effective date of the Conversion Policy or Sickness that first manifests itself more than ten days after such date. Conditions that are limited or excluded by name or specific description under the terms of the Policy will be similarly limited or excluded under the Conversion Policy.

In no event can the total sum of all of Your disability insurance, after the conversion, exceed the maximum disability insurance We would then offer to new applicants. The total sum of all of Your disability insurance includes benefits You would be eligible for from Us and any other insurer.

You must provide evidence of Your current income, employment, occupation and all other disability insurance that is in force, which You have applied for, or for which You are eligible. We may require additional evidence of financial insurability, as necessary. You do not have to provide evidence of Your medical insurability.

SUSPENSION FOR ACTIVE MILITARY SERVICE

Suspension for Active Military Service

We will suspend the Policy on the date You begin active duty in the military of any nation or international authority including but not limited to the United States Army, Navy, Air Force, Marine Corps, Coast Guard, or National Guard. We will neither require premiums nor pay benefits under the Policy during a Suspension Period. Acceptance of premiums by Us while You are on active duty will not waive the Suspension Period.

The Suspension Period starts when active duty begins. Active duty begins at 12:01 a.m. on the date You are obligated to appear for active duty and for which You will be paid for such duty. Active duty does not include training that lasts 90 days or less, or any period of travel preceding a period of active duty.

The Policy must be in force and premiums must be paid to the date on which the Suspension Period begins. We will refund any premium paid which applies to the Suspension Period.

The Suspension Period ends when You are no longer on active duty. After the end of the Suspension Period, the Policyowner may request that We place the Policy back in force without evidence of insurability. The Policy will be placed back in force when We receive a written request and the required pro rata premium. Any request and premium payment must be received by Us within 90 days after the date Your active duty ends. The Policy will terminate if the premium for the Policy remains unpaid for more than 90 days after the end of a Suspension Period notwithstanding the Grace Period.

If the Policy is reinstated following the Suspension Period, premiums will be at the same rate that they would have been had the Policy remained in force. If reinstated pursuant to this provision, the Policy will only cover losses that result from Injury that occurs after the end of the Suspension Period or Sickness that first manifests itself more than ten days after the end of the Suspension Period. No privileges or options under the Policy or any attached riders may be exercised during a Suspension Period. In all other respects, the Policyowner and We will have the same rights under the Policy as before it was suspended.

EXCLUSIONS AND LIMITATIONS

Exclusions

We will not pay benefits for any Disability:

- caused by, contributed to, or which results from military training, military action, military conflict or war, whether declared or undeclared, while You are serving in the military or units auxiliary thereto, or working for contracted military services;
- during any period of time in which You are incarcerated;
- caused by, contributed to, or which results from Your commission of, or attempt to commit, a criminal offense as defined under local, state or federal law;
- caused by, contributed to, or which results from Your being engaged in an illegal occupation;
- caused by, contributed to, or which results from the suspension, revocation or surrender of Your professional or occupational license or certification;
- caused by, contributed to, or which results from an intentionally self-inflicted Injury;
- during the first three months of Disability or the Elimination Period, if longer, that is caused by, contributed to, or which results from normal pregnancy or childbirth; or
- due to any loss We have excluded by name or specific description.

Limitation While Outside the United States or Canada

You must be living full time in the 50 states which comprise the United States of America, the District of Columbia or Canada in order to receive benefits under the Policy, except for incidental travel or vacation; otherwise, benefits will cease. Incidental travel or vacation means being outside of the 50 states which comprise the United States of America, the District of Columbia or Canada for less than 60 days in a 12-month period. You may not recover benefits that have ceased pursuant to this limitation.

If benefits under the Policy have ceased pursuant to this limitation and You return to the 50 states that comprise the United States of America, the District of Columbia or Canada, You may become eligible to resume receiving benefits under the Policy. You must satisfy all terms and conditions of the Policy in order to be eligible to resume receiving benefits under the Policy.

If You remain outside of the 50 states which comprise the United States of America, the District of Columbia or Canada, premiums will become due beginning six months after benefits cease.

Pre-existing Condition Limitation

We will not cover any loss that begins in the first two years after the Effective Date from a Pre-existing Condition.

Overpayment of Benefits

If an overpayment of benefits should occur under the Policy, We will have the right to reduce future benefits under the Policy in the same claim until reimbursement is made. If no additional benefits are payable in the same claim, the Policyowner will be required to reimburse Us any amounts overpaid. Reimbursement must be made to Us no later than 12 months following the end of the Benefit Period.

PROVISIONS RELATING TO CLAIMS

Notice of Claim

Written Notice of Claim must be provided to Us within 30 days after any loss covered by the Policy occurs or begins, or as soon after that as is reasonably possible. Written Notice of Claim, with complete information to identify You and the Policyowner, will be sufficient if provided to Us at Our Home Office, 700 South Street, Pittsfield, MA 01201.

Claim Forms

When We receive written Notice of Claim, We will send Claim Forms for filing Proof of Loss. Claim Forms must be completed, signed and returned to Us, and are a required part of Proof of Loss. If We do not send such forms within 15 days after receiving written Notice of Claim, a written statement may be submitted within the time fixed in the Policy for filing Proof of Loss, which provides the nature and extent of the loss for which a claim is made.

Proof of Loss

We must receive written Proof of Loss at Our Home Office for a loss within 90 days after the end of each monthly period for which benefits are being claimed. All losses must occur while the Policy is in force.

We can require any proof that We consider necessary to evaluate Your claim. Such proof may include, but is not limited to: medical records; employment records; business records; financial records; evidence of Your Covered Overhead Expenses, income, occupation, duties; and any other information necessary for Us to evaluate Your claim.

If written Proof of Loss cannot be provided to Us within the prescribed time, We will not deny or reduce Your claim if written Proof of Loss is provided to Us as soon as reasonably possible. Under no circumstance will We pay benefits if written Proof of Loss is delayed for more than one year, except in the absence of legal capacity.

Time of Payment of Claims

Subject to written Proof of Loss and upon Our determination that benefits are payable under the provisions of the Policy, We will pay all accrued benefits for Disability and other specified losses for which We are liable. Benefits will be payable at the end of each month after the period of liability has occurred while You are Disabled. Any amounts unpaid when Our liability ends will be paid promptly after We receive written Proof of Loss.

Payment of Claims

All terms and conditions of the Policy must be satisfied in order for benefits to become payable. After all required Proof of Loss is provided and the claim is approved by Us, We will pay the benefits of the Policy for which We are liable to the Policyowner.

Coverage terminates upon Your death. Any accrued benefits unpaid at Your death will be paid to the Policyowner. If the Policyowner is deceased, We will pay the benefits for which We are liable to the Policyowner's successors, executors, administrators or assigns.

If any benefit of the Policy becomes payable to a person determined to be legally incompetent to give a release, We may pay such benefit, up to \$1,000, to a relative of the person who We believe is entitled to it. Any payment made in good faith under this provision will fully discharge Us to the extent of such payment. In order to continue benefits beyond \$1,000, We will require proof of the appointment of a legal representative such as a durable power of attorney or a conservator.

Examinations

We have the right to have You examined at Our expense and as often as We may reasonably require to determine eligibility for benefits under the Policy as part of Proof of Loss. We reserve the right to select the examiner. The examiner will be a specialist appropriate to the assessment of Your claim.

The examinations may include but are not limited to medical examinations, functional capacity examinations, psychiatric examinations, vocational evaluations, rehabilitation evaluations, and occupational analyses. Such examinations may include any related tests that are reasonably necessary to the performance of the examination. We will pay for the examination. We may deny or suspend benefits under the Policy if You fail to attend an examination or fail to cooperate with the examiner.

You must meet with Our representative for a personal interview or review of records at such time and place, and as frequently as We reasonably require. Upon Our request, appropriate documentation must be provided.

We have the right, at our expense, to analyze or require an analysis of all relevant financial and operational records, including Your personal, business and corporate federal and state tax returns, as often as We may reasonably require by a financial examiner of Our choice. Such assessments may include an analysis of business, financial and operational records for any business in which You have or may have an ownership interest.

We can require that Your accounting practices be the same as those which were in effect at the time You first became Disabled.

Responsibility to Cooperate and Obtain Appropriate Medical Care

You have the responsibility to cooperate with Us concerning all matters relating to the Policy and claims thereunder. You have the responsibility to obtain all reasonably appropriate medical care for the condition for which benefits are being claimed.

PROVISIONS RELATING TO PREMIUM AND RENEWAL

Premium

Premiums are due on the first day of each Premium Term. Upon Your death, We will refund that part of any premium which applies to the period after Your date of death.

Grace Period

After the first Premium Term, We allow a Grace Period of 31 days in which to pay each premium due. The Policy stays in force during the Grace Period. If the premium has not been paid when it is due or by the end of the Grace Period, the Policy will lapse.

Premium Term Changes

On any premium due date, the Policyowner may change the Premium Term, but We will not allow any change which would result in a premium not being due on a Policy Anniversary.

On request, and subject to Our approval, premiums may be paid annually or on a periodic basis. The Premium Terms available are annual, semiannual or quarterly. Premiums may also be paid monthly by automatic bank draft. We will change the Premium Term if We receive the Policyowner's proper written request at Our Home Office before the premium due date.

Conditional Right To Renew After Age 65

After Your Age 65, the Policyowner may renew the Policy at the end of each Premium Term. In order to renew at the end of each Premium Term, the following conditions must be met:

- the Policy must be in force;
- the premium must be paid on time;
- You must not be Disabled;
- You must be Gainfully Employed Full Time in the Business for at least ten months each year; and
- You must be responsible for Covered Overhead Expenses.

We reserve the right to require proof from time to time that these conditions have been met. The Policy will terminate as of the date that such conditions are not met.

The only Coverage that may continue after Your Age 65 is for an Overhead Expense Monthly Total Disability Benefit and the Legal and Accounting Fee Benefit. All other Coverage in force at Your Age 65 will terminate at that time unless otherwise stated. The Benefit Period after Your Age 65 is shown in the Schedule Page.

The premium will be at Our rates then in effect for persons of Your Age, Class of Risk, gender, Occupation Class, and any special class rating that applies to the Policy. We have the right to change such premiums on a class basis on any Policy Anniversary.

Any premium paid after Age 65 for any period not covered by the Policy will not be accepted and will be returned. If premium is not returned, Coverage under the Policy will continue until the end of the term which such premium covers.

Reinstatement

If the Policy has lapsed at the end of the Grace Period, the Policyowner can apply to reinstate the Policy by completing an application and paying all overdue premiums. Such application must be received by Us within six months of the date the Policy lapsed.

We may require evidence of insurability to reinstate the Policy. If We approve the Policyowner's application, the Policy will be placed back in force on the date of such approval. If We have not approved or refused the Policyowner's application in writing within 45 days after receipt of such application and overdue premium, the Policy will be reinstated on that 45th day. If We refuse to reinstate the Policy, We will refund the premium.

The Policy will be reinstated on the date that We accept a premium and do not require an application.

The reinstated Policy will cover only losses that result from Injury that occurs after the date of Reinstatement or Sickness that first manifests itself more than ten days after such date. In all other respects, the Policyowner and We will have the same rights under the Policy as before it lapsed, subject to any provisions endorsed on or attached to the Policy in connection with Reinstatement.

GENERAL CONTRACT PROVISIONS

Consideration

We have issued the Policy in consideration of the representations in the application and payment of the first premium. A copy of the application is attached and is a part of the Policy.

Effective Date Provision

Insurance takes effect on the Effective Date for the Premium Term that is shown in the Schedule Page, unless there is Preliminary Term. The Policy takes effect at 12:01 a.m. on the Effective Date and terminates at 11:59 p.m. on the Termination Date.

Preliminary Term Provision

If the Schedule Page indicates that there is Preliminary Term, the Policy takes effect at 12:01 a.m. on the Preliminary Term Effective Date. All of the Policyowner's rights under the Policy will begin on the Preliminary Term Effective Date.

Entire Contract; Changes

The Policy with any application(s), the Schedule Pages, and any attached riders, amendments and endorsements make up the entire contract. No change in the Policy will be valid unless it has been endorsed on or attached to the Policy in writing by the president, a vice president, or the secretary of Berkshire Life.

No agent or broker has authority to change the Policy or waive any of its provisions.

Incontestable

The Policy will be incontestable as to statements made by You or the Policyowner, except fraudulent statements, contained in the application for the Policy after it has been in force for a period of two years during Your lifetime, excluding any period during which You are Disabled. No claim for a loss incurred or Disability that begins after two years from the Effective Date, excluding any period during which You are Disabled, will be reduced or denied because a sickness or physical condition existed prior to the Effective Date. This assumes that such sickness or physical condition was not excluded from Coverage by name or description.

In the event of a reinstatement, the Policy will be incontestable as to statements made by You or the Policyowner, except fraudulent statements, contained in the application for reinstatement of the Policy after it has been in force for a period of two years following the date the Policy was reinstated, excluding any period during which You are Disabled.

Termination of the Policy

The Policy will terminate when the first of the following occurs:

- the premium for the Policy remains unpaid at the end of the Grace Period;
- the premium for the Policy remains unpaid for more than 90 days after the end of a Suspension Period notwithstanding the Grace Period;
- We receive the Policyowner's written request to terminate the Policy;
- We issue a Conversion Policy pursuant to the Conversion Option provision;
- You attain Age 65, if You are not Gainfully Employed Full Time in the Business for at least ten months each year;
- the end of the first Premium Term after Your Age 65, when You are no longer Gainfully Employed Full Time in the Business for at least ten months each year; or
- Your death.

The Policy may also terminate as set forth in the Waiver of Premium provision of the Policy.

Termination will not prejudice any claim for Disability which begins while the Policy is in force.

Conformity with State Laws

Any provision of the Policy which, on the Effective Date, is in conflict with the laws of the state in which You reside on such date is hereby amended to meet the minimum requirements of such laws.

Legal Actions

No one can bring an action at law or in equity under the Policy until 60 days after written Proof of Loss has been furnished as required by the Policy. In no case can an action be brought against Us more than three years after written Proof of Loss must be furnished.

Misstatement of Age

If Your age has been misstated, Coverage will be based upon what the premium paid would have bought at Your correct age. If We would not have issued the Policy at Your correct age, there will be no insurance and We will owe only a refund of all premiums paid for the period not covered by the Policy.

Waiver of Policy Provisions

Our failure to invoke or enforce a right We have reserved under the terms of the Policy will not be deemed a permanent waiver of that right.

SUPPLEMENTAL OVERHEAD EXPENSE BENEFIT RIDER

This rider is part of the Policy to which it is attached. All definitions and provisions of the Policy apply to this rider and remain the same except where We change them by this rider.

DEFINITIONS

The Available Benefit definition in the Policy is replaced as follows:

Available Benefit

Available Benefit means an amount equal to $(A \times B) + D - C$ where:

- A is the Maximum Monthly Overhead Expense Benefit;
- B is the number of months following the Elimination Period during which You have been Disabled in the same claim;
- C is the total amount of benefit already paid during the Disability in the same claim; and
- D is the Supplemental Overhead Expense Benefit

The Maximum Aggregate Benefit definition in the Policy is replaced as follows:

Maximum Aggregate Benefit

The Maximum Aggregate Benefit is equal to the Maximum Monthly Overhead Expense Benefit multiplied by the number of months in the Benefit Period, plus the Supplemental Overhead Expense Benefit.

The Supplemental Overhead Expense Benefit definition is added to the Policy as follows:

Supplemental Overhead Expense Benefit

The Supplemental Overhead Expense Benefit is shown in the Schedule Page.

PROVISIONS

This rider provides an additional benefit amount that may be used for reimbursement of Covered Overhead Expenses in the event of Disability as provided in the Policy to which this rider is attached.

Premium and Renewal

The premium for this rider is shown in the Schedule Page. The rider may not be renewed after Your Age 65.

Termination

This rider will terminate when the first of the following events occurs:

- You attain Age 65;
- the premium for this rider remains unpaid for more than 31 days;
- We receive the Policyowner's written request to terminate this rider; or
- the Policy terminates.

Berkshire Life Insurance Company of America



Secretary

FUTURE INCREASE OPTION RIDER

This rider is part of the Policy to which it is attached. All definitions and provisions of the Policy apply to this rider and remain the same except where We change them by this rider.

DEFINITIONS

The following definitions are added to the Policy:

Increase Option

Increase Option means the option to apply for an Increase Policy.

Increase Policy

Increase Policy means the additional Maximum Monthly Overhead Expense Benefit issued under this rider.

Option Date

Option Date means the date of every Policy Anniversary while this rider is in effect.

Option Period

Option Period means the 63-day period beginning 31 days immediately before the Option Date and ending 31 days immediately following the Option Date.

Special Option Date

Special Option Date means a date that We declare for such purpose. We will issue only one Increase Policy as a result of a Special Option Date while the Policy and this rider are in effect.

Special Option Period

Special Option Period means the period beginning on the Special Option Date and ending 31 days immediately following the Special Option Date.

Total Increase Option

Total Increase Option means the total amount of Maximum Monthly Overhead Expense Benefit that may be issued under this rider. The Total Increase Option is shown in the Schedule Page.

PROVISIONS RELATING TO FUTURE INCREASE OPTIONS

Exercising an Increase Option During an Option Period

Subject to the Conditions and Limitations provision of this rider, the Policyowner may exercise an Increase Option during an Option Period. Each Increase Policy applied for during an Option Period will be underwritten based on Our underwriting rules then in use, or those in effect on the Effective Date of the Policy, whichever are more favorable to the Policyowner, to determine the total amount of allowable Maximum Monthly Overhead Expense Benefit, if any, available to the Policyowner.

Exercising an Increase Option When Disabled

Subject to the Conditions and Limitations provision of this rider, the Policyowner may exercise an Increase Option during an Option Period when You are Disabled.

Your Covered Overhead Expenses for the purpose of exercising an Increase Option when You are Disabled will be based upon the 12-month period immediately prior to the onset of Your Disability.

If the Policyowner exercises an Increase Option when You are Disabled, any Increase Policy issued will only apply to a new and separate Disability. Under no circumstances will an Increase Policy, issued during a period of Disability, provide a benefit for the current Disability.

Any Increase Policy approved during a period of Disability will only be issued on a separate policy form that is most like the Policy then in use on a regular basis in the place where You live.

The premium for any Increase Policy issued when You are Disabled will be waived if premiums are then being waived for the Policy to which this rider is attached.

Exercising an Increase Option on a Special Option Date

The Policyowner may be eligible to apply for an Increase Policy on a Special Option Date if:

- You are Gainfully Employed Full Time;
- benefits are not being paid under the Policy; and
- You are not Disabled.

Each Increase Policy applied for during a Special Option Period will be underwritten based on Our underwriting rules then in use, or those in effect on the Effective Date of the Policy, whichever are more favorable to the Policyowner, to determine the total amount of allowable Maximum Monthly Overhead Expense Benefit, if any, available to the Policyowner.

We will issue only one Increase Policy as a result of a Special Option Date while the Policy and this rider are in effect. If We issue an Increase Policy as a result of a Special Option Date, the Policyowner forfeits the Increase Option on the next Option Date.

Proof of Insurability

When the Policyowner exercises an Increase Option, evidence of Your Covered Overhead Expenses, employment, and all other disability insurance with any insurer that is in force, has been applied for, or for which You are eligible must be provided. We may require additional evidence of financial insurability, as necessary. Evidence of Your medical insurability or occupation does not have to be provided.

Total Amount of Additional Benefit You Can Apply For

Until You attain Age 45, the Policyowner may apply for all or part of the remaining Total Increase Option. On or after Your Age 45 the Policyowner may apply for:

- up to one-third of the original Total Increase Option; or
- the remaining Total Increase Option if it is less than \$1,000.

Conditions and Limitations

All of the following conditions apply when the Policyowner exercises an Increase Option:

- We must receive a written application for an Increase Policy during an Option Period or Special Option Period.
- Each Increase Policy applied for during an Option Period or a Special Option Period will be underwritten based on Our underwriting rules then in use, or those in effect on the Effective Date of the Policy, whichever are more favorable to the Policyowner, to determine the total amount of allowable Maximum Monthly Overhead Expense Benefit, if any, available to the Policyowner. Evidence of Your Covered Overhead Expenses, employment, and all other disability insurance with any insurer that is in force, which has been applied for, or for which You are eligible must be provided. We may require additional evidence of financial insurability, as necessary. Evidence of Your medical insurability or occupation does not have to be provided.
- The Increase Policy may either be added to the Policy in the form of an Additional Monthly Benefit Rider or will be issued on a separate policy form that is most like the Policy then in use on a regular basis in the place where You live. Any Increase Policy approved during a period of Disability or while benefits are being paid will only be issued on a separate policy form.

- The Increase Policy cannot have a shorter Elimination Period or a longer Benefit Period than the Policy to which this rider is attached.
- We will not issue an Increase Policy of less than \$500 unless it is for the remaining Total Increase Option.
- The Increase Policy may not include the same provisions and benefits as the Policy to which this rider is attached. The Increase Policy may only include those benefits that are part of the Policy to which this rider is attached if We are then offering such benefits to new applicants.
- The premium for each Increase Policy will be based on the following factors:
 - the rates in effect on the date of issue of the Increase Policy;
 - the Increase Policy amount;
 - Your Age and gender on the date of the issue of the Increase Policy;
 - the Class of Risk and Occupation Class of the Policy to which this rider is attached;
 - any special class rating that applies to the Policy to which this rider is attached; and
 - the policy form of the Increase Policy.

The Class of Risk and Occupation Class under the Increase Policy will not be less favorable than under the Policy to which this rider is attached.

If the Policyowner submits to Us satisfactory evidence that Your Class of Risk or Occupation Class on the Effective Date of the Increase Policy is more favorable to You than it was when the Policy went into effect, then We will apply the more favorable risk classification to the Increase Policy. Any Increase Policy approved with a more favorable Class of Risk or Occupation Class will only be issued on a separate policy form that is most like the Policy then in use on a regular basis in the place where You live.

- Conditions that are excluded by name or specific description under the terms of the Policy to which this rider is attached will be excluded under the Increase Policy.
- In order for an Increase Policy to become effective, We must receive the first premium unless premiums are then being waived because You are Disabled or benefits are being paid under the Policy.

Premium and Renewal

The premium for this rider is shown in the Schedule Page. Each time We issue an Increase Policy, We will reduce the remaining Total Increase Option available to You under this rider by the amount issued. The premium for this rider will be reduced accordingly.

Termination

This rider will terminate when the first of the following events occurs:

- You attain Age 55;
- the Total Increase Option as shown in the Schedule Page has been issued;
- the premium for this rider remains unpaid for more than 31 days;
- the date of the Policyowner's written request to terminate this rider; or
- the Policy terminates.

Berkshire Life Insurance Company of America



Secretary

Berkshire Life Insurance Company of America
700 South Street
Pittsfield, MA 01201

ADDITIONAL MONTHLY BENEFIT RIDER

This rider is part of the Policy to which it is attached. All definitions and provisions of the Policy apply to this rider and remain the same except where We change them by this rider.

PROVISIONS RELATING TO ADDITIONAL MONTHLY BENEFIT

This rider provides an additional Maximum Monthly Overhead Expense Benefit. The Issue Age, Maximum Monthly Overhead Expense Benefit and annual premium for this rider are shown in the Schedule Page and below.

Policy Number:

Insured:

Effective Date:

<u>Issue Age</u>	<u>Maximum Monthly Overhead Expense Benefit</u>	<u>Annual Premium</u>
99	\$99,999	\$99,999.99

The Elimination Period, Accumulation Period and Benefit Period are the same as the base policy.

Incontestable

This rider will be incontestable as to statements made by You or the Policyowner, except fraudulent statements, contained in the application for this rider after it has been in force for a period of two years during Your lifetime, excluding any period during which You are Disabled.

In the event of a reinstatement, this rider will be incontestable as to statements made by You or the Policyowner, except fraudulent statements, contained in the application for reinstatement of the Policy after it has been in force for a period of two years following the date the Policy was reinstated, excluding any period during which You are Disabled.

Termination

This rider will terminate when the first of the following events occurs:

- You attain Age 65 except as provided in the Conditional Right To Renew After Age 65 provision;
- the premium for this rider remains unpaid for more than 31 days;
- We receive the Policyowner's written request to terminate this rider; or
- the Policy terminates.

Berkshire Life Insurance Company of America



Secretary

Berkshire Life Insurance Company of America
700 South Street
Pittsfield, MA 01201

ADDITIONAL MONTHLY BENEFIT RIDER

This rider is part of the Policy to which it is attached. All definitions and provisions of the Policy apply to this rider and remain the same except where We change them by this rider.

PROVISIONS RELATING TO ADDITIONAL MONTHLY BENEFIT

This rider provides an additional Maximum Monthly Overhead Expense Benefit. The Issue Age, Maximum Monthly Overhead Expense Benefit and annual premium for this rider are shown in the Schedule Page and below.

Policy Number:

Insured:

Effective Date:

<u>Issue Age</u>	<u>Maximum Monthly Overhead Expense Benefit</u>	<u>Annual Premium</u>
99	\$99,999	\$99,999.99

The Elimination Period, Accumulation Period and Benefit Period are the same as the base policy.

The premium is based on the following factors:

- the rates in effect on the Effective Date of this rider;
- the Maximum Monthly Overhead Expense Benefit of this rider;
- Your Age and gender on the Effective Date of this rider;
- the Class of Risk and Occupation Class of the Policy to which this rider is attached; and
- any special class rating that applies to the Policy to which this rider is attached.

Incontestable

This rider will be incontestable as to statements made by You or the Policyowner, except fraudulent statements, contained in the application for this rider after it has been in force for a period of two years during Your lifetime, excluding any period during which You are Disabled. No claim for a loss incurred or Disability that begins after two years from the Effective Date of this rider, excluding any period during which You are Disabled, will be reduced or denied because a sickness or physical condition existed prior to the Effective Date of this rider. This assumes that such sickness or physical condition was not excluded from Coverage by name or description.

In the event of a reinstatement, this rider will be incontestable as to statements made by You or the Policyowner, except fraudulent statements, contained in the application for reinstatement of the Policy after it has been in force for a period of two years following the date the Policy was reinstated, excluding any period during which You are Disabled.

Termination

This rider will terminate when the first of the following events occurs:

- You attain Age 65 except as provided in the Conditional Right To Renew After Age 65 provision;
- the premium for this rider remains unpaid for more than 31 days;
- We receive the Policyowner's written request to terminate this rider; or
- the Policy terminates.

Berkshire Life Insurance Company of America

A handwritten signature in black ink, appearing to be "S. D. R.", written in a cursive style.

Secretary

AUTOMATIC BENEFIT ENHANCEMENT RIDER

This rider is part of the Policy to which it is attached. All definitions and provisions of the Policy apply to this rider and remain the same except where We change them by this rider.

DEFINITIONS

The following definitions are added to the Policy:

Automatic Increase

Automatic Increase means the increase in the Maximum Monthly Overhead Expense Benefit that takes effect under the terms and conditions of this rider unless the Policyowner refuses it. While You are eligible for Automatic Increases, the Automatic Increase is equal to the Indexed Maximum Monthly Overhead Expense Benefit in effect immediately prior to the Policy Anniversary multiplied by the Automatic Increase Rate.

Automatic Increase Rate

The Automatic Increase Rate is shown in the Schedule Page.

Indexed Maximum Monthly Overhead Expense Benefit

The Indexed Maximum Monthly Overhead Expense Benefit is the Maximum Monthly Overhead Expense Benefit of the Policy, including any Automatic Increases that We have issued, but excluding any Maximum Monthly Overhead Expense Benefit issued under an Additional Monthly Benefit Rider.

Rider Review Date

The Rider Review Date means the fifth Policy Anniversary and every fifth Policy Anniversary thereafter while this rider is in force.

PROVISIONS RELATING TO AUTOMATIC BENEFIT ENHANCEMENT

Automatic Benefit Enhancement

This rider provides up to five annual Automatic Increases as follows:

- On each Policy Anniversary, unless the Policyowner refuses, We will increase the Maximum Monthly Overhead Expense Benefit by the Automatic Increase.
- No Automatic Increase will be made which will cause the Maximum Monthly Overhead Expense Benefit to exceed the amount of allowable Coverage, if any, available based on Our underwriting rules in effect at the time of increase or on the Effective Date of the Policy, whichever are more favorable to the Policyowner.
- We will not require any evidence of insurability for an Automatic Increase to take effect.
- Each Automatic Increase that is accepted will remain in effect for as long as the Policy is in force and the premium is paid.
- The premium for each Automatic Increase will be based on the following factors:
 - the rates in effect on the date of issue of the Automatic Increase;
 - the Automatic Increase amount;
 - Your Age and gender on the date of issue of the Automatic Increase;
 - the Class of Risk and Occupation Class of the Policy to which this rider is attached; and
 - any special class rating that applies to the Policy to which this rider is attached.

Refusal of an Automatic Increase

The Policyowner may refuse an Automatic Increase:

- by submitting to Us a written request within 31 days after an Automatic Increase premium becomes due; or
- by not paying the premium for the Automatic Increase when it is due.

Automatic Increases which are refused may not be exercised later. If the Policyowner refuses two consecutive Automatic Increases, all further Automatic Increases will be forfeited and this rider terminates.

Automatic Increases While Disabled or During a Suspension Period

Automatic Increases will not be added to the Maximum Monthly Overhead Expense Benefit for any period in which You are Disabled or during a Suspension Period. If the Suspension Period ends, or You are no longer Disabled and We are no longer paying benefits or waiving premiums, then Automatic Increases will resume on the next Policy Anniversary and continue until the next Rider Review Date.

Any scheduled Automatic Increase will be forfeited during a period while premiums are being waived or during a Suspension Period.

This rider will terminate if You are Disabled on a Rider Review Date or if the Rider Review Date occurs during a Suspension Period.

Rider Renewal

After a Rider Review Date and before the next Policy Anniversary, the Policyowner may submit an application to renew this rider for the smallest of:

- another five Automatic Increases or the number of Automatic Increase between Your attained Age and Age 60, whichever is less; or
- the number of Automatic Increases which will not cause the Maximum Monthly Overhead Expense Benefit to exceed the amount of allowable Coverage, if any, available based on Our underwriting rules in effect at the time of increase or on the Effective Date of the Policy, whichever are more favorable to the Policyowner.

If the Policyowner applies to renew this rider, evidence of Your medical insurability, Covered Overhead Expenses, occupation, employment and other insurance in force, applied for, or for which You are eligible must be provided. We may require additional evidence of financial insurability to renew this rider.

The application to renew this rider will be underwritten in accordance with Our underwriting rules in effect at the time of increase or on the Effective Date of the Policy, whichever are more favorable to the Policyowner.

If benefits have been paid by Us under the Policy, this rider may not be renewed.

Premium

There is no premium for this rider.

Termination

This rider will terminate on the date when the first of the following events occurs:

- We do not renew this rider;
- You attain Age 60;
- the date of the Policyowner's refusal of a second consecutive Automatic Increase;
- any date on which the Maximum Monthly Overhead Expense Benefit equals or exceeds the amount of allowable Coverage, if any, available based on Our underwriting rules then in use, or those in effect on the Effective Date of the Policy, whichever are more favorable to the Policyowner;

- on a Rider Review Date if You are Disabled;
- on a Rider Review Date during a Suspension Period; or
- on the date the Policy terminates.

Berkshire Life Insurance Company of America

A handwritten signature in black ink, appearing to be "S. D. R.", written in a cursive style.

Secretary

Berkshire Life Insurance Company of America
700 South Street
Pittsfield, MA 01201

PROFESSIONAL REPLACEMENT ENDORSEMENT

This endorsement is part of the Policy to which it is attached. All definitions and provisions of the Policy apply to this endorsement and remain the same except where We change them by this endorsement.

DEFINITIONS

The following definition is added to the Policy:

Replacement

Replacement means any person who:

- is a member of Your profession;
- does not have an ownership interest in the Business;
- is not a member of Your Family; and
- is hired specifically to replace You and paid a reasonable and customary salary to carry out the duties performed by You for the Business prior to Your Disability;

The definition of Covered Overhead Expenses is amended to include:

Salary of Your Replacement

If, as a result of Total Disability, You or the Business hires a Replacement to perform Your duties, We will consider 50% of the Replacement's gross monthly salary to be a Covered Overhead Expense not to exceed one-half of the Maximum Monthly Overhead Expense Benefit or \$10,000, whichever is less.

The Salary of Your Replacement will no longer be considered a Covered Overhead Expense when the first of the following occurs:

- You are no longer Totally Disabled;
- the Replacement is no longer at work in the Business;
- the Replacement obtains an ownership interest in the Business; or
- the Benefit Period ends.

The definition of Expenses Not Covered is amended to include:

Expenses that are not Covered Overhead Expenses include any salary, fee, draw, advance, benefit or other remuneration for You or any member of Your profession except as provided by this endorsement.

Berkshire Life Insurance Company of America



Secretary

Berkshire Life Insurance Company of America
700 South Street
Pittsfield, MA 01201

OVERHEAD EXPENSE POLICY ENDORSEMENT

This endorsement is part of the Policy to which it is attached. All definitions and provisions of the Policy apply to this endorsement and remain the same except where We change them by this endorsement.

DEFINITIONS

The definition of Expenses Not Covered is amended to also include:

- any salary, fee, draw, advance, benefit or other remuneration for You or any member of Your profession.
- any salary, fee, draw, advance, benefit or other remuneration for a person hired to perform Your duties.

Berkshire Life Insurance Company of America



Secretary

Berkshire Life Insurance Company of America
700 South Street
Pittsfield, MA 01201

ACCELERATED BENEFIT ENDORSEMENT

This endorsement is part of the Policy to which it is attached. All definitions and provisions of the Policy apply to this endorsement and remain the same except where We change them by this endorsement.

DEFINITIONS

The following definition is added to the Policy:

Accelerated Benefit Amount

Accelerated Benefit Amount means one-half of the Maximum Monthly Overhead Expense Benefit. This amount is an advance payment toward monthly benefits.

PROVISIONS

The following provisions are added to the Policy:

Accelerated Benefit

When You are Totally Disabled, We will pay the Accelerated Benefit Amount if each of the following conditions are met:

- You become Totally Disabled while the Policy is in force;
- You remain continuously Totally Disabled for the duration of the Elimination Period; and
- proof of Your Total Disability is provided to Us.

We will pay the Accelerated Benefit Amount before requiring proof of Covered Overhead Expenses. This amount is paid only one time in the same claim.

You must then submit proof of the Covered Overhead Expenses You incurred and paid in the first month of Disability after satisfying the Elimination Period. Our payment of the Accelerated Benefit Amount does not waive the requirement that We be provided proof of Covered Overhead Expenses.

To be eligible for additional benefits under the terms of the Policy, You must provide Us with Proof of Loss to include proof of Covered Overhead Expenses that exceed the Accelerated Benefit Amount. Such Covered Overhead Expenses must be incurred and paid while You are Disabled after satisfying the Elimination Period.

Any Accelerated Benefit Amount that is paid will be included in the total amount of benefit already paid during the Disability when calculating the Available Benefit. In the first month of Disability after satisfying the Elimination Period, the Reimbursable Expense Amount will be reduced by any Accelerated Benefit paid.

Overpayment of Accelerated Benefits

An overpayment of Accelerated Benefits occurs when the Accelerated Benefit Amount We paid exceeds the amount that was due under the Policy. If Accelerated Benefits have been overpaid, We will have the right to reduce future benefits under the Policy in the same claim until reimbursement is made. If no additional benefits are payable in the same claim, the Policyowner will be required to reimburse Us any amounts overpaid. Reimbursement must be made to Us no later than 12 months following the end of the Benefit Period.

Berkshire Life Insurance Company of America



Secretary

Berkshire Life Insurance Company of America
700 South Street
Pittsfield, MA 01201

MANAGERIAL DUTIES ENDORSEMENT

This endorsement is part of the Policy to which it is attached. All definitions and provisions of the Policy apply to this endorsement and remain the same except where We change them by this endorsement.

DEFINITIONS

The following definitions are added to the Policy:

Managerial Duties

Managerial Duties mean Your administrative or managerial functions of Your Occupation, that do not involve Manual Duties.

Manual Duties

Manual Duties are duties that require physical activities. These include, but are not limited to, climbing, bending, stooping, kneeling, lifting, crouching, crawling, carrying, pushing, pulling, operating machinery and driving.

EXCLUSIONS AND LIMITATIONS

The following exclusion is added to the policy:

Exclusions

We will not pay benefits for any Disability in which You can perform the Managerial Duties of Your Occupation, but cannot perform the Manual Duties of Your Occupation.

Berkshire Life Insurance Company of America



Secretary

MENTAL AND/OR SUBSTANCE-RELATED DISORDERS ENDORSEMENT

This endorsement is part of the Policy to which it is attached. All definitions and provisions of the Policy apply to this endorsement and remain the same except where We change them by this endorsement.

DEFINITIONS

The following definitions are added to the Policy:

Hospital

Hospital means a facility or institution legally operating as a hospital that:

- is mainly engaged in providing inpatient care and treatment of sick or injured persons, and routinely charges for such care;
- is supervised by a staff of physicians on the premises; and
- provides 24-hour nursing services on the premises by registered nurses.

In no event will Hospital include any institution or facility that is:

- operated as a rest home, a convalescent facility, or a long-term nursing care facility; or
- mainly for the care of the aged, or which primarily affords custodial or educational care.

Mental and/or Substance-Related Disorders

Mental and/or Substance-Related Disorders means any disorder classified in the Diagnostic and Statistical Manual of Mental Disorders (DSM). This includes but is not limited to, psychiatric, psychological, emotional, or behavioral disorders, or disorders related to stress or to substance abuse or dependency, or any biological or biochemical disorder or imbalance of the brain regardless of the cause, including any complications thereof. This does not include dementia or cognitive impairment resulting from stroke, physical trauma, infections, or a form of senility or irreversible dementia such as Alzheimer's Disease.

Diagnostic and Statistical Manual of Mental Disorders or DSM means the most recent version of the diagnostic manual as published by the American Psychiatric Association (APA) as of the start of Your Disability. If the DSM is discontinued, We will use the replacement chosen by the APA, or by an organization which succeeds it.

LIMITATION

The Policy is amended by adding the following limitation:

Mental and/or Substance-Related Disorders Limitation

Benefits for any Disability due to a Mental and/or Substance-Related Disorder will be paid for a period not longer than 24 months during Your lifetime. This 24-month limitation also applies to all rider benefits payable by virtue of Your Disability due to a Mental and/or Substance-Related Disorder. Any month in which a benefit is paid for a Mental and/or Substance-Related Disorder, regardless of whether paid under the base policy or any rider or both, will count toward the 24-month limitation.

The Extension of Benefits provision of the Policy does not extend the 24-month limitation of this endorsement.

However, subject to the Benefit Period of the Policy and all other provisions of the Policy, We will continue to pay benefits as long as You are continuously confined in a Hospital for treatment of a Disability due to a Mental and/or Substance-Related Disorder, and You are under the regular Medical Care of a Physician.

Under no circumstance will We pay benefits for any Disability due to a Mental and/or Substance-Related Disorder that We have excluded by name or specific description.

Berkshire Life Insurance Company of America

A handwritten signature in black ink, appearing to be "S. O. R.", written in a cursive style.

Secretary

2. Business Information

a. Name of Current Employer _____

b. Business Address _____
(If mailing address is PO Box, include street address as well.)

City State ZIP

Business Phone _____

Business Website _____

c. Occupation _____

d. Job Title _____

e. Nature of Business _____

f. How many years employed with your current employer? _____
(If less than 2 years, please furnish previous employer below.)

g. Former Employer _____

Address

City State ZIP

h. Occupation _____

i. Job Title _____

j. Nature of Business _____

3. Occupational Information

a. Describe, in order of importance, all duties of your occupation. Include all activities that are performed in connection with the duties of your occupation, including but not limited to travel, sales and supervisory.

Description of Specific Duties	% of Time Devoted to Each Duty

b. Describe exact physical duties of your occupation (lifting, climbing, driving, etc.). If none, so state. _____

c. Describe any tools or equipment you use to perform the duties of your occupation. If none, so state. _____

- d. If you are a medical doctor or dentist, what percent of your gross income is derived from surgical procedures, such as catheterization, angioplasty, stent placement, pacemaker implant, endoscopy, or other surgical procedure? _____ %
- e. Is this a home-based occupation? Yes No
If yes, what percentage of time do you spend working at home? _____ %
- f. Number of years in this occupation _____
- g. How many hours per week are you at work in this occupation? _____ hours
- h. Have you been continuously at work full time performing the usual duties of your occupation for the past six months? Yes No If no, explain: _____
- i. Do you supervise any employees? Yes No If yes, how many? _____
- j. Are you a business owner? Yes No
- k. What percentage of the business do you own? _____ %
- l. What type of business do you own? Sole Proprietorship Partnership "S" Corporation
 Limited Liability Company (LLC) "C" Corporation
 Limited Liability Partnership (LLP)
 Other: _____
- m. Do you plan to change any occupation or employment within the next six months? Yes No If yes, provide details: _____

- n. Do you have any other part- or full-time jobs, occupations or employment? Yes No If yes, provide details: _____

4. The Following Questions Apply to the Proposed Insured

(Please provide details in Section 8 Remarks and Special Requests to all "Yes" answers.)

- a. Do you plan to reside or travel outside of the U.S.? Yes No
(If yes, indicate location, frequency, for work or pleasure, date of departure, length of stay.) _____
- b. Do you drive a motor vehicle? _____ Driver's License State _____ Driver's License # _____ Yes No
- c. Within the past five years, have you been charged with and/or convicted of any motor vehicle moving violations or had your driver's license suspended or revoked? (If yes, details must include date of violation, description of violation and penalty.) Yes No
- d. Within the last 10 years, have you been convicted of a felony, or is such a charge pending against you? Yes No
- e. Have you ever had a professional license suspended or revoked, or is such license under review, or have you ever been disbarred? Yes No

- f. Within the last three years, have you participated in any of the following, or do you plan in the future to participate in any of the following: piloting any type of aircraft; mountain climbing or rock climbing; scuba diving; hang gliding; parachuting or skydiving; motor vehicle racing; or other hazardous activity? (If yes to any, complete Aviation and/or Avocation Supplement.) Yes No
- g. Within the past five years, have you had disability, accident, medical, life or health insurance declined, postponed, modified, rated, cancelled, rescinded, or have you withdrawn a pending application, or had a renewal or reinstatement refused? Yes No
- h. Have you used tobacco, nicotine, or any nicotine delivery system in any form in the last 12 months? (If you have quit, date last used: _____) Yes No
- i. Do you plan to apply for or are you currently applying for any other life, long-term care, disability or accident insurance? (In Section 8 Remarks and Special Requests, include amount applying for and company applying with, and whether this other insurance will be in addition to or in lieu of insurance with Berkshire or Guardian.) Yes No
- j. Are you currently a member of, or do you plan on joining, any branch of the United States Military, including the Army, Navy, Air Force, Marine Corps, Coast Guard, National Guard, or any reserve military unit? Yes No
- k. Are you currently employed by, or seeking employment with, any company or entity which provides military, paramilitary, or security services outside of the United States? Yes No
- l. Have you been alerted to, received orders for, or had any indication of an overseas assignment or active service with any branch of the United States Military, including the Army, Navy, Air Force, Marine Corps, Coast Guard, National Guard, or any reserve military unit? Yes No
- m. Have you ever had or been treated for cancer, heart attack, stroke, diabetes, or any disease of the liver, lungs, kidneys, or heart, or any disorder of the back or spine? Yes No
- n. Are you currently receiving any medical advice, counseling or treatment for any medical, surgical or psychiatric condition? Yes No

If questions 4m or 4n are left blank or answered "Yes," no prepayment should be taken and no Conditional Receipt issued.

Catastrophic Disability Benefit Rider – Complete the following questions if applying for this rider:

- o. Have you ever had an injury or sickness that caused a loss of: sight in both eyes; hearing in both ears; speech; or the use of two arms or two legs? Yes No
- p. Do you need human assistance of any kind to perform everyday activities such as bathing, continence, dressing, eating, using the toilet or transferring (for example, from the chair to your bed)? Yes No
- q. Do you use any special medical equipment or appliances, including but not limited to, a wheelchair, pacemaker, oxygen tank, cane, catheter, or artificial limb? Yes No
- r. Have you ever received treatment, attention or advice for memory loss or confusion, Alzheimer's disease, stroke, senility, dementia, loss of speech or comprehension of spoken language? Yes No

If any question listed in 4o through 4r is answered "Yes," no prepayment should be taken and no Conditional Receipt issued.

5. Other Disability Insurance Coverage of the Proposed Insured

a. Do you have disability insurance in force or applied for, or are you eligible for disability insurance within the next 12 months with any company, including Guardian or Berkshire? Yes No

Type of Insurance

DI = Disability Income Insurance
OE = Overhead Expense
RP = Retirement Protection

DBO = Buy-Out
KEY = Key Person
RT = Reducing Term

Category

IDI = Individual
STD = Group STD
LTD = Group LTD
A = Association

Status

I = In Force
P = Pending
E = Eligible For

i. Company Name:			
ii. Type of Insurance:			
iii. Category:			
iv. Status:			
v. Date insurance applied for, issued, or eligible for (if known):			
vi. Policy Number (if known):			
vii. Benefit Amount:	\$	\$	\$
viii. Benefit Period:			
ix. Social Insurance Benefit:	\$	\$	\$
x. Automatic Increase Option:		%	%
xi. Future Increase Option (amount remaining):	\$	\$	\$
xii. Catastrophic Benefit:	\$	\$	\$
xiii. Retirement Benefit:	\$	\$	\$
xiv. Does employer pay premium and not include it as taxable income to you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
xv. If group coverage, is it convertible?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

b. Replacement

Is the insurance being applied for replacing this coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, amount to be replaced?*	\$	\$	\$
Date for coverage to be replaced			

**When issuing any insurance as a result of this application, the Company will rely on the fact that you can and will permanently terminate the coverage as specified above following the delivery of the policy and will not at any time reinstate the coverage. If the coverage is not terminated, benefits under any policy issued based upon this application may be reduced by the amount payable under such existing policies. Further, if the coverage is not terminated, the Company reserves all rights outlined in any policy issued.*

6. Personal Financial Information of the Proposed Insured

a. **Earned Income.** Fill in the amounts requested for last year and two years ago using your individual and/or business income tax returns and supporting schedules. **Note:** Do not list income that is not reported to the IRS. Explain in Section 8 Remarks and Special Requests, any significant fluctuations between years. Describe any changes since the end of the most recent calendar year. Put loss amounts in parentheses.

	Column A Year-To-Date This Calendar Year	Column B Actual Filed Last Calendar Year	Column C Actual Filed Two Calendar Years Ago
1. Non-owner employee salary, wages and bonus from Form W-2	\$	\$	\$
2. Business owner salary, wages, and bonus from Form W-2	\$	\$	\$
3. Sole Proprietor net income (after business expenses) from Form 1040, Schedule C	\$	\$	\$
4. Share of Partnership or Sub-Chapter "S" corporation income (after business expenses) shown on Form 1040 or 1120 "S", Schedule K-1	\$	\$	\$
5. Other earned income (explain source)	\$	\$	\$
6. Total Earned Income (add lines 1-5)	\$	\$	\$

b. **Unearned Income.** Unearned income or passive income includes, but is not limited to, income from dividends, capital gains, interest (including tax exempt interest), rentals, royalties, pension plans, retirement plans, alimony, investments, and business interests as an inactive owner.

Is your unearned income more than 10% of total earned income (line 6 above)?

Yes

No

	Column A	Column B	Column C
If yes, indicate the unearned income amounts.	\$	\$	\$

Sources: _____

c. **Retirement Contributions**

1. Do you participate in a qualified retirement plan such as a 401(k), 403(b), SIMPLE, IRA or profit sharing?

Yes

No

	Column A	Column B	Column C
2. Total Annual Contribution (including your contribution and employer contributions)	\$	\$	\$

3. Do you wish to have this retirement contribution considered as part of your earned income?

Yes

No

d. **Net Worth** Does your net worth exceed \$6 million? Yes No If yes, itemize net worth below.

Cash, Savings, Stocks, Bonds \$ _____

Fair Market Value of your business (excluding good will) \$ _____

Personal Property \$ _____

Real Estate (excluding primary residence) \$ _____

Other \$ _____ Explain: _____

e. **Bankruptcy**

Have you ever filed bankruptcy? Yes No Personal Business

If yes, answer the following questions:

(a) Date bankruptcy filed? _____

(b) Date bankruptcy discharged? _____

7. Premiums

a. Mode Annual Semiannual Quarterly
 Automatic payment plan
(Complete the Request for Guard-O-Matic Arrangement form.)
 New Service Add to My Existing Service
 Monthly (list bill only – not available for all products)
 Other: _____

b. What percentage of premium will be paid by your employer? None 100% Other: _____ %

c. If your employer will pay any part of the premium, will it be reportable by you as taxable income? Yes No

d. If paid by the proposed insured, is it paid with: Pre-tax dollars or After-tax dollars

e. Send premium notices to: Residence Owner's Address Business
 Other: _____
 List Bill
 New – Billing Name _____
Common Billing Date _____
 Existing Account # _____

f. Prepayment of Premium No money has been submitted with this application for proposed insurance.
 \$ _____ has been submitted with this application for proposed insurance. *If money is submitted when this application is signed, the terms of the Conditional Receipt shall apply if conditions are met.*

g. Is the policy being applied for through an association of which you are a member? *Proof of membership may be required.* Yes No
Association Name _____

8. Remarks and Special Requests

Provide all details to any "yes" answers, identifying each detail by question number. Include, if applicable, diagnosis or symptoms, tests performed, dates, types and amounts of medication, length of disability, degree of recovery, and names and addresses of all physicians, medical or mental health professionals, counselors, psychotherapists, chiropractors, practitioners or hospitals. Also include in this section any special policy requests such as specific policy date other than as provided by the terms of this application.

9. Amendments or Corrections (For Home Office Use Only)



Individual Disability Insurance Supplement
to the Application for Insurance

I. Proposed Insured Information

a. Proposed Insured
b. Social Security Number
c. Date of Birth (mm/dd/yyyy)

2. Premium Structure

Level Graded Step Rate

3. Personal Disability Insurance

a. Policy Form No.
Monthly Indemnity
Elimination Period
Benefit Period
Occupational Class

b. Supplemental Benefits

3% Compound Cost of Living Adjustment
6% Maximum Cost of Living Adjustment
Four-Year Delayed Cost of Living Adjustment
Unemployment Waiver of Premium
Catastrophic Disability Benefit
Future Increase Option
Social Insurance Substitute
Retirement Protection Plus
Residual Disability Benefit
Partial Disability Benefit
Graded Lifetime Indemnity for Total Disability
Monthly Indemnity
Elimination Period
Benefit Period
Other



BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA

Home Office: 700 South Street, Pittsfield, MA 01201

Berkshire Life Insurance Company of America is a wholly owned stock subsidiary of

The Guardian Life Insurance Company of America, New York, NY

Retirement Protection Plus Program Individual Disability Insurance Supplement to the Application for Insurance

I. Proposed Insured Information

a. Proposed Insured

First Middle Initial Last Name

b. Social Security Number

c. Date of Birth (mm/dd/yyyy)

2. Premium Structure

Level Graded Step Rate

3. Disability Insurance As Part Of The Retirement Protection Plus Program

a. **Case No.**

(Applicable with Income ProVider Only)

b. **Policy Form No.**

Monthly Indemnity

\$ _____

Elimination Period

180 days 360 days

Benefit Period

To Age 65

Occupational Class

c. **Supplemental Benefits**

3% Compound Cost of Living Adjustment

6% Maximum Cost of Living Adjustment

Modified Own Occupation
(Applicable with Income ProVider Only)

Future Increase Option

\$ _____

Other



Income ProVider Disability Insurance Supplement to the Application for Insurance

I. Proposed Insured Information

a. Proposed Insured

	First	Middle Initial	Last Name
b. Social Security Number	_____		
c. Date of Birth (mm/dd/yyyy)	_____		

2. Personal Disability Insurance

a. **Case No.** _____

b. **Policy Form No.** _____

Monthly Indemnity \$ _____

Elimination Period _____

Benefit Period _____

Occupational Class _____

c. Supplemental Benefits

<input type="checkbox"/> <i>Basic Residual Disability</i>	<input type="checkbox"/> <i>Enhanced Residual Disability</i>
<input type="checkbox"/> <i>Modified Own Occupation</i>	<input type="checkbox"/> <i>True Own Occupation</i>
<input type="checkbox"/> <i>3% Compound Cost of Living Adjustment</i>	<input type="checkbox"/> <i>6% Maximum Cost of Living Adjustment</i>
<input type="checkbox"/> <i>Catastrophic Disability Benefit</i>	\$ _____
<input type="checkbox"/> <i>Additional Monthly Benefit</i>	
<i>Monthly Indemnity</i>	\$ _____
<i>Elimination Period</i>	_____
<i>Benefit Period</i>	_____
<input type="checkbox"/> <i>Retirement Protection Plus</i>	
<i>Monthly Indemnity</i>	\$ _____
<i>Elimination Period</i>	<input type="checkbox"/> 180 days <input type="checkbox"/> 360 days
<i>Benefit Period</i>	To Age 65
<input type="checkbox"/> <i>Other</i>	_____



Overhead Expense Insurance Supplement
to the Application for Insurance

I. Proposed Insured Information

a. Proposed Insured
b. Social Security Number
c. Date of Birth (mm/dd/yyyy)

2. Overhead Expense Insurance

a. Monthly Benefit
Benefit Period
Elimination Period
Occupational Class

b. Supplemental Benefits

Supplemental Overhead Expense Benefit

Future Increase Option

c. Your share of covered expenses? and % of total.

d. Are there other employees in the firm who generate revenue? Yes No

If yes, what is the compensation for these employees, their title(s) and the percentage of gross revenue they generate?

e. Owner Information (if other than the proposed insured)

Name of Owner

Address

(If mailing address is PO Box, include street address as well.)

City State ZIP

Social Security #/Tax ID #

Relationship to Proposed Insured

f. Monthly Expenses of the Business Entity

What are the current average monthly overhead expenses incurred for the items shown?
 (If responsibility for expenses shared jointly with others, include only the portion for which the proposed insured is responsible.)

