Filing at a Glance

Company: Knights of Columbus

Product Name: Knights of Columbus Disability Income

SERFF Tr Num: SKML-126721620

State: Arkansas

TOI: H11I Individual Health - Disability Income

SERFF Status: Closed-Approved-Closed

State Tr Num: 46217

Sub-TOI: H11I.004 Other

Co Tr Num: DI01 1-11

State Status: Approved-Closed

Filing Type: Form/Rate

Reviewer(s): Rosalind Minor

Author: Dee Sinkoe

Disposition Date: 08/04/2010

Date Submitted: 07/15/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Knights of Columbus Disability Income

Status of Filing in Domicile: Pending

Project Number: DI01 1-11

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Connecticut is being filed concurrently with all other states.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 08/04/2010

Explanation for Other Group Market Type:

State Status Changed: 08/04/2010

Deemer Date:

Created By: Dee Sinkoe

Submitted By: Dee Sinkoe

Corresponding Filing Tracking Number:

Filing Description:

These forms are new and do not replace any forms currently on file with your Department. They will be individually marketed to the members of Knights of Columbus (and their family members) by insurance producers licensed in your state.

Policy form no. DI01 1-11 provides disability income protection to members of Knights of Columbus. This policy is fully underwritten and is guaranteed renewable to age 67. It will be issued to ages 18 through 61. This policy provides benefits for total and partial disability as defined in the policy. Additional benefit features included in this policy are: (a) Waiver of Premium Benefit; (b) Organ Donor Benefit; (c) Rehabilitation and Retraining Benefit; and (d) Mental and/or

Substance-Related Disorders Limitation.

The Policy will be issued with the following optional benefit riders:

•Catastrophic Disability Benefit Rider, Form No. DI01-CAT 1-11 – Pays an additional monthly benefit if the insured is catastrophically disabled. Catastrophic disability may be due to the loss of an ability to perform two or more ADL's without assistance, severe cognitive impairment, or presumptive disability as a result of injury or sickness.

•Social Insurance Benefit Rider, Form No. DI01-SIR 1-11 – Pays monthly benefits reduced by social insurance plan benefits that the insured may receive if he or she is totally disabled and the elimination period has been satisfied. Social insurance plan benefit includes any disability or retirement benefits paid under Social Security, workers compensation and any state disability plan.

•Cost of Living Adjustment Benefit Rider, Form No. DI01-COLA 1-11 – Increases the monthly benefit payable while the insured is disabled. Annual increases are based on the increase in the CPI subject to a 4% maximum increase occurring on the anniversary date of the date of disability.

•Guaranteed Purchase Option Benefit Rider, Form No. DI01-GPO 1-11 – Provides an opportunity for the insured to purchase additional coverage without providing evidence of insurability.

•Additional Monthly Disability Income Benefit Rider, Form No. DI01-AMDIBR 1-11 – This rider is issued when additional coverage is purchased under the Guaranteed Purchase Option Rider.

The Policy will be issued using the enclosed Application Form No. 600DI 1-11. The following supplemental applications, change forms and exclusion riders will also be used with the policy and riders:

• Application for Change to Policy, Form No. 551DI 1-11
• Application for Guaranteed Purchase Option Rider, Form No. 845DI 1-11
• Application for Reinstatement of Policy, Form No. 1164DI 1-11
• Amendment to Application for Disability Insurance
• Exclusion Rider
• Exclusion Cancellation Rider

The Outline of Coverage, Form No. DI01-OC 1-11 will be given at policy issue.

These forms will be filed nationwide, including Connecticut, the Company's state of domicile, and other U.S. territories.

The forms are in final printed form subject only to changes in font style, margins, page numbers, ink and paper stock. For example, formatting may change slightly when the document is assembled through an automated document assembly system. Printing standards will never be less than those required by law. Once approved, the Company reserves the right to use the forms in their approved format in a variety of media, including the Internet, with the understanding that there may be slight accommodations made for electronic viewing.

All bracketed numbers are variable to the extent by your state's laws. All bracketed text is variable to the extent allowed by law. In no event will numbers or text be changed to impact compliance with your law.

While every effort is made to submit filings without mistakes, the Company reserves the right to make corrections to any typographical errors or minor grammatical errors noted after the filing and approval.

Company and Contact

Filing Contact Information

Dvora Sinkoe, Compliance Analyst
1925 Century Blvd
Suite 1
Atlanta, GA 30345

dee@skminc.com
404-633-5353 [Phone]
404-633-6301 [FAX]

Filing Company Information

(This filing was made by a third party - sandrakmeltzerandassociates)

Knights of Columbus	CoCode: 58033	State of Domicile: Connecticut
One Columbus Plaza	Group Code:	Company Type: Life & Health
New Haven, CT 06510-3326	Group Name:	State ID Number:
(203) 752-4658 ext. [Phone]	FEIN Number: 06-0416470	

Filing Fees

Fee Required?	Yes
Fee Amount:	$750.00
Retaliatory?	No
Fee Explanation:	50 per fom x 14 forms + 50 per rates =750
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Knights of Columbus	$750.00	07/15/2010	38033628

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/04/2010	08/04/2010

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Health - Actuarial Justification	Dee Sinkoe	07/22/2010	07/22/2010

Disposition

Disposition Date: 08/04/2010
Implementation Date:
Status: Approved-Closed
Comment:

Company Name:	**Overall % Indicated Change:**	**Overall % Rate Impact:**	**Written Premium Change for this Program:**	**# of Policy Holders Affected for this Program:**	**Written Premium for this Program:**	**Maximum % Change (where required):**	**Minimum % Change (where required):**
Knights of Columbus	%	%	$		$	%	%

SERFF Tracking Number:	*SKML-126721620*	*State:*	*Arkansas*
Filing Company:	*Knights of Columbus*	*State Tracking Number:*	*46217*
Company Tracking Number:	*DI01 1-11*		
TOI:	*H11I Individual Health - Disability Income*	*Sub-TOI:*	*H11I.004 Other*
Product Name:	*Knights of Columbus Disability Income*		
Project Name/Number:	*Knights of Columbus Disability Income/DI01 1-11*		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document *(revised)*	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Health - Actuarial Justification	Replaced	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Authorization Letter	Approved-Closed	Yes
Supporting Document	Statement of Variability	Approved-Closed	Yes
Form	Disabilty Income Policy	Approved-Closed	Yes
Form	Additional Monthly Disabilty Income Benefit Rider	Approved-Closed	Yes
Form	Catastrophic Disability Benefit Rider	Approved-Closed	Yes
Form	Cost Of Living Adjustment Rider	Approved-Closed	Yes
Form	Guaranteed Purchase Option Rider	Approved-Closed	Yes
Form	Social Insurance Rider	Approved-Closed	Yes
Form	Exclusion Rider	Approved-Closed	Yes
Form	Excluion Rider (Cancellation)	Approved-Closed	Yes
Form	Disability Income Insurance Application	Approved-Closed	Yes
Form	Disability Income Application for Change to Policy	Approved-Closed	Yes
Form	Disability Income Application to Exercise the Guaranteed Purchase Option Rider	Approved-Closed	Yes
Form	Disability Income for Reinstatement of Policy	Approved-Closed	Yes
Form	Amendment to Application	Approved-Closed	Yes
Form	Outline of Coverage	Approved-Closed	Yes
Rate	Knights Premiums - Base and AMDIBR	Approved-Closed	Yes
Rate	Knights Premiums - CAT	Approved-Closed	Yes
Rate	Knights Premiums - COLA on Base	Approved-Closed	Yes
Rate	Knights Premiums - COLA on CAT	Approved-Closed	Yes
Rate	Knights Premiums - COLA on SIR	Approved-Closed	Yes
Rate	Knights Premiums - GPO	Approved-Closed	Yes
Rate	Knights Premiums - SIR	Approved-Closed	Yes

Amendment Letter

Submitted Date: 07/22/2010

Comments:

The Actuary found an error in the calculations. He has corrected and attached is the corrected actuarial memorandum. Thank you for your assistance.

Changed Items:

Supporting Document Schedule Item Changes:

Satisfied -Name: Health - Actuarial Justification

Comment:

Actuarial Memo - General Purpose 7-21-10.pdf

Form Schedule

Lead Form Number: DI01 1-11

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 08/04/2010	DI01 1-11	Policy/Contract/Fraternal Certificate	Disabilty Income Policy	Initial		55.000	DI01 1-11.pdf
Approved-Closed 08/04/2010	DI01-AMDIBR 1-11	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Additional Monthly Disabilty Income Benefit Rider	Initial		69.000	DI01-AMDIBR 1-11.pdf
Approved-Closed 08/04/2010	DI01-CAT 1-11	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Catastrophic Disability Benefit Rider	Initial		58.000	DI01-CAT 1-11.pdf
Approved-Closed 08/04/2010	DI01-COLA 1-11	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Cost Of Living Adjustment Rider	Initial		55.000	DI01-COLA 1-11.pdf

Approved-Closed 08/04/2010	DI01-GPO 1-11	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Guaranteed Purchase Option Rider	Initial	65.000	DI01-GPO 1-11.pdf
Approved-Closed 08/04/2010	DI01-SIR 1-11	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Social Insurance Rider	Initial	62.000	DI01-SIR 1-11.pdf
Approved-Closed 08/04/2010	DI-755 1-11	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Exclusion Rider	Initial	54.000	DI-755 1-11.pdf
Approved-Closed 08/04/2010	DI-755 X 1-11	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Excluion Rider (Cancellation)	Initial	60.000	DI-755 X 1-11.pdf
Approved-Closed	600DI 1-11	Application/Enrollment	Disability Income Insurance Application	Initial	51.000	600DI 1-11.pdf

08/04/2010 Approved-Closed 08/04/2010	551DI 1-11	Application/Enrollment Form	Disability Income Application for Change to Policy	Initial	53.000	551DI 1-11.pdf
08/04/2010 Approved-Closed 08/04/2010	845DI 1-11	Application/Enrollment Form	Disability Income Application to Exercise the Guaranteed Purchase Option Rider	Initial	62.000	845DI 1-11.pdf
Approved-Closed 08/04/2010	1164DI 1-11	Application/Enrollment Form	Disability Income for Reinstatement of Policy	Initial	50.000	1164DI 1-11.pdf
Approved-Closed 08/04/2010	DI-515 1-11	Application/Enrollment Form	Amendment to Application	Initial	51.000	DI-515 1-11.pdf
Approved-Closed 08/04/2010	DI01-OC 1-11	Outline of Coverage	Outline of Coverage	Initial	54.000	DI01-OC 1-11.pdf

Knights of Columbus

A Fraternal Benefit Society
Supreme Office:
[One Columbus Plaza
New Haven, Connecticut 06510-3326
Phone Number: (800) 524-3611]

INSURED	**[JOHN DOE]**	**POLICY NUMBER**	**[999999]**
ISSUE AGE	**[35]**	**POLICY DATE**	**[January 15, 2011]**
GENDER	**[MALE]**		
STATE OF ISSUE	**[CONNECTICUT]**	**MONTHLY DISABILITY INCOME BENEFIT**	**[$1,000.00]**

DISABILITY INCOME POLICY

This Policy is a legal contract between You and Us and takes effect on the Policy Date of this Policy. In this Policy, "We", "Us", "Our", "the Order", and "Order's" means the Knights of Columbus. "You" and "Your" means the Insured as named on the Policy Schedule Page of this Policy. We agree to pay You the benefits provided under this Policy subject to the payment of premiums and the provisions of this Policy.

Please Read This Policy Carefully.

This Policy was issued based on the information entered in Your application, a copy of which is attached and made part of this Policy. READ YOUR APPLICATION CAREFULLY. If there is a misstatement in Your application or if any information concerning Your medical history has been omitted, advise Us immediately regarding the incorrect or omitted information; otherwise, Your Policy may not be a valid contract.

Signed for the Knights of Columbus
at its Supreme Office at [New Haven, Connecticut].

[Donald R Kehoe] [Carl A. Anderson]

Supreme Secretary **Supreme Knight**

GUARANTEED RENEWABLE TO AGE 67 This Policy is Guaranteed Renewable upon the timely payment of premiums to the first policy anniversary on or after Your 67th birthday and, during that period, can neither be cancelled nor have its terms, other than premiums, changed by the Order. Premiums may be changed by class. We will notify You at least sixty (60) days in advance with written notice before any premium change. In no event will the premium increase during the first twelve (12) months following the Policy Date.

PARTICIPATING POLICY

NOTICE OF TEN DAY RIGHT TO EXAMINE POLICY

Please read this Policy carefully. This Policy may be returned to Us or to the representative through whom You bought this Policy within ten (10) days from the date it was received. Immediately upon such delivery or mailing, this Policy will be considered as void from the beginning, and any premium paid for it will be refunded.

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A copy of Your application, endorsements, if any, and additional benefits You have purchased are attached to this Policy.

Policy Schedule Page

Insured: John Doe
Issue Age: 35

Policy Number: 999999
Policy Date: January 15, 2011

Gender: Male
State of Issue: Connecticut

Occupation Class: 1A
Tobacco Use: No*

Form Number	Benefit	Annual Premium
DI01 1-11	**Total Disability Income Benefit** (Injury & Sickness)	[$]

Monthly Disability Income Benefit [$500 - $10,000]

Elimination Period [30, 90, 180] Days

Maximum Benefit Period [2 Years, 5 Years, To Age 67]

[To Age 67 24 months if Total Disability Income Benefits begin on or after Age 65]
[5 Years 60 months but not beyond Age 67 if Total Disability Income Benefits begin before Age 65
24 months if Total Disability Income Benefits begin on or after Age 65]
[2 Years 12 months if Total Disability Income Benefits begin on or after Age 66]

Partial Disability Income Benefit (Injury & Sickness)

Maximum Benefit Period 6 months

Optional Benefit Riders

[DI01-CAT 1-11	**Catastrophic Disability Benefit Rider** Catastrophic Disability Elimination Period [30,90,180] Days Catastrophic Disability Maximum Benefit Period [2 Years, 5 Years, To Age 67] Catastrophic Monthly Disability Benefit [$XXXX]]	[$]
[DI01-COLA1-11	**Cost of Living Adjustment Rider**	[$]]
[DI01-GPO 1-11	**Guaranteed Purchase Option Rider** Aggregate Purchase Amount [$XXXX]]	[$]
[DI01-AMDIBR 1-11	**Additional Monthly Disability Income Benefit Rider** [$XXXX] Additional Monthly Disability Income Benefit Amount [$XXXX]]	[$]
[DI01-SIR 1-11	**Social Insurance Rider** Maximum SIR Monthly Benefit [$XXXX]]	[$]

Premium amounts:

The premium for this Policy consists of the applicable annual premium(s) shown above. The amount of the first premium for this Policy is [$XXXX].

Premium due dates of second and later premiums:

At [12, 6, 3, 1] month intervals from the Policy Date, unless another premium payment interval is agreed to by Us.

[*The Insured meets non-tobacco qualifications; therefore, this Policy is issued with non-tobacco rates.]

Definitions

Age

When used before a number as in “Age 67” means the Policy anniversary on or after Your birthday for that age.

Care

Treatment by a Physician whose specialty is appropriate for the Injury or Sickness causing the Disability. Such treatment must be at a frequency that is appropriate for the condition and in accordance with generally accepted medical standards.

Disability, Disabled

Means Total Disability, Partial Disability or Presumptive Disability.

Elimination Period

The number of days that a Total Disability must exist before benefits begin to accrue. Periods of Partial Disability do not count toward the Elimination Period. The Elimination Period is shown on the Policy Schedule Page of this Policy.

Gainful Occupation

Any occupation in which You are engaged or could engage in for income, compensation or profit, and for which You are reasonably suited by education, training or experience.

Injury

Accidental bodily injury that occurs while this Policy is in force.

Issue Age

Your age on Your birthday nearest the Policy Date. Issue Age is shown on the Policy Schedule Page of this Policy.

Laws

The Charter, Constitution, Laws and any other rules of the Order, as amended from time to time.

Maximum Benefit Period

The longest period for which Monthly Disability Income Benefits are payable for any one period of a Disability, regardless of whether the Disability is from one or more causes. The Maximum Benefit Period is shown on the Policy Schedule Page of this Policy. The Maximum Benefit Period begins after the Elimination Period. No Monthly Disability Income Benefits are payable after the end of the Maximum Benefit Period, even if You remain Disabled. Benefits will cease upon Your death.

Monthly Disability Income Benefit

The amount We will pay You for each month of Total Disability. This amount is shown on the Policy Schedule Page of this Policy.

Partial Disability, Partially Disabled

Means that due to an Injury or Sickness:

(1). You are under the Care of a Physician; and

(2). During the first two (2) years following the Elimination Period, You are unable to perform one or more, but not all, of the material and substantial duties of Your Regular Occupation; or

(3). During the first two (2) years following the Elimination Period, You are unable to perform the material and substantial duties of Your Regular Occupation for 50% or more of the time that You engaged in such duties prior to Total Disability; or

(4). After two (2) years following the Elimination Period, You are unable to perform one or more, but not all, of the material and substantial duties of any Gainful Occupation; or

(5). After two (2) years following the Elimination Period, You are unable to perform the material and substantial duties of any Gainful Occupation for 50% or more of the time You engaged in Your Regular Occupation prior to Total Disability.

Physician

A licensed health care practitioner working within the scope of his or her license. The Physician cannot be You or anyone to whom You are related by blood or marriage, or anyone with whom You share a business interest.

Policy

The legal contract between You and Us. The entire contract consists of the base policy, the application(s) and any riders, endorsements, amendments, or exclusions that may be attached. The Policy is part of the Entire Contract.

Policy Date

The date You first become insured under this Policy.

Premium Due Date

Each date for which premiums are due following the Policy Date shown on the Policy Schedule Page.

Presumptive Disability

A total and permanent loss of one or more of the following bodily functions:

(1). Sight in both eyes; total and permanent loss of sight does not include a loss of sight recovered or recoverable by artificial means or by application of generally accepted medical procedures; or
(2). Hearing in both ears; hearing means the capacity to perceive and understand audible sound with or without artificial assistance; or
(3). Power of speech; speech means audible communication of words; or
(4). Use of both hands or both feet; or
(5). Use of one hand and one foot.

Regular Occupation

The occupation in which You are engaged at the start of Your Disability. Regular Occupation is not restricted to a specific job(s) or a job with a specific employer or within a certain industry. If You are engaged in more than one (1) occupation, then Regular Occupation includes each and every occupation.

Sickness

A disease, illness or condition which first manifests while this Policy is in force. It includes Disability due to complications of pregnancy or childbirth.

Suspension Period

A period of time during which the Policy will not be in force. We will neither accept premiums nor pay benefits under the Policy during a Suspension Period. The Policy will not cover losses that result from Injury or Sickness that first manifests during a Suspension Period. No privileges or options under the Policy or any attached rider may be exercised during a Suspension Period.

Total Disability, Totally Disabled

Means that due to an Injury or Sickness:

(1). You are under the Care of a Physician; and

(2). During the Elimination Period, You are unable to perform all of the material and substantial duties of Your Regular Occupation; and

(3). During the first two (2) years following the Elimination Period, You are unable to perform all of the material and substantial duties of Your Regular Occupation; and

(4). After two (2) years following the Elimination Period, You are unable to perform all of the material and substantial duties of any Gainful Occupation.

If You are able to perform one or more of the material and substantial duties of Your Regular Occupation during the first two (2) years after the Elimination Period, or one or more of the material and substantial duties of any Gainful Occupation after benefits have been paid for two (2) years, then You are not Totally Disabled.

We, Us, Our, the Order, Order's

Means The Knights of Columbus.

You, Your, Yourself
Means the Insured as named on the Policy Schedule Page. The person insured under this Policy is the owner.

Benefit Provisions

Total Disability Income Benefit

During Your Total Disability and subject to all of the provisions of this Policy, We will pay You the Monthly Disability Income Benefit as shown on the Policy Schedule Page for each month of Total Disability until the earlier of the end of the Maximum Benefit Period for such Total Disability or the date such Total Disability ceases, provided that:

(1). You have a Total Disability as defined in this Policy; and

(2). Your Total Disability begins while this Policy is in force; and

(3). You are under the Care of a Physician; and

(4). Your Total Disability did not result from, and was not contributed to by, the conditions outlined in the Exclusions and Limitations section of this Policy.

The Monthly Disability Income Benefit will begin to accrue after Your Total Disability continues for the entire Elimination Period and You have met all of the requirements to receive the Monthly Disability Income Benefit under this Policy. Benefits are paid monthly, in arrears. Benefits for less than one (1) calendar month are paid on a per day basis of 1/30 of the Monthly Disability Income Benefit. You cannot receive Total Disability Income Benefits while You are receiving Partial Disability Income Benefits.

Partial Disability Income Benefit

During Your Partial Disability and subject to all of the provisions of this Policy, We will pay You 50% of the Monthly Disability Income Benefit as shown on the Policy Schedule Page and 50% of any benefit provided under an Additional Monthly Disability Income Benefit Rider or Social Insurance Rider attached to this Policy before the date Your Partial Disability began, provided that:

(1). You have a Partial Disability as defined in this Policy; and

(2). Your Partial Disability begins while this Policy is in force; and

(3). You have resumed employment immediately after a period of Total Disability for which You received benefits under this Policy; and

(4). You are under the Care of a Physician.

Partial Disability Income Benefit payments will not be paid for a period greater than six (6) months for any one (1) Disability. Benefits for less than one (1) calendar month are paid on a per day basis of 1/30 of the Partial Disability Income Benefit. You cannot receive Partial Disability Income Benefits while You are receiving Total Disability Income Benefits.

Presumptive Disability Income Benefit

For a Presumptive Disability, we will pay the Monthly Disability Income Benefit for the Maximum Benefit Period. The Elimination Period is waived for a Presumptive Disability.

Waiver of Premium Benefit

If You are Disabled for at least ninety (90) days, We will refund any premiums due and paid during that period. We will then waive any later premium that is due while You are Disabled.

Recurrent Disability

A recurrence of Your Disability from the same or related causes will be considered a continuation of the prior Disability if the Recurrent Disability starts while this Policy is in force and before the expiration of six (6) months from the end of the prior Disability.

If Your Disability is treated as a Recurrent Disability of the prior Disability, it will not be subject to a new Elimination Period or new Maximum Benefit Period.

This Recurrent Disability provision will not extend the Mental and/or Substance-Related Disorders Limitation beyond the stated lifetime maximum of twenty-four (24) months.

Concurrent Disability

We will consider a period of Disability that is due to more than one cause as a single period of Disability. In no event will more than the benefits shown on the Policy Schedule Page of this Policy be paid for a single monthly period of Disability, regardless of whether the Disability is due to more than one cause.

Organ Donor Benefit

After this Policy has been in force six (6) months or more, if You become Disabled as a result of giving one of Your organs for use as a transplant, including bone marrow donations, benefits will be payable under this Policy. The Elimination Period will be waived.

Rehabilitation & Retraining Benefit

While You are receiving Disability benefits, if a vocational rehabilitation program is mutually agreed upon, in writing, between You and Us, We will pay up to six (6) times the Monthly Disability Income Benefit towards the expenses of the program. The goal of the vocational rehabilitation program is Your return to work and is voluntary.

Rehabilitation assistance may include, but is not limited to:

(1). Job modification;
(2). Retraining for a new occupation;
(3). Purchase of adaptive equipment; and
(4). Educational expenses

We will not cover expenses that are defined as covered expenses by another insurer or actually paid by another source.

Exclusions & Limitations

Exclusions

We will not pay any benefits if Disability results from, or is contributed to in whole or in part by, any of the following:

(1). Attempted suicide while sane or insane, or an intentionally self-inflicted injury.

(2). Committing or attempting to commit a felony.

(3). An accident while You are under the influence of alcohol, as determined by the laws of the state or territory where the loss occurs, or under the influence of narcotics, unless prescribed by Your Physician for You.

(4). War, or any act of war, declared or undeclared. War includes armed action by the military forces of any country, countries or international organization.

(5). Military action, military conflict or war, whether declared or undeclared, while You are serving in the military or units auxiliary thereto, including the National Guard or Army Reserve.

(6). Being incarcerated in a penal institution or government detention facility.

(7). Normal pregnancy or childbirth.

(8). Suspension, revocation or surrender of Your professional occupational license or certification.

(9). Engaging in an illegal occupation or illegal activity.

(10). Any loss We have excluded by name or specific description in any attached rider or endorsement.

Pre-existing Condition Limitation

No benefits are payable for a Disability which starts within two (2) years after the Policy Date of this Policy and results from a pre-existing condition. Pre-existing condition means a condition: (a) for which medical advice or treatment was received from or recommended by a Physician within two (2) years prior to the Policy Date of this Policy; or (b) which caused symptoms within two (2) years prior to the Policy Date of this Policy for which an ordinarily prudent person would seek medical advice or treatment.