Advertising	\$	_____
Car and Truck Expenses		_____
Commissions and Fees		_____
Contract Labor		_____
Depreciation and Section 179 Expense Deduction		_____
Employee Benefit Programs		_____
Insurance		_____
Interest:		
Mortgage (Paid to Banks, etc.)		_____
Other		_____
Legal and Professional Services		_____
Office Expenses		_____
Pension and Profit Sharing Plans		_____
Rent or Lease (Other Business Property)		_____
Repairs and Maintenance		_____
Taxes and Licenses		_____
Utilities		_____
Employee Wages (excluding members of your profession)		_____
Other Expenses (itemized):		
_____	\$	_____
_____		_____
_____		_____
_____		_____
TOTAL (Should agree with 2c.)	\$	_____
Proposed Insured Monthly Earned Income*	\$	_____

*Earned income is considered for and in accordance with Salary Replacement guidelines of 50% of the Proposed Insured's Earned Income not to exceed one-half of the total monthly overhead expense benefit or \$10,000, whichever is less.



Disability Buy-Out Insurance Supplement
to the Application for Insurance

I. Proposed Insured Information

a. Proposed Insured
b. Social Security Number
c. Date of Birth (mm/dd/yyyy)

2. Disability Buy-Out Insurance

a. Funding
Benefit Amount
Benefit Period
Elimination Period
Occupational Class

b. Supplemental Benefits
c. Type of disability buy-sell agreement
Status of disability buy-sell agreement:

d. Owner Information
Name of owner
Address
City State ZIP
Social Security #/Tax ID #
Owner's Relationship to Proposed Insured

Please complete the following if owner is a trust:

Date of Trust (mm/dd/yyyy) _____

Complete Names of Trustees _____

e. Give names of all other stockholders or partners. (If there are any on whom Disability Buy-Out (DBO) is not carried or proposed, explain in the *Application for Insurance, Part 1, Section 8 Remarks and Special Requests.*)

Name and Title	Percentage Owned	Amount of DBO in Force	Amount of DBO Proposed
	%	\$	\$
	%	\$	\$
	%	\$	\$
	%	\$	\$
	%	\$	\$
	%	\$	\$

f. Does a familial relationship exist among any of the above stockholders or partners?

Yes No If yes, describe: _____

g. Indicate type of business organization:

Professional Corporation/Personal Service Partnership

Commercial Business/Other

h. Business Financial Information

		Column A	Column B	Column C
1. Total Assets	\$			
2. Total Liabilities	\$	Actual Filed Last Calendar Year	Actual Filed Two Calendar Years Ago	Actual Filed Three Calendar Years Ago
3. Business Net Worth (Total Assets minus Total Liabilities)	\$			
4. Gross Annual Sales	\$	\$	\$	\$
5. Net Profit After Taxes	\$	\$	\$	\$



Reducing Term Insurance Supplement
to the Application for Insurance

I. Proposed Insured Information

a. Proposed Insured
First Middle Initial Last Name
b. Social Security Number
c. Date of Birth (mm/dd/yyyy)

2. Reducing Term Insurance

a. [] Business Reducing Term [] PayGuard
Monthly Benefit Amount \$
Elimination/Waiting Period
Benefit Term
Occupational Class

b. For Business Reducing Term

Loss Payee
Owner
(Loss payee must be the individual or entity that the money is owed to.) Tax ID
Tax ID

Information About the Economic Need for this Insurance

c. Explain the reason that the obligation was incurred
[] Business Loan [] Employment Contract
[] Purchase Agreement
[] Other (describe):

Details:

d. Names of all debtors or guarantors:

e. Name and address of creditor or person to whom guarantees have been given:

f. Date obligation took effect (mm/dd/yyyy):
Periodic payment in the amount of \$ is to be made each month for months
Periodic payment in the amount of \$ is to be made each month for months
Periodic payment in the amount of \$ is to be made each month for months

I am responsible for payments for a total of months



- BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA**
Home Office: 700 South Street, Pittsfield, MA 01201
Berkshire Life Insurance Company of America is a wholly owned stock subsidiary of The Guardian Life Insurance Company of America, New York, NY
- THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA**
Administrative Office: 700 South Street, Pittsfield, MA 01201
(Please check appropriate company(ies). Any insurer checked above is herein referred to as the "Company.")

Application for Insurance | Part 2 Non-Medical

I. Proposed Insured Information

a. Proposed Insured

First	Middle Initial	Last Name
_____	_____	_____

b. Social Security Number

c. Date of Birth (mm/dd/yyyy)

d. Name of your primary care physician

If none, check here

Address of primary care physician

(If mailing address is PO Box, include street address as well.)

Primary care physician's telephone number

City	State	ZIP
_____	_____	_____

e. Date and reason last consulted?

f. What treatment or medication was given or recommended?

g. Height

_____ feet _____ inches

Weight

_____ lbs.

h. Weight change past year:

Gain Loss _____ lbs. None

Reason for change:

(Please provide details in Remarks and Special Requests for any "Yes" answers.)

i. Have you ever had or been treated for cancer or tumor? Yes No

j. In the last 10 years, have you had, been treated for or received a consultation or counseling for:

i. high blood pressure, chest pain or disorder of the heart or circulatory system? Yes No

ii. diabetes or disorder of the glands, bone, blood or skin? Yes No

iii. complications of pregnancy, infertility, or any disorder of the breasts, reproductive or genital organs, prostate, kidneys, or urinary systems? Yes No

iv. hernia, hepatitis, or disorder of the liver, gall bladder, esophagus, stomach, pancreas, spleen, intestines, colon or rectum? Yes No

v. arthritis, rheumatism, or disorder of the joints, limbs or muscles? Yes No

- vi. disorder or condition of the back, neck or spine? Yes No

- vii. allergy, asthma, sinusitis, emphysema, disorder of the lungs or respiratory system, or sleep apnea? Yes No

- viii. epilepsy, stroke, dizziness, headache, muscle weakness, or disorder of the brain or spinal cord? Yes No

- ix. disorder of the eyes, ears, nose or throat? Yes No

- x. anxiety, depression, nervousness, stress, mental or nervous disorder, or other emotional disorder? Yes No

- xi. Chronic Fatigue Syndrome, Fibromyalgia, Epstein Barr Virus or Lyme Disease? Yes No

- k. Do you have any loss of hearing or sight, an amputation of any kind, or any physical deformity, impairment or handicap? Yes No

- l. Within the past 10 years, have you been diagnosed by or received treatment from a member of the medical profession for Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or any deficiency of the immune system such as Human Immunodeficiency Virus? Yes No

- m. i. Are you currently taking prescribed medication? Yes No

- ii. Are you currently taking non-prescription medication? Yes No

- n. i. Have you ever used stimulants, hallucinogens, narcotics or any other controlled substance? (If yes, complete the Alcohol and Drug Usage Supplement.) Yes No

- ii. Have you ever had or been advised to have counseling or treatment for alcohol or drug use? (If yes, complete the Alcohol and Drug Usage Supplement.) Yes No

- o. Are you now pregnant? If yes, expected delivery date: _____ Yes No

- p. Within the past five years, have you had a sickness or injury for which you have made a benefits claim or for which you will make a benefits claim? Yes No

- q. Within the past five years, have you had a physical exam or check-up of any kind? Yes No

- r. Within the past five years, have you been advised to have surgery or any diagnostic tests that were not performed, except for HIV tests? Yes No

- s. Within the past 12 months, have you had symptoms of any condition listed in this Section 1, except those conditions listed in question 1.I., for which you have not sought medical attention or advice? Yes No

- t. Other than as previously stated on this application, in the last five years have you received medical advice or counseling from physicians, medical or mental health professionals, counselors, psychotherapists, chiropractors, or other practitioners, or have you been a patient in a hospital, clinic, sanatorium, or other medical facility? Yes No

- u. Do you have a family history of: diabetes, cancer, high blood pressure, heart disease, Huntington's Disease, mental illness or suicide? Yes No

	Age if Living	Cause of Death	Age at Death
FATHER			
MOTHER			
BROTHERS and SISTERS			
No. Living _____			
No. Dead _____			

2. Remarks and Special Requests

DETAILS OF "YES" ANSWERS. IDENTIFY QUESTION & NUMBER.

Give diagnosis or symptoms, tests performed, dates, types and amounts of medication, length of disability, degree of recovery, and names and addresses of all physicians, medical or mental health professionals, counselors, psychotherapists, practitioners or hospitals. Additional paper may be attached if necessary to explain details.

I understand and agree that the statements and answers in this Application for Insurance (Part 2 Non-Medical) are written as made by me; to the best of my knowledge and belief are full, complete and true; and that they shall be a part of the contract of insurance, if issued.

Any person who knowingly, and with intent to defraud any insurance company or other person, files an application of insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and may also be subject to civil penalties.

Signed at _____ this _____ day of _____, _____.
City and State Day Month Year

Witness

Signature of Proposed Insured

SERFF Tracking Number: GARD-126255527 State: Arkansas
 Filing Company: Berkshire Life Insurance Company of America State Tracking Number: 43522
 Company Tracking Number: 4200
 TOI: H111 Individual Health - Disability Income Sub-TOI: H111.005 Business Overhead Expense - Related to marketing with employer or association groups

Product Name: 4200, DI-2009
 Project Name/Number: /

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved-Closed 09/17/2009	4200 Rates	4200 (01/10) et al	New		Generic OE Rates.pdf
Approved-Closed 09/17/2009	4205 Rates	4205 (01/10)	New		FIO Rate Page.pdf

Berkshire Life Insurance Company Of America

Annual Premiums Per \$100 Monthly Benefit

Policy Form: 4200 & 4206

Base & Additional Monthly Benefit

Structure: Graded

Sex: Female

Occupation Class: 3 & 3M

Elim. Period(Days)	30			60			90		
	12	18	24	12	18	24	12	18	24
Ben. Period(Months)									
Attained Age									
18	12.49	14.02	17.52	9.48	12.71	15.89	6.46	11.41	14.26
19	12.49	14.02	17.52	9.48	12.71	15.89	6.46	11.41	14.26
20	12.49	14.02	17.52	9.48	12.71	15.89	6.46	11.41	14.26
21	12.49	14.02	17.52	9.48	12.71	15.89	6.46	11.41	14.26
22	12.49	14.02	17.52	9.48	12.71	15.89	6.46	11.41	14.26
23	12.49	14.02	17.52	9.48	12.71	15.89	6.46	11.41	14.26
24	12.49	14.02	17.52	9.48	12.71	15.89	6.46	11.41	14.26
25	12.49	14.02	17.52	9.48	12.71	15.89	6.46	11.41	14.26
26	12.61	14.25	17.81	9.60	12.99	16.24	6.60	11.74	14.68
27	12.72	14.48	18.10	9.72	13.28	16.60	6.72	12.09	15.11
28	12.85	14.71	18.39	9.86	13.63	17.04	6.86	12.54	15.68
29	12.97	14.94	18.67	9.98	13.98	17.47	7.00	13.01	16.26
30	13.08	15.18	18.97	10.11	14.33	17.91	7.14	13.48	16.85
31	13.21	15.40	19.25	10.24	14.61	18.26	7.26	13.82	17.28
32	13.32	15.63	19.54	10.36	14.99	18.74	7.40	14.34	17.93
33	13.43	15.86	19.83	10.63	15.26	19.08	7.83	14.66	18.32
34	13.75	16.60	20.75	11.12	15.89	19.86	8.50	15.17	18.96
35	14.22	17.50	21.87	11.68	16.52	20.65	9.15	15.54	19.42
36	14.73	18.68	23.35	12.27	17.31	21.64	9.81	15.94	19.93
37	15.41	19.84	24.80	13.04	18.09	22.61	10.67	16.34	20.42
38	16.15	21.19	26.49	13.78	18.98	23.72	11.41	16.77	20.96
39	16.99	22.63	28.29	14.51	19.86	24.83	12.04	17.10	21.37
40	17.78	23.93	29.91	15.32	20.71	25.89	12.85	17.50	21.87
41	18.71	25.42	31.78	16.04	21.74	27.18	13.36	18.06	22.58
42	19.68	26.79	33.49	16.82	22.59	28.24	13.97	18.39	22.99
43	20.57	28.18	35.22	17.58	23.58	29.48	14.58	18.98	23.73
44	21.59	29.52	36.90	18.24	24.54	30.68	14.90	19.57	24.46
45	22.58	30.94	38.67	18.97	25.58	31.98	15.36	20.22	25.28
46	23.52	32.26	40.33	19.60	26.59	33.24	15.68	20.92	26.15
47	24.63	33.67	42.09	20.38	27.68	34.60	16.13	21.69	27.11
48	25.72	35.14	43.92	21.06	28.98	36.22	16.41	22.81	28.51
49	27.03	36.69	45.86	21.96	30.34	37.92	16.90	23.98	29.97
50	28.25	38.34	47.93	22.78	31.82	39.78	17.32	25.30	31.63
51	29.67	40.08	50.10	23.82	33.54	41.92	17.96	26.99	33.74
52	31.12	42.02	52.53	24.86	35.38	44.23	18.59	28.74	35.93
53	32.81	44.15	55.19	26.12	37.50	46.88	19.42	30.86	38.57
54	34.54	46.58	58.23	27.52	39.91	49.89	20.50	33.24	41.55
55	36.52	49.20	61.50	29.12	42.55	53.19	21.72	35.90	44.88
56	38.60	52.19	65.24	30.90	45.60	57.00	23.19	39.01	48.76
57	41.03	55.58	69.48	33.04	48.98	61.22	25.06	42.38	52.97
58	43.65	59.33	74.16	35.38	52.82	66.02	27.12	46.30	57.87
59	46.46	63.56	79.45	38.04	57.07	71.34	29.62	50.58	63.23
60	49.54	68.14	85.18	40.92	61.74	77.17	32.31	55.32	69.15
61	52.86	73.11	91.39	44.14	66.80	83.50	35.41	60.49	75.61
62	56.35	78.48	98.10	47.54	72.32	90.40	38.72	66.15	82.69
63	60.03	84.08	105.10	51.12	78.14	97.67	42.20	72.19	90.24
64	63.84	89.88	112.35	54.81	84.28	105.35	45.78	78.68	98.35

\$30 Policy Fee

Berkshire Life Insurance Company Of America

Annual Premiums Per \$100 Monthly Benefit

Policy Form: 4200 & 4206

Base & Additional Monthly Benefit

Structure: Graded

Sex: Female

Occupation Class: 3 & 3M

Elim. Period(Days)	30			60			90		
	12	18	24	12	18	24	12	18	24
Ben. Period(Months)									
Attained Age									
65	65.88	92.97	116.22	56.78	87.57	109.45	47.69	82.16	102.70
66	67.91	96.08	120.10	58.77	90.85	113.57	49.62	85.63	107.04
67	69.95	99.18	123.98	60.73	94.15	117.69	51.53	89.12	111.39
68	71.99	102.29	127.86	62.72	97.44	121.80	53.44	92.58	115.73
69	74.03	105.39	131.74	64.70	100.72	125.90	55.37	96.05	120.07
70	76.06	108.50	135.62	66.67	104.02	130.02	57.28	99.54	124.42
71	78.10	111.59	139.49	68.65	107.30	134.12	59.20	103.01	128.76
72	80.14	114.69	143.37	70.63	110.59	138.24	61.11	106.49	133.11
73	82.18	117.80	147.25	72.61	113.89	142.36	63.04	109.97	137.45
74	84.20	120.90	151.13	74.57	117.17	146.47	64.95	113.44	141.80
75	86.24	86.24	86.24	76.55	76.55	76.55	66.86	66.86	66.86
76	88.27	88.27	88.27	78.53	78.53	78.53	68.79	68.79	68.79
77	90.31	90.31	90.31	80.50	80.50	80.50	70.70	70.70	70.70
78	92.35	92.35	92.35	82.48	82.48	82.48	72.61	72.61	72.61
79	94.39	94.39	94.39	84.46	84.46	84.46	74.54	74.54	74.54
80	96.42	96.42	96.42	86.43	86.43	86.43	76.45	76.45	76.45
81	98.46	98.46	98.46	88.41	88.41	88.41	78.36	78.36	78.36
82	100.50	100.50	100.50	90.39	90.39	90.39	80.28	80.28	80.28
83	102.54	102.54	102.54	92.38	92.38	92.38	82.20	82.20	82.20
84	104.57	104.57	104.57	94.35	94.35	94.35	84.12	84.12	84.12
85	106.61	106.61	106.61	96.33	96.33	96.33	86.03	86.03	86.03
86	108.65	108.65	108.65	98.30	98.30	98.30	87.96	87.96	87.96
87	110.69	110.69	110.69	100.28	100.28	100.28	89.87	89.87	89.87
88	112.72	112.72	112.72	102.26	102.26	102.26	91.78	91.78	91.78
89	114.76	114.76	114.76	104.23	104.23	104.23	93.69	93.69	93.69
90	116.80	116.80	116.80	106.21	106.21	106.21	95.62	95.62	95.62
91	118.84	118.84	118.84	108.19	108.19	108.19	97.53	97.53	97.53
92	120.87	120.87	120.87	110.16	110.16	110.16	99.45	99.45	99.45
93	122.91	122.91	122.91	112.14	112.14	112.14	101.37	101.37	101.37
94	124.93	124.93	124.93	114.11	114.11	114.11	103.28	103.28	103.28
95	126.97	126.97	126.97	116.09	116.09	116.09	105.20	105.20	105.20
96	129.01	129.01	129.01	118.06	118.06	118.06	107.11	107.11	107.11
97	131.05	131.05	131.05	120.04	120.04	120.04	109.04	109.04	109.04
98	133.08	133.08	133.08	122.02	122.02	122.02	110.95	110.95	110.95
99	135.12	135.12	135.12	123.99	123.99	123.99	112.86	112.86	112.86

\$30 Policy Fee

Berkshire Life Insurance Company Of America

Annual Premiums Per \$100 Monthly Benefit

Policy Form: 4200 & 4206

Base & Additional Monthly Benefit

Structure: Graded

Sex: Female

Occupation Class: 4 & 4M

Elim. Period(Days)	30			60			90		
	12	18	24	12	18	24	12	18	24
Ben. Period(Months)									
Attained Age									
18	10.41	11.68	14.60	7.90	10.59	13.24	5.38	9.50	11.88
19	10.41	11.68	14.60	7.90	10.59	13.24	5.38	9.50	11.88
20	10.41	11.68	14.60	7.90	10.59	13.24	5.38	9.50	11.88
21	10.41	11.68	14.60	7.90	10.59	13.24	5.38	9.50	11.88
22	10.41	11.68	14.60	7.90	10.59	13.24	5.38	9.50	11.88
23	10.41	11.68	14.60	7.90	10.59	13.24	5.38	9.50	11.88
24	10.41	11.68	14.60	7.90	10.59	13.24	5.38	9.50	11.88
25	10.41	11.68	14.60	7.90	10.59	13.24	5.38	9.50	11.88
26	10.51	11.87	14.84	8.00	10.83	13.54	5.50	9.78	12.23
27	10.60	12.06	15.08	8.10	11.07	13.84	5.60	10.07	12.59
28	10.71	12.26	15.33	8.22	11.36	14.20	5.72	10.45	13.06
29	10.81	12.45	15.56	8.32	11.65	14.56	5.83	10.84	13.55
30	10.90	12.65	15.81	8.43	11.94	14.92	5.95	11.23	14.04
31	11.01	12.83	16.04	8.53	12.18	15.22	6.05	11.52	14.40
32	11.10	13.03	16.29	8.64	12.50	15.62	6.17	11.96	14.95
33	11.19	13.22	16.53	8.86	12.72	15.90	6.53	12.22	15.27
34	11.46	13.83	17.29	9.27	13.24	16.55	7.08	12.64	15.80
35	11.85	14.58	18.23	9.74	13.76	17.20	7.62	12.94	16.18
36	12.28	15.57	19.46	10.23	14.43	18.04	8.18	13.29	16.61
37	12.84	16.53	20.66	10.86	15.07	18.84	8.89	13.61	17.01
38	13.46	17.66	22.07	11.48	15.81	19.76	9.51	13.97	17.46
39	14.16	18.86	23.57	12.10	16.55	20.69	10.04	14.25	17.81
40	14.82	19.94	24.92	12.76	17.26	21.58	10.71	14.58	18.23
41	15.59	21.18	26.48	13.36	18.11	22.64	11.13	15.05	18.81
42	16.40	22.32	27.90	14.02	18.82	23.53	11.64	15.33	19.16
43	17.14	23.48	29.35	14.64	19.65	24.56	12.15	15.82	19.77
44	17.99	24.60	30.75	15.20	20.46	25.57	12.42	16.31	20.39
45	18.81	25.78	32.22	15.80	21.31	26.64	12.80	16.86	21.07
46	19.60	26.89	33.61	16.33	22.16	27.70	13.06	17.43	21.79
47	20.52	28.06	35.08	16.98	23.07	28.84	13.44	18.07	22.59
48	21.44	29.28	36.60	17.56	24.14	30.18	13.68	19.01	23.76
49	22.52	30.58	38.22	18.30	25.28	31.60	14.08	19.98	24.97
50	23.54	31.95	39.94	18.99	26.52	33.15	14.44	21.09	26.36
51	24.73	33.40	41.75	19.85	27.94	34.93	14.97	22.49	28.11
52	25.93	35.02	43.77	20.71	29.49	36.86	15.49	23.95	29.94
53	27.34	36.79	45.99	21.76	31.25	39.06	16.18	25.71	32.14
54	28.78	38.82	48.52	22.93	33.26	41.58	17.08	27.70	34.63
55	30.43	41.00	51.25	24.26	35.46	44.32	18.10	29.92	37.40
56	32.17	43.50	54.37	25.74	38.00	47.50	19.32	32.50	40.63
57	34.19	46.32	57.90	27.53	40.82	51.02	20.88	35.31	44.14
58	36.37	49.44	61.80	29.48	44.01	55.01	22.60	38.58	48.22
59	38.72	52.96	66.20	31.70	47.55	59.44	24.68	42.15	52.69
60	41.28	56.79	70.99	34.10	51.44	64.30	26.92	46.10	57.62
61	44.05	60.93	76.16	36.78	55.66	69.58	29.51	50.41	63.01
62	46.96	65.40	81.75	39.62	60.26	75.33	32.27	55.13	68.91
63	50.02	70.06	87.58	42.60	65.11	81.39	35.17	60.16	75.20
64	53.20	74.90	93.62	45.68	70.23	87.79	38.15	65.57	81.96

\$30 Policy Fee

Berkshire Life Insurance Company Of America

Annual Premiums Per \$100 Monthly Benefit

Policy Form: 4200 & 4206

Base & Additional Monthly Benefit

Structure: Graded

Sex: Female

Occupation Class: 4 & 4M

Elim. Period(Days)	30			60			90		
	12	18	24	12	18	24	12	18	24
Ben. Period(Months)									
Attained Age									
65	54.90	77.48	96.85	47.32	72.97	91.21	39.74	68.47	85.59
66	56.60	80.06	100.08	48.97	75.71	94.64	41.35	71.36	89.20
67	58.29	82.65	103.31	50.61	78.46	98.07	42.94	74.27	92.83
68	59.99	85.24	106.55	52.26	81.20	101.50	44.54	77.15	96.44
69	61.69	87.83	109.78	53.92	83.93	104.92	46.14	80.04	100.06
70	63.39	90.41	113.02	55.56	86.68	108.35	47.74	82.95	103.68
71	65.08	92.99	116.24	57.21	89.42	111.77	49.33	85.84	107.30
72	66.78	95.58	119.47	58.86	92.16	115.20	50.92	88.74	110.93
73	68.48	98.16	122.71	60.51	94.91	118.63	52.53	91.64	114.54
74	70.17	100.75	125.94	62.14	97.64	122.06	54.12	94.54	118.17
75	71.86	71.86	71.86	63.79	63.79	63.79	55.72	55.72	55.72
76	73.56	73.56	73.56	65.44	65.44	65.44	57.32	57.32	57.32
77	75.26	75.26	75.26	67.08	67.08	67.08	58.92	58.92	58.92
78	76.96	76.96	76.96	68.73	68.73	68.73	60.51	60.51	60.51
79	78.66	78.66	78.66	70.39	70.39	70.39	62.12	62.12	62.12
80	80.35	80.35	80.35	72.03	72.03	72.03	63.71	63.71	63.71
81	82.05	82.05	82.05	73.68	73.68	73.68	65.30	65.30	65.30
82	83.75	83.75	83.75	75.33	75.33	75.33	66.90	66.90	66.90
83	85.45	85.45	85.45	76.98	76.98	76.98	68.50	68.50	68.50
84	87.14	87.14	87.14	78.62	78.62	78.62	70.10	70.10	70.10
85	88.84	88.84	88.84	80.27	80.27	80.27	71.69	71.69	71.69
86	90.54	90.54	90.54	81.91	81.91	81.91	73.30	73.30	73.30
87	92.24	92.24	92.24	83.56	83.56	83.56	74.89	74.89	74.89
88	93.94	93.94	93.94	85.22	85.22	85.22	76.48	76.48	76.48
89	95.63	95.63	95.63	86.86	86.86	86.86	78.08	78.08	78.08
90	97.33	97.33	97.33	88.51	88.51	88.51	79.68	79.68	79.68
91	99.03	99.03	99.03	90.16	90.16	90.16	81.28	81.28	81.28
92	100.73	100.73	100.73	91.80	91.80	91.80	82.87	82.87	82.87
93	102.43	102.43	102.43	93.45	93.45	93.45	84.48	84.48	84.48
94	104.11	104.11	104.11	95.09	95.09	95.09	86.07	86.07	86.07
95	105.81	105.81	105.81	96.74	96.74	96.74	87.66	87.66	87.66
96	107.51	107.51	107.51	98.38	98.38	98.38	89.26	89.26	89.26
97	109.21	109.21	109.21	100.03	100.03	100.03	90.86	90.86	90.86
98	110.90	110.90	110.90	101.69	101.69	101.69	92.46	92.46	92.46
99	112.60	112.60	112.60	103.33	103.33	103.33	94.05	94.05	94.05

\$30 Policy Fee

Berkshire Life Insurance Company Of America

Annual Premiums Per \$100 Monthly Benefit

Policy Form: 4200 & 4206

Base & Additional Monthly Benefit

Structure: Graded

Sex: Female

Occupation Class: 5 & 5M

Elim. Period(Days)	30			60			90		
	12	18	24	12	18	24	12	18	24
Ben. Period(Months)									
Attained Age									
18	9.46	10.62	13.27	7.18	9.63	12.04	4.89	8.64	10.80
19	9.46	10.62	13.27	7.18	9.63	12.04	4.89	8.64	10.80
20	9.46	10.62	13.27	7.18	9.63	12.04	4.89	8.64	10.80
21	9.46	10.62	13.27	7.18	9.63	12.04	4.89	8.64	10.80
22	9.46	10.62	13.27	7.18	9.63	12.04	4.89	8.64	10.80
23	9.46	10.62	13.27	7.18	9.63	12.04	4.89	8.64	10.80
24	9.46	10.62	13.27	7.18	9.63	12.04	4.89	8.64	10.80
25	9.46	10.62	13.27	7.18	9.63	12.04	4.89	8.64	10.80
26	9.56	10.79	13.49	7.28	9.84	12.30	5.00	8.90	11.12
27	9.64	10.97	13.71	7.36	10.06	12.58	5.09	9.15	11.44
28	9.73	11.14	13.93	7.46	10.32	12.90	5.20	9.50	11.88
29	9.83	11.31	14.14	7.56	10.58	13.23	5.30	9.86	12.32
30	9.91	11.50	14.37	7.66	10.86	13.57	5.41	10.22	12.77
31	10.01	11.66	14.58	7.76	11.07	13.84	5.50	10.47	13.09
32	10.09	11.84	14.80	7.85	11.36	14.20	5.61	10.87	13.59
33	10.17	12.02	15.03	8.05	11.57	14.46	5.93	11.10	13.88
34	10.42	12.58	15.72	8.43	12.03	15.04	6.44	11.49	14.36
35	10.77	13.26	16.57	8.85	12.51	15.64	6.93	11.77	14.71
36	11.16	14.15	17.69	9.30	13.12	16.40	7.43	12.08	15.10
37	11.68	15.02	18.78	9.88	13.70	17.12	8.08	12.38	15.47
38	12.23	16.06	20.07	10.44	14.38	17.98	8.64	12.70	15.88
39	12.87	17.14	21.43	11.00	15.05	18.81	9.12	12.95	16.19
40	13.47	18.13	22.66	11.60	15.70	19.62	9.73	13.26	16.57
41	14.18	19.26	24.08	12.15	16.47	20.59	10.12	13.68	17.10
42	14.91	20.30	25.37	12.74	17.12	21.40	10.58	13.94	17.42
43	15.58	21.34	26.68	13.32	17.86	22.33	11.05	14.38	17.98
44	16.36	22.36	27.95	13.82	18.59	23.24	11.29	14.82	18.53
45	17.10	23.44	29.30	14.37	19.38	24.22	11.63	15.32	19.15
46	17.82	24.45	30.56	14.85	20.14	25.18	11.88	15.85	19.81
47	18.66	25.51	31.89	15.44	20.98	26.22	12.22	16.43	20.54
48	19.49	26.62	33.27	15.96	21.95	27.44	12.43	17.28	21.60
49	20.48	27.79	34.74	16.64	22.98	28.72	12.80	18.16	22.70
50	21.40	29.05	36.31	17.26	24.11	30.14	13.12	19.17	23.96
51	22.48	30.37	37.96	18.05	25.41	31.76	13.61	20.45	25.56
52	23.57	31.84	39.80	18.82	26.81	33.51	14.08	21.78	27.22
53	24.85	33.45	41.81	19.78	28.42	35.52	14.71	23.38	29.22
54	26.17	35.29	44.11	20.85	30.24	37.80	15.53	25.18	31.48
55	27.67	37.27	46.59	22.06	32.24	40.30	16.45	27.20	34.00
56	29.24	39.54	49.42	23.40	34.54	43.18	17.57	29.55	36.94
57	31.08	42.11	52.64	25.03	37.11	46.39	18.98	32.10	40.13
58	33.06	44.95	56.19	26.80	40.02	50.02	20.55	35.07	43.84
59	35.20	48.15	60.19	28.82	43.23	54.04	22.44	38.32	47.90
60	37.53	51.62	64.53	31.01	46.77	58.46	24.48	41.90	52.38
61	40.05	55.39	69.24	33.44	50.61	63.26	26.83	45.82	57.28
62	42.69	59.46	74.32	36.02	54.78	68.48	29.34	50.11	62.64
63	45.48	63.70	79.62	38.72	59.20	74.00	31.97	54.70	68.37
64	48.36	68.09	85.11	41.52	63.85	79.81	34.68	59.61	74.51

\$30 Policy Fee

Berkshire Life Insurance Company Of America

Annual Premiums Per \$100 Monthly Benefit

Policy Form: 4200 & 4206

Base & Additional Monthly Benefit

Structure: Graded

Sex: Female

Occupation Class: 5 & 5M

Elim. Period(Days)	30			60			90		
	12	18	24	12	18	24	12	18	24
Ben. Period(Months)									
Attained Age									
65	49.91	70.43	88.04	43.02	66.34	82.92	36.13	62.24	77.80
66	51.45	72.79	90.98	44.52	68.83	86.04	37.59	64.87	81.09
67	52.99	75.14	93.92	46.01	71.33	89.16	39.04	67.52	84.39
68	54.54	77.49	96.86	47.51	73.82	92.27	40.49	70.14	87.68
69	56.08	79.84	99.80	49.01	76.30	95.38	41.95	72.76	90.96
70	57.62	82.19	102.74	50.50	78.80	98.50	43.40	75.41	94.26
71	59.17	84.54	105.67	52.01	81.29	101.61	44.85	78.04	97.54
72	60.71	86.89	108.61	53.51	83.78	104.73	46.29	80.67	100.84
73	62.25	89.24	111.55	55.01	86.28	107.85	47.75	83.31	104.13
74	63.79	91.59	114.49	56.49	88.77	110.96	49.20	85.94	107.43
75	65.33	93.93	117.43	57.99	91.26	114.07	50.65	88.57	110.73
76	66.87	96.27	120.37	59.49	93.75	117.18	52.11	91.20	114.03
77	68.42	98.61	123.31	60.98	96.24	120.29	53.56	93.83	117.33
78	69.96	100.95	126.25	62.49	98.73	123.40	55.01	96.46	120.63
79	71.50	103.29	129.19	63.99	101.22	126.51	56.47	99.09	123.93
80	73.05	105.63	132.13	65.48	103.71	129.62	57.92	101.72	127.23
81	74.59	107.97	135.07	66.98	106.20	132.73	59.37	104.35	130.53
82	76.14	110.31	138.01	68.48	108.69	135.84	60.82	106.98	133.83
83	77.68	112.65	140.95	69.98	111.18	138.95	62.28	109.61	137.13
84	79.22	114.99	143.89	71.47	113.67	142.06	63.72	112.24	140.43
85	80.77	117.33	146.83	72.98	116.16	145.17	65.17	114.87	143.73
86	82.31	119.67	149.77	74.47	118.65	148.28	66.63	117.50	147.03
87	83.85	122.01	152.71	75.97	121.14	151.39	68.08	120.13	150.33
88	85.40	124.35	155.65	77.47	123.63	154.50	69.53	122.76	153.63
89	86.94	126.69	158.59	78.96	126.12	157.61	70.98	125.39	156.93
90	88.48	129.03	161.53	80.46	128.61	160.72	72.44	128.02	160.23
91	90.03	131.37	164.47	81.96	131.10	163.83	73.89	130.65	163.53
92	91.57	133.71	167.41	83.45	133.59	166.94	75.34	133.28	166.83
93	93.11	136.05	170.35	84.96	136.08	170.05	76.80	135.91	170.13
94	94.65	138.39	173.29	86.45	138.57	173.16	78.25	138.54	173.43
95	96.19	140.73	176.23	87.95	141.06	176.27	79.70	141.17	176.73
96	97.73	143.07	179.17	89.44	143.55	179.38	81.14	143.80	180.03
97	99.28	145.41	182.11	90.94	146.04	182.49	82.60	146.43	183.33
98	100.82	147.75	185.05	92.44	148.53	185.60	84.05	149.06	186.63
99	102.36	150.09	187.99	93.93	151.02	188.71	85.50	151.69	189.93

\$30 Policy Fee

Berkshire Life Insurance Company Of America

Annual Premiums Per \$100 Monthly Benefit

Policy Form: 4200 & 4206

Base & Additional Monthly Benefit

Structure: Graded

Sex: Female

Occupation Class: 6 & 6M

Elim. Period(Days)	30			60			90		
	12	18	24	12	18	24	12	18	24
Ben. Period(Months)									
Attained Age									
18	9.01	10.11	12.64	6.84	9.17	11.46	4.66	8.23	10.29
19	9.01	10.11	12.64	6.84	9.17	11.46	4.66	8.23	10.29
20	9.01	10.11	12.64	6.84	9.17	11.46	4.66	8.23	10.29
21	9.01	10.11	12.64	6.84	9.17	11.46	4.66	8.23	10.29
22	9.01	10.11	12.64	6.84	9.17	11.46	4.66	8.23	10.29
23	9.01	10.11	12.64	6.84	9.17	11.46	4.66	8.23	10.29
24	9.01	10.11	12.64	6.84	9.17	11.46	4.66	8.23	10.29
25	9.01	10.11	12.64	6.84	9.17	11.46	4.66	8.23	10.29
26	9.10	10.28	12.85	6.93	9.38	11.72	4.76	8.47	10.59
27	9.18	10.45	13.06	7.02	9.58	11.98	4.85	8.72	10.90
28	9.27	10.62	13.27	7.11	9.83	12.29	4.95	9.05	11.31
29	9.36	10.78	13.47	7.20	10.08	12.60	5.05	9.38	11.73
30	9.44	10.95	13.69	7.30	10.34	12.92	5.15	9.73	12.16
31	9.53	11.11	13.89	7.38	10.54	13.18	5.24	9.98	12.47
32	9.61	11.28	14.10	7.48	10.82	13.52	5.34	10.35	12.94
33	9.69	11.45	14.31	7.67	11.01	13.76	5.65	10.58	13.22
34	9.92	11.98	14.97	8.02	11.46	14.32	6.13	10.94	13.68
35	10.26	12.62	15.78	8.43	11.92	14.90	6.60	11.21	14.01
36	10.63	13.48	16.85	8.86	12.50	15.62	7.08	11.50	14.38
37	11.12	14.31	17.89	9.41	13.05	16.31	7.70	11.78	14.73
38	11.65	15.29	19.11	9.94	13.70	17.12	8.23	12.10	15.12
39	12.26	16.33	20.41	10.48	14.34	17.92	8.69	12.34	15.42
40	12.83	17.26	21.58	11.05	14.94	18.68	9.27	12.62	15.78
41	13.50	18.34	22.93	11.57	15.69	19.61	9.64	13.03	16.29
42	14.20	19.33	24.16	12.14	16.30	20.38	10.08	13.27	16.59
43	14.84	20.33	25.41	12.68	17.01	21.26	10.52	13.70	17.12
44	15.58	21.30	26.62	13.16	17.71	22.14	10.75	14.12	17.65
45	16.29	22.32	27.90	13.68	18.46	23.07	11.08	14.59	18.24
46	16.97	23.28	29.10	14.14	19.18	23.98	11.31	15.10	18.87
47	17.77	24.30	30.37	14.70	19.97	24.96	11.64	15.65	19.56
48	18.56	25.35	31.69	15.20	20.90	26.13	11.84	16.46	20.57
49	19.50	26.47	33.09	15.84	21.89	27.36	12.19	17.30	21.62
50	20.38	27.66	34.58	16.44	22.96	28.70	12.50	18.26	22.82
51	21.41	28.92	36.15	17.19	24.19	30.24	12.96	19.47	24.34
52	22.45	30.32	37.90	17.93	25.53	31.91	13.41	20.74	25.92
53	23.67	31.86	39.82	18.84	27.06	33.83	14.01	22.26	27.83
54	24.92	33.61	42.01	19.86	28.79	35.99	14.79	23.98	29.98
55	26.35	35.50	44.37	21.01	30.70	38.38	15.67	25.90	32.38
56	27.85	37.66	47.07	22.29	32.90	41.12	16.73	28.14	35.18
57	29.60	40.10	50.13	23.84	35.34	44.18	18.08	30.58	38.22
58	31.49	42.81	53.51	25.53	38.10	47.63	19.57	33.40	41.75
59	33.52	45.86	57.32	27.44	41.18	51.47	21.37	36.50	45.62
60	35.74	49.17	61.46	29.52	44.54	55.68	23.31	39.91	49.89
61	38.14	52.75	65.94	31.84	48.19	60.24	25.55	43.64	54.55
62	40.66	56.62	70.78	34.30	52.18	65.22	27.94	47.73	59.66
63	43.31	60.66	75.83	36.88	56.38	70.47	30.45	52.09	65.11
64	46.06	64.85	81.06	39.54	60.81	76.01	33.03	56.77	70.96

\$30 Policy Fee

Berkshire Life Insurance Company Of America

Annual Premiums Per \$100 Monthly Benefit

Policy Form: 4200 & 4206

Base & Additional Monthly Benefit

Structure: Graded

Sex: Female

Occupation Class: 6 & 6M

Elim. Period(Days)	30			60			90		
	12	18	24	12	18	24	12	18	24
Ben. Period(Months)									
Attained Age									
65	47.53	67.08	83.85	40.97	63.18	78.97	34.41	59.28	74.10
66	49.00	69.32	86.65	42.40	65.55	81.94	35.80	61.78	77.23
67	50.47	71.56	89.45	43.82	67.93	84.91	37.18	64.30	80.37
68	51.94	73.80	92.25	45.25	70.30	87.88	38.56	66.80	83.50
69	53.41	76.04	95.05	46.68	72.67	90.84	39.95	69.30	86.63
70	54.88	78.28	97.85	48.10	75.05	93.81	41.33	71.82	89.77
71	56.35	80.51	100.64	49.53	77.42	96.77	42.71	74.32	92.90
72	57.82	82.75	103.44	50.96	79.79	99.74	44.09	76.83	96.04
73	59.29	84.99	106.24	52.39	82.17	102.71	45.48	79.34	99.17
74	60.75	87.23	109.04	53.80	84.54	105.68	46.86	81.85	102.31
75	62.22	89.47	111.84	55.23	86.91	108.65	48.24	84.36	105.45
76	63.69	91.71	114.64	56.66	89.28	111.62	49.63	86.87	108.59
77	65.16	93.95	117.44	58.08	91.65	114.59	51.01	89.38	111.73
78	66.63	96.19	120.24	59.51	94.02	117.56	52.39	91.89	114.87
79	68.10	98.43	123.04	60.94	96.39	120.53	53.78	94.40	118.01
80	69.57	100.67	125.84	62.36	98.76	123.50	55.16	96.91	121.15
81	71.04	102.91	128.64	63.79	101.13	126.47	56.54	99.42	124.29
82	72.51	105.15	131.44	65.22	103.50	129.44	57.92	101.93	127.43
83	73.98	107.39	134.24	66.65	105.87	132.41	59.31	104.44	130.57
84	75.45	109.63	137.04	68.07	108.24	135.38	60.69	106.95	133.71
85	76.92	111.87	139.84	69.50	110.61	138.35	62.07	109.46	136.85
86	78.39	114.11	142.64	70.92	112.98	141.32	63.46	111.97	140.00
87	79.86	116.35	145.44	72.35	115.35	144.29	64.84	114.48	143.14
88	81.33	118.59	148.24	73.78	117.72	147.26	66.22	116.99	146.28
89	82.80	120.83	151.04	75.20	120.09	150.23	67.60	119.50	149.42
90	84.27	123.07	153.84	76.63	122.46	153.20	68.99	122.01	152.56
91	85.74	125.31	156.64	78.06	124.83	156.17	70.37	124.52	155.70
92	87.21	127.55	159.44	79.48	127.20	159.14	71.75	127.03	158.84
93	88.68	129.79	162.24	80.91	129.57	162.11	73.14	129.54	161.98
94	90.14	132.03	165.04	82.33	131.94	165.08	74.52	132.05	165.12
95	91.61	134.27	167.84	83.76	134.31	168.05	75.90	134.56	168.26
96	93.08	136.51	170.64	85.18	136.68	171.02	77.28	137.07	171.40
97	94.55	138.75	173.44	86.61	139.05	173.99	78.67	139.58	174.54
98	96.02	141.00	176.24	88.04	141.42	176.96	80.05	142.09	177.68
99	97.49	143.24	179.04	89.46	143.79	179.93	81.43	144.60	180.82

\$30 Policy Fee

Berkshire Life Insurance Company Of America

Annual Premiums Per \$100 Monthly Benefit

Policy Form: 4200 & 4206

Base & Additional Monthly Benefit

Structure: Graded

Sex: Male

Occupation Class: 3 & 3M

Elim. Period(Days)	30			60			90		
	12	18	24	12	18	24	12	18	24
Ben. Period(Months)									
Attained Age									
18	8.12	11.18	13.98	6.22	8.86	11.08	4.31	6.55	8.19
19	8.12	11.18	13.98	6.22	8.86	11.08	4.31	6.55	8.19
20	8.12	11.18	13.98	6.22	8.86	11.08	4.31	6.55	8.19
21	8.12	11.18	13.98	6.22	8.86	11.08	4.31	6.55	8.19
22	8.12	11.18	13.98	6.22	8.86	11.08	4.31	6.55	8.19
23	8.12	11.18	13.98	6.22	8.86	11.08	4.31	6.55	8.19
24	8.12	11.18	13.98	6.22	8.86	11.08	4.31	6.55	8.19
25	8.12	11.18	13.98	6.22	8.86	11.08	4.31	6.55	8.19
26	8.27	12.12	15.15	6.32	9.74	12.17	4.37	7.35	9.19
27	8.40	12.74	15.93	6.40	10.32	12.90	4.39	7.90	9.87
28	8.55	13.12	16.40	6.50	10.70	13.37	4.45	8.27	10.34
29	8.69	13.33	16.66	6.59	10.91	13.64	4.49	8.50	10.62
30	8.83	13.44	16.80	6.74	11.03	13.79	4.64	8.62	10.78
31	8.97	13.48	16.85	6.89	11.10	13.87	4.81	8.70	10.88
32	9.11	13.54	16.92	7.06	11.14	13.93	5.00	8.75	10.94
33	9.24	13.62	17.02	7.24	11.21	14.01	5.24	8.80	11.00
34	9.38	13.77	17.21	7.44	11.33	14.16	5.49	8.90	11.12
35	9.52	14.02	17.53	7.64	11.52	14.40	5.75	9.02	11.28
36	9.74	14.30	17.88	7.92	11.76	14.70	6.10	9.22	11.53
37	9.95	14.89	18.61	8.12	12.18	15.22	6.28	9.46	11.82
38	10.01	15.46	19.33	8.34	12.67	15.84	6.68	9.88	12.35
39	10.63	16.06	20.07	8.76	13.18	16.48	6.90	10.30	12.88
40	11.24	16.64	20.80	9.25	13.68	17.10	7.25	10.72	13.40
41	11.86	17.22	21.52	9.75	14.18	17.73	7.64	11.14	13.93
42	12.47	17.81	22.26	10.22	14.69	18.36	7.96	11.57	14.46
43	13.10	18.39	22.99	10.72	15.18	18.98	8.33	11.98	14.98
44	13.71	18.97	23.71	11.26	15.69	19.61	8.81	12.41	15.51
45	14.33	19.56	24.45	11.80	16.19	20.24	9.26	12.83	16.04
46	14.94	20.14	25.18	12.30	16.69	20.86	9.66	13.24	16.55
47	15.56	20.72	25.90	12.89	17.19	21.49	10.21	13.66	17.08
48	16.17	22.78	28.47	13.46	18.43	23.04	10.76	14.08	17.60
49	17.95	25.22	31.53	14.72	20.50	25.62	11.48	15.76	19.70
50	20.18	27.95	34.94	16.14	22.74	28.42	12.11	17.52	21.90
51	22.44	30.77	38.46	17.73	25.17	31.46	13.01	19.56	24.45
52	24.84	33.89	42.36	19.38	27.82	34.77	13.92	21.74	27.18
53	27.44	37.10	46.38	21.15	30.63	38.29	14.86	24.16	30.20
54	29.97	40.45	50.56	23.02	33.62	42.03	16.08	26.79	33.49
55	32.57	43.86	54.83	24.92	36.70	45.88	17.27	29.55	36.94
56	35.27	47.39	59.24	27.01	39.92	49.90	18.75	32.44	40.55
57	37.85	51.08	63.85	29.08	43.38	54.22	20.32	35.68	44.60
58	40.49	54.73	68.41	31.28	46.88	58.60	22.08	39.03	48.79
59	43.06	58.59	73.24	33.56	50.59	63.24	24.07	42.59	53.24
60	45.72	62.56	78.20	35.98	54.51	68.14	26.25	46.46	58.07
61	48.44	66.70	83.38	38.53	58.66	73.32	28.63	50.61	63.26
62	51.38	71.23	89.04	41.30	63.19	78.99	31.23	55.15	68.94
63	54.59	76.20	95.25	44.28	68.16	85.20	33.98	60.12	75.15
64	58.43	81.92	102.40	47.71	73.85	92.31	36.99	65.78	82.22

\$30 Policy Fee

Berkshire Life Insurance Company Of America

Annual Premiums Per \$100 Monthly Benefit

Policy Form: 4200 & 4206

Base & Additional Monthly Benefit

Structure: Graded

Sex: Male

Occupation Class: 3 & 3M

Elim. Period(Days)	30			60			90		
	12	18	24	12	18	24	12	18	24
Ben. Period(Months)									
Attained Age									
65	60.49	84.98	106.22	49.55	76.88	96.11	38.60	68.79	85.99
66	62.55	88.02	110.03	51.37	79.92	99.90	40.19	71.81	89.76
67	64.60	91.09	113.86	53.19	82.97	103.70	41.80	74.83	93.54
68	66.65	94.15	117.69	55.02	86.00	107.50	43.41	77.85	97.31
69	68.70	97.21	121.51	56.85	89.04	111.30	45.00	80.86	101.08
70	70.76	100.26	125.34	58.68	92.07	115.09	46.61	83.89	104.86
71	72.82	103.31	129.15	60.51	95.11	118.89	48.22	86.90	108.63
72	74.87	106.38	132.97	62.34	98.16	122.69	49.83	89.92	112.40
73	76.92	109.44	136.80	64.17	101.19	126.49	51.42	92.95	116.17
74	78.97	112.50	140.62	66.00	104.23	130.28	53.03	95.97	119.96
75	81.03	81.03	81.03	67.83	67.83	67.83	54.64	54.64	54.64
76	83.09	83.09	83.09	69.66	69.66	69.66	56.23	56.23	56.23
77	85.14	85.14	85.14	71.49	71.49	71.49	57.84	57.84	57.84
78	87.19	87.19	87.19	73.32	73.32	73.32	59.45	59.45	59.45
79	89.24	89.24	89.24	75.15	75.15	75.15	61.05	61.05	61.05
80	91.30	91.30	91.30	76.98	76.98	76.98	62.65	62.65	62.65
81	93.36	93.36	93.36	78.81	78.81	78.81	64.25	64.25	64.25
82	95.41	95.41	95.41	80.64	80.64	80.64	65.86	65.86	65.86
83	97.46	97.46	97.46	82.47	82.47	82.47	67.46	67.46	67.46
84	99.51	99.51	99.51	84.30	84.30	84.30	69.06	69.06	69.06
85	101.57	101.57	101.57	86.13	86.13	86.13	70.67	70.67	70.67
86	103.63	103.63	103.63	87.96	87.96	87.96	72.27	72.27	72.27
87	105.68	105.68	105.68	89.79	89.79	89.79	73.87	73.87	73.87
88	107.73	107.73	107.73	91.61	91.61	91.61	75.48	75.48	75.48
89	109.79	109.79	109.79	93.43	93.43	93.43	77.09	77.09	77.09
90	111.84	111.84	111.84	95.26	95.26	95.26	78.68	78.68	78.68
91	113.90	113.90	113.90	97.10	97.10	97.10	80.29	80.29	80.29
92	115.95	115.95	115.95	98.93	98.93	98.93	81.90	81.90	81.90
93	118.00	118.00	118.00	100.75	100.75	100.75	83.49	83.49	83.49
94	120.06	120.06	120.06	102.58	102.58	102.58	85.10	85.10	85.10
95	122.11	122.11	122.11	104.41	104.41	104.41	86.71	86.71	86.71
96	124.17	124.17	124.17	106.25	106.25	106.25	88.32	88.32	88.32
97	126.22	126.22	126.22	108.07	108.07	108.07	89.91	89.91	89.91
98	128.27	128.27	128.27	109.90	109.90	109.90	91.52	91.52	91.52
99	130.33	130.33	130.33	111.73	111.73	111.73	93.13	93.13	93.13

\$30 Policy Fee

Berkshire Life Insurance Company Of America

Annual Premiums Per \$100 Monthly Benefit

Policy Form: 4200 & 4206

Base & Additional Monthly Benefit

Structure: Graded

Sex: Male

Occupation Class: 4 & 4M

Elim. Period(Days)	30			60			90		
	12	18	24	12	18	24	12	18	24
Ben. Period(Months)									
Attained Age									
18	6.77	9.32	11.65	5.18	7.39	9.24	3.59	5.46	6.83
19	6.77	9.32	11.65	5.18	7.39	9.24	3.59	5.46	6.83
20	6.77	9.32	11.65	5.18	7.39	9.24	3.59	5.46	6.83
21	6.77	9.32	11.65	5.18	7.39	9.24	3.59	5.46	6.83
22	6.77	9.32	11.65	5.18	7.39	9.24	3.59	5.46	6.83
23	6.77	9.32	11.65	5.18	7.39	9.24	3.59	5.46	6.83
24	6.77	9.32	11.65	5.18	7.39	9.24	3.59	5.46	6.83
25	6.77	9.32	11.65	5.18	7.39	9.24	3.59	5.46	6.83
26	6.90	10.10	12.62	5.27	8.11	10.14	3.64	6.13	7.66
27	7.00	10.62	13.27	5.33	8.59	10.74	3.66	6.58	8.22
28	7.13	10.93	13.66	5.42	8.91	11.14	3.71	6.90	8.62
29	7.24	11.10	13.88	5.49	9.09	11.36	3.74	7.08	8.85
30	7.36	11.20	14.00	5.62	9.20	11.50	3.87	7.19	8.99
31	7.47	11.23	14.04	5.74	9.25	11.56	4.01	7.26	9.07
32	7.59	11.28	14.10	5.88	9.28	11.60	4.17	7.29	9.11
33	7.70	11.34	14.18	6.04	9.34	11.68	4.37	7.34	9.17
34	7.82	11.48	14.35	6.20	9.44	11.80	4.57	7.41	9.26
35	7.93	11.69	14.61	6.36	9.60	12.00	4.79	7.52	9.40
36	8.12	11.92	14.90	6.60	9.81	12.26	5.08	7.69	9.61
37	8.29	12.41	15.51	6.76	10.14	12.68	5.23	7.88	9.85
38	8.34	12.89	16.11	6.96	10.56	13.20	5.57	8.23	10.29
39	8.86	13.38	16.72	7.30	10.98	13.72	5.75	8.58	10.73
40	9.37	13.87	17.34	7.70	11.41	14.26	6.04	8.94	11.17
41	9.89	14.35	17.94	8.12	11.82	14.78	6.36	9.29	11.61
42	10.40	14.84	18.55	8.52	12.24	15.30	6.63	9.64	12.05
43	10.91	15.33	19.16	8.93	12.66	15.82	6.94	9.99	12.49
44	11.42	15.81	19.76	9.38	13.07	16.34	7.35	10.34	12.92
45	11.94	16.30	20.37	9.83	13.50	16.87	7.72	10.69	13.36
46	12.45	16.79	20.99	10.25	13.91	17.39	8.05	11.03	13.79
47	12.97	17.27	21.59	10.74	14.33	17.91	8.51	11.38	14.23
48	13.48	18.98	23.72	11.22	15.36	19.20	8.96	11.74	14.67
49	14.96	21.02	26.28	12.26	17.07	21.34	9.56	13.13	16.41
50	16.82	23.30	29.12	13.46	18.94	23.68	10.09	14.60	18.25
51	18.70	25.64	32.05	14.77	20.97	26.21	10.85	16.30	20.37
52	20.70	28.24	35.30	16.15	23.18	28.98	11.60	18.12	22.65
53	22.87	30.92	38.65	17.62	25.53	31.91	12.38	20.14	25.17
54	24.97	33.70	42.13	19.18	28.02	35.02	13.40	22.32	27.90
55	27.14	36.55	45.69	20.76	30.59	38.24	14.39	24.62	30.78
56	29.39	39.49	49.36	22.51	33.26	41.58	15.63	27.04	33.80
57	31.54	42.57	53.21	24.24	36.15	45.19	16.93	29.74	37.17
58	33.74	45.61	57.01	26.07	39.06	48.83	18.40	32.53	40.66
59	35.89	48.82	61.03	27.98	42.16	52.70	20.06	35.49	44.36
60	38.10	52.14	65.17	29.99	45.42	56.78	21.88	38.71	48.39
61	40.37	55.58	69.48	32.11	48.88	61.10	23.86	42.17	52.71
62	42.82	59.36	74.20	34.42	52.66	65.82	26.02	45.96	57.45
63	45.50	63.50	79.37	36.91	56.80	71.00	28.32	50.10	62.62
64	48.69	68.26	85.33	39.76	61.54	76.92	30.83	54.81	68.51

\$30 Policy Fee

Berkshire Life Insurance Company Of America

Annual Premiums Per \$100 Monthly Benefit

Policy Form: 4200 & 4206

Base & Additional Monthly Benefit

Structure: Graded

Sex: Male

Occupation Class: 4 & 4M

Elim. Period(Days)	30			60			90		
	12	18	24	12	18	24	12	18	24
Ben. Period(Months)									
Attained Age									
65	50.40	70.81	88.52	41.29	64.07	80.09	32.17	57.32	71.66
66	52.13	73.35	91.70	42.80	66.60	83.25	33.50	59.84	74.80
67	53.83	75.91	94.88	44.33	69.14	86.42	34.83	62.36	77.95
68	55.54	78.46	98.07	45.85	71.67	89.58	36.17	64.88	81.09
69	57.25	81.01	101.26	47.38	74.20	92.75	37.50	67.38	84.23
70	58.96	83.55	104.45	48.90	76.73	95.91	38.84	69.91	87.39
71	60.68	86.09	107.62	50.43	79.26	99.08	40.18	72.42	90.53
72	62.39	88.65	110.81	51.95	81.80	102.24	41.52	74.94	93.67
73	64.10	91.20	114.00	53.48	84.33	105.41	42.85	77.45	96.81
74	65.81	93.75	117.19	55.00	86.86	108.57	44.19	79.97	99.97
75	67.52	67.52	67.52	56.53	56.53	56.53	45.53	45.53	45.53
76	69.24	69.24	69.24	58.05	58.05	58.05	46.86	46.86	46.86
77	70.95	70.95	70.95	59.57	59.57	59.57	48.20	48.20	48.20
78	72.66	72.66	72.66	61.10	61.10	61.10	49.54	49.54	49.54
79	74.37	74.37	74.37	62.62	62.62	62.62	50.88	50.88	50.88
80	76.08	76.08	76.08	64.15	64.15	64.15	52.21	52.21	52.21
81	77.80	77.80	77.80	65.67	65.67	65.67	53.55	53.55	53.55
82	79.51	79.51	79.51	67.20	67.20	67.20	54.89	54.89	54.89
83	81.22	81.22	81.22	68.72	68.72	68.72	56.21	56.21	56.21
84	82.93	82.93	82.93	70.25	70.25	70.25	57.55	57.55	57.55
85	84.64	84.64	84.64	71.77	71.77	71.77	58.89	58.89	58.89
86	86.36	86.36	86.36	73.30	73.30	73.30	60.22	60.22	60.22
87	88.07	88.07	88.07	74.82	74.82	74.82	61.56	61.56	61.56
88	89.78	89.78	89.78	76.35	76.35	76.35	62.90	62.90	62.90
89	91.49	91.49	91.49	77.86	77.86	77.86	64.24	64.24	64.24
90	93.20	93.20	93.20	79.38	79.38	79.38	65.57	65.57	65.57
91	94.92	94.92	94.92	80.92	80.92	80.92	66.91	66.91	66.91
92	96.63	96.63	96.63	82.44	82.44	82.44	68.25	68.25	68.25
93	98.34	98.34	98.34	83.96	83.96	83.96	69.58	69.58	69.58
94	100.05	100.05	100.05	85.48	85.48	85.48	70.92	70.92	70.92
95	101.76	101.76	101.76	87.01	87.01	87.01	72.26	72.26	72.26
96	103.48	103.48	103.48	88.54	88.54	88.54	73.60	73.60	73.60
97	105.19	105.19	105.19	90.06	90.06	90.06	74.92	74.92	74.92
98	106.90	106.90	106.90	91.58	91.58	91.58	76.26	76.26	76.26
99	108.60	108.60	108.60	93.10	93.10	93.10	77.60	77.60	77.60

\$30 Policy Fee

Berkshire Life Insurance Company Of America

Annual Premiums Per \$100 Monthly Benefit

Policy Form: 4200 & 4206

Base & Additional Monthly Benefit

Structure: Graded

Sex: Male

Occupation Class: 5 & 5M

Elim. Period(Days)	30			60			90		
	12	18	24	12	18	24	12	18	24
Ben. Period(Months)									
Attained Age									
18	6.15	8.47	10.59	4.71	6.72	8.40	3.27	4.97	6.21
19	6.15	8.47	10.59	4.71	6.72	8.40	3.27	4.97	6.21
20	6.15	8.47	10.59	4.71	6.72	8.40	3.27	4.97	6.21
21	6.15	8.47	10.59	4.71	6.72	8.40	3.27	4.97	6.21
22	6.15	8.47	10.59	4.71	6.72	8.40	3.27	4.97	6.21
23	6.15	8.47	10.59	4.71	6.72	8.40	3.27	4.97	6.21
24	6.15	8.47	10.59	4.71	6.72	8.40	3.27	4.97	6.21
25	6.15	8.47	10.59	4.71	6.72	8.40	3.27	4.97	6.21
26	6.27	9.18	11.48	4.79	7.38	9.22	3.31	5.57	6.96
27	6.36	9.65	12.06	4.85	7.82	9.77	3.33	5.98	7.48
28	6.48	9.94	12.42	4.93	8.10	10.12	3.37	6.26	7.83
29	6.58	10.10	12.62	4.99	8.26	10.33	3.40	6.43	8.04
30	6.69	10.18	12.73	5.11	8.36	10.45	3.52	6.54	8.17
31	6.79	10.22	12.77	5.22	8.40	10.50	3.64	6.59	8.24
32	6.90	10.26	12.82	5.35	8.44	10.55	3.79	6.62	8.28
33	7.00	10.31	12.89	5.48	8.50	10.62	3.97	6.67	8.34
34	7.11	10.43	13.04	5.64	8.58	10.73	4.16	6.74	8.42
35	7.21	10.62	13.28	5.78	8.74	10.92	4.36	6.84	8.55
36	7.38	10.83	13.54	6.00	8.91	11.14	4.62	6.99	8.74
37	7.54	11.28	14.10	6.15	9.22	11.53	4.76	7.17	8.96
38	7.58	11.72	14.65	6.32	9.60	12.00	5.06	7.49	9.36
39	8.05	12.16	15.20	6.64	9.98	12.48	5.23	7.80	9.75
40	8.52	12.61	15.76	7.00	10.37	12.96	5.49	8.12	10.15
41	8.99	13.05	16.31	7.39	10.74	13.43	5.79	8.44	10.55
42	9.45	13.49	16.86	7.74	11.12	13.90	6.03	8.76	10.95
43	9.92	13.94	17.42	8.12	11.51	14.39	6.31	9.08	11.35
44	10.38	14.38	17.97	8.53	11.89	14.86	6.68	9.40	11.75
45	10.86	14.82	18.52	8.93	12.27	15.34	7.01	9.72	12.15
46	11.32	15.26	19.08	9.32	12.65	15.81	7.32	10.03	12.54
47	11.79	15.70	19.62	9.76	13.02	16.28	7.74	10.35	12.94
48	12.25	17.26	21.57	10.20	13.96	17.45	8.15	10.67	13.34
49	13.60	19.11	23.89	11.14	15.52	19.40	8.69	11.94	14.92
50	15.29	21.18	26.47	12.24	17.22	21.53	9.18	13.27	16.59
51	17.00	23.31	29.14	13.43	19.06	23.83	9.86	14.82	18.52
52	18.82	25.67	32.09	14.68	21.07	26.34	10.54	16.47	20.59
53	20.79	28.10	35.13	16.02	23.21	29.01	11.26	18.30	22.88
54	22.70	30.64	38.30	17.44	25.47	31.84	12.18	20.30	25.37
55	24.68	33.23	41.54	18.88	27.81	34.76	13.08	22.38	27.98
56	26.72	35.90	44.88	20.46	30.24	37.80	14.21	24.58	30.72
57	28.68	38.70	48.37	22.04	32.86	41.08	15.39	27.03	33.79
58	30.67	41.46	51.83	23.70	35.52	44.40	16.73	29.57	36.96
59	32.62	44.38	55.48	25.43	38.32	47.90	18.24	32.26	40.33
60	34.64	47.39	59.24	27.26	41.30	51.62	19.89	35.20	44.00
61	36.70	50.54	63.17	29.20	44.43	55.54	21.69	38.34	47.92
62	38.92	53.96	67.45	31.29	47.87	59.84	23.66	41.78	52.23
63	41.36	57.73	72.16	33.56	51.63	64.54	25.75	45.54	56.93
64	44.27	62.06	77.57	36.15	55.94	69.93	28.02	49.83	62.29

\$30 Policy Fee

Berkshire Life Insurance Company Of America

Annual Premiums Per \$100 Monthly Benefit

Policy Form: 4200 & 4206

Base & Additional Monthly Benefit

Structure: Graded

Sex: Male

Occupation Class: 5 & 5M

Elim. Period(Days)	30			60			90		
	12	18	24	12	18	24	12	18	24
Ben. Period(Months)									
Attained Age									
65	45.82	64.38	80.47	37.54	58.24	72.81	29.24	52.11	65.14
66	47.39	66.69	83.36	38.91	60.54	75.68	30.45	54.40	68.00
67	48.94	69.01	86.26	40.30	62.85	78.56	31.67	56.69	70.86
68	50.49	71.33	89.16	41.68	65.15	81.44	32.89	58.98	73.72
69	52.05	73.65	92.05	43.07	67.45	84.32	34.09	61.26	76.58
70	53.60	75.96	94.95	44.46	69.75	87.19	35.31	63.56	79.44
71	55.17	78.27	97.84	45.84	72.05	90.07	36.53	65.84	82.30
72	56.72	80.59	100.74	47.23	74.36	92.95	37.75	68.12	85.16
73	58.28	82.91	103.64	48.62	76.66	95.82	38.96	70.41	88.01
74	59.83	85.23	106.53	50.00	78.96	98.70	40.17	72.70	90.88
75	61.38	87.55	109.43	51.39	81.26	101.58	41.39	75.00	93.74
76	62.95	89.86	112.33	52.77	83.56	104.46	42.60	77.30	96.60
77	64.50	92.17	115.23	54.16	85.86	107.34	43.82	79.60	99.46
78	66.06	94.48	118.13	55.54	88.16	110.22	45.03	81.90	102.32
79	67.61	96.79	121.03	56.93	90.46	113.10	46.25	84.20	105.18
80	69.16	99.10	123.93	58.32	92.76	115.98	47.46	86.50	108.04
81	70.73	101.41	126.83	59.70	95.06	118.86	48.68	88.80	110.90
82	72.28	103.72	129.73	61.09	97.36	121.74	49.90	91.10	113.76
83	73.84	106.03	132.63	62.48	99.66	124.62	51.10	93.40	116.62
84	75.39	108.34	135.53	63.86	101.96	127.50	52.32	95.70	119.48
85	76.94	110.65	138.43	65.25	104.26	130.38	53.54	98.00	122.34
86	78.51	112.96	141.33	66.63	106.56	133.26	54.75	100.30	125.20
87	80.06	115.27	144.23	68.02	108.86	136.14	55.96	102.60	128.06
88	81.62	117.58	147.13	69.40	111.16	139.02	57.18	104.90	130.92
89	83.17	119.89	150.03	70.78	113.46	141.90	58.40	107.20	133.78
90	84.72	122.20	152.93	72.17	115.76	144.78	59.61	109.50	136.64
91	86.29	124.51	155.83	73.56	118.06	147.66	60.83	111.80	139.50
92	87.84	126.82	158.73	74.95	120.36	150.54	62.04	114.10	142.36
93	89.40	129.13	161.63	76.32	122.66	153.42	63.25	116.40	145.22
94	90.95	131.44	164.53	77.71	124.96	156.30	64.47	118.70	148.08
95	92.50	133.75	167.43	79.10	127.26	159.18	65.69	121.00	150.94
96	94.07	136.06	170.33	80.49	129.56	162.06	66.91	123.30	153.80
97	95.62	138.37	173.23	81.87	131.86	164.94	68.11	125.60	156.66
98	97.18	140.68	176.13	83.25	134.16	167.82	69.33	127.90	159.52
99	98.73	142.99	179.03	84.64	136.46	170.70	70.55	130.20	162.38

\$30 Policy Fee

Berkshire Life Insurance Company Of America

Annual Premiums Per \$100 Monthly Benefit

Policy Form: 4200 & 4206

Base & Additional Monthly Benefit

Structure: Graded

Sex: Male

Occupation Class: 6 & 6M

Elim. Period(Days)	30			60			90		
	12	18	24	12	18	24	12	18	24
Ben. Period(Months)									
Attained Age									
18	5.86	8.07	10.09	4.49	6.40	8.00	3.11	4.73	5.91
19	5.86	8.07	10.09	4.49	6.40	8.00	3.11	4.73	5.91
20	5.86	8.07	10.09	4.49	6.40	8.00	3.11	4.73	5.91
21	5.86	8.07	10.09	4.49	6.40	8.00	3.11	4.73	5.91
22	5.86	8.07	10.09	4.49	6.40	8.00	3.11	4.73	5.91
23	5.86	8.07	10.09	4.49	6.40	8.00	3.11	4.73	5.91
24	5.86	8.07	10.09	4.49	6.40	8.00	3.11	4.73	5.91
25	5.86	8.07	10.09	4.49	6.40	8.00	3.11	4.73	5.91
26	5.97	8.74	10.93	4.56	7.02	8.78	3.15	5.30	6.63
27	6.06	9.19	11.49	4.62	7.44	9.30	3.17	5.70	7.12
28	6.17	9.46	11.83	4.69	7.71	9.64	3.21	5.97	7.46
29	6.27	9.62	12.02	4.76	7.87	9.84	3.24	6.13	7.66
30	6.37	9.70	12.12	4.86	7.96	9.95	3.35	6.22	7.78
31	6.47	9.73	12.16	4.97	8.01	10.01	3.47	6.28	7.85
32	6.57	9.77	12.21	5.09	8.04	10.05	3.61	6.31	7.89
33	6.67	9.82	12.28	5.22	8.09	10.11	3.78	6.35	7.94
34	6.77	9.94	12.42	5.36	8.18	10.22	3.96	6.42	8.02
35	6.87	10.12	12.65	5.51	8.32	10.40	4.15	6.51	8.14
36	7.03	10.32	12.90	5.72	8.49	10.61	4.40	6.66	8.32
37	7.18	10.74	13.43	5.86	8.78	10.98	4.53	6.82	8.53
38	7.22	11.16	13.95	6.02	9.14	11.43	4.82	7.13	8.91
39	7.67	11.58	14.48	6.32	9.50	11.88	4.98	7.43	9.29
40	8.11	12.01	15.01	6.67	9.87	12.34	5.23	7.74	9.67
41	8.56	12.42	15.53	7.04	10.23	12.79	5.51	8.04	10.05
42	9.00	12.85	16.06	7.37	10.59	13.24	5.74	8.34	10.43
43	9.45	13.27	16.59	7.73	10.96	13.70	6.01	8.65	10.81
44	9.89	13.69	17.11	8.12	11.32	14.15	6.36	8.95	11.19
45	10.34	14.11	17.64	8.51	11.68	14.60	6.68	9.26	11.57
46	10.78	14.54	18.17	8.88	12.05	15.06	6.97	9.55	11.94
47	11.23	14.95	18.69	9.30	12.40	15.50	7.37	9.86	12.32
48	11.67	16.43	20.54	9.72	13.30	16.62	7.76	10.16	12.70
49	12.95	18.20	22.75	10.62	14.78	18.48	8.28	11.37	14.21
50	14.56	20.17	25.21	11.65	16.41	20.51	8.74	12.64	15.80
51	16.19	22.20	27.75	12.79	18.16	22.70	9.39	14.11	17.64
52	17.92	24.45	30.56	13.98	20.06	25.08	10.04	15.69	19.61
53	19.80	26.77	33.46	15.26	22.10	27.62	10.72	17.43	21.79
54	21.62	29.18	36.48	16.61	24.26	30.32	11.60	19.33	24.16
55	23.50	31.65	39.56	17.98	26.49	33.11	12.46	21.32	26.65
56	25.45	34.19	42.74	19.49	28.80	36.00	13.53	23.41	29.26
57	27.31	36.86	46.07	20.98	31.30	39.12	14.66	25.74	32.18
58	29.21	39.49	49.36	22.57	33.82	42.28	15.93	28.16	35.20
59	31.07	42.27	52.84	24.22	36.50	45.62	17.37	30.73	38.41
60	32.99	45.14	56.42	25.97	39.33	49.16	18.94	33.52	41.90
61	34.95	48.13	60.16	27.80	42.32	52.90	20.66	36.51	45.64
62	37.07	51.39	64.24	29.80	45.59	56.99	22.53	39.79	49.74
63	39.39	54.98	68.72	31.96	49.18	61.47	24.52	43.38	54.22
64	42.16	59.10	73.88	34.43	53.28	66.60	26.69	47.46	59.32

\$30 Policy Fee

Berkshire Life Insurance Company Of America

Annual Premiums Per \$100 Monthly Benefit

Policy Form: 4200 & 4206

Base & Additional Monthly Benefit

Structure: Graded

Sex: Male

Occupation Class: 6 & 6M

Elim. Period(Days)	30			60			90		
Ben. Period(Months)	12	18	24	12	18	24	12	18	24
Attained Age									
65	43.64	61.31	76.64	35.75	55.47	69.34	27.85	49.63	62.04
66	45.13	63.51	79.39	37.06	57.66	72.08	29.00	51.81	64.76
67	46.61	65.72	82.15	38.38	59.86	74.82	30.16	53.99	67.49
68	48.09	67.93	84.91	39.70	62.05	77.56	31.32	56.17	70.21
69	49.57	70.14	87.67	41.02	64.24	80.30	32.47	58.34	72.93
70	51.05	72.34	90.43	42.34	66.43	83.04	33.63	60.53	75.66
71	52.54	74.54	93.18	43.66	68.62	85.78	34.79	62.70	78.38
72	54.02	76.75	95.94	44.98	70.82	88.52	35.95	64.88	81.10
73	55.50	78.96	98.70	46.30	73.01	91.26	37.10	67.06	83.82
74	56.98	81.17	101.46	47.62	75.20	94.00	38.26	69.24	86.55
75	58.46	83.38	104.21	48.94	77.39	96.74	39.42	71.42	89.27
76	59.95	85.59	106.97	50.26	79.58	99.48	40.57	73.60	92.00
77	61.43	87.80	109.72	51.58	81.77	102.22	41.73	75.78	94.72
78	62.91	90.01	112.48	52.90	83.96	104.96	42.89	77.96	97.45
79	64.39	92.22	115.23	54.22	86.15	107.70	44.05	80.14	100.17
80	65.87	94.43	117.99	55.54	88.34	110.44	45.20	82.32	102.90
81	67.36	96.64	120.74	56.86	90.53	113.18	46.36	84.50	105.62
82	68.84	98.85	123.50	58.18	92.72	115.92	47.52	86.68	108.35
83	70.32	101.06	126.25	59.50	94.91	118.66	48.67	88.86	111.07
84	71.80	103.27	129.01	60.82	97.10	121.40	49.83	91.04	113.80
85	73.28	105.48	131.76	62.14	99.29	124.14	50.99	93.22	116.52
86	74.77	107.69	134.52	63.46	101.48	126.88	52.14	95.40	119.25
87	76.25	109.90	137.27	64.78	103.67	129.62	53.30	97.58	121.97
88	77.73	112.11	140.03	66.10	105.86	132.36	54.46	99.76	124.70
89	79.21	114.32	142.78	67.41	108.05	135.10	55.62	101.94	127.42
90	80.69	116.53	145.54	68.73	110.24	137.84	56.77	104.12	130.15
91	82.18	118.74	148.29	70.06	112.43	140.58	57.93	106.30	132.87
92	83.66	120.95	151.05	71.38	114.62	143.32	59.09	108.48	135.60
93	85.14	123.16	153.80	72.69	116.81	146.06	60.24	110.66	138.32
94	86.62	125.37	156.56	74.01	119.00	148.80	61.40	112.84	141.05
95	88.10	127.58	159.31	75.33	121.19	151.54	62.56	115.02	143.77
96	89.59	129.79	162.07	76.66	123.38	154.28	63.72	117.20	146.50
97	91.07	132.00	164.82	77.97	125.57	157.02	64.87	119.38	149.22
98	92.55	134.21	167.58	79.29	127.76	159.76	66.03	121.56	151.95
99	94.03	136.42	170.33	80.61	129.95	162.50	67.19	123.74	154.67

\$30 Policy Fee

Berkshire Life Insurance Company Of America

Annual Premiums Per \$100 Monthly Benefit

Policy Form: 4200 & 4206

Base & Additional Monthly Benefit

Structure: Level	Sex: Female						Occupation Class: 3 & 3M		
Elim. Period(Days)	30			60			90		
Ben. Period(Months)	12	18	24	12	18	24	12	18	24
Issue Age									
18	16.96	21.06	26.33	13.46	17.66	22.07	9.97	14.25	17.81
19	16.96	21.06	26.33	13.46	17.66	22.07	9.97	14.25	17.81
20	16.96	21.06	26.33	13.46	17.66	22.07	9.97	14.25	17.81
21	16.96	21.06	26.33	13.46	17.66	22.07	9.97	14.25	17.81
22	16.96	21.06	26.33	13.46	17.66	22.07	9.97	14.25	17.81
23	16.96	21.06	26.33	13.46	17.66	22.07	9.97	14.25	17.81
24	16.96	21.06	26.33	13.46	17.66	22.07	9.97	14.25	17.81
25	16.96	21.06	26.33	13.46	17.66	22.07	9.97	14.25	17.81
26	17.13	21.41	26.76	13.65	18.06	22.57	10.17	14.70	18.38
27	17.28	21.77	27.21	13.83	18.47	23.09	10.38	15.18	18.97
28	17.45	22.11	27.64	14.02	18.90	23.62	10.59	15.68	19.60
29	17.62	22.46	28.07	14.21	19.33	24.16	10.80	16.19	20.24
30	17.77	22.81	28.51	14.38	19.76	24.70	11.00	16.71	20.89
31	17.93	23.15	28.94	14.57	20.19	25.24	11.21	17.24	21.55
32	18.09	23.50	29.38	14.76	20.66	25.82	11.42	17.81	22.26
33	18.25	23.85	29.81	15.14	21.12	26.40	12.04	18.38	22.98
34	19.03	25.11	31.39	15.86	22.06	27.58	12.70	19.01	23.76
35	19.88	26.46	33.07	16.61	23.06	28.82	13.35	19.65	24.56
36	20.78	27.86	34.83	17.39	24.10	30.12	14.00	20.34	25.42
37	21.73	29.30	36.63	18.19	25.18	31.48	14.65	21.06	26.33
38	22.73	30.79	38.49	19.00	26.32	32.90	15.27	21.86	27.32
39	23.77	32.30	40.37	19.82	27.50	34.37	15.88	22.70	28.37
40	24.84	33.82	42.27	20.66	28.72	35.90	16.49	23.62	29.52
41	25.95	35.37	44.21	21.52	29.99	37.49	17.08	24.62	30.77
42	27.08	36.94	46.17	22.38	31.31	39.14	17.67	25.68	32.10
43	28.25	38.53	48.16	23.26	32.69	40.86	18.27	26.86	33.57
44	29.45	40.16	50.20	24.16	34.14	42.68	18.86	28.12	35.15
45	30.69	41.83	52.29	25.10	35.66	44.57	19.50	29.48	36.85
46	31.96	43.55	54.44	26.06	37.26	46.57	20.17	30.96	38.70
47	33.29	45.34	56.67	27.09	38.94	48.68	20.89	32.55	40.69
48	34.66	47.19	58.99	28.15	40.74	50.92	21.65	34.29	42.86
49	36.09	49.12	61.40	29.29	42.62	53.28	22.49	36.13	45.16
50	37.56	51.14	63.92	30.48	44.62	55.77	23.41	38.10	47.62
51	39.10	53.26	66.57	31.76	46.74	58.42	24.42	40.22	50.27
52	40.69	55.49	69.36	33.10	48.98	61.22	25.52	42.46	53.07
53	42.36	57.82	72.28	34.54	51.33	64.16	26.72	44.84	56.05
54	44.07	60.29	75.36	36.06	53.82	67.28	28.04	47.36	59.20
55	45.86	62.86	78.57	37.66	56.43	70.54	29.45	50.01	62.51
56	47.71	65.55	81.94	39.34	59.17	73.96	30.98	52.79	65.99
57	49.62	68.36	85.45	41.11	62.02	77.53	32.61	55.68	69.60
58	51.57	71.26	89.08	42.95	64.99	81.24	34.33	58.71	73.39
59	53.57	74.26	92.83	44.86	68.05	85.06	36.15	61.84	77.30
60	55.61	77.34	96.67	46.82	71.20	89.00	38.02	65.06	81.33
65	65.88	92.97	116.22	56.78	87.57	109.45	47.69	82.16	102.70
66	67.91	96.08	120.10	58.77	90.85	113.57	49.62	85.63	107.04
67	69.95	99.18	123.98	60.73	94.15	117.69	51.53	89.12	111.39
68	71.99	102.29	127.86	62.72	97.44	121.80	53.44	92.58	115.73
69	74.03	105.39	131.74	64.70	100.72	125.90	55.37	96.05	120.07
70	76.06	108.50	135.62	66.67	104.02	130.02	57.28	99.54	124.42
71	78.10	111.59	139.49	68.65	107.30	134.12	59.20	103.01	128.76
72	80.14	114.69	143.37	70.63	110.59	138.24	61.11	106.49	133.11
73	82.18	117.80	147.25	72.61	113.89	142.36	63.04	109.97	137.45
74	84.20	120.90	151.13	74.57	117.17	146.47	64.95	113.44	141.80

\$30 Policy Fee

Berkshire Life Insurance Company Of America

Annual Premiums Per \$100 Monthly Benefit

Policy Form: 4200 & 4206

Base & Additional Monthly Benefit

Structure: Level

Sex: Female

Occupation Class: 3 & 3M

Elim. Period(Days)	30			60			90		
	12	18	24	12	18	24	12	18	24
Ben. Period(Months)									
Issue Age									
75	86.24	86.24	86.24	76.55	76.55	76.55	66.86	66.86	66.86
76	88.27	88.27	88.27	78.53	78.53	78.53	68.79	68.79	68.79
77	90.31	90.31	90.31	80.50	80.50	80.50	70.70	70.70	70.70
78	92.35	92.35	92.35	82.48	82.48	82.48	72.61	72.61	72.61
79	94.39	94.39	94.39	84.46	84.46	84.46	74.54	74.54	74.54
80	96.42	96.42	96.42	86.43	86.43	86.43	76.45	76.45	76.45
81	98.46	98.46	98.46	88.41	88.41	88.41	78.36	78.36	78.36
82	100.50	100.50	100.50	90.39	90.39	90.39	80.28	80.28	80.28
83	102.54	102.54	102.54	92.38	92.38	92.38	82.20	82.20	82.20
84	104.57	104.57	104.57	94.35	94.35	94.35	84.12	84.12	84.12
85	106.61	106.61	106.61	96.33	96.33	96.33	86.03	86.03	86.03
86	108.65	108.65	108.65	98.30	98.30	98.30	87.96	87.96	87.96
87	110.69	110.69	110.69	100.28	100.28	100.28	89.87	89.87	89.87
88	112.72	112.72	112.72	102.26	102.26	102.26	91.78	91.78	91.78
89	114.76	114.76	114.76	104.23	104.23	104.23	93.69	93.69	93.69
90	116.80	116.80	116.80	106.21	106.21	106.21	95.62	95.62	95.62
91	118.84	118.84	118.84	108.19	108.19	108.19	97.53	97.53	97.53
92	120.87	120.87	120.87	110.16	110.16	110.16	99.45	99.45	99.45
93	122.91	122.91	122.91	112.14	112.14	112.14	101.37	101.37	101.37
94	124.93	124.93	124.93	114.11	114.11	114.11	103.28	103.28	103.28
95	126.97	126.97	126.97	116.09	116.09	116.09	105.20	105.20	105.20
96	129.01	129.01	129.01	118.06	118.06	118.06	107.11	107.11	107.11
97	131.05	131.05	131.05	120.04	120.04	120.04	109.04	109.04	109.04
98	133.08	133.08	133.08	122.02	122.02	122.02	110.95	110.95	110.95
99	135.12	135.12	135.12	123.99	123.99	123.99	112.86	112.86	112.86

\$30 Policy Fee

Berkshire Life Insurance Company Of America

Annual Premiums Per \$100 Monthly Benefit

Policy Form: 4200 & 4206

Base & Additional Monthly Benefit

Structure: Level	Sex: Female						Occupation Class: 4 & 4M		
Elim. Period(Days)	30			60			90		
Ben. Period(Months)	12	18	24	12	18	24	12	18	24
Issue Age									
18	14.14	17.55	21.94	11.22	14.71	18.39	8.30	11.87	14.84
19	14.14	17.55	21.94	11.22	14.71	18.39	8.30	11.87	14.84
20	14.14	17.55	21.94	11.22	14.71	18.39	8.30	11.87	14.84
21	14.14	17.55	21.94	11.22	14.71	18.39	8.30	11.87	14.84
22	14.14	17.55	21.94	11.22	14.71	18.39	8.30	11.87	14.84
23	14.14	17.55	21.94	11.22	14.71	18.39	8.30	11.87	14.84
24	14.14	17.55	21.94	11.22	14.71	18.39	8.30	11.87	14.84
25	14.14	17.55	21.94	11.22	14.71	18.39	8.30	11.87	14.84
26	14.28	17.84	22.30	11.38	15.05	18.81	8.48	12.26	15.32
27	14.40	18.14	22.67	11.52	15.39	19.24	8.65	12.65	15.81
28	14.54	18.42	23.03	11.68	15.74	19.68	8.82	13.06	16.33
29	14.68	18.71	23.39	11.84	16.10	20.12	9.00	13.49	16.86
30	14.81	19.01	23.76	11.99	16.46	20.58	9.17	13.93	17.41
31	14.95	19.30	24.12	12.14	16.83	21.04	9.34	14.37	17.96
32	15.07	19.59	24.49	12.30	17.22	21.52	9.52	14.84	18.55
33	15.21	19.87	24.84	12.62	17.59	21.99	10.04	15.32	19.15
34	15.86	20.93	26.16	13.22	18.38	22.98	10.58	15.84	19.80
35	16.56	22.05	27.56	13.84	19.22	24.02	11.12	16.38	20.47
36	17.31	23.22	29.03	14.49	20.08	25.10	11.67	16.94	21.18
37	18.11	24.42	30.53	15.16	20.99	26.24	12.21	17.55	21.94
38	18.94	25.66	32.07	15.84	21.94	27.42	12.73	18.22	22.77
39	19.81	26.92	33.65	16.52	22.91	28.64	13.24	18.91	23.64
40	20.70	28.18	35.23	17.22	23.94	29.92	13.74	19.68	24.60
41	21.62	29.47	36.84	17.92	24.99	31.24	14.23	20.51	25.64
42	22.57	30.78	38.47	18.65	26.09	32.61	14.73	21.40	26.75
43	23.54	32.11	40.14	19.38	27.25	34.06	15.22	22.38	27.97
44	24.54	33.46	41.83	20.13	28.45	35.56	15.72	23.43	29.29
45	25.57	34.86	43.58	20.91	29.71	37.14	16.25	24.57	30.71
46	26.63	36.30	45.37	21.72	31.05	38.81	16.81	25.80	32.25
47	27.74	37.78	47.23	22.58	32.46	40.57	17.41	27.13	33.91
48	28.89	39.33	49.16	23.46	33.95	42.44	18.04	28.57	35.71
49	30.08	40.94	51.17	24.42	35.52	44.40	18.75	30.10	37.63
50	31.30	42.62	53.27	25.40	37.18	46.48	19.51	31.75	39.69
51	32.58	44.38	55.47	26.46	38.94	48.68	20.35	33.51	41.89
52	33.91	46.24	57.80	27.58	40.81	51.01	21.26	35.38	44.22
53	35.30	48.18	60.23	28.78	42.78	53.47	22.27	37.37	46.71
54	36.73	50.24	62.80	30.05	44.85	56.06	23.37	39.46	49.33
55	38.22	52.38	65.48	31.38	47.02	58.78	24.54	41.67	52.09
56	39.76	54.62	68.28	32.78	49.31	61.64	25.81	43.99	54.99
57	41.35	56.97	71.21	34.26	51.68	64.60	27.18	46.40	58.00
58	42.98	59.38	74.23	35.80	54.15	67.69	28.61	48.93	61.16
59	44.64	61.89	77.36	37.38	56.70	70.88	30.12	51.53	64.41
60	46.34	64.45	80.56	39.01	59.34	74.17	31.68	54.22	67.78
65	54.90	77.48	96.85	47.32	72.97	91.21	39.74	68.47	85.59
66	56.60	80.06	100.08	48.97	75.71	94.64	41.35	71.36	89.20
67	58.29	82.65	103.31	50.61	78.46	98.07	42.94	74.27	92.83
68	59.99	85.24	106.55	52.26	81.20	101.50	44.54	77.15	96.44
69	61.69	87.83	109.78	53.92	83.93	104.92	46.14	80.04	100.06
70	63.39	90.41	113.02	55.56	86.68	108.35	47.74	82.95	103.68
71	65.08	92.99	116.24	57.21	89.42	111.77	49.33	85.84	107.30
72	66.78	95.58	119.47	58.86	92.16	115.20	50.92	88.74	110.93
73	68.48	98.16	122.71	60.51	94.91	118.63	52.53	91.64	114.54
74	70.17	100.75	125.94	62.14	97.64	122.06	54.12	94.54	118.17

\$30 Policy Fee

Berkshire Life Insurance Company Of America

Annual Premiums Per \$100 Monthly Benefit

Policy Form: 4200 & 4206

Base & Additional Monthly Benefit

Structure: Level	Sex: Female						Occupation Class: 4 & 4M		
Elim. Period(Days)	30			60			90		
Ben. Period(Months)	12	18	24	12	18	24	12	18	24
Issue Age									
75	71.86	71.86	71.86	63.79	63.79	63.79	55.72	55.72	55.72
76	73.56	73.56	73.56	65.44	65.44	65.44	57.32	57.32	57.32
77	75.26	75.26	75.26	67.08	67.08	67.08	58.92	58.92	58.92
78	76.96	76.96	76.96	68.73	68.73	68.73	60.51	60.51	60.51
79	78.66	78.66	78.66	70.39	70.39	70.39	62.12	62.12	62.12
80	80.35	80.35	80.35	72.03	72.03	72.03	63.71	63.71	63.71
81	82.05	82.05	82.05	73.68	73.68	73.68	65.30	65.30	65.30
82	83.75	83.75	83.75	75.33	75.33	75.33	66.90	66.90	66.90
83	85.45	85.45	85.45	76.98	76.98	76.98	68.50	68.50	68.50
84	87.14	87.14	87.14	78.62	78.62	78.62	70.10	70.10	70.10
85	88.84	88.84	88.84	80.27	80.27	80.27	71.69	71.69	71.69
86	90.54	90.54	90.54	81.91	81.91	81.91	73.30	73.30	73.30
87	92.24	92.24	92.24	83.56	83.56	83.56	74.89	74.89	74.89
88	93.94	93.94	93.94	85.22	85.22	85.22	76.48	76.48	76.48
89	95.63	95.63	95.63	86.86	86.86	86.86	78.08	78.08	78.08
90	97.33	97.33	97.33	88.51	88.51	88.51	79.68	79.68	79.68
91	99.03	99.03	99.03	90.16	90.16	90.16	81.28	81.28	81.28
92	100.73	100.73	100.73	91.80	91.80	91.80	82.87	82.87	82.87
93	102.43	102.43	102.43	93.45	93.45	93.45	84.48	84.48	84.48
94	104.11	104.11	104.11	95.09	95.09	95.09	86.07	86.07	86.07
95	105.81	105.81	105.81	96.74	96.74	96.74	87.66	87.66	87.66
96	107.51	107.51	107.51	98.38	98.38	98.38	89.26	89.26	89.26
97	109.21	109.21	109.21	100.03	100.03	100.03	90.86	90.86	90.86
98	110.90	110.90	110.90	101.69	101.69	101.69	92.46	92.46	92.46
99	112.60	112.60	112.60	103.33	103.33	103.33	94.05	94.05	94.05

\$30 Policy Fee

Berkshire Life Insurance Company Of America

Annual Premiums Per \$100 Monthly Benefit

Policy Form: 4200 & 4206

Base & Additional Monthly Benefit

Structure: Level

Sex: Female

Occupation Class: 5 & 5M

Elim. Period(Days)	30			60			90		
Ben. Period(Months)	12	18	24	12	18	24	12	18	24
Issue Age									
18	12.85	15.96	19.95	10.20	13.38	16.72	7.55	10.79	13.49
19	12.85	15.96	19.95	10.20	13.38	16.72	7.55	10.79	13.49
20	12.85	15.96	19.95	10.20	13.38	16.72	7.55	10.79	13.49
21	12.85	15.96	19.95	10.20	13.38	16.72	7.55	10.79	13.49
22	12.85	15.96	19.95	10.20	13.38	16.72	7.55	10.79	13.49
23	12.85	15.96	19.95	10.20	13.38	16.72	7.55	10.79	13.49
24	12.85	15.96	19.95	10.20	13.38	16.72	7.55	10.79	13.49
25	12.85	15.96	19.95	10.20	13.38	16.72	7.55	10.79	13.49
26	12.98	16.22	20.28	10.34	13.68	17.10	7.71	11.14	13.92
27	13.09	16.49	20.61	10.48	13.99	17.49	7.86	11.50	14.37
28	13.22	16.75	20.94	10.62	14.32	17.90	8.02	11.88	14.85
29	13.35	17.01	21.26	10.76	14.64	18.30	8.18	12.26	15.33
30	13.46	17.28	21.60	10.90	14.97	18.71	8.34	12.66	15.82
31	13.59	17.54	21.92	11.04	15.30	19.12	8.49	13.06	16.33
32	13.70	17.81	22.26	11.18	15.65	19.56	8.65	13.49	16.86
33	13.83	18.07	22.59	11.48	16.00	20.00	9.12	13.93	17.41
34	14.42	19.02	23.78	12.02	16.71	20.89	9.62	14.40	18.00
35	15.06	20.04	25.05	12.58	17.46	21.83	10.11	14.89	18.61
36	15.74	21.11	26.39	13.17	18.26	22.83	10.60	15.41	19.26
37	16.46	22.20	27.75	13.78	19.08	23.85	11.10	15.96	19.95
38	17.22	23.33	29.16	14.40	19.94	24.93	11.57	16.56	20.70
39	18.01	24.47	30.59	15.02	20.83	26.04	12.03	17.19	21.49
40	18.82	25.62	32.02	15.66	21.75	27.19	12.50	17.89	22.36
41	19.66	26.80	33.50	16.30	22.72	28.40	12.94	18.65	23.31
42	20.52	27.98	34.98	16.95	23.72	29.65	13.39	19.46	24.32
43	21.40	29.19	36.49	17.62	24.77	30.96	13.84	20.34	25.43
44	22.31	30.42	38.03	18.30	25.86	32.33	14.29	21.30	26.63
45	23.25	31.70	39.62	19.01	27.02	33.77	14.77	22.34	27.92
46	24.21	32.99	41.24	19.74	28.22	35.28	15.28	23.46	29.32
47	25.22	34.34	42.93	20.52	29.50	36.88	15.82	24.66	30.83
48	26.26	35.75	44.69	21.33	30.86	38.58	16.40	25.98	32.47
49	27.34	37.22	46.52	22.19	32.29	40.36	17.04	27.37	34.21
50	28.46	38.74	48.43	23.10	33.81	42.26	17.73	28.86	36.08
51	29.62	40.34	50.43	24.06	35.41	44.26	18.50	30.46	38.08
52	30.83	42.03	52.54	25.08	37.10	46.37	19.33	32.16	40.20
53	32.09	43.81	54.76	26.16	38.89	48.61	20.24	33.97	42.46
54	33.39	45.67	57.09	27.32	40.78	50.97	21.24	35.88	44.85
55	34.74	47.62	59.52	28.52	42.75	53.44	22.31	37.89	47.36
56	36.14	49.66	62.08	29.80	44.83	56.04	23.47	39.99	49.99
57	37.59	51.78	64.73	31.15	46.98	58.73	24.71	42.18	52.73
58	39.07	53.98	67.48	32.54	49.23	61.54	26.01	44.48	55.60
59	40.58	56.26	70.33	33.98	51.55	64.44	27.38	46.85	58.56
60	42.13	58.59	73.24	35.47	53.94	67.42	28.80	49.29	61.61
65	49.91	70.43	88.04	43.02	66.34	82.92	36.13	62.24	77.80
66	51.45	72.79	90.98	44.52	68.83	86.04	37.59	64.87	81.09
67	52.99	75.14	93.92	46.01	71.33	89.16	39.04	67.52	84.39
68	54.54	77.49	96.86	47.51	73.82	92.27	40.49	70.14	87.68
69	56.08	79.84	99.80	49.01	76.30	95.38	41.95	72.76	90.96
70	57.62	82.19	102.74	50.50	78.80	98.50	43.40	75.41	94.26
71	59.17	84.54	105.67	52.01	81.29	101.61	44.85	78.04	97.54
72	60.71	86.89	108.61	53.51	83.78	104.73	46.29	80.67	100.84
73	62.25	89.24	111.55	55.01	86.28	107.85	47.75	83.31	104.13
74	63.79	91.59	114.49	56.49	88.77	110.96	49.20	85.94	107.43

\$30 Policy Fee

Berkshire Life Insurance Company Of America

Annual Premiums Per \$100 Monthly Benefit

Policy Form: 4200 & 4206

Base & Additional Monthly Benefit

Structure: Level

Sex: Female

Occupation Class: 5 & 5M

Elim. Period(Days)	30			60			90		
	12	18	24	12	18	24	12	18	24
Ben. Period(Months)									
Issue Age									
75	65.33	65.33	65.33	57.99	57.99	57.99	50.65	50.65	50.65
76	66.87	66.87	66.87	59.49	59.49	59.49	52.11	52.11	52.11
77	68.42	68.42	68.42	60.98	60.98	60.98	53.56	53.56	53.56
78	69.96	69.96	69.96	62.49	62.49	62.49	55.01	55.01	55.01
79	71.50	71.50	71.50	63.99	63.99	63.99	56.47	56.47	56.47
80	73.05	73.05	73.05	65.48	65.48	65.48	57.92	57.92	57.92
81	74.59	74.59	74.59	66.98	66.98	66.98	59.37	59.37	59.37
82	76.14	76.14	76.14	68.48	68.48	68.48	60.82	60.82	60.82
83	77.68	77.68	77.68	69.98	69.98	69.98	62.28	62.28	62.28
84	79.22	79.22	79.22	71.47	71.47	71.47	63.72	63.72	63.72
85	80.77	80.77	80.77	72.98	72.98	72.98	65.17	65.17	65.17
86	82.31	82.31	82.31	74.47	74.47	74.47	66.63	66.63	66.63
87	83.85	83.85	83.85	75.97	75.97	75.97	68.08	68.08	68.08
88	85.40	85.40	85.40	77.47	77.47	77.47	69.53	69.53	69.53
89	86.94	86.94	86.94	78.96	78.96	78.96	70.98	70.98	70.98
90	88.48	88.48	88.48	80.46	80.46	80.46	72.44	72.44	72.44
91	90.03	90.03	90.03	81.96	81.96	81.96	73.89	73.89	73.89
92	91.57	91.57	91.57	83.45	83.45	83.45	75.34	75.34	75.34
93	93.11	93.11	93.11	84.96	84.96	84.96	76.80	76.80	76.80
94	94.65	94.65	94.65	86.45	86.45	86.45	78.25	78.25	78.25
95	96.19	96.19	96.19	87.95	87.95	87.95	79.70	79.70	79.70
96	97.73	97.73	97.73	89.44	89.44	89.44	81.14	81.14	81.14
97	99.28	99.28	99.28	90.94	90.94	90.94	82.60	82.60	82.60
98	100.82	100.82	100.82	92.44	92.44	92.44	84.05	84.05	84.05
99	102.36	102.36	102.36	93.93	93.93	93.93	85.50	85.50	85.50

\$30 Policy Fee

Berkshire Life Insurance Company Of America

Annual Premiums Per \$100 Monthly Benefit

Policy Form: 4200 & 4206

Base & Additional Monthly Benefit

Structure: Level

Sex: Female

Occupation Class: 6 & 6M

Elim. Period(Days)	30			60			90		
	12	18	24	12	18	24	12	18	24
Ben. Period(Months)									
Issue Age									
18	12.24	15.20	19.00	9.72	12.74	15.92	7.19	10.28	12.85
19	12.24	15.20	19.00	9.72	12.74	15.92	7.19	10.28	12.85
20	12.24	15.20	19.00	9.72	12.74	15.92	7.19	10.28	12.85
21	12.24	15.20	19.00	9.72	12.74	15.92	7.19	10.28	12.85
22	12.24	15.20	19.00	9.72	12.74	15.92	7.19	10.28	12.85
23	12.24	15.20	19.00	9.72	12.74	15.92	7.19	10.28	12.85
24	12.24	15.20	19.00	9.72	12.74	15.92	7.19	10.28	12.85
25	12.24	15.20	19.00	9.72	12.74	15.92	7.19	10.28	12.85
26	12.36	15.45	19.31	9.85	13.02	16.28	7.34	10.61	13.26
27	12.47	15.70	19.63	9.98	13.33	16.66	7.49	10.95	13.69
28	12.59	15.95	19.94	10.12	13.63	17.04	7.64	11.31	14.14
29	12.71	16.20	20.25	10.25	13.94	17.42	7.79	11.68	14.60
30	12.82	16.46	20.57	10.38	14.26	17.82	7.94	12.06	15.07
31	12.94	16.70	20.88	10.52	14.58	18.22	8.09	12.44	15.55
32	13.05	16.96	21.20	10.64	14.90	18.63	8.24	12.85	16.06
33	13.17	17.21	21.51	10.93	15.24	19.05	8.69	13.26	16.58
34	13.73	18.12	22.65	11.44	15.92	19.90	9.16	13.71	17.14
35	14.34	19.09	23.86	11.98	16.63	20.79	9.63	14.18	17.72
36	14.99	20.10	25.13	12.54	17.39	21.74	10.10	14.67	18.34
37	15.68	21.14	26.43	13.12	18.18	22.72	10.57	15.20	19.00
38	16.40	22.22	27.77	13.71	18.99	23.74	11.02	15.77	19.71
39	17.15	23.30	29.13	14.30	19.84	24.80	11.46	16.38	20.47
40	17.92	24.40	30.50	14.91	20.72	25.90	11.90	17.04	21.30
41	18.72	25.52	31.90	15.52	21.64	27.05	12.32	17.76	22.20
42	19.54	26.65	33.31	16.14	22.59	28.24	12.75	18.53	23.16
43	20.38	27.80	34.75	16.78	23.58	29.48	13.18	19.38	24.22
44	21.25	28.98	36.22	17.43	24.63	30.79	13.61	20.29	25.36
45	22.14	30.18	37.73	18.10	25.73	32.16	14.07	21.27	26.59
46	23.06	31.42	39.28	18.80	26.88	33.60	14.55	22.34	27.92
47	24.02	32.71	40.89	19.55	28.10	35.12	15.07	23.49	29.36
48	25.01	34.05	42.56	20.32	29.39	36.74	15.62	24.74	30.92
49	26.04	35.44	44.30	21.14	30.75	38.44	16.23	26.06	32.58
50	27.10	36.90	46.12	22.00	32.19	40.24	16.89	27.49	34.36
51	28.21	38.42	48.03	22.92	33.72	42.15	17.62	29.02	36.27
52	29.36	40.03	50.04	23.88	35.33	44.16	18.41	30.63	38.29
53	30.56	41.72	52.15	24.92	37.04	46.30	19.28	32.35	40.44
54	31.80	43.50	54.37	26.02	38.83	48.54	20.23	34.17	42.71
55	33.09	45.35	56.69	27.17	40.72	50.90	21.25	36.08	45.10
56	34.42	47.30	59.12	28.38	42.69	53.36	22.35	38.09	47.61
57	35.80	49.32	61.65	29.66	44.75	55.94	23.53	40.18	50.22
58	37.21	51.42	64.27	30.99	46.89	58.61	24.77	42.36	52.95
59	38.65	53.58	66.98	32.36	49.10	61.38	26.08	44.62	55.77
60	40.12	55.80	69.75	33.78	51.38	64.22	27.43	46.94	58.68
65	47.53	67.08	83.85	40.97	63.18	78.97	34.41	59.28	74.10
66	49.00	69.32	86.65	42.40	65.55	81.94	35.80	61.78	77.23
67	50.47	71.56	89.45	43.82	67.93	84.91	37.18	64.30	80.37
68	51.94	73.80	92.25	45.25	70.30	87.88	38.56	66.80	83.50
69	53.41	76.04	95.05	46.68	72.67	90.84	39.95	69.30	86.63
70	54.88	78.28	97.85	48.10	75.05	93.81	41.33	71.82	89.77
71	56.35	80.51	100.64	49.53	77.42	96.77	42.71	74.32	92.90
72	57.82	82.75	103.44	50.96	79.79	99.74	44.09	76.83	96.04
73	59.29	84.99	106.24	52.39	82.17	102.71	45.48	79.34	99.17
74	60.75	87.23	109.04	53.80	84.54	105.68	46.86	81.85	102.31

\$30 Policy Fee

Berkshire Life Insurance Company Of America

Annual Premiums Per \$100 Monthly Benefit

Policy Form: 4200 & 4206

Base & Additional Monthly Benefit

Structure: Level	Sex: Female						Occupation Class: 6 & 6M		
Elim. Period(Days)	30			60			90		
Ben. Period(Months)	12	18	24	12	18	24	12	18	24
Issue Age									
75	62.22	62.22	62.22	55.23	55.23	55.23	48.24	48.24	48.24
76	63.69	63.69	63.69	56.66	56.66	56.66	49.63	49.63	49.63
77	65.16	65.16	65.16	58.08	58.08	58.08	51.01	51.01	51.01
78	66.63	66.63	66.63	59.51	59.51	59.51	52.39	52.39	52.39
79	68.10	68.10	68.10	60.94	60.94	60.94	53.78	53.78	53.78
80	69.57	69.57	69.57	62.36	62.36	62.36	55.16	55.16	55.16
81	71.04	71.04	71.04	63.79	63.79	63.79	56.54	56.54	56.54
82	72.51	72.51	72.51	65.22	65.22	65.22	57.92	57.92	57.92
83	73.98	73.98	73.98	66.65	66.65	66.65	59.31	59.31	59.31
84	75.45	75.45	75.45	68.07	68.07	68.07	60.69	60.69	60.69
85	76.92	76.92	76.92	69.50	69.50	69.50	62.07	62.07	62.07
86	78.39	78.39	78.39	70.92	70.92	70.92	63.46	63.46	63.46
87	79.86	79.86	79.86	72.35	72.35	72.35	64.84	64.84	64.84
88	81.33	81.33	81.33	73.78	73.78	73.78	66.22	66.22	66.22
89	82.80	82.80	82.80	75.20	75.20	75.20	67.60	67.60	67.60
90	84.27	84.27	84.27	76.63	76.63	76.63	68.99	68.99	68.99
91	85.74	85.74	85.74	78.06	78.06	78.06	70.37	70.37	70.37
92	87.21	87.21	87.21	79.48	79.48	79.48	71.75	71.75	71.75
93	88.68	88.68	88.68	80.91	80.91	80.91	73.14	73.14	73.14
94	90.14	90.14	90.14	82.33	82.33	82.33	74.52	74.52	74.52
95	91.61	91.61	91.61	83.76	83.76	83.76	75.90	75.90	75.90
96	93.08	93.08	93.08	85.18	85.18	85.18	77.28	77.28	77.28
97	94.55	94.55	94.55	86.61	86.61	86.61	78.67	78.67	78.67
98	96.02	96.02	96.02	88.04	88.04	88.04	80.05	80.05	80.05
99	97.49	97.49	97.49	89.46	89.46	89.46	81.43	81.43	81.43