Mental and/or Substance–Related Disorders Limitation

Benefits for a Disability or a loss caused by Mental and/or Substance–Related Disorders will be limited to a lifetime maximum of twenty-four (24) months regardless of the Maximum Benefit Period.

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.

Premiums

Premium Payments

Subsequent to the first premium payment, premiums are payable to Us at Our Supreme Office. You may change the frequency of payment by notifying Us in writing.

Grace Period

A grace period of thirty-one (31) days will be granted for the payment of each premium falling due after the first premium, during which Grace Period the Policy shall continue in force.

Reinstatement

If You do not pay Your premium by the end of the Grace Period, Your Policy will terminate.

If any renewal premium is not paid by the end of the Grace Period, any subsequent premium that We or an agent of the Order accepts without requiring an application for reinstatement will reinstate Your Policy. If We or an agent of the Order require an application and premium payment to reinstate this Policy, a conditional receipt will be issued for the premium paid. The amount of the premium payment will be the sum of all overdue premiums. If Your reinstatement application is approved, the Policy will be reinstated as of the approval date. If Your reinstatement application is not approved, We will inform You in writing within forty-five (45) days after the date of the conditional receipt. If We fail to inform You of our decision within forty-five (45) days, the Policy will be reinstated.

The reinstated Policy will only cover a Disability resulting from an Injury that occurs after the approval date of the Reinstatement or that is caused by a Sickness that first manifests itself more than ten (10) days after the approval date of the Reinstatement.

Suspension During Military Service

You may suspend the Policy on the later of the date of Your written request or the date You begin active duty in the military of any nation or international authority. Such active duty will not include temporary active duty for training that lasts 90 days or less. We will refund the pro rata portion of any premium paid for a period of time beyond the date that the Suspension Period begins. Premiums must be paid to the date on which the Suspension Period begins.

You do not have to provide evidence of medical insurability or income to end the Suspension Period. The Suspension Period will end on the date We receive Your written request to place the Policy back in force and Your premium payment. This date must occur within ninety (90) days after Your active duty ends.

After the end of the Suspension Period, premiums will be at the same rate that they would have been had the Policy remained in force. The Policy will not cover losses that result from Injury or Sickness that first manifests during a Suspension Period. The Policy will cover only losses that result from injury that occurs after the end of the Suspension Period or Sickness that first manifests more than ten (10) days after the end of the Suspension Period. In all other respects, You and We will have the same rights under the Policy as before it was suspended.

After the end of the Suspension Period, You must pay the pro rata portion of any premium due on the Policy until the next Premium Due Date.

Claims

Notice of Claim

Notice of Claim must be provided:

(1). Within thirty (30) days from the date the Disability began, or as soon thereafter as reasonably possible; and

(2). While the Disability continues.

Any written Notice of Claim is acceptable if it identifies You, and is given to Our Supreme Office or to one of Our authorized agents.

Proof of Disability

Proof of Disability includes:

(1). An Attending Physician's Statement completed by the Physician;

(2). Completed Claim Forms;

(3). Proof of occupation and duties; and

(4). Upon Our request, release of Your medical records.

Such Proof of Disability may also include personal and business tax returns filed with the Internal Revenue Service, financial statements, accountant's statements or other Proof of Disability acceptable to Us. Proof of Disability must be furnished to Us monthly or at intervals as We may require.

You must furnish Us with Proof of Disability within ninety (90) days of the date Your Disability began. If it is not reasonably possible to give Proof of Disability in the time required, We will not reduce or nullify the claim if such Proof of Disability is sent to Us within one (1) year. However, We will not pay benefits for any period more than one (1) year prior to the date Proof of Disability is given, unless the delay is caused by Your legal incapacity.

Claim Forms

When We receive Notice of Claim, We will send You Claim Forms for filing Proof of Disability. Claim Forms must be completed, signed and returned to Us. If We do not send You Claim Forms within fifteen (15) days after receiving Your Notice of Claim, You may submit a written statement within the time period required in this Policy for filing Proof of Disability.

Time of Payment of Claims

Benefits payable for any Disability covered by this Policy will be paid immediately upon Our receipt of acceptable Proof of Disability. All accrued benefits for which this Policy provides periodic payment will be paid monthly in arrears and any balance remaining unpaid for less than one (1) calendar month will be paid immediately upon Our receipt of acceptable Proof of Disability.

Payment of Claims

All benefits will be paid to You. Any benefits that are unpaid at Your death will be paid either to Your beneficiary or to Your estate if no beneficiary is named. If benefits are payable to Your estate, We may pay the benefits up to $1,000 to someone related to You by blood or marriage whom We deem to be equitably entitled to such benefits. We will be fully discharged to the extent of any such payments made by Us in good faith.

Physical Examinations

We, at Our expense, have the right to have You physically or mentally examined as often as We may reasonably require by Physicians of Our choice while a claim is pending. Functional capacity evaluations by Physicians and/or interviews by Our representatives may also be required.

General Provisions

Change of Beneficiary

Your named beneficiary is shown in the application for this Policy. You may change a beneficiary at any time by sending a written request to Us unless an irrevocable beneficiary has been named. A change of beneficiary will not take effect until it is recorded by Us. When the change is so recorded, it will take effect as

of the date that the written request was signed, whether or not You are living when the change is recorded. We will not be liable for any proceeds paid prior to such recording.

Consideration

We have issued this Policy in consideration of the representations in Your application and the payment of the first premium. A copy of Your application is attached and is part of this Policy. This Policy begins at 12:01 am standard time in Your state of residence on the Policy Date and ends at 12:00 midnight on the date this Policy terminates.

Conformity with Laws

Any provision of this Policy which is in conflict with the laws of the state or territory in which You reside on the Policy Date is amended to conform to the minimum requirements of such law.

Dividends

Each year, the Order determines its divisible surplus. This Policy's share, if any, will be credited as a dividend on the anniversary of the Policy Date. Since We do not expect this Policy to contribute to divisible surplus, it is not expected that any dividends will be credited.

Entire Contract

The following constitute the entire contract between You and the Order:

(1). The Policy; and

(2). The Order's Laws. Any change in Our Laws after the Policy Date will apply to this Policy, but benefits granted by this Policy will not be reduced by future changes in these Laws.

The consideration for this contract is the application and the payment of premium. The laws of the state or territory where this contract is issued for delivery control the rights and duties of You and any person rightfully making claim under the provisions of this contract.

No change in this contract will be valid until such change is approved by an executive officer of the Order and such approval is endorsed on or attached to this contract. No agent of the Order has authority to change this contract or to waive any of its provisions.

Legal Action

No one can bring an action at law or in equity under this Policy until sixty (60) days after written Proof of Disability has been furnished to Us as required by this Policy. In no case can any action be brought against Us more than three (3) years after written Proof of Disability must be furnished.

Maintenance of Solvency

If the premiums paid by all policyholders should be less than the amount required to pay claims and other benefits and maintain reserves required by law, this Policy may be assessed. The Order will determine the fair share of the total amount required and bill accordingly. Any such assessment will be a debt against this Policy until paid. Interest will be charged on any such unpaid debt at the rate of 5% annually until it is paid. The amount of any such debt is limited to the value of this Policy. You will not be held personally responsible for it.

Membership

Even if You are no longer a member of the Order, You may keep this Policy in force by making the required premium payments.

Misstatement of Age or Gender

If You misstated Your age or gender on the application, We will change the Monthly Disability Income Benefit amount to reflect the Monthly Disability Income Benefit the premium would have purchased at Your correct age or gender. We will refund premium if We would not have issued this Policy at Your correct age or gender. Any refund will only cover premiums that have been paid for coverage not received.

Time Limit on Certain Defenses

This Policy will be incontestable after it has been in force during Your lifetime for two (2) years from the Policy Date of this Policy, except in the case of fraudulent misstatements made in the application for insurance.

No claim for benefits under this Policy for a Disability that starts after two (2) years from the Policy Date of this Policy will be reduced or denied on the ground that an Injury or Sickness, not excluded from coverage by name or specific description, existed prior to the Policy Date of this Policy.

If this Policy is terminated and subsequently reinstated, a new two (2) year period of contestability will apply to statements made by You in the application for Reinstatement.

Policy Termination

This Policy will terminate upon the earliest of the following events:

(1). The first Policy anniversary on or after Your 67th birthday.

(2). When any premium for this Policy is due and not paid by a Premium Due Date (subject to the Grace Period).

(3). Your request, in writing, for the termination of this Policy.

(4). The date of Your death.

Termination of this Policy at Age 67 will not affect any Disability which began while this Policy was in force. Benefits will be paid to the Maximum Benefit Period shown on the Policy Schedule Page.

KNIGHTS OF COLUMBUS

A Fraternal Benefit Society

[New Haven, Connecticut]

DISABILITY INCOME POLICY

GUARANTEED RENEWABLE POLICY TO AGE 67

PARTICIPATING

ADDITIONAL MONTHLY DISABILITY INCOME BENEFIT RIDER

This rider is part of the Policy. It is issued in consideration of Your application under the Guaranteed Purchase Option Rider and the payment of the premium for this rider. The premium for this rider is shown on the Policy Schedule Page. All definitions, provisions, exclusions, limitations and other terms of the Policy apply to this rider unless specifically changed by this rider.

RIDER BENEFIT

We will pay the Additional Monthly Disability Income Benefit Amount purchased by this rider subsequent to the end of each monthly period of Total Disability subject to the terms of the Policy. We will also pay 50% of the Additional Monthly Disability Income Benefit Amount purchased by this rider subsequent to the end of each monthly period of Partial Disability subject to the terms of the Policy.

Effective Date	[January 15, 2013]
Additional Monthly Disability Income Benefit Amount	[$XXXX]
Elimination Period	[30, 90, 180] Days
Maximum Benefit Period	[2 years, 5 Years, To Age 67]

RIDER CONDITIONS

The Time Limit on Certain Defenses provision of the Policy will apply to this rider from its Effective Date.

TERMINATION

This rider will terminate on the earliest of:

(1). When any premium for this Policy and rider is due and not paid by the Premium Due Date (subject to the Grace Period).
(2). The date Your Policy terminates for any reason.
(3). The date of Your written request for termination.
(4). The date of Your death.

Issued at New Haven, Connecticut

KNIGHTS OF COLUMBUS

Attest:

By

Supreme Secretary

Supreme Knight

DI01-AMDIBR 1-11

CATASTROPHIC DISABILITY BENEFIT RIDER

This rider is part of the Policy. It is issued in consideration of Your application and the payment of the premium for this rider and for the Policy to which it is attached. The premium for this rider is shown on the Policy Schedule Page. All definitions, provisions, exclusions, limitations, and other terms of the Policy apply to this rider unless specifically changed by this rider.

DEFINITIONS

Activities of Daily Living ("ADL") mean:

(1). **Bathing** – the ability to wash Yourself in the tub, shower or by sponge bath, with or without adaptive devices.
(2). **Continence** – the ability to maintain control of bowel and bladder function; or when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).
(3). **Dressing** – the ability to put on and take off clothing and any medically necessary braces or artificial limbs.
(4). **Eating/Feeding** – the ability to feed Yourself by mouth, feeding tube or intravenously.
(5). **Toileting** – the ability to get to and from and on and off the toilet and to maintain a reasonable level of personal hygiene.
(6). **Transferring** – the ability to move in and out of a chair, bed or wheelchair with or without assistive devices such as canes, walkers, crutches, grab bars or mechanical or motorized devices.

Assistance

Means the presence of, or the help of, another person that is necessary to either:

(1). Help You in performing the Activities of Daily Living; or
(2). Prevent, by physical intervention or verbal cueing, Injury to You while You are performing the Activities of Daily Living.

Catastrophic Disability, Catastrophically Disabled

Means, solely due to an Injury or Sickness, You are:

(1). Unable to perform two (2) or more Activities of Daily Living without Assistance; or
(2). Cognitively Impaired; or
(3). Presumptively Disabled, as defined in the Policy.

Catastrophic Monthly Disability Benefit

Means the monthly benefit amount provided by this rider as shown on the Policy Schedule Page.

Catastrophic Disability Elimination Period

The number of continuous days that a Catastrophic Disability must exist before benefits are payable to You. The Catastrophic Disability Elimination Period is shown on the Policy Schedule Page.

Catastrophic Disability Maximum Benefit Period

Begins after the Catastrophic Disability Elimination Period is satisfied and is the longest period of time for which benefits are payable under this rider. The Catastrophic Disability Maximum Benefit Period is shown on the Policy Schedule Page.

Cognitively Impaired

Means that You have suffered a deterioration or loss in Your intellectual capacity which requires another person's Assistance to protect Yourself or others. This must be measured by clinical evidence and standard tests. Such loss in intellectual capacity can result from Injury, Sickness, Alzheimer's Disease or similar forms of senility or irreversible dementia.

CATASTROPHIC MONTHLY DISABILITY BENEFIT

We will pay the Catastrophic Monthly Disability Benefit for your continuous Catastrophic Disability that begins on or after the Policy Date. Benefits begin after the Catastrophic Disability Elimination Period is satisfied. If You are Presumptively Disabled, the Catastrophic Disability Elimination Period will be waived. Benefits will continue during Your continuous Catastrophic Disability but not beyond the Catastrophic Disability Maximum Benefit Period.

The Catastrophic Monthly Disability Benefit is payable separately from any other benefit provided by the Policy.

CLAIMS

To be considered Catastrophically Disabled, You must provide Notice of Claim and Proof of Disability as described in the Claims section of the Policy. All provisions and requirements of the Claims section of the Policy apply to this rider and the term Disability, as used in the Claims section, is amended to include Catastrophic Disability, Catastrophically Disabled.

TERMINATION

This rider will terminate on the earliest of:

(1). When any premium for the Policy or this rider is due and not paid by the Premium Due Date (subject to the Grace Period).
(2). The date Your Policy terminates for any reason.
(3). The date of Your written request for termination.
(4). The date of Your death.

Issued at New Haven, Connecticut

KNIGHTS OF COLUMBUS

Attest:

By

Supreme Secretary

Supreme Knight

COST OF LIVING ADJUSTMENT RIDER

This rider is part of this Policy. It is issued in consideration of Your application and the payment of the premium for this rider and for the Policy to which it is attached. The premium for this rider is shown on the Policy Schedule Page. All definitions, provisions, exclusions, limitations, and other terms of this Policy apply to this rider unless specifically changed by this rider.

DEFINITIONS

Adjustment Date

Means the date immediately following each twelve (12) month period of Disability.

Annual Cost of Living Adjustment Factor

On the first Adjustment Date, the Annual Cost of Living Adjustment Factor means the CPI-U as of the last day of the calendar month three (3) months before the current Adjustment Date divided by the CPI-U as of the last day of the calendar month three (3) months before first day of the Elimination Period. On subsequent Adjustment Dates, the Annual Cost of Living Adjustment Factor means the CPI-U as of the last day of the calendar month three (3) months before the current Adjustment Date divided by the CPI-U as of the last day of the calendar month three (3) months before the previous Adjustment Date. The Annual Cost of Living Adjustment Factor will be rounded to the nearest thousandth.

The Annual Cost of Living Adjustment Factor in any year will not exceed 1.040 nor be less than 1.000.

Cost of Living Adjustment Factor

During the first twelve (12) months of Disability, the Cost of Living Adjustment Factor is 1.000. On each Adjustment Date, a new Cost of Living Adjustment Factor is determined by multiplying the previous Cost of Living Adjustment Factor by the Annual Cost of Living Adjustment Factor. The Cost of Living Adjustment Factor will be rounded to the nearest thousandth.

CPI-U

Means the Consumer Price Index for all Urban consumers. It is published by the Bureau of Labor Statistics of the United States Department of Labor. If the method for determining this index is changed, or if this index is no longer published, We will substitute another index that We determine serves the same purpose.

BENEFITS

While You are continuously Disabled We will adjust the calculation of the benefits payable under this Policy as follows:

- Your Monthly Disability Income Benefit will be replaced by the Cost of Living Adjustment Factor multiplied by the Monthly Disability Income Benefit.
- If You have an optional Social Insurance Rider, Your Maximum SIR Monthly Benefit will be replaced by the Cost of Living Adjustment Factor multiplied by the Maximum SIR Monthly Benefit.

- If You have an optional Additional Monthly Disability Income Benefit Rider, Your Additional Monthly Disability Income Benefit Amount will be replaced by the Cost of Living Adjustment Factor multiplied by the Additional Monthly Disability Income Benefit Amount.
- If You have an optional Catastrophic Disability Benefit Rider and You are Catastrophically Disabled, Your Catastrophic Monthly Disability Benefit will be multiplied by the Cost of Living Adjustment Factor divided by the Cost of Living Adjustment Factor that was applicable on the first day of the Catastrophic Disability Elimination Period.

All adjusted benefits will be rounded to the nearest cent.

All adjustments made under this rider will cease at the end of your Disability.

TERMINATION

This rider will terminate on the earliest of:

(1). When any premium for this Policy and rider is due and not paid by the Premium Due Date (subject to the Grace Period).
(2). The date Your Policy terminates for any reason.
(3). The date You request termination.
(4). The date of Your death.

Issued at New Haven, Connecticut

KNIGHTS OF COLUMBUS

Attest:

By

Supreme Secretary

Supreme Knight

GUARANTEED PURCHASE OPTION RIDER

This rider is part of the Policy. It is issued in consideration of Your application and the payment of the premium for this rider and for the Policy to which it is attached. The premium for this rider is shown on the Policy Schedule Page. All definitions, provisions, exclusions, limitations and other terms of the Policy apply to this rider unless specifically changed by this rider.

DEFINITIONS

Aggregate Purchase Amount means the cumulative amount of Additional Monthly Disability Income Benefits available for purchase as shown on the Policy Schedule Page.

Effective Date is the anniversary of the Policy Date.

RIDER CONDITIONS

You have the right to Age 55, without providing evidence of insurability as to Your health, to purchase Additional Monthly Disability Income Benefit Riders, subject to the following:

(1). The first purchase may be made on the twenty-four (24) month anniversary of the Policy Date. Thereafter, You may apply for an additional purchase every twenty-four (24) months. No more than a total of five (5) purchases may be made under this rider.

(2). Each purchase will be subject to Our financial underwriting standards and issue and participation limits that are in effect at the time of Your application for an Additional Monthly Disability Income Benefit Rider.

(3). If Your application for a purchase is approved, a separate Additional Monthly Disability Income Benefit Rider will be issued reflecting the Effective Date, Elimination Period, Maximum Benefit Period and amount of Your purchase. The new Additional Monthly Disability Income Benefit Rider will have:

  (a). The same or longer Elimination Period as the Policy; and

  (b). The same or shorter Maximum Benefit Period as the Policy; and

  (c). Any impairment rating or exclusion of coverage that has been applied to the Policy and is still in effect at the time of such purchase.

(4). The minimum amount for each purchase is $200.

(5). We must receive a completed application from You within sixty (60) days prior to an available purchase under this rider.

(6). Your Policy and this rider must be in force at the time of Your application for a purchase.

Any Additional Monthly Disability Income Benefit Rider issued under this rider will apply only to a new Disability under the Policy which starts after the Effective Date of the purchase.

PREMIUM

The premium for the Additional Monthly Disability Income Benefit Rider will be based on:

1. Your Age on the Effective Date;
2. Our rates in effect on the Effective Date; and
3. Your same classification of risk as under the Policy.

The premium for the Additional Monthly Disability Income Benefit Rider purchased under this rider during a period of Disability will be waived if premiums are then being waived for this Policy.

TERMINATION

This rider will terminate on the earliest of:

1. When any premium for this Policy and rider is due and not paid by the Premium Due Date (subject to the Grace Period).
2. The date Your Policy terminates for any reason.
3. The date of Your written request for termination.
4. Your attainment of Age 55.
5. When there are no more purchases available under this rider.
6. The date of Your death.

Issued at New Haven, Connecticut

KNIGHTS OF COLUMBUS

Attest:

By

Supreme Secretary

Supreme Knight

SOCIAL INSURANCE RIDER ("SIR")

This rider is part of the Policy. It is issued in consideration of Your application and the payment of the premium for this rider and for the Policy to which it is attached. The premium for this rider is shown on the Policy Schedule Page. All definitions, provisions, exclusions, limitations and other terms of the Policy apply to this rider unless specifically changed by this rider.

DEFINITIONS

"Maximum SIR Monthly Benefit" means the maximum monthly benefit amount payable under this rider; that amount is shown on the Policy Schedule Page.

"SIR Monthly Benefit" means the amount We will pay each month for Total Disability under this rider. That amount is equal to the Maximum SIR Monthly Benefit **less** the monthly amount of any Social Insurance Benefit(s) You receive.

"Social Insurance Benefit" means benefit(s) You receive from any of the following programs:

(1). The Federal Social Security Act, which includes primary or family disability benefits for which You may become eligible. Any payment under the Social Security Retirement provisions will be considered as disability benefits.
(2). Any Worker's Compensation Act or Law or Occupational Disease Law benefit You receive from any state or similar act or law of any other country.
(3). The Railroad Retirement Act, including primary or family disability benefits. Any payment resulting from the retirement option will be considered as disability benefits.
(4). Any Federal, State, County, Municipal or other government subdivision retirement and disability fund. Any payment resulting from retirement will be considered as disability benefits.
(5). Any Union disability or retirement benefit.

BENEFITS

Benefits will be payable under this rider after the Elimination Period has been satisfied and while Your Total Disability continues. Benefits will not be paid beyond the Maximum Benefit Period shown on the Policy Schedule Page. This rider's monthly benefit will be paid in addition to the Monthly Disability Income Benefit of this Policy. The amount of this rider's monthly benefit depends upon the amount of Social Insurance Benefit(s) You receive, if any.

(1). If You receive no Social Insurance Benefit(s), the SIR Monthly Benefit will be equal to the Maximum SIR Monthly Benefit.
(2). If You receive any Social Insurance Benefit(s), We will pay the SIR Monthly Benefit as defined in this rider. The SIR Monthly Benefit will be zero if You receive Social Insurance Benefit(s) equal to or greater than the Maximum SIR Monthly Benefit amount.
(3). If You receive a lump sum payment under a Social Insurance Benefit, it will be treated as if it was received over several months. The lump sum will be divided by the amount of the Maximum SIR Monthly Benefit. The result will be the number of months that the SIR Monthly Benefit will not be paid. Any remainder will reduce the next payable SIR Monthly Benefit. Payment of benefits under this rider prior to the receipt of a lump sum payment under a Social Insurance Benefit will not be affected.

PROOF OF SOCIAL INSURANCE BENEFIT

Benefits payable under this rider are subject to the following conditions:

(1). You must make timely application for each Social Insurance Benefit for which You may be entitled;
(2). You must provide Us with written authorization to receive information about the status of your application;
(3). You must provide Us with copies of all correspondence between You and the Social Insurance Benefit plan showing whether Your application has been approved, denied or is pending;
(4). If You are denied a Social Insurance Benefit, You must pursue an appeal of that denial; and
(5). If Your application or appeal is approved, You must provide Us with proof of the amounts payable under the Social Insurance Benefit.

We have the right to pursue any further appeal process on Your behalf that may be available to You. Any appeal by Us will be at no cost to You.

We also have the right, at any time, to require proof that You continue to be Totally Disabled and that You are, or are not, receiving a Social Insurance Benefit.

TERMINATION

This rider will terminate on the earliest of:

(1). When any premium for this Policy and rider is due and not paid by the Premium Due Date (subject to the Grace Period).
(2). The date Your Policy terminates for any reason.
(3). The date of Your written request for termination.
(4). The date of Your death.

Issued at New Haven, Connecticut

KNIGHTS OF COLUMBUS

Attest:

By

Supreme Secretary

Supreme Knight

KNIGHTS OF COLUMBUS

Exclusion Rider

This Rider is attached to and made part of Policy Number XXXXXXXXX.
Policyholder_____ Effective Date: _____

It is understood and agreed that this policy is modified as of the policy date so that no benefits shall be payable for any loss caused or contributed to by:

Signature of Insured X_____Date:_____

Issued at New Haven, Connecticut.

KNIGHTS OF COLUMBUS

Attest:

Supreme Secretary

By:

Supreme Knight

DI-755 1-11

KNIGHTS OF COLUMBUS

Exclusion Rider

This Rider is attached to and made part of Policy Number: XXXXXXXXX.
Effective Date: _____

The Rider attached to your Policy which excluded loss relating to:

Is hereby cancelled.

Issued at New Haven, Connecticut.

KNIGHTS OF COLUMBUS

Attest:

Supreme Secretary

By:

Supreme Knight

DI-755 X 1-11

KNIGHTS OF COLUMBUS ("the Order")
A FRATERNAL BENEFIT SOCIETY
NEW HAVEN, CONNECTICUT
DISABILITY INCOME INSURANCE APPLICATION

Is the applicant a member of the Knights of Columbus? YES ☐ NO ☐
If yes, indicate associate member ☐ or insurance member ☐
If no, application for membership must be made and approved by council.