\$30 Policy Fee

Berkshire Life Insurance Company Of America

Annual Premiums Per \$100 Monthly Benefit

Policy Form: 4200 & 4206

Base & Additional Monthly Benefit

Structure: Level

Sex: Male

Occupation Class: 3 & 3M

Elim. Period(Days)	30			60			90		
Ben. Period(Months)	12	18	24	12	18	24	12	18	24
Issue Age									
18	11.81	14.76	18.45	9.05	11.88	14.85	6.29	9.00	11.25
19	11.81	14.76	18.45	9.05	11.88	14.85	6.29	9.00	11.25
20	11.81	14.76	18.45	9.05	11.88	14.85	6.29	9.00	11.25
21	11.81	14.76	18.45	9.05	11.88	14.85	6.29	9.00	11.25
22	11.81	14.76	18.45	9.05	11.88	14.85	6.29	9.00	11.25
23	11.81	14.76	18.45	9.05	11.88	14.85	6.29	9.00	11.25
24	11.81	14.76	18.45	9.05	11.88	14.85	6.29	9.00	11.25
25	11.81	14.76	18.45	9.05	11.88	14.85	6.29	9.00	11.25
26	12.02	15.99	19.99	9.19	13.04	16.30	6.36	10.09	12.61
27	12.21	16.80	21.00	9.32	13.82	17.28	6.42	10.86	13.57
28	12.42	17.30	21.62	9.46	14.32	17.90	6.49	11.35	14.19
29	12.63	17.58	21.97	9.60	14.62	18.28	6.56	11.67	14.59
30	12.83	17.70	22.13	9.80	14.78	18.48	6.76	11.86	14.82
31	13.03	17.78	22.22	10.02	14.86	18.58	7.01	11.95	14.94
32	13.24	17.84	22.30	10.28	14.94	18.67	7.32	12.03	15.04
33	13.44	17.96	22.45	10.54	15.04	18.80	7.64	12.11	15.14
34	13.64	18.16	22.70	10.82	15.18	18.98	8.01	12.22	15.27
35	13.85	18.50	23.12	11.12	15.46	19.32	8.40	12.41	15.51
36	14.16	18.98	23.73	11.48	15.84	19.80	8.81	12.69	15.86
37	14.47	19.64	24.55	11.87	16.35	20.44	9.27	13.07	16.34
38	14.79	20.48	25.60	12.26	17.04	21.30	9.74	13.59	16.99
39	15.44	21.52	26.90	12.85	17.88	22.35	10.26	14.24	17.80
40	16.27	22.76	28.45	13.54	18.90	23.62	10.80	15.03	18.79
41	17.27	24.19	30.24	14.32	20.08	25.10	11.37	15.98	19.97
42	18.45	25.82	32.28	15.20	21.44	26.80	11.96	17.06	21.33
43	19.79	27.63	34.54	16.20	22.97	28.71	12.60	18.30	22.88
44	21.28	29.61	37.01	17.28	24.64	30.80	13.28	19.68	24.60
45	22.88	31.72	39.65	18.43	26.46	33.07	13.98	21.19	26.49
46	24.60	33.98	42.48	19.66	28.41	35.51	14.73	22.83	28.54
47	26.42	36.36	45.45	20.98	30.47	38.09	15.54	24.58	30.73
48	28.32	38.82	48.52	22.35	32.64	40.80	16.38	26.46	33.07
49	30.26	41.37	51.71	23.77	34.90	43.62	17.28	28.43	35.54
50	32.22	43.96	54.95	25.22	37.22	46.53	18.23	30.48	38.10
51	34.21	46.62	58.27	26.72	39.62	49.53	19.24	32.62	40.78
52	36.19	49.27	61.59	28.24	42.05	52.56	20.29	34.82	43.53
53	38.16	51.96	64.95	29.78	44.54	55.67	21.40	37.10	46.38
54	40.08	54.63	68.29	31.33	47.03	58.79	22.58	39.43	49.29
55	41.98	57.29	71.61	32.89	49.54	61.93	23.80	41.80	52.25
56	43.84	59.94	74.93	34.46	52.08	65.10	25.07	44.22	55.27
57	45.64	62.58	78.23	36.03	54.64	68.30	26.42	46.69	58.36
58	47.42	65.21	81.51	37.61	57.21	71.51	27.80	49.21	61.51
59	49.16	67.84	84.80	39.20	59.81	74.76	29.24	51.77	64.71
60	50.91	70.49	88.11	40.82	62.43	78.04	30.73	54.38	67.98
65	60.49	84.98	106.22	49.55	76.88	96.11	38.60	68.79	85.99
66	62.55	88.02	110.03	51.37	79.92	99.90	40.19	71.81	89.76
67	64.60	91.09	113.86	53.19	82.97	103.70	41.80	74.83	93.54
68	66.65	94.15	117.69	55.02	86.00	107.50	43.41	77.85	97.31
69	68.70	97.21	121.51	56.85	89.04	111.30	45.00	80.86	101.08
70	70.76	100.26	125.34	58.68	92.07	115.09	46.61	83.89	104.86
71	72.82	103.31	129.15	60.51	95.11	118.89	48.22	86.90	108.63
72	74.87	106.38	132.97	62.34	98.16	122.69	49.83	89.92	112.40
73	76.92	109.44	136.80	64.17	101.19	126.49	51.42	92.95	116.17
74	78.97	112.50	140.62	66.00	104.23	130.28	53.03	95.97	119.96

\$30 Policy Fee

Berkshire Life Insurance Company Of America

Annual Premiums Per \$100 Monthly Benefit

Policy Form: 4200 & 4206

Base & Additional Monthly Benefit

Structure: Level	Sex: Male						Occupation Class: 3 & 3M		
Elim. Period(Days)	30			60			90		
Ben. Period(Months)	12	18	24	12	18	24	12	18	24
Issue Age									
75	81.03	81.03	81.03	67.83	67.83	67.83	54.64	54.64	54.64
76	83.09	83.09	83.09	69.66	69.66	69.66	56.23	56.23	56.23
77	85.14	85.14	85.14	71.49	71.49	71.49	57.84	57.84	57.84
78	87.19	87.19	87.19	73.32	73.32	73.32	59.45	59.45	59.45
79	89.24	89.24	89.24	75.15	75.15	75.15	61.05	61.05	61.05
80	91.30	91.30	91.30	76.98	76.98	76.98	62.65	62.65	62.65
81	93.36	93.36	93.36	78.81	78.81	78.81	64.25	64.25	64.25
82	95.41	95.41	95.41	80.64	80.64	80.64	65.86	65.86	65.86
83	97.46	97.46	97.46	82.47	82.47	82.47	67.46	67.46	67.46
84	99.51	99.51	99.51	84.30	84.30	84.30	69.06	69.06	69.06
85	101.57	101.57	101.57	86.13	86.13	86.13	70.67	70.67	70.67
86	103.63	103.63	103.63	87.96	87.96	87.96	72.27	72.27	72.27
87	105.68	105.68	105.68	89.79	89.79	89.79	73.87	73.87	73.87
88	107.73	107.73	107.73	91.61	91.61	91.61	75.48	75.48	75.48
89	109.79	109.79	109.79	93.43	93.43	93.43	77.09	77.09	77.09
90	111.84	111.84	111.84	95.26	95.26	95.26	78.68	78.68	78.68
91	113.90	113.90	113.90	97.10	97.10	97.10	80.29	80.29	80.29
92	115.95	115.95	115.95	98.93	98.93	98.93	81.90	81.90	81.90
93	118.00	118.00	118.00	100.75	100.75	100.75	83.49	83.49	83.49
94	120.06	120.06	120.06	102.58	102.58	102.58	85.10	85.10	85.10
95	122.11	122.11	122.11	104.41	104.41	104.41	86.71	86.71	86.71
96	124.17	124.17	124.17	106.25	106.25	106.25	88.32	88.32	88.32
97	126.22	126.22	126.22	108.07	108.07	108.07	89.91	89.91	89.91
98	128.27	128.27	128.27	109.90	109.90	109.90	91.52	91.52	91.52
99	130.33	130.33	130.33	111.73	111.73	111.73	93.13	93.13	93.13

\$30 Policy Fee

Berkshire Life Insurance Company Of America

Annual Premiums Per \$100 Monthly Benefit

Policy Form: 4200 & 4206

Base & Additional Monthly Benefit

Structure: Level

Sex: Male

Occupation Class: 4 & 4M

Elim. Period(Days)	30			60			90		
	12	18	24	12	18	24	12	18	24
Ben. Period(Months)									
Issue Age									
18	9.84	12.30	15.37	7.54	9.90	12.38	5.24	7.50	9.38
19	9.84	12.30	15.37	7.54	9.90	12.38	5.24	7.50	9.38
20	9.84	12.30	15.37	7.54	9.90	12.38	5.24	7.50	9.38
21	9.84	12.30	15.37	7.54	9.90	12.38	5.24	7.50	9.38
22	9.84	12.30	15.37	7.54	9.90	12.38	5.24	7.50	9.38
23	9.84	12.30	15.37	7.54	9.90	12.38	5.24	7.50	9.38
24	9.84	12.30	15.37	7.54	9.90	12.38	5.24	7.50	9.38
25	9.84	12.30	15.37	7.54	9.90	12.38	5.24	7.50	9.38
26	10.01	13.33	16.66	7.65	10.86	13.58	5.30	8.41	10.51
27	10.18	14.00	17.50	7.76	11.52	14.40	5.35	9.05	11.31
28	10.35	14.42	18.02	7.88	11.94	14.92	5.41	9.46	11.83
29	10.52	14.65	18.31	7.99	12.19	15.24	5.46	9.73	12.16
30	10.70	14.76	18.45	8.17	12.32	15.40	5.64	9.88	12.35
31	10.86	14.81	18.51	8.35	12.38	15.48	5.84	9.96	12.45
32	11.03	14.86	18.58	8.56	12.45	15.56	6.10	10.02	12.53
33	11.20	14.97	18.71	8.78	12.53	15.66	6.36	10.09	12.61
34	11.37	15.14	18.92	9.02	12.66	15.82	6.68	10.18	12.73
35	11.54	15.42	19.27	9.27	12.88	16.10	7.00	10.34	12.92
36	11.80	15.82	19.77	9.57	13.19	16.49	7.35	10.57	13.21
37	12.06	16.37	20.46	9.90	13.63	17.04	7.73	10.90	13.62
38	12.32	17.06	21.33	10.22	14.19	17.74	8.12	11.33	14.16
39	12.87	17.94	22.42	10.71	14.90	18.62	8.55	11.86	14.83
40	13.56	18.97	23.71	11.28	15.75	19.69	9.00	12.53	15.66
41	14.39	20.16	25.20	11.93	16.74	20.92	9.47	13.31	16.64
42	15.37	21.52	26.90	12.67	17.87	22.34	9.97	14.22	17.78
43	16.49	23.02	28.78	13.50	19.14	23.92	10.50	15.26	19.07
44	17.73	24.67	30.84	14.40	20.54	25.67	11.06	16.40	20.50
45	19.07	26.43	33.04	15.36	22.05	27.56	11.65	17.66	22.07
46	20.50	28.32	35.40	16.39	23.67	29.59	12.28	19.02	23.78
47	22.01	30.30	37.87	17.48	25.39	31.74	12.95	20.49	25.61
48	23.60	32.35	40.44	18.62	27.20	34.00	13.65	22.05	27.56
49	25.21	34.47	43.09	19.80	29.08	36.35	14.40	23.69	29.61
50	26.85	36.64	45.80	21.02	31.02	38.78	15.19	25.40	31.75
51	28.51	38.85	48.56	22.27	33.02	41.27	16.03	27.18	33.98
52	30.16	41.06	51.33	23.54	35.04	43.80	16.91	29.02	36.28
53	31.80	43.30	54.12	24.82	37.10	46.38	17.83	30.92	38.65
54	33.40	45.53	56.91	26.10	39.19	48.99	18.81	32.86	41.07
55	34.98	47.74	59.68	27.40	41.29	51.61	19.83	34.83	43.54
56	36.53	49.95	62.44	28.71	43.40	54.25	20.89	36.85	46.06
57	38.03	52.15	65.19	30.02	45.54	56.92	22.01	38.91	48.64
58	39.51	54.34	67.93	31.34	47.68	59.60	23.17	41.01	51.26
59	40.97	56.53	70.66	32.67	49.84	62.30	24.37	43.14	53.93
60	42.42	58.74	73.42	34.02	52.03	65.04	25.61	45.32	56.65
65	50.40	70.81	88.52	41.29	64.07	80.09	32.17	57.32	71.66
66	52.13	73.35	91.70	42.80	66.60	83.25	33.50	59.84	74.80
67	53.83	75.91	94.88	44.33	69.14	86.42	34.83	62.36	77.95
68	55.54	78.46	98.07	45.85	71.67	89.58	36.17	64.88	81.09
69	57.25	81.01	101.26	47.38	74.20	92.75	37.50	67.38	84.23
70	58.96	83.55	104.45	48.90	76.73	95.91	38.84	69.91	87.39
71	60.68	86.09	107.62	50.43	79.26	99.08	40.18	72.42	90.53
72	62.39	88.65	110.81	51.95	81.80	102.24	41.52	74.94	93.67
73	64.10	91.20	114.00	53.48	84.33	105.41	42.85	77.45	96.81
74	65.81	93.75	117.19	55.00	86.86	108.57	44.19	79.97	99.97

\$30 Policy Fee

Berkshire Life Insurance Company Of America

Annual Premiums Per \$100 Monthly Benefit

Policy Form: 4200 & 4206

Base & Additional Monthly Benefit

Structure: Level

Sex: Male

Occupation Class: 4 & 4M

Elim. Period(Days)	30			60			90		
	12	18	24	12	18	24	12	18	24
Ben. Period(Months)									
Issue Age									
75	67.52	67.52	67.52	56.53	56.53	56.53	45.53	45.53	45.53
76	69.24	69.24	69.24	58.05	58.05	58.05	46.86	46.86	46.86
77	70.95	70.95	70.95	59.57	59.57	59.57	48.20	48.20	48.20
78	72.66	72.66	72.66	61.10	61.10	61.10	49.54	49.54	49.54
79	74.37	74.37	74.37	62.62	62.62	62.62	50.88	50.88	50.88
80	76.08	76.08	76.08	64.15	64.15	64.15	52.21	52.21	52.21
81	77.80	77.80	77.80	65.67	65.67	65.67	53.55	53.55	53.55
82	79.51	79.51	79.51	67.20	67.20	67.20	54.89	54.89	54.89
83	81.22	81.22	81.22	68.72	68.72	68.72	56.21	56.21	56.21
84	82.93	82.93	82.93	70.25	70.25	70.25	57.55	57.55	57.55
85	84.64	84.64	84.64	71.77	71.77	71.77	58.89	58.89	58.89
86	86.36	86.36	86.36	73.30	73.30	73.30	60.22	60.22	60.22
87	88.07	88.07	88.07	74.82	74.82	74.82	61.56	61.56	61.56
88	89.78	89.78	89.78	76.35	76.35	76.35	62.90	62.90	62.90
89	91.49	91.49	91.49	77.86	77.86	77.86	64.24	64.24	64.24
90	93.20	93.20	93.20	79.38	79.38	79.38	65.57	65.57	65.57
91	94.92	94.92	94.92	80.92	80.92	80.92	66.91	66.91	66.91
92	96.63	96.63	96.63	82.44	82.44	82.44	68.25	68.25	68.25
93	98.34	98.34	98.34	83.96	83.96	83.96	69.58	69.58	69.58
94	100.05	100.05	100.05	85.48	85.48	85.48	70.92	70.92	70.92
95	101.76	101.76	101.76	87.01	87.01	87.01	72.26	72.26	72.26
96	103.48	103.48	103.48	88.54	88.54	88.54	73.60	73.60	73.60
97	105.19	105.19	105.19	90.06	90.06	90.06	74.92	74.92	74.92
98	106.90	106.90	106.90	91.58	91.58	91.58	76.26	76.26	76.26
99	108.60	108.60	108.60	93.10	93.10	93.10	77.60	77.60	77.60

\$30 Policy Fee

Berkshire Life Insurance Company Of America

Annual Premiums Per \$100 Monthly Benefit

Policy Form: 4200 & 4206

Base & Additional Monthly Benefit

Structure: Level

Sex: Male

Occupation Class: 5 & 5M

Elim. Period(Days)	30			60			90		
Ben. Period(Months)	12	18	24	12	18	24	12	18	24
Issue Age									
18	8.95	11.18	13.98	6.86	9.01	11.26	4.77	6.82	8.53
19	8.95	11.18	13.98	6.86	9.01	11.26	4.77	6.82	8.53
20	8.95	11.18	13.98	6.86	9.01	11.26	4.77	6.82	8.53
21	8.95	11.18	13.98	6.86	9.01	11.26	4.77	6.82	8.53
22	8.95	11.18	13.98	6.86	9.01	11.26	4.77	6.82	8.53
23	8.95	11.18	13.98	6.86	9.01	11.26	4.77	6.82	8.53
24	8.95	11.18	13.98	6.86	9.01	11.26	4.77	6.82	8.53
25	8.95	11.18	13.98	6.86	9.01	11.26	4.77	6.82	8.53
26	9.10	12.11	15.14	6.96	9.88	12.35	4.82	7.65	9.56
27	9.25	12.73	15.91	7.06	10.48	13.10	4.86	8.22	10.28
28	9.41	13.10	16.38	7.16	10.85	13.56	4.91	8.60	10.75
29	9.57	13.31	16.64	7.27	11.08	13.85	4.97	8.85	11.06
30	9.72	13.42	16.77	7.42	11.20	14.00	5.12	8.98	11.22
31	9.87	13.46	16.83	7.59	11.26	14.08	5.31	9.06	11.32
32	10.03	13.51	16.89	7.78	11.31	14.14	5.54	9.11	11.39
33	10.18	13.61	17.01	7.98	11.39	14.24	5.79	9.18	11.47
34	10.33	13.76	17.20	8.20	11.50	14.38	6.07	9.26	11.57
35	10.49	14.01	17.51	8.43	11.70	14.63	6.36	9.40	11.75
36	10.73	14.38	17.98	8.70	12.00	15.00	6.68	9.61	12.01
37	10.96	14.88	18.60	8.99	12.39	15.49	7.02	9.90	12.38
38	11.20	15.51	19.39	9.29	12.90	16.13	7.38	10.30	12.87
39	11.70	16.30	20.38	9.74	13.54	16.93	7.77	10.78	13.48
40	12.33	17.25	21.56	10.26	14.32	17.90	8.18	11.39	14.24
41	13.08	18.33	22.91	10.84	15.22	19.02	8.61	12.10	15.13
42	13.98	19.56	24.45	11.52	16.24	20.30	9.06	12.93	16.16
43	14.99	20.94	26.17	12.26	17.41	21.76	9.54	13.87	17.34
44	16.12	22.43	28.04	13.09	18.67	23.34	10.06	14.91	18.64
45	17.34	24.03	30.04	13.96	20.05	25.06	10.59	16.06	20.07
46	18.64	25.74	32.18	14.90	21.52	26.90	11.16	17.30	21.62
47	20.01	27.54	34.43	15.89	23.09	28.86	11.77	18.62	23.28
48	21.45	29.41	36.76	16.93	24.72	30.90	12.41	20.04	25.05
49	22.92	31.34	39.18	18.01	26.44	33.05	13.09	21.54	26.92
50	24.41	33.30	41.63	19.11	28.20	35.25	13.81	23.09	28.86
51	25.91	35.31	44.14	20.24	30.02	37.52	14.57	24.71	30.89
52	27.42	37.33	46.66	21.40	31.86	39.82	15.37	26.38	32.98
53	28.91	39.36	49.20	22.56	33.74	42.17	16.21	28.10	35.13
54	30.37	41.38	51.73	23.74	35.63	44.54	17.10	29.87	37.34
55	31.80	43.40	54.25	24.92	37.54	46.92	18.03	31.66	39.58
56	33.21	45.41	56.76	26.10	39.46	49.32	18.99	33.50	41.87
57	34.58	47.41	59.26	27.30	41.39	51.74	20.01	35.38	44.22
58	35.92	49.40	61.75	28.49	43.34	54.18	21.06	37.28	46.60
59	37.24	51.39	64.24	29.70	45.30	56.63	22.16	39.22	49.02
60	38.57	53.40	66.75	30.92	47.30	59.12	23.28	41.20	51.50
65	45.82	64.38	80.47	37.54	58.24	72.81	29.24	52.11	65.14
66	47.39	66.69	83.36	38.91	60.54	75.68	30.45	54.40	68.00
67	48.94	69.01	86.26	40.30	62.85	78.56	31.67	56.69	70.86
68	50.49	71.33	89.16	41.68	65.15	81.44	32.89	58.98	73.72
69	52.05	73.65	92.05	43.07	67.45	84.32	34.09	61.26	76.58
70	53.60	75.96	94.95	44.46	69.75	87.19	35.31	63.56	79.44
71	55.17	78.27	97.84	45.84	72.05	90.07	36.53	65.84	82.30
72	56.72	80.59	100.74	47.23	74.36	92.95	37.75	68.12	85.16
73	58.28	82.91	103.64	48.62	76.66	95.82	38.96	70.41	88.01
74	59.83	85.23	106.53	50.00	78.96	98.70	40.17	72.70	90.88

\$30 Policy Fee

Berkshire Life Insurance Company Of America

Annual Premiums Per \$100 Monthly Benefit

Policy Form: 4200 & 4206

Base & Additional Monthly Benefit

Structure: Level	Sex: Male						Occupation Class: 5 & 5M		
Elim. Period(Days)	30			60			90		
Ben. Period(Months)	12	18	24	12	18	24	12	18	24
Issue Age									
75	61.38	61.38	61.38	51.39	51.39	51.39	41.39	41.39	41.39
76	62.95	62.95	62.95	52.77	52.77	52.77	42.60	42.60	42.60
77	64.50	64.50	64.50	54.16	54.16	54.16	43.82	43.82	43.82
78	66.06	66.06	66.06	55.54	55.54	55.54	45.03	45.03	45.03
79	67.61	67.61	67.61	56.93	56.93	56.93	46.25	46.25	46.25
80	69.16	69.16	69.16	58.32	58.32	58.32	47.46	47.46	47.46
81	70.73	70.73	70.73	59.70	59.70	59.70	48.68	48.68	48.68
82	72.28	72.28	72.28	61.09	61.09	61.09	49.90	49.90	49.90
83	73.84	73.84	73.84	62.48	62.48	62.48	51.10	51.10	51.10
84	75.39	75.39	75.39	63.86	63.86	63.86	52.32	52.32	52.32
85	76.94	76.94	76.94	65.25	65.25	65.25	53.54	53.54	53.54
86	78.51	78.51	78.51	66.63	66.63	66.63	54.75	54.75	54.75
87	80.06	80.06	80.06	68.02	68.02	68.02	55.96	55.96	55.96
88	81.62	81.62	81.62	69.40	69.40	69.40	57.18	57.18	57.18
89	83.17	83.17	83.17	70.78	70.78	70.78	58.40	58.40	58.40
90	84.72	84.72	84.72	72.17	72.17	72.17	59.61	59.61	59.61
91	86.29	86.29	86.29	73.56	73.56	73.56	60.83	60.83	60.83
92	87.84	87.84	87.84	74.95	74.95	74.95	62.04	62.04	62.04
93	89.40	89.40	89.40	76.32	76.32	76.32	63.25	63.25	63.25
94	90.95	90.95	90.95	77.71	77.71	77.71	64.47	64.47	64.47
95	92.50	92.50	92.50	79.10	79.10	79.10	65.69	65.69	65.69
96	94.07	94.07	94.07	80.49	80.49	80.49	66.91	66.91	66.91
97	95.62	95.62	95.62	81.87	81.87	81.87	68.11	68.11	68.11
98	97.18	97.18	97.18	83.25	83.25	83.25	69.33	69.33	69.33
99	98.73	98.73	98.73	84.64	84.64	84.64	70.55	70.55	70.55

\$30 Policy Fee

Berkshire Life Insurance Company Of America

Annual Premiums Per \$100 Monthly Benefit

Policy Form: 4200 & 4206

Base & Additional Monthly Benefit

Structure: Level	Sex: Male						Occupation Class: 6 & 6M		
Elim. Period(Days)	30			60			90		
Ben. Period(Months)	12	18	24	12	18	24	12	18	24
Issue Age									
18	8.52	10.65	13.31	6.53	8.58	10.72	4.54	6.50	8.12
19	8.52	10.65	13.31	6.53	8.58	10.72	4.54	6.50	8.12
20	8.52	10.65	13.31	6.53	8.58	10.72	4.54	6.50	8.12
21	8.52	10.65	13.31	6.53	8.58	10.72	4.54	6.50	8.12
22	8.52	10.65	13.31	6.53	8.58	10.72	4.54	6.50	8.12
23	8.52	10.65	13.31	6.53	8.58	10.72	4.54	6.50	8.12
24	8.52	10.65	13.31	6.53	8.58	10.72	4.54	6.50	8.12
25	8.52	10.65	13.31	6.53	8.58	10.72	4.54	6.50	8.12
26	8.67	11.54	14.42	6.63	9.41	11.76	4.59	7.28	9.10
27	8.81	12.12	15.15	6.72	9.98	12.47	4.63	7.83	9.79
28	8.96	12.48	15.60	6.82	10.34	12.92	4.68	8.19	10.24
29	9.11	12.68	15.85	6.92	10.55	13.19	4.73	8.42	10.53
30	9.26	12.78	15.97	7.07	10.66	13.33	4.88	8.55	10.69
31	9.40	12.82	16.03	7.23	10.72	13.40	5.06	8.62	10.78
32	9.55	12.87	16.09	7.42	10.78	13.47	5.28	8.68	10.85
33	9.70	12.96	16.20	7.60	10.85	13.56	5.51	8.74	10.92
34	9.84	13.10	16.38	7.81	10.96	13.70	5.78	8.82	11.02
35	9.99	13.34	16.68	8.02	11.14	13.93	6.06	8.95	11.19
36	10.22	13.70	17.12	8.29	11.42	14.28	6.36	9.15	11.44
37	10.44	14.17	17.71	8.56	11.80	14.75	6.69	9.43	11.79
38	10.67	14.78	18.47	8.85	12.29	15.36	7.03	9.81	12.26
39	11.14	15.53	19.41	9.27	12.90	16.12	7.40	10.27	12.84
40	11.74	16.42	20.53	9.76	13.64	17.05	7.79	10.85	13.56
41	12.46	17.46	21.82	10.33	14.50	18.12	8.20	11.53	14.41
42	13.31	18.63	23.29	10.97	15.47	19.34	8.63	12.31	15.39
43	14.28	19.94	24.92	11.68	16.58	20.72	9.09	13.21	16.51
44	15.35	21.36	26.70	12.46	17.78	22.22	9.58	14.20	17.75
45	16.51	22.89	28.61	13.30	19.09	23.86	10.09	15.29	19.11
46	17.75	24.52	30.65	14.19	20.50	25.62	10.63	16.47	20.59
47	19.06	26.23	32.79	15.14	21.98	27.48	11.21	17.74	22.17
48	20.43	28.01	35.01	16.12	23.55	29.44	11.82	19.09	23.86
49	21.83	29.85	37.31	17.15	25.18	31.48	12.47	20.51	25.64
50	23.25	31.72	39.65	18.20	26.86	33.57	13.15	21.99	27.49
51	24.68	33.63	42.04	19.28	28.58	35.73	13.88	23.54	29.42
52	26.11	35.55	44.44	20.38	30.34	37.92	14.64	25.13	31.41
53	27.53	37.49	46.86	21.48	32.13	40.16	15.44	26.77	33.46
54	28.92	39.42	49.27	22.60	33.94	42.42	16.29	28.45	35.56
55	30.29	41.34	51.67	23.73	35.74	44.68	17.17	30.16	37.70
56	31.63	43.25	54.06	24.86	37.58	46.97	18.09	31.90	39.88
57	32.93	45.15	56.44	25.99	39.42	49.28	19.06	33.69	42.11
58	34.21	47.05	58.81	27.14	41.28	51.60	20.06	35.50	44.38
59	35.47	48.94	61.18	28.28	43.15	53.94	21.10	37.35	46.69
60	36.73	50.86	63.57	29.45	45.05	56.31	22.17	39.24	49.05
65	43.64	61.31	76.64	35.75	55.47	69.34	27.85	49.63	62.04
66	45.13	63.51	79.39	37.06	57.66	72.08	29.00	51.81	64.76
67	46.61	65.72	82.15	38.38	59.86	74.82	30.16	53.99	67.49
68	48.09	67.93	84.91	39.70	62.05	77.56	31.32	56.17	70.21
69	49.57	70.14	87.67	41.02	64.24	80.30	32.47	58.34	72.93
70	51.05	72.34	90.43	42.34	66.43	83.04	33.63	60.53	75.66
71	52.54	74.54	93.18	43.66	68.62	85.78	34.79	62.70	78.38
72	54.02	76.75	95.94	44.98	70.82	88.52	35.95	64.88	81.10
73	55.50	78.96	98.70	46.30	73.01	91.26	37.10	67.06	83.82
74	56.98	81.17	101.46	47.62	75.20	94.00	38.26	69.24	86.55

\$30 Policy Fee

Berkshire Life Insurance Company Of America

Annual Premiums Per \$100 Monthly Benefit

Policy Form: 4200 & 4206

Base & Additional Monthly Benefit

Structure: Level	Sex: Male						Occupation Class: 6 & 6M		
Elim. Period(Days)	30			60			90		
Ben. Period(Months)	12	18	24	12	18	24	12	18	24
Issue Age									
75	58.46	58.46	58.46	48.94	48.94	48.94	39.42	39.42	39.42
76	59.95	59.95	59.95	50.26	50.26	50.26	40.57	40.57	40.57
77	61.43	61.43	61.43	51.58	51.58	51.58	41.73	41.73	41.73
78	62.91	62.91	62.91	52.90	52.90	52.90	42.89	42.89	42.89
79	64.39	64.39	64.39	54.22	54.22	54.22	44.05	44.05	44.05
80	65.87	65.87	65.87	55.54	55.54	55.54	45.20	45.20	45.20
81	67.36	67.36	67.36	56.86	56.86	56.86	46.36	46.36	46.36
82	68.84	68.84	68.84	58.18	58.18	58.18	47.52	47.52	47.52
83	70.32	70.32	70.32	59.50	59.50	59.50	48.67	48.67	48.67
84	71.80	71.80	71.80	60.82	60.82	60.82	49.83	49.83	49.83
85	73.28	73.28	73.28	62.14	62.14	62.14	50.99	50.99	50.99
86	74.77	74.77	74.77	63.46	63.46	63.46	52.14	52.14	52.14
87	76.25	76.25	76.25	64.78	64.78	64.78	53.30	53.30	53.30
88	77.73	77.73	77.73	66.10	66.10	66.10	54.46	54.46	54.46
89	79.21	79.21	79.21	67.41	67.41	67.41	55.62	55.62	55.62
90	80.69	80.69	80.69	68.73	68.73	68.73	56.77	56.77	56.77
91	82.18	82.18	82.18	70.06	70.06	70.06	57.93	57.93	57.93
92	83.66	83.66	83.66	71.38	71.38	71.38	59.09	59.09	59.09
93	85.14	85.14	85.14	72.69	72.69	72.69	60.24	60.24	60.24
94	86.62	86.62	86.62	74.01	74.01	74.01	61.40	61.40	61.40
95	88.10	88.10	88.10	75.33	75.33	75.33	62.56	62.56	62.56
96	89.59	89.59	89.59	76.66	76.66	76.66	63.72	63.72	63.72
97	91.07	91.07	91.07	77.97	77.97	77.97	64.87	64.87	64.87
98	92.55	92.55	92.55	79.29	79.29	79.29	66.03	66.03	66.03
99	94.03	94.03	94.03	80.61	80.61	80.61	67.19	67.19	67.19

\$30 Policy Fee

Berkshire Life Insurance Company Of America

Annual Premiums Per \$100 Monthly Benefit

Policy Form: 4200 & 4206

Base & Additional Monthly Benefit

Structure: Graded

Sex: Female

Occupation Class: 3 & 3M

Elim. Period(Days)	30			60			90		
Ben. Period(Months)	12	18	24	12	18	24	12	18	24
Attained Age									
18	12.49	14.02	17.52	9.48	12.71	15.89	6.46	11.41	14.26
19	12.49	14.02	17.52	9.48	12.71	15.89	6.46	11.41	14.26
20	12.49	14.02	17.52	9.48	12.71	15.89	6.46	11.41	14.26
21	12.49	14.02	17.52	9.48	12.71	15.89	6.46	11.41	14.26
22	12.49	14.02	17.52	9.48	12.71	15.89	6.46	11.41	14.26
23	12.49	14.02	17.52	9.48	12.71	15.89	6.46	11.41	14.26
24	12.49	14.02	17.52	9.48	12.71	15.89	6.46	11.41	14.26
25	12.49	14.02	17.52	9.48	12.71	15.89	6.46	11.41	14.26
26	12.61	14.25	17.81	9.60	12.99	16.24	6.60	11.74	14.68
27	12.72	14.48	18.10	9.72	13.28	16.60	6.72	12.09	15.11
28	12.85	14.71	18.39	9.86	13.63	17.04	6.86	12.54	15.68
29	12.97	14.94	18.67	9.98	13.98	17.47	7.00	13.01	16.26
30	13.08	15.18	18.97	10.11	14.33	17.91	7.14	13.48	16.85
31	13.21	15.40	19.25	10.24	14.61	18.26	7.26	13.82	17.28
32	13.32	15.63	19.54	10.36	14.99	18.74	7.40	14.34	17.93
33	13.43	15.86	19.83	10.63	15.26	19.08	7.83	14.66	18.32
34	13.75	16.60	20.75	11.12	15.89	19.86	8.50	15.17	18.96
35	14.22	17.50	21.87	11.68	16.52	20.65	9.15	15.54	19.42
36	14.73	18.68	23.35	12.27	17.31	21.64	9.81	15.94	19.93
37	15.41	19.84	24.80	13.04	18.09	22.61	10.67	16.34	20.42
38	16.15	21.19	26.49	13.78	18.98	23.72	11.41	16.77	20.96
39	16.99	22.63	28.29	14.51	19.86	24.83	12.04	17.10	21.37
40	17.78	23.93	29.91	15.32	20.71	25.89	12.85	17.50	21.87
41	18.71	25.42	31.78	16.04	21.74	27.18	13.36	18.06	22.58
42	19.68	26.79	33.49	16.82	22.59	28.24	13.97	18.39	22.99
43	20.57	28.18	35.22	17.58	23.58	29.48	14.58	18.98	23.73
44	21.59	29.52	36.90	18.24	24.54	30.68	14.90	19.57	24.46
45	22.58	30.94	38.67	18.97	25.58	31.98	15.36	20.22	25.28
46	23.52	32.26	40.33	19.60	26.59	33.24	15.68	20.92	26.15
47	24.63	33.67	42.09	20.38	27.68	34.60	16.13	21.69	27.11
48	25.72	35.14	43.92	21.06	28.98	36.22	16.41	22.81	28.51
49	27.03	36.69	45.86	21.96	30.34	37.92	16.90	23.98	29.97
50	28.25	38.34	47.93	22.78	31.82	39.78	17.32	25.30	31.63
51	29.67	40.08	50.10	23.82	33.54	41.92	17.96	26.99	33.74
52	31.12	42.02	52.53	24.86	35.38	44.23	18.59	28.74	35.93
53	32.81	44.15	55.19	26.12	37.50	46.88	19.42	30.86	38.57
54	34.54	46.58	58.23	27.52	39.91	49.89	20.50	33.24	41.55
55	36.52	49.20	61.50	29.12	42.55	53.19	21.72	35.90	44.88
56	38.60	52.19	65.24	30.90	45.60	57.00	23.19	39.01	48.76
57	41.03	55.58	69.48	33.04	48.98	61.22	25.06	42.38	52.97
58	43.65	59.33	74.16	35.38	52.82	66.02	27.12	46.30	57.87
59	46.46	63.56	79.45	38.04	57.07	71.34	29.62	50.58	63.23
60	49.54	68.14	85.18	40.92	61.74	77.17	32.31	55.32	69.15
61	52.86	73.11	91.39	44.14	66.80	83.50	35.41	60.49	75.61
62	56.35	78.48	98.10	47.54	72.32	90.40	38.72	66.15	82.69
63	60.03	84.08	105.10	51.12	78.14	97.67	42.20	72.19	90.24
64	63.84	89.88	112.35	54.81	84.28	105.35	45.78	78.68	98.35

\$30 Policy Fee

Berkshire Life Insurance Company Of America

Annual Premiums Per \$100 Monthly Benefit

Policy Form: 4200 & 4206

Base & Additional Monthly Benefit

Structure: Graded

Sex: Female

Occupation Class: 3 & 3M

Elim. Period(Days)	30			60			90		
Ben. Period(Months)	12	18	24	12	18	24	12	18	24
Attained Age									
65	65.88	92.97	116.22	56.78	87.57	109.45	47.69	82.16	102.70
66	67.91	96.08	120.10	58.77	90.85	113.57	49.62	85.63	107.04
67	69.95	99.18	123.98	60.73	94.15	117.69	51.53	89.12	111.39
68	71.99	102.29	127.86	62.72	97.44	121.80	53.44	92.58	115.73
69	74.03	105.39	131.74	64.70	100.72	125.90	55.37	96.05	120.07
70	76.06	108.50	135.62	66.67	104.02	130.02	57.28	99.54	124.42
71	78.10	111.59	139.49	68.65	107.30	134.12	59.20	103.01	128.76
72	80.14	114.69	143.37	70.63	110.59	138.24	61.11	106.49	133.11
73	82.18	117.80	147.25	72.61	113.89	142.36	63.04	109.97	137.45
74	84.20	120.90	151.13	74.57	117.17	146.47	64.95	113.44	141.80
75	86.24	86.24	86.24	76.55	76.55	76.55	66.86	66.86	66.86
76	88.27	88.27	88.27	78.53	78.53	78.53	68.79	68.79	68.79
77	90.31	90.31	90.31	80.50	80.50	80.50	70.70	70.70	70.70
78	92.35	92.35	92.35	82.48	82.48	82.48	72.61	72.61	72.61
79	94.39	94.39	94.39	84.46	84.46	84.46	74.54	74.54	74.54
80	96.42	96.42	96.42	86.43	86.43	86.43	76.45	76.45	76.45
81	98.46	98.46	98.46	88.41	88.41	88.41	78.36	78.36	78.36
82	100.50	100.50	100.50	90.39	90.39	90.39	80.28	80.28	80.28
83	102.54	102.54	102.54	92.38	92.38	92.38	82.20	82.20	82.20
84	104.57	104.57	104.57	94.35	94.35	94.35	84.12	84.12	84.12
85	106.61	106.61	106.61	96.33	96.33	96.33	86.03	86.03	86.03
86	108.65	108.65	108.65	98.30	98.30	98.30	87.96	87.96	87.96
87	110.69	110.69	110.69	100.28	100.28	100.28	89.87	89.87	89.87
88	112.72	112.72	112.72	102.26	102.26	102.26	91.78	91.78	91.78
89	114.76	114.76	114.76	104.23	104.23	104.23	93.69	93.69	93.69
90	116.80	116.80	116.80	106.21	106.21	106.21	95.62	95.62	95.62
91	118.84	118.84	118.84	108.19	108.19	108.19	97.53	97.53	97.53
92	120.87	120.87	120.87	110.16	110.16	110.16	99.45	99.45	99.45
93	122.91	122.91	122.91	112.14	112.14	112.14	101.37	101.37	101.37
94	124.93	124.93	124.93	114.11	114.11	114.11	103.28	103.28	103.28
95	126.97	126.97	126.97	116.09	116.09	116.09	105.20	105.20	105.20
96	129.01	129.01	129.01	118.06	118.06	118.06	107.11	107.11	107.11
97	131.05	131.05	131.05	120.04	120.04	120.04	109.04	109.04	109.04
98	133.08	133.08	133.08	122.02	122.02	122.02	110.95	110.95	110.95
99	135.12	135.12	135.12	123.99	123.99	123.99	112.86	112.86	112.86

\$30 Policy Fee

Berkshire Life Insurance Company Of America

Annual Premiums Per \$100 Monthly Benefit

Policy Form: 4200 & 4206

Base & Additional Monthly Benefit

Structure: Graded

Sex: Female

Occupation Class: 4 & 4M

Elim. Period(Days)	30			60			90		
	12	18	24	12	18	24	12	18	24
Ben. Period(Months)									
Attained Age									
18	10.41	11.68	14.60	7.90	10.59	13.24	5.38	9.50	11.88
19	10.41	11.68	14.60	7.90	10.59	13.24	5.38	9.50	11.88
20	10.41	11.68	14.60	7.90	10.59	13.24	5.38	9.50	11.88
21	10.41	11.68	14.60	7.90	10.59	13.24	5.38	9.50	11.88
22	10.41	11.68	14.60	7.90	10.59	13.24	5.38	9.50	11.88
23	10.41	11.68	14.60	7.90	10.59	13.24	5.38	9.50	11.88
24	10.41	11.68	14.60	7.90	10.59	13.24	5.38	9.50	11.88
25	10.41	11.68	14.60	7.90	10.59	13.24	5.38	9.50	11.88
26	10.51	11.87	14.84	8.00	10.83	13.54	5.50	9.78	12.23
27	10.60	12.06	15.08	8.10	11.07	13.84	5.60	10.07	12.59
28	10.71	12.26	15.33	8.22	11.36	14.20	5.72	10.45	13.06
29	10.81	12.45	15.56	8.32	11.65	14.56	5.83	10.84	13.55
30	10.90	12.65	15.81	8.43	11.94	14.92	5.95	11.23	14.04
31	11.01	12.83	16.04	8.53	12.18	15.22	6.05	11.52	14.40
32	11.10	13.03	16.29	8.64	12.50	15.62	6.17	11.96	14.95
33	11.19	13.22	16.53	8.86	12.72	15.90	6.53	12.22	15.27
34	11.46	13.83	17.29	9.27	13.24	16.55	7.08	12.64	15.80
35	11.85	14.58	18.23	9.74	13.76	17.20	7.62	12.94	16.18
36	12.28	15.57	19.46	10.23	14.43	18.04	8.18	13.29	16.61
37	12.84	16.53	20.66	10.86	15.07	18.84	8.89	13.61	17.01
38	13.46	17.66	22.07	11.48	15.81	19.76	9.51	13.97	17.46
39	14.16	18.86	23.57	12.10	16.55	20.69	10.04	14.25	17.81
40	14.82	19.94	24.92	12.76	17.26	21.58	10.71	14.58	18.23
41	15.59	21.18	26.48	13.36	18.11	22.64	11.13	15.05	18.81
42	16.40	22.32	27.90	14.02	18.82	23.53	11.64	15.33	19.16
43	17.14	23.48	29.35	14.64	19.65	24.56	12.15	15.82	19.77
44	17.99	24.60	30.75	15.20	20.46	25.57	12.42	16.31	20.39
45	18.81	25.78	32.22	15.80	21.31	26.64	12.80	16.86	21.07
46	19.60	26.89	33.61	16.33	22.16	27.70	13.06	17.43	21.79
47	20.52	28.06	35.08	16.98	23.07	28.84	13.44	18.07	22.59
48	21.44	29.28	36.60	17.56	24.14	30.18	13.68	19.01	23.76
49	22.52	30.58	38.22	18.30	25.28	31.60	14.08	19.98	24.97
50	23.54	31.95	39.94	18.99	26.52	33.15	14.44	21.09	26.36
51	24.73	33.40	41.75	19.85	27.94	34.93	14.97	22.49	28.11
52	25.93	35.02	43.77	20.71	29.49	36.86	15.49	23.95	29.94
53	27.34	36.79	45.99	21.76	31.25	39.06	16.18	25.71	32.14
54	28.78	38.82	48.52	22.93	33.26	41.58	17.08	27.70	34.63
55	30.43	41.00	51.25	24.26	35.46	44.32	18.10	29.92	37.40
56	32.17	43.50	54.37	25.74	38.00	47.50	19.32	32.50	40.63
57	34.19	46.32	57.90	27.53	40.82	51.02	20.88	35.31	44.14
58	36.37	49.44	61.80	29.48	44.01	55.01	22.60	38.58	48.22
59	38.72	52.96	66.20	31.70	47.55	59.44	24.68	42.15	52.69
60	41.28	56.79	70.99	34.10	51.44	64.30	26.92	46.10	57.62
61	44.05	60.93	76.16	36.78	55.66	69.58	29.51	50.41	63.01
62	46.96	65.40	81.75	39.62	60.26	75.33	32.27	55.13	68.91
63	50.02	70.06	87.58	42.60	65.11	81.39	35.17	60.16	75.20
64	53.20	74.90	93.62	45.68	70.23	87.79	38.15	65.57	81.96

\$30 Policy Fee

Berkshire Life Insurance Company Of America

Annual Premiums Per \$100 Monthly Benefit

Policy Form: 4200 & 4206

Base & Additional Monthly Benefit

Structure: Graded

Sex: Female

Occupation Class: 4 & 4M

Elim. Period(Days)	30			60			90		
	12	18	24	12	18	24	12	18	24
Ben. Period(Months)									
Attained Age									
65	54.90	77.48	96.85	47.32	72.97	91.21	39.74	68.47	85.59
66	56.60	80.06	100.08	48.97	75.71	94.64	41.35	71.36	89.20
67	58.29	82.65	103.31	50.61	78.46	98.07	42.94	74.27	92.83
68	59.99	85.24	106.55	52.26	81.20	101.50	44.54	77.15	96.44
69	61.69	87.83	109.78	53.92	83.93	104.92	46.14	80.04	100.06
70	63.39	90.41	113.02	55.56	86.68	108.35	47.74	82.95	103.68
71	65.08	92.99	116.24	57.21	89.42	111.77	49.33	85.84	107.30
72	66.78	95.58	119.47	58.86	92.16	115.20	50.92	88.74	110.93
73	68.48	98.16	122.71	60.51	94.91	118.63	52.53	91.64	114.54
74	70.17	100.75	125.94	62.14	97.64	122.06	54.12	94.54	118.17
75	71.86	71.86	71.86	63.79	63.79	63.79	55.72	55.72	55.72
76	73.56	73.56	73.56	65.44	65.44	65.44	57.32	57.32	57.32
77	75.26	75.26	75.26	67.08	67.08	67.08	58.92	58.92	58.92
78	76.96	76.96	76.96	68.73	68.73	68.73	60.51	60.51	60.51
79	78.66	78.66	78.66	70.39	70.39	70.39	62.12	62.12	62.12
80	80.35	80.35	80.35	72.03	72.03	72.03	63.71	63.71	63.71
81	82.05	82.05	82.05	73.68	73.68	73.68	65.30	65.30	65.30
82	83.75	83.75	83.75	75.33	75.33	75.33	66.90	66.90	66.90
83	85.45	85.45	85.45	76.98	76.98	76.98	68.50	68.50	68.50
84	87.14	87.14	87.14	78.62	78.62	78.62	70.10	70.10	70.10
85	88.84	88.84	88.84	80.27	80.27	80.27	71.69	71.69	71.69
86	90.54	90.54	90.54	81.91	81.91	81.91	73.30	73.30	73.30
87	92.24	92.24	92.24	83.56	83.56	83.56	74.89	74.89	74.89
88	93.94	93.94	93.94	85.22	85.22	85.22	76.48	76.48	76.48
89	95.63	95.63	95.63	86.86	86.86	86.86	78.08	78.08	78.08
90	97.33	97.33	97.33	88.51	88.51	88.51	79.68	79.68	79.68
91	99.03	99.03	99.03	90.16	90.16	90.16	81.28	81.28	81.28
92	100.73	100.73	100.73	91.80	91.80	91.80	82.87	82.87	82.87
93	102.43	102.43	102.43	93.45	93.45	93.45	84.48	84.48	84.48
94	104.11	104.11	104.11	95.09	95.09	95.09	86.07	86.07	86.07
95	105.81	105.81	105.81	96.74	96.74	96.74	87.66	87.66	87.66
96	107.51	107.51	107.51	98.38	98.38	98.38	89.26	89.26	89.26
97	109.21	109.21	109.21	100.03	100.03	100.03	90.86	90.86	90.86
98	110.90	110.90	110.90	101.69	101.69	101.69	92.46	92.46	92.46
99	112.60	112.60	112.60	103.33	103.33	103.33	94.05	94.05	94.05

\$30 Policy Fee

Berkshire Life Insurance Company Of America

Annual Premiums Per \$100 Monthly Benefit

Policy Form: 4200 & 4206

Base & Additional Monthly Benefit

Structure: Graded

Sex: Female

Occupation Class: 5 & 5M

Elim. Period(Days)	30			60			90		
	12	18	24	12	18	24	12	18	24
Ben. Period(Months)									
Attained Age									
18	9.46	10.62	13.27	7.18	9.63	12.04	4.89	8.64	10.80
19	9.46	10.62	13.27	7.18	9.63	12.04	4.89	8.64	10.80
20	9.46	10.62	13.27	7.18	9.63	12.04	4.89	8.64	10.80
21	9.46	10.62	13.27	7.18	9.63	12.04	4.89	8.64	10.80
22	9.46	10.62	13.27	7.18	9.63	12.04	4.89	8.64	10.80
23	9.46	10.62	13.27	7.18	9.63	12.04	4.89	8.64	10.80
24	9.46	10.62	13.27	7.18	9.63	12.04	4.89	8.64	10.80
25	9.46	10.62	13.27	7.18	9.63	12.04	4.89	8.64	10.80
26	9.56	10.79	13.49	7.28	9.84	12.30	5.00	8.90	11.12
27	9.64	10.97	13.71	7.36	10.06	12.58	5.09	9.15	11.44
28	9.73	11.14	13.93	7.46	10.32	12.90	5.20	9.50	11.88
29	9.83	11.31	14.14	7.56	10.58	13.23	5.30	9.86	12.32
30	9.91	11.50	14.37	7.66	10.86	13.57	5.41	10.22	12.77
31	10.01	11.66	14.58	7.76	11.07	13.84	5.50	10.47	13.09
32	10.09	11.84	14.80	7.85	11.36	14.20	5.61	10.87	13.59
33	10.17	12.02	15.03	8.05	11.57	14.46	5.93	11.10	13.88
34	10.42	12.58	15.72	8.43	12.03	15.04	6.44	11.49	14.36
35	10.77	13.26	16.57	8.85	12.51	15.64	6.93	11.77	14.71
36	11.16	14.15	17.69	9.30	13.12	16.40	7.43	12.08	15.10
37	11.68	15.02	18.78	9.88	13.70	17.12	8.08	12.38	15.47
38	12.23	16.06	20.07	10.44	14.38	17.98	8.64	12.70	15.88
39	12.87	17.14	21.43	11.00	15.05	18.81	9.12	12.95	16.19
40	13.47	18.13	22.66	11.60	15.70	19.62	9.73	13.26	16.57
41	14.18	19.26	24.08	12.15	16.47	20.59	10.12	13.68	17.10
42	14.91	20.30	25.37	12.74	17.12	21.40	10.58	13.94	17.42
43	15.58	21.34	26.68	13.32	17.86	22.33	11.05	14.38	17.98
44	16.36	22.36	27.95	13.82	18.59	23.24	11.29	14.82	18.53
45	17.10	23.44	29.30	14.37	19.38	24.22	11.63	15.32	19.15
46	17.82	24.45	30.56	14.85	20.14	25.18	11.88	15.85	19.81
47	18.66	25.51	31.89	15.44	20.98	26.22	12.22	16.43	20.54
48	19.49	26.62	33.27	15.96	21.95	27.44	12.43	17.28	21.60
49	20.48	27.79	34.74	16.64	22.98	28.72	12.80	18.16	22.70
50	21.40	29.05	36.31	17.26	24.11	30.14	13.12	19.17	23.96
51	22.48	30.37	37.96	18.05	25.41	31.76	13.61	20.45	25.56
52	23.57	31.84	39.80	18.82	26.81	33.51	14.08	21.78	27.22
53	24.85	33.45	41.81	19.78	28.42	35.52	14.71	23.38	29.22
54	26.17	35.29	44.11	20.85	30.24	37.80	15.53	25.18	31.48
55	27.67	37.27	46.59	22.06	32.24	40.30	16.45	27.20	34.00
56	29.24	39.54	49.42	23.40	34.54	43.18	17.57	29.55	36.94
57	31.08	42.11	52.64	25.03	37.11	46.39	18.98	32.10	40.13
58	33.06	44.95	56.19	26.80	40.02	50.02	20.55	35.07	43.84
59	35.20	48.15	60.19	28.82	43.23	54.04	22.44	38.32	47.90
60	37.53	51.62	64.53	31.01	46.77	58.46	24.48	41.90	52.38
61	40.05	55.39	69.24	33.44	50.61	63.26	26.83	45.82	57.28
62	42.69	59.46	74.32	36.02	54.78	68.48	29.34	50.11	62.64
63	45.48	63.70	79.62	38.72	59.20	74.00	31.97	54.70	68.37
64	48.36	68.09	85.11	41.52	63.85	79.81	34.68	59.61	74.51

\$30 Policy Fee

Berkshire Life Insurance Company Of America

Annual Premiums Per \$100 Monthly Benefit

Policy Form: 4200 & 4206

Base & Additional Monthly Benefit

Structure: Graded

Sex: Female

Occupation Class: 5 & 5M

Elim. Period(Days)	30			60			90		
	12	18	24	12	18	24	12	18	24
Ben. Period(Months)									
Attained Age									
65	49.91	70.43	88.04	43.02	66.34	82.92	36.13	62.24	77.80
66	51.45	72.79	90.98	44.52	68.83	86.04	37.59	64.87	81.09
67	52.99	75.14	93.92	46.01	71.33	89.16	39.04	67.52	84.39
68	54.54	77.49	96.86	47.51	73.82	92.27	40.49	70.14	87.68
69	56.08	79.84	99.80	49.01	76.30	95.38	41.95	72.76	90.96
70	57.62	82.19	102.74	50.50	78.80	98.50	43.40	75.41	94.26
71	59.17	84.54	105.67	52.01	81.29	101.61	44.85	78.04	97.54
72	60.71	86.89	108.61	53.51	83.78	104.73	46.29	80.67	100.84
73	62.25	89.24	111.55	55.01	86.28	107.85	47.75	83.31	104.13
74	63.79	91.59	114.49	56.49	88.77	110.96	49.20	85.94	107.43
75	65.33	93.93	117.43	57.99	91.26	114.07	50.65	88.57	110.73
76	66.87	96.27	120.37	59.49	93.75	117.18	52.11	91.20	114.03
77	68.42	98.61	123.31	60.98	96.24	120.29	53.56	93.83	117.33
78	69.96	100.95	126.25	62.49	98.73	123.40	55.01	96.46	120.63
79	71.50	103.29	129.19	63.99	101.22	126.51	56.47	99.09	123.93
80	73.05	105.63	132.13	65.48	103.71	129.62	57.92	101.72	127.23
81	74.59	107.97	135.07	66.98	106.20	132.73	59.37	104.35	130.53
82	76.14	110.31	138.01	68.48	108.69	135.84	60.82	106.98	133.83
83	77.68	112.65	140.95	69.98	111.18	138.95	62.28	109.61	137.13
84	79.22	114.99	143.89	71.47	113.67	142.06	63.72	112.24	140.43
85	80.77	117.33	146.83	72.98	116.16	145.17	65.17	114.87	143.73
86	82.31	119.67	149.77	74.47	118.65	148.28	66.63	117.50	147.03
87	83.85	122.01	152.71	75.97	121.14	151.39	68.08	120.13	150.33
88	85.40	124.35	155.65	77.47	123.63	154.50	69.53	122.76	153.63
89	86.94	126.69	158.59	78.96	126.12	157.61	70.98	125.39	156.93
90	88.48	129.03	161.53	80.46	128.61	160.72	72.44	128.02	160.23
91	90.03	131.37	164.47	81.96	131.10	163.83	73.89	130.65	163.53
92	91.57	133.71	167.41	83.45	133.59	166.94	75.34	133.28	166.83
93	93.11	136.05	170.35	84.96	136.08	170.05	76.80	135.91	170.13
94	94.65	138.39	173.29	86.45	138.57	173.16	78.25	138.54	173.43
95	96.19	140.73	176.23	87.95	141.06	176.27	79.70	141.17	176.73
96	97.73	143.07	179.17	89.44	143.55	179.38	81.14	143.80	180.03
97	99.28	145.41	182.11	90.94	146.04	182.49	82.60	146.43	183.33
98	100.82	147.75	185.05	92.44	148.53	185.60	84.05	149.06	186.63
99	102.36	150.09	187.99	93.93	151.02	188.71	85.50	151.69	189.93

\$30 Policy Fee

Berkshire Life Insurance Company Of America

Annual Premiums Per \$100 Monthly Benefit

Policy Form: 4200 & 4206

Base & Additional Monthly Benefit

Structure: Graded

Sex: Female

Occupation Class: 6 & 6M

Elim. Period(Days)	30			60			90		
	12	18	24	12	18	24	12	18	24
Ben. Period(Months)									
Attained Age									
18	9.01	10.11	12.64	6.84	9.17	11.46	4.66	8.23	10.29
19	9.01	10.11	12.64	6.84	9.17	11.46	4.66	8.23	10.29
20	9.01	10.11	12.64	6.84	9.17	11.46	4.66	8.23	10.29
21	9.01	10.11	12.64	6.84	9.17	11.46	4.66	8.23	10.29
22	9.01	10.11	12.64	6.84	9.17	11.46	4.66	8.23	10.29
23	9.01	10.11	12.64	6.84	9.17	11.46	4.66	8.23	10.29
24	9.01	10.11	12.64	6.84	9.17	11.46	4.66	8.23	10.29
25	9.01	10.11	12.64	6.84	9.17	11.46	4.66	8.23	10.29
26	9.10	10.28	12.85	6.93	9.38	11.72	4.76	8.47	10.59
27	9.18	10.45	13.06	7.02	9.58	11.98	4.85	8.72	10.90
28	9.27	10.62	13.27	7.11	9.83	12.29	4.95	9.05	11.31
29	9.36	10.78	13.47	7.20	10.08	12.60	5.05	9.38	11.73
30	9.44	10.95	13.69	7.30	10.34	12.92	5.15	9.73	12.16
31	9.53	11.11	13.89	7.38	10.54	13.18	5.24	9.98	12.47
32	9.61	11.28	14.10	7.48	10.82	13.52	5.34	10.35	12.94
33	9.69	11.45	14.31	7.67	11.01	13.76	5.65	10.58	13.22
34	9.92	11.98	14.97	8.02	11.46	14.32	6.13	10.94	13.68
35	10.26	12.62	15.78	8.43	11.92	14.90	6.60	11.21	14.01
36	10.63	13.48	16.85	8.86	12.50	15.62	7.08	11.50	14.38
37	11.12	14.31	17.89	9.41	13.05	16.31	7.70	11.78	14.73
38	11.65	15.29	19.11	9.94	13.70	17.12	8.23	12.10	15.12
39	12.26	16.33	20.41	10.48	14.34	17.92	8.69	12.34	15.42
40	12.83	17.26	21.58	11.05	14.94	18.68	9.27	12.62	15.78
41	13.50	18.34	22.93	11.57	15.69	19.61	9.64	13.03	16.29
42	14.20	19.33	24.16	12.14	16.30	20.38	10.08	13.27	16.59
43	14.84	20.33	25.41	12.68	17.01	21.26	10.52	13.70	17.12
44	15.58	21.30	26.62	13.16	17.71	22.14	10.75	14.12	17.65
45	16.29	22.32	27.90	13.68	18.46	23.07	11.08	14.59	18.24
46	16.97	23.28	29.10	14.14	19.18	23.98	11.31	15.10	18.87
47	17.77	24.30	30.37	14.70	19.97	24.96	11.64	15.65	19.56
48	18.56	25.35	31.69	15.20	20.90	26.13	11.84	16.46	20.57
49	19.50	26.47	33.09	15.84	21.89	27.36	12.19	17.30	21.62
50	20.38	27.66	34.58	16.44	22.96	28.70	12.50	18.26	22.82
51	21.41	28.92	36.15	17.19	24.19	30.24	12.96	19.47	24.34
52	22.45	30.32	37.90	17.93	25.53	31.91	13.41	20.74	25.92
53	23.67	31.86	39.82	18.84	27.06	33.83	14.01	22.26	27.83
54	24.92	33.61	42.01	19.86	28.79	35.99	14.79	23.98	29.98
55	26.35	35.50	44.37	21.01	30.70	38.38	15.67	25.90	32.38
56	27.85	37.66	47.07	22.29	32.90	41.12	16.73	28.14	35.18
57	29.60	40.10	50.13	23.84	35.34	44.18	18.08	30.58	38.22
58	31.49	42.81	53.51	25.53	38.10	47.63	19.57	33.40	41.75
59	33.52	45.86	57.32	27.44	41.18	51.47	21.37	36.50	45.62
60	35.74	49.17	61.46	29.52	44.54	55.68	23.31	39.91	49.89
61	38.14	52.75	65.94	31.84	48.19	60.24	25.55	43.64	54.55
62	40.66	56.62	70.78	34.30	52.18	65.22	27.94	47.73	59.66
63	43.31	60.66	75.83	36.88	56.38	70.47	30.45	52.09	65.11
64	46.06	64.85	81.06	39.54	60.81	76.01	33.03	56.77	70.96

\$30 Policy Fee

Berkshire Life Insurance Company Of America

Annual Premiums Per \$100 Monthly Benefit

Policy Form: 4200 & 4206

Base & Additional Monthly Benefit

Structure: Graded

Sex: Female

Occupation Class: 6 & 6M

Elim. Period(Days)	30			60			90		
	12	18	24	12	18	24	12	18	24
Ben. Period(Months)									
Attained Age									
65	47.53	67.08	83.85	40.97	63.18	78.97	34.41	59.28	74.10
66	49.00	69.32	86.65	42.40	65.55	81.94	35.80	61.78	77.23
67	50.47	71.56	89.45	43.82	67.93	84.91	37.18	64.30	80.37
68	51.94	73.80	92.25	45.25	70.30	87.88	38.56	66.80	83.50
69	53.41	76.04	95.05	46.68	72.67	90.84	39.95	69.30	86.63
70	54.88	78.28	97.85	48.10	75.05	93.81	41.33	71.82	89.77
71	56.35	80.51	100.64	49.53	77.42	96.77	42.71	74.32	92.90
72	57.82	82.75	103.44	50.96	79.79	99.74	44.09	76.83	96.04
73	59.29	84.99	106.24	52.39	82.17	102.71	45.48	79.34	99.17
74	60.75	87.23	109.04	53.80	84.54	105.68	46.86	81.85	102.31
75	62.22	89.47	111.84	55.23	86.91	108.65	48.24	84.36	105.44
76	63.69	91.71	114.64	56.66	89.28	111.62	49.63	86.87	108.57
77	65.16	93.95	117.44	58.08	91.65	114.59	51.01	89.38	111.70
78	66.63	96.19	120.24	59.51	94.02	117.56	52.39	91.89	114.83
79	68.10	98.43	123.04	60.94	96.39	120.53	53.78	94.40	117.96
80	69.57	100.67	125.84	62.36	98.76	123.50	55.16	96.91	121.09
81	71.04	102.91	128.64	63.79	101.13	126.47	56.54	99.42	124.22
82	72.51	105.15	131.44	65.22	103.50	129.44	57.92	101.93	127.35
83	73.98	107.39	134.24	66.65	105.87	132.41	59.31	104.44	130.48
84	75.45	109.63	137.04	68.07	108.24	135.38	60.69	106.95	133.61
85	76.92	111.87	139.84	69.50	110.61	138.35	62.07	109.46	136.74
86	78.39	114.11	142.64	70.92	112.98	141.32	63.46	111.97	139.87
87	79.86	116.35	145.44	72.35	115.35	144.29	64.84	114.48	143.00
88	81.33	118.59	148.24	73.78	117.72	147.26	66.22	116.99	146.13
89	82.80	120.83	151.04	75.20	120.09	150.23	67.60	119.50	149.26
90	84.27	123.07	153.84	76.63	122.46	153.20	68.99	122.01	152.39
91	85.74	125.31	156.64	78.06	124.83	156.17	70.37	124.52	155.52
92	87.21	127.55	159.44	79.48	127.20	159.14	71.75	127.03	158.65
93	88.68	129.79	162.24	80.91	129.57	162.11	73.14	129.54	161.78
94	90.14	132.03	165.04	82.33	131.94	165.08	74.52	132.05	164.91
95	91.61	134.27	167.84	83.76	134.31	168.05	75.90	134.56	168.04
96	93.08	136.51	170.64	85.18	136.68	171.02	77.28	137.07	171.17
97	94.55	138.75	173.44	86.61	139.05	173.99	78.67	139.58	174.30
98	96.02	141.00	176.24	88.04	141.42	176.96	80.05	142.09	177.43
99	97.49	143.24	179.04	89.46	143.79	179.93	81.43	144.60	180.56

\$30 Policy Fee

Berkshire Life Insurance Company Of America

Annual Premiums Per \$100 Monthly Benefit

Policy Form: 4200 & 4206

Base & Additional Monthly Benefit

Structure: Graded

Sex: Male

Occupation Class: 3 & 3M

Elim. Period(Days)	30			60			90		
	12	18	24	12	18	24	12	18	24
Ben. Period(Months)									
Attained Age									
18	8.12	11.18	13.98	6.22	8.86	11.08	4.31	6.55	8.19
19	8.12	11.18	13.98	6.22	8.86	11.08	4.31	6.55	8.19
20	8.12	11.18	13.98	6.22	8.86	11.08	4.31	6.55	8.19
21	8.12	11.18	13.98	6.22	8.86	11.08	4.31	6.55	8.19
22	8.12	11.18	13.98	6.22	8.86	11.08	4.31	6.55	8.19
23	8.12	11.18	13.98	6.22	8.86	11.08	4.31	6.55	8.19
24	8.12	11.18	13.98	6.22	8.86	11.08	4.31	6.55	8.19
25	8.12	11.18	13.98	6.22	8.86	11.08	4.31	6.55	8.19
26	8.27	12.12	15.15	6.32	9.74	12.17	4.37	7.35	9.19
27	8.40	12.74	15.93	6.40	10.32	12.90	4.39	7.90	9.87
28	8.55	13.12	16.40	6.50	10.70	13.37	4.45	8.27	10.34
29	8.69	13.33	16.66	6.59	10.91	13.64	4.49	8.50	10.62
30	8.83	13.44	16.80	6.74	11.03	13.79	4.64	8.62	10.78
31	8.97	13.48	16.85	6.89	11.10	13.87	4.81	8.70	10.88
32	9.11	13.54	16.92	7.06	11.14	13.93	5.00	8.75	10.94
33	9.24	13.62	17.02	7.24	11.21	14.01	5.24	8.80	11.00
34	9.38	13.77	17.21	7.44	11.33	14.16	5.49	8.90	11.12
35	9.52	14.02	17.53	7.64	11.52	14.40	5.75	9.02	11.28
36	9.74	14.30	17.88	7.92	11.76	14.70	6.10	9.22	11.53
37	9.95	14.89	18.61	8.12	12.18	15.22	6.28	9.46	11.82
38	10.01	15.46	19.33	8.34	12.67	15.84	6.68	9.88	12.35
39	10.63	16.06	20.07	8.76	13.18	16.48	6.90	10.30	12.88
40	11.24	16.64	20.80	9.25	13.68	17.10	7.25	10.72	13.40
41	11.86	17.22	21.52	9.75	14.18	17.73	7.64	11.14	13.93
42	12.47	17.81	22.26	10.22	14.69	18.36	7.96	11.57	14.46
43	13.10	18.39	22.99	10.72	15.18	18.98	8.33	11.98	14.98
44	13.71	18.97	23.71	11.26	15.69	19.61	8.81	12.41	15.51
45	14.33	19.56	24.45	11.80	16.19	20.24	9.26	12.83	16.04
46	14.94	20.14	25.18	12.30	16.69	20.86	9.66	13.24	16.55
47	15.56	20.72	25.90	12.89	17.19	21.49	10.21	13.66	17.08
48	16.17	22.78	28.47	13.46	18.43	23.04	10.76	14.08	17.60
49	17.95	25.22	31.53	14.72	20.50	25.62	11.48	15.76	19.70
50	20.18	27.95	34.94	16.14	22.74	28.42	12.11	17.52	21.90
51	22.44	30.77	38.46	17.73	25.17	31.46	13.01	19.56	24.45
52	24.84	33.89	42.36	19.38	27.82	34.77	13.92	21.74	27.18
53	27.44	37.10	46.38	21.15	30.63	38.29	14.86	24.16	30.20
54	29.97	40.45	50.56	23.02	33.62	42.03	16.08	26.79	33.49
55	32.57	43.86	54.83	24.92	36.70	45.88	17.27	29.55	36.94
56	35.27	47.39	59.24	27.01	39.92	49.90	18.75	32.44	40.55
57	37.85	51.08	63.85	29.08	43.38	54.22	20.32	35.68	44.60
58	40.49	54.73	68.41	31.28	46.88	58.60	22.08	39.03	48.79
59	43.06	58.59	73.24	33.56	50.59	63.24	24.07	42.59	53.24
60	45.72	62.56	78.20	35.98	54.51	68.14	26.25	46.46	58.07
61	48.44	66.70	83.38	38.53	58.66	73.32	28.63	50.61	63.26
62	51.38	71.23	89.04	41.30	63.19	78.99	31.23	55.15	68.94
63	54.59	76.20	95.25	44.28	68.16	85.20	33.98	60.12	75.15
64	58.43	81.92	102.40	47.71	73.85	92.31	36.99	65.78	82.22

\$30 Policy Fee

Berkshire Life Insurance Company Of America

Annual Premiums Per \$100 Monthly Benefit

Policy Form: 4200 & 4206

Base & Additional Monthly Benefit

Structure: Graded

Sex: Male

Occupation Class: 3 & 3M

Elim. Period(Days)	30			60			90		
	12	18	24	12	18	24	12	18	24
Ben. Period(Months)									
Attained Age									
65	60.49	84.98	106.22	49.55	76.88	96.11	38.60	68.79	85.99
66	62.55	88.02	110.03	51.37	79.92	99.90	40.19	71.81	89.76
67	64.60	91.09	113.86	53.19	82.97	103.70	41.80	74.83	93.54
68	66.65	94.15	117.69	55.02	86.00	107.50	43.41	77.85	97.31
69	68.70	97.21	121.51	56.85	89.04	111.30	45.00	80.86	101.08
70	70.76	100.26	125.34	58.68	92.07	115.09	46.61	83.89	104.86
71	72.82	103.31	129.15	60.51	95.11	118.89	48.22	86.90	108.63
72	74.87	106.38	132.97	62.34	98.16	122.69	49.83	89.92	112.40
73	76.92	109.44	136.80	64.17	101.19	126.49	51.42	92.95	116.17
74	78.97	112.50	140.62	66.00	104.23	130.28	53.03	95.97	119.96
75	81.03	81.03	81.03	67.83	67.83	67.83	54.64	54.64	54.64
76	83.09	83.09	83.09	69.66	69.66	69.66	56.23	56.23	56.23
77	85.14	85.14	85.14	71.49	71.49	71.49	57.84	57.84	57.84
78	87.19	87.19	87.19	73.32	73.32	73.32	59.45	59.45	59.45
79	89.24	89.24	89.24	75.15	75.15	75.15	61.05	61.05	61.05
80	91.30	91.30	91.30	76.98	76.98	76.98	62.65	62.65	62.65
81	93.36	93.36	93.36	78.81	78.81	78.81	64.25	64.25	64.25
82	95.41	95.41	95.41	80.64	80.64	80.64	65.86	65.86	65.86
83	97.46	97.46	97.46	82.47	82.47	82.47	67.46	67.46	67.46
84	99.51	99.51	99.51	84.30	84.30	84.30	69.06	69.06	69.06
85	101.57	101.57	101.57	86.13	86.13	86.13	70.67	70.67	70.67
86	103.63	103.63	103.63	87.96	87.96	87.96	72.27	72.27	72.27
87	105.68	105.68	105.68	89.79	89.79	89.79	73.87	73.87	73.87
88	107.73	107.73	107.73	91.61	91.61	91.61	75.48	75.48	75.48
89	109.79	109.79	109.79	93.43	93.43	93.43	77.09	77.09	77.09
90	111.84	111.84	111.84	95.26	95.26	95.26	78.68	78.68	78.68
91	113.90	113.90	113.90	97.10	97.10	97.10	80.29	80.29	80.29
92	115.95	115.95	115.95	98.93	98.93	98.93	81.90	81.90	81.90
93	118.00	118.00	118.00	100.75	100.75	100.75	83.49	83.49	83.49
94	120.06	120.06	120.06	102.58	102.58	102.58	85.10	85.10	85.10
95	122.11	122.11	122.11	104.41	104.41	104.41	86.71	86.71	86.71
96	124.17	124.17	124.17	106.25	106.25	106.25	88.32	88.32	88.32
97	126.22	126.22	126.22	108.07	108.07	108.07	89.91	89.91	89.91
98	128.27	128.27	128.27	109.90	109.90	109.90	91.52	91.52	91.52
99	130.33	130.33	130.33	111.73	111.73	111.73	93.13	93.13	93.13

\$30 Policy Fee

Berkshire Life Insurance Company Of America

Annual Premiums Per \$100 Monthly Benefit

Policy Form: 4200 & 4206

Base & Additional Monthly Benefit

Structure: Graded

Sex: Male

Occupation Class: 4 & 4M

Elim. Period(Days)	30			60			90		
	12	18	24	12	18	24	12	18	24
Ben. Period(Months)									
Attained Age									
18	6.77	9.32	11.65	5.18	7.39	9.24	3.59	5.46	6.83
19	6.77	9.32	11.65	5.18	7.39	9.24	3.59	5.46	6.83
20	6.77	9.32	11.65	5.18	7.39	9.24	3.59	5.46	6.83
21	6.77	9.32	11.65	5.18	7.39	9.24	3.59	5.46	6.83
22	6.77	9.32	11.65	5.18	7.39	9.24	3.59	5.46	6.83
23	6.77	9.32	11.65	5.18	7.39	9.24	3.59	5.46	6.83
24	6.77	9.32	11.65	5.18	7.39	9.24	3.59	5.46	6.83
25	6.77	9.32	11.65	5.18	7.39	9.24	3.59	5.46	6.83
26	6.90	10.10	12.62	5.27	8.11	10.14	3.64	6.13	7.66
27	7.00	10.62	13.27	5.33	8.59	10.74	3.66	6.58	8.22
28	7.13	10.93	13.66	5.42	8.91	11.14	3.71	6.90	8.62
29	7.24	11.10	13.88	5.49	9.09	11.36	3.74	7.08	8.85
30	7.36	11.20	14.00	5.62	9.20	11.50	3.87	7.19	8.99
31	7.47	11.23	14.04	5.74	9.25	11.56	4.01	7.26	9.07
32	7.59	11.28	14.10	5.88	9.28	11.60	4.17	7.29	9.11
33	7.70	11.34	14.18	6.04	9.34	11.68	4.37	7.34	9.17
34	7.82	11.48	14.35	6.20	9.44	11.80	4.57	7.41	9.26
35	7.93	11.69	14.61	6.36	9.60	12.00	4.79	7.52	9.40
36	8.12	11.92	14.90	6.60	9.81	12.26	5.08	7.69	9.61
37	8.29	12.41	15.51	6.76	10.14	12.68	5.23	7.88	9.85
38	8.34	12.89	16.11	6.96	10.56	13.20	5.57	8.23	10.29
39	8.86	13.38	16.72	7.30	10.98	13.72	5.75	8.58	10.73
40	9.37	13.87	17.34	7.70	11.41	14.26	6.04	8.94	11.17
41	9.89	14.35	17.94	8.12	11.82	14.78	6.36	9.29	11.61
42	10.40	14.84	18.55	8.52	12.24	15.30	6.63	9.64	12.05
43	10.91	15.33	19.16	8.93	12.66	15.82	6.94	9.99	12.49
44	11.42	15.81	19.76	9.38	13.07	16.34	7.35	10.34	12.92
45	11.94	16.30	20.37	9.83	13.50	16.87	7.72	10.69	13.36
46	12.45	16.79	20.99	10.25	13.91	17.39	8.05	11.03	13.79
47	12.97	17.27	21.59	10.74	14.33	17.91	8.51	11.38	14.23
48	13.48	18.98	23.72	11.22	15.36	19.20	8.96	11.74	14.67
49	14.96	21.02	26.28	12.26	17.07	21.34	9.56	13.13	16.41
50	16.82	23.30	29.12	13.46	18.94	23.68	10.09	14.60	18.25
51	18.70	25.64	32.05	14.77	20.97	26.21	10.85	16.30	20.37
52	20.70	28.24	35.30	16.15	23.18	28.98	11.60	18.12	22.65
53	22.87	30.92	38.65	17.62	25.53	31.91	12.38	20.14	25.17
54	24.97	33.70	42.13	19.18	28.02	35.02	13.40	22.32	27.90
55	27.14	36.55	45.69	20.76	30.59	38.24	14.39	24.62	30.78
56	29.39	39.49	49.36	22.51	33.26	41.58	15.63	27.04	33.80
57	31.54	42.57	53.21	24.24	36.15	45.19	16.93	29.74	37.17
58	33.74	45.61	57.01	26.07	39.06	48.83	18.40	32.53	40.66
59	35.89	48.82	61.03	27.98	42.16	52.70	20.06	35.49	44.36
60	38.10	52.14	65.17	29.99	45.42	56.78	21.88	38.71	48.39
61	40.37	55.58	69.48	32.11	48.88	61.10	23.86	42.17	52.71
62	42.82	59.36	74.20	34.42	52.66	65.82	26.02	45.96	57.45
63	45.50	63.50	79.37	36.91	56.80	71.00	28.32	50.10	62.62
64	48.69	68.26	85.33	39.76	61.54	76.92	30.83	54.81	68.51

\$30 Policy Fee

Berkshire Life Insurance Company Of America

Annual Premiums Per \$100 Monthly Benefit

Policy Form: 4200 & 4206

Base & Additional Monthly Benefit

Structure: Graded

Sex: Male

Occupation Class: 4 & 4M

Elim. Period(Days)	30			60			90		
	12	18	24	12	18	24	12	18	24
Ben. Period(Months)									
Attained Age									
65	50.40	70.81	88.52	41.29	64.07	80.09	32.17	57.32	71.66
66	52.13	73.35	91.70	42.80	66.60	83.25	33.50	59.84	74.80
67	53.83	75.91	94.88	44.33	69.14	86.42	34.83	62.36	77.95
68	55.54	78.46	98.07	45.85	71.67	89.58	36.17	64.88	81.09
69	57.25	81.01	101.26	47.38	74.20	92.75	37.50	67.38	84.23
70	58.96	83.55	104.45	48.90	76.73	95.91	38.84	69.91	87.39
71	60.68	86.09	107.62	50.43	79.26	99.08	40.18	72.42	90.53
72	62.39	88.65	110.81	51.95	81.80	102.24	41.52	74.94	93.67
73	64.10	91.20	114.00	53.48	84.33	105.41	42.85	77.45	96.81
74	65.81	93.75	117.19	55.00	86.86	108.57	44.19	79.97	99.97
75	67.52	67.52	67.52	56.53	56.53	56.53	45.53	45.53	45.53
76	69.24	69.24	69.24	58.05	58.05	58.05	46.86	46.86	46.86
77	70.95	70.95	70.95	59.57	59.57	59.57	48.20	48.20	48.20
78	72.66	72.66	72.66	61.10	61.10	61.10	49.54	49.54	49.54
79	74.37	74.37	74.37	62.62	62.62	62.62	50.88	50.88	50.88
80	76.08	76.08	76.08	64.15	64.15	64.15	52.21	52.21	52.21
81	77.80	77.80	77.80	65.67	65.67	65.67	53.55	53.55	53.55
82	79.51	79.51	79.51	67.20	67.20	67.20	54.89	54.89	54.89
83	81.22	81.22	81.22	68.72	68.72	68.72	56.21	56.21	56.21
84	82.93	82.93	82.93	70.25	70.25	70.25	57.55	57.55	57.55
85	84.64	84.64	84.64	71.77	71.77	71.77	58.89	58.89	58.89
86	86.36	86.36	86.36	73.30	73.30	73.30	60.22	60.22	60.22
87	88.07	88.07	88.07	74.82	74.82	74.82	61.56	61.56	61.56
88	89.78	89.78	89.78	76.35	76.35	76.35	62.90	62.90	62.90
89	91.49	91.49	91.49	77.86	77.86	77.86	64.24	64.24	64.24
90	93.20	93.20	93.20	79.38	79.38	79.38	65.57	65.57	65.57
91	94.92	94.92	94.92	80.92	80.92	80.92	66.91	66.91	66.91
92	96.63	96.63	96.63	82.44	82.44	82.44	68.25	68.25	68.25
93	98.34	98.34	98.34	83.96	83.96	83.96	69.58	69.58	69.58
94	100.05	100.05	100.05	85.48	85.48	85.48	70.92	70.92	70.92
95	101.76	101.76	101.76	87.01	87.01	87.01	72.26	72.26	72.26
96	103.48	103.48	103.48	88.54	88.54	88.54	73.60	73.60	73.60
97	105.19	105.19	105.19	90.06	90.06	90.06	74.92	74.92	74.92
98	106.90	106.90	106.90	91.58	91.58	91.58	76.26	76.26	76.26
99	108.60	108.60	108.60	93.10	93.10	93.10	77.60	77.60	77.60

\$30 Policy Fee

Berkshire Life Insurance Company Of America

Annual Premiums Per \$100 Monthly Benefit

Policy Form: 4200 & 4206

Base & Additional Monthly Benefit

Structure: Graded

Sex: Male

Occupation Class: 5 & 5M

Elim. Period(Days)	30			60			90		
Ben. Period(Months)	12	18	24	12	18	24	12	18	24
Attained Age									
18	6.15	8.47	10.59	4.71	6.72	8.40	3.27	4.97	6.21
19	6.15	8.47	10.59	4.71	6.72	8.40	3.27	4.97	6.21
20	6.15	8.47	10.59	4.71	6.72	8.40	3.27	4.97	6.21
21	6.15	8.47	10.59	4.71	6.72	8.40	3.27	4.97	6.21
22	6.15	8.47	10.59	4.71	6.72	8.40	3.27	4.97	6.21
23	6.15	8.47	10.59	4.71	6.72	8.40	3.27	4.97	6.21
24	6.15	8.47	10.59	4.71	6.72	8.40	3.27	4.97	6.21
25	6.15	8.47	10.59	4.71	6.72	8.40	3.27	4.97	6.21
26	6.27	9.18	11.48	4.79	7.38	9.22	3.31	5.57	6.96
27	6.36	9.65	12.06	4.85	7.82	9.77	3.33	5.98	7.48
28	6.48	9.94	12.42	4.93	8.10	10.12	3.37	6.26	7.83
29	6.58	10.10	12.62	4.99	8.26	10.33	3.40	6.43	8.04
30	6.69	10.18	12.73	5.11	8.36	10.45	3.52	6.54	8.17
31	6.79	10.22	12.77	5.22	8.40	10.50	3.64	6.59	8.24
32	6.90	10.26	12.82	5.35	8.44	10.55	3.79	6.62	8.28
33	7.00	10.31	12.89	5.48	8.50	10.62	3.97	6.67	8.34
34	7.11	10.43	13.04	5.64	8.58	10.73	4.16	6.74	8.42
35	7.21	10.62	13.28	5.78	8.74	10.92	4.36	6.84	8.55
36	7.38	10.83	13.54	6.00	8.91	11.14	4.62	6.99	8.74
37	7.54	11.28	14.10	6.15	9.22	11.53	4.76	7.17	8.96
38	7.58	11.72	14.65	6.32	9.60	12.00	5.06	7.49	9.36
39	8.05	12.16	15.20	6.64	9.98	12.48	5.23	7.80	9.75
40	8.52	12.61	15.76	7.00	10.37	12.96	5.49	8.12	10.15
41	8.99	13.05	16.31	7.39	10.74	13.43	5.79	8.44	10.55
42	9.45	13.49	16.86	7.74	11.12	13.90	6.03	8.76	10.95
43	9.92	13.94	17.42	8.12	11.51	14.39	6.31	9.08	11.35
44	10.38	14.38	17.97	8.53	11.89	14.86	6.68	9.40	11.75
45	10.86	14.82	18.52	8.93	12.27	15.34	7.01	9.72	12.15
46	11.32	15.26	19.08	9.32	12.65	15.81	7.32	10.03	12.54
47	11.79	15.70	19.62	9.76	13.02	16.28	7.74	10.35	12.94
48	12.25	17.26	21.57	10.20	13.96	17.45	8.15	10.67	13.34
49	13.60	19.11	23.89	11.14	15.52	19.40	8.69	11.94	14.92
50	15.29	21.18	26.47	12.24	17.22	21.53	9.18	13.27	16.59
51	17.00	23.31	29.14	13.43	19.06	23.83	9.86	14.82	18.52
52	18.82	25.67	32.09	14.68	21.07	26.34	10.54	16.47	20.59
53	20.79	28.10	35.13	16.02	23.21	29.01	11.26	18.30	22.88
54	22.70	30.64	38.30	17.44	25.47	31.84	12.18	20.30	25.37
55	24.68	33.23	41.54	18.88	27.81	34.76	13.08	22.38	27.98
56	26.72	35.90	44.88	20.46	30.24	37.80	14.21	24.58	30.72
57	28.68	38.70	48.37	22.04	32.86	41.08	15.39	27.03	33.79
58	30.67	41.46	51.83	23.70	35.52	44.40	16.73	29.57	36.96
59	32.62	44.38	55.48	25.43	38.32	47.90	18.24	32.26	40.33
60	34.64	47.39	59.24	27.26	41.30	51.62	19.89	35.20	44.00
61	36.70	50.54	63.17	29.20	44.43	55.54	21.69	38.34	47.92
62	38.92	53.96	67.45	31.29	47.87	59.84	23.66	41.78	52.23
63	41.36	57.73	72.16	33.56	51.63	64.54	25.75	45.54	56.93
64	44.27	62.06	77.57	36.15	55.94	69.93	28.02	49.83	62.29

\$30 Policy Fee

Berkshire Life Insurance Company Of America

Annual Premiums Per \$100 Monthly Benefit

Policy Form: 4200 & 4206

Base & Additional Monthly Benefit

Structure: Graded

Sex: Male

Occupation Class: 5 & 5M

Elim. Period(Days)	30			60			90		
	12	18	24	12	18	24	12	18	24
Ben. Period(Months)									
Attained Age									
65	45.82	64.38	80.47	37.54	58.24	72.81	29.24	52.11	65.14
66	47.39	66.69	83.36	38.91	60.54	75.68	30.45	54.40	68.00
67	48.94	69.01	86.26	40.30	62.85	78.56	31.67	56.69	70.86
68	50.49	71.33	89.16	41.68	65.15	81.44	32.89	58.98	73.72
69	52.05	73.65	92.05	43.07	67.45	84.32	34.09	61.26	76.58
70	53.60	75.96	94.95	44.46	69.75	87.19	35.31	63.56	79.44
71	55.17	78.27	97.84	45.84	72.05	90.07	36.53	65.84	82.30
72	56.72	80.59	100.74	47.23	74.36	92.95	37.75	68.12	85.16
73	58.28	82.91	103.64	48.62	76.66	95.82	38.96	70.41	88.01
74	59.83	85.23	106.53	50.00	78.96	98.70	40.17	72.70	90.88
75	61.38	87.55	109.43	51.39	81.26	101.58	41.39	75.00	93.74
76	62.95	89.86	112.33	52.77	83.56	104.46	42.60	77.30	96.60
77	64.50	92.17	115.23	54.16	85.86	107.34	43.82	79.60	99.46
78	66.06	94.48	118.13	55.54	88.16	110.22	45.03	81.90	102.32
79	67.61	96.79	121.03	56.93	90.46	113.10	46.25	84.20	105.18
80	69.16	99.10	123.93	58.32	92.76	115.98	47.46	86.50	108.04
81	70.73	101.41	126.83	59.70	95.06	118.86	48.68	88.80	110.90
82	72.28	103.72	129.73	61.09	97.36	121.74	49.90	91.10	113.76
83	73.84	106.03	132.63	62.48	99.66	124.62	51.10	93.40	116.62
84	75.39	108.34	135.53	63.86	101.96	127.50	52.32	95.70	119.48
85	76.94	110.65	138.43	65.25	104.26	130.38	53.54	98.00	122.34
86	78.51	112.96	141.33	66.63	106.56	133.26	54.75	100.30	125.20
87	80.06	115.27	144.23	68.02	108.86	136.14	55.96	102.60	128.06
88	81.62	117.58	147.13	69.40	111.16	139.02	57.18	104.90	130.92
89	83.17	119.89	150.03	70.78	113.46	141.90	58.40	107.20	133.78
90	84.72	122.20	152.93	72.17	115.76	144.78	59.61	109.50	136.64
91	86.29	124.51	155.83	73.56	118.06	147.66	60.83	111.80	139.50
92	87.84	126.82	158.73	74.95	120.36	150.54	62.04	114.10	142.36
93	89.40	129.13	161.63	76.32	122.66	153.42	63.25	116.40	145.22
94	90.95	131.44	164.53	77.71	124.96	156.30	64.47	118.70	148.08
95	92.50	133.75	167.43	79.10	127.26	159.18	65.69	121.00	150.94
96	94.07	136.06	170.33	80.49	129.56	162.06	66.91	123.30	153.80
97	95.62	138.37	173.23	81.87	131.86	164.94	68.11	125.60	156.66
98	97.18	140.68	176.13	83.25	134.16	167.82	69.33	127.90	159.52
99	98.73	142.99	179.03	84.64	136.46	170.70	70.55	130.20	162.38

\$30 Policy Fee

Berkshire Life Insurance Company Of America

Annual Premiums Per \$100 Monthly Benefit

Policy Form: 4200 & 4206

Base & Additional Monthly Benefit

Structure: Graded

Sex: Male

Occupation Class: 6 & 6M

Elim. Period(Days)	30			60			90		
	12	18	24	12	18	24	12	18	24
Ben. Period(Months)									
Attained Age									
18	5.86	8.07	10.09	4.49	6.40	8.00	3.11	4.73	5.91
19	5.86	8.07	10.09	4.49	6.40	8.00	3.11	4.73	5.91
20	5.86	8.07	10.09	4.49	6.40	8.00	3.11	4.73	5.91
21	5.86	8.07	10.09	4.49	6.40	8.00	3.11	4.73	5.91
22	5.86	8.07	10.09	4.49	6.40	8.00	3.11	4.73	5.91
23	5.86	8.07	10.09	4.49	6.40	8.00	3.11	4.73	5.91
24	5.86	8.07	10.09	4.49	6.40	8.00	3.11	4.73	5.91
25	5.86	8.07	10.09	4.49	6.40	8.00	3.11	4.73	5.91
26	5.97	8.74	10.93	4.56	7.02	8.78	3.15	5.30	6.63
27	6.06	9.19	11.49	4.62	7.44	9.30	3.17	5.70	7.12
28	6.17	9.46	11.83	4.69	7.71	9.64	3.21	5.97	7.46
29	6.27	9.62	12.02	4.76	7.87	9.84	3.24	6.13	7.66
30	6.37	9.70	12.12	4.86	7.96	9.95	3.35	6.22	7.78
31	6.47	9.73	12.16	4.97	8.01	10.01	3.47	6.28	7.85
32	6.57	9.77	12.21	5.09	8.04	10.05	3.61	6.31	7.89
33	6.67	9.82	12.28	5.22	8.09	10.11	3.78	6.35	7.94
34	6.77	9.94	12.42	5.36	8.18	10.22	3.96	6.42	8.02
35	6.87	10.12	12.65	5.51	8.32	10.40	4.15	6.51	8.14
36	7.03	10.32	12.90	5.72	8.49	10.61	4.40	6.66	8.32
37	7.18	10.74	13.43	5.86	8.78	10.98	4.53	6.82	8.53
38	7.22	11.16	13.95	6.02	9.14	11.43	4.82	7.13	8.91
39	7.67	11.58	14.48	6.32	9.50	11.88	4.98	7.43	9.29
40	8.11	12.01	15.01	6.67	9.87	12.34	5.23	7.74	9.67
41	8.56	12.42	15.53	7.04	10.23	12.79	5.51	8.04	10.05
42	9.00	12.85	16.06	7.37	10.59	13.24	5.74	8.34	10.43
43	9.45	13.27	16.59	7.73	10.96	13.70	6.01	8.65	10.81
44	9.89	13.69	17.11	8.12	11.32	14.15	6.36	8.95	11.19
45	10.34	14.11	17.64	8.51	11.68	14.60	6.68	9.26	11.57
46	10.78	14.54	18.17	8.88	12.05	15.06	6.97	9.55	11.94
47	11.23	14.95	18.69	9.30	12.40	15.50	7.37	9.86	12.32
48	11.67	16.43	20.54	9.72	13.30	16.62	7.76	10.16	12.70
49	12.95	18.20	22.75	10.62	14.78	18.48	8.28	11.37	14.21
50	14.56	20.17	25.21	11.65	16.41	20.51	8.74	12.64	15.80
51	16.19	22.20	27.75	12.79	18.16	22.70	9.39	14.11	17.64
52	17.92	24.45	30.56	13.98	20.06	25.08	10.04	15.69	19.61
53	19.80	26.77	33.46	15.26	22.10	27.62	10.72	17.43	21.79
54	21.62	29.18	36.48	16.61	24.26	30.32	11.60	19.33	24.16
55	23.50	31.65	39.56	17.98	26.49	33.11	12.46	21.32	26.65
56	25.45	34.19	42.74	19.49	28.80	36.00	13.53	23.41	29.26
57	27.31	36.86	46.07	20.98	31.30	39.12	14.66	25.74	32.18
58	29.21	39.49	49.36	22.57	33.82	42.28	15.93	28.16	35.20
59	31.07	42.27	52.84	24.22	36.50	45.62	17.37	30.73	38.41
60	32.99	45.14	56.42	25.97	39.33	49.16	18.94	33.52	41.90
61	34.95	48.13	60.16	27.80	42.32	52.90	20.66	36.51	45.64
62	37.07	51.39	64.24	29.80	45.59	56.99	22.53	39.79	49.74
63	39.39	54.98	68.72	31.96	49.18	61.47	24.52	43.38	54.22
64	42.16	59.10	73.88	34.43	53.28	66.60	26.69	47.46	59.32

\$30 Policy Fee

Berkshire Life Insurance Company Of America

Annual Premiums Per \$100 Monthly Benefit

Policy Form: 4200 & 4206

Base & Additional Monthly Benefit

Structure: Graded

Sex: Male

Occupation Class: 6 & 6M

Elim. Period(Days)	30			60			90		
	12	18	24	12	18	24	12	18	24
Ben. Period(Months)									
Attained Age									
65	43.64	61.31	76.64	35.75	55.47	69.34	27.85	49.63	62.04
66	45.13	63.51	79.39	37.06	57.66	72.08	29.00	51.81	64.76
67	46.61	65.72	82.15	38.38	59.86	74.82	30.16	53.99	67.49
68	48.09	67.93	84.91	39.70	62.05	77.56	31.32	56.17	70.21
69	49.57	70.14	87.67	41.02	64.24	80.30	32.47	58.34	72.93
70	51.05	72.34	90.43	42.34	66.43	83.04	33.63	60.53	75.66
71	52.54	74.54	93.18	43.66	68.62	85.78	34.79	62.70	78.38
72	54.02	76.75	95.94	44.98	70.82	88.52	35.95	64.88	81.10
73	55.50	78.96	98.70	46.30	73.01	91.26	37.10	67.06	83.82
74	56.98	81.17	101.46	47.62	75.20	94.00	38.26	69.24	86.55
75	58.46	83.38	104.21	48.94	77.39	96.74	39.42	71.42	89.27
76	59.95	85.59	106.97	50.26	79.58	99.48	40.57	73.60	92.00
77	61.43	87.80	109.72	51.58	81.77	102.22	41.73	75.78	94.72
78	62.91	90.01	112.48	52.90	83.96	104.96	42.89	77.96	97.45
79	64.39	92.22	115.23	54.22	86.15	107.70	44.05	80.14	100.17
80	65.87	94.43	117.99	55.54	88.34	110.44	45.20	82.32	102.90
81	67.36	96.64	120.74	56.86	90.53	113.18	46.36	84.50	105.62
82	68.84	98.85	123.50	58.18	92.72	115.92	47.52	86.68	108.35
83	70.32	101.06	126.25	59.50	94.91	118.66	48.67	88.86	111.07
84	71.80	103.27	129.01	60.82	97.10	121.40	49.83	91.04	113.80
85	73.28	105.48	131.76	62.14	99.29	124.14	50.99	93.22	116.52
86	74.77	107.69	134.52	63.46	101.48	126.88	52.14	95.40	119.25
87	76.25	109.90	137.27	64.78	103.67	129.62	53.30	97.58	121.97
88	77.73	112.11	140.03	66.10	105.86	132.36	54.46	99.76	124.70
89	79.21	114.32	142.78	67.41	108.05	135.10	55.62	101.94	127.42
90	80.69	116.53	145.54	68.73	110.24	137.84	56.77	104.12	130.15
91	82.18	118.74	148.29	70.06	112.43	140.58	57.93	106.30	132.87
92	83.66	120.95	151.05	71.38	114.62	143.32	59.09	108.48	135.60
93	85.14	123.16	153.80	72.69	116.81	146.06	60.24	110.66	138.32
94	86.62	125.37	156.56	74.01	119.00	148.80	61.40	112.84	141.05
95	88.10	127.58	159.31	75.33	121.19	151.54	62.56	115.02	143.77
96	89.59	129.79	162.07	76.66	123.38	154.28	63.72	117.20	146.50
97	91.07	132.00	164.82	77.97	125.57	157.02	64.87	119.38	149.22
98	92.55	134.21	167.58	79.29	127.76	159.76	66.03	121.56	151.95
99	94.03	136.42	170.33	80.61	129.95	162.50	67.19	123.74	154.67

\$30 Policy Fee

Berkshire Life Insurance Company Of America

Annual Premiums Per \$100 Monthly Benefit

Policy Form: 4200 & 4206

Base & Additional Monthly Benefit

Structure: Level	Sex: Female						Occupation Class: 3 & 3M		
Elim. Period(Days)	30			60			90		
Ben. Period(Months)	12	18	24	12	18	24	12	18	24
Issue Age									
18	16.96	21.06	26.33	13.46	17.66	22.07	9.97	14.25	17.81
19	16.96	21.06	26.33	13.46	17.66	22.07	9.97	14.25	17.81
20	16.96	21.06	26.33	13.46	17.66	22.07	9.97	14.25	17.81
21	16.96	21.06	26.33	13.46	17.66	22.07	9.97	14.25	17.81
22	16.96	21.06	26.33	13.46	17.66	22.07	9.97	14.25	17.81
23	16.96	21.06	26.33	13.46	17.66	22.07	9.97	14.25	17.81
24	16.96	21.06	26.33	13.46	17.66	22.07	9.97	14.25	17.81
25	16.96	21.06	26.33	13.46	17.66	22.07	9.97	14.25	17.81
26	17.13	21.41	26.76	13.65	18.06	22.57	10.17	14.70	18.38
27	17.28	21.77	27.21	13.83	18.47	23.09	10.38	15.18	18.97
28	17.45	22.11	27.64	14.02	18.90	23.62	10.59	15.68	19.60
29	17.62	22.46	28.07	14.21	19.33	24.16	10.80	16.19	20.24
30	17.77	22.81	28.51	14.38	19.76	24.70	11.00	16.71	20.89
31	17.93	23.15	28.94	14.57	20.19	25.24	11.21	17.24	21.55
32	18.09	23.50	29.38	14.76	20.66	25.82	11.42	17.81	22.26
33	18.25	23.85	29.81	15.14	21.12	26.40	12.04	18.38	22.98
34	19.03	25.11	31.39	15.86	22.06	27.58	12.70	19.01	23.76
35	19.88	26.46	33.07	16.61	23.06	28.82	13.35	19.65	24.56
36	20.78	27.86	34.83	17.39	24.10	30.12	14.00	20.34	25.42
37	21.73	29.30	36.63	18.19	25.18	31.48	14.65	21.06	26.33
38	22.73	30.79	38.49	19.00	26.32	32.90	15.27	21.86	27.32
39	23.77	32.30	40.37	19.82	27.50	34.37	15.88	22.70	28.37
40	24.84	33.82	42.27	20.66	28.72	35.90	16.49	23.62	29.52
41	25.95	35.37	44.21	21.52	29.99	37.49	17.08	24.62	30.77
42	27.08	36.94	46.17	22.38	31.31	39.14	17.67	25.68	32.10
43	28.25	38.53	48.16	23.26	32.69	40.86	18.27	26.86	33.57
44	29.45	40.16	50.20	24.16	34.14	42.68	18.86	28.12	35.15
45	30.69	41.83	52.29	25.10	35.66	44.57	19.50	29.48	36.85
46	31.96	43.55	54.44	26.06	37.26	46.57	20.17	30.96	38.70
47	33.29	45.34	56.67	27.09	38.94	48.68	20.89	32.55	40.69
48	34.66	47.19	58.99	28.15	40.74	50.92	21.65	34.29	42.86
49	36.09	49.12	61.40	29.29	42.62	53.28	22.49	36.13	45.16
50	37.56	51.14	63.92	30.48	44.62	55.77	23.41	38.10	47.62
51	39.10	53.26	66.57	31.76	46.74	58.42	24.42	40.22	50.27
52	40.69	55.49	69.36	33.10	48.98	61.22	25.52	42.46	53.07
53	42.36	57.82	72.28	34.54	51.33	64.16	26.72	44.84	56.05
54	44.07	60.29	75.36	36.06	53.82	67.28	28.04	47.36	59.20
55	45.86	62.86	78.57	37.66	56.43	70.54	29.45	50.01	62.51
56	47.71	65.55	81.94	39.34	59.17	73.96	30.98	52.79	65.99
57	49.62	68.36	85.45	41.11	62.02	77.53	32.61	55.68	69.60
58	51.57	71.26	89.08	42.95	64.99	81.24	34.33	58.71	73.39
59	53.57	74.26	92.83	44.86	68.05	85.06	36.15	61.84	77.30
60	55.61	77.34	96.67	46.82	71.20	89.00	38.02	65.06	81.33
65	65.88	92.97	116.22	56.78	87.57	109.45	47.69	82.16	102.70
66	67.91	96.08	120.10	58.77	90.85	113.57	49.62	85.63	107.04
67	69.95	99.18	123.98	60.73	94.15	117.69	51.53	89.12	111.39
68	71.99	102.29	127.86	62.72	97.44	121.80	53.44	92.58	115.73
69	74.03	105.39	131.74	64.70	100.72	125.90	55.37	96.05	120.07
70	76.06	108.50	135.62	66.67	104.02	130.02	57.28	99.54	124.42
71	78.10	111.59	139.49	68.65	107.30	134.12	59.20	103.01	128.76
72	80.14	114.69	143.37	70.63	110.59	138.24	61.11	106.49	133.11
73	82.18	117.80	147.25	72.61	113.89	142.36	63.04	109.97	137.45
74	84.20	120.90	151.13	74.57	117.17	146.47	64.95	113.44	141.80

\$30 Policy Fee

Berkshire Life Insurance Company Of America

Annual Premiums Per \$100 Monthly Benefit

Policy Form: 4200 & 4206

Base & Additional Monthly Benefit

Structure: Level	Sex: Female						Occupation Class: 3 & 3M		
Elim. Period(Days)	30			60			90		
Ben. Period(Months)	12	18	24	12	18	24	12	18	24
Issue Age									
75	86.24	86.24	86.24	76.55	76.55	76.55	66.86	66.86	66.86
76	88.27	88.27	88.27	78.53	78.53	78.53	68.79	68.79	68.79
77	90.31	90.31	90.31	80.50	80.50	80.50	70.70	70.70	70.70
78	92.35	92.35	92.35	82.48	82.48	82.48	72.61	72.61	72.61
79	94.39	94.39	94.39	84.46	84.46	84.46	74.54	74.54	74.54
80	96.42	96.42	96.42	86.43	86.43	86.43	76.45	76.45	76.45
81	98.46	98.46	98.46	88.41	88.41	88.41	78.36	78.36	78.36
82	100.50	100.50	100.50	90.39	90.39	90.39	80.28	80.28	80.28
83	102.54	102.54	102.54	92.38	92.38	92.38	82.20	82.20	82.20
84	104.57	104.57	104.57	94.35	94.35	94.35	84.12	84.12	84.12
85	106.61	106.61	106.61	96.33	96.33	96.33	86.03	86.03	86.03
86	108.65	108.65	108.65	98.30	98.30	98.30	87.96	87.96	87.96
87	110.69	110.69	110.69	100.28	100.28	100.28	89.87	89.87	89.87
88	112.72	112.72	112.72	102.26	102.26	102.26	91.78	91.78	91.78
89	114.76	114.76	114.76	104.23	104.23	104.23	93.69	93.69	93.69
90	116.80	116.80	116.80	106.21	106.21	106.21	95.62	95.62	95.62
91	118.84	118.84	118.84	108.19	108.19	108.19	97.53	97.53	97.53
92	120.87	120.87	120.87	110.16	110.16	110.16	99.45	99.45	99.45
93	122.91	122.91	122.91	112.14	112.14	112.14	101.37	101.37	101.37
94	124.93	124.93	124.93	114.11	114.11	114.11	103.28	103.28	103.28
95	126.97	126.97	126.97	116.09	116.09	116.09	105.20	105.20	105.20
96	129.01	129.01	129.01	118.06	118.06	118.06	107.11	107.11	107.11
97	131.05	131.05	131.05	120.04	120.04	120.04	109.04	109.04	109.04
98	133.08	133.08	133.08	122.02	122.02	122.02	110.95	110.95	110.95
99	135.12	135.12	135.12	123.99	123.99	123.99	112.86	112.86	112.86

\$30 Policy Fee

Berkshire Life Insurance Company Of America

Annual Premiums Per \$100 Monthly Benefit

Policy Form: 4200 & 4206

Base & Additional Monthly Benefit

Structure: Level	Sex: Female						Occupation Class: 4 & 4M		
Elim. Period(Days)	30			60			90		
Ben. Period(Months)	12	18	24	12	18	24	12	18	24
Issue Age									
18	14.14	17.55	21.94	11.22	14.71	18.39	8.30	11.87	14.84
19	14.14	17.55	21.94	11.22	14.71	18.39	8.30	11.87	14.84
20	14.14	17.55	21.94	11.22	14.71	18.39	8.30	11.87	14.84
21	14.14	17.55	21.94	11.22	14.71	18.39	8.30	11.87	14.84
22	14.14	17.55	21.94	11.22	14.71	18.39	8.30	11.87	14.84
23	14.14	17.55	21.94	11.22	14.71	18.39	8.30	11.87	14.84
24	14.14	17.55	21.94	11.22	14.71	18.39	8.30	11.87	14.84
25	14.14	17.55	21.94	11.22	14.71	18.39	8.30	11.87	14.84
26	14.28	17.84	22.30	11.38	15.05	18.81	8.48	12.26	15.32
27	14.40	18.14	22.67	11.52	15.39	19.24	8.65	12.65	15.81
28	14.54	18.42	23.03	11.68	15.74	19.68	8.82	13.06	16.33
29	14.68	18.71	23.39	11.84	16.10	20.12	9.00	13.49	16.86
30	14.81	19.01	23.76	11.99	16.46	20.58	9.17	13.93	17.41
31	14.95	19.30	24.12	12.14	16.83	21.04	9.34	14.37	17.96
32	15.07	19.59	24.49	12.30	17.22	21.52	9.52	14.84	18.55
33	15.21	19.87	24.84	12.62	17.59	21.99	10.04	15.32	19.15
34	15.86	20.93	26.16	13.22	18.38	22.98	10.58	15.84	19.80
35	16.56	22.05	27.56	13.84	19.22	24.02	11.12	16.38	20.47
36	17.31	23.22	29.03	14.49	20.08	25.10	11.67	16.94	21.18
37	18.11	24.42	30.53	15.16	20.99	26.24	12.21	17.55	21.94
38	18.94	25.66	32.07	15.84	21.94	27.42	12.73	18.22	22.77
39	19.81	26.92	33.65	16.52	22.91	28.64	13.24	18.91	23.64
40	20.70	28.18	35.23	17.22	23.94	29.92	13.74	19.68	24.60
41	21.62	29.47	36.84	17.92	24.99	31.24	14.23	20.51	25.64
42	22.57	30.78	38.47	18.65	26.09	32.61	14.73	21.40	26.75
43	23.54	32.11	40.14	19.38	27.25	34.06	15.22	22.38	27.97
44	24.54	33.46	41.83	20.13	28.45	35.56	15.72	23.43	29.29
45	25.57	34.86	43.58	20.91	29.71	37.14	16.25	24.57	30.71
46	26.63	36.30	45.37	21.72	31.05	38.81	16.81	25.80	32.25
47	27.74	37.78	47.23	22.58	32.46	40.57	17.41	27.13	33.91
48	28.89	39.33	49.16	23.46	33.95	42.44	18.04	28.57	35.71
49	30.08	40.94	51.17	24.42	35.52	44.40	18.75	30.10	37.63
50	31.30	42.62	53.27	25.40	37.18	46.48	19.51	31.75	39.69
51	32.58	44.38	55.47	26.46	38.94	48.68	20.35	33.51	41.89
52	33.91	46.24	57.80	27.58	40.81	51.01	21.26	35.38	44.22
53	35.30	48.18	60.23	28.78	42.78	53.47	22.27	37.37	46.71
54	36.73	50.24	62.80	30.05	44.85	56.06	23.37	39.46	49.33
55	38.22	52.38	65.48	31.38	47.02	58.78	24.54	41.67	52.09
56	39.76	54.62	68.28	32.78	49.31	61.64	25.81	43.99	54.99
57	41.35	56.97	71.21	34.26	51.68	64.60	27.18	46.40	58.00
58	42.98	59.38	74.23	35.80	54.15	67.69	28.61	48.93	61.16
59	44.64	61.89	77.36	37.38	56.70	70.88	30.12	51.53	64.41
60	46.34	64.45	80.56	39.01	59.34	74.17	31.68	54.22	67.78
65	54.90	77.48	96.85	47.32	72.97	91.21	39.74	68.47	85.59
66	56.60	80.06	100.08	48.97	75.71	94.64	41.35	71.36	89.20
67	58.29	82.65	103.31	50.61	78.46	98.07	42.94	74.27	92.83
68	59.99	85.24	106.55	52.26	81.20	101.50	44.54	77.15	96.44
69	61.69	87.83	109.78	53.92	83.93	104.92	46.14	80.04	100.06
70	63.39	90.41	113.02	55.56	86.68	108.35	47.74	82.95	103.68
71	65.08	92.99	116.24	57.21	89.42	111.77	49.33	85.84	107.30
72	66.78	95.58	119.47	58.86	92.16	115.20	50.92	88.74	110.93
73	68.48	98.16	122.71	60.51	94.91	118.63	52.53	91.64	114.54
74	70.17	100.75	125.94	62.14	97.64	122.06	54.12	94.54	118.17