PART A

1.APPLICANT *(if different than Proposed Insured)*

a. First Name:
b. Middle Initial:
c. Last Name:
d. ☐ Male ☐ Female
e. Date of Birth (mm/dd/yyyy) / /
f. SS# - -
g. Council No.
h. Membership No.

2. PROPOSED INSURED
(all references to "you" refer to the Proposed Insured)

a. First Name:
b. Middle Initial:
c. Last Name:
e. Date of Birth (mm/dd/yyyy) / /
f. ☐ Male ☐ Female
g. Height
h. Weight
i. Birth State/Province
j. SS# - -
k. Relationship to Applicant:
l. Council No.
m. Membership No.
n.Legal Residence
Line 1
Line 2
City
State
Zip Code
o. Home Phone: ( ) -
Cell Phone: ( ) -
Business Phone: ( ) -
p. Are you a citizen of the United States? Yes ☐ No ☐
If "no", do you have a permanent resident visa? Yes ☐ No ☐
q. In the past 12 months, have you used any form of tobacco or nicotine based product? Yes ☐ No ☐

3. INDIVIDUAL DISABILITY PLAN INFORMATION

Base Monthly Benefit Amount $_____
Benefit Period 2 Years ☐ 5 Years ☐ to Age 67 ☐
Elimination Period:
30 Days ☐ 90 Days ☐ 180 Days ☐
Occupational Class 4A ☐ 3A ☐ 2A ☐ 1A ☐

Optional Benefit Riders

☐ Social Insurance Rider $ _____
☐ Catastrophic Disability Benefit Rider $_____
Benefit Period 2 Years ☐ 5 Years ☐ to Age 67 ☐
☐ Cost of Living Adjustment (COLA) Rider
☐ Guaranteed Purchase Option (GPO) $_____

BENEFICIARY:

First Name:
Middle Initial:
Last Name:
☐ Male
☐ Female
Date of Birth (mm/dd/yyyy) / /
Relationship to Proposed Insured:

4. PREMIUM INFORMATION

a. Premium Notices
☐ Send to Insured at residence
☐ Send to Insured at business

b. Method of Payment
☐ Monthly Automatic Withdrawal
☐ Quarterly ☐ Semi-Annually
☐ Annually

5. OCCUPATION

a. Occupation _____ Type of Business _____

b. Description of specific duties, by order of importance:
(Please detail physical demands such as lifting, pushing, pulling, etc):

	% of Time
	%
	%
	%
	%
	%
	%

c. What is the maximum weight you lift or carry? ☐10lbs or less ☐25lbs ☐50lbs ☐100 lbs or greater
d. What is the most frequent weight you lift or carry? ☐10lbs or less ☐25lbs ☐50lbs ☐100 lbs or greater

e. Length of time in current occupation _____
If less than one year, your previous occupation _____

f. Are you currently working full time (at least 30 hours per week)? Yes☐ No☐
Number of hours worked per week _____

g. Name of Business: _____

Address: _____
_____
_____

h. Do you have any other part-time or full-time occupation? (if no, go to question l.) Yes☐ No☐

If yes, occupation _____ Type of business _____

i. Description of specific duties, by order of importance:
(Please detail physical demands such as lifting, pushing, pulling, etc):

	% of Time
	%
	%
	%
	%
	%
	%

j. What is the maximum weight you lift or carry? ☐10lbs or less ☐25lbs ☐50lbs ☐100 lbs or greater
k. What is the most frequent weight you lift or carry? ☐10lbs or less ☐25lbs ☐50lbs ☐100 lbs or greater

l. Do you intend to change your occupation or employer within the next year? Yes☐ No☐
If yes, provide explanation _____

m. In the next two years, are you planning on traveling or working outside of the United States or Canada for more than 90 days? Yes☐ No☐
If yes, provide details: _____

n. Are you a business owner? Yes☐ No☐
If yes, what percentage of the business do you own? _____ % Length of ownership _____
If yes, what is the type of business?
☐ Sole Proprietorship (IRS return – Schedule C)
☐ Partnership (IRS return – 1065)
☐ S Corporation (IRS return – 1120S)
☐ C Corporation (IRS return – 1120)

6. INCOME INFORMATION

		Current year	Prior Year
a.	Income / Employee- W-2	_____	_____
b.	Sole Proprietorship - Schedule C (net profit)	_____	_____
c.	C corporation owner - W-2	_____	_____
d.	S corporation owner - W-2 + K1	_____	_____
e.	Partnership owner - K-1	_____	_____
f.	Other earned income (describe the source)	_____	_____
g.	Pension or profit sharing contribution made by your employer	_____	_____
h.	Total earned income	_____	_____

i. Within the last 5 years, have you filed bankruptcy? Yes ☐ No ☐

If yes, personal ☐ or business? ☐

Date filed _____ Date discharged _____

7. OTHER DISABILITY COVERAGE

a. Do you have any other disability coverage in force or applied for, or will you become eligible for any other disability coverage within the next 6 months? Include coverage from the following sources: 1) individual policies 2) group LTD 3) salary continuation 4) association 5) union 6) employee retirement system

b. If so, provide full details below. If none, write "none". This question may not be answered "n/a" or left blank.

Company	Source Type/ Policy #	Monthly Benefit	Elimination Period	Benefit Period	Individual Paid %	Employer Paid %	Is coverage to be replaced by the Knights of Columbus coverage?

8. GENERAL INFORMATION

Within the past 5 years, have you:	
a. been convicted of any motor vehicle moving violations or had your driver's license suspended or revoked?	Yes ☐ No ☐
b. had a professional license suspended or revoked?	Yes ☐ No ☐
c. participated in any of the following:	
piloting an aircraft?	Yes ☐ No ☐
mountain climbing or rock climbing?	Yes ☐ No ☐
scuba diving or free diving?	Yes ☐ No ☐
parachuting or sky diving?	Yes ☐ No ☐
hang gliding?	Yes ☐ No ☐
motor vehicle racing?	Yes ☐ No ☐
other hazardous activities?	Yes ☐ No ☐
d. had any application for life, disability, health or long term care coverage declined, modified or rated?	Yes ☐ No ☐
e. received or applied for any disability benefits, workers compensation, social insurance or waiver of premium benefits?	Yes ☐ No ☐
Please provide details to any "Yes" responses, including dates:	

9. MEDICAL HISTORY

a. Do you have any current condition that affects your ability to perform the usual and substantial duties of your occupation? Yes ☐ No ☐

If Yes, describe details _____

_____

_____

b. Within the last 5 years, have you had or been diagnosed or treated by a member of the medical profession for heart condition, stroke, cancer, insulin dependent diabetes, alcohol abuse, or drug dependency? Yes ☐ No ☐

If Yes, circle all that apply and describe details _____

_____

_____

Indicate the best time to call and the telephone number for our interviewer to contact you.

Best Time to Call:_____ **Time Zone:** EST☐ CST☐ MST☐ PST☐ HI☐ AK☐
(Please indicate hour and a.m. or p.m.)

Contact Telephone Number:_____ **Ext**_____

Proceed to Part C.

PART B

MEDICAL HISTORY/TELEINTERVIEW

Proposed Insured

1. Name:_____ DOB: ____ / _____ / _____SS#:_____ M ☐ F ☐
(mm) (dd) (yyyy)

Please circle any that apply, and use section 12 below to provide details to any "Yes" answers.

2. Have you had or have you been diagnosed, treated, or counseled by a member of the medical profession for:

a. any disorders of the heart or circulatory system, including high blood pressure, chest pain, angina, heart attack, heart murmur, palpitations, irregular heartbeat, blocked artery, congestive heart failure, valve disorder, stroke, transient ischemic attack (TIA), peripheral vascular disease or carotid artery disease? Yes☐ No☐

b. any disorders of the respiratory system, including asthma, bronchitis, chronic obstructive pulmonary disease (COPD), emphysema, shortness of breath or sleep apnea? Yes☐ No☐

c. any disorders of the brain or central nervous system, including headaches, dizziness, fainting, convulsions, epilepsy, seizure, multiple sclerosis, Parkinson's disease, Alzheimer's disease, amnesia or dementia? Yes☐ No☐

d. cancer, tumor, melanoma or other malignancy? Yes☐ No☐

e. any disorders of the endocrine system, including diabetes, pre-diabetes or thyroid disorders? Yes☐ No☐

f. any emotional or psychological disorders, including stress, anxiety or depression? Yes☐ No☐

g. any disorders of the gastrointestinal system, including hepatitis, cirrhosis, ulcer, gastritis, esophagitis, gastro-esophageal reflux disorder (GERD), colitis, irritable bowel, Crohn's disease, ulcerative colitis, or any disorders of the liver, gallbladder, pancreas or digestive tract? Yes☐ No☐

h. any disorders of the urinary system, including kidney stones or nephritis? Yes☐ No☐

i. any disorders of the reproductive system? Yes☐ No☐

j. any injury to or disorders of the back or neck, including sprain or strain, disc disorders, sciatica or arthritis? Yes☐ No☐

k. any injury to or disorders of the bones, joints or muscles, including sprain or strain, arthritis, gout, replacements, fibromyalgia or myalgia? Yes☐ No☐

l. any disorders of the eyes, ears, nose or throat? Yes☐ No☐

m. any disorders of the skin, including psoriasis, eczema or dermatitis? Yes☐ No☐

n. AIDS (Acquired Immunodeficiency Syndrome) or ARC (AIDS Related Complex), or positive HIV (Human Immunodeficiency Virus) test? Yes☐ No☐

o. carpal tunnel syndrome? Yes☐ No☐

p. any autoimmune disorders, including systemic lupus erythematosus (SLE), rheumatoid arthritis (RA), celiac disease or myasthenia gravis? Yes☐ No☐

q. alcoholism, drug addiction, substance abuse, or had a positive test for an illegal drug, been advised to seek counseling for any type of substance abuse or used narcotics except as prescribed? Yes☐ No☐

r. any disorders of the blood, including anemia? Yes☐ No☐

Males only:

s. any disorders of the prostate? Yes☐ No☐

Females only:

t. any complications of previous pregnancies, or Caesarean sections? Yes☐ No☐

u. any breast disorders or abnormal mammograms? Yes☐ No☐

3. Your current Height and Weight:

Feet_____ Inches __ Pounds___

4. Do you have any implanted device, implant or prosthesis? Yes☐ No ☐

5. In the past 12 months, have you taken any prescription medication (additional space in 12 below)? Yes☐ No ☐

Medication name _____
Reason _____
Duration _____
Name and address of prescribing physician _____

6. In the past 12 months, have you used any form of tobacco or nicotine based product? Yes☐ No☐

7. Other than stated previously, within the past 5 years have you been hospitalized or been seen by a physician, chiropractor, acupuncturist, counselor, psychiatrist, therapist, physical therapist or other health care practitioner? Yes☐ No☐

8. Are you currently under the observation of a physician or other medical practitioner or taking medication or receiving other treatment? Yes☐ No☐

9. Within the past 2 years, have you been advised by a member of the medical profession to have any medical test, surgery or hospitalization that has not been completed? Yes☐ No☐

Females only:

10. Are you currently pregnant? Yes☐ No☐
Your anticipated delivery date _____

11. The names, addresses and telephone numbers of your personal physician, and any other health care practitioners consulted within the past 2 years:

Name	Address	Phone Number

12. Using the list below, provide full details to all "Yes" answers for questions 1-10.

Question #
Illness, injury or other
Dates seen (first visit, last visit & how often)
Type of testing (include dates and results)
Diagnosis or clinical assessment
Treatment plan (medication, surgery, other) and follow-up
Degree of recovery or control
Length of disability or time off work
Healthcare provider's name, address & phone

_____

_____

_____

_____

_____

_____

_____

_____

For your protection, laws in certain jurisdictions require the following to appear on this form:

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

_____
Signature of Proposed Insured

_____
Print Name of Proposed Insured

Signed at _____ this____ day of _____, _____
(City State) (Month) (Year)

Witness _____
(Signature and I.D. Number of Writing Agent)

PART C

1. I agree that the statements and answers contained in this Application are representations and not warranties and are complete and true to the best of my knowledge and belief. The Knights of Columbus shall not be bound by any information that is not set out in writing in this Application.

2. I agree that the Charter, Constitution and Laws of the Knights of Columbus now in effect or hereafter enacted including any change in the method or amount of insurance premiums, shall be binding upon me.

3. I agree that, except for coverage which may be provided in the Conditional Receipt, no insurance will be in force because of this Application until it has been approved and the minimum required premium has been paid to the Knights of Columbus.

4. I agree that the insurance hereby applied for shall be cancelled, if the applicant is a candidate for membership and has not been initiated into the First Degree of the Knights of Columbus within 90 days of the commencement of the Policy.

For your protection, laws in certain jurisdictions require the following to appear on this form:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an Application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

_____
Signature of Proposed Insured

_____
Print Name of Proposed Insured

_____
Signature of Applicant (if different)

_____
Print Name of Applicant (if different)

Signed at _____this____ day of _____, _____
(City State) (Month) (Year)

AGENT:

To the best of your knowledge and belief, will the policy applied for replace any existing insurance? Yes☐ No☐

Witness _____
(Signature and I.D. Number of Writing Agent)

General Agent Number_____

AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION

1) To assist the Knights of Columbus or its authorized representatives in underwriting this Application, I hereby authorize those persons or organizations listed in paragraph 2 of this Authorization who possess medical or non-medical information concerning me to permit the Knights of Columbus or its authorized representatives to view, to copy, to be furnished a copy or to be given details of all such information. In addition to other medical or non-medical information, this Authorization applies to any information about psychiatric, drug or alcohol abuse treatment. **Please note that the term "non-medical information" includes, but is not limited to, information obtained from a consumer investigative report which would pertain to such items as: confirmation of age, residence, marital status, employment, information as to character, general reputation, personal characteristics, avocation and mode of living.**

2) Those persons or organizations authorized to disclose medical or non-medical information concerning me are licensed physicians, medical practitioners, paramedics, teleunderwriters, hospitals, clinics or other medical or medically related facilities, government agencies, insurance and reinsurance companies, consumer reporting agencies and the Medical Information Bureau (MIB).

3) I understand that any information acquired by the Knights of Columbus or its authorized representatives pursuant to this Authorization will be used for the purpose of determining my eligibility for insurance coverage and/or to verify representations made by me in my Application and may be disclosed or released by the Knights of Columbus or its authorized representatives to MIB, reinsuring companies, third party administrators, or other persons or organizations performing business or legal services in connection with this Application or as may be otherwise lawfully required or as I may further authorize and such third parties' subsequent disclosure of the information may not be limited by applicable state and/or federal privacy laws.

4) I acknowledge receiving and reading the notices regarding the Fair Credit Reporting Act, MIB and Description of Information Practices.

5) This Authorization expires 2 years from the date shown below unless sooner revoked by writing to us at P.O. Box 1670 New Haven, Connecticut 06510-3326. A photocopy of this signed Authorization shall have the same validity as the original. I understand that I am entitled to receive a copy of this Authorization.

_____
Date

_____
Signature of Proposed Insured

_____
Print Name of Proposed Insured

_____
Date of Birth

KNIGHTS OF COLUMBUS ("the Order")

A FRATERNAL BENEFIT SOCIETY

NEW HAVEN, CONNECTICUT

DISABILITY INCOME APPLICATION

FOR CHANGE TO POLICY

POLICY NUMBER: _____

1. INSURED

a. First Name:			**e**. Date of Birth (mm/dd/yyyy)
Middle Initial:			/ /
Last Name:			**f.** Place of Birth:
b. ☐ Male ☐ Female			**g.** Home Phone: ( ) - / Cell Phone: ( ) -
c. SS# - -			
d. Residential address:			Business Phone: ( ) -
Line 1			
City	State	Zip Code	**h.** Check if address or telephone numbers changed ☐

2. REQUESTED CHANGES

Check the change that you are requesting to your policy, and complete any applicable questions.
Please note that coverage that is reduced or removed from your policy cannot be added on in the future.

☐ Reduce the Base Monthly Benefit Amount from $_____ to $_____
☐ Reduce the Benefit Period from _____ to _____
☐ Increase the Elimination Period from _____ to _____
☐ Reduce the Social Insurance Rider Amount from $_____ to $_____
☐ Reduce the Social Insurance Rider Benefit Period from _____ to _____
☐ Increase the Social Insurance Rider Elimination Period from _____ to _____
☐ Remove the Catastrophic Disability Benefit Rider #DI01- CAT 1-11
☐ Remove the Cost of Living Adjustment Rider #DI01 – COLA 1-11
☐ Remove the Guaranteed Purchase Option Rider #DI01- GPO 1-11
☐ Remove the Social Insurance Rider DI01- SIR 1-11
☐ Change to non-tobacco use rates (also complete Section 4, questions 5 & 10)
☐ Change occupational class from _____ to _____ (also complete Section 3a-m)
☐ Reconsider premium rating (also complete Section 4, questions 1-11)
☐ Reconsider exclusion rider(s) for:

_____

_____

(also complete Section #4, questions 1-11)

☐ Change the Beneficiary from _____ to:

_____

First Name Middle Initial Last Name

Date of Birth: / / Male ☐ Female ☐

Relationship to Insured: _____

☐ Other: _____

3. OCCUPATION

ANSWER THESE QUESTIONS ONLY IF INSTRUCTED IN SECTION 2.

a. Occupation_____ Type of business: _____

b. Description of specific duties, by order of importance:
(Please detail physical demands such as lifting, pushing, pulling, etc):

	% of Time
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

c. What is the maximum weight you lift or carry? ☐10lbs or less ☐25lbs ☐50lbs ☐100 lbs or greater
d. What is the most frequent weight you lift or carry? ☐10lbs or less ☐25lbs ☐50lbs ☐100 lbs or greater

e. Length of time in current occupation _____
If less than one year, your previous occupation _____

f. Are you currently working full time (at least 30 hours per week)? Yes☐ No☐
Number of hours worked per week _____

g. Name of Business: _____
Address: _____
_____
_____

h. Do you have any other part-time or full-time occupation? (If no, go to question **I**.) Yes☐ No☐

If yes, occupation _____ Type of business _____

Number of hours worked per week _____
i. Description of specific duties, by order of importance:
(Please detail physical demands such as lifting, pushing, pulling, etc):

	% of Time
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

j. What is the maximum weight you lift or carry? ☐10lbs or less ☐25lbs ☐50lbs ☐100 lbs or greater
k. What is the most frequent weight you lift or carry? ☐10lbs or less ☐25lbs ☐50lbs ☐100 lbs or greater

l. Are you a business owner? Yes☐ No☐

If yes, what percentage of the business do you own? _____ % Length of ownership _____
If yes, what is the type of business?
☐ Sole Proprietorship (IRS return – Schedule C)
☐ Partnership (IRS return – 1065)
☐ S Corporation (IRS return – 1120S)
☐ C Corporation (IRS return – 1120)

m. Income	Current Year	Prior Year
1. Income / Employee - W-2	_____	_____
2. Sole Proprietorship - Schedule C (net profit)	_____	_____
3. C corporation owner - W-2	_____	_____
4. S corporation owner - W-2 + K1	_____	_____
5. Partnership owner – K-1	_____	_____
6. Other earned income (describe the source)	_____	_____
7. Pension or profit sharing contribution made by your employer	_____	_____
8. Total earned income	_____	_____

4. MEDICAL QUESTIONS

ANSWER THESE QUESTIONS ONLY IF INSTRUCTED IN SECTION 2.

Please circle any that apply, and use section 11 below to provide details to any "Yes" answers.

1. Since the policy date, have you had or have you been diagnosed, treated or counseled by a member of the medical profession for:

a.	any disorders of the heart or circulatory system, including high blood pressure, chest pain, angina, heart attack, heart murmur, palpitations, irregular heartbeat, blocked artery, congestive heart failure, valve disorder, stroke, transient ischemic attack (TIA), peripheral vascular disease or carotid artery disease?	Yes☐ No☐
b.	any disorders of the respiratory system, including asthma, bronchitis, chronic obstructive pulmonary disease (COPD), emphysema, shortness of breath or sleep apnea?	Yes☐ No☐
c.	any disorders of the brain or central nervous system, including headaches, dizziness, fainting, convulsions, epilepsy, seizure, multiple sclerosis, Parkinson's disease, Alzheimer's disease, amnesia or dementia?	Yes☐ No☐
d.	cancer, tumor, melanoma or other malignancy?	Yes☐ No☐
e.	any disorders of the endocrine system, including diabetes, pre-diabetes or thyroid disorders?	Yes☐ No☐
f.	any emotional or psychological disorders, including stress, anxiety or depression?	Yes☐ No☐
g.	any disorders of the gastrointestinal system, including hepatitis, cirrhosis, ulcer, gastritis, esophagitis, gastro-esophageal reflux disorder (GERD), colitis, irritable bowel, Crohn's disease, ulcerative colitis, or any disorders of the liver, gallbladder, pancreas or digestive tract?	Yes☐ No☐
h.	any disorders of the urinary system, including kidney stones or nephritis?	Yes☐ No☐
i.	any disorders of the reproductive system?	Yes☐ No☐
j.	any injury to or disorders of the back or neck, including sprain or strain, disc disorders, sciatica or arthritis?	Yes☐ No☐
k.	any injury to or disorders of the bones, joints or muscles, including sprain or strain, arthritis, gout, replacements, fibromyalgia or myalgia?	Yes☐ No☐
l.	any disorders of the eyes, ears, nose or throat?	Yes☐ No☐
m.	any disorders of the skin, including psoriasis, eczema or dermatitis?	Yes☐ No☐
n.	AIDS (Acquired Immunodeficiency Syndrome) or ARC (AIDS Related Complex), or positive HIV (Human Immunodeficiency Virus) test?	Yes ☐No☐
o.	carpal tunnel syndrome?	Yes☐ No☐
p.	any autoimmune disorders, including systemic lupus erythematosus (SLE), rheumatoid arthritis (RA), celiac disease or myasthenia gravis?	Yes☐ No☐
q.	alcoholism, drug addiction, substance abuse, or had a positive test for an illegal drug, been advised to seek counseling for any type of substance abuse or used narcotics except as prescribed?	Yes☐ No☐
r.	any disorders of the blood, including anemia?	Yes☐ No☐

Males only:

s. any disorders of the prostate? Yes☐ No☐

Females only:

t. any complications of previous pregnancies, or caesarean sections? Yes☐ No☐

u. any breast disorders or abnormal mammograms? Yes☐ No☐

2. Your current Height and Weight

Feet Inches Pounds

3. Do you have any implanted devise, implant or prosthesis? Yes☐ No☐

4. Within the past year, have you taken any prescription medication (additional space in 12 below)? Yes☐ No☐

Medication name _____

Reason _____

Duration _____

Name and address of prescribing physician _____

5. In the past 12 months, have you used any form of tobacco or nicotine based product? Yes☐ No☐

6. Other than stated previously, within the past 5 years have you been hospitalized or been seen by a physician, chiropractor, acupuncturist, counselor, psychiatrist, therapist, physical therapist or other health care practitioner? Yes☐ No☐

7. Are you currently under the observation of a physician or other medical practitioner or taking medication or receiving other treatment? Yes☐ No☐

8. Within the past 2 years, have you been advised by a member of the medical profession to have any medical test, surgery or hospitalization that has not been completed? Yes☐ No☐

Females only:

9. Are you currently pregnant? Yes☐ No☐

Your anticipated delivery date _____

10. The names, addresses and telephone numbers of your personal physician, and any other health care practitioners consulted within the past 2 years:

Name	Address	Phone Number

11. Give details below for any "Yes" answers in questions 1-9, including question number.

_____

_____

_____

_____

_____

1. I agree that the statements and answers contained in this Application are representations and not warranties and are complete and true to the best of my knowledge and belief. The Knights of Columbus shall not be bound by any information that is not set out in writing in this Application.

2. I agree that the Charter, Constitution and Laws of the Knights of Columbus now in effect or hereafter enacted including any change in the method or amount of insurance premiums, shall be binding upon me.

3. I agree that, except for coverage which may be provided in the Conditional Receipt, no insurance will be in force because of this Application until it has been approved and the minimum required premium has been paid to the Knights of Columbus.

4. I agree that the insurance hereby applied for shall be cancelled, if the applicant is a candidate for membership and has not been initiated into the First Degree of the Knights of Columbus within 90 days of the commencement of the Policy.