\$30 Policy Fee

Berkshire Life Insurance Company Of America

Annual Premiums Per \$100 Monthly Benefit

Policy Form: 4200 & 4206

Base & Additional Monthly Benefit

Structure: Level	Sex: Female						Occupation Class: 4 & 4M		
Elim. Period(Days)	30			60			90		
Ben. Period(Months)	12	18	24	12	18	24	12	18	24
Issue Age									
75	71.86	71.86	71.86	63.79	63.79	63.79	55.72	55.72	55.72
76	73.56	73.56	73.56	65.44	65.44	65.44	57.32	57.32	57.32
77	75.26	75.26	75.26	67.08	67.08	67.08	58.92	58.92	58.92
78	76.96	76.96	76.96	68.73	68.73	68.73	60.51	60.51	60.51
79	78.66	78.66	78.66	70.39	70.39	70.39	62.12	62.12	62.12
80	80.35	80.35	80.35	72.03	72.03	72.03	63.71	63.71	63.71
81	82.05	82.05	82.05	73.68	73.68	73.68	65.30	65.30	65.30
82	83.75	83.75	83.75	75.33	75.33	75.33	66.90	66.90	66.90
83	85.45	85.45	85.45	76.98	76.98	76.98	68.50	68.50	68.50
84	87.14	87.14	87.14	78.62	78.62	78.62	70.10	70.10	70.10
85	88.84	88.84	88.84	80.27	80.27	80.27	71.69	71.69	71.69
86	90.54	90.54	90.54	81.91	81.91	81.91	73.30	73.30	73.30
87	92.24	92.24	92.24	83.56	83.56	83.56	74.89	74.89	74.89
88	93.94	93.94	93.94	85.22	85.22	85.22	76.48	76.48	76.48
89	95.63	95.63	95.63	86.86	86.86	86.86	78.08	78.08	78.08
90	97.33	97.33	97.33	88.51	88.51	88.51	79.68	79.68	79.68
91	99.03	99.03	99.03	90.16	90.16	90.16	81.28	81.28	81.28
92	100.73	100.73	100.73	91.80	91.80	91.80	82.87	82.87	82.87
93	102.43	102.43	102.43	93.45	93.45	93.45	84.48	84.48	84.48
94	104.11	104.11	104.11	95.09	95.09	95.09	86.07	86.07	86.07
95	105.81	105.81	105.81	96.74	96.74	96.74	87.66	87.66	87.66
96	107.51	107.51	107.51	98.38	98.38	98.38	89.26	89.26	89.26
97	109.21	109.21	109.21	100.03	100.03	100.03	90.86	90.86	90.86
98	110.90	110.90	110.90	101.69	101.69	101.69	92.46	92.46	92.46
99	112.60	112.60	112.60	103.33	103.33	103.33	94.05	94.05	94.05

\$30 Policy Fee

Berkshire Life Insurance Company Of America

Annual Premiums Per \$100 Monthly Benefit

Policy Form: 4200 & 4206

Base & Additional Monthly Benefit

Structure: Level

Sex: Female

Occupation Class: 5 & 5M

Elim. Period(Days)	30			60			90		
Ben. Period(Months)	12	18	24	12	18	24	12	18	24
Issue Age									
18	12.85	15.96	19.95	10.20	13.38	16.72	7.55	10.79	13.49
19	12.85	15.96	19.95	10.20	13.38	16.72	7.55	10.79	13.49
20	12.85	15.96	19.95	10.20	13.38	16.72	7.55	10.79	13.49
21	12.85	15.96	19.95	10.20	13.38	16.72	7.55	10.79	13.49
22	12.85	15.96	19.95	10.20	13.38	16.72	7.55	10.79	13.49
23	12.85	15.96	19.95	10.20	13.38	16.72	7.55	10.79	13.49
24	12.85	15.96	19.95	10.20	13.38	16.72	7.55	10.79	13.49
25	12.85	15.96	19.95	10.20	13.38	16.72	7.55	10.79	13.49
26	12.98	16.22	20.28	10.34	13.68	17.10	7.71	11.14	13.92
27	13.09	16.49	20.61	10.48	13.99	17.49	7.86	11.50	14.37
28	13.22	16.75	20.94	10.62	14.32	17.90	8.02	11.88	14.85
29	13.35	17.01	21.26	10.76	14.64	18.30	8.18	12.26	15.33
30	13.46	17.28	21.60	10.90	14.97	18.71	8.34	12.66	15.82
31	13.59	17.54	21.92	11.04	15.30	19.12	8.49	13.06	16.33
32	13.70	17.81	22.26	11.18	15.65	19.56	8.65	13.49	16.86
33	13.83	18.07	22.59	11.48	16.00	20.00	9.12	13.93	17.41
34	14.42	19.02	23.78	12.02	16.71	20.89	9.62	14.40	18.00
35	15.06	20.04	25.05	12.58	17.46	21.83	10.11	14.89	18.61
36	15.74	21.11	26.39	13.17	18.26	22.83	10.60	15.41	19.26
37	16.46	22.20	27.75	13.78	19.08	23.85	11.10	15.96	19.95
38	17.22	23.33	29.16	14.40	19.94	24.93	11.57	16.56	20.70
39	18.01	24.47	30.59	15.02	20.83	26.04	12.03	17.19	21.49
40	18.82	25.62	32.02	15.66	21.75	27.19	12.50	17.89	22.36
41	19.66	26.80	33.50	16.30	22.72	28.40	12.94	18.65	23.31
42	20.52	27.98	34.98	16.95	23.72	29.65	13.39	19.46	24.32
43	21.40	29.19	36.49	17.62	24.77	30.96	13.84	20.34	25.43
44	22.31	30.42	38.03	18.30	25.86	32.33	14.29	21.30	26.63
45	23.25	31.70	39.62	19.01	27.02	33.77	14.77	22.34	27.92
46	24.21	32.99	41.24	19.74	28.22	35.28	15.28	23.46	29.32
47	25.22	34.34	42.93	20.52	29.50	36.88	15.82	24.66	30.83
48	26.26	35.75	44.69	21.33	30.86	38.58	16.40	25.98	32.47
49	27.34	37.22	46.52	22.19	32.29	40.36	17.04	27.37	34.21
50	28.46	38.74	48.43	23.10	33.81	42.26	17.73	28.86	36.08
51	29.62	40.34	50.43	24.06	35.41	44.26	18.50	30.46	38.08
52	30.83	42.03	52.54	25.08	37.10	46.37	19.33	32.16	40.20
53	32.09	43.81	54.76	26.16	38.89	48.61	20.24	33.97	42.46
54	33.39	45.67	57.09	27.32	40.78	50.97	21.24	35.88	44.85
55	34.74	47.62	59.52	28.52	42.75	53.44	22.31	37.89	47.36
56	36.14	49.66	62.08	29.80	44.83	56.04	23.47	39.99	49.99
57	37.59	51.78	64.73	31.15	46.98	58.73	24.71	42.18	52.73
58	39.07	53.98	67.48	32.54	49.23	61.54	26.01	44.48	55.60
59	40.58	56.26	70.33	33.98	51.55	64.44	27.38	46.85	58.56
60	42.13	58.59	73.24	35.47	53.94	67.42	28.80	49.29	61.61
65	49.91	70.43	88.04	43.02	66.34	82.92	36.13	62.24	77.80
66	51.45	72.79	90.98	44.52	68.83	86.04	37.59	64.87	81.09
67	52.99	75.14	93.92	46.01	71.33	89.16	39.04	67.52	84.39
68	54.54	77.49	96.86	47.51	73.82	92.27	40.49	70.14	87.68
69	56.08	79.84	99.80	49.01	76.30	95.38	41.95	72.76	90.96
70	57.62	82.19	102.74	50.50	78.80	98.50	43.40	75.41	94.26
71	59.17	84.54	105.67	52.01	81.29	101.61	44.85	78.04	97.54
72	60.71	86.89	108.61	53.51	83.78	104.73	46.29	80.67	100.84
73	62.25	89.24	111.55	55.01	86.28	107.85	47.75	83.31	104.13
74	63.79	91.59	114.49	56.49	88.77	110.96	49.20	85.94	107.43

\$30 Policy Fee

Berkshire Life Insurance Company Of America

Annual Premiums Per \$100 Monthly Benefit

Policy Form: 4200 & 4206

Base & Additional Monthly Benefit

Structure: Level

Sex: Female

Occupation Class: 5 & 5M

Elim. Period(Days)	30			60			90		
	12	18	24	12	18	24	12	18	24
Ben. Period(Months)									
Issue Age									
75	65.33	65.33	65.33	57.99	57.99	57.99	50.65	50.65	50.65
76	66.87	66.87	66.87	59.49	59.49	59.49	52.11	52.11	52.11
77	68.42	68.42	68.42	60.98	60.98	60.98	53.56	53.56	53.56
78	69.96	69.96	69.96	62.49	62.49	62.49	55.01	55.01	55.01
79	71.50	71.50	71.50	63.99	63.99	63.99	56.47	56.47	56.47
80	73.05	73.05	73.05	65.48	65.48	65.48	57.92	57.92	57.92
81	74.59	74.59	74.59	66.98	66.98	66.98	59.37	59.37	59.37
82	76.14	76.14	76.14	68.48	68.48	68.48	60.82	60.82	60.82
83	77.68	77.68	77.68	69.98	69.98	69.98	62.28	62.28	62.28
84	79.22	79.22	79.22	71.47	71.47	71.47	63.72	63.72	63.72
85	80.77	80.77	80.77	72.98	72.98	72.98	65.17	65.17	65.17
86	82.31	82.31	82.31	74.47	74.47	74.47	66.63	66.63	66.63
87	83.85	83.85	83.85	75.97	75.97	75.97	68.08	68.08	68.08
88	85.40	85.40	85.40	77.47	77.47	77.47	69.53	69.53	69.53
89	86.94	86.94	86.94	78.96	78.96	78.96	70.98	70.98	70.98
90	88.48	88.48	88.48	80.46	80.46	80.46	72.44	72.44	72.44
91	90.03	90.03	90.03	81.96	81.96	81.96	73.89	73.89	73.89
92	91.57	91.57	91.57	83.45	83.45	83.45	75.34	75.34	75.34
93	93.11	93.11	93.11	84.96	84.96	84.96	76.80	76.80	76.80
94	94.65	94.65	94.65	86.45	86.45	86.45	78.25	78.25	78.25
95	96.19	96.19	96.19	87.95	87.95	87.95	79.70	79.70	79.70
96	97.73	97.73	97.73	89.44	89.44	89.44	81.14	81.14	81.14
97	99.28	99.28	99.28	90.94	90.94	90.94	82.60	82.60	82.60
98	100.82	100.82	100.82	92.44	92.44	92.44	84.05	84.05	84.05
99	102.36	102.36	102.36	93.93	93.93	93.93	85.50	85.50	85.50

\$30 Policy Fee

Berkshire Life Insurance Company Of America

Annual Premiums Per \$100 Monthly Benefit

Policy Form: 4200 & 4206

Base & Additional Monthly Benefit

Structure: Level

Sex: Female

Occupation Class: 6 & 6M

Elim. Period(Days)	30			60			90		
Ben. Period(Months)	12	18	24	12	18	24	12	18	24
Issue Age									
18	12.24	15.20	19.00	9.72	12.74	15.92	7.19	10.28	12.85
19	12.24	15.20	19.00	9.72	12.74	15.92	7.19	10.28	12.85
20	12.24	15.20	19.00	9.72	12.74	15.92	7.19	10.28	12.85
21	12.24	15.20	19.00	9.72	12.74	15.92	7.19	10.28	12.85
22	12.24	15.20	19.00	9.72	12.74	15.92	7.19	10.28	12.85
23	12.24	15.20	19.00	9.72	12.74	15.92	7.19	10.28	12.85
24	12.24	15.20	19.00	9.72	12.74	15.92	7.19	10.28	12.85
25	12.24	15.20	19.00	9.72	12.74	15.92	7.19	10.28	12.85
26	12.36	15.45	19.31	9.85	13.02	16.28	7.34	10.61	13.26
27	12.47	15.70	19.63	9.98	13.33	16.66	7.49	10.95	13.69
28	12.59	15.95	19.94	10.12	13.63	17.04	7.64	11.31	14.14
29	12.71	16.20	20.25	10.25	13.94	17.42	7.79	11.68	14.60
30	12.82	16.46	20.57	10.38	14.26	17.82	7.94	12.06	15.07
31	12.94	16.70	20.88	10.52	14.58	18.22	8.09	12.44	15.55
32	13.05	16.96	21.20	10.64	14.90	18.63	8.24	12.85	16.06
33	13.17	17.21	21.51	10.93	15.24	19.05	8.69	13.26	16.58
34	13.73	18.12	22.65	11.44	15.92	19.90	9.16	13.71	17.14
35	14.34	19.09	23.86	11.98	16.63	20.79	9.63	14.18	17.72
36	14.99	20.10	25.13	12.54	17.39	21.74	10.10	14.67	18.34
37	15.68	21.14	26.43	13.12	18.18	22.72	10.57	15.20	19.00
38	16.40	22.22	27.77	13.71	18.99	23.74	11.02	15.77	19.71
39	17.15	23.30	29.13	14.30	19.84	24.80	11.46	16.38	20.47
40	17.92	24.40	30.50	14.91	20.72	25.90	11.90	17.04	21.30
41	18.72	25.52	31.90	15.52	21.64	27.05	12.32	17.76	22.20
42	19.54	26.65	33.31	16.14	22.59	28.24	12.75	18.53	23.16
43	20.38	27.80	34.75	16.78	23.58	29.48	13.18	19.38	24.22
44	21.25	28.98	36.22	17.43	24.63	30.79	13.61	20.29	25.36
45	22.14	30.18	37.73	18.10	25.73	32.16	14.07	21.27	26.59
46	23.06	31.42	39.28	18.80	26.88	33.60	14.55	22.34	27.92
47	24.02	32.71	40.89	19.55	28.10	35.12	15.07	23.49	29.36
48	25.01	34.05	42.56	20.32	29.39	36.74	15.62	24.74	30.92
49	26.04	35.44	44.30	21.14	30.75	38.44	16.23	26.06	32.58
50	27.10	36.90	46.12	22.00	32.19	40.24	16.89	27.49	34.36
51	28.21	38.42	48.03	22.92	33.72	42.15	17.62	29.02	36.27
52	29.36	40.03	50.04	23.88	35.33	44.16	18.41	30.63	38.29
53	30.56	41.72	52.15	24.92	37.04	46.30	19.28	32.35	40.44
54	31.80	43.50	54.37	26.02	38.83	48.54	20.23	34.17	42.71
55	33.09	45.35	56.69	27.17	40.72	50.90	21.25	36.08	45.10
56	34.42	47.30	59.12	28.38	42.69	53.36	22.35	38.09	47.61
57	35.80	49.32	61.65	29.66	44.75	55.94	23.53	40.18	50.22
58	37.21	51.42	64.27	30.99	46.89	58.61	24.77	42.36	52.95
59	38.65	53.58	66.98	32.36	49.10	61.38	26.08	44.62	55.77
60	40.12	55.80	69.75	33.78	51.38	64.22	27.43	46.94	58.68
65	47.53	67.08	83.85	40.97	63.18	78.97	34.41	59.28	74.10
66	49.00	69.32	86.65	42.40	65.55	81.94	35.80	61.78	77.23
67	50.47	71.56	89.45	43.82	67.93	84.91	37.18	64.30	80.37
68	51.94	73.80	92.25	45.25	70.30	87.88	38.56	66.80	83.50
69	53.41	76.04	95.05	46.68	72.67	90.84	39.95	69.30	86.63
70	54.88	78.28	97.85	48.10	75.05	93.81	41.33	71.82	89.77
71	56.35	80.51	100.64	49.53	77.42	96.77	42.71	74.32	92.90
72	57.82	82.75	103.44	50.96	79.79	99.74	44.09	76.83	96.04
73	59.29	84.99	106.24	52.39	82.17	102.71	45.48	79.34	99.17
74	60.75	87.23	109.04	53.80	84.54	105.68	46.86	81.85	102.31

\$30 Policy Fee

Berkshire Life Insurance Company Of America

Annual Premiums Per \$100 Monthly Benefit

Policy Form: 4200 & 4206

Base & Additional Monthly Benefit

Structure: Level	Sex: Female						Occupation Class: 6 & 6M		
Elim. Period(Days)	30			60			90		
Ben. Period(Months)	12	18	24	12	18	24	12	18	24
Issue Age									
75	62.22	62.22	62.22	55.23	55.23	55.23	48.24	48.24	48.24
76	63.69	63.69	63.69	56.66	56.66	56.66	49.63	49.63	49.63
77	65.16	65.16	65.16	58.08	58.08	58.08	51.01	51.01	51.01
78	66.63	66.63	66.63	59.51	59.51	59.51	52.39	52.39	52.39
79	68.10	68.10	68.10	60.94	60.94	60.94	53.78	53.78	53.78
80	69.57	69.57	69.57	62.36	62.36	62.36	55.16	55.16	55.16
81	71.04	71.04	71.04	63.79	63.79	63.79	56.54	56.54	56.54
82	72.51	72.51	72.51	65.22	65.22	65.22	57.92	57.92	57.92
83	73.98	73.98	73.98	66.65	66.65	66.65	59.31	59.31	59.31
84	75.45	75.45	75.45	68.07	68.07	68.07	60.69	60.69	60.69
85	76.92	76.92	76.92	69.50	69.50	69.50	62.07	62.07	62.07
86	78.39	78.39	78.39	70.92	70.92	70.92	63.46	63.46	63.46
87	79.86	79.86	79.86	72.35	72.35	72.35	64.84	64.84	64.84
88	81.33	81.33	81.33	73.78	73.78	73.78	66.22	66.22	66.22
89	82.80	82.80	82.80	75.20	75.20	75.20	67.60	67.60	67.60
90	84.27	84.27	84.27	76.63	76.63	76.63	68.99	68.99	68.99
91	85.74	85.74	85.74	78.06	78.06	78.06	70.37	70.37	70.37
92	87.21	87.21	87.21	79.48	79.48	79.48	71.75	71.75	71.75
93	88.68	88.68	88.68	80.91	80.91	80.91	73.14	73.14	73.14
94	90.14	90.14	90.14	82.33	82.33	82.33	74.52	74.52	74.52
95	91.61	91.61	91.61	83.76	83.76	83.76	75.90	75.90	75.90
96	93.08	93.08	93.08	85.18	85.18	85.18	77.28	77.28	77.28
97	94.55	94.55	94.55	86.61	86.61	86.61	78.67	78.67	78.67
98	96.02	96.02	96.02	88.04	88.04	88.04	80.05	80.05	80.05
99	97.49	97.49	97.49	89.46	89.46	89.46	81.43	81.43	81.43

\$30 Policy Fee

Berkshire Life Insurance Company Of America

Annual Premiums Per \$100 Monthly Benefit

Policy Form: 4200 & 4206

Base & Additional Monthly Benefit

Structure: Level

Sex: Male

Occupation Class: 3 & 3M

Elim. Period(Days)	30			60			90		
	12	18	24	12	18	24	12	18	24
Ben. Period(Months)									
Issue Age									
18	11.81	14.76	18.45	9.05	11.88	14.85	6.29	9.00	11.25
19	11.81	14.76	18.45	9.05	11.88	14.85	6.29	9.00	11.25
20	11.81	14.76	18.45	9.05	11.88	14.85	6.29	9.00	11.25
21	11.81	14.76	18.45	9.05	11.88	14.85	6.29	9.00	11.25
22	11.81	14.76	18.45	9.05	11.88	14.85	6.29	9.00	11.25
23	11.81	14.76	18.45	9.05	11.88	14.85	6.29	9.00	11.25
24	11.81	14.76	18.45	9.05	11.88	14.85	6.29	9.00	11.25
25	11.81	14.76	18.45	9.05	11.88	14.85	6.29	9.00	11.25
26	12.02	15.99	19.99	9.19	13.04	16.30	6.36	10.09	12.61
27	12.21	16.80	21.00	9.32	13.82	17.28	6.42	10.86	13.57
28	12.42	17.30	21.62	9.46	14.32	17.90	6.49	11.35	14.19
29	12.63	17.58	21.97	9.60	14.62	18.28	6.56	11.67	14.59
30	12.83	17.70	22.13	9.80	14.78	18.48	6.76	11.86	14.82
31	13.03	17.78	22.22	10.02	14.86	18.58	7.01	11.95	14.94
32	13.24	17.84	22.30	10.28	14.94	18.67	7.32	12.03	15.04
33	13.44	17.96	22.45	10.54	15.04	18.80	7.64	12.11	15.14
34	13.64	18.16	22.70	10.82	15.18	18.98	8.01	12.22	15.27
35	13.85	18.50	23.12	11.12	15.46	19.32	8.40	12.41	15.51
36	14.16	18.98	23.73	11.48	15.84	19.80	8.81	12.69	15.86
37	14.47	19.64	24.55	11.87	16.35	20.44	9.27	13.07	16.34
38	14.79	20.48	25.60	12.26	17.04	21.30	9.74	13.59	16.99
39	15.44	21.52	26.90	12.85	17.88	22.35	10.26	14.24	17.80
40	16.27	22.76	28.45	13.54	18.90	23.62	10.80	15.03	18.79
41	17.27	24.19	30.24	14.32	20.08	25.10	11.37	15.98	19.97
42	18.45	25.82	32.28	15.20	21.44	26.80	11.96	17.06	21.33
43	19.79	27.63	34.54	16.20	22.97	28.71	12.60	18.30	22.88
44	21.28	29.61	37.01	17.28	24.64	30.80	13.28	19.68	24.60
45	22.88	31.72	39.65	18.43	26.46	33.07	13.98	21.19	26.49
46	24.60	33.98	42.48	19.66	28.41	35.51	14.73	22.83	28.54
47	26.42	36.36	45.45	20.98	30.47	38.09	15.54	24.58	30.73
48	28.32	38.82	48.52	22.35	32.64	40.80	16.38	26.46	33.07
49	30.26	41.37	51.71	23.77	34.90	43.62	17.28	28.43	35.54
50	32.22	43.96	54.95	25.22	37.22	46.53	18.23	30.48	38.10
51	34.21	46.62	58.27	26.72	39.62	49.53	19.24	32.62	40.78
52	36.19	49.27	61.59	28.24	42.05	52.56	20.29	34.82	43.53
53	38.16	51.96	64.95	29.78	44.54	55.67	21.40	37.10	46.38
54	40.08	54.63	68.29	31.33	47.03	58.79	22.58	39.43	49.29
55	41.98	57.29	71.61	32.89	49.54	61.93	23.80	41.80	52.25
56	43.84	59.94	74.93	34.46	52.08	65.10	25.07	44.22	55.27
57	45.64	62.58	78.23	36.03	54.64	68.30	26.42	46.69	58.36
58	47.42	65.21	81.51	37.61	57.21	71.51	27.80	49.21	61.51
59	49.16	67.84	84.80	39.20	59.81	74.76	29.24	51.77	64.71
60	50.91	70.49	88.11	40.82	62.43	78.04	30.73	54.38	67.98
65	60.49	84.98	106.22	49.55	76.88	96.11	38.60	68.79	85.99
66	62.55	88.02	110.03	51.37	79.92	99.90	40.19	71.81	89.76
67	64.60	91.09	113.86	53.19	82.97	103.70	41.80	74.83	93.54
68	66.65	94.15	117.69	55.02	86.00	107.50	43.41	77.85	97.31
69	68.70	97.21	121.51	56.85	89.04	111.30	45.00	80.86	101.08
70	70.76	100.26	125.34	58.68	92.07	115.09	46.61	83.89	104.86
71	72.82	103.31	129.15	60.51	95.11	118.89	48.22	86.90	108.63
72	74.87	106.38	132.97	62.34	98.16	122.69	49.83	89.92	112.40
73	76.92	109.44	136.80	64.17	101.19	126.49	51.42	92.95	116.17
74	78.97	112.50	140.62	66.00	104.23	130.28	53.03	95.97	119.96

\$30 Policy Fee

Berkshire Life Insurance Company Of America

Annual Premiums Per \$100 Monthly Benefit

Policy Form: 4200 & 4206

Base & Additional Monthly Benefit

Structure: Level	Sex: Male						Occupation Class: 3 & 3M		
Elim. Period(Days)	30			60			90		
Ben. Period(Months)	12	18	24	12	18	24	12	18	24
Issue Age									
75	81.03	81.03	81.03	67.83	67.83	67.83	54.64	54.64	54.64
76	83.09	83.09	83.09	69.66	69.66	69.66	56.23	56.23	56.23
77	85.14	85.14	85.14	71.49	71.49	71.49	57.84	57.84	57.84
78	87.19	87.19	87.19	73.32	73.32	73.32	59.45	59.45	59.45
79	89.24	89.24	89.24	75.15	75.15	75.15	61.05	61.05	61.05
80	91.30	91.30	91.30	76.98	76.98	76.98	62.65	62.65	62.65
81	93.36	93.36	93.36	78.81	78.81	78.81	64.25	64.25	64.25
82	95.41	95.41	95.41	80.64	80.64	80.64	65.86	65.86	65.86
83	97.46	97.46	97.46	82.47	82.47	82.47	67.46	67.46	67.46
84	99.51	99.51	99.51	84.30	84.30	84.30	69.06	69.06	69.06
85	101.57	101.57	101.57	86.13	86.13	86.13	70.67	70.67	70.67
86	103.63	103.63	103.63	87.96	87.96	87.96	72.27	72.27	72.27
87	105.68	105.68	105.68	89.79	89.79	89.79	73.87	73.87	73.87
88	107.73	107.73	107.73	91.61	91.61	91.61	75.48	75.48	75.48
89	109.79	109.79	109.79	93.43	93.43	93.43	77.09	77.09	77.09
90	111.84	111.84	111.84	95.26	95.26	95.26	78.68	78.68	78.68
91	113.90	113.90	113.90	97.10	97.10	97.10	80.29	80.29	80.29
92	115.95	115.95	115.95	98.93	98.93	98.93	81.90	81.90	81.90
93	118.00	118.00	118.00	100.75	100.75	100.75	83.49	83.49	83.49
94	120.06	120.06	120.06	102.58	102.58	102.58	85.10	85.10	85.10
95	122.11	122.11	122.11	104.41	104.41	104.41	86.71	86.71	86.71
96	124.17	124.17	124.17	106.25	106.25	106.25	88.32	88.32	88.32
97	126.22	126.22	126.22	108.07	108.07	108.07	89.91	89.91	89.91
98	128.27	128.27	128.27	109.90	109.90	109.90	91.52	91.52	91.52
99	130.33	130.33	130.33	111.73	111.73	111.73	93.13	93.13	93.13

\$30 Policy Fee

Berkshire Life Insurance Company Of America

Annual Premiums Per \$100 Monthly Benefit

Policy Form: 4200 & 4206

Base & Additional Monthly Benefit

Structure: Level

Sex: Male

Occupation Class: 4 & 4M

Elim. Period(Days)	30			60			90		
	12	18	24	12	18	24	12	18	24
Ben. Period(Months)									
Issue Age									
18	9.84	12.30	15.37	7.54	9.90	12.38	5.24	7.50	9.38
19	9.84	12.30	15.37	7.54	9.90	12.38	5.24	7.50	9.38
20	9.84	12.30	15.37	7.54	9.90	12.38	5.24	7.50	9.38
21	9.84	12.30	15.37	7.54	9.90	12.38	5.24	7.50	9.38
22	9.84	12.30	15.37	7.54	9.90	12.38	5.24	7.50	9.38
23	9.84	12.30	15.37	7.54	9.90	12.38	5.24	7.50	9.38
24	9.84	12.30	15.37	7.54	9.90	12.38	5.24	7.50	9.38
25	9.84	12.30	15.37	7.54	9.90	12.38	5.24	7.50	9.38
26	10.01	13.33	16.66	7.65	10.86	13.58	5.30	8.41	10.51
27	10.18	14.00	17.50	7.76	11.52	14.40	5.35	9.05	11.31
28	10.35	14.42	18.02	7.88	11.94	14.92	5.41	9.46	11.83
29	10.52	14.65	18.31	7.99	12.19	15.24	5.46	9.73	12.16
30	10.70	14.76	18.45	8.17	12.32	15.40	5.64	9.88	12.35
31	10.86	14.81	18.51	8.35	12.38	15.48	5.84	9.96	12.45
32	11.03	14.86	18.58	8.56	12.45	15.56	6.10	10.02	12.53
33	11.20	14.97	18.71	8.78	12.53	15.66	6.36	10.09	12.61
34	11.37	15.14	18.92	9.02	12.66	15.82	6.68	10.18	12.73
35	11.54	15.42	19.27	9.27	12.88	16.10	7.00	10.34	12.92
36	11.80	15.82	19.77	9.57	13.19	16.49	7.35	10.57	13.21
37	12.06	16.37	20.46	9.90	13.63	17.04	7.73	10.90	13.62
38	12.32	17.06	21.33	10.22	14.19	17.74	8.12	11.33	14.16
39	12.87	17.94	22.42	10.71	14.90	18.62	8.55	11.86	14.83
40	13.56	18.97	23.71	11.28	15.75	19.69	9.00	12.53	15.66
41	14.39	20.16	25.20	11.93	16.74	20.92	9.47	13.31	16.64
42	15.37	21.52	26.90	12.67	17.87	22.34	9.97	14.22	17.78
43	16.49	23.02	28.78	13.50	19.14	23.92	10.50	15.26	19.07
44	17.73	24.67	30.84	14.40	20.54	25.67	11.06	16.40	20.50
45	19.07	26.43	33.04	15.36	22.05	27.56	11.65	17.66	22.07
46	20.50	28.32	35.40	16.39	23.67	29.59	12.28	19.02	23.78
47	22.01	30.30	37.87	17.48	25.39	31.74	12.95	20.49	25.61
48	23.60	32.35	40.44	18.62	27.20	34.00	13.65	22.05	27.56
49	25.21	34.47	43.09	19.80	29.08	36.35	14.40	23.69	29.61
50	26.85	36.64	45.80	21.02	31.02	38.78	15.19	25.40	31.75
51	28.51	38.85	48.56	22.27	33.02	41.27	16.03	27.18	33.98
52	30.16	41.06	51.33	23.54	35.04	43.80	16.91	29.02	36.28
53	31.80	43.30	54.12	24.82	37.10	46.38	17.83	30.92	38.65
54	33.40	45.53	56.91	26.10	39.19	48.99	18.81	32.86	41.07
55	34.98	47.74	59.68	27.40	41.29	51.61	19.83	34.83	43.54
56	36.53	49.95	62.44	28.71	43.40	54.25	20.89	36.85	46.06
57	38.03	52.15	65.19	30.02	45.54	56.92	22.01	38.91	48.64
58	39.51	54.34	67.93	31.34	47.68	59.60	23.17	41.01	51.26
59	40.97	56.53	70.66	32.67	49.84	62.30	24.37	43.14	53.93
60	42.42	58.74	73.42	34.02	52.03	65.04	25.61	45.32	56.65
65	50.40	70.81	88.52	41.29	64.07	80.09	32.17	57.32	71.66
66	52.13	73.35	91.70	42.80	66.60	83.25	33.50	59.84	74.80
67	53.83	75.91	94.88	44.33	69.14	86.42	34.83	62.36	77.95
68	55.54	78.46	98.07	45.85	71.67	89.58	36.17	64.88	81.09
69	57.25	81.01	101.26	47.38	74.20	92.75	37.50	67.38	84.23
70	58.96	83.55	104.45	48.90	76.73	95.91	38.84	69.91	87.39
71	60.68	86.09	107.62	50.43	79.26	99.08	40.18	72.42	90.53
72	62.39	88.65	110.81	51.95	81.80	102.24	41.52	74.94	93.67
73	64.10	91.20	114.00	53.48	84.33	105.41	42.85	77.45	96.81
74	65.81	93.75	117.19	55.00	86.86	108.57	44.19	79.97	99.97

\$30 Policy Fee

Berkshire Life Insurance Company Of America

Annual Premiums Per \$100 Monthly Benefit

Policy Form: 4200 & 4206

Base & Additional Monthly Benefit

Structure: Level

Sex: Male

Occupation Class: 4 & 4M

Elim. Period(Days)	30			60			90		
	12	18	24	12	18	24	12	18	24
Ben. Period(Months)									
Issue Age									
75	67.52	67.52	67.52	56.53	56.53	56.53	45.53	45.53	45.53
76	69.24	69.24	69.24	58.05	58.05	58.05	46.86	46.86	46.86
77	70.95	70.95	70.95	59.57	59.57	59.57	48.20	48.20	48.20
78	72.66	72.66	72.66	61.10	61.10	61.10	49.54	49.54	49.54
79	74.37	74.37	74.37	62.62	62.62	62.62	50.88	50.88	50.88
80	76.08	76.08	76.08	64.15	64.15	64.15	52.21	52.21	52.21
81	77.80	77.80	77.80	65.67	65.67	65.67	53.55	53.55	53.55
82	79.51	79.51	79.51	67.20	67.20	67.20	54.89	54.89	54.89
83	81.22	81.22	81.22	68.72	68.72	68.72	56.21	56.21	56.21
84	82.93	82.93	82.93	70.25	70.25	70.25	57.55	57.55	57.55
85	84.64	84.64	84.64	71.77	71.77	71.77	58.89	58.89	58.89
86	86.36	86.36	86.36	73.30	73.30	73.30	60.22	60.22	60.22
87	88.07	88.07	88.07	74.82	74.82	74.82	61.56	61.56	61.56
88	89.78	89.78	89.78	76.35	76.35	76.35	62.90	62.90	62.90
89	91.49	91.49	91.49	77.86	77.86	77.86	64.24	64.24	64.24
90	93.20	93.20	93.20	79.38	79.38	79.38	65.57	65.57	65.57
91	94.92	94.92	94.92	80.92	80.92	80.92	66.91	66.91	66.91
92	96.63	96.63	96.63	82.44	82.44	82.44	68.25	68.25	68.25
93	98.34	98.34	98.34	83.96	83.96	83.96	69.58	69.58	69.58
94	100.05	100.05	100.05	85.48	85.48	85.48	70.92	70.92	70.92
95	101.76	101.76	101.76	87.01	87.01	87.01	72.26	72.26	72.26
96	103.48	103.48	103.48	88.54	88.54	88.54	73.60	73.60	73.60
97	105.19	105.19	105.19	90.06	90.06	90.06	74.92	74.92	74.92
98	106.90	106.90	106.90	91.58	91.58	91.58	76.26	76.26	76.26
99	108.60	108.60	108.60	93.10	93.10	93.10	77.60	77.60	77.60

\$30 Policy Fee

Berkshire Life Insurance Company Of America

Annual Premiums Per \$100 Monthly Benefit

Policy Form: 4200 & 4206

Base & Additional Monthly Benefit

Structure: Level

Sex: Male

Occupation Class: 5 & 5M

Elim. Period(Days)	30			60			90		
Ben. Period(Months)	12	18	24	12	18	24	12	18	24
Issue Age									
18	8.95	11.18	13.98	6.86	9.01	11.26	4.77	6.82	8.53
19	8.95	11.18	13.98	6.86	9.01	11.26	4.77	6.82	8.53
20	8.95	11.18	13.98	6.86	9.01	11.26	4.77	6.82	8.53
21	8.95	11.18	13.98	6.86	9.01	11.26	4.77	6.82	8.53
22	8.95	11.18	13.98	6.86	9.01	11.26	4.77	6.82	8.53
23	8.95	11.18	13.98	6.86	9.01	11.26	4.77	6.82	8.53
24	8.95	11.18	13.98	6.86	9.01	11.26	4.77	6.82	8.53
25	8.95	11.18	13.98	6.86	9.01	11.26	4.77	6.82	8.53
26	9.10	12.11	15.14	6.96	9.88	12.35	4.82	7.65	9.56
27	9.25	12.73	15.91	7.06	10.48	13.10	4.86	8.22	10.28
28	9.41	13.10	16.38	7.16	10.85	13.56	4.91	8.60	10.75
29	9.57	13.31	16.64	7.27	11.08	13.85	4.97	8.85	11.06
30	9.72	13.42	16.77	7.42	11.20	14.00	5.12	8.98	11.22
31	9.87	13.46	16.83	7.59	11.26	14.08	5.31	9.06	11.32
32	10.03	13.51	16.89	7.78	11.31	14.14	5.54	9.11	11.39
33	10.18	13.61	17.01	7.98	11.39	14.24	5.79	9.18	11.47
34	10.33	13.76	17.20	8.20	11.50	14.38	6.07	9.26	11.57
35	10.49	14.01	17.51	8.43	11.70	14.63	6.36	9.40	11.75
36	10.73	14.38	17.98	8.70	12.00	15.00	6.68	9.61	12.01
37	10.96	14.88	18.60	8.99	12.39	15.49	7.02	9.90	12.38
38	11.20	15.51	19.39	9.29	12.90	16.13	7.38	10.30	12.87
39	11.70	16.30	20.38	9.74	13.54	16.93	7.77	10.78	13.48
40	12.33	17.25	21.56	10.26	14.32	17.90	8.18	11.39	14.24
41	13.08	18.33	22.91	10.84	15.22	19.02	8.61	12.10	15.13
42	13.98	19.56	24.45	11.52	16.24	20.30	9.06	12.93	16.16
43	14.99	20.94	26.17	12.26	17.41	21.76	9.54	13.87	17.34
44	16.12	22.43	28.04	13.09	18.67	23.34	10.06	14.91	18.64
45	17.34	24.03	30.04	13.96	20.05	25.06	10.59	16.06	20.07
46	18.64	25.74	32.18	14.90	21.52	26.90	11.16	17.30	21.62
47	20.01	27.54	34.43	15.89	23.09	28.86	11.77	18.62	23.28
48	21.45	29.41	36.76	16.93	24.72	30.90	12.41	20.04	25.05
49	22.92	31.34	39.18	18.01	26.44	33.05	13.09	21.54	26.92
50	24.41	33.30	41.63	19.11	28.20	35.25	13.81	23.09	28.86
51	25.91	35.31	44.14	20.24	30.02	37.52	14.57	24.71	30.89
52	27.42	37.33	46.66	21.40	31.86	39.82	15.37	26.38	32.98
53	28.91	39.36	49.20	22.56	33.74	42.17	16.21	28.10	35.13
54	30.37	41.38	51.73	23.74	35.63	44.54	17.10	29.87	37.34
55	31.80	43.40	54.25	24.92	37.54	46.92	18.03	31.66	39.58
56	33.21	45.41	56.76	26.10	39.46	49.32	18.99	33.50	41.87
57	34.58	47.41	59.26	27.30	41.39	51.74	20.01	35.38	44.22
58	35.92	49.40	61.75	28.49	43.34	54.18	21.06	37.28	46.60
59	37.24	51.39	64.24	29.70	45.30	56.63	22.16	39.22	49.02
60	38.57	53.40	66.75	30.92	47.30	59.12	23.28	41.20	51.50
65	45.82	64.38	80.47	37.54	58.24	72.81	29.24	52.11	65.14
66	47.39	66.69	83.36	38.91	60.54	75.68	30.45	54.40	68.00
67	48.94	69.01	86.26	40.30	62.85	78.56	31.67	56.69	70.86
68	50.49	71.33	89.16	41.68	65.15	81.44	32.89	58.98	73.72
69	52.05	73.65	92.05	43.07	67.45	84.32	34.09	61.26	76.58
70	53.60	75.96	94.95	44.46	69.75	87.19	35.31	63.56	79.44
71	55.17	78.27	97.84	45.84	72.05	90.07	36.53	65.84	82.30
72	56.72	80.59	100.74	47.23	74.36	92.95	37.75	68.12	85.16
73	58.28	82.91	103.64	48.62	76.66	95.82	38.96	70.41	88.01
74	59.83	85.23	106.53	50.00	78.96	98.70	40.17	72.70	90.88

\$30 Policy Fee

Berkshire Life Insurance Company Of America

Annual Premiums Per \$100 Monthly Benefit

Policy Form: 4200 & 4206

Base & Additional Monthly Benefit

Structure: Level	Sex: Male						Occupation Class: 5 & 5M		
Elim. Period(Days)	30			60			90		
Ben. Period(Months)	12	18	24	12	18	24	12	18	24
Issue Age									
75	61.38	61.38	61.38	51.39	51.39	51.39	41.39	41.39	41.39
76	62.95	62.95	62.95	52.77	52.77	52.77	42.60	42.60	42.60
77	64.50	64.50	64.50	54.16	54.16	54.16	43.82	43.82	43.82
78	66.06	66.06	66.06	55.54	55.54	55.54	45.03	45.03	45.03
79	67.61	67.61	67.61	56.93	56.93	56.93	46.25	46.25	46.25
80	69.16	69.16	69.16	58.32	58.32	58.32	47.46	47.46	47.46
81	70.73	70.73	70.73	59.70	59.70	59.70	48.68	48.68	48.68
82	72.28	72.28	72.28	61.09	61.09	61.09	49.90	49.90	49.90
83	73.84	73.84	73.84	62.48	62.48	62.48	51.10	51.10	51.10
84	75.39	75.39	75.39	63.86	63.86	63.86	52.32	52.32	52.32
85	76.94	76.94	76.94	65.25	65.25	65.25	53.54	53.54	53.54
86	78.51	78.51	78.51	66.63	66.63	66.63	54.75	54.75	54.75
87	80.06	80.06	80.06	68.02	68.02	68.02	55.96	55.96	55.96
88	81.62	81.62	81.62	69.40	69.40	69.40	57.18	57.18	57.18
89	83.17	83.17	83.17	70.78	70.78	70.78	58.40	58.40	58.40
90	84.72	84.72	84.72	72.17	72.17	72.17	59.61	59.61	59.61
91	86.29	86.29	86.29	73.56	73.56	73.56	60.83	60.83	60.83
92	87.84	87.84	87.84	74.95	74.95	74.95	62.04	62.04	62.04
93	89.40	89.40	89.40	76.32	76.32	76.32	63.25	63.25	63.25
94	90.95	90.95	90.95	77.71	77.71	77.71	64.47	64.47	64.47
95	92.50	92.50	92.50	79.10	79.10	79.10	65.69	65.69	65.69
96	94.07	94.07	94.07	80.49	80.49	80.49	66.91	66.91	66.91
97	95.62	95.62	95.62	81.87	81.87	81.87	68.11	68.11	68.11
98	97.18	97.18	97.18	83.25	83.25	83.25	69.33	69.33	69.33
99	98.73	98.73	98.73	84.64	84.64	84.64	70.55	70.55	70.55

\$30 Policy Fee

Berkshire Life Insurance Company Of America

Annual Premiums Per \$100 Monthly Benefit

Policy Form: 4200 & 4206

Base & Additional Monthly Benefit

Structure: Level

Sex: Male

Occupation Class: 6 & 6M

Elim. Period(Days)	30			60			90		
Ben. Period(Months)	12	18	24	12	18	24	12	18	24
Issue Age									
18	8.52	10.65	13.31	6.53	8.58	10.72	4.54	6.50	8.12
19	8.52	10.65	13.31	6.53	8.58	10.72	4.54	6.50	8.12
20	8.52	10.65	13.31	6.53	8.58	10.72	4.54	6.50	8.12
21	8.52	10.65	13.31	6.53	8.58	10.72	4.54	6.50	8.12
22	8.52	10.65	13.31	6.53	8.58	10.72	4.54	6.50	8.12
23	8.52	10.65	13.31	6.53	8.58	10.72	4.54	6.50	8.12
24	8.52	10.65	13.31	6.53	8.58	10.72	4.54	6.50	8.12
25	8.52	10.65	13.31	6.53	8.58	10.72	4.54	6.50	8.12
26	8.67	11.54	14.42	6.63	9.41	11.76	4.59	7.28	9.10
27	8.81	12.12	15.15	6.72	9.98	12.47	4.63	7.83	9.79
28	8.96	12.48	15.60	6.82	10.34	12.92	4.68	8.19	10.24
29	9.11	12.68	15.85	6.92	10.55	13.19	4.73	8.42	10.53
30	9.26	12.78	15.97	7.07	10.66	13.33	4.88	8.55	10.69
31	9.40	12.82	16.03	7.23	10.72	13.40	5.06	8.62	10.78
32	9.55	12.87	16.09	7.42	10.78	13.47	5.28	8.68	10.85
33	9.70	12.96	16.20	7.60	10.85	13.56	5.51	8.74	10.92
34	9.84	13.10	16.38	7.81	10.96	13.70	5.78	8.82	11.02
35	9.99	13.34	16.68	8.02	11.14	13.93	6.06	8.95	11.19
36	10.22	13.70	17.12	8.29	11.42	14.28	6.36	9.15	11.44
37	10.44	14.17	17.71	8.56	11.80	14.75	6.69	9.43	11.79
38	10.67	14.78	18.47	8.85	12.29	15.36	7.03	9.81	12.26
39	11.14	15.53	19.41	9.27	12.90	16.12	7.40	10.27	12.84
40	11.74	16.42	20.53	9.76	13.64	17.05	7.79	10.85	13.56
41	12.46	17.46	21.82	10.33	14.50	18.12	8.20	11.53	14.41
42	13.31	18.63	23.29	10.97	15.47	19.34	8.63	12.31	15.39
43	14.28	19.94	24.92	11.68	16.58	20.72	9.09	13.21	16.51
44	15.35	21.36	26.70	12.46	17.78	22.22	9.58	14.20	17.75
45	16.51	22.89	28.61	13.30	19.09	23.86	10.09	15.29	19.11
46	17.75	24.52	30.65	14.19	20.50	25.62	10.63	16.47	20.59
47	19.06	26.23	32.79	15.14	21.98	27.48	11.21	17.74	22.17
48	20.43	28.01	35.01	16.12	23.55	29.44	11.82	19.09	23.86
49	21.83	29.85	37.31	17.15	25.18	31.48	12.47	20.51	25.64
50	23.25	31.72	39.65	18.20	26.86	33.57	13.15	21.99	27.49
51	24.68	33.63	42.04	19.28	28.58	35.73	13.88	23.54	29.42
52	26.11	35.55	44.44	20.38	30.34	37.92	14.64	25.13	31.41
53	27.53	37.49	46.86	21.48	32.13	40.16	15.44	26.77	33.46
54	28.92	39.42	49.27	22.60	33.94	42.42	16.29	28.45	35.56
55	30.29	41.34	51.67	23.73	35.74	44.68	17.17	30.16	37.70
56	31.63	43.25	54.06	24.86	37.58	46.97	18.09	31.90	39.88
57	32.93	45.15	56.44	25.99	39.42	49.28	19.06	33.69	42.11
58	34.21	47.05	58.81	27.14	41.28	51.60	20.06	35.50	44.38
59	35.47	48.94	61.18	28.28	43.15	53.94	21.10	37.35	46.69
60	36.73	50.86	63.57	29.45	45.05	56.31	22.17	39.24	49.05
65	43.64	61.31	76.64	35.75	55.47	69.34	27.85	49.63	62.04
66	45.13	63.51	79.39	37.06	57.66	72.08	29.00	51.81	64.76
67	46.61	65.72	82.15	38.38	59.86	74.82	30.16	53.99	67.49
68	48.09	67.93	84.91	39.70	62.05	77.56	31.32	56.17	70.21
69	49.57	70.14	87.67	41.02	64.24	80.30	32.47	58.34	72.93
70	51.05	72.34	90.43	42.34	66.43	83.04	33.63	60.53	75.66
71	52.54	74.54	93.18	43.66	68.62	85.78	34.79	62.70	78.38
72	54.02	76.75	95.94	44.98	70.82	88.52	35.95	64.88	81.10
73	55.50	78.96	98.70	46.30	73.01	91.26	37.10	67.06	83.82
74	56.98	81.17	101.46	47.62	75.20	94.00	38.26	69.24	86.55

\$30 Policy Fee

Berkshire Life Insurance Company Of America

Annual Premiums Per \$100 Monthly Benefit

Policy Form: 4200 & 4206

Base & Additional Monthly Benefit

Structure: Level	Sex: Male						Occupation Class: 6 & 6M		
Elim. Period(Days)	30			60			90		
Ben. Period(Months)	12	18	24	12	18	24	12	18	24
Issue Age									
75	58.46	58.46	58.46	48.94	48.94	48.94	39.42	39.42	39.42
76	59.95	59.95	59.95	50.26	50.26	50.26	40.57	40.57	40.57
77	61.43	61.43	61.43	51.58	51.58	51.58	41.73	41.73	41.73
78	62.91	62.91	62.91	52.90	52.90	52.90	42.89	42.89	42.89
79	64.39	64.39	64.39	54.22	54.22	54.22	44.05	44.05	44.05
80	65.87	65.87	65.87	55.54	55.54	55.54	45.20	45.20	45.20
81	67.36	67.36	67.36	56.86	56.86	56.86	46.36	46.36	46.36
82	68.84	68.84	68.84	58.18	58.18	58.18	47.52	47.52	47.52
83	70.32	70.32	70.32	59.50	59.50	59.50	48.67	48.67	48.67
84	71.80	71.80	71.80	60.82	60.82	60.82	49.83	49.83	49.83
85	73.28	73.28	73.28	62.14	62.14	62.14	50.99	50.99	50.99
86	74.77	74.77	74.77	63.46	63.46	63.46	52.14	52.14	52.14
87	76.25	76.25	76.25	64.78	64.78	64.78	53.30	53.30	53.30
88	77.73	77.73	77.73	66.10	66.10	66.10	54.46	54.46	54.46
89	79.21	79.21	79.21	67.41	67.41	67.41	55.62	55.62	55.62
90	80.69	80.69	80.69	68.73	68.73	68.73	56.77	56.77	56.77
91	82.18	82.18	82.18	70.06	70.06	70.06	57.93	57.93	57.93
92	83.66	83.66	83.66	71.38	71.38	71.38	59.09	59.09	59.09
93	85.14	85.14	85.14	72.69	72.69	72.69	60.24	60.24	60.24
94	86.62	86.62	86.62	74.01	74.01	74.01	61.40	61.40	61.40
95	88.10	88.10	88.10	75.33	75.33	75.33	62.56	62.56	62.56
96	89.59	89.59	89.59	76.66	76.66	76.66	63.72	63.72	63.72
97	91.07	91.07	91.07	77.97	77.97	77.97	64.87	64.87	64.87
98	92.55	92.55	92.55	79.29	79.29	79.29	66.03	66.03	66.03
99	94.03	94.03	94.03	80.61	80.61	80.61	67.19	67.19	67.19

\$30 Policy Fee

Berkshire Life Insurance Company Of America

Annual Premiums Per \$100 Monthly Benefit

Policy Form: 4204

Supplemental Overhead Expense Benefit Rider

Structure: Graded

Sex: Female

Occupation Class: 3 & 3M

Elim. Period(Days)	30			60			90		
	12	18	24	12	18	24	12	18	24
Ben. Period(Months)									
Attained Age									
18	2.58	2.72	2.86	1.85	1.94	2.02	1.11	1.15	1.19
19	2.58	2.72	2.86	1.85	1.94	2.02	1.11	1.15	1.19
20	2.58	2.72	2.86	1.85	1.94	2.02	1.11	1.15	1.19
21	2.58	2.72	2.86	1.85	1.94	2.02	1.11	1.15	1.19
22	2.58	2.72	2.86	1.85	1.94	2.02	1.11	1.15	1.19
23	2.58	2.72	2.86	1.85	1.94	2.02	1.11	1.15	1.19
24	2.58	2.72	2.86	1.85	1.94	2.02	1.11	1.15	1.19
25	2.58	2.72	2.86	1.85	1.94	2.02	1.11	1.15	1.19
26	2.61	2.79	2.97	1.88	1.99	2.10	1.14	1.18	1.23
27	2.63	2.84	3.04	1.90	2.02	2.15	1.16	1.21	1.26
28	2.66	2.87	3.08	1.92	2.05	2.18	1.19	1.24	1.29
29	2.69	2.90	3.10	1.96	2.08	2.21	1.22	1.27	1.32
30	2.72	2.91	3.10	1.98	2.10	2.23	1.23	1.30	1.36
31	2.74	2.93	3.12	2.00	2.13	2.26	1.26	1.32	1.39
32	2.77	2.94	3.12	2.03	2.14	2.26	1.29	1.35	1.41
33	2.80	2.98	3.15	2.06	2.18	2.30	1.32	1.38	1.44
34	2.83	3.00	3.17	2.08	2.20	2.32	1.34	1.40	1.47
35	2.86	3.04	3.22	2.12	2.24	2.37	1.37	1.44	1.51
36	2.90	3.08	3.27	2.14	2.26	2.39	1.39	1.45	1.51
37	2.94	3.14	3.35	2.17	2.30	2.44	1.40	1.46	1.52
38	2.98	3.22	3.45	2.20	2.35	2.50	1.43	1.49	1.55
39	3.04	3.30	3.56	2.25	2.41	2.57	1.46	1.52	1.58
40	3.08	3.39	3.70	2.30	2.48	2.66	1.51	1.56	1.62
41	3.23	3.50	3.77	2.40	2.56	2.72	1.57	1.62	1.68
42	3.41	3.65	3.89	2.50	2.66	2.82	1.58	1.66	1.75
43	3.60	3.83	4.06	2.61	2.76	2.92	1.62	1.70	1.77
44	3.83	4.04	4.26	2.76	2.90	3.04	1.69	1.76	1.83
45	4.06	4.28	4.49	2.92	3.06	3.20	1.77	1.84	1.90
46	4.30	4.52	4.75	3.09	3.24	3.38	1.88	1.94	2.01
47	4.53	4.78	5.03	3.27	3.42	3.58	2.01	2.07	2.13
48	4.75	5.04	5.34	3.45	3.62	3.80	2.15	2.21	2.27
49	5.25	5.45	5.65	3.78	3.91	4.04	2.30	2.37	2.44
50	5.75	5.86	5.97	4.11	4.20	4.29	2.47	2.54	2.61
51	6.25	6.26	6.28	4.44	4.49	4.54	2.62	2.71	2.80
52	6.71	6.64	6.57	4.74	4.76	4.78	2.77	2.88	2.98
53	7.12	6.98	6.85	5.02	5.02	5.01	2.92	3.04	3.17
54	7.46	7.28	7.11	5.26	5.24	5.23	3.05	3.20	3.35
55	7.51	7.42	7.32	5.34	5.38	5.42	3.16	3.34	3.53
56	7.53	7.52	7.51	5.40	5.50	5.61	3.27	3.49	3.71
57	7.54	7.61	7.68	5.44	5.61	5.78	3.35	3.62	3.88
58	7.55	7.68	7.82	5.50	5.72	5.94	3.44	3.75	4.06
59	7.57	7.76	7.96	5.54	5.82	6.10	3.51	3.87	4.23
60	7.58	7.85	8.12	5.59	5.93	6.27	3.60	4.01	4.42
61	7.66	8.00	8.33	5.70	6.10	6.50	3.73	4.20	4.66
62	7.83	8.23	8.63	5.88	6.33	6.78	3.92	4.42	4.93
63	8.11	8.62	9.12	6.17	6.70	7.22	4.23	4.77	5.31
64	8.94	9.39	9.84	6.81	7.32	7.84	4.68	5.26	5.84

\$30 Policy Fee

Berkshire Life Insurance Company Of America

Annual Premiums Per \$100 Monthly Benefit

Policy Form: 4204

Supplemental Overhead Expense Benefit Rider

Structure: Graded

Sex: Female

Occupation Class: 4 & 4M

Elim. Period(Days)	30			60			90		
	12	18	24	12	18	24	12	18	24
Ben. Period(Months)									
Attained Age									
18	2.15	2.26	2.38	1.54	1.61	1.68	0.92	0.96	0.99
19	2.15	2.26	2.38	1.54	1.61	1.68	0.92	0.96	0.99
20	2.15	2.26	2.38	1.54	1.61	1.68	0.92	0.96	0.99
21	2.15	2.26	2.38	1.54	1.61	1.68	0.92	0.96	0.99
22	2.15	2.26	2.38	1.54	1.61	1.68	0.92	0.96	0.99
23	2.15	2.26	2.38	1.54	1.61	1.68	0.92	0.96	0.99
24	2.15	2.26	2.38	1.54	1.61	1.68	0.92	0.96	0.99
25	2.15	2.26	2.38	1.54	1.61	1.68	0.92	0.96	0.99
26	2.17	2.32	2.47	1.56	1.66	1.75	0.95	0.99	1.03
27	2.19	2.36	2.53	1.58	1.68	1.79	0.97	1.01	1.05
28	2.22	2.39	2.56	1.60	1.71	1.82	0.99	1.03	1.07
29	2.24	2.42	2.59	1.63	1.74	1.84	1.02	1.06	1.10
30	2.26	2.42	2.59	1.64	1.75	1.86	1.03	1.08	1.13
31	2.29	2.44	2.60	1.67	1.78	1.88	1.05	1.10	1.16
32	2.31	2.46	2.60	1.69	1.79	1.89	1.07	1.12	1.18
33	2.33	2.48	2.62	1.72	1.82	1.91	1.10	1.15	1.20
34	2.36	2.50	2.64	1.74	1.84	1.93	1.12	1.17	1.22
35	2.38	2.53	2.68	1.76	1.86	1.97	1.14	1.20	1.26
36	2.41	2.57	2.73	1.78	1.89	2.00	1.16	1.21	1.26
37	2.45	2.62	2.80	1.81	1.92	2.04	1.17	1.22	1.27
38	2.48	2.68	2.88	1.84	1.96	2.08	1.19	1.24	1.29
39	2.53	2.75	2.97	1.87	2.00	2.14	1.21	1.26	1.32
40	2.56	2.82	3.08	1.91	2.06	2.22	1.26	1.30	1.35
41	2.69	2.92	3.14	2.00	2.14	2.27	1.31	1.36	1.40
42	2.84	3.04	3.25	2.08	2.22	2.36	1.32	1.39	1.46
43	3.00	3.19	3.38	2.17	2.30	2.43	1.35	1.42	1.48
44	3.19	3.37	3.55	2.30	2.42	2.54	1.41	1.46	1.52
45	3.38	3.56	3.74	2.43	2.54	2.66	1.48	1.53	1.58
46	3.58	3.77	3.96	2.58	2.70	2.82	1.57	1.62	1.67
47	3.78	3.98	4.19	2.72	2.86	2.99	1.67	1.72	1.78
48	3.96	4.20	4.45	2.88	3.02	3.17	1.79	1.84	1.89
49	4.38	4.54	4.71	3.15	3.26	3.37	1.92	1.98	2.03
50	4.79	4.88	4.98	3.42	3.50	3.58	2.06	2.12	2.17
51	5.21	5.22	5.23	3.70	3.74	3.78	2.18	2.26	2.33
52	5.59	5.53	5.47	3.95	3.96	3.97	2.31	2.40	2.48
53	5.94	5.82	5.71	4.19	4.18	4.18	2.44	2.54	2.64
54	6.21	6.07	5.93	4.38	4.37	4.36	2.54	2.67	2.80
55	6.26	6.18	6.10	4.44	4.48	4.53	2.63	2.79	2.95
56	6.27	6.26	6.26	4.50	4.59	4.68	2.73	2.92	3.10
57	6.28	6.34	6.40	4.54	4.68	4.82	2.80	3.02	3.23
58	6.29	6.40	6.51	4.58	4.76	4.94	2.86	3.12	3.38
59	6.31	6.47	6.63	4.62	4.85	5.08	2.92	3.22	3.52
60	6.32	6.54	6.77	4.66	4.94	5.22	3.00	3.34	3.68
61	6.39	6.66	6.94	4.75	5.08	5.41	3.11	3.50	3.88
62	6.53	6.86	7.20	4.90	5.28	5.66	3.27	3.69	4.11
63	6.76	7.18	7.60	5.14	5.58	6.01	3.52	3.97	4.42
64	7.45	7.82	8.20	5.68	6.10	6.53	3.90	4.38	4.86

\$30 Policy Fee

Berkshire Life Insurance Company Of America

Annual Premiums Per \$100 Monthly Benefit

Policy Form: 4204

Supplemental Overhead Expense Benefit Rider

Structure: Graded

Sex: Female

Occupation Class: 5 & 5M

Elim. Period(Days)	30			60			90		
	12	18	24	12	18	24	12	18	24
Ben. Period(Months)									
Attained Age									
18	1.95	2.06	2.16	1.40	1.46	1.53	0.84	0.87	0.90
19	1.95	2.06	2.16	1.40	1.46	1.53	0.84	0.87	0.90
20	1.95	2.06	2.16	1.40	1.46	1.53	0.84	0.87	0.90
21	1.95	2.06	2.16	1.40	1.46	1.53	0.84	0.87	0.90
22	1.95	2.06	2.16	1.40	1.46	1.53	0.84	0.87	0.90
23	1.95	2.06	2.16	1.40	1.46	1.53	0.84	0.87	0.90
24	1.95	2.06	2.16	1.40	1.46	1.53	0.84	0.87	0.90
25	1.95	2.06	2.16	1.40	1.46	1.53	0.84	0.87	0.90
26	1.97	2.11	2.25	1.42	1.50	1.59	0.86	0.90	0.93
27	2.00	2.15	2.30	1.44	1.54	1.63	0.88	0.92	0.96
28	2.02	2.18	2.33	1.46	1.56	1.66	0.90	0.94	0.98
29	2.04	2.20	2.35	1.48	1.58	1.68	0.92	0.96	1.00
30	2.06	2.20	2.35	1.50	1.60	1.69	0.93	0.98	1.03
31	2.08	2.22	2.36	1.52	1.61	1.70	0.96	1.00	1.05
32	2.10	2.23	2.36	1.54	1.63	1.72	0.98	1.02	1.07
33	2.12	2.25	2.38	1.56	1.65	1.74	1.00	1.04	1.09
34	2.14	2.27	2.40	1.58	1.67	1.76	1.02	1.06	1.11
35	2.16	2.30	2.44	1.60	1.70	1.79	1.04	1.09	1.14
36	2.19	2.34	2.48	1.62	1.72	1.81	1.05	1.10	1.14
37	2.23	2.38	2.54	1.64	1.74	1.85	1.06	1.11	1.16
38	2.26	2.44	2.61	1.67	1.78	1.90	1.08	1.13	1.18
39	2.30	2.50	2.70	1.70	1.82	1.95	1.10	1.15	1.20
40	2.33	2.56	2.80	1.74	1.88	2.01	1.14	1.18	1.23
41	2.45	2.66	2.86	1.82	1.94	2.06	1.19	1.23	1.27
42	2.58	2.76	2.95	1.89	2.02	2.14	1.20	1.26	1.32
43	2.73	2.90	3.08	1.98	2.10	2.21	1.23	1.28	1.34
44	2.90	3.06	3.22	2.09	2.20	2.31	1.28	1.34	1.39
45	3.08	3.24	3.40	2.21	2.32	2.42	1.34	1.39	1.44
46	3.26	3.43	3.60	2.34	2.45	2.56	1.43	1.48	1.52
47	3.43	3.62	3.81	2.48	2.60	2.72	1.52	1.57	1.62
48	3.60	3.82	4.04	2.62	2.75	2.88	1.63	1.68	1.72
49	3.98	4.13	4.28	2.86	2.96	3.07	1.74	1.80	1.85
50	4.36	4.44	4.53	3.12	3.18	3.25	1.87	1.92	1.97
51	4.74	4.75	4.76	3.36	3.40	3.44	1.98	2.05	2.12
52	5.08	5.03	4.98	3.59	3.60	3.62	2.10	2.18	2.26
53	5.40	5.30	5.19	3.81	3.80	3.80	2.22	2.31	2.40
54	5.65	5.52	5.39	3.98	3.97	3.96	2.31	2.42	2.54
55	5.69	5.62	5.54	4.04	4.08	4.11	2.39	2.54	2.68
56	5.70	5.70	5.69	4.09	4.17	4.25	2.48	2.64	2.81
57	5.71	5.76	5.82	4.12	4.25	4.38	2.54	2.74	2.94
58	5.72	5.82	5.92	4.16	4.33	4.50	2.60	2.84	3.08
59	5.73	5.88	6.03	4.20	4.41	4.62	2.66	2.93	3.20
60	5.74	5.94	6.15	4.24	4.50	4.75	2.73	3.04	3.35
61	5.81	6.06	6.31	4.31	4.62	4.92	2.82	3.18	3.53
62	5.93	6.24	6.54	4.45	4.80	5.14	2.97	3.36	3.74
63	6.14	6.52	6.91	4.67	5.06	5.46	3.20	3.61	4.02
64	6.77	7.12	7.46	5.16	5.55	5.94	3.55	3.98	4.42

\$30 Policy Fee

Berkshire Life Insurance Company Of America

Annual Premiums Per \$100 Monthly Benefit

Policy Form: 4204

Supplemental Overhead Expense Benefit Rider

Structure: Graded

Sex: Female

Occupation Class: 6 & 6M

Elim. Period(Days)	30			60			90		
	12	18	24	12	18	24	12	18	24
Ben. Period(Months)									
Attained Age									
18	1.86	1.96	2.06	1.33	1.40	1.46	0.80	0.83	0.86
19	1.86	1.96	2.06	1.33	1.40	1.46	0.80	0.83	0.86
20	1.86	1.96	2.06	1.33	1.40	1.46	0.80	0.83	0.86
21	1.86	1.96	2.06	1.33	1.40	1.46	0.80	0.83	0.86
22	1.86	1.96	2.06	1.33	1.40	1.46	0.80	0.83	0.86
23	1.86	1.96	2.06	1.33	1.40	1.46	0.80	0.83	0.86
24	1.86	1.96	2.06	1.33	1.40	1.46	0.80	0.83	0.86
25	1.86	1.96	2.06	1.33	1.40	1.46	0.80	0.83	0.86
26	1.88	2.01	2.14	1.35	1.44	1.52	0.82	0.86	0.89
27	1.90	2.04	2.19	1.37	1.46	1.55	0.84	0.88	0.91
28	1.92	2.07	2.22	1.39	1.48	1.58	0.86	0.90	0.93
29	1.94	2.09	2.24	1.41	1.50	1.60	0.88	0.92	0.95
30	1.96	2.10	2.24	1.42	1.52	1.61	0.89	0.94	0.98
31	1.98	2.12	2.25	1.44	1.53	1.62	0.91	0.96	1.00
32	2.00	2.12	2.25	1.46	1.55	1.64	0.93	0.98	1.02
33	2.02	2.14	2.27	1.48	1.57	1.66	0.95	1.00	1.04
34	2.04	2.16	2.29	1.50	1.59	1.68	0.97	1.02	1.06
35	2.06	2.19	2.32	1.52	1.61	1.70	0.99	1.04	1.09
36	2.09	2.22	2.36	1.54	1.63	1.72	1.00	1.04	1.09
37	2.12	2.27	2.42	1.56	1.66	1.76	1.01	1.06	1.10
38	2.15	2.32	2.49	1.59	1.70	1.81	1.03	1.08	1.12
39	2.19	2.38	2.57	1.62	1.74	1.86	1.05	1.10	1.14
40	2.22	2.44	2.67	1.66	1.79	1.92	1.09	1.13	1.17
41	2.33	2.52	2.72	1.73	1.84	1.96	1.13	1.17	1.21
42	2.46	2.64	2.81	1.80	1.92	2.04	1.14	1.20	1.26
43	2.60	2.76	2.93	1.88	1.99	2.10	1.17	1.22	1.28
44	2.76	2.92	3.07	1.99	2.10	2.20	1.22	1.27	1.32
45	2.93	3.08	3.24	2.10	2.20	2.31	1.28	1.32	1.37
46	3.10	3.26	3.43	2.23	2.34	2.44	1.36	1.40	1.45
47	3.27	3.45	3.63	2.36	2.47	2.58	1.45	1.50	1.54
48	3.43	3.64	3.85	2.49	2.62	2.74	1.55	1.60	1.64
49	3.79	3.94	4.08	2.72	2.82	2.92	1.66	1.71	1.76
50	4.15	4.23	4.31	2.97	3.04	3.10	1.78	1.83	1.88
51	4.51	4.52	4.53	3.20	3.24	3.28	1.89	1.96	2.02
52	4.84	4.79	4.74	3.42	3.43	3.44	2.00	2.08	2.15
53	5.14	5.04	4.94	3.62	3.62	3.62	2.11	2.20	2.29
54	5.38	5.26	5.13	3.79	3.78	3.78	2.20	2.31	2.42
55	5.42	5.35	5.28	3.85	3.88	3.92	2.28	2.42	2.55
56	5.43	5.42	5.42	3.89	3.97	4.05	2.36	2.52	2.68
57	5.44	5.49	5.54	3.93	4.05	4.17	2.42	2.61	2.80
58	5.45	5.54	5.64	3.96	4.12	4.28	2.48	2.70	2.93
59	5.46	5.60	5.74	4.00	4.20	4.40	2.53	2.79	3.05
60	5.47	5.66	5.86	4.04	4.28	4.53	2.60	2.90	3.19
61	5.53	5.77	6.01	4.11	4.40	4.68	2.69	3.02	3.36
62	5.65	5.94	6.23	4.24	4.57	4.90	2.83	3.20	3.56
63	5.85	6.22	6.58	4.45	4.82	5.20	3.05	3.44	3.83
64	6.45	6.78	7.10	4.92	5.29	5.66	3.38	3.80	4.21

\$30 Policy Fee

Berkshire Life Insurance Company Of America

Annual Premiums Per \$100 Monthly Benefit

Policy Form: 4204

Supplemental Overhead Expense Benefit Rider

Structure: Graded

Sex: Male

Occupation Class: 3 & 3M

Elim. Period(Days)	30			60			90		
	12	18	24	12	18	24	12	18	24
Ben. Period(Months)									
Attained Age									
18	1.87	1.80	1.72	1.25	1.22	1.20	0.62	0.64	0.67
19	1.87	1.80	1.72	1.25	1.22	1.20	0.62	0.64	0.67
20	1.87	1.80	1.72	1.25	1.22	1.20	0.62	0.64	0.67
21	1.87	1.80	1.72	1.25	1.22	1.20	0.62	0.64	0.67
22	1.87	1.80	1.72	1.25	1.22	1.20	0.62	0.64	0.67
23	1.87	1.80	1.72	1.25	1.22	1.20	0.62	0.64	0.67
24	1.87	1.80	1.72	1.25	1.22	1.20	0.62	0.64	0.67
25	1.87	1.80	1.72	1.25	1.22	1.20	0.62	0.64	0.67
26	1.90	1.82	1.73	1.27	1.24	1.20	0.65	0.66	0.68
27	1.91	1.84	1.76	1.29	1.26	1.23	0.67	0.69	0.71
28	1.93	1.86	1.79	1.30	1.28	1.25	0.68	0.70	0.72
29	1.94	1.87	1.80	1.32	1.30	1.27	0.69	0.71	0.73
30	1.97	1.90	1.83	1.34	1.32	1.29	0.72	0.74	0.75
31	1.98	1.91	1.84	1.36	1.33	1.30	0.73	0.74	0.76
32	2.00	1.94	1.87	1.38	1.36	1.33	0.75	0.77	0.79
33	2.02	1.96	1.90	1.39	1.37	1.35	0.76	0.78	0.80
34	2.04	1.98	1.91	1.42	1.39	1.36	0.79	0.80	0.82
35	2.05	2.00	1.94	1.42	1.40	1.38	0.80	0.82	0.83
36	2.15	2.06	1.98	1.50	1.46	1.42	0.86	0.86	0.85
37	2.26	2.14	2.02	1.58	1.51	1.44	0.91	0.88	0.86
38	2.36	2.22	2.07	1.66	1.56	1.46	0.97	0.92	0.86
39	2.45	2.28	2.11	1.74	1.62	1.49	1.03	0.95	0.87
40	2.55	2.35	2.15	1.82	1.68	1.53	1.08	1.00	0.91
41	2.62	2.40	2.19	1.88	1.73	1.58	1.14	1.06	0.97
42	2.83	2.53	2.23	2.00	1.82	1.64	1.18	1.11	1.04
43	2.94	2.60	2.27	2.08	1.89	1.70	1.23	1.18	1.12
44	3.10	2.70	2.31	2.20	1.98	1.76	1.30	1.26	1.21
45	3.27	2.92	2.58	2.32	2.13	1.94	1.37	1.34	1.30
46	3.42	3.14	2.87	2.43	2.28	2.14	1.44	1.42	1.41
47	3.59	3.38	3.16	2.55	2.44	2.34	1.51	1.52	1.52
48	3.74	3.60	3.46	2.66	2.60	2.55	1.57	1.60	1.64
49	3.91	3.84	3.77	2.78	2.77	2.76	1.64	1.70	1.75
50	4.07	4.06	4.06	2.88	2.92	2.96	1.70	1.78	1.86
51	4.67	4.50	4.32	3.29	3.22	3.15	1.91	1.94	1.98
52	5.25	4.91	4.57	3.68	3.50	3.32	2.11	2.10	2.08
53	5.77	5.48	5.20	4.03	3.89	3.75	2.29	2.30	2.30
54	6.22	6.00	5.77	4.33	4.24	4.14	2.44	2.48	2.51
55	6.57	6.42	6.26	4.58	4.54	4.49	2.58	2.65	2.72
56	6.81	6.74	6.67	4.74	4.76	4.79	2.67	2.79	2.91
57	6.82	6.90	6.97	4.79	4.91	5.03	2.76	2.92	3.09
58	6.82	7.00	7.18	4.81	5.02	5.22	2.80	3.03	3.26
59	6.83	7.06	7.29	4.84	5.10	5.36	2.84	3.13	3.42
60	6.83	7.08	7.33	4.86	5.16	5.46	2.88	3.24	3.59
61	6.90	7.13	7.36	4.92	5.24	5.56	2.94	3.36	3.77
62	7.05	7.26	7.46	5.06	5.39	5.72	3.06	3.52	3.99
63	7.33	7.53	7.73	5.30	5.66	6.01	3.28	3.78	4.28
64	7.90	8.14	8.39	5.80	6.17	6.54	3.70	4.20	4.70

\$30 Policy Fee

Berkshire Life Insurance Company Of America

Annual Premiums Per \$100 Monthly Benefit

Policy Form: 4204

Supplemental Overhead Expense Benefit Rider

Structure: Graded

Sex: Male

Occupation Class: 4 & 4M

Elim. Period(Days)	30			60			90		
	12	18	24	12	18	24	12	18	24
Ben. Period(Months)									
Attained Age									
18	1.56	1.50	1.43	1.04	1.02	0.99	0.52	0.54	0.55
19	1.56	1.50	1.43	1.04	1.02	0.99	0.52	0.54	0.55
20	1.56	1.50	1.43	1.04	1.02	0.99	0.52	0.54	0.55
21	1.56	1.50	1.43	1.04	1.02	0.99	0.52	0.54	0.55
22	1.56	1.50	1.43	1.04	1.02	0.99	0.52	0.54	0.55
23	1.56	1.50	1.43	1.04	1.02	0.99	0.52	0.54	0.55
24	1.56	1.50	1.43	1.04	1.02	0.99	0.52	0.54	0.55
25	1.56	1.50	1.43	1.04	1.02	0.99	0.52	0.54	0.55
26	1.58	1.51	1.44	1.06	1.03	1.00	0.54	0.56	0.57
27	1.59	1.53	1.47	1.07	1.05	1.03	0.55	0.57	0.59
28	1.61	1.55	1.49	1.09	1.06	1.04	0.57	0.58	0.60
29	1.62	1.56	1.50	1.10	1.08	1.06	0.58	0.60	0.61
30	1.64	1.58	1.52	1.12	1.10	1.07	0.60	0.61	0.62
31	1.65	1.60	1.54	1.13	1.11	1.09	0.61	0.62	0.64
32	1.66	1.61	1.56	1.14	1.12	1.11	0.62	0.64	0.66
33	1.69	1.64	1.58	1.16	1.14	1.12	0.64	0.66	0.67
34	1.70	1.64	1.59	1.18	1.16	1.14	0.66	0.67	0.68
35	1.71	1.66	1.62	1.19	1.18	1.16	0.67	0.68	0.69
36	1.79	1.72	1.65	1.25	1.21	1.17	0.72	0.71	0.70
37	1.88	1.78	1.69	1.32	1.26	1.20	0.76	0.74	0.72
38	1.96	1.84	1.72	1.38	1.30	1.22	0.81	0.76	0.72
39	2.04	1.90	1.76	1.44	1.34	1.25	0.85	0.79	0.73
40	2.13	1.96	1.79	1.52	1.40	1.27	0.90	0.83	0.76
41	2.18	2.00	1.82	1.56	1.44	1.32	0.95	0.88	0.81
42	2.36	2.11	1.86	1.67	1.52	1.36	0.98	0.92	0.87
43	2.45	2.17	1.89	1.74	1.58	1.42	1.03	0.98	0.94
44	2.59	2.26	1.93	1.84	1.65	1.46	1.09	1.04	1.00
45	2.73	2.44	2.15	1.94	1.78	1.62	1.14	1.12	1.09
46	2.85	2.62	2.39	2.02	1.90	1.78	1.20	1.19	1.18
47	2.99	2.81	2.63	2.12	2.04	1.95	1.26	1.26	1.27
48	3.12	3.00	2.89	2.22	2.17	2.12	1.31	1.34	1.36
49	3.26	3.20	3.14	2.31	2.30	2.30	1.36	1.41	1.46
50	3.40	3.39	3.38	2.41	2.44	2.46	1.42	1.48	1.55
51	3.89	3.74	3.60	2.74	2.68	2.62	1.59	1.62	1.65
52	4.38	4.10	3.81	3.07	2.92	2.77	1.76	1.74	1.73
53	4.80	4.56	4.33	3.36	3.24	3.12	1.91	1.92	1.92
54	5.19	5.00	4.80	3.61	3.52	3.44	2.03	2.06	2.09
55	5.47	5.34	5.22	3.81	3.78	3.74	2.15	2.20	2.26
56	5.67	5.62	5.56	3.95	3.98	4.00	2.23	2.33	2.43
57	5.68	5.74	5.81	3.99	4.10	4.20	2.30	2.44	2.58
58	5.68	5.83	5.98	4.00	4.18	4.35	2.33	2.52	2.71
59	5.69	5.88	6.08	4.03	4.24	4.46	2.37	2.61	2.85
60	5.69	5.90	6.11	4.04	4.30	4.55	2.40	2.70	2.99
61	5.75	5.94	6.13	4.10	4.37	4.64	2.45	2.80	3.14
62	5.88	6.04	6.21	4.22	4.50	4.77	2.55	2.94	3.33
63	6.11	6.28	6.44	4.43	4.72	5.00	2.74	3.16	3.57
64	6.58	6.78	6.99	4.83	5.14	5.46	3.08	3.50	3.92

\$30 Policy Fee

Berkshire Life Insurance Company Of America

Annual Premiums Per \$100 Monthly Benefit

Policy Form: 4204

Supplemental Overhead Expense Benefit Rider

Structure: Graded

Sex: Male

Occupation Class: 5 & 5M

Elim. Period(Days)	30			60			90		
Ben. Period(Months)	12	18	24	12	18	24	12	18	24
Attained Age									
18	1.42	1.36	1.30	0.94	0.92	0.90	0.47	0.48	0.50
19	1.42	1.36	1.30	0.94	0.92	0.90	0.47	0.48	0.50
20	1.42	1.36	1.30	0.94	0.92	0.90	0.47	0.48	0.50
21	1.42	1.36	1.30	0.94	0.92	0.90	0.47	0.48	0.50
22	1.42	1.36	1.30	0.94	0.92	0.90	0.47	0.48	0.50
23	1.42	1.36	1.30	0.94	0.92	0.90	0.47	0.48	0.50
24	1.42	1.36	1.30	0.94	0.92	0.90	0.47	0.48	0.50
25	1.42	1.36	1.30	0.94	0.92	0.90	0.47	0.48	0.50
26	1.44	1.38	1.31	0.96	0.94	0.91	0.49	0.50	0.51
27	1.45	1.39	1.33	0.98	0.96	0.94	0.50	0.52	0.54
28	1.46	1.40	1.35	0.98	0.96	0.95	0.51	0.53	0.55
29	1.47	1.42	1.36	1.00	0.98	0.96	0.52	0.54	0.56
30	1.49	1.44	1.39	1.02	1.00	0.98	0.55	0.56	0.57
31	1.50	1.45	1.40	1.03	1.01	0.99	0.56	0.57	0.58
32	1.51	1.46	1.42	1.04	1.02	1.01	0.57	0.58	0.60
33	1.53	1.48	1.44	1.06	1.04	1.02	0.58	0.60	0.61
34	1.54	1.50	1.45	1.07	1.05	1.03	0.60	0.61	0.62
35	1.55	1.51	1.47	1.08	1.06	1.05	0.61	0.62	0.63
36	1.63	1.56	1.50	1.14	1.10	1.07	0.65	0.64	0.64
37	1.71	1.62	1.53	1.20	1.14	1.09	0.69	0.67	0.65
38	1.78	1.67	1.56	1.26	1.18	1.10	0.74	0.70	0.65
39	1.86	1.73	1.60	1.32	1.22	1.13	0.78	0.72	0.66
40	1.93	1.78	1.63	1.38	1.27	1.16	0.82	0.76	0.69
41	1.98	1.82	1.66	1.42	1.31	1.20	0.86	0.80	0.74
42	2.14	1.92	1.69	1.52	1.38	1.24	0.89	0.84	0.79
43	2.23	1.98	1.72	1.58	1.43	1.28	0.93	0.89	0.85
44	2.35	2.05	1.75	1.67	1.50	1.33	0.99	0.95	0.91
45	2.48	2.22	1.95	1.76	1.62	1.47	1.04	1.02	0.99
46	2.59	2.38	2.17	1.84	1.73	1.62	1.09	1.08	1.07
47	2.72	2.56	2.39	1.93	1.86	1.78	1.14	1.15	1.16
48	2.84	2.73	2.62	2.01	1.97	1.93	1.19	1.22	1.24
49	2.96	2.91	2.86	2.10	2.10	2.09	1.24	1.28	1.32
50	3.09	3.08	3.08	2.19	2.22	2.24	1.29	1.35	1.41
51	3.54	3.41	3.28	2.50	2.44	2.39	1.45	1.48	1.50
52	3.98	3.72	3.46	2.79	2.66	2.52	1.60	1.59	1.58
53	4.37	4.16	3.94	3.05	2.94	2.84	1.73	1.74	1.74
54	4.71	4.54	4.37	3.28	3.21	3.14	1.85	1.88	1.90
55	4.98	4.86	4.75	3.47	3.44	3.40	1.95	2.00	2.06
56	5.16	5.10	5.05	3.60	3.61	3.62	2.03	2.12	2.20
57	5.17	5.22	5.28	3.63	3.72	3.81	2.09	2.22	2.34
58	5.17	5.30	5.44	3.64	3.80	3.96	2.12	2.30	2.47
59	5.18	5.35	5.52	3.66	3.86	4.06	2.15	2.37	2.59
60	5.18	5.36	5.55	3.68	3.91	4.14	2.18	2.45	2.72
61	5.23	5.40	5.58	3.73	3.98	4.22	2.23	2.54	2.86
62	5.34	5.50	5.65	3.83	4.08	4.34	2.32	2.67	3.02
63	5.55	5.70	5.86	4.02	4.28	4.55	2.49	2.86	3.24
64	5.98	6.16	6.35	4.39	4.68	4.96	2.80	3.18	3.56

\$30 Policy Fee

Berkshire Life Insurance Company Of America

Annual Premiums Per \$100 Monthly Benefit

Policy Form: 4204

Supplemental Overhead Expense Benefit Rider

Structure: Graded

Sex: Male

Occupation Class: 6 & 6M

Elim. Period(Days)	30			60			90		
	12	18	24	12	18	24	12	18	24
Ben. Period(Months)									
Attained Age									
18	1.35	1.30	1.24	0.90	0.88	0.86	0.45	0.46	0.48
19	1.35	1.30	1.24	0.90	0.88	0.86	0.45	0.46	0.48
20	1.35	1.30	1.24	0.90	0.88	0.86	0.45	0.46	0.48
21	1.35	1.30	1.24	0.90	0.88	0.86	0.45	0.46	0.48
22	1.35	1.30	1.24	0.90	0.88	0.86	0.45	0.46	0.48
23	1.35	1.30	1.24	0.90	0.88	0.86	0.45	0.46	0.48
24	1.35	1.30	1.24	0.90	0.88	0.86	0.45	0.46	0.48
25	1.35	1.30	1.24	0.90	0.88	0.86	0.45	0.46	0.48
26	1.37	1.31	1.25	0.92	0.90	0.87	0.47	0.48	0.49
27	1.38	1.32	1.27	0.93	0.91	0.89	0.48	0.50	0.51
28	1.39	1.34	1.29	0.94	0.92	0.90	0.49	0.50	0.52
29	1.40	1.35	1.30	0.95	0.94	0.92	0.50	0.52	0.53
30	1.42	1.37	1.32	0.97	0.95	0.93	0.52	0.53	0.54
31	1.43	1.38	1.33	0.98	0.96	0.94	0.53	0.54	0.55
32	1.44	1.40	1.35	0.99	0.98	0.96	0.54	0.56	0.57
33	1.46	1.42	1.37	1.00	0.99	0.98	0.55	0.56	0.58
34	1.47	1.42	1.38	1.02	1.00	0.99	0.57	0.58	0.59
35	1.48	1.44	1.40	1.03	1.02	1.00	0.58	0.59	0.60
36	1.55	1.49	1.43	1.08	1.05	1.02	0.62	0.62	0.61
37	1.63	1.54	1.46	1.14	1.09	1.04	0.66	0.64	0.62
38	1.70	1.60	1.49	1.20	1.13	1.06	0.70	0.66	0.62
39	1.77	1.64	1.52	1.25	1.16	1.08	0.74	0.68	0.63
40	1.84	1.70	1.55	1.31	1.20	1.10	0.78	0.72	0.66
41	1.89	1.74	1.58	1.36	1.25	1.14	0.82	0.76	0.70
42	2.04	1.82	1.61	1.44	1.31	1.18	0.85	0.80	0.75
43	2.12	1.88	1.64	1.50	1.36	1.23	0.89	0.85	0.81
44	2.24	1.96	1.67	1.59	1.43	1.27	0.94	0.90	0.87
45	2.36	2.11	1.86	1.67	1.54	1.40	0.99	0.96	0.94
46	2.47	2.27	2.07	1.76	1.65	1.54	1.04	1.03	1.02
47	2.59	2.44	2.28	1.84	1.76	1.69	1.09	1.10	1.10
48	2.70	2.60	2.50	1.92	1.88	1.84	1.13	1.16	1.18
49	2.82	2.77	2.72	2.00	2.00	1.99	1.18	1.22	1.26
50	2.94	2.94	2.93	2.08	2.11	2.14	1.23	1.28	1.34
51	3.37	3.24	3.12	2.38	2.33	2.28	1.38	1.40	1.43
52	3.79	3.54	3.30	2.66	2.53	2.40	1.52	1.51	1.50
53	4.16	3.96	3.75	2.90	2.80	2.70	1.65	1.66	1.66
54	4.49	4.32	4.16	3.12	3.06	2.99	1.76	1.78	1.81
55	4.74	4.63	4.52	3.30	3.27	3.24	1.86	1.91	1.96
56	4.91	4.86	4.81	3.42	3.44	3.46	1.93	2.02	2.10
57	4.92	4.98	5.03	3.46	3.54	3.63	1.99	2.11	2.23
58	4.92	5.05	5.18	3.47	3.62	3.76	2.02	2.18	2.35
59	4.93	5.10	5.26	3.49	3.68	3.86	2.05	2.26	2.47
60	4.93	5.11	5.29	3.50	3.72	3.94	2.08	2.34	2.59
61	4.98	5.14	5.31	3.55	3.78	4.02	2.12	2.42	2.72
62	5.09	5.24	5.38	3.65	3.89	4.13	2.21	2.54	2.88
63	5.29	5.44	5.58	3.83	4.08	4.34	2.37	2.73	3.09
64	5.70	5.88	6.05	4.19	4.46	4.72	2.67	3.03	3.39

\$30 Policy Fee

Berkshire Life Insurance Company Of America

Annual Premiums Per \$100 Monthly Benefit

Policy Form: 4204

Supplemental Overhead Expense Benefit Rider

Structure: Level

Sex: Female

Occupation Class: 3 & 3M

Elim. Period(Days)	30			60			90		
	12	18	24	12	18	24	12	18	24
Ben. Period(Months)									
Issue Age									
18	3.58	3.70	3.81	2.54	2.64	2.74	1.50	1.58	1.66
19	3.58	3.70	3.81	2.54	2.64	2.74	1.50	1.58	1.66
20	3.58	3.70	3.81	2.54	2.64	2.74	1.50	1.58	1.66
21	3.58	3.70	3.81	2.54	2.64	2.74	1.50	1.58	1.66
22	3.58	3.70	3.81	2.54	2.64	2.74	1.50	1.58	1.66
23	3.58	3.70	3.81	2.54	2.64	2.74	1.50	1.58	1.66
24	3.58	3.70	3.81	2.54	2.64	2.74	1.50	1.58	1.66
25	3.58	3.70	3.81	2.54	2.64	2.74	1.50	1.58	1.66
26	3.62	3.79	3.96	2.58	2.70	2.83	1.54	1.62	1.70
27	3.65	3.86	4.06	2.61	2.76	2.90	1.57	1.66	1.75
28	3.69	3.90	4.12	2.65	2.80	2.96	1.61	1.70	1.79
29	3.73	3.94	4.14	2.69	2.84	2.98	1.65	1.74	1.83
30	3.77	3.96	4.16	2.73	2.88	3.02	1.69	1.78	1.88
31	3.80	3.98	4.16	2.76	2.90	3.04	1.72	1.82	1.93
32	3.84	4.00	4.17	2.80	2.94	3.07	1.76	1.86	1.97
33	3.88	4.04	4.20	2.84	2.97	3.10	1.80	1.90	2.01
34	3.91	4.08	4.24	2.87	3.00	3.14	1.83	1.94	2.05
35	3.95	4.12	4.30	2.91	3.06	3.20	1.87	1.98	2.09
36	4.02	4.20	4.38	2.95	3.10	3.24	1.88	1.98	2.09
37	4.07	4.28	4.49	2.99	3.14	3.30	1.90	2.01	2.12
38	4.14	4.38	4.62	3.04	3.21	3.38	1.94	2.04	2.15
39	4.20	4.48	4.77	3.09	3.28	3.48	1.98	2.08	2.19
40	4.27	4.60	4.93	3.16	3.38	3.60	2.05	2.16	2.26
41	4.48	4.80	5.13	3.30	3.52	3.74	2.12	2.23	2.34
42	4.73	5.04	5.34	3.47	3.68	3.88	2.20	2.32	2.43
43	5.00	5.28	5.56	3.65	3.85	4.05	2.30	2.42	2.54
44	5.31	5.55	5.79	3.86	4.04	4.22	2.41	2.54	2.66
45	5.63	5.83	6.03	4.08	4.24	4.41	2.52	2.66	2.79
46	5.95	6.10	6.26	4.29	4.44	4.59	2.63	2.78	2.92
47	6.28	6.39	6.50	4.52	4.65	4.78	2.76	2.91	3.06
48	6.58	6.66	6.74	4.72	4.85	4.98	2.87	3.04	3.22
49	6.87	6.90	6.94	4.92	5.04	5.16	2.98	3.18	3.37
50	7.12	7.14	7.17	5.11	5.22	5.34	3.09	3.30	3.51
51	7.35	7.36	7.36	5.28	5.40	5.51	3.20	3.43	3.66
52	7.54	7.54	7.54	5.42	5.55	5.68	3.30	3.56	3.81
53	7.68	7.70	7.71	5.53	5.68	5.83	3.38	3.66	3.95
54	7.78	7.82	7.86	5.62	5.80	5.98	3.46	3.78	4.09
55	7.84	7.92	8.00	5.70	5.91	6.12	3.55	3.89	4.23
56	7.86	8.00	8.14	5.74	6.00	6.26	3.62	4.00	4.37
57	7.87	8.06	8.26	5.78	6.08	6.38	3.70	4.10	4.50
58	7.89	8.14	8.40	5.84	6.18	6.52	3.78	4.21	4.64
59	7.90	8.22	8.54	5.88	6.27	6.66	3.87	4.32	4.78
60	7.91	8.30	8.70	5.94	6.38	6.82	3.96	4.46	4.95

\$30 Policy Fee

Berkshire Life Insurance Company Of America

Annual Premiums Per \$100 Monthly Benefit

Policy Form: 4204

Supplemental Overhead Expense Benefit Rider

Structure: Level

Sex: Female

Occupation Class: 4 & 4M

Elim. Period(Days)	30			60			90		
	12	18	24	12	18	24	12	18	24
Ben. Period(Months)									
Issue Age									
18	2.98	3.08	3.18	2.12	2.20	2.28	1.25	1.32	1.39
19	2.98	3.08	3.18	2.12	2.20	2.28	1.25	1.32	1.39
20	2.98	3.08	3.18	2.12	2.20	2.28	1.25	1.32	1.39
21	2.98	3.08	3.18	2.12	2.20	2.28	1.25	1.32	1.39
22	2.98	3.08	3.18	2.12	2.20	2.28	1.25	1.32	1.39
23	2.98	3.08	3.18	2.12	2.20	2.28	1.25	1.32	1.39
24	2.98	3.08	3.18	2.12	2.20	2.28	1.25	1.32	1.39
25	2.98	3.08	3.18	2.12	2.20	2.28	1.25	1.32	1.39
26	3.01	3.16	3.30	2.14	2.25	2.36	1.28	1.35	1.42
27	3.04	3.21	3.38	2.17	2.30	2.42	1.31	1.38	1.46
28	3.07	3.25	3.43	2.20	2.33	2.46	1.34	1.42	1.49
29	3.11	3.28	3.45	2.24	2.36	2.49	1.37	1.44	1.52
30	3.14	3.30	3.46	2.28	2.40	2.52	1.41	1.49	1.57
31	3.16	3.31	3.46	2.30	2.42	2.54	1.43	1.52	1.61
32	3.20	3.34	3.48	2.34	2.45	2.56	1.47	1.56	1.64
33	3.23	3.36	3.50	2.37	2.48	2.58	1.50	1.58	1.67
34	3.26	3.40	3.53	2.39	2.50	2.62	1.52	1.62	1.71
35	3.29	3.44	3.58	2.42	2.54	2.66	1.56	1.65	1.74
36	3.35	3.50	3.65	2.46	2.58	2.70	1.57	1.66	1.74
37	3.40	3.57	3.74	2.49	2.62	2.76	1.58	1.68	1.77
38	3.45	3.65	3.85	2.54	2.68	2.82	1.62	1.70	1.79
39	3.50	3.74	3.97	2.58	2.74	2.90	1.65	1.74	1.82
40	3.56	3.84	4.11	2.64	2.82	3.00	1.71	1.80	1.88
41	3.73	4.00	4.27	2.75	2.93	3.11	1.77	1.86	1.95
42	3.94	4.20	4.45	2.89	3.06	3.24	1.84	1.93	2.02
43	4.17	4.40	4.63	3.04	3.20	3.37	1.92	2.02	2.11
44	4.42	4.62	4.83	3.22	3.38	3.53	2.01	2.12	2.22
45	4.69	4.86	5.02	3.40	3.54	3.67	2.10	2.21	2.32
46	4.95	5.08	5.22	3.57	3.70	3.83	2.19	2.32	2.44
47	5.23	5.32	5.42	3.76	3.87	3.98	2.30	2.42	2.55
48	5.49	5.55	5.61	3.94	4.04	4.15	2.39	2.54	2.68
49	5.73	5.76	5.79	4.11	4.20	4.30	2.48	2.64	2.81
50	5.94	5.96	5.97	4.26	4.35	4.44	2.58	2.75	2.92
51	6.12	6.12	6.13	4.39	4.49	4.59	2.67	2.86	3.05
52	6.28	6.28	6.28	4.52	4.62	4.73	2.75	2.96	3.18
53	6.40	6.41	6.42	4.61	4.74	4.86	2.82	3.06	3.29
54	6.48	6.52	6.55	4.69	4.84	4.98	2.89	3.15	3.41
55	6.54	6.60	6.66	4.75	4.92	5.09	2.96	3.24	3.52
56	6.55	6.66	6.78	4.78	5.00	5.21	3.01	3.32	3.64
57	6.56	6.72	6.88	4.82	5.07	5.32	3.08	3.42	3.75
58	6.57	6.78	7.00	4.86	5.15	5.44	3.15	3.51	3.87
59	6.58	6.84	7.11	4.90	5.22	5.54	3.22	3.60	3.98
60	6.60	6.92	7.25	4.95	5.32	5.68	3.30	3.71	4.12

\$30 Policy Fee

Berkshire Life Insurance Company Of America

Annual Premiums Per \$100 Monthly Benefit

Policy Form: 4204

Supplemental Overhead Expense Benefit Rider

Structure: Level

Sex: Female

Occupation Class: 5 & 5M

Elim. Period(Days)	30			60			90		
	12	18	24	12	18	24	12	18	24
Ben. Period(Months)									
Issue Age									
18	2.71	2.80	2.89	1.92	2.00	2.08	1.13	1.20	1.26
19	2.71	2.80	2.89	1.92	2.00	2.08	1.13	1.20	1.26
20	2.71	2.80	2.89	1.92	2.00	2.08	1.13	1.20	1.26
21	2.71	2.80	2.89	1.92	2.00	2.08	1.13	1.20	1.26
22	2.71	2.80	2.89	1.92	2.00	2.08	1.13	1.20	1.26
23	2.71	2.80	2.89	1.92	2.00	2.08	1.13	1.20	1.26
24	2.71	2.80	2.89	1.92	2.00	2.08	1.13	1.20	1.26
25	2.71	2.80	2.89	1.92	2.00	2.08	1.13	1.20	1.26
26	2.74	2.87	3.00	1.96	2.05	2.14	1.17	1.23	1.29
27	2.76	2.92	3.08	1.98	2.09	2.20	1.19	1.26	1.32
28	2.79	2.96	3.12	2.00	2.12	2.24	1.22	1.28	1.35
29	2.82	2.98	3.14	2.04	2.15	2.26	1.25	1.32	1.39
30	2.86	3.00	3.15	2.07	2.18	2.29	1.28	1.36	1.43
31	2.88	3.02	3.15	2.09	2.20	2.30	1.30	1.38	1.46
32	2.91	3.04	3.16	2.12	2.22	2.33	1.33	1.41	1.49
33	2.94	3.06	3.18	2.15	2.25	2.35	1.36	1.44	1.52
34	2.96	3.08	3.21	2.17	2.28	2.38	1.39	1.47	1.55
35	2.99	3.12	3.26	2.20	2.31	2.42	1.42	1.50	1.59
36	3.04	3.18	3.32	2.24	2.35	2.46	1.43	1.51	1.59
37	3.09	3.24	3.40	2.26	2.38	2.50	1.44	1.52	1.61
38	3.14	3.32	3.50	2.31	2.44	2.56	1.47	1.55	1.63
39	3.18	3.40	3.61	2.34	2.49	2.64	1.50	1.58	1.66
40	3.23	3.48	3.74	2.39	2.56	2.72	1.55	1.63	1.71
41	3.39	3.64	3.88	2.50	2.66	2.82	1.61	1.69	1.77
42	3.58	3.81	4.04	2.62	2.78	2.94	1.67	1.76	1.84
43	3.79	4.00	4.21	2.76	2.91	3.06	1.74	1.83	1.92
44	4.02	4.20	4.39	2.92	3.06	3.20	1.83	1.92	2.02
45	4.26	4.42	4.57	3.08	3.21	3.34	1.91	2.01	2.11
46	4.50	4.62	4.75	3.25	3.37	3.49	2.00	2.11	2.22
47	4.76	4.84	4.92	3.42	3.52	3.62	2.09	2.20	2.32
48	4.99	5.04	5.10	3.58	3.68	3.77	2.17	2.30	2.44
49	5.21	5.24	5.26	3.74	3.82	3.90	2.26	2.40	2.55
50	5.40	5.42	5.43	3.87	3.96	4.04	2.34	2.50	2.66
51	5.56	5.57	5.58	4.00	4.09	4.18	2.43	2.60	2.77
52	5.71	5.71	5.71	4.11	4.20	4.30	2.50	2.70	2.89
53	5.82	5.83	5.84	4.19	4.30	4.42	2.56	2.78	2.99
54	5.89	5.92	5.95	4.26	4.40	4.53	2.62	2.86	3.10
55	5.94	6.00	6.06	4.32	4.48	4.63	2.69	2.94	3.20
56	5.95	6.06	6.16	4.35	4.54	4.74	2.74	3.02	3.31
57	5.96	6.11	6.26	4.38	4.61	4.84	2.80	3.10	3.41
58	5.97	6.16	6.36	4.42	4.68	4.94	2.87	3.20	3.52
59	5.98	6.22	6.47	4.46	4.75	5.04	2.93	3.28	3.62
60	6.00	6.30	6.59	4.50	4.84	5.17	3.00	3.38	3.75

\$30 Policy Fee

Berkshire Life Insurance Company Of America

Annual Premiums Per \$100 Monthly Benefit

Policy Form: 4204

Supplemental Overhead Expense Benefit Rider

Structure: Level

Sex: Female

Occupation Class: 6 & 6M

Elim. Period(Days)	30			60			90		
	12	18	24	12	18	24	12	18	24
Ben. Period(Months)									
Issue Age									
18	2.58	2.66	2.75	1.83	1.90	1.98	1.08	1.14	1.20
19	2.58	2.66	2.75	1.83	1.90	1.98	1.08	1.14	1.20
20	2.58	2.66	2.75	1.83	1.90	1.98	1.08	1.14	1.20
21	2.58	2.66	2.75	1.83	1.90	1.98	1.08	1.14	1.20
22	2.58	2.66	2.75	1.83	1.90	1.98	1.08	1.14	1.20
23	2.58	2.66	2.75	1.83	1.90	1.98	1.08	1.14	1.20
24	2.58	2.66	2.75	1.83	1.90	1.98	1.08	1.14	1.20
25	2.58	2.66	2.75	1.83	1.90	1.98	1.08	1.14	1.20
26	2.61	2.74	2.86	1.86	1.95	2.04	1.11	1.17	1.23
27	2.63	2.78	2.93	1.88	1.99	2.10	1.13	1.20	1.26
28	2.66	2.82	2.97	1.91	2.02	2.13	1.16	1.22	1.29
29	2.69	2.84	2.99	1.94	2.05	2.16	1.19	1.26	1.32
30	2.72	2.86	3.00	1.97	2.08	2.18	1.22	1.29	1.36
31	2.74	2.87	3.00	1.99	2.10	2.20	1.24	1.32	1.39
32	2.77	2.89	3.01	2.02	2.12	2.22	1.27	1.34	1.42
33	2.80	2.92	3.03	2.05	2.14	2.24	1.30	1.38	1.45
34	2.82	2.94	3.06	2.07	2.17	2.27	1.32	1.40	1.48
35	2.85	2.98	3.10	2.10	2.20	2.31	1.35	1.43	1.51
36	2.90	3.03	3.16	2.13	2.24	2.34	1.36	1.44	1.51
37	2.94	3.09	3.24	2.16	2.28	2.39	1.37	1.45	1.53
38	2.99	3.16	3.33	2.20	2.32	2.44	1.40	1.48	1.55
39	3.03	3.24	3.44	2.23	2.37	2.51	1.43	1.50	1.58
40	3.08	3.32	3.56	2.28	2.44	2.60	1.48	1.56	1.63
41	3.23	3.46	3.70	2.38	2.54	2.70	1.53	1.61	1.69
42	3.41	3.63	3.85	2.50	2.65	2.80	1.59	1.67	1.75
43	3.61	3.81	4.01	2.64	2.78	2.92	1.66	1.74	1.83
44	3.83	4.00	4.18	2.78	2.92	3.05	1.74	1.83	1.92
45	4.06	4.20	4.35	2.94	3.06	3.18	1.82	1.92	2.01
46	4.29	4.40	4.52	3.10	3.20	3.31	1.90	2.00	2.11
47	4.53	4.61	4.69	3.26	3.36	3.45	1.99	2.10	2.21
48	4.75	4.80	4.86	3.41	3.50	3.59	2.07	2.20	2.32
49	4.96	4.98	5.01	3.56	3.64	3.72	2.15	2.29	2.43
50	5.14	5.16	5.17	3.68	3.76	3.85	2.23	2.38	2.53
51	5.30	5.30	5.31	3.80	3.89	3.98	2.31	2.48	2.64
52	5.44	5.44	5.44	3.91	4.00	4.10	2.38	2.56	2.75
53	5.54	5.55	5.56	3.99	4.10	4.20	2.44	2.64	2.85
54	5.61	5.64	5.67	4.06	4.18	4.31	2.50	2.72	2.95
55	5.66	5.72	5.77	4.11	4.26	4.41	2.56	2.80	3.05
56	5.67	5.77	5.87	4.14	4.32	4.51	2.61	2.88	3.15
57	5.68	5.82	5.96	4.18	4.40	4.61	2.67	2.96	3.25
58	5.69	5.88	6.06	4.21	4.46	4.70	2.73	3.04	3.35
59	5.70	5.93	6.16	4.24	4.52	4.80	2.79	3.12	3.45
60	5.71	6.00	6.28	4.28	4.60	4.93	2.86	3.22	3.57

\$30 Policy Fee

Berkshire Life Insurance Company Of America

Annual Premiums Per \$100 Monthly Benefit

Policy Form: 4204

Supplemental Overhead Expense Benefit Rider

Structure: Level	Sex: Male						Occupation Class: 3 & 3M		
Elim. Period(Days)	30			60			90		
Ben. Period(Months)	12	18	24	12	18	24	12	18	24
Issue Age									
18	2.37	2.37	2.37	1.63	1.64	1.66	0.89	0.92	0.94
19	2.37	2.37	2.37	1.63	1.64	1.66	0.89	0.92	0.94
20	2.37	2.37	2.37	1.63	1.64	1.66	0.89	0.92	0.94
21	2.37	2.37	2.37	1.63	1.64	1.66	0.89	0.92	0.94
22	2.37	2.37	2.37	1.63	1.64	1.66	0.89	0.92	0.94
23	2.37	2.37	2.37	1.63	1.64	1.66	0.89	0.92	0.94
24	2.37	2.37	2.37	1.63	1.64	1.66	0.89	0.92	0.94
25	2.37	2.37	2.37	1.63	1.64	1.66	0.89	0.92	0.94
26	2.40	2.40	2.40	1.66	1.67	1.68	0.91	0.94	0.97
27	2.41	2.42	2.43	1.68	1.69	1.70	0.94	0.96	0.98
28	2.44	2.46	2.47	1.70	1.72	1.74	0.96	0.98	1.01
29	2.45	2.47	2.49	1.72	1.74	1.76	0.98	1.01	1.04
30	2.48	2.50	2.52	1.74	1.77	1.80	1.01	1.04	1.07
31	2.51	2.53	2.55	1.78	1.80	1.82	1.04	1.06	1.08
32	2.52	2.55	2.58	1.80	1.82	1.85	1.07	1.09	1.11
33	2.55	2.58	2.62	1.82	1.85	1.88	1.08	1.11	1.14
34	2.56	2.60	2.65	1.84	1.87	1.90	1.11	1.13	1.15
35	2.59	2.63	2.67	1.86	1.89	1.92	1.14	1.16	1.18
36	2.69	2.71	2.73	1.94	1.95	1.96	1.19	1.19	1.19
37	2.77	2.78	2.79	2.01	2.00	2.00	1.25	1.23	1.21
38	2.87	2.86	2.86	2.08	2.06	2.04	1.30	1.26	1.22
39	2.97	2.94	2.91	2.16	2.12	2.07	1.34	1.28	1.23
40	3.05	3.01	2.97	2.22	2.18	2.13	1.40	1.34	1.29
41	3.15	3.08	3.02	2.30	2.25	2.20	1.46	1.42	1.37
42	3.24	3.16	3.09	2.38	2.33	2.28	1.51	1.49	1.47
43	3.33	3.24	3.15	2.45	2.41	2.37	1.57	1.58	1.58
44	3.67	3.44	3.20	2.64	2.54	2.45	1.62	1.66	1.70
45	4.03	3.80	3.56	2.89	2.80	2.70	1.75	1.80	1.84
46	4.41	4.18	3.95	3.14	3.06	2.98	1.88	1.94	2.00
47	4.80	4.58	4.37	3.40	3.33	3.26	2.01	2.08	2.15
48	5.17	4.98	4.78	3.66	3.60	3.54	2.15	2.22	2.30
49	5.53	5.36	5.20	3.91	3.88	3.84	2.29	2.38	2.47
50	5.86	5.73	5.60	4.14	4.13	4.12	2.41	2.52	2.63
51	6.15	6.06	5.97	4.34	4.36	4.38	2.52	2.66	2.79
52	6.40	6.36	6.32	4.51	4.57	4.63	2.62	2.78	2.94
53	6.60	6.62	6.63	4.66	4.76	4.86	2.72	2.90	3.09
54	6.75	6.81	6.87	4.77	4.91	5.05	2.79	3.01	3.23
55	6.85	6.96	7.08	4.85	5.04	5.22	2.86	3.12	3.37
56	6.90	7.08	7.25	4.90	5.14	5.37	2.91	3.20	3.49
57	6.93	7.14	7.36	4.95	5.22	5.49	2.97	3.30	3.62
58	6.93	7.20	7.46	4.97	5.28	5.60	3.01	3.38	3.74
59	6.93	7.23	7.53	5.00	5.35	5.70	3.06	3.46	3.87
60	6.94	7.27	7.60	5.03	5.42	5.80	3.12	3.56	3.99