For your protection, laws in certain jurisdictions require the following to appear on this form:

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

_____
Signature of Insured

_____
Print Name of Insured

Signed at _____ this ___ day of _____ , _____
(City & State) (Month) (Year)

Witness_____
(Signature and I.D. Number of Writing Agent)

General Agent ID Number: _____

AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION

1. To assist the Order or its authorized representatives in underwriting this Application, I hereby authorize those persons or organizations listed in paragraph 2 of this Authorization who possess medical or non-medical information concerning me to permit the Order or its authorized representatives to view, to copy, to be furnished a copy or to be given details of all such information. In addition to other medical or non-medical information, this Authorization applies to any information about psychiatric, drug or alcohol abuse treatment. **Please note that the term "non-medical information" includes, but is not limited to, information obtained from a consumer investigative report which would pertain to such items as: confirmation of age, residence, marital status, employment, information as to character, general reputation, personal characteristics, avocation and mode of living.**

2. Those persons or organizations authorized to disclose medical or non-medical information concerning me are licensed physicians, medical practitioners, paramedics, teleunderwriters, hospitals, clinics or other medical or medically related facilities, government agencies, insurance and reinsurance companies, consumer reporting agencies and the Medical Information Bureau (MIB).

3. I understand that any information acquired by the Order or its authorized representatives pursuant to this Authorization will be used for the purpose of determining my eligibility for insurance coverage and/or to verify representations made by me in my Application and may be disclosed or released by the Order or its authorized representatives to MIB, reinsuring companies, third party administrators, or other persons or organizations performing business or legal services in connection with this Application or as may be otherwise lawfully required or as I may further authorize and such third parties' subsequent disclosure of the information may not be limited by applicable state and/or federal privacy laws.

4. I acknowledge receiving and reading the notices regarding the Fair Credit Reporting Act, the Medical Information Bureau and Description of Information Practices.

5. This Authorization expires 2 years from the date shown below unless sooner revoked by writing to us at P.O. Box 1670 New Haven, Connecticut 06510-3326. A photocopy of this signed Authorization shall have the same validity as the original. I understand that I am entitled to receive a copy of this Authorization.

_____ _____

Date Signature of Insured

_____

Print Name of Insured

_____

Date of Birth

KNIGHTS OF COLUMBUS ("the Order")

A FRATERNAL BENEFIT SOCIETY

NEW HAVEN, CONNECTICUT

DISABILITY INCOME APPLICATION

TO EXERCISE THE GUARANTEED PURCHASE OPTION RIDER

1. INSURED

a. Name of applicant:			**d**. Date of Birth (mm/dd/yyyy)	
First Name:			/ /	
Middle Initial:			**e.** Place of Birth:	
Last Name:			**f.** Home Phone:	Cell Phone:
b. SS# - -			( ) -	( ) -
c. Residential address:			Business Phone:	
Line 1			( ) -	
City	State	Zip Code	Check if address or telephone numbers changed ☐	

2. INCREASE TO MONTHLY BENEFIT APPLIED FOR

a. Policy # _____	**b.** Amount Applied For $_____
c. Elimination Period (cannot be lower than the elimination period of the policy)	
_____ 30 Days _____ 90 Days _____ 180 Days	
d. Benefit Period (cannot be greater than the benefit period of the policy)	
_____ 2 Years _____ 5 Years _____ to Age 67	

3. OCCUPATION

a. Occupation _____ Type of business: _____

b. Duties_____

_____

c. Length of current employment_____

If less than one year, your previous employment, occupation, and duties:

_____

_____

d. Are you currently working full time (at least 30 hours per week)? Yes☐ No☐

e. Name of Business _____

Address _____

_____

_____

f. Do you have any other part-time or full-time occupation? Yes☐ No☐

If yes, occupation _____ Type of business: _____

Duties_____

_____

_____

g. Are you a business owner? Yes☐ No☐

If yes, what percentage of the business do you own? _____% Length of ownership_____
If yes, what is the type of business?

☐ Sole Proprietorship (IRS return – Schedule C)
☐ Partnership (IRS return – 1065)
☐ S Corporation (IRS return – 1120S)
☐ C Corporation (IRS return – 1120)

4. INCOME

	Current Year	Prior Year
a. Income / Employee - W-2	_____	_____
b. Sole Proprietorship - Schedule C (net profit)	_____	_____
c. C corporation owner - W-2	_____	_____
d. S corporation owner - W-2 + K1	_____	_____
e. Partnership owner – K-1	_____	_____
f. Other earned income (describe the source)	_____	_____
g. Pension or profit sharing contribution made by your employer	_____	_____
h. Total earned income	_____	_____

5. OTHER DISABILITY COVERAGE

a. Do you have any other disability coverage in force or applied for, or will you become eligible for any other disability coverage within the next 6 months? Include coverage from the following sources: 1) individual policies 2) group LTD 3) salary continuation 4) association 5) union 6) Employee Retirement System

b. If so, provide full details below. If none, write "none". This question may not be answered "n/a" or left blank.

Company	Source Type/Policy#	Monthly Benefit	Elimination Period	Benefit Period	Individual Paid %	Employer Paid %	Is coverage to be replaced by the Knights of Columbus coverage?

1. I agree that the statements and answers contained in this Application are representations and not warranties and are complete and true to the best of my knowledge and belief. The Knights of Columbus shall not be bound by any information that is not set out in writing in this Application.

2. I agree that the Charter, Constitution and Laws of the Knights of Columbus now in effect or hereafter enacted including any change in the method or amount of insurance premiums, shall be binding upon me.

3. I agree that, except for coverage which may be provided in the Conditional Receipt, no insurance will be in force because of this Application until it has been approved and the minimum required premium has been paid to the Knights of Columbus.

4. I agree that the insurance hereby applied for shall be cancelled, if the applicant is a candidate for membership and has not been initiated into the First Degree of the Knights of Columbus within 90 days of the commencement of the Policy.

For your protection, laws in certain jurisdictions require the following to appear on this form:

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

_____
Signature of Insured

_____
Print Name of Insured

Signed at _____ this ___ day of _____ , _____
(City & State) (Month) (Year)

Witness _____
(Signature and I.D. Number of Writing Agent)

General Agent ID Number_____

KNIGHTS OF COLUMBUS ("the Order")

A FRATERNAL BENEFIT SOCIETY

NEW HAVEN, CONNECTICUT

DISABILITY INCOME APPLICATION

FOR REINSTATMENT OF POLICY

POLICY NUMBER: _____

1. INSURED

a. Name of applicant:			**e**. Date of Birth (mm/dd/yyyy)
First Name:			/ /
Middle Initial:			**f.** Place of Birth:
Last Name:			**g.** Home Phone: ( ) - / Cell Phone: ( ) -
b. SS# - -			
c. Residential address:			Business Phone: ( ) -
Line 1			
City	State	Zip Code	**h.** Check if address or telephone numbers are new ☐
d.Your current height and weight: Feet Inches Pounds			

2. OCCUPATION

a. Occupation _____ Type of business: _____

b. Description of specific duties, by order of importance:
(Please detail physical demands such as lifting, pushing, pulling, etc):

	% of Time
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

c. What is the maximum weight you lift or carry? ☐10lbs or less ☐25lbs ☐50lbs ☐100 lbs or greater
d. What is the most frequent weight you lift or carry? ☐10lbs or less ☐25lbs ☐50lbs ☐100 lbs or greater

e. Length of time in current occupation _____
If less than one year, your previous occupation _____

f. Are you currently working full time (at least 30 hours per week)? Yes☐ No☐
Number of hours worked per week _____

g. Name of Business: _____

Address: _____
_____
_____

h. Are you a business owner? Yes☐ No☐

If yes, what percentage of the business do you own? _____ % Length of ownership _____
If yes, what is the type of business?
☐ Sole Proprietorship (IRS return – Schedule C)
☐ Partnership (IRS return – 1065)
☐ S Corporation (IRS return – 1120S)
☐ C Corporation (IRS return – 1120)

3. INCOME INFORMATION

	Current Year	Prior Year
a. Income / Employee - W-2	_____	_____
b. Sole Proprietorship - Schedule C (net profit)	_____	_____
c. C corporation owner - W-2	_____	_____
d. S corporation owner - W-2 + K1	_____	_____
e. Partnership owner – K-1	_____	_____
f. Other earned income (describe the source)	_____	_____
g. Pension or profit sharing contribution made by your employer	_____	_____
h. Total earned income	_____	_____

i. Within the last 5 years, have you filed bankruptcy? Yes ☐ No ☐
If yes, personal ☐ or business? ☐

Date filed _____ Date discharged _____

4. OTHER DISABILITY COVERAGE

a. Do you have any other disability coverage in force or applied for, or will you become eligible for any other disability coverage within the next 6 months? Include coverage from the following sources: 1) individual policies 2) group LTD 3) salary continuation 4) association 5) union 6) employee retirement system

b. If so, provide full details below. If none, write "none". This question may not be answered "n/a" or left blank.

Company	Source Type/Policy #	Monthly Benefit	Elimination Period	Benefit Period	Individual Paid %	Employer Paid %	Is coverage to be replaced by the Knights of Columbus coverage?

5. MEDICAL QUESTIONS

Please circle any that apply, and use section 9 below to provide details to any "Yes" answers.

1. Since the policy date, have you had or have you been diagnosed, treated or counseled by a member of the medical profession for:

a. any disorders of the heart or circulatory system, including high blood pressure, chest pain, angina, heart attack, heart murmur, palpitations, irregular heartbeat, blocked artery, congestive heart failure, valve disorder, stroke, transient ischemic attack (TIA), peripheral vascular disease or carotid artery disease? Yes☐ No☐

b. any disorders of the respiratory system, including asthma, bronchitis, chronic obstructive pulmonary disease (COPD), emphysema, shortness of breath or sleep apnea? Yes☐ No☐

c. any disorders of the brain or central nervous system, including headaches, dizziness, fainting, convulsions, epilepsy, seizure, multiple sclerosis, Parkinson's disease, Alzheimer's disease, amnesia or dementia? Yes☐ No☐

d. cancer, tumor, melanoma or other malignancy? Yes☐ No☐

e. any disorders of the endocrine system, including diabetes, pre-diabetes or thyroid disorders? Yes☐ No☐

f. any emotional or psychological disorders, including stress, anxiety or depression? Yes☐ No☐

g. any disorders of the gastrointestinal system, including hepatitis, cirrhosis, ulcer, gastritis, esophagitis, gastro-esophageal reflux disorder (GERD), colitis, irritable bowel, Crohn's disease, ulcerative colitis, or any disorders of the liver, gallbladder, pancreas or digestive tract? Yes☐ No☐

h. any disorders of the urinary system, including kidney stones or nephritis? Yes☐ No☐

i. any disorders of the reproductive system? Yes☐ No☐

j. any injury to or disorders of the back or neck, including sprain or strain, disc disorders, sciatica or arthritis? Yes☐ No☐

k. any injury to or disorders of the bones, joints or muscles, including sprain or strain, arthritis, gout, replacements, fibromyalgia or myalgia? Yes☐ No☐

l. any disorders of the eyes, ears, nose or throat? Yes☐ No☐

m. any disorders of the skin, including psoriasis, eczema or dermatitis? Yes☐ No☐

n. AIDS (Acquired Immunodeficiency Syndrome) or ARC (AIDS Related Complex), or positive HIV (Human Immunodeficiency Virus) test? Yes☐ No☐

o. carpal tunnel syndrome? Yes☐ No☐

p. any autoimmune disorders, including systemic lupus erythematosus (SLE), rheumatoid arthritis (RA), celiac disease or myasthenia gravis? Yes☐ No☐

q. alcoholism, drug addiction, substance abuse, or had a positive test for an illegal drug, been advised to seek counseling for any type of substance abuse or used narcotics except as prescribed? Yes☐ No☐

r. any disorders of the blood, including anemia? Yes☐ No☐

Males only:

s. any disorders of the prostate? Yes☐ No☐

Females only:

t. any complications of previous pregnancies, or Caesarean sections? Yes☐ No☐

u. any breast disorders or abnormal mammograms? Yes☐ No☐

2. In the past 12 months, have you taken any prescription medication (additional space in 9 below)? Yes☐ No ☐

Medication name _____

Reason _____

Duration _____

Name and address of prescribing physician _____

3. In the past 12 months, have you used any form of tobacco or nicotine based product? Yes☐ No☐

4. Other than stated previously, within the past 5 years have you been hospitalized or been seen by a physician, chiropractor, acupuncturist, counselor, psychiatrist, therapist, physical therapist or other health care practitioner? Yes☐ No☐

5. Are you currently under the observation of a physician or other medical practitioner or taking medication or receiving other treatment? Yes☐ No☐

6. Within the past 2 years, have you been advised by a member of the medical profession to have any medical test, surgery or hospitalization that has not been completed? Yes☐ No☐

Females only:

7. Are you currently pregnant? Yes☐ No☐
Your anticipated delivery date _____

8. The names, addresses and telephone numbers of your personal physician, and any other health care practitioners consulted within the past 2 years:

Name	Address	Phone Number

9. Give details below for any "Yes" answers in questions 1-7, including question number.

_____

_____

_____

_____

_____

_____

_____

_____

1. I agree that the statements and answers contained in this Application are representations and not warranties and are complete and true to the best of my knowledge and belief. The Knights of Columbus shall not be bound by any information that is not set out in writing in this Application.

2. I agree that the Charter, Constitution and Laws of the Knights of Columbus now in effect or hereafter enacted including any change in the method or amount of insurance premiums, shall be binding upon me.

3. I agree that, except for coverage which may be provided in the Conditional Receipt, no insurance will be in force because of this Application until it has been approved and the minimum required premium has been paid to the Knights of Columbus.

4. I agree that the insurance hereby applied for shall be cancelled, if the applicant is a candidate for membership and has not been initiated into the First Degree of the Knights of Columbus within 90 days of the commencement of the Policy.

For your protection, laws in certain jurisdictions require the following to appear on this form:

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

_____
Signature of Insured

_____
Print Name of Insured

Signed at_____ this ____ day of _____, _____
(City & State) (Month) (Year)

Witness _____
(Signature and I.D. Number of Writing Agent)

General Agent ID Number: _____

AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION

1. To assist the Order or its authorized representatives in underwriting this Application, I hereby authorize those persons or organizations listed in paragraph 2 of this Authorization who possess medical or non-medical information concerning me to permit the Order or its authorized representatives to view, to copy, to be furnished a copy or to be given details of all such information. In addition to other medical or non-medical information, this Authorization applies to any information about psychiatric, drug or alcohol abuse treatment. **Please note that the term "non-medical information" includes, but is not limited to, information obtained from a consumer investigative report which would pertain to such items as: confirmation of age, residence, marital status, employment, information as to character, general reputation, personal characteristics, avocation and mode of living.**

2. Those persons or organizations authorized to disclose medical or non-medical information concerning me are licensed physicians, medical practitioners, paramedics, teleunderwriters, hospitals, clinics or other medical or medically related facilities, government agencies, insurance and reinsurance companies, consumer reporting agencies and the Medical Information Bureau (MIB).

3. I understand that any information acquired by the Order or its authorized representatives pursuant to this Authorization will be used for the purpose of determining my eligibility for insurance coverage and/or to verify representations made by me in my Application and may be disclosed or released by the Order or its authorized representatives to the MIB, reinsuring companies, third party administrators, or other persons or organizations performing business or legal services in connection with this Application or as may be otherwise lawfully required or as I may further authorize and such third parties' subsequent disclosure of the information may not be limited by applicable state and/or federal privacy laws.

4. I acknowledge receiving and reading the notices regarding the Fair Credit Reporting Act, MIB and Description of Information Practices.

5. This Authorization expires 2 years from the date shown below unless sooner revoked by writing to us at P.O. Box 1670 New Haven, Connecticut 06510-3326. A photocopy of this signed Authorization shall have the same validity as the original. I understand that I am entitled to receive a copy of this Authorization.

_____
Date

_____
Signature of Insured

_____
Print Name of Insured

_____
Date of Birth

AMENDMENT TO APPLICATION FOR DISABILITY INSURANCE

The undersigned hereby accepts Policy Number _____
and agrees that the Application dated _____ for such Policy shall be considered amended to conform with the circumstances indicated below:

The undersigned agree(s) that the above information is true, complete and correctly stated and that there have been no other changes to any representations made in the original Application for coverage. The undersigned also understand(s) that this Amendment will be attached to and made part of the original Application and shall form an additional basis for any insurance issued as a result of such Application.

Signature of Insured X_____Date:_____

Issued at New Haven, Connecticut.

KNIGHTS OF COLUMBUS

Attest:

Supreme Secretary

By:

Supreme Knight

DI-515 1-11

KNIGHTS OF COLUMBUS
IN SERVICE TO ONE. IN SERVICE TO ALL.

POLICY FORM DI01 1-11

Knights of Columbus
One Columbus Plaza
New Haven, CT 06510-3326
(800) 524-3611

DISABILITY INCOME PROTECTION COVERAGE
OUTLINE OF COVERAGE

(1) **READ YOUR POLICY CAREFULLY.** This outline of coverage provides a very brief description of the important features of Your Policy if issued. This is not the insurance policy and only the actual Policy provisions will control. The Policy itself sets forth in detail the rights and obligations of both You and the Knights of Columbus. It is, therefore, important that you **READ YOUR POLICY CAREFULLY.**

(2) **DISABILITY INCOME PROTECTION COVERAGE** is designed to provide benefits for disabilities resulting from a covered Injury or Sickness, subject to any Exclusions and Limitations set forth in the Policy. Coverage is not provided for basic hospital, basic medical-surgical or major medical expenses.

(3) **BENEFITS OF YOUR POLICY**

Monthly Disability Income Benefit: $_____
Elimination Period: ☐ 30 Days ☐ 90 Days ☐ 180 Days
Maximum Benefit Period: ☐ 2 Years ☐ 5 Years ☐ To Age 67

Total Disability - If You are Totally Disabled (as defined in the Policy) and have satisfied the Elimination Period, We will pay You the Monthly Disability Income Benefit while You remain Totally Disabled up to the Maximum Benefit Period of Your Policy.

Partial Disability - If You are Partially Disabled (as defined in the Policy), We will pay You 50% of the Monthly Disability Income Benefit for a period not greater than 6 months.

Presumptive Disability - If You have a Presumptive Disability (as defined in the Policy), We will pay You the Monthly Disability Income Benefit for the Maximum Benefit Period. The Elimination Period is waived for a Presumptive Disability.

Waiver of Premium - If You are Disabled (as defined in the Policy) for at least ninety (90) days, We will waive any premiums that become due while You are Disabled. We will also refund any premiums due and paid by You during that period.

Organ Donor Benefit - After the Policy has been in force six (6) months, if You become Disabled (as defined in the Policy) as a result of giving one of Your organs for use as a transplant, including bone marrow donations, We will pay You the benefits under the Policy. The Elimination Period is waived.

Rehabilitation & Retraining Benefit – While You are receiving benefits for a Disability (as defined in the Policy), if a vocational rehabilitation program is mutually agreed upon in writing between You and Us, We will pay up to six (6) times the Monthly Disability Income Benefit towards the expenses of that program. The goal of the vocational rehabilitation program is Your return to work and is voluntary.

(4) EXCLUSIONS AND LIMITATIONS OF YOUR POLICY

Exclusions – Benefits under the Policy will not be payable if Your Disability results from, or is contributed to in whole or in part, by any of the following:

- Attempted suicide while sane or insane, or an intentionally self-inflicted injury;
- Committing or attempting to commit a felony;
- An accident while You are under the influence of alcohol as determined by the laws of the state or territory where the loss occurs, or under the influence of narcotics unless prescribed by Your physician for You;
- War, or any act of war, declared or undeclared (war includes armed action by the military forces of any country, countries or international organization);
- Military action, military conflict of war, whether declared or undeclared, while you are serving in the military or units auxiliary thereto, including the National Guard or Army Reserve;
- Being incarcerated in a penal institution or government detention facility;
- Normal pregnancy or childbirth;
- Suspension, revocation or surrender of your professional occupational license or certification;
- Engaging in an illegal occupation or illegal activity;
- Any loss we have excluded by name or specific description in any attached rider or endorsement.

Pre-existing Condition Limitation - No benefits are payable for a Disability which (a) starts within two years after the Policy Date; and (b) results from a pre-existing condition (as set forth in the Policy).

Mental and/or Substance–Related Disorders Limitation - Benefits for a Disability or a loss caused by Mental and/or Substance–Related Disorders will be limited to a lifetime maximum of twenty-four (24) months regardless of the Maximum Benefit Period.

Suspension During Military Service – You may suspend the Policy on the later of the date of Your written request or the date You begin full-time active duty in the military of any nation or international authority. Such active duty will not include temporary active duty for training that lasts 90 days or less.

(5) OPTIONAL BENEFIT RIDERS AVAILABLE ON YOUR POLICY

Catastrophic Disability Benefit Rider ☐ Included ☐ Not Included

Catastrophic Monthly Disability Income Benefit : $_____

Catastrophic Disability Elimination Period: ☐ 30 Days ☐ 90 Days ☐ 180 Days

Catastrophic Disability Maximum Benefit Period: ☐ 2 Years ☐ 5 Years ☐ To Age 67

This Rider provides an additional monthly benefit if You have a Catastrophic Disability which is defined as:

(1).Your inability to perform two or more Activities of Daily Living without Assistance, or
(2).You are Cognitively Impaired; or
(3).You are Presumptively Disabled.

Cost of Living Adjustment Rider ☐ Included ☐ Not Included

This Rider increases the monthly benefit payable while You are Disabled. Annual increases are based on the increase in the Consumer Price Index subject to a 4% maximum increase occurring on the anniversary of the date of disability.

Guaranteed Purchase Option Rider ☐ Included ☐ Not Included

Aggregate Purchase Amount: $_____

To Your Age 55, this Rider allows You to purchase additional coverage without providing evidence of insurability as to Your health. The first purchase may be made on the 24 month anniversary of the Policy Date. Thereafter, You may apply for an additional purchase every 24 months. No more than a total of five (5) purchases may be made under this Rider.

Social Insurance Rider ☐ Included ☐ Not Included

Maximum SIR Monthly Benefit: $_____

This Rider provides additional benefits up to the Maximum SIR Monthly Benefit that We will pay You each month for Total Disability depending upon the amount of Social Insurance Benefits You receive.

(6) RENEWABILITY OF YOUR POLICY

The Policy is guaranteed to be renewed upon the timely payment of premiums to the first policy anniversary on or after Your 67th birthday. During that period, We cannot cancel the Policy nor can We change the terms, other than premiums. Premiums may be changed by class only.

Rate Information

Rate data applies to filing.

Filing Method:	SERFF
Rate Change Type:	Neutral
Overall Percentage of Last Rate Revision:	0.000%
Effective Date of Last Rate Revision:	
Filing Method of Last Filing:	N/A

Company Rate Information

Company Name:	**Overall % Indicated Change:**	**Overall % Rate Impact:**	**Written Premium Change for this Program:**	**# of Policy Holders Affected for this Program:**	**Written Premium for this Program:**	**Maximum % Change (where required):**	**Minimum % Change (where required):**
Knights of Columbus	%	%				%	%

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:*	Rate Action Information:	Attachments
Approved-Closed 08/04/2010	Knights Premiums - Base and AMDIBR	DI01 1-11, DI01-AMDIBR 1-11	New		Knights Premiums - BASE and AMDIBR.pdf
Approved-Closed 08/04/2010	Knights Premiums - CAT	DI01-CAT 1-11	New		Knights Premiums - CAT.pdf
Approved-Closed 08/04/2010	Knights Premiums - COLA on Base	DI01 1-11, DI01-AMDIBR 1-11	New		Knights Premiums - COLA on Base.pdf
Approved-Closed 08/04/2010	Knights Premiums - COLA on CAT	DI01-CAT 1-11, DI01-COLA 1-11	New		Knights Premiums - COLA on CAT.pdf
Approved-Closed 08/04/2010	Knights Premiums - COLA on SIR	DI01-COLA 1-11, DI01-SIR 1-11	New		Knights Premiums - COLA on SIR.pdf
Approved-Closed 08/04/2010	Knights Premiums - GPO	DI01-GPO 1-11	New		Knights Premiums - GPO.pdf

SERFF Tracking Number:	*SKML-126721620*	*State:*	*Arkansas*
Filing Company:	*Knights of Columbus*	*State Tracking Number:*	*46217*
Company Tracking Number:	*DI01 1-11*		
TOI:	*H11I Individual Health - Disability Income*	*Sub-TOI:*	*H11I.004 Other*
Product Name:	*Knights of Columbus Disability Income*		
Project Name/Number:	*Knights of Columbus Disability Income/DI01 1-11*		

Approved-Closed 08/04/2010	Knights Premiums - SIR	DI01-SIR 1-11	New	Knights Premiums - SIR.pdf

Knights of Columbus
New Haven, Connecticut

Policy Forms DI01 1-11 & DI01-AMDIBR 1-11
Guaranteed Renewable Disability Income Policy
& Additional Monthly Disabilitiy Income Benefit Rider
Male Non-Tobacco
To Age 67
Occupation Class 4A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 32.69	$ 13.57	$ 12.84
19	$ 32.69	$ 13.57	$ 12.84
20	$ 32.69	$ 13.57	$ 12.84
21	$ 32.69	$ 13.57	$ 12.84
22	$ 32.69	$ 13.57	$ 12.84
23	$ 32.69	$ 13.57	$ 12.84
24	$ 32.69	$ 13.57	$ 12.84
25	$ 32.69	$ 13.57	$ 12.84
26	$ 34.06	$ 14.02	$ 13.27
27	$ 35.46	$ 14.52	$ 13.75
28	$ 36.91	$ 15.06	$ 14.26
29	$ 38.40	$ 15.65	$ 14.82
30	$ 39.93	$ 16.28	$ 15.41
31	$ 41.45	$ 16.94	$ 16.03
32	$ 42.96	$ 17.62	$ 16.67
33	$ 44.54	$ 18.35	$ 17.36
34	$ 46.25	$ 19.17	$ 18.12
35	$ 48.18	$ 20.09	$ 18.99
36	$ 50.43	$ 21.15	$ 19.99
37	$ 52.96	$ 22.33	$ 21.09
38	$ 55.59	$ 23.58	$ 22.27
39	$ 58.17	$ 24.87	$ 23.48
40	$ 60.53	$ 26.15	$ 24.68
41	$ 62.56	$ 27.39	$ 25.84
42	$ 64.36	$ 28.63	$ 26.99
43	$ 66.11	$ 29.90	$ 28.17
44	$ 67.97	$ 31.25	$ 29.43
45	$ 70.10	$ 32.75	$ 30.82
46	$ 72.73	$ 34.49	$ 32.43
47	$ 75.75	$ 36.43	$ 34.23
48	$ 78.82	$ 38.42	$ 36.08
49	$ 81.59	$ 40.32	$ 37.82
50	$ 83.71	$ 41.97	$ 39.31
51	$ 84.97	$ 43.30	$ 40.49
52	$ 85.60	$ 44.42	$ 41.47
53	$ 85.93	$ 45.42	$ 42.32
54	$ 86.24	$ 46.40	$ 43.12
55	$ 86.87	$ 47.47	$ 43.97
56	$ 87.81	$ 48.62	$ 44.86
57	$ 88.84	$ 49.78	$ 45.72
58	$ 89.98	$ 50.96	$ 46.58
59	$ 91.22	$ 52.15	$ 47.42
60	$ 92.56	$ 53.36	$ 48.24
61	$ 93.90	$ 54.57	$ 49.06

Tobacco User Rates are 128% of Non-Tobacco User Rates
There is a $50 Policy Fee for Form DI01 1-11

Knights of Columbus
New Haven, Connecticut

Policy Forms DI01 1-11 & DI01-AMDIBR 1-11
Guaranteed Renewable Disability Income Policy
& Additional Monthly Disabilitiy Income Benefit Rider
Female Non-Tobacco
To Age 67
Occupation Class 4A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 67.00	$ 26.97	$ 25.53
19	$ 67.00	$ 26.97	$ 25.53
20	$ 67.00	$ 26.97	$ 25.53
21	$ 67.00	$ 26.97	$ 25.53
22	$ 67.00	$ 26.97	$ 25.53
23	$ 67.00	$ 26.97	$ 25.53
24	$ 67.00	$ 26.97	$ 25.53
25	$ 67.00	$ 26.97	$ 25.53
26	$ 72.62	$ 28.37	$ 26.87
27	$ 77.84	$ 29.79	$ 28.22
28	$ 82.66	$ 31.23	$ 29.59
29	$ 87.08	$ 32.68	$ 30.97
30	$ 91.10	$ 34.14	$ 32.37
31	$ 94.56	$ 35.60	$ 33.76
32	$ 97.46	$ 37.06	$ 35.16
33	$ 100.04	$ 38.54	$ 36.57
34	$ 102.55	$ 40.08	$ 38.03
35	$ 105.22	$ 41.68	$ 39.56
36	$ 108.24	$ 43.47	$ 41.26
37	$ 111.46	$ 45.43	$ 43.13
38	$ 114.59	$ 47.40	$ 44.99
39	$ 117.35	$ 49.19	$ 46.68
40	$ 119.46	$ 50.64	$ 48.05
41	$ 120.77	$ 51.69	$ 48.98
42	$ 121.46	$ 52.45	$ 49.60
43	$ 121.77	$ 53.02	$ 50.04
44	$ 121.94	$ 53.48	$ 50.47
45	$ 122.19	$ 53.91	$ 51.02
46	$ 122.48	$ 54.27	$ 51.76
47	$ 122.64	$ 54.49	$ 52.58
48	$ 122.76	$ 54.66	$ 53.41
49	$ 122.93	$ 54.86	$ 54.16
50	$ 123.23	$ 55.18	$ 54.76
51	$ 123.70	$ 55.65	$ 55.16
52	$ 124.28	$ 56.23	$ 55.40
53	$ 124.93	$ 56.84	$ 55.57
54	$ 125.58	$ 57.42	$ 55.75
55	$ 126.19	$ 57.91	$ 56.02
56	$ 126.76	$ 58.30	$ 56.39
57	$ 127.33	$ 58.64	$ 56.79
58	$ 127.88	$ 58.93	$ 57.24
59	$ 128.44	$ 59.17	$ 57.72
60	$ 128.98	$ 59.36	$ 58.24
61	$ 129.52	$ 59.55	$ 58.76

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There is a $50 Policy Fee for Form DI01 1-11

Knights of Columbus
New Haven, Connecticut

Policy Forms DI01 1-11 & DI01-AMDIBR 1-11
Guaranteed Renewable Disability Income Policy
& Additional Monthly Disabilitiy Income Benefit Rider
Male Non-Tobacco
5 Year
Occupation Class 4A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 19.14	$ 8.68	$ 8.11
19	$ 19.14	$ 8.68	$ 8.11
20	$ 19.14	$ 8.68	$ 8.11
21	$ 19.14	$ 8.68	$ 8.11
22	$ 19.14	$ 8.68	$ 8.11
23	$ 19.14	$ 8.68	$ 8.11
24	$ 19.14	$ 8.68	$ 8.11
25	$ 19.14	$ 8.68	$ 8.11
26	$ 19.81	$ 8.92	$ 8.34
27	$ 20.52	$ 9.20	$ 8.60
28	$ 21.27	$ 9.51	$ 8.89
29	$ 22.06	$ 9.85	$ 9.21
30	$ 22.88	$ 10.22	$ 9.56
31	$ 23.71	$ 10.61	$ 9.93
32	$ 24.55	$ 11.03	$ 10.31
33	$ 25.45	$ 11.48	$ 10.74
34	$ 26.44	$ 11.99	$ 11.21
35	$ 27.56	$ 12.56	$ 11.74
36	$ 28.86	$ 13.21	$ 12.34
37	$ 30.30	$ 13.92	$ 13.01
38	$ 31.83	$ 14.69	$ 13.72
39	$ 33.40	$ 15.50	$ 14.48
40	$ 34.95	$ 16.35	$ 15.27
41	$ 36.42	$ 17.21	$ 16.07
42	$ 37.84	$ 18.09	$ 16.90
43	$ 39.31	$ 19.03	$ 17.77
44	$ 40.93	$ 20.06	$ 18.73
45	$ 42.79	$ 21.22	$ 19.81
46	$ 44.99	$ 22.54	$ 21.04
47	$ 47.46	$ 24.01	$ 22.41
48	$ 50.07	$ 25.56	$ 23.86
49	$ 52.66	$ 27.16	$ 25.34
50	$ 55.11	$ 28.74	$ 26.80
51	$ 57.25	$ 30.25	$ 28.20
52	$ 59.18	$ 31.72	$ 29.55
53	$ 61.13	$ 33.24	$ 30.96
54	$ 63.34	$ 34.92	$ 32.48
55	$ 66.03	$ 36.85	$ 34.21
56	$ 69.21	$ 39.04	$ 36.14
57	$ 72.72	$ 41.41	$ 38.22
58	$ 76.56	$ 43.98	$ 40.45
59	$ 80.73	$ 46.73	$ 42.83
60	$ 85.24	$ 49.67	$ 45.36
61	$ 89.75	$ 52.61	$ 47.89

Tobacco User Rates are 128% of Non-Tobacco User Rates
There is a $50 Policy Fee for Form DI01 1-11

Knights of Columbus
New Haven, Connecticut

Policy Forms DI01 1-11 & DI01-AMDIBR 1-11
Guaranteed Renewable Disability Income Policy
& Additional Monthly Disabilitiy Income Benefit Rider
Female Non-Tobacco
5 Year
Occupation Class 4A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 35.21	$ 14.08	$ 12.97
19	$ 35.21	$ 14.08	$ 12.97
20	$ 35.21	$ 14.08	$ 12.97
21	$ 35.21	$ 14.08	$ 12.97
22	$ 35.21	$ 14.08	$ 12.97
23	$ 35.21	$ 14.08	$ 12.97
24	$ 35.21	$ 14.08	$ 12.97
25	$ 35.21	$ 14.08	$ 12.97
26	$ 37.03	$ 14.68	$ 13.52
27	$ 38.82	$ 15.30	$ 14.10
28	$ 40.58	$ 15.95	$ 14.71
29	$ 42.31	$ 16.62	$ 15.33
30	$ 44.00	$ 17.32	$ 15.99
31	$ 45.62	$ 18.03	$ 16.66
32	$ 47.16	$ 18.76	$ 17.35
33	$ 48.69	$ 19.52	$ 18.07
34	$ 50.27	$ 20.32	$ 18.83
35	$ 51.99	$ 21.19	$ 19.65
36	$ 53.96	$ 22.16	$ 20.56
37	$ 56.13	$ 23.22	$ 21.56
38	$ 58.32	$ 24.32	$ 22.58
39	$ 60.34	$ 25.38	$ 23.58
40	$ 62.01	$ 26.35	$ 24.50
41	$ 63.16	$ 27.18	$ 25.29
42	$ 63.91	$ 27.90	$ 25.99
43	$ 64.51	$ 28.60	$ 26.67
44	$ 65.20	$ 29.36	$ 27.39
45	$ 66.23	$ 30.24	$ 28.23
46	$ 67.74	$ 31.32	$ 29.25
47	$ 69.56	$ 32.54	$ 30.40
48	$ 71.49	$ 33.80	$ 31.59
49	$ 73.31	$ 35.02	$ 32.72
50	$ 74.80	$ 36.08	$ 33.71
51	$ 75.68	$ 36.86	$ 34.43
52	$ 76.09	$ 37.43	$ 34.96
53	$ 76.46	$ 37.98	$ 35.45
54	$ 77.22	$ 38.71	$ 36.09
55	$ 78.80	$ 39.81	$ 37.04
56	$ 81.20	$ 41.29	$ 38.30
57	$ 84.14	$ 43.02	$ 39.77
58	$ 87.61	$ 44.99	$ 41.43
59	$ 91.61	$ 47.21	$ 43.30
60	$ 96.15	$ 49.67	$ 45.36
61	$ 100.69	$ 52.13	$ 47.42

Tobacco User Rates are 128% of Non-Tobacco User Rates
There is a $50 Policy Fee for Form DI01 1-11

Knights of Columbus
New Haven, Connecticut

Policy Forms DI01 1-11 & DI01-AMDIBR 1-11
Guaranteed Renewable Disability Income Policy
& Additional Monthly Disabilitiy Income Benefit Rider
Male Non-Tobacco
2 Year
Occupation Class 4A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 13.13	$ 6.28	$ 5.83
19	$ 13.13	$ 6.28	$ 5.83
20	$ 13.13	$ 6.28	$ 5.83
21	$ 13.13	$ 6.28	$ 5.83
22	$ 13.13	$ 6.28	$ 5.83
23	$ 13.13	$ 6.28	$ 5.83
24	$ 13.13	$ 6.28	$ 5.83
25	$ 13.13	$ 6.28	$ 5.83
26	$ 13.46	$ 6.39	$ 5.93
27	$ 13.82	$ 6.51	$ 6.05
28	$ 14.20	$ 6.66	$ 6.18
29	$ 14.60	$ 6.83	$ 6.34
30	$ 15.02	$ 7.02	$ 6.51
31	$ 15.45	$ 7.22	$ 6.70
32	$ 15.89	$ 7.44	$ 6.90
33	$ 16.35	$ 7.69	$ 7.12
34	$ 16.88	$ 7.96	$ 7.37
35	$ 17.48	$ 8.27	$ 7.65
36	$ 18.19	$ 8.61	$ 7.97
37	$ 18.98	$ 8.97	$ 8.32
38	$ 19.83	$ 9.37	$ 8.71
39	$ 20.69	$ 9.83	$ 9.11
40	$ 21.54	$ 10.35	$ 9.54
41	$ 22.33	$ 10.97	$ 9.97
42	$ 23.10	$ 11.68	$ 10.42
43	$ 23.89	$ 12.43	$ 10.89
44	$ 24.76	$ 13.19	$ 11.42
45	$ 25.79	$ 13.91	$ 12.01
46	$ 26.96	$ 14.51	$ 12.65
47	$ 28.25	$ 15.02	$ 13.31
48	$ 29.64	$ 15.57	$ 14.05
49	$ 31.13	$ 16.27	$ 14.90
50	$ 32.74	$ 17.28	$ 15.91
51	$ 34.47	$ 18.71	$ 17.15
52	$ 36.31	$ 20.47	$ 18.59
53	$ 38.26	$ 22.38	$ 20.12
54	$ 40.30	$ 24.24	$ 21.64
55	$ 42.39	$ 25.87	$ 23.04
56	$ 44.55	$ 27.26	$ 24.32
57	$ 46.78	$ 28.54	$ 25.54
58	$ 49.09	$ 29.70	$ 26.72
59	$ 51.48	$ 30.76	$ 27.84
60	$ 53.94	$ 31.71	$ 28.92
61	$ 56.40	$ 32.66	$ 30.00

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Knights of Columbus
New Haven, Connecticut

Policy Forms DI01 1-11 & DI01-AMDIBR 1-11
Guaranteed Renewable Disability Income Policy
& Additional Monthly Disabilitiy Income Benefit Rider
Female Non-Tobacco
2 Year
Occupation Class 4A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 23.57	$ 9.47	$ 8.54
19	$ 23.57	$ 9.47	$ 8.54
20	$ 23.57	$ 9.47	$ 8.54
21	$ 23.57	$ 9.47	$ 8.54
22	$ 23.57	$ 9.47	$ 8.54
23	$ 23.57	$ 9.47	$ 8.54
24	$ 23.57	$ 9.47	$ 8.54
25	$ 23.57	$ 9.47	$ 8.54
26	$ 24.55	$ 9.77	$ 8.81
27	$ 25.49	$ 10.08	$ 9.09
28	$ 26.42	$ 10.41	$ 9.38
29	$ 27.31	$ 10.75	$ 9.69
30	$ 28.18	$ 11.10	$ 10.01
31	$ 28.99	$ 11.46	$ 10.34
32	$ 29.75	$ 11.83	$ 10.68
33	$ 30.50	$ 12.22	$ 11.03
34	$ 31.27	$ 12.63	$ 11.41
35	$ 32.12	$ 13.07	$ 11.82
36	$ 33.11	$ 13.57	$ 12.28
37	$ 34.22	$ 14.11	$ 12.78
38	$ 35.33	$ 14.67	$ 13.30
39	$ 36.35	$ 15.22	$ 13.80
40	$ 37.17	$ 15.72	$ 14.27
41	$ 37.69	$ 16.14	$ 14.67
42	$ 37.98	$ 16.51	$ 15.02
43	$ 38.19	$ 16.86	$ 15.36
44	$ 38.47	$ 17.25	$ 15.73
45	$ 38.96	$ 17.71	$ 16.17
46	$ 39.73	$ 18.21	$ 16.66
47	$ 40.68	$ 18.72	$ 17.17
48	$ 41.71	$ 19.30	$ 17.73
49	$ 42.72	$ 20.01	$ 18.38
50	$ 43.61	$ 20.91	$ 19.15
51	$ 44.18	$ 22.10	$ 20.09
52	$ 44.51	$ 23.56	$ 21.19
53	$ 44.87	$ 25.10	$ 22.36
54	$ 45.56	$ 26.58	$ 23.52
55	$ 46.85	$ 27.83	$ 24.57
56	$ 48.75	$ 28.85	$ 25.53
57	$ 51.07	$ 29.75	$ 26.44
58	$ 53.81	$ 30.52	$ 27.31
59	$ 56.96	$ 31.18	$ 28.14
60	$ 60.53	$ 31.71	$ 28.92
61	$ 64.10	$ 32.24	$ 29.70

Tobacco User Rates are 128% of Non-Tobacco User Rates
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Knights of Columbus
New Haven, Connecticut

Policy Forms DI01 1-11 & DI01-AMDIBR 1-11
Guaranteed Renewable Disability Income Policy
& Additional Monthly Disabilitiy Income Benefit Rider
Male Non-Tobacco
To Age 67
Occupation Class 3A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 54.71	$ 24.79	$ 23.40
19	$ 54.71	$ 24.79	$ 23.40
20	$ 54.71	$ 24.79	$ 23.40
21	$ 54.71	$ 24.79	$ 23.40
22	$ 54.71	$ 24.79	$ 23.40
23	$ 54.71	$ 24.79	$ 23.40
24	$ 54.71	$ 24.79	$ 23.40
25	$ 54.71	$ 24.79	$ 23.40
26	$ 57.11	$ 25.79	$ 24.35
27	$ 59.47	$ 26.81	$ 25.32
28	$ 61.81	$ 27.86	$ 26.31
29	$ 64.13	$ 28.93	$ 27.33
30	$ 66.41	$ 30.03	$ 28.37
31	$ 68.57	$ 31.11	$ 29.39
32	$ 70.60	$ 32.17	$ 30.39
33	$ 72.65	$ 33.27	$ 31.44
34	$ 74.87	$ 34.50	$ 32.60
35	$ 77.41	$ 35.91	$ 33.93
36	$ 80.48	$ 37.57	$ 35.50
37	$ 83.97	$ 39.44	$ 37.26
38	$ 87.58	$ 41.42	$ 39.13
39	$ 91.00	$ 43.42	$ 41.01
40	$ 93.90	$ 45.34	$ 42.81
41	$ 96.19	$ 47.12	$ 44.48
42	$ 98.08	$ 48.82	$ 46.07
43	$ 99.72	$ 50.54	$ 47.67
44	$ 101.27	$ 52.37	$ 49.37
45	$ 102.87	$ 54.40	$ 51.25
46	$ 104.60	$ 56.72	$ 53.50
47	$ 106.37	$ 59.25	$ 56.07
48	$ 108.05	$ 61.89	$ 58.66
49	$ 109.55	$ 64.51	$ 61.01
50	$ 110.75	$ 66.99	$ 62.82
51	$ 111.60	$ 69.45	$ 63.98
52	$ 112.16	$ 71.97	$ 64.69
53	$ 112.53	$ 74.37	$ 65.10
54	$ 112.80	$ 76.46	$ 65.41
55	$ 113.06	$ 78.06	$ 65.78
56	$ 113.32	$ 79.17	$ 66.21
57	$ 113.50	$ 79.37	$ 66.59
58	$ 113.62	$ 79.57	$ 66.92
59	$ 113.64	$ 79.77	$ 67.20
60	$ 113.65	$ 79.96	$ 67.42
61	$ 113.66	$ 80.15	$ 67.64

Tobacco User Rates are 128% of Non-Tobacco User Rates
There is a $50 Policy Fee for Form DI01 1-11

Knights of Columbus
New Haven, Connecticut

Policy Forms DI01 1-11 & DI01-AMDIBR 1-11
Guaranteed Renewable Disability Income Policy
& Additional Monthly Disabilitiy Income Benefit Rider
Female Non-Tobacco
To Age 67
Occupation Class 3A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 91.88	$ 38.36	$ 36.29
19	$ 91.88	$ 38.36	$ 36.29
20	$ 91.88	$ 38.36	$ 36.29
21	$ 91.88	$ 38.36	$ 36.29
22	$ 91.88	$ 38.36	$ 36.29
23	$ 91.88	$ 38.36	$ 36.29
24	$ 91.88	$ 38.36	$ 36.29
25	$ 91.88	$ 38.36	$ 36.29
26	$ 97.34	$ 40.25	$ 38.10
27	$ 102.52	$ 42.09	$ 39.85
28	$ 107.44	$ 43.87	$ 41.55
29	$ 112.08	$ 45.59	$ 43.20
30	$ 116.46	$ 47.26	$ 44.80
31	$ 120.52	$ 48.81	$ 46.29
32	$ 124.25	$ 50.25	$ 47.67
33	$ 127.74	$ 51.66	$ 49.03
34	$ 131.07	$ 53.13	$ 50.44
35	$ 134.30	$ 54.75	$ 51.99
36	$ 137.57	$ 56.67	$ 53.81
37	$ 140.83	$ 58.83	$ 55.86
38	$ 143.88	$ 61.01	$ 57.92
39	$ 146.52	$ 62.98	$ 59.77
40	$ 148.57	$ 64.52	$ 61.22
41	$ 149.84	$ 65.49	$ 62.17
42	$ 150.47	$ 66.03	$ 62.75
43	$ 150.72	$ 66.37	$ 63.11
44	$ 150.84	$ 66.71	$ 63.38
45	$ 151.12	$ 67.28	$ 63.68
46	$ 151.52	$ 68.08	$ 64.00
47	$ 151.88	$ 68.98	$ 64.25
48	$ 152.21	$ 69.95	$ 64.46
49	$ 152.56	$ 70.98	$ 64.65
50	$ 152.93	$ 72.04	$ 64.85
51	$ 153.35	$ 73.23	$ 65.04
52	$ 153.79	$ 74.56	$ 65.21
53	$ 154.25	$ 75.89	$ 65.37
54	$ 154.70	$ 77.10	$ 65.55
55	$ 155.12	$ 78.06	$ 65.78
56	$ 155.52	$ 78.77	$ 66.05
57	$ 155.91	$ 79.31	$ 66.35
58	$ 156.29	$ 79.69	$ 66.68
59	$ 156.65	$ 79.91	$ 67.04
60	$ 157.00	$ 79.96	$ 67.42
61	$ 157.35	$ 80.01	$ 67.80

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Knights of Columbus
New Haven, Connecticut

Policy Forms DI01 1-11 & DI01-AMDIBR 1-11
Guaranteed Renewable Disability Income Policy
& Additional Monthly Disabilitiy Income Benefit Rider
Male Non-Tobacco
5 Year
Occupation Class 3A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 30.90	$ 15.03	$ 13.93
19	$ 30.90	$ 15.03	$ 13.93
20	$ 30.90	$ 15.03	$ 13.93
21	$ 30.90	$ 15.03	$ 13.93
22	$ 30.90	$ 15.03	$ 13.93
23	$ 30.90	$ 15.03	$ 13.93
24	$ 30.90	$ 15.03	$ 13.93
25	$ 30.90	$ 15.03	$ 13.93
26	$ 31.97	$ 15.51	$ 14.38
27	$ 33.07	$ 16.03	$ 14.86
28	$ 34.20	$ 16.58	$ 15.37
29	$ 35.34	$ 17.16	$ 15.92
30	$ 36.51	$ 17.78	$ 16.50
31	$ 37.65	$ 18.41	$ 17.09
32	$ 38.77	$ 19.05	$ 17.70
33	$ 39.93	$ 19.74	$ 18.34
34	$ 41.22	$ 20.50	$ 19.06
35	$ 42.71	$ 21.38	$ 19.89
36	$ 44.49	$ 22.39	$ 20.84
37	$ 46.51	$ 23.52	$ 21.90
38	$ 48.63	$ 24.73	$ 23.03
39	$ 50.74	$ 25.99	$ 24.21
40	$ 52.71	$ 27.26	$ 25.40
41	$ 54.42	$ 28.51	$ 26.57
42	$ 55.97	$ 29.75	$ 27.74
43	$ 57.51	$ 31.06	$ 28.97
44	$ 59.21	$ 32.48	$ 30.31
45	$ 61.24	$ 34.10	$ 31.82
46	$ 63.75	$ 35.98	$ 33.58
47	$ 66.63	$ 38.08	$ 35.53
48	$ 69.64	$ 40.28	$ 37.59
49	$ 72.56	$ 42.49	$ 39.64
50	$ 75.15	$ 44.57	$ 41.57
51	$ 77.18	$ 46.43	$ 43.30
52	$ 78.80	$ 48.14	$ 44.89
53	$ 80.36	$ 49.87	$ 46.48
54	$ 82.20	$ 51.76	$ 48.20
55	$ 84.68	$ 53.98	$ 50.18
56	$ 87.79	$ 56.53	$ 52.42
57	$ 91.30	$ 59.30	$ 54.83
58	$ 95.21	$ 62.29	$ 57.41
59	$ 99.52	$ 65.50	$ 60.17
60	$ 104.23	$ 68.93	$ 63.10
61	$ 108.94	$ 72.36	$ 66.03