\$30 Policy Fee

Berkshire Life Insurance Company Of America

Annual Premiums Per \$100 Monthly Benefit

Policy Form: 4204

Supplemental Overhead Expense Benefit Rider

Structure: Level	Sex: Male						Occupation Class: 4 & 4M		
Elim. Period(Days)	30			60			90		
Ben. Period(Months)	12	18	24	12	18	24	12	18	24
Issue Age									
18	1.98	1.98	1.98	1.36	1.37	1.38	0.74	0.76	0.79
19	1.98	1.98	1.98	1.36	1.37	1.38	0.74	0.76	0.79
20	1.98	1.98	1.98	1.36	1.37	1.38	0.74	0.76	0.79
21	1.98	1.98	1.98	1.36	1.37	1.38	0.74	0.76	0.79
22	1.98	1.98	1.98	1.36	1.37	1.38	0.74	0.76	0.79
23	1.98	1.98	1.98	1.36	1.37	1.38	0.74	0.76	0.79
24	1.98	1.98	1.98	1.36	1.37	1.38	0.74	0.76	0.79
25	1.98	1.98	1.98	1.36	1.37	1.38	0.74	0.76	0.79
26	2.00	2.00	2.00	1.38	1.39	1.40	0.76	0.78	0.81
27	2.01	2.02	2.02	1.40	1.41	1.42	0.79	0.80	0.82
28	2.03	2.04	2.06	1.42	1.44	1.45	0.80	0.82	0.84
29	2.04	2.06	2.08	1.43	1.46	1.48	0.82	0.84	0.87
30	2.07	2.08	2.10	1.45	1.48	1.50	0.84	0.86	0.89
31	2.09	2.11	2.13	1.48	1.50	1.52	0.87	0.88	0.90
32	2.10	2.12	2.15	1.50	1.52	1.54	0.89	0.90	0.92
33	2.13	2.16	2.18	1.52	1.54	1.56	0.90	0.92	0.95
34	2.14	2.18	2.21	1.53	1.56	1.58	0.92	0.94	0.96
35	2.16	2.20	2.23	1.56	1.58	1.60	0.95	0.96	0.98
36	2.24	2.26	2.28	1.62	1.62	1.63	0.99	0.99	0.99
37	2.31	2.32	2.32	1.68	1.67	1.66	1.04	1.02	1.00
38	2.39	2.38	2.38	1.74	1.72	1.70	1.09	1.06	1.02
39	2.47	2.45	2.43	1.80	1.76	1.73	1.12	1.08	1.03
40	2.54	2.50	2.47	1.86	1.82	1.77	1.17	1.12	1.07
41	2.62	2.57	2.52	1.92	1.88	1.83	1.21	1.18	1.14
42	2.70	2.64	2.58	1.98	1.94	1.90	1.26	1.24	1.22
43	2.77	2.70	2.62	2.04	2.00	1.97	1.31	1.32	1.32
44	3.06	2.86	2.67	2.20	2.12	2.04	1.35	1.38	1.42
45	3.36	3.16	2.97	2.41	2.34	2.26	1.46	1.50	1.54
46	3.67	3.48	3.29	2.62	2.55	2.48	1.57	1.62	1.66
47	4.00	3.82	3.64	2.84	2.78	2.72	1.67	1.73	1.79
48	4.31	4.14	3.98	3.05	3.00	2.95	1.79	1.86	1.92
49	4.61	4.47	4.33	3.26	3.23	3.20	1.91	1.98	2.06
50	4.89	4.78	4.67	3.45	3.44	3.43	2.01	2.10	2.19
51	5.13	5.06	4.98	3.62	3.64	3.65	2.10	2.21	2.32
52	5.34	5.30	5.27	3.76	3.81	3.86	2.18	2.32	2.45
53	5.50	5.51	5.52	3.88	3.96	4.05	2.26	2.42	2.58
54	5.62	5.68	5.73	3.97	4.09	4.21	2.32	2.50	2.69
55	5.71	5.80	5.90	4.04	4.20	4.36	2.38	2.60	2.81
56	5.75	5.90	6.04	4.09	4.28	4.47	2.43	2.67	2.91
57	5.78	5.96	6.13	4.12	4.34	4.57	2.47	2.74	3.01
58	5.78	6.00	6.21	4.14	4.40	4.66	2.51	2.82	3.12
59	5.78	6.02	6.27	4.16	4.45	4.74	2.55	2.88	3.22
60	5.79	6.06	6.33	4.20	4.52	4.83	2.60	2.96	3.33

\$30 Policy Fee

Berkshire Life Insurance Company Of America

Annual Premiums Per \$100 Monthly Benefit

Policy Form: 4204

Supplemental Overhead Expense Benefit Rider

Structure: Level

Sex: Male

Occupation Class: 5 & 5M

Elim. Period(Days)	30			60			90		
	12	18	24	12	18	24	12	18	24
Ben. Period(Months)									
Issue Age									
18	1.80	1.80	1.80	1.24	1.24	1.25	0.67	0.69	0.71
19	1.80	1.80	1.80	1.24	1.24	1.25	0.67	0.69	0.71
20	1.80	1.80	1.80	1.24	1.24	1.25	0.67	0.69	0.71
21	1.80	1.80	1.80	1.24	1.24	1.25	0.67	0.69	0.71
22	1.80	1.80	1.80	1.24	1.24	1.25	0.67	0.69	0.71
23	1.80	1.80	1.80	1.24	1.24	1.25	0.67	0.69	0.71
24	1.80	1.80	1.80	1.24	1.24	1.25	0.67	0.69	0.71
25	1.80	1.80	1.80	1.24	1.24	1.25	0.67	0.69	0.71
26	1.82	1.82	1.82	1.25	1.26	1.28	0.69	0.72	0.74
27	1.83	1.84	1.84	1.27	1.28	1.30	0.71	0.73	0.75
28	1.85	1.86	1.87	1.28	1.30	1.32	0.72	0.74	0.77
29	1.86	1.88	1.89	1.31	1.32	1.34	0.75	0.77	0.79
30	1.88	1.90	1.91	1.32	1.34	1.36	0.77	0.79	0.81
31	1.90	1.92	1.93	1.34	1.36	1.38	0.79	0.80	0.82
32	1.91	1.93	1.95	1.36	1.38	1.40	0.81	0.82	0.84
33	1.93	1.96	1.98	1.38	1.40	1.42	0.82	0.84	0.86
34	1.94	1.98	2.01	1.39	1.42	1.44	0.84	0.86	0.87
35	1.96	2.00	2.03	1.41	1.44	1.46	0.86	0.88	0.89
36	2.04	2.06	2.07	1.47	1.48	1.48	0.90	0.90	0.90
37	2.10	2.10	2.11	1.52	1.52	1.51	0.94	0.92	0.91
38	2.17	2.16	2.16	1.58	1.56	1.54	0.99	0.96	0.92
39	2.25	2.22	2.20	1.64	1.60	1.57	1.02	0.98	0.93
40	2.31	2.28	2.25	1.68	1.65	1.62	1.06	1.02	0.98
41	2.38	2.34	2.29	1.74	1.70	1.66	1.10	1.07	1.04
42	2.46	2.40	2.34	1.80	1.76	1.72	1.14	1.12	1.11
43	2.52	2.45	2.38	1.86	1.82	1.79	1.19	1.20	1.20
44	2.78	2.60	2.43	2.00	1.93	1.86	1.23	1.26	1.29
45	3.06	2.88	2.70	2.19	2.12	2.05	1.32	1.36	1.40
46	3.34	3.16	2.99	2.38	2.32	2.25	1.43	1.47	1.51
47	3.63	3.47	3.31	2.58	2.52	2.47	1.52	1.58	1.63
48	3.92	3.77	3.62	2.78	2.73	2.68	1.63	1.68	1.74
49	4.19	4.06	3.94	2.96	2.93	2.90	1.73	1.80	1.87
50	4.44	4.34	4.24	3.14	3.13	3.12	1.83	1.92	2.00
51	4.66	4.60	4.53	3.28	3.30	3.32	1.91	2.01	2.11
52	4.85	4.82	4.79	3.42	3.46	3.51	1.98	2.10	2.23
53	5.00	5.01	5.02	3.53	3.60	3.68	2.06	2.20	2.34
54	5.11	5.16	5.21	3.61	3.72	3.83	2.11	2.28	2.45
55	5.19	5.28	5.37	3.68	3.82	3.96	2.16	2.36	2.55
56	5.23	5.36	5.49	3.72	3.90	4.07	2.20	2.42	2.65
57	5.25	5.42	5.58	3.75	3.96	4.16	2.25	2.50	2.74
58	5.25	5.45	5.65	3.76	4.00	4.24	2.28	2.56	2.84
59	5.25	5.48	5.70	3.78	4.05	4.32	2.32	2.62	2.93
60	5.26	5.50	5.75	3.81	4.10	4.38	2.36	2.69	3.02

\$30 Policy Fee

Berkshire Life Insurance Company Of America

Annual Premiums Per \$100 Monthly Benefit

Policy Form: 4204

Supplemental Overhead Expense Benefit Rider

Structure: Level	Sex: Male						Occupation Class: 6 & 6M		
Elim. Period(Days)	30			60			90		
Ben. Period(Months)	12	18	24	12	18	24	12	18	24
Issue Age									
18	1.71	1.71	1.71	1.18	1.19	1.20	0.64	0.66	0.68
19	1.71	1.71	1.71	1.18	1.19	1.20	0.64	0.66	0.68
20	1.71	1.71	1.71	1.18	1.19	1.20	0.64	0.66	0.68
21	1.71	1.71	1.71	1.18	1.19	1.20	0.64	0.66	0.68
22	1.71	1.71	1.71	1.18	1.19	1.20	0.64	0.66	0.68
23	1.71	1.71	1.71	1.18	1.19	1.20	0.64	0.66	0.68
24	1.71	1.71	1.71	1.18	1.19	1.20	0.64	0.66	0.68
25	1.71	1.71	1.71	1.18	1.19	1.20	0.64	0.66	0.68
26	1.73	1.73	1.73	1.20	1.21	1.22	0.66	0.68	0.70
27	1.74	1.74	1.75	1.21	1.22	1.23	0.68	0.70	0.71
28	1.76	1.77	1.78	1.23	1.24	1.25	0.69	0.71	0.73
29	1.77	1.78	1.80	1.24	1.26	1.27	0.71	0.73	0.75
30	1.79	1.80	1.82	1.26	1.28	1.30	0.73	0.75	0.77
31	1.81	1.82	1.84	1.28	1.30	1.31	0.75	0.76	0.78
32	1.82	1.84	1.86	1.30	1.32	1.33	0.77	0.78	0.80
33	1.84	1.86	1.89	1.31	1.34	1.36	0.78	0.80	0.82
34	1.85	1.88	1.91	1.33	1.35	1.37	0.80	0.82	0.83
35	1.87	1.90	1.93	1.35	1.37	1.39	0.82	0.84	0.85
36	1.94	1.96	1.97	1.40	1.41	1.42	0.86	0.86	0.86
37	2.00	2.00	2.01	1.45	1.44	1.44	0.90	0.88	0.87
38	2.07	2.06	2.06	1.50	1.48	1.47	0.94	0.91	0.88
39	2.14	2.12	2.10	1.56	1.53	1.50	0.97	0.93	0.89
40	2.20	2.17	2.14	1.60	1.57	1.54	1.01	0.97	0.93
41	2.27	2.22	2.18	1.66	1.62	1.58	1.05	1.02	0.99
42	2.34	2.28	2.23	1.72	1.68	1.64	1.09	1.08	1.06
43	2.40	2.34	2.27	1.76	1.73	1.70	1.13	1.14	1.14
44	2.65	2.48	2.31	1.91	1.84	1.77	1.17	1.20	1.23
45	2.91	2.74	2.57	2.08	2.02	1.95	1.26	1.30	1.33
46	3.18	3.02	2.85	2.27	2.20	2.14	1.36	1.40	1.44
47	3.46	3.30	3.15	2.46	2.40	2.35	1.45	1.50	1.55
48	3.73	3.59	3.45	2.64	2.60	2.56	1.55	1.60	1.66
49	3.99	3.87	3.75	2.82	2.79	2.76	1.65	1.72	1.78
50	4.23	4.14	4.04	2.99	2.98	2.97	1.74	1.82	1.90
51	4.44	4.38	4.31	3.13	3.14	3.16	1.82	1.92	2.01
52	4.62	4.59	4.56	3.26	3.30	3.34	1.89	2.00	2.12
53	4.76	4.77	4.78	3.36	3.43	3.50	1.96	2.10	2.23
54	4.87	4.92	4.96	3.44	3.54	3.64	2.01	2.17	2.33
55	4.94	5.02	5.11	3.50	3.64	3.77	2.06	2.24	2.43
56	4.98	5.10	5.23	3.54	3.71	3.88	2.10	2.31	2.52
57	5.00	5.16	5.31	3.57	3.76	3.96	2.14	2.38	2.61
58	5.00	5.19	5.38	3.58	3.81	4.04	2.17	2.44	2.70
59	5.00	5.22	5.43	3.60	3.86	4.11	2.21	2.50	2.79
60	5.01	5.24	5.48	3.63	3.90	4.18	2.25	2.56	2.88

\$30 Policy Fee

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 4205
Future Insurance Option Rider on
Disability Overhead Expense Policy

Occupation Classes 3, 4, 5, 6, 3M, 4M, 5M, 6M

The annual premium for each \$100 of option monthly indemnity will be 10% of the annual premium, without policy fee, that would be required to purchase the same amount of indemnity under the basic policy.

SERFF Tracking Number: GARD-126255527 State: Arkansas
 Filing Company: Berkshire Life Insurance Company of America State Tracking Number: 43522
 Company Tracking Number: 4200
 TOI: H111 Individual Health - Disability Income Sub-TOI: H111.005 Business Overhead Expense - Related to marketing with employer or association groups
 Product Name: 4200, DI-2009
 Project Name/Number: /

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	09/17/2009
Comments:		
Attachment: FLESCH CERTIFICATION.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application	Approved-Closed	09/17/2009
Bypass Reason: Application DI-2009 will be used to apply for this policy. It is included in the form schedule for your review.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Outline of Coverage	Approved-Closed	09/17/2009
Comments:		
Attachment: OE (01-10).pdf		

	Item Status:	Status Date:
Satisfied - Item: John Doe Applications	Approved-Closed	09/17/2009
Comments: John Doe Applications included for informational purposes.		
Attachments: DI-2009 John Doe.pdf DI-NM-2009 John Doe.pdf		

SERFF Tracking Number: GARD-126255527 State: Arkansas
Filing Company: Berkshire Life Insurance Company of America State Tracking Number: 43522
Company Tracking Number: 4200
TOI: H111 Individual Health - Disability Income Sub-TOI: H111.005 Business Overhead Expense - Related
to marketing with employer or association
groups
Product Name: 4200, DI-2009
Project Name/Number: /

		Item Status:	Status Date:
Satisfied - Item:	Producer Certification	Approved-Closed	09/17/2009

Comments:

The Producer's Certification which includes the required replacement question is included for informational purposes only.

Attachment:

DI-PC-2009.pdf

Berkshire Life Insurance Company of America
700 South Street
Pittsfield MA 01201

CERTIFICATION

This is to certify that the policy forms listed below comply with the readability ease standards of the Life and Health Policy Language Simplification Act, Section 5a.

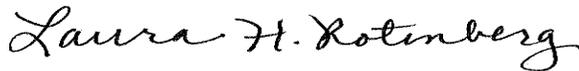
<u>Form Number</u>	<u>Syllables</u>	<u>Words</u>	<u>Sentences</u>	<u>Flesch Score</u>
4200 (01/10)	11,878	7,957	281	50.8
DI-2009	3,868	2,422	118	50.1

The following forms are scored in combination with Policy 4200 (01/10) since they are always used with this form:

4201-E (01/10)	12,427	8,240	286	50.0
4202-E (01/10)	12,427	8,240	286	50.0
4203-E (01/10)	12,594	8,376	298	51.1
4208-E (01/10)	12,217	8,117	287	50.8
4209-E (01/10)	12,651	8,476	296	51.5
4204 (01/10)	12,433	8,270	289	50.6
4205 (01/10)	14,158	9,419	330	50.7
4206-FIO (01/10)	12,424	8,252	289	50.7
4206-UF (01/10)	12,590	8,388	292	50.6
4207 (01/10))	13,337	8,888	307	50.5

The following form was scored in combination with Application DI-2009 since it is always used with this form:

DI-NM-2009	2,760	1825	73	53.5
------------	-------	------	----	------



Laura H. Rotenberg
Counsel

**OVERHEAD EXPENSE DISABILITY INSURANCE POLICY
REQUIRED OUTLINE OF COVERAGE**

Policy Form 4200

1. **READ THE POLICY CAREFULLY** – This outline of coverage briefly describes some of the important features of the Policy. This is not the insurance contract and only the actual policy provisions will control. The Policy itself sets forth, in detail, the rights and obligations of the Policyowner, You, and Berkshire Life Insurance Company of America. It is important that the Policyowner and You **READ THE POLICY CAREFULLY!**
2. **DISABILITY INCOME PROTECTION COVERAGE** – This type of coverage is designed to provide benefits for a Disability resulting from Injury or Sickness, subject to any limitations set forth in the Policy. Benefits are not provided for basic hospital, basic medical-surgical, or major medical expenses.
3. **BENEFITS OF THE POLICY** – The purpose of the Policy is to provide reimbursement of Covered Overhead Expenses to the Policyowner when You are Disabled.

If You are Totally Disabled according to the terms of the Policy, and the Elimination Period of _____ days has been satisfied, benefits of up to \$_____ (Maximum Monthly Overhead Expense Benefit) will be paid monthly to the Policyowner for Covered Overhead Expenses actually incurred.

Covered Overhead Expenses means the normal, necessary and customary expenses that You incur and pay in the continued operation of Your Business. Covered Overhead Expenses must be deductible for federal income tax purposes and include real estate and property taxes; utilities such as heat, water, electricity and telephone; laundry, janitorial and maintenance services; salaries of employees who have no ownership interest in Your Business and who are not members of Your profession; rent; rent or lease payments of furniture, equipment or other assets used in the Business for which You have no ownership interest; professional and association dues; licensing fees; legal and accounting fees; billing and collection fees; scheduled installment payments of interest on debt; depreciation or scheduled installment payments of principal on debt for which You were liable before You became Disabled, but not both.

Total Disability or Totally Disabled means that solely due to Injury or Sickness, you are not able to perform the material and substantial duties of Your Occupation.

Your Occupation means the occupation (or occupations, if more than one) in which You are Gainfully Employed during the 12 months prior to the time You become Disabled.

Overhead Expense Monthly Total Disability Benefit – While You are Totally Disabled, We will pay monthly benefits if each of the following conditions are met:

- You become Disabled while the Policy is in force;
- You satisfy the Elimination Period; and
- Proof of Loss is provided to Us.

After You satisfy the Elimination Period, at the end of each month that You remain Totally Disabled, We will pay the Policyowner the Reimbursable Expense Amount up to the Available Benefit.

These payments will not be made during the Elimination Period, or for more than the Benefit Period during any Disability, except as provided in the Extension of Benefits provision. We will not increase Total Disability benefits if You are Disabled from more than one cause at the same time.

Residual Disability or Residually Disabled means that You are Gainfully Employed and You are not Totally Disabled, but solely due to Injury or Sickness You experience a Loss of Gross Monthly Revenue that is at least 15% of Your Prior Gross Monthly Revenue; and either:

- You are able to perform one or more, but not all, of the material and substantial duties of Your Occupation; or
- You are able to perform all of the material and substantial duties of Your Occupation but not for the length of time they normally require.

Overhead Expense Monthly Residual Disability Benefit – While You are Residually Disabled, We will pay monthly benefits if each of the following conditions are met:

- You become Disabled while the Policy is in force;
- You satisfy the Elimination Period; and
- Proof of Loss is provided to Us.

After You satisfy the Elimination Period, at the end of each month that You remain Residually Disabled, We will pay the Policyowner the Reimbursable Expense Amount minus Your Current Gross Monthly Revenue for that same month up to the Available Benefit.

These payments will not be made during the Elimination Period, or for more than the Benefit Period during any Disability, except as provided in the Extension of Benefits provision. We will not increase Residual Disability benefits if You are Disabled from more than one cause at the same time.

Extension of Benefits – Benefits will continue beyond the end of the Benefit Period if each of the following conditions are met:

- You are Disabled at the end of the Benefit Period;
- You remain Disabled;
- the total amount of benefits paid during the Disability is less than the Maximum Aggregate Benefit; and
- Proof of Loss is provided to Us.

Benefits under this provision will end when the first of the following occurs:

- the total amount of benefits paid during the Disability is equal to the Maximum Aggregate Benefit;
- You are no longer Disabled in the same claim;
- 12 months have elapsed since the end of the Benefit Period; or
- You attain Age 65.

OPTIONAL BENEFITS – Coverage will be provided for the following benefits only if an additional premium for the benefit is shown in the schedule page.

Future Increase Option Rider – This rider gives the Policyowner the right to apply for additional overhead expense insurance in future years without evidence of Your medical insurability or occupation.

The Total Increase Option is \$_____.

Supplemental Overhead Expense Benefit Rider – This rider provides a benefit in addition to the base policy monthly benefit that may be used at any time during a period of disability when you have additional monthly expenses.

These benefits are subject to the terms, conditions and limitations listed in the rider.

5. EXCLUSIONS AND LIMITATIONS OF THE POLICY – There will be no benefits for any Disability:

- caused by, contributed to, or which results from military training, military action, military conflict or war, whether declared or undeclared, while You are serving in the military or units auxiliary thereto, or working for contracted military services;
- during any period of time in which You are incarcerated;
- caused by, contributed to, or which results from Your commission of, or attempt to commit, a criminal offense as defined under local, state or federal law;
- caused by, contributed to, or which results from Your being engaged in an illegal occupation;
- caused by, contributed to, or which results from the suspension, revocation or surrender of Your professional or occupational license or certification;
- caused by, contributed to, or which results from an intentionally self-inflicted Injury;
- during the first three months of Disability or the Elimination Period, if longer, that is caused by, contributed to, or which results from normal pregnancy or childbirth; or
- due to any loss We have excluded by name or specific description.

LIMITATION WHILE OUTSIDE THE UNITED STATES OR CANADA – You must be living full time in the 50 states which comprise the United States of America, the District of Columbia or Canada in order to receive benefits under the Policy, except for incidental travel or vacation; otherwise, benefits will cease. Incidental travel or vacation means being outside of the 50 states which comprise the United States of America, the District of Columbia or Canada for less than 60 days in a 12-month period. You may not recover benefits that have ceased pursuant to this limitation.

PRE-EXISTING CONDITION LIMITATION – We will not cover any loss that begins in the first two years after the Effective Date from a Pre-existing Condition.

OVERPAYMENT OF BENEFITS – If an overpayment of benefits should occur under the Policy, We will have the right to reduce future benefits under the Policy in the same claim until reimbursement is made. If no additional benefits are payable in the same claim, the Policyowner will be required to reimburse Us any amounts overpaid. Reimbursement must be made to Us no later than 12 months following the end of the Benefit Period.

6. RENEWABILITY OF THE POLICY

CONDITIONAL RIGHT TO RENEW AFTER AGE 65 – After Your Age 65, the Policyowner may renew the Policy at the end of each Premium Term as long as You are not Disabled and You are Gainfully Employed Full Time in the Business for at least ten months each year and the premium is paid on time. The premium will be at Our rates then in effect for persons of Your Age, Class of Risk, gender, Occupation Class, and any special class rating that applies to the Policy. We have the right to change such premiums on a class basis on any Policy Anniversary.

The only Coverage that may continue after Your Age 65 is for an Overhead Expense Monthly Total Disability Benefit and the Legal and Accounting Fee Benefit. All other Coverage in force at Your Age 65 will terminate at that time unless otherwise stated. The Benefit Period after Your Age 65 is shown in the Schedule Page.

This is a non-participating policy.

THIS OUTLINE OF COVERAGE IS ONLY A SUMMARY OF THE COVERAGE PROVIDED. THE POLICY ITSELF SHOULD BE CONSULTED TO DETERMINE GOVERNING CONTRACTUAL PROVISIONS AND AMOUNTS.



- BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA**
Home Office: 700 South Street, Pittsfield, MA 01201
Berkshire Life Insurance Company of America is a wholly owned stock subsidiary of The Guardian Life Insurance Company of America, New York, NY
- THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA**
Administrative Office: 700 South Street, Pittsfield, MA 01201
(Please check appropriate company(ies). Any insurer checked above is herein referred to as the "Company.")

Application for Insurance | Part I

Please indicate all insurance applied for with this Part 1 Application and include the appropriate application supplement for each product selected to right.

- Individual Disability Insurance
- Individual Disability Insurance – Retirement Protection Plus Program
- Overhead Expense Disability Buy-Out
- Business Reducing Term/PayGuard

I. Proposed Insured Information

a. Proposed Insured

First Middle Initial Last Name

Suffix Previous Last Name

b. Gender

Male Female

c. Social Security Number

d. Date of Birth (mm/dd/yyyy)

e. Place of Birth

f. Are you a U.S. citizen?

Yes No (If no, answer the following questions)

Visa Type Visa Duration

How long have you lived in the U.S. on a full-time basis?

(If residence has not been continuous, give dates, and explain in Remarks and Special Requests.)

Do you expect to remain in the U.S. permanently?

Yes No If no, include details:

When do you expect to obtain U.S. citizenship or permanent residency?

g. Home Address

(If mailing address is PO Box, include street address as well.)

City State ZIP

h. How long at this address?

i. Telephone Number

Home Phone Number Cell Phone Number

j. E-mail Address

k. If less than 2 years at current address, please furnish previous address:

Address

City State ZIP

2. Business Information

a. Name of Current Employer _____

b. Business Address _____
(If mailing address is PO Box, include street address as well.)

City State ZIP

Business Phone _____

Business Website _____

c. Occupation _____

d. Job Title _____

e. Nature of Business _____

f. How many years employed with your current employer? _____
(If less than 2 years, please furnish previous employer below.)

g. Former Employer _____

Address

City State ZIP

h. Occupation _____

i. Job Title _____

j. Nature of Business _____

3. Occupational Information

a. Describe, in order of importance, all duties of your occupation. Include all activities that are performed in connection with the duties of your occupation, including but not limited to travel, sales and supervisory.

Description of Specific Duties	% of Time Devoted to Each Duty

b. Describe exact physical duties of your occupation (lifting, climbing, driving, etc.). If none, so state. _____

c. Describe any tools or equipment you use to perform the duties of your occupation. If none, so state. _____

- d. If you are a medical doctor or dentist, what percent of your gross income is derived from surgical procedures, such as catheterization, angioplasty, stent placement, pacemaker implant, endoscopy, or other surgical procedure? _____ %
- e. Is this a home-based occupation? Yes No
If yes, what percentage of time do you spend working at home?
_____ %
- f. Number of years in this occupation _____
- g. How many hours per week are you at work in this occupation? _____ hours
- h. Have you been continuously at work full time performing the usual duties of your occupation for the past six months? Yes No If no, explain: _____
- i. Do you supervise any employees? Yes No If yes, how many? _____
- j. Are you a business owner? Yes No
- k. What percentage of the business do you own? _____ %
- l. What type of business do you own? Sole Proprietorship Partnership "S" Corporation
 Limited Liability Company (LLC) "C" Corporation
 Limited Liability Partnership (LLP)
 Other: _____
- m. Do you plan to change any occupation or employment within the next six months? Yes No If yes, provide details: _____

- n. Do you have any other part- or full-time jobs, occupations or employment? Yes No If yes, provide details: _____

4. The Following Questions Apply to the Proposed Insured

(Please provide details in Section 8 Remarks and Special Requests to all "Yes" answers.)

- a. Do you plan to reside or travel outside of the U.S.? Yes No
(If yes, indicate location, frequency, for work or pleasure, date of departure, length of stay.) _____
- b. Do you drive a motor vehicle? _____ Driver's License State _____ Driver's License # _____ Yes No
- c. Within the past five years, have you been charged with and/or convicted of any motor vehicle moving violations or had your driver's license suspended or revoked? (If yes, details must include date of violation, description of violation and penalty.) Yes No
- d. Within the last 10 years, have you been convicted of a felony, or is such a charge pending against you? Yes No
- e. Have you ever had a professional license suspended or revoked, or is such license under review, or have you ever been disbarred? Yes No

- f. Within the last three years, have you participated in any of the following, or do you plan in the future to participate in any of the following: piloting any type of aircraft; mountain climbing or rock climbing; scuba diving; hang gliding; parachuting or skydiving; motor vehicle racing; or other hazardous activity? (If yes to any, complete Aviation and/or Avocation Supplement.) Yes No
- g. Within the past five years, have you had disability, accident, medical, life or health insurance declined, postponed, modified, rated, cancelled, rescinded, or have you withdrawn a pending application, or had a renewal or reinstatement refused? Yes No
- h. Have you used tobacco, nicotine, or any nicotine delivery system in any form in the last 12 months? (If you have quit, date last used: _____) Yes No
- i. Do you plan to apply for or are you currently applying for any other life, long-term care, disability or accident insurance? (In Section 8 Remarks and Special Requests, include amount applying for and company applying with, and whether this other insurance will be in addition to or in lieu of insurance with Berkshire or Guardian.) Yes No
- j. Are you currently a member of, or do you plan on joining, any branch of the United States Military, including the Army, Navy, Air Force, Marine Corps, Coast Guard, National Guard, or any reserve military unit? Yes No
- k. Are you currently employed by, or seeking employment with, any company or entity which provides military, paramilitary, or security services outside of the United States? Yes No
- l. Have you been alerted to, received orders for, or had any indication of an overseas assignment or active service with any branch of the United States Military, including the Army, Navy, Air Force, Marine Corps, Coast Guard, National Guard, or any reserve military unit? Yes No
- m. Have you ever had or been treated for cancer, heart attack, stroke, diabetes, or any disease of the liver, lungs, kidneys, or heart, or any disorder of the back or spine? Yes No
- n. Are you currently receiving any medical advice, counseling or treatment for any medical, surgical or psychiatric condition? Yes No

If questions 4m or 4n are left blank or answered "Yes," no prepayment should be taken and no Conditional Receipt issued.

Catastrophic Disability Benefit Rider – Complete the following questions if applying for this rider:

- o. Have you ever had an injury or sickness that caused a loss of: sight in both eyes; hearing in both ears; speech; or the use of two arms or two legs? Yes No
- p. Do you need human assistance of any kind to perform everyday activities such as bathing, continence, dressing, eating, using the toilet or transferring (for example, from the chair to your bed)? Yes No
- q. Do you use any special medical equipment or appliances, including but not limited to, a wheelchair, pacemaker, oxygen tank, cane, catheter, or artificial limb? Yes No
- r. Have you ever received treatment, attention or advice for memory loss or confusion, Alzheimer's disease, stroke, senility, dementia, loss of speech or comprehension of spoken language? Yes No

If any question listed in 4o through 4r is answered "Yes," no prepayment should be taken and no Conditional Receipt issued.

5. Other Disability Insurance Coverage of the Proposed Insured

a. Do you have disability insurance in force or applied for, or are you eligible for disability insurance within the next 12 months with any company, including Guardian or Berkshire? Yes No

Type of Insurance

DI = Disability Income Insurance
OE = Overhead Expense
RP = Retirement Protection

DBO = Buy-Out
KEY = Key Person
RT = Reducing Term

Category

IDI = Individual
STD = Group STD
LTD = Group LTD
A = Association

Status

I = In Force
P = Pending
E = Eligible For

i. Company Name:			
ii. Type of Insurance:			
iii. Category:			
iv. Status:			
v. Date insurance applied for, issued, or eligible for (if known):			
vi. Policy Number (if known):			
vii. Benefit Amount:	\$	\$	\$
viii. Benefit Period:			
ix. Social Insurance Benefit:	\$	\$	\$
x. Automatic Increase Option:		%	%
xi. Future Increase Option (amount remaining):	\$	\$	\$
xii. Catastrophic Benefit:	\$	\$	\$
xiii. Retirement Benefit:	\$	\$	\$
xiv. Does employer pay premium and not include it as taxable income to you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
xv. If group coverage, is it convertible?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

b. Replacement

Is the insurance being applied for replacing this coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, amount to be replaced?*	\$	\$	\$
Date for coverage to be replaced			

**When issuing any insurance as a result of this application, the Company will rely on the fact that you can and will permanently terminate the coverage as specified above following the delivery of the policy and will not at any time reinstate the coverage. If the coverage is not terminated, benefits under any policy issued based upon this application may be reduced by the amount payable under such existing policies. Further, if the coverage is not terminated, the Company reserves all rights outlined in any policy issued.*

6. Personal Financial Information of the Proposed Insured

a. **Earned Income.** Fill in the amounts requested for last year and two years ago using your individual and/or business income tax returns and supporting schedules. **Note:** Do not list income that is not reported to the IRS. Explain in Section 8 Remarks and Special Requests, any significant fluctuations between years. Describe any changes since the end of the most recent calendar year. Put loss amounts in parentheses.

	Column A Year-To-Date This Calendar Year	Column B Actual Filed Last Calendar Year	Column C Actual Filed Two Calendar Years Ago
1. Non-owner employee salary, wages and bonus from Form W-2	\$	\$	\$
2. Business owner salary, wages, and bonus from Form W-2	\$	\$	\$
3. Sole Proprietor net income (after business expenses) from Form 1040, Schedule C	\$	\$	\$
4. Share of Partnership or Sub-Chapter "S" corporation income (after business expenses) shown on Form 1040 or 1120 "S", Schedule K-1	\$	\$	\$
5. Other earned income (explain source)	\$	\$	\$
6. Total Earned Income (add lines 1-5)	\$	\$	\$

b. **Unearned Income.** Unearned income or passive income includes, but is not limited to, income from dividends, capital gains, interest (including tax exempt interest), rentals, royalties, pension plans, retirement plans, alimony, investments, and business interests as an inactive owner.

Is your unearned income more than 10% of total earned income (line 6 above)?

Yes

No

	Column A	Column B	Column C
If yes, indicate the unearned income amounts.	\$	\$	\$

Sources: _____

c. **Retirement Contributions**

1. Do you participate in a qualified retirement plan such as a 401(k), 403(b), SIMPLE, IRA or profit sharing?

Yes

No

	Column A	Column B	Column C
2. Total Annual Contribution (including your contribution and employer contributions)	\$	\$	\$

3. Do you wish to have this retirement contribution considered as part of your earned income?

Yes

No

d. **Net Worth** Does your net worth exceed \$6 million? Yes No If yes, itemize net worth below.

Cash, Savings, Stocks, Bonds \$ _____

Fair Market Value of your business (excluding good will) \$ _____

Personal Property \$ _____

Real Estate (excluding primary residence) \$ _____

Other \$ _____ Explain: _____

e. **Bankruptcy**

Have you ever filed bankruptcy? Yes No Personal Business

If yes, answer the following questions:

(a) Date bankruptcy filed? _____

(b) Date bankruptcy discharged? _____

7. Premiums

a. Mode Annual Semiannual Quarterly
 Automatic payment plan
(Complete the Request for Guard-O-Matic Arrangement form.)
 New Service Add to My Existing Service
 Monthly (list bill only – not available for all products)
 Other: _____

b. What percentage of premium will be paid by your employer? None 100% Other: _____ %

c. If your employer will pay any part of the premium, will it be reportable by you as taxable income? Yes No

d. If paid by the proposed insured, is it paid with: Pre-tax dollars or After-tax dollars

e. Send premium notices to: Residence Owner's Address Business
 Other: _____
 List Bill
 New – Billing Name _____
Common Billing Date _____
 Existing Account # _____

f. Prepayment of Premium No money has been submitted with this application for proposed insurance.
 \$ _____ has been submitted with this application for proposed insurance. *If money is submitted when this application is signed, the terms of the Conditional Receipt shall apply if conditions are met.*

g. Is the policy being applied for through an association of which you are a member? *Proof of membership may be required.* Yes No
Association Name _____

8. Remarks and Special Requests

Provide all details to any "yes" answers, identifying each detail by question number. Include, if applicable, diagnosis or symptoms, tests performed, dates, types and amounts of medication, length of disability, degree of recovery, and names and addresses of all physicians, medical or mental health professionals, counselors, psychotherapists, chiropractors, practitioners or hospitals. Also include in this section any special policy requests such as specific policy date other than as provided by the terms of this application.

9. Amendments or Corrections (For Home Office Use Only)



- BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA**
Home Office: 700 South Street, Pittsfield, MA 01201
Berkshire Life Insurance Company of America is a wholly owned stock subsidiary of
The Guardian Life Insurance Company of America, New York, NY
- THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA**
Administrative Office: 700 South Street, Pittsfield, MA 01201
*(Please check appropriate company(ies). Any insurer checked above is
herein referred to as the "Company.")*

Representations of the Proposed Insured and Owner

Those parties who sign below, agree that:

1. This Application for Insurance (Part 1), Application for Insurance (Part 2 Non-Medical), any required Representations to the Medical Examiner, and any other supplements or amendments to this Application for Insurance will form the basis for, and become part of and attached to any policy or coverage issued and is herein referred to as the "Application."
2. All of the statements that are part of this Application are correctly recorded, and are complete and true to the best of the knowledge and belief of those persons who made them.
3. No agent, broker or medical examiner has any right to accept risks, make or change contracts, or to waive or modify any of the Company's rights or requirements.
4. Any misrepresentation or omission, if found to be material, may adversely affect acceptance of the risk, claims payment, or may lead to rescission of any policy that is issued based on this Application.
5. All coverage shown to be discontinued in answer to Question 5b of this application will be permanently terminated on or before the date(s) indicated. If not, it is understood and agreed that the Company reserves all rights outlined in any policy issued. Further, benefits under any policy or coverage issued based on this application may be reduced by the amount payable under such existing policies.
6. The policy date is the date from which premiums are calculated and become due. Except as provided in the Conditional Receipt (if an advance payment has been made and acknowledged and such Receipt issued), no insurance shall take effect unless and until the policy is delivered, the first premium is paid, and there has been no change in the health, the income level, status of employment or occupation of the proposed insured. If disability insurance becomes effective in the manner stated in the Conditional Receipt, the amount of such insurance shall not exceed the limits set forth in such Receipt. If a request is made for coverage to commence as of a specified date, it is understood and agreed that certain rights under the conditional receipt may be waived.
7. Changes or corrections made by the Company and noted in the "Amendments or Corrections" section are ratified by the owner upon acceptance of a policy containing this Application with the noted changes or corrections. In those states where written consent is required by statute or State Insurance Department regulation for amendments as to plan, amount, classification, age at issue, or benefits, such changes will be made only with the owner's written consent.
8. By paying premiums on a basis more frequently than annually, the total premium payable during one year's time will be greater than if the premium were paid annually. That is, the cost of paying annualized periodic premiums will be more than the cost of paying one annual premium.
9. If applying for Disability Buy-Out insurance, if no written buy-sell agreement is in place, one must be executed before a disability occurs that would qualify for benefits under the policy. Otherwise, the Company will have no liability other than to refund premiums. We will require a written assurance within one year of the policy date that an agreement is in place. If no assurance is received, the policy will be voided and the premiums refunded.

Any person who knowingly, and with intent to defraud any insurance company or other person, files an application of insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and may also be subject to civil penalties.

Signed at _____ this _____ day of _____, _____
City and State Day Month Year

Signature of Proposed Insured

Signature of Applicant/Owner if Other than
Proposed Insured

Witness



Individual Disability Insurance Supplement
to the Application for Insurance

I. Proposed Insured Information

a. Proposed Insured
b. Social Security Number
c. Date of Birth (mm/dd/yyyy)

2. Premium Structure

Level Graded Step Rate

3. Personal Disability Insurance

a. Policy Form No.
Monthly Indemnity
Elimination Period
Benefit Period
Occupational Class

b. Supplemental Benefits

3% Compound Cost of Living Adjustment
6% Maximum Cost of Living Adjustment
Four-Year Delayed Cost of Living Adjustment
Unemployment Waiver of Premium
Catastrophic Disability Benefit
Future Increase Option
Social Insurance Substitute
Retirement Protection Plus
Residual Disability Benefit
Partial Disability Benefit
Graded Lifetime Indemnity for Total Disability
Monthly Indemnity
Elimination Period
Benefit Period
Other



BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA

Home Office: 700 South Street, Pittsfield, MA 01201

Berkshire Life Insurance Company of America is a wholly owned stock subsidiary of

The Guardian Life Insurance Company of America, New York, NY

Retirement Protection Plus Program Individual Disability Insurance Supplement to the Application for Insurance

I. Proposed Insured Information

a. Proposed Insured

First Middle Initial Last Name

b. Social Security Number

c. Date of Birth (mm/dd/yyyy)

2. Premium Structure

Level Graded Step Rate

3. Disability Insurance As Part Of The Retirement Protection Plus Program

a. **Case No.**

(Applicable with Income ProVider Only)

b. **Policy Form No.**

Monthly Indemnity

\$ _____

Elimination Period

180 days 360 days

Benefit Period

To Age 65

Occupational Class

c. **Supplemental Benefits**

3% Compound Cost of Living Adjustment

6% Maximum Cost of Living Adjustment

Modified Own Occupation
(Applicable with Income ProVider Only)

Future Increase Option

\$ _____

Other



Income ProVider Disability Insurance Supplement to the Application for Insurance

I. Proposed Insured Information

a. Proposed Insured

	First	Middle Initial	Last Name
--	-------	----------------	-----------

b. Social Security Number _____

c. Date of Birth (mm/dd/yyyy) _____

2. Personal Disability Insurance

a. **Case No.** _____

b. **Policy Form No.** _____

Monthly Indemnity \$ _____

Elimination Period _____

Benefit Period _____

Occupational Class _____

c. **Supplemental Benefits**

<input type="checkbox"/> <i>Basic Residual Disability</i>	<input type="checkbox"/> <i>Enhanced Residual Disability</i>
<input type="checkbox"/> <i>Modified Own Occupation</i>	<input type="checkbox"/> <i>True Own Occupation</i>
<input type="checkbox"/> <i>3% Compound Cost of Living Adjustment</i>	<input type="checkbox"/> <i>6% Maximum Cost of Living Adjustment</i>
<input type="checkbox"/> <i>Catastrophic Disability Benefit</i>	\$ _____
<input type="checkbox"/> <i>Additional Monthly Benefit</i>	
<i>Monthly Indemnity</i>	\$ _____
<i>Elimination Period</i>	_____
<i>Benefit Period</i>	_____
<input type="checkbox"/> <i>Retirement Protection Plus</i>	
<i>Monthly Indemnity</i>	\$ _____
<i>Elimination Period</i>	<input type="checkbox"/> 180 days <input type="checkbox"/> 360 days
<i>Benefit Period</i>	To Age 65
<input type="checkbox"/> <i>Other</i>	_____



Overhead Expense Insurance Supplement
to the Application for Insurance

I. Proposed Insured Information

a. Proposed Insured
First Middle Initial Last Name
b. Social Security Number
c. Date of Birth (mm/dd/yyyy)

2. Overhead Expense Insurance

a. Monthly Benefit \$
Benefit Period
Elimination Period
Occupational Class

b. Supplemental Benefits

Supplemental Overhead Expense Benefit

Future Increase Option \$

c. Your share of covered expenses? \$ and % of total.

d. Are there other employees in the firm who generate revenue? Yes No

If yes, what is the compensation for these employees, their title(s) and the percentage of gross revenue they generate?

e. Owner Information (if other than the proposed insured)

Name of Owner

Address

(If mailing address is PO Box, include street address as well.)

City State ZIP

Social Security #/Tax ID #

Relationship to Proposed Insured

f. Monthly Expenses of the Business Entity

What are the current average monthly overhead expenses incurred for the items shown?
 (If responsibility for expenses shared jointly with others, include only the portion for which the proposed insured is responsible.)

Advertising	\$	_____
Car and Truck Expenses		_____
Commissions and Fees		_____
Contract Labor		_____
Depreciation and Section 179 Expense Deduction		_____
Employee Benefit Programs		_____
Insurance		_____
Interest:		
Mortgage (Paid to Banks, etc.)		_____
Other		_____
Legal and Professional Services		_____
Office Expenses		_____
Pension and Profit Sharing Plans		_____
Rent or Lease (Other Business Property)		_____
Repairs and Maintenance		_____
Taxes and Licenses		_____
Utilities		_____
Employee Wages (excluding members of your profession)		_____
Other Expenses (itemized):		
_____	\$	_____
_____		_____
_____		_____
_____		_____
TOTAL (Should agree with 2c.)	\$	_____
Proposed Insured Monthly Earned Income*	\$	_____

*Earned income is considered for and in accordance with Salary Replacement guidelines of 50% of the Proposed Insured's Earned Income not to exceed one-half of the total monthly overhead expense benefit or \$10,000, whichever is less.



Disability Buy-Out Insurance Supplement
to the Application for Insurance

I. Proposed Insured Information

a. Proposed Insured
b. Social Security Number
c. Date of Birth (mm/dd/yyyy)

2. Disability Buy-Out Insurance

a. Funding
Benefit Amount
Benefit Period
Elimination Period
Occupational Class

b. Supplemental Benefits
c. Type of disability buy-sell agreement
Status of disability buy-sell agreement:

d. Owner Information
Name of owner
Address
City State ZIP
Social Security #/Tax ID #
Owner's Relationship to Proposed Insured

Disability Buy-Out Insurance Supplement to the Application for Insurance | Continued

Please complete the following if owner is a trust:

Date of Trust (mm/dd/yyyy) _____

Complete Names of Trustees _____

e. Give names of all other stockholders or partners. (If there are any on whom Disability Buy-Out (DBO) is not carried or proposed, explain in the *Application for Insurance, Part 1, Section 8 Remarks and Special Requests.*)

Name and Title	Percentage Owned	Amount of DBO in Force	Amount of DBO Proposed
	%	\$	\$
	%	\$	\$
	%	\$	\$
	%	\$	\$
	%	\$	\$
	%	\$	\$

f. Does a familial relationship exist among any of the above stockholders or partners?

Yes No If yes, describe: _____

g. Indicate type of business organization:

Professional Corporation/Personal Service Partnership

Commercial Business/Other

h. Business Financial Information

		Column A	Column B	Column C
1. Total Assets	\$			
2. Total Liabilities	\$	Actual Filed Last Calendar Year	Actual Filed Two Calendar Years Ago	Actual Filed Three Calendar Years Ago
3. Business Net Worth (Total Assets minus Total Liabilities)	\$			
4. Gross Annual Sales	\$	\$	\$	\$
5. Net Profit After Taxes	\$	\$	\$	\$



Reducing Term Insurance Supplement to the Application for Insurance

I. Proposed Insured Information

a. Proposed Insured

First Middle Initial Last Name

b. Social Security Number

c. Date of Birth (mm/dd/yyyy)

2. Reducing Term Insurance

a. Business Reducing Term PayGuard

Monthly Benefit Amount \$

Elimination/Waiting Period

Benefit Term

Occupational Class

b. For Business Reducing Term

Loss Payee

(Loss payee must be the individual Tax ID
or entity that the money is owed to.)

Owner

Tax ID

Information About the Economic Need for this Insurance

c. Explain the reason that the obligation
was incurred

Business Loan Employment Contract

Purchase Agreement

Other (describe):

Details:

d. Names of all debtors or guarantors:

e. Name and address of creditor or
person to whom guarantees have
been given:

f. Date obligation took effect (mm/dd/yyyy):

Periodic payment in the amount of \$ _____ is to be made each month for _____ months

Periodic payment in the amount of \$ _____ is to be made each month for _____ months

Periodic payment in the amount of \$ _____ is to be made each month for _____ months

I am responsible for payments for a total of _____ months



- BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA**
Home Office: 700 South Street, Pittsfield, MA 01201
Berkshire Life Insurance Company of America is a wholly owned stock subsidiary of The Guardian Life Insurance Company of America, New York, NY
- THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA**
Administrative Office: 700 South Street, Pittsfield, MA 01201
(Please check appropriate company(ies). Any insurer checked above is herein referred to as the "Company.")

Application for Insurance | Part 2 Non-Medical

I. Proposed Insured Information

a. Proposed Insured

First	Middle Initial	Last Name
_____	_____	_____

b. Social Security Number

c. Date of Birth (mm/dd/yyyy)

d. Name of your primary care physician

If none, check here

Address of primary care physician

(If mailing address is PO Box, include street address as well.)

Primary care physician's telephone number

City	State	ZIP
_____	_____	_____

e. Date and reason last consulted?

f. What treatment or medication was given or recommended?

g. Height

_____ feet _____ inches

Weight

_____ lbs.

h. Weight change past year:

Gain Loss _____ lbs. None

Reason for change:

(Please provide details in Remarks and Special Requests for any "Yes" answers.)

i. Have you ever had or been treated for cancer or tumor? Yes No

j. In the last 10 years, have you had, been treated for or received a consultation or counseling for:

i. high blood pressure, chest pain or disorder of the heart or circulatory system? Yes No

ii. diabetes or disorder of the glands, bone, blood or skin? Yes No

iii. complications of pregnancy, infertility, or any disorder of the breasts, reproductive or genital organs, prostate, kidneys, or urinary systems? Yes No

iv. hernia, hepatitis, or disorder of the liver, gall bladder, esophagus, stomach, pancreas, spleen, intestines, colon or rectum? Yes No

v. arthritis, rheumatism, or disorder of the joints, limbs or muscles? Yes No

- vi. disorder or condition of the back, neck or spine? Yes No

- vii. allergy, asthma, sinusitis, emphysema, disorder of the lungs or respiratory system, or sleep apnea? Yes No

- viii. epilepsy, stroke, dizziness, headache, muscle weakness, or disorder of the brain or spinal cord? Yes No

- ix. disorder of the eyes, ears, nose or throat? Yes No

- x. anxiety, depression, nervousness, stress, mental or nervous disorder, or other emotional disorder? Yes No

- xi. Chronic Fatigue Syndrome, Fibromyalgia, Epstein Barr Virus or Lyme Disease? Yes No

- k. Do you have any loss of hearing or sight, an amputation of any kind, or any physical deformity, impairment or handicap? Yes No

- l. Within the past 10 years, have you been diagnosed by or received treatment from a member of the medical profession for Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or any deficiency of the immune system such as Human Immunodeficiency Virus? Yes No

- m. i. Are you currently taking prescribed medication? Yes No

- ii. Are you currently taking non-prescription medication? Yes No

- n. i. Have you ever used stimulants, hallucinogens, narcotics or any other controlled substance? (If yes, complete the Alcohol and Drug Usage Supplement.) Yes No

- ii. Have you ever had or been advised to have counseling or treatment for alcohol or drug use? (If yes, complete the Alcohol and Drug Usage Supplement.) Yes No

- o. Are you now pregnant? If yes, expected delivery date: _____ Yes No

- p. Within the past five years, have you had a sickness or injury for which you have made a benefits claim or for which you will make a benefits claim? Yes No

- q. Within the past five years, have you had a physical exam or check-up of any kind? Yes No

- r. Within the past five years, have you been advised to have surgery or any diagnostic tests that were not performed, except for HIV tests? Yes No

- s. Within the past 12 months, have you had symptoms of any condition listed in this Section 1, except those conditions listed in question 1.I., for which you have not sought medical attention or advice? Yes No

- t. Other than as previously stated on this application, in the last five years have you received medical advice or counseling from physicians, medical or mental health professionals, counselors, psychotherapists, chiropractors, or other practitioners, or have you been a patient in a hospital, clinic, sanatorium, or other medical facility? Yes No

- u. Do you have a family history of: diabetes, cancer, high blood pressure, heart disease, Huntington's Disease, mental illness or suicide? Yes No

	Age if Living	Cause of Death	Age at Death
FATHER			
MOTHER			
BROTHERS and SISTERS			
No. Living _____			
No. Dead _____			

2. Remarks and Special Requests

DETAILS OF "YES" ANSWERS. IDENTIFY QUESTION & NUMBER.

Give diagnosis or symptoms, tests performed, dates, types and amounts of medication, length of disability, degree of recovery, and names and addresses of all physicians, medical or mental health professionals, counselors, psychotherapists, practitioners or hospitals. Additional paper may be attached if necessary to explain details.

I understand and agree that the statements and answers in this Application for Insurance (Part 2 Non-Medical) are written as made by me; to the best of my knowledge and belief are full, complete and true; and that they shall be a part of the contract of insurance, if issued.

Any person who knowingly, and with intent to defraud any insurance company or other person, files an application of insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and may also be subject to civil penalties.

Signed at _____ this _____ day of _____, _____.
City and State Day Month Year

Witness

Signature of Proposed Insured