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Knights of Columbus
New Haven, Connecticut

Policy Forms DI01 1-11 & DI01-AMDIBR 1-11
Guaranteed Renewable Disability Income Policy
& Additional Monthly Disabilitiy Income Benefit Rider
Female Non-Tobacco
5 Year
Occupation Class 3A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 44.44	$ 19.86	$ 18.24
19	$ 44.44	$ 19.86	$ 18.24
20	$ 44.44	$ 19.86	$ 18.24
21	$ 44.44	$ 19.86	$ 18.24
22	$ 44.44	$ 19.86	$ 18.24
23	$ 44.44	$ 19.86	$ 18.24
24	$ 44.44	$ 19.86	$ 18.24
25	$ 44.44	$ 19.86	$ 18.24
26	$ 47.16	$ 20.65	$ 18.98
27	$ 49.74	$ 21.45	$ 19.72
28	$ 52.19	$ 22.24	$ 20.46
29	$ 54.51	$ 23.04	$ 21.21
30	$ 56.69	$ 23.84	$ 21.97
31	$ 58.64	$ 24.62	$ 22.71
32	$ 60.34	$ 25.37	$ 23.43
33	$ 61.97	$ 26.13	$ 24.17
34	$ 63.66	$ 26.95	$ 24.95
35	$ 65.57	$ 27.87	$ 25.83
36	$ 67.86	$ 28.94	$ 26.84
37	$ 70.42	$ 30.13	$ 27.97
38	$ 73.01	$ 31.36	$ 29.13
39	$ 75.41	$ 32.56	$ 30.26
40	$ 77.36	$ 33.63	$ 31.28
41	$ 78.66	$ 34.51	$ 32.13
42	$ 79.48	$ 35.26	$ 32.86
43	$ 80.11	$ 35.98	$ 33.56
44	$ 80.87	$ 36.77	$ 34.32
45	$ 82.06	$ 37.74	$ 35.24
46	$ 83.88	$ 38.89	$ 36.32
47	$ 86.12	$ 40.15	$ 37.49
48	$ 88.50	$ 41.52	$ 38.76
49	$ 90.71	$ 43.00	$ 40.12
50	$ 92.46	$ 44.57	$ 41.57
51	$ 93.40	$ 46.20	$ 43.08
52	$ 93.72	$ 47.88	$ 44.64
53	$ 93.96	$ 49.69	$ 46.32
54	$ 94.65	$ 51.70	$ 48.15
55	$ 96.33	$ 53.98	$ 50.18
56	$ 99.00	$ 56.53	$ 52.42
57	$ 102.29	$ 59.30	$ 54.83
58	$ 106.22	$ 62.29	$ 57.41
59	$ 110.78	$ 65.50	$ 60.17
60	$ 115.97	$ 68.93	$ 63.10
61	$ 121.16	$ 72.36	$ 66.03

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New Haven, Connecticut

Policy Forms DI01 1-11 & DI01-AMDIBR 1-11
Guaranteed Renewable Disability Income Policy
& Additional Monthly Disabilitiy Income Benefit Rider
Male Non-Tobacco
2 Year
Occupation Class 3A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 21.31	$ 10.33	$ 9.00
19	$ 21.31	$ 10.33	$ 9.00
20	$ 21.31	$ 10.33	$ 9.00
21	$ 21.31	$ 10.33	$ 9.00
22	$ 21.31	$ 10.33	$ 9.00
23	$ 21.31	$ 10.33	$ 9.00
24	$ 21.31	$ 10.33	$ 9.00
25	$ 21.31	$ 10.33	$ 9.00
26	$ 21.81	$ 10.60	$ 9.37
27	$ 22.34	$ 10.88	$ 9.73
28	$ 22.87	$ 11.18	$ 10.09
29	$ 23.42	$ 11.49	$ 10.45
30	$ 23.99	$ 11.82	$ 10.81
31	$ 24.54	$ 12.15	$ 11.14
32	$ 25.08	$ 12.48	$ 11.45
33	$ 25.65	$ 12.83	$ 11.77
34	$ 26.30	$ 13.23	$ 12.13
35	$ 27.06	$ 13.69	$ 12.55
36	$ 27.99	$ 14.23	$ 13.05
37	$ 29.05	$ 14.84	$ 13.61
38	$ 30.18	$ 15.49	$ 14.21
39	$ 31.31	$ 16.17	$ 14.83
40	$ 32.35	$ 16.86	$ 15.47
41	$ 33.25	$ 17.54	$ 16.10
42	$ 34.05	$ 18.22	$ 16.73
43	$ 34.86	$ 18.93	$ 17.39
44	$ 35.76	$ 19.72	$ 18.12
45	$ 36.85	$ 20.61	$ 18.95
46	$ 38.21	$ 21.63	$ 19.88
47	$ 39.78	$ 22.75	$ 20.90
48	$ 41.43	$ 23.94	$ 21.99
49	$ 43.07	$ 25.18	$ 23.13
50	$ 44.57	$ 26.45	$ 24.33
51	$ 45.78	$ 27.71	$ 25.57
52	$ 46.77	$ 28.97	$ 26.85
53	$ 47.78	$ 30.29	$ 28.20
54	$ 49.06	$ 31.73	$ 29.61
55	$ 50.84	$ 33.33	$ 31.11
56	$ 53.13	$ 35.10	$ 32.69
57	$ 55.76	$ 37.01	$ 34.34
58	$ 58.74	$ 39.04	$ 36.07
59	$ 62.06	$ 41.21	$ 37.87
60	$ 65.73	$ 43.51	$ 39.75
61	$ 69.40	$ 45.81	$ 41.63

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Knights of Columbus
New Haven, Connecticut

Policy Forms DI01 1-11 & DI01-AMDIBR 1-11
Guaranteed Renewable Disability Income Policy
& Additional Monthly Disabilitiy Income Benefit Rider
Female Non-Tobacco
2 Year
Occupation Class 3A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 31.11	$ 13.47	$ 12.11
19	$ 31.11	$ 13.47	$ 12.11
20	$ 31.11	$ 13.47	$ 12.11
21	$ 31.11	$ 13.47	$ 12.11
22	$ 31.11	$ 13.47	$ 12.11
23	$ 31.11	$ 13.47	$ 12.11
24	$ 31.11	$ 13.47	$ 12.11
25	$ 31.11	$ 13.47	$ 12.11
26	$ 32.31	$ 13.83	$ 12.43
27	$ 33.46	$ 14.20	$ 12.76
28	$ 34.57	$ 14.57	$ 13.10
29	$ 35.62	$ 14.95	$ 13.44
30	$ 36.62	$ 15.33	$ 13.79
31	$ 37.53	$ 15.70	$ 14.14
32	$ 38.33	$ 16.06	$ 14.48
33	$ 39.12	$ 16.44	$ 14.84
34	$ 39.94	$ 16.84	$ 15.23
35	$ 40.88	$ 17.30	$ 15.66
36	$ 42.02	$ 17.84	$ 16.16
37	$ 43.32	$ 18.44	$ 16.73
38	$ 44.63	$ 19.07	$ 17.31
39	$ 45.84	$ 19.68	$ 17.88
40	$ 46.79	$ 20.23	$ 18.39
41	$ 47.37	$ 20.67	$ 18.81
42	$ 47.67	$ 21.02	$ 19.15
43	$ 47.87	$ 21.36	$ 19.49
44	$ 48.16	$ 21.77	$ 19.88
45	$ 48.71	$ 22.30	$ 20.39
46	$ 49.63	$ 22.95	$ 21.01
47	$ 50.79	$ 23.68	$ 21.69
48	$ 52.05	$ 24.49	$ 22.46
49	$ 53.26	$ 25.41	$ 23.33
50	$ 54.29	$ 26.45	$ 24.33
51	$ 54.90	$ 27.60	$ 25.47
52	$ 55.18	$ 28.85	$ 26.75
53	$ 55.49	$ 30.21	$ 28.13
54	$ 56.17	$ 31.70	$ 29.59
55	$ 57.57	$ 33.33	$ 31.11
56	$ 59.68	$ 35.10	$ 32.69
57	$ 62.28	$ 37.01	$ 34.34
58	$ 65.37	$ 39.04	$ 36.07
59	$ 68.94	$ 41.21	$ 37.87
60	$ 73.00	$ 43.51	$ 39.75
61	$ 77.06	$ 45.81	$ 41.63

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Knights of Columbus
New Haven, Connecticut

Policy Forms DI01 1-11 & DI01-AMDIBR 1-11
Guaranteed Renewable Disability Income Policy
& Additional Monthly Disabilitiy Income Benefit Rider
Male Non-Tobacco
To Age 67
Occupation Class 2A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 90.14	$ 39.27	$ 36.97
19	$ 90.14	$ 39.27	$ 36.97
20	$ 90.14	$ 39.27	$ 36.97
21	$ 90.14	$ 39.27	$ 36.97
22	$ 90.14	$ 39.27	$ 36.97
23	$ 90.14	$ 39.27	$ 36.97
24	$ 90.14	$ 39.27	$ 36.97
25	$ 90.14	$ 39.27	$ 36.97
26	$ 94.04	$ 40.66	$ 38.30
27	$ 97.72	$ 42.02	$ 39.59
28	$ 101.18	$ 43.35	$ 40.86
29	$ 104.42	$ 44.65	$ 42.10
30	$ 107.44	$ 45.92	$ 43.31
31	$ 110.02	$ 47.08	$ 44.42
32	$ 112.16	$ 48.14	$ 45.42
33	$ 114.18	$ 49.21	$ 46.43
34	$ 116.42	$ 50.40	$ 47.56
35	$ 119.21	$ 51.84	$ 48.92
36	$ 122.83	$ 53.63	$ 50.61
37	$ 127.08	$ 55.68	$ 52.54
38	$ 131.50	$ 57.85	$ 54.59
39	$ 135.66	$ 59.99	$ 56.60
40	$ 139.12	$ 61.95	$ 58.44
41	$ 141.66	$ 63.62	$ 59.99
42	$ 143.56	$ 65.09	$ 61.36
43	$ 145.17	$ 66.55	$ 62.70
44	$ 146.83	$ 68.16	$ 64.17
45	$ 148.87	$ 70.09	$ 65.94
46	$ 151.54	$ 72.59	$ 68.24
47	$ 154.62	$ 75.53	$ 70.95
48	$ 157.73	$ 78.56	$ 73.74
49	$ 160.50	$ 81.34	$ 76.26
50	$ 162.55	$ 83.50	$ 78.18
51	$ 163.70	$ 84.87	$ 79.33
52	$ 164.19	$ 85.67	$ 79.95
53	$ 164.31	$ 86.19	$ 80.27
54	$ 164.34	$ 86.69	$ 80.52
55	$ 164.54	$ 87.44	$ 80.95
56	$ 164.92	$ 88.44	$ 81.55
57	$ 165.30	$ 89.51	$ 82.18
58	$ 165.67	$ 90.65	$ 82.81
59	$ 166.04	$ 91.86	$ 83.47
60	$ 166.40	$ 93.14	$ 84.14
61	$ 166.76	$ 94.42	$ 84.81

Tobacco User Rates are 128% of Non-Tobacco User Rates
There is a $50 Policy Fee for Form DI01 1-11

Knights of Columbus
New Haven, Connecticut

Policy Forms DI01 1-11 & DI01-AMDIBR 1-11
Guaranteed Renewable Disability Income Policy
& Additional Monthly Disabilitiy Income Benefit Rider
Female Non-Tobacco
To Age 67
Occupation Class 2A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 121.40	$ 49.78	$ 47.05
19	$ 121.40	$ 49.78	$ 47.05
20	$ 121.40	$ 49.78	$ 47.05
21	$ 121.40	$ 49.78	$ 47.05
22	$ 121.40	$ 49.78	$ 47.05
23	$ 121.40	$ 49.78	$ 47.05
24	$ 121.40	$ 49.78	$ 47.05
25	$ 121.40	$ 49.78	$ 47.05
26	$ 128.76	$ 52.07	$ 49.22
27	$ 135.70	$ 54.28	$ 51.33
28	$ 142.21	$ 56.43	$ 53.37
29	$ 148.28	$ 58.50	$ 55.35
30	$ 153.93	$ 60.50	$ 57.27
31	$ 159.01	$ 62.37	$ 59.07
32	$ 163.54	$ 64.10	$ 60.74
33	$ 167.70	$ 65.79	$ 62.38
34	$ 171.69	$ 67.54	$ 64.07
35	$ 175.73	$ 69.44	$ 65.89
36	$ 180.06	$ 71.69	$ 68.04
37	$ 184.54	$ 74.24	$ 70.45
38	$ 188.81	$ 76.77	$ 72.85
39	$ 192.47	$ 78.99	$ 74.94
40	$ 195.16	$ 80.59	$ 76.44
41	$ 195.40	$ 80.71	$ 76.54
42	$ 195.75	$ 80.80	$ 76.66
43	$ 196.05	$ 80.96	$ 76.78
44	$ 196.27	$ 81.14	$ 76.87
45	$ 196.48	$ 81.34	$ 76.97
46	$ 196.76	$ 81.76	$ 77.32
47	$ 197.03	$ 82.28	$ 77.77
48	$ 197.32	$ 82.88	$ 78.27
49	$ 197.68	$ 83.51	$ 78.78
50	$ 198.12	$ 84.13	$ 79.22
51	$ 198.66	$ 84.72	$ 79.58
52	$ 199.27	$ 85.30	$ 79.88
53	$ 199.94	$ 85.92	$ 80.18
54	$ 200.68	$ 86.62	$ 80.52
55	$ 201.48	$ 87.44	$ 80.95
56	$ 202.34	$ 88.39	$ 81.47
57	$ 203.26	$ 89.43	$ 82.05
58	$ 204.24	$ 90.57	$ 82.69
59	$ 205.29	$ 91.81	$ 83.39
60	$ 206.40	$ 93.14	$ 84.14
61	$ 207.51	$ 94.47	$ 84.89

Tobacco User Rates are 128% of Non-Tobacco User Rates
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Knights of Columbus
New Haven, Connecticut

Policy Forms DI01 1-11 & DI01-AMDIBR 1-11
Guaranteed Renewable Disability Income Policy
& Additional Monthly Disabilitiy Income Benefit Rider
Male Non-Tobacco
5 Year
Occupation Class 2A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 48.44	$ 22.63	$ 20.79
19	$ 48.44	$ 22.63	$ 20.79
20	$ 48.44	$ 22.63	$ 20.79
21	$ 48.44	$ 22.63	$ 20.79
22	$ 48.44	$ 22.63	$ 20.79
23	$ 48.44	$ 22.63	$ 20.79
24	$ 48.44	$ 22.63	$ 20.79
25	$ 48.44	$ 22.63	$ 20.79
26	$ 50.37	$ 23.28	$ 21.40
27	$ 52.22	$ 23.95	$ 22.04
28	$ 53.99	$ 24.64	$ 22.69
29	$ 55.68	$ 25.34	$ 23.35
30	$ 57.29	$ 26.06	$ 24.04
31	$ 58.70	$ 26.75	$ 24.71
32	$ 59.90	$ 27.43	$ 25.36
33	$ 61.08	$ 28.13	$ 26.05
34	$ 62.43	$ 28.93	$ 26.82
35	$ 64.14	$ 29.89	$ 27.73
36	$ 66.33	$ 31.04	$ 28.80
37	$ 68.86	$ 32.34	$ 30.01
38	$ 71.57	$ 33.73	$ 31.31
39	$ 74.27	$ 35.17	$ 32.64
40	$ 76.78	$ 36.58	$ 33.96
41	$ 78.92	$ 37.91	$ 35.21
42	$ 80.82	$ 39.19	$ 36.42
43	$ 82.73	$ 40.52	$ 37.68
44	$ 84.92	$ 42.01	$ 39.08
45	$ 87.64	$ 43.75	$ 40.72
46	$ 91.12	$ 45.84	$ 42.68
47	$ 95.19	$ 48.21	$ 44.89
48	$ 99.51	$ 50.72	$ 47.23
49	$ 103.73	$ 53.24	$ 49.58
50	$ 107.51	$ 55.64	$ 51.80
51	$ 110.53	$ 57.77	$ 53.77
52	$ 113.01	$ 59.73	$ 55.57
53	$ 115.45	$ 61.72	$ 57.40
54	$ 118.33	$ 63.98	$ 59.43
55	$ 122.14	$ 66.72	$ 61.86
56	$ 126.89	$ 69.94	$ 64.69
57	$ 132.24	$ 73.50	$ 67.78
58	$ 138.19	$ 77.39	$ 71.15
59	$ 144.76	$ 81.62	$ 74.79
60	$ 151.93	$ 86.18	$ 78.70
61	$ 159.10	$ 90.74	$ 82.61

Tobacco User Rates are 128% of Non-Tobacco User Rates
There is a $50 Policy Fee for Form DI01 1-11

Knights of Columbus
New Haven, Connecticut

Policy Forms DI01 1-11 & DI01-AMDIBR 1-11
Guaranteed Renewable Disability Income Policy
& Additional Monthly Disabilitiy Income Benefit Rider
Female Non-Tobacco
5 Year
Occupation Class 2A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 59.91	$ 25.41	$ 23.26
19	$ 59.91	$ 25.41	$ 23.26
20	$ 59.91	$ 25.41	$ 23.26
21	$ 59.91	$ 25.41	$ 23.26
22	$ 59.91	$ 25.41	$ 23.26
23	$ 59.91	$ 25.41	$ 23.26
24	$ 59.91	$ 25.41	$ 23.26
25	$ 59.91	$ 25.41	$ 23.26
26	$ 62.90	$ 26.36	$ 24.15
27	$ 65.77	$ 27.31	$ 25.04
28	$ 68.52	$ 28.26	$ 25.94
29	$ 71.14	$ 29.22	$ 26.84
30	$ 73.64	$ 30.17	$ 27.75
31	$ 75.91	$ 31.10	$ 28.64
32	$ 77.94	$ 31.99	$ 29.50
33	$ 79.90	$ 32.91	$ 30.39
34	$ 81.96	$ 33.88	$ 31.32
35	$ 84.30	$ 34.95	$ 32.35
36	$ 87.11	$ 36.17	$ 33.53
37	$ 90.28	$ 37.50	$ 34.85
38	$ 93.51	$ 38.88	$ 36.20
39	$ 96.48	$ 40.24	$ 37.48
40	$ 98.90	$ 41.53	$ 38.59
41	$ 100.51	$ 42.68	$ 39.39
42	$ 101.50	$ 43.73	$ 39.94
43	$ 102.27	$ 44.77	$ 40.46
44	$ 103.20	$ 45.89	$ 41.15
45	$ 104.66	$ 47.19	$ 42.22
46	$ 106.90	$ 48.66	$ 43.75
47	$ 109.65	$ 50.24	$ 45.60
48	$ 112.57	$ 51.94	$ 47.65
49	$ 115.29	$ 53.74	$ 49.76
50	$ 117.44	$ 55.64	$ 51.80
51	$ 118.50	$ 57.55	$ 53.67
52	$ 118.70	$ 59.48	$ 55.46
53	$ 118.84	$ 61.56	$ 57.32
54	$ 119.72	$ 63.93	$ 59.41
55	$ 122.14	$ 66.72	$ 61.86
56	$ 126.09	$ 69.94	$ 64.69
57	$ 131.05	$ 73.50	$ 67.78
58	$ 137.00	$ 77.39	$ 71.15
59	$ 143.96	$ 81.62	$ 74.79
60	$ 151.93	$ 86.18	$ 78.70
61	$ 159.90	$ 90.74	$ 82.61

Tobacco User Rates are 128% of Non-Tobacco User Rates
There is a $50 Policy Fee for Form DI01 1-11

Knights of Columbus
New Haven, Connecticut

Policy Forms DI01 1-11 & DI01-AMDIBR 1-11
Guaranteed Renewable Disability Income Policy
& Additional Monthly Disabilitiy Income Benefit Rider
Male Non-Tobacco
2 Year
Occupation Class 2A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 33.52	$ 15.50	$ 14.02
19	$ 33.52	$ 15.50	$ 14.02
20	$ 33.52	$ 15.50	$ 14.02
21	$ 33.52	$ 15.50	$ 14.02
22	$ 33.52	$ 15.50	$ 14.02
23	$ 33.52	$ 15.50	$ 14.02
24	$ 33.52	$ 15.50	$ 14.02
25	$ 33.52	$ 15.50	$ 14.02
26	$ 34.30	$ 15.76	$ 14.26
27	$ 35.06	$ 16.04	$ 14.51
28	$ 35.79	$ 16.33	$ 14.78
29	$ 36.49	$ 16.64	$ 15.07
30	$ 37.17	$ 16.97	$ 15.38
31	$ 37.75	$ 17.30	$ 15.69
32	$ 38.24	$ 17.62	$ 16.00
33	$ 38.74	$ 17.97	$ 16.33
34	$ 39.34	$ 18.38	$ 16.72
35	$ 40.15	$ 18.87	$ 17.18
36	$ 41.24	$ 19.47	$ 17.74
37	$ 42.54	$ 20.16	$ 18.37
38	$ 43.94	$ 20.90	$ 19.06
39	$ 45.34	$ 21.67	$ 19.77
40	$ 46.64	$ 22.43	$ 20.48
41	$ 47.73	$ 23.15	$ 21.15
42	$ 48.69	$ 23.84	$ 21.80
43	$ 49.66	$ 24.57	$ 22.48
44	$ 50.80	$ 25.39	$ 23.24
45	$ 52.25	$ 26.36	$ 24.14
46	$ 54.12	$ 27.51	$ 25.20
47	$ 56.32	$ 28.80	$ 26.39
48	$ 58.68	$ 30.19	$ 27.66
49	$ 61.03	$ 31.63	$ 28.99
50	$ 63.21	$ 33.06	$ 30.33
51	$ 64.99	$ 34.40	$ 31.62
52	$ 66.48	$ 35.69	$ 32.89
53	$ 68.02	$ 37.05	$ 34.24
54	$ 69.95	$ 38.63	$ 35.74
55	$ 72.60	$ 40.54	$ 37.50
56	$ 75.98	$ 42.80	$ 39.52
57	$ 79.86	$ 45.31	$ 41.73
58	$ 84.23	$ 48.07	$ 44.13
59	$ 89.11	$ 51.09	$ 46.74
60	$ 94.49	$ 54.36	$ 49.53
61	$ 99.87	$ 57.63	$ 52.32

Tobacco User Rates are 128% of Non-Tobacco User Rates
There is a $50 Policy Fee for Form DI01 1-11

Knights of Columbus
New Haven, Connecticut

Policy Forms DI01 1-11 & DI01-AMDIBR 1-11
Guaranteed Renewable Disability Income Policy
& Additional Monthly Disabilitiy Income Benefit Rider
Female Non-Tobacco
2 Year
Occupation Class 2A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 40.18	$ 17.06	$ 15.26
19	$ 40.18	$ 17.06	$ 15.26
20	$ 40.18	$ 17.06	$ 15.26
21	$ 40.18	$ 17.06	$ 15.26
22	$ 40.18	$ 17.06	$ 15.26
23	$ 40.18	$ 17.06	$ 15.26
24	$ 40.18	$ 17.06	$ 15.26
25	$ 40.18	$ 17.06	$ 15.26
26	$ 41.77	$ 17.49	$ 15.65
27	$ 43.27	$ 17.93	$ 16.04
28	$ 44.69	$ 18.37	$ 16.44
29	$ 46.02	$ 18.81	$ 16.85
30	$ 47.26	$ 19.26	$ 17.27
31	$ 48.34	$ 19.70	$ 17.69
32	$ 49.27	$ 20.13	$ 18.10
33	$ 50.15	$ 20.57	$ 18.53
34	$ 51.08	$ 21.05	$ 18.99
35	$ 52.17	$ 21.58	$ 19.49
36	$ 53.54	$ 22.15	$ 20.07
37	$ 55.11	$ 22.75	$ 20.70
38	$ 56.71	$ 23.40	$ 21.36
39	$ 58.18	$ 24.12	$ 22.01
40	$ 59.33	$ 24.91	$ 22.60
41	$ 60.02	$ 25.85	$ 23.08
42	$ 60.36	$ 26.92	$ 23.47
43	$ 60.57	$ 28.03	$ 23.86
44	$ 60.89	$ 29.08	$ 24.34
45	$ 61.54	$ 30.00	$ 25.00
46	$ 62.62	$ 30.67	$ 25.85
47	$ 63.99	$ 31.16	$ 26.83
48	$ 65.48	$ 31.62	$ 27.92
49	$ 66.93	$ 32.20	$ 29.10
50	$ 68.19	$ 33.06	$ 30.33
51	$ 68.94	$ 34.17	$ 31.57
52	$ 69.28	$ 35.43	$ 32.83
53	$ 69.68	$ 36.88	$ 34.19
54	$ 70.64	$ 38.57	$ 35.73
55	$ 72.60	$ 40.54	$ 37.50
56	$ 75.58	$ 42.80	$ 39.52
57	$ 79.26	$ 45.31	$ 41.73
58	$ 83.64	$ 48.07	$ 44.13
59	$ 88.71	$ 51.09	$ 46.74
60	$ 94.49	$ 54.36	$ 49.53
61	$ 100.27	$ 57.63	$ 52.32

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Knights of Columbus
New Haven, Connecticut

Policy Forms DI01 1-11 & DI01-AMDIBR 1-11
Guaranteed Renewable Disability Income Policy
& Additional Monthly Disabilitiy Income Benefit Rider
Male Non-Tobacco
To Age 67
Occupation Class 1A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 151.59	$ 61.64	$ 57.94
19	$ 151.59	$ 61.64	$ 57.94
20	$ 151.59	$ 61.64	$ 57.94
21	$ 151.59	$ 61.64	$ 57.94
22	$ 151.59	$ 61.64	$ 57.94
23	$ 151.59	$ 61.64	$ 57.94
24	$ 151.59	$ 61.64	$ 57.94
25	$ 151.59	$ 61.64	$ 57.94
26	$ 159.10	$ 63.97	$ 60.19
27	$ 166.11	$ 66.22	$ 62.37
28	$ 172.61	$ 68.41	$ 64.48
29	$ 178.62	$ 70.52	$ 66.51
30	$ 184.12	$ 72.56	$ 68.47
31	$ 188.64	$ 74.38	$ 70.21
32	$ 192.18	$ 75.97	$ 71.73
33	$ 195.46	$ 77.56	$ 73.25
34	$ 199.20	$ 79.39	$ 74.99
35	$ 204.11	$ 81.69	$ 77.16
36	$ 210.77	$ 84.64	$ 79.95
37	$ 218.71	$ 88.09	$ 83.20
38	$ 227.06	$ 91.76	$ 86.65
39	$ 234.95	$ 95.36	$ 90.04
40	$ 241.54	$ 98.62	$ 93.09
41	$ 246.58	$ 101.31	$ 95.59
42	$ 250.64	$ 103.60	$ 97.72
43	$ 254.09	$ 105.86	$ 99.80
44	$ 257.28	$ 108.41	$ 102.15
45	$ 260.56	$ 111.61	$ 105.08
46	$ 263.81	$ 115.65	$ 108.75
47	$ 266.78	$ 120.29	$ 112.96
48	$ 269.67	$ 125.26	$ 117.45
49	$ 272.69	$ 130.23	$ 122.01
50	$ 276.01	$ 134.92	$ 126.38
51	$ 279.99	$ 139.57	$ 130.85
52	$ 284.50	$ 144.39	$ 135.58
53	$ 289.02	$ 148.99	$ 140.14
54	$ 293.03	$ 153.01	$ 144.13
55	$ 296.01	$ 156.07	$ 147.14
56	$ 297.97	$ 158.17	$ 149.16
57	$ 298.16	$ 158.57	$ 149.25
58	$ 298.36	$ 158.87	$ 149.50
59	$ 298.66	$ 159.17	$ 149.75
60	$ 298.99	$ 159.47	$ 150.14
61	$ 299.32	$ 159.77	$ 150.53

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Knights of Columbus
New Haven, Connecticut

Policy Forms DI01 1-11 & DI01-AMDIBR 1-11
Guaranteed Renewable Disability Income Policy
& Additional Monthly Disabilitiy Income Benefit Rider
Female Non-Tobacco
To Age 67
Occupation Class 1A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 204.00	$ 77.97	$ 73.56
19	$ 204.00	$ 77.97	$ 73.56
20	$ 204.00	$ 77.97	$ 73.56
21	$ 204.00	$ 77.97	$ 73.56
22	$ 204.00	$ 77.97	$ 73.56
23	$ 204.00	$ 77.97	$ 73.56
24	$ 204.00	$ 77.97	$ 73.56
25	$ 204.00	$ 77.97	$ 73.56
26	$ 217.55	$ 81.89	$ 77.31
27	$ 230.36	$ 85.69	$ 80.95
28	$ 242.43	$ 89.39	$ 84.49
29	$ 253.76	$ 92.97	$ 87.91
30	$ 264.35	$ 96.43	$ 91.23
31	$ 273.88	$ 99.66	$ 94.32
32	$ 282.34	$ 102.65	$ 97.20
33	$ 290.23	$ 105.58	$ 100.02
34	$ 298.02	$ 108.66	$ 102.96
35	$ 306.21	$ 112.05	$ 106.20
36	$ 315.48	$ 116.15	$ 110.09
37	$ 325.51	$ 120.82	$ 114.53
38	$ 335.26	$ 125.50	$ 118.96
39	$ 343.71	$ 129.62	$ 122.86
40	$ 349.84	$ 132.61	$ 125.67
41	$ 350.24	$ 134.10	$ 126.07
42	$ 350.56	$ 134.20	$ 126.24
43	$ 351.50	$ 134.27	$ 126.50
44	$ 352.21	$ 134.38	$ 126.88
45	$ 352.41	$ 134.44	$ 127.13
46	$ 352.98	$ 135.26	$ 127.79
47	$ 353.57	$ 136.19	$ 128.51
48	$ 354.17	$ 137.33	$ 129.43
49	$ 354.75	$ 138.79	$ 130.68
50	$ 355.28	$ 140.70	$ 132.40
51	$ 355.75	$ 143.38	$ 134.93
52	$ 356.16	$ 146.77	$ 138.18
53	$ 356.56	$ 150.35	$ 141.63
54	$ 356.97	$ 153.62	$ 144.79
55	$ 357.41	$ 156.07	$ 147.14
56	$ 357.89	$ 157.71	$ 148.68
57	$ 358.39	$ 158.87	$ 149.75
58	$ 358.90	$ 159.06	$ 149.85
59	$ 359.44	$ 159.25	$ 150.02
60	$ 359.99	$ 159.47	$ 150.14
61	$ 360.54	$ 159.69	$ 150.26

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Knights of Columbus
New Haven, Connecticut

Policy Forms DI01 1-11 & DI01-AMDIBR 1-11
Guaranteed Renewable Disability Income Policy
& Additional Monthly Disabilitiy Income Benefit Rider
Male Non-Tobacco
5 Year
Occupation Class 1A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 82.36	$ 34.31	$ 31.36
19	$ 82.36	$ 34.31	$ 31.36
20	$ 82.36	$ 34.31	$ 31.36
21	$ 82.36	$ 34.31	$ 31.36
22	$ 82.36	$ 34.31	$ 31.36
23	$ 82.36	$ 34.31	$ 31.36
24	$ 82.36	$ 34.31	$ 31.36
25	$ 82.36	$ 34.31	$ 31.36
26	$ 85.36	$ 35.32	$ 32.32
27	$ 88.23	$ 36.35	$ 33.29
28	$ 90.98	$ 37.39	$ 34.29
29	$ 93.61	$ 38.44	$ 35.30
30	$ 96.11	$ 39.51	$ 36.32
31	$ 98.26	$ 40.52	$ 37.29
32	$ 100.07	$ 41.46	$ 38.22
33	$ 101.86	$ 42.46	$ 39.19
34	$ 103.98	$ 43.61	$ 40.32
35	$ 106.77	$ 45.05	$ 41.69
36	$ 110.44	$ 46.83	$ 43.37
37	$ 114.76	$ 48.89	$ 45.30
38	$ 119.41	$ 51.11	$ 47.38
39	$ 124.07	$ 53.39	$ 49.51
40	$ 128.41	$ 55.62	$ 51.61
41	$ 132.10	$ 57.68	$ 53.55
42	$ 135.36	$ 59.63	$ 55.39
43	$ 138.68	$ 61.67	$ 57.32
44	$ 142.57	$ 63.99	$ 59.51
45	$ 147.52	$ 66.79	$ 62.13
46	$ 154.04	$ 70.23	$ 65.34
47	$ 161.78	$ 74.17	$ 69.03
48	$ 170.01	$ 78.38	$ 72.96
49	$ 177.98	$ 82.61	$ 76.89
50	$ 184.95	$ 86.62	$ 80.60
51	$ 190.17	$ 90.14	$ 83.86
52	$ 194.13	$ 93.33	$ 86.82
53	$ 197.96	$ 96.59	$ 89.82
54	$ 202.80	$ 100.31	$ 93.20
55	$ 209.78	$ 104.90	$ 97.28
56	$ 218.90	$ 110.35	$ 102.07
57	$ 229.40	$ 116.40	$ 107.35
58	$ 241.29	$ 123.04	$ 113.12
59	$ 254.56	$ 130.28	$ 119.37
60	$ 269.22	$ 138.12	$ 126.11
61	$ 283.88	$ 145.96	$ 132.85

Tobacco User Rates are 128% of Non-Tobacco User Rates
There is a $50 Policy Fee for Form DI01 1-11

Knights of Columbus
New Haven, Connecticut

Policy Forms DI01 1-11 & DI01-AMDIBR 1-11
Guaranteed Renewable Disability Income Policy
& Additional Monthly Disabilitiy Income Benefit Rider
Female Non-Tobacco
5 Year
Occupation Class 1A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 100.60	$ 38.65	$ 35.21
19	$ 100.60	$ 38.65	$ 35.21
20	$ 100.60	$ 38.65	$ 35.21
21	$ 100.60	$ 38.65	$ 35.21
22	$ 100.60	$ 38.65	$ 35.21
23	$ 100.60	$ 38.65	$ 35.21
24	$ 100.60	$ 38.65	$ 35.21
25	$ 100.60	$ 38.65	$ 35.21
26	$ 105.42	$ 40.19	$ 36.65
27	$ 110.08	$ 41.74	$ 38.09
28	$ 114.58	$ 43.29	$ 39.55
29	$ 118.92	$ 44.84	$ 41.01
30	$ 123.10	$ 46.39	$ 42.48
31	$ 126.92	$ 47.89	$ 43.91
32	$ 130.38	$ 49.33	$ 45.30
33	$ 133.79	$ 50.80	$ 46.72
34	$ 137.43	$ 52.39	$ 48.25
35	$ 141.62	$ 54.17	$ 49.96
36	$ 146.76	$ 56.29	$ 51.97
37	$ 152.64	$ 58.69	$ 54.24
38	$ 158.66	$ 61.17	$ 56.57
39	$ 164.22	$ 63.51	$ 58.79
40	$ 168.72	$ 65.51	$ 60.69
41	$ 171.66	$ 66.95	$ 62.09
42	$ 173.44	$ 67.97	$ 63.10
43	$ 174.80	$ 68.89	$ 64.03
44	$ 176.50	$ 70.05	$ 65.17
45	$ 179.26	$ 71.77	$ 66.81
46	$ 183.63	$ 74.14	$ 69.03
47	$ 189.12	$ 76.93	$ 71.64
48	$ 194.91	$ 80.02	$ 74.51
49	$ 200.20	$ 83.29	$ 77.53
50	$ 204.18	$ 86.62	$ 80.60
51	$ 205.68	$ 89.82	$ 83.56
52	$ 207.00	$ 92.97	$ 86.48
53	$ 208.25	$ 96.35	$ 89.59
54	$ 208.95	$ 100.23	$ 93.12
55	$ 209.78	$ 104.90	$ 97.28
56	$ 217.36	$ 110.35	$ 102.07
57	$ 227.10	$ 116.40	$ 107.35
58	$ 238.98	$ 123.04	$ 113.12
59	$ 253.02	$ 130.28	$ 119.37
60	$ 269.22	$ 138.12	$ 126.11
61	$ 285.42	$ 145.96	$ 132.85

Tobacco User Rates are 128% of Non-Tobacco User Rates
There is a $50 Policy Fee for Form DI01 1-11

Knights of Columbus
New Haven, Connecticut

Policy Forms DI01 1-11 & DI01-AMDIBR 1-11
Guaranteed Renewable Disability Income Policy
& Additional Monthly Disabilitiy Income Benefit Rider
Male Non-Tobacco
2 Year
Occupation Class 1A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 55.00	$ 21.06	$ 19.06
19	$ 55.00	$ 21.06	$ 19.06
20	$ 55.00	$ 21.06	$ 19.06
21	$ 55.00	$ 21.06	$ 19.06
22	$ 55.00	$ 21.06	$ 19.06
23	$ 55.00	$ 21.06	$ 19.06
24	$ 55.00	$ 21.06	$ 19.06
25	$ 55.00	$ 21.06	$ 19.06
26	$ 56.71	$ 22.13	$ 20.05
27	$ 58.29	$ 23.13	$ 20.95
28	$ 59.74	$ 24.04	$ 21.76
29	$ 61.05	$ 24.87	$ 22.48
30	$ 62.22	$ 25.63	$ 23.12
31	$ 63.08	$ 26.23	$ 23.57
32	$ 63.64	$ 26.67	$ 23.84
33	$ 64.14	$ 27.07	$ 24.08
34	$ 64.86	$ 27.55	$ 24.41
35	$ 66.07	$ 28.22	$ 25.00
36	$ 67.93	$ 29.13	$ 25.90
37	$ 70.28	$ 30.20	$ 27.02
38	$ 72.84	$ 31.37	$ 28.26
39	$ 75.36	$ 32.57	$ 29.52
40	$ 77.57	$ 33.75	$ 30.72
41	$ 79.20	$ 34.83	$ 31.77
42	$ 80.43	$ 35.86	$ 32.75
43	$ 81.66	$ 36.94	$ 33.75
44	$ 83.28	$ 38.19	$ 34.90
45	$ 85.71	$ 39.70	$ 36.30
46	$ 89.23	$ 41.56	$ 38.02
47	$ 93.57	$ 43.69	$ 39.98
48	$ 98.31	$ 45.98	$ 42.09
49	$ 102.99	$ 48.32	$ 44.25
50	$ 107.18	$ 50.60	$ 46.34
51	$ 110.45	$ 52.62	$ 48.21
52	$ 113.10	$ 54.47	$ 49.92
53	$ 115.76	$ 56.42	$ 51.73
54	$ 119.09	$ 58.76	$ 53.87
55	$ 123.73	$ 61.76	$ 56.59
56	$ 129.68	$ 65.43	$ 59.89
57	$ 136.52	$ 69.58	$ 63.61
58	$ 144.24	$ 74.21	$ 67.75
59	$ 152.84	$ 79.32	$ 72.31
60	$ 162.32	$ 84.91	$ 77.28
61	$ 171.80	$ 90.50	$ 82.25

Tobacco User Rates are 128% of Non-Tobacco User Rates
There is a $50 Policy Fee for Form DI01 1-11

Knights of Columbus
New Haven, Connecticut

Policy Forms DI01 1-11 & DI01-AMDIBR 1-11
Guaranteed Renewable Disability Income Policy
& Additional Monthly Disabilitiy Income Benefit Rider
Female Non-Tobacco
2 Year
Occupation Class 1A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 67.25	$ 25.86	$ 22.98
19	$ 67.25	$ 25.86	$ 22.98
20	$ 67.25	$ 25.86	$ 22.98
21	$ 67.25	$ 25.86	$ 22.98
22	$ 67.25	$ 25.86	$ 22.98
23	$ 67.25	$ 25.86	$ 22.98
24	$ 67.25	$ 25.86	$ 22.98
25	$ 67.25	$ 25.86	$ 22.98
26	$ 69.90	$ 26.59	$ 23.62
27	$ 72.42	$ 27.31	$ 24.28
28	$ 74.80	$ 28.04	$ 24.94
29	$ 77.04	$ 28.78	$ 25.61
30	$ 79.15	$ 29.51	$ 26.29
31	$ 80.99	$ 30.22	$ 26.96
32	$ 82.56	$ 30.90	$ 27.61
33	$ 84.06	$ 31.59	$ 28.28
34	$ 85.68	$ 32.35	$ 29.01
35	$ 87.62	$ 33.22	$ 29.83
36	$ 90.11	$ 34.27	$ 30.81
37	$ 93.01	$ 35.48	$ 31.93
38	$ 95.99	$ 36.73	$ 33.08
39	$ 98.71	$ 37.91	$ 34.18
40	$ 100.83	$ 38.90	$ 35.11
41	$ 102.06	$ 39.57	$ 35.76
42	$ 102.63	$ 39.99	$ 36.20
43	$ 102.97	$ 40.38	$ 36.61
44	$ 103.51	$ 40.92	$ 37.17
45	$ 104.69	$ 41.84	$ 38.06
46	$ 106.73	$ 43.18	$ 39.34
47	$ 109.36	$ 44.81	$ 40.89
48	$ 112.21	$ 46.64	$ 42.63
49	$ 114.94	$ 48.60	$ 44.47
50	$ 117.20	$ 50.60	$ 46.34
51	$ 118.38	$ 52.49	$ 48.10
52	$ 118.70	$ 54.32	$ 49.80
53	$ 119.10	$ 56.32	$ 51.64
54	$ 120.47	$ 58.72	$ 53.84
55	$ 123.73	$ 61.76	$ 56.59
56	$ 128.88	$ 65.43	$ 59.89
57	$ 135.32	$ 69.58	$ 63.61
58	$ 143.04	$ 74.21	$ 67.75
59	$ 152.04	$ 79.32	$ 72.31
60	$ 162.32	$ 84.91	$ 77.28
61	$ 172.60	$ 90.50	$ 82.25

Tobacco User Rates are 128% of Non-Tobacco User Rates
There is a $50 Policy Fee for Form DI01 1-11

Knights of Columbus
New Haven, Connecticut

Rider Form DI01-CAT 1-11
Catastrophic Disability Benefit Rider

Male Non-Tobacco
To Age 67
Occupation Class 4A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 2.07	$ 2.01	$ 1.94
19	$ 2.07	$ 2.01	$ 1.94
20	$ 2.07	$ 2.01	$ 1.94
21	$ 2.07	$ 2.01	$ 1.94
22	$ 2.07	$ 2.01	$ 1.94
23	$ 2.07	$ 2.01	$ 1.94
24	$ 2.07	$ 2.01	$ 1.94
25	$ 2.07	$ 2.01	$ 1.94
26	$ 2.13	$ 2.07	$ 2.00
27	$ 2.20	$ 2.13	$ 2.06
28	$ 2.27	$ 2.20	$ 2.12
29	$ 2.34	$ 2.27	$ 2.19
30	$ 2.42	$ 2.35	$ 2.26
31	$ 2.50	$ 2.43	$ 2.33
32	$ 2.58	$ 2.50	$ 2.41
33	$ 2.66	$ 2.59	$ 2.49
34	$ 2.76	$ 2.68	$ 2.58
35	$ 2.87	$ 2.79	$ 2.68
36	$ 3.01	$ 2.92	$ 2.80
37	$ 3.16	$ 3.07	$ 2.94
38	$ 3.32	$ 3.23	$ 3.09
39	$ 3.49	$ 3.39	$ 3.25
40	$ 3.65	$ 3.54	$ 3.39
41	$ 3.80	$ 3.68	$ 3.52
42	$ 3.94	$ 3.82	$ 3.65
43	$ 4.08	$ 3.96	$ 3.78
44	$ 4.23	$ 4.10	$ 3.92
45	$ 4.40	$ 4.27	$ 4.07
46	$ 4.61	$ 4.47	$ 4.26
47	$ 4.85	$ 4.69	$ 4.47
48	$ 5.09	$ 4.92	$ 4.69
49	$ 5.32	$ 5.14	$ 4.89
50	$ 5.50	$ 5.31	$ 5.05
51	$ 5.63	$ 5.44	$ 5.16
52	$ 5.74	$ 5.53	$ 5.24
53	$ 5.81	$ 5.60	$ 5.30
54	$ 5.89	$ 5.66	$ 5.34
55	$ 5.96	$ 5.72	$ 5.38
56	$ 6.04	$ 5.78	$ 5.40
57	$ 6.11	$ 5.84	$ 5.41
58	$ 6.18	$ 5.88	$ 5.43
59	$ 6.25	$ 5.93	$ 5.44
60	$ 6.31	$ 5.96	$ 5.46
61	$ 6.37	$ 5.99	$ 5.48

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI01-CAT 1-11
Catastrophic Disability Benefit Rider

Female Non-Tobacco
To Age 67
Occupation Class 4A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 4.71	$ 4.60	$ 4.45
19	$ 4.71	$ 4.60	$ 4.45
20	$ 4.71	$ 4.60	$ 4.45
21	$ 4.71	$ 4.60	$ 4.45
22	$ 4.71	$ 4.60	$ 4.45
23	$ 4.71	$ 4.60	$ 4.45
24	$ 4.71	$ 4.60	$ 4.45
25	$ 4.71	$ 4.60	$ 4.45
26	$ 4.90	$ 4.79	$ 4.63
27	$ 5.10	$ 4.98	$ 4.82
28	$ 5.28	$ 5.16	$ 4.99
29	$ 5.46	$ 5.34	$ 5.16
30	$ 5.64	$ 5.51	$ 5.33
31	$ 5.81	$ 5.67	$ 5.49
32	$ 5.97	$ 5.83	$ 5.64
33	$ 6.12	$ 5.98	$ 5.79
34	$ 6.28	$ 6.14	$ 5.94
35	$ 6.46	$ 6.31	$ 6.10
36	$ 6.67	$ 6.51	$ 6.28
37	$ 6.91	$ 6.75	$ 6.48
38	$ 7.14	$ 6.98	$ 6.67
39	$ 7.35	$ 7.18	$ 6.84
40	$ 7.50	$ 7.32	$ 6.97
41	$ 7.51	$ 7.33	$ 6.99
42	$ 7.52	$ 7.33	$ 7.01
43	$ 7.53	$ 7.34	$ 7.03
44	$ 7.54	$ 7.34	$ 7.05
45	$ 7.55	$ 7.35	$ 7.07
46	$ 7.59	$ 7.38	$ 7.10
47	$ 7.64	$ 7.42	$ 7.13
48	$ 7.70	$ 7.47	$ 7.16
49	$ 7.77	$ 7.53	$ 7.21
50	$ 7.85	$ 7.61	$ 7.28
51	$ 7.94	$ 7.70	$ 7.37
52	$ 8.03	$ 7.81	$ 7.49
53	$ 8.13	$ 7.93	$ 7.62
54	$ 8.25	$ 8.05	$ 7.75
55	$ 8.38	$ 8.18	$ 7.87
56	$ 8.52	$ 8.31	$ 7.98
57	$ 8.68	$ 8.45	$ 8.09
58	$ 8.85	$ 8.59	$ 8.20
59	$ 9.03	$ 8.74	$ 8.31
60	$ 9.23	$ 8.89	$ 8.41
61	$ 9.43	$ 9.04	$ 8.51

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI01-CAT 1-11
Catastrophic Disability Benefit Rider

Male Non-Tobacco
5 Year
Occupation Class 4A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 0.97	$ 0.94	$ 0.89
19	$ 0.97	$ 0.94	$ 0.89
20	$ 0.97	$ 0.94	$ 0.89
21	$ 0.97	$ 0.94	$ 0.89
22	$ 0.97	$ 0.94	$ 0.89
23	$ 0.97	$ 0.94	$ 0.89
24	$ 0.97	$ 0.94	$ 0.89
25	$ 0.97	$ 0.94	$ 0.89
26	$ 1.01	$ 0.98	$ 0.92
27	$ 1.05	$ 1.02	$ 0.96
28	$ 1.09	$ 1.06	$ 1.00
29	$ 1.14	$ 1.10	$ 1.04
30	$ 1.19	$ 1.15	$ 1.09
31	$ 1.24	$ 1.20	$ 1.14
32	$ 1.29	$ 1.25	$ 1.19
33	$ 1.35	$ 1.30	$ 1.24
34	$ 1.41	$ 1.36	$ 1.30
35	$ 1.48	$ 1.43	$ 1.37
36	$ 1.56	$ 1.51	$ 1.45
37	$ 1.65	$ 1.60	$ 1.53
38	$ 1.75	$ 1.70	$ 1.62
39	$ 1.85	$ 1.80	$ 1.71
40	$ 1.96	$ 1.90	$ 1.81
41	$ 2.06	$ 2.00	$ 1.91
42	$ 2.17	$ 2.10	$ 2.00
43	$ 2.28	$ 2.21	$ 2.10
44	$ 2.40	$ 2.33	$ 2.21
45	$ 2.54	$ 2.46	$ 2.34
46	$ 2.70	$ 2.61	$ 2.49
47	$ 2.87	$ 2.78	$ 2.65
48	$ 3.06	$ 2.96	$ 2.82
49	$ 3.25	$ 3.13	$ 2.99
50	$ 3.43	$ 3.31	$ 3.16
51	$ 3.60	$ 3.47	$ 3.31
52	$ 3.76	$ 3.63	$ 3.46
53	$ 3.93	$ 3.80	$ 3.61
54	$ 4.11	$ 3.97	$ 3.77
55	$ 4.32	$ 4.17	$ 3.95
56	$ 4.56	$ 4.39	$ 4.15
57	$ 4.82	$ 4.63	$ 4.36
58	$ 5.09	$ 4.88	$ 4.58
59	$ 5.39	$ 5.15	$ 4.81
60	$ 5.71	$ 5.44	$ 5.06
61	$ 6.03	$ 5.73	$ 5.31

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI01-CAT 1-11
Catastrophic Disability Benefit Rider

Female Non-Tobacco
5 Year
Occupation Class 4A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 1.87	$ 1.81	$ 1.73
19	$ 1.87	$ 1.81	$ 1.73
20	$ 1.87	$ 1.81	$ 1.73
21	$ 1.87	$ 1.81	$ 1.73
22	$ 1.87	$ 1.81	$ 1.73
23	$ 1.87	$ 1.81	$ 1.73
24	$ 1.87	$ 1.81	$ 1.73
25	$ 1.87	$ 1.81	$ 1.73
26	$ 1.96	$ 1.89	$ 1.81
27	$ 2.04	$ 1.98	$ 1.89
28	$ 2.13	$ 2.07	$ 1.97
29	$ 2.22	$ 2.15	$ 2.06
30	$ 2.31	$ 2.24	$ 2.14
31	$ 2.40	$ 2.33	$ 2.22
32	$ 2.49	$ 2.41	$ 2.31
33	$ 2.58	$ 2.50	$ 2.39
34	$ 2.68	$ 2.59	$ 2.48
35	$ 2.78	$ 2.69	$ 2.58
36	$ 2.90	$ 2.81	$ 2.69
37	$ 3.03	$ 2.93	$ 2.82
38	$ 3.16	$ 3.06	$ 2.94
39	$ 3.29	$ 3.19	$ 3.06
40	$ 3.40	$ 3.30	$ 3.17
41	$ 3.49	$ 3.39	$ 3.25
42	$ 3.56	$ 3.46	$ 3.32
43	$ 3.63	$ 3.52	$ 3.38
44	$ 3.71	$ 3.59	$ 3.45
45	$ 3.80	$ 3.68	$ 3.53
46	$ 3.92	$ 3.80	$ 3.64
47	$ 4.06	$ 3.93	$ 3.77
48	$ 4.20	$ 4.07	$ 3.90
49	$ 4.34	$ 4.20	$ 4.03
50	$ 4.45	$ 4.31	$ 4.13
51	$ 4.53	$ 4.38	$ 4.20
52	$ 4.57	$ 4.42	$ 4.23
53	$ 4.61	$ 4.46	$ 4.27
54	$ 4.67	$ 4.51	$ 4.31
55	$ 4.77	$ 4.60	$ 4.38
56	$ 4.91	$ 4.72	$ 4.48
57	$ 5.07	$ 4.87	$ 4.60
58	$ 5.26	$ 5.04	$ 4.74
59	$ 5.47	$ 5.23	$ 4.89
60	$ 5.71	$ 5.44	$ 5.06
61	$ 5.95	$ 5.65	$ 5.23

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI01-CAT 1-11
Catastrophic Disability Benefit Rider

Male Non-Tobacco
2 Year
Occupation Class 4A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 0.49	$ 0.47	$ 0.44
19	$ 0.49	$ 0.47	$ 0.44
20	$ 0.49	$ 0.47	$ 0.44
21	$ 0.49	$ 0.47	$ 0.44
22	$ 0.49	$ 0.47	$ 0.44
23	$ 0.49	$ 0.47	$ 0.44
24	$ 0.49	$ 0.47	$ 0.44
25	$ 0.49	$ 0.47	$ 0.44
26	$ 0.51	$ 0.49	$ 0.46
27	$ 0.53	$ 0.51	$ 0.48
28	$ 0.55	$ 0.53	$ 0.50
29	$ 0.58	$ 0.55	$ 0.52
30	$ 0.60	$ 0.57	$ 0.54
31	$ 0.62	$ 0.59	$ 0.56
32	$ 0.65	$ 0.62	$ 0.59
33	$ 0.68	$ 0.65	$ 0.61
34	$ 0.71	$ 0.68	$ 0.64
35	$ 0.74	$ 0.71	$ 0.67
36	$ 0.78	$ 0.75	$ 0.71
37	$ 0.83	$ 0.79	$ 0.75
38	$ 0.87	$ 0.84	$ 0.79
39	$ 0.93	$ 0.89	$ 0.84
40	$ 0.98	$ 0.94	$ 0.89
41	$ 1.03	$ 0.99	$ 0.94
42	$ 1.09	$ 1.04	$ 0.98
43	$ 1.15	$ 1.10	$ 1.03
44	$ 1.21	$ 1.16	$ 1.09
45	$ 1.28	$ 1.23	$ 1.15
46	$ 1.36	$ 1.31	$ 1.22
47	$ 1.45	$ 1.39	$ 1.31
48	$ 1.54	$ 1.48	$ 1.39
49	$ 1.64	$ 1.58	$ 1.48
50	$ 1.74	$ 1.67	$ 1.57
51	$ 1.83	$ 1.76	$ 1.65
52	$ 1.92	$ 1.84	$ 1.73
53	$ 2.01	$ 1.93	$ 1.81
54	$ 2.12	$ 2.03	$ 1.91
55	$ 2.25	$ 2.15	$ 2.02
56	$ 2.40	$ 2.30	$ 2.15
57	$ 2.57	$ 2.46	$ 2.30
58	$ 2.76	$ 2.63	$ 2.46
59	$ 2.97	$ 2.83	$ 2.64
60	$ 3.19	$ 3.04	$ 2.83
61	$ 3.41	$ 3.25	$ 3.02

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI01-CAT 1-11
Catastrophic Disability Benefit Rider

Female Non-Tobacco
2 Year
Occupation Class 4A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 0.94	$ 0.89	$ 0.83
19	$ 0.94	$ 0.89	$ 0.83
20	$ 0.94	$ 0.89	$ 0.83
21	$ 0.94	$ 0.89	$ 0.83
22	$ 0.94	$ 0.89	$ 0.83
23	$ 0.94	$ 0.89	$ 0.83
24	$ 0.94	$ 0.89	$ 0.83
25	$ 0.94	$ 0.89	$ 0.83
26	$ 0.98	$ 0.93	$ 0.87
27	$ 1.02	$ 0.97	$ 0.90
28	$ 1.07	$ 1.01	$ 0.94
29	$ 1.11	$ 1.05	$ 0.98
30	$ 1.15	$ 1.09	$ 1.02
31	$ 1.19	$ 1.13	$ 1.06
32	$ 1.23	$ 1.17	$ 1.10
33	$ 1.27	$ 1.21	$ 1.13
34	$ 1.31	$ 1.25	$ 1.17
35	$ 1.36	$ 1.30	$ 1.22
36	$ 1.42	$ 1.35	$ 1.27
37	$ 1.48	$ 1.42	$ 1.33
38	$ 1.54	$ 1.48	$ 1.39
39	$ 1.60	$ 1.54	$ 1.45
40	$ 1.66	$ 1.59	$ 1.50
41	$ 1.70	$ 1.63	$ 1.54
42	$ 1.74	$ 1.67	$ 1.57
43	$ 1.77	$ 1.70	$ 1.60
44	$ 1.81	$ 1.73	$ 1.64
45	$ 1.86	$ 1.78	$ 1.68
46	$ 1.92	$ 1.84	$ 1.74
47	$ 1.99	$ 1.91	$ 1.80
48	$ 2.07	$ 1.98	$ 1.87
49	$ 2.14	$ 2.05	$ 1.93
50	$ 2.20	$ 2.11	$ 1.99
51	$ 2.24	$ 2.15	$ 2.03
52	$ 2.27	$ 2.18	$ 2.06
53	$ 2.31	$ 2.21	$ 2.08
54	$ 2.35	$ 2.26	$ 2.12
55	$ 2.43	$ 2.33	$ 2.19
56	$ 2.54	$ 2.43	$ 2.28
57	$ 2.67	$ 2.56	$ 2.39
58	$ 2.82	$ 2.70	$ 2.52
59	$ 3.00	$ 2.86	$ 2.67
60	$ 3.19	$ 3.04	$ 2.83
61	$ 3.38	$ 3.22	$ 2.99

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI01-CAT 1-11
Catastrophic Disability Benefit Rider

Male Non-Tobacco
To Age 67
Occupation Class 3A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 4.01	$ 3.91	$ 3.77
19	$ 4.01	$ 3.91	$ 3.77
20	$ 4.01	$ 3.91	$ 3.77
21	$ 4.01	$ 3.91	$ 3.77
22	$ 4.01	$ 3.91	$ 3.77
23	$ 4.01	$ 3.91	$ 3.77
24	$ 4.01	$ 3.91	$ 3.77
25	$ 4.01	$ 3.91	$ 3.77
26	$ 4.15	$ 4.05	$ 3.90
27	$ 4.29	$ 4.19	$ 4.04
28	$ 4.43	$ 4.32	$ 4.16
29	$ 4.57	$ 4.45	$ 4.29
30	$ 4.70	$ 4.58	$ 4.41
31	$ 4.82	$ 4.69	$ 4.52
32	$ 4.93	$ 4.80	$ 4.62
33	$ 5.04	$ 4.90	$ 4.71
34	$ 5.16	$ 5.02	$ 4.83
35	$ 5.32	$ 5.17	$ 4.97
36	$ 5.52	$ 5.36	$ 5.15
37	$ 5.75	$ 5.59	$ 5.37
38	$ 5.99	$ 5.83	$ 5.59
39	$ 6.24	$ 6.06	$ 5.82
40	$ 6.46	$ 6.28	$ 6.02
41	$ 6.66	$ 6.47	$ 6.20
42	$ 6.84	$ 6.65	$ 6.36
43	$ 7.02	$ 6.82	$ 6.52
44	$ 7.20	$ 6.99	$ 6.68
45	$ 7.38	$ 7.16	$ 6.85
46	$ 7.57	$ 7.34	$ 7.04
47	$ 7.76	$ 7.54	$ 7.24
48	$ 7.95	$ 7.72	$ 7.43
49	$ 8.13	$ 7.90	$ 7.61
50	$ 8.29	$ 8.05	$ 7.75
51	$ 8.42	$ 8.17	$ 7.84
52	$ 8.53	$ 8.25	$ 7.89
53	$ 8.63	$ 8.33	$ 7.92
54	$ 8.73	$ 8.41	$ 7.96
55	$ 8.86	$ 8.51	$ 8.02
56	$ 9.01	$ 8.64	$ 8.11
57	$ 9.17	$ 8.77	$ 8.21
58	$ 9.34	$ 8.92	$ 8.32
59	$ 9.52	$ 9.08	$ 8.44
60	$ 9.72	$ 9.25	$ 8.58
61	$ 9.92	$ 9.42	$ 8.72

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI01-CAT 1-11
Catastrophic Disability Benefit Rider

Female Non-Tobacco
To Age 67
Occupation Class 3A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 6.69	$ 6.55	$ 6.34
19	$ 6.69	$ 6.55	$ 6.34
20	$ 6.69	$ 6.55	$ 6.34
21	$ 6.69	$ 6.55	$ 6.34
22	$ 6.69	$ 6.55	$ 6.34
23	$ 6.69	$ 6.55	$ 6.34
24	$ 6.69	$ 6.55	$ 6.34
25	$ 6.69	$ 6.55	$ 6.34
26	$ 6.95	$ 6.80	$ 6.59
27	$ 7.19	$ 7.04	$ 6.81
28	$ 7.41	$ 7.26	$ 7.02
29	$ 7.62	$ 7.45	$ 7.21
30	$ 7.80	$ 7.63	$ 7.38
31	$ 7.96	$ 7.78	$ 7.52
32	$ 8.09	$ 7.90	$ 7.64
33	$ 8.20	$ 8.01	$ 7.75
34	$ 8.31	$ 8.12	$ 7.84
35	$ 8.43	$ 8.23	$ 7.95
36	$ 8.56	$ 8.36	$ 8.07
37	$ 8.70	$ 8.49	$ 8.19
38	$ 8.84	$ 8.62	$ 8.31
39	$ 8.97	$ 8.74	$ 8.42
40	$ 9.07	$ 8.84	$ 8.51
41	$ 9.14	$ 8.91	$ 8.57
42	$ 9.19	$ 8.95	$ 8.62
43	$ 9.23	$ 8.99	$ 8.65
44	$ 9.26	$ 9.02	$ 8.68
45	$ 9.31	$ 9.06	$ 8.72
46	$ 9.35	$ 9.09	$ 8.75
47	$ 9.38	$ 9.11	$ 8.76
48	$ 9.42	$ 9.14	$ 8.77
49	$ 9.49	$ 9.20	$ 8.82
50	$ 9.61	$ 9.32	$ 8.92
51	$ 9.82	$ 9.54	$ 9.10
52	$ 10.10	$ 9.83	$ 9.35
53	$ 10.40	$ 10.15	$ 9.62
54	$ 10.68	$ 10.44	$ 9.87
55	$ 10.89	$ 10.65	$ 10.05
56	$ 10.94	$ 10.68	$ 10.09
57	$ 11.00	$ 10.70	$ 10.13
58	$ 11.05	$ 10.73	$ 10.16
59	$ 11.11	$ 10.75	$ 10.20
60	$ 11.16	$ 10.78	$ 10.24
61	$ 11.21	$ 10.81	$ 10.28

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI01-CAT 1-11
Catastrophic Disability Benefit Rider

Male Non-Tobacco
5 Year
Occupation Class 3A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 1.83	$ 1.77	$ 1.69
19	$ 1.83	$ 1.77	$ 1.69
20	$ 1.83	$ 1.77	$ 1.69
21	$ 1.83	$ 1.77	$ 1.69
22	$ 1.83	$ 1.77	$ 1.69
23	$ 1.83	$ 1.77	$ 1.69
24	$ 1.83	$ 1.77	$ 1.69
25	$ 1.83	$ 1.77	$ 1.69
26	$ 1.91	$ 1.85	$ 1.76
27	$ 1.99	$ 1.93	$ 1.84
28	$ 2.07	$ 2.01	$ 1.92
29	$ 2.16	$ 2.09	$ 1.99
30	$ 2.24	$ 2.17	$ 2.07
31	$ 2.32	$ 2.25	$ 2.14
32	$ 2.39	$ 2.32	$ 2.22
33	$ 2.47	$ 2.40	$ 2.29
34	$ 2.56	$ 2.48	$ 2.37
35	$ 2.66	$ 2.58	$ 2.47
36	$ 2.78	$ 2.70	$ 2.58
37	$ 2.92	$ 2.83	$ 2.71
38	$ 3.07	$ 2.98	$ 2.85
39	$ 3.22	$ 3.12	$ 2.99
40	$ 3.37	$ 3.27	$ 3.13
41	$ 3.51	$ 3.41	$ 3.26
42	$ 3.65	$ 3.54	$ 3.39
43	$ 3.80	$ 3.68	$ 3.52
44	$ 3.96	$ 3.83	$ 3.66
45	$ 4.14	$ 4.01	$ 3.83
46	$ 4.36	$ 4.22	$ 4.03
47	$ 4.60	$ 4.45	$ 4.26
48	$ 4.86	$ 4.70	$ 4.50
49	$ 5.11	$ 4.95	$ 4.73
50	$ 5.34	$ 5.17	$ 4.94
51	$ 5.54	$ 5.36	$ 5.12
52	$ 5.72	$ 5.54	$ 5.28
53	$ 5.90	$ 5.71	$ 5.44
54	$ 6.09	$ 5.89	$ 5.60
55	$ 6.32	$ 6.10	$ 5.79
56	$ 6.58	$ 6.34	$ 6.00
57	$ 6.87	$ 6.60	$ 6.23
58	$ 7.18	$ 6.88	$ 6.47
59	$ 7.51	$ 7.18	$ 6.73
60	$ 7.86	$ 7.50	$ 7.00
61	$ 8.21	$ 7.82	$ 7.27

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI01-CAT 1-11
Catastrophic Disability Benefit Rider

Female Non-Tobacco
5 Year
Occupation Class 3A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 2.65	$ 2.56	$ 2.44
19	$ 2.65	$ 2.56	$ 2.44
20	$ 2.65	$ 2.56	$ 2.44
21	$ 2.65	$ 2.56	$ 2.44
22	$ 2.65	$ 2.56	$ 2.44
23	$ 2.65	$ 2.56	$ 2.44
24	$ 2.65	$ 2.56	$ 2.44
25	$ 2.65	$ 2.56	$ 2.44
26	$ 2.77	$ 2.67	$ 2.55
27	$ 2.88	$ 2.79	$ 2.65
28	$ 2.99	$ 2.89	$ 2.76
29	$ 3.09	$ 2.99	$ 2.86
30	$ 3.19	$ 3.09	$ 2.95
31	$ 3.28	$ 3.18	$ 3.04
32	$ 3.36	$ 3.25	$ 3.11
33	$ 3.44	$ 3.33	$ 3.19
34	$ 3.52	$ 3.41	$ 3.27
35	$ 3.62	$ 3.51	$ 3.37
36	$ 3.74	$ 3.63	$ 3.49
37	$ 3.88	$ 3.77	$ 3.62
38	$ 4.03	$ 3.92	$ 3.76
39	$ 4.17	$ 4.05	$ 3.89
40	$ 4.29	$ 4.17	$ 4.00
41	$ 4.38	$ 4.26	$ 4.08
42	$ 4.45	$ 4.32	$ 4.14
43	$ 4.51	$ 4.38	$ 4.20
44	$ 4.58	$ 4.45	$ 4.26
45	$ 4.67	$ 4.54	$ 4.35
46	$ 4.79	$ 4.66	$ 4.46
47	$ 4.93	$ 4.79	$ 4.59
48	$ 5.08	$ 4.93	$ 4.73
49	$ 5.24	$ 5.08	$ 4.87
50	$ 5.40	$ 5.24	$ 5.02
51	$ 5.56	$ 5.39	$ 5.16
52	$ 5.72	$ 5.55	$ 5.30
53	$ 5.90	$ 5.71	$ 5.45
54	$ 6.09	$ 5.89	$ 5.61
55	$ 6.32	$ 6.10	$ 5.79
56	$ 6.58	$ 6.34	$ 6.00
57	$ 6.86	$ 6.60	$ 6.22
58	$ 7.17	$ 6.88	$ 6.46
59	$ 7.50	$ 7.18	$ 6.72
60	$ 7.86	$ 7.50	$ 7.00
61	$ 8.22	$ 7.82	$ 7.28

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI01-CAT 1-11
Catastrophic Disability Benefit Rider

Male Non-Tobacco
2 Year
Occupation Class 3A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 0.93	$ 0.88	$ 0.83
19	$ 0.93	$ 0.88	$ 0.83
20	$ 0.93	$ 0.88	$ 0.83
21	$ 0.93	$ 0.88	$ 0.83
22	$ 0.93	$ 0.88	$ 0.83
23	$ 0.93	$ 0.88	$ 0.83
24	$ 0.93	$ 0.88	$ 0.83
25	$ 0.93	$ 0.88	$ 0.83
26	$ 0.97	$ 0.92	$ 0.87
27	$ 1.00	$ 0.95	$ 0.90
28	$ 1.04	$ 0.99	$ 0.94
29	$ 1.08	$ 1.03	$ 0.97
30	$ 1.12	$ 1.07	$ 1.01
31	$ 1.16	$ 1.11	$ 1.05
32	$ 1.20	$ 1.14	$ 1.08
33	$ 1.23	$ 1.18	$ 1.11
34	$ 1.28	$ 1.22	$ 1.15
35	$ 1.33	$ 1.27	$ 1.20
36	$ 1.39	$ 1.33	$ 1.26
37	$ 1.46	$ 1.39	$ 1.32
38	$ 1.53	$ 1.47	$ 1.38
39	$ 1.61	$ 1.54	$ 1.45
40	$ 1.68	$ 1.61	$ 1.52
41	$ 1.75	$ 1.68	$ 1.58
42	$ 1.82	$ 1.75	$ 1.65
43	$ 1.89	$ 1.81	$ 1.71
44	$ 1.97	$ 1.89	$ 1.79
45	$ 2.06	$ 1.98	$ 1.87
46	$ 2.17	$ 2.08	$ 1.97
47	$ 2.29	$ 2.20	$ 2.08
48	$ 2.42	$ 2.33	$ 2.20
49	$ 2.56	$ 2.45	$ 2.32
50	$ 2.68	$ 2.57	$ 2.43
51	$ 2.79	$ 2.67	$ 2.53
52	$ 2.89	$ 2.77	$ 2.61
53	$ 2.99	$ 2.86	$ 2.70
54	$ 3.10	$ 2.97	$ 2.80
55	$ 3.25	$ 3.11	$ 2.93
56	$ 3.43	$ 3.28	$ 3.08
57	$ 3.62	$ 3.46	$ 3.25
58	$ 3.84	$ 3.66	$ 3.43
59	$ 4.07	$ 3.89	$ 3.63
60	$ 4.33	$ 4.13	$ 3.85
61	$ 4.59	$ 4.37	$ 4.07

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI01-CAT 1-11
Catastrophic Disability Benefit Rider

Female Non-Tobacco
2 Year
Occupation Class 3A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 1.33	$ 1.26	$ 1.17
19	$ 1.33	$ 1.26	$ 1.17
20	$ 1.33	$ 1.26	$ 1.17
21	$ 1.33	$ 1.26	$ 1.17
22	$ 1.33	$ 1.26	$ 1.17
23	$ 1.33	$ 1.26	$ 1.17
24	$ 1.33	$ 1.26	$ 1.17
25	$ 1.33	$ 1.26	$ 1.17
26	$ 1.38	$ 1.31	$ 1.22
27	$ 1.44	$ 1.37	$ 1.27
28	$ 1.49	$ 1.42	$ 1.32
29	$ 1.53	$ 1.46	$ 1.37
30	$ 1.58	$ 1.51	$ 1.41
31	$ 1.62	$ 1.55	$ 1.45
32	$ 1.66	$ 1.58	$ 1.48
33	$ 1.69	$ 1.62	$ 1.52
34	$ 1.73	$ 1.66	$ 1.56
35	$ 1.78	$ 1.70	$ 1.60
36	$ 1.84	$ 1.76	$ 1.65
37	$ 1.91	$ 1.82	$ 1.71
38	$ 1.98	$ 1.89	$ 1.78
39	$ 2.04	$ 1.95	$ 1.84
40	$ 2.10	$ 2.01	$ 1.89
41	$ 2.14	$ 2.05	$ 1.93
42	$ 2.18	$ 2.08	$ 1.96
43	$ 2.21	$ 2.11	$ 1.99
44	$ 2.24	$ 2.14	$ 2.02
45	$ 2.29	$ 2.19	$ 2.07
46	$ 2.35	$ 2.25	$ 2.13
47	$ 2.42	$ 2.32	$ 2.19
48	$ 2.50	$ 2.40	$ 2.27
49	$ 2.59	$ 2.48	$ 2.35
50	$ 2.68	$ 2.57	$ 2.43
51	$ 2.77	$ 2.66	$ 2.51
52	$ 2.87	$ 2.75	$ 2.60
53	$ 2.98	$ 2.85	$ 2.69
54	$ 3.10	$ 2.97	$ 2.80
55	$ 3.25	$ 3.11	$ 2.93
56	$ 3.43	$ 3.28	$ 3.08
57	$ 3.62	$ 3.46	$ 3.25
58	$ 3.84	$ 3.66	$ 3.43
59	$ 4.07	$ 3.89	$ 3.63
60	$ 4.33	$ 4.13	$ 3.85
61	$ 4.59	$ 4.37	$ 4.07

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI01-CAT 1-11
Catastrophic Disability Benefit Rider

Male Non-Tobacco
To Age 67
Occupation Class 2A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 6.64	$ 6.48	$ 6.25
19	$ 6.64	$ 6.48	$ 6.25
20	$ 6.64	$ 6.48	$ 6.25
21	$ 6.64	$ 6.48	$ 6.25
22	$ 6.64	$ 6.48	$ 6.25
23	$ 6.64	$ 6.48	$ 6.25
24	$ 6.64	$ 6.48	$ 6.25
25	$ 6.64	$ 6.48	$ 6.25
26	$ 6.82	$ 6.65	$ 6.41
27	$ 6.98	$ 6.81	$ 6.57
28	$ 7.13	$ 6.95	$ 6.70
29	$ 7.27	$ 7.08	$ 6.83
30	$ 7.39	$ 7.20	$ 6.94
31	$ 7.48	$ 7.29	$ 7.02
32	$ 7.54	$ 7.35	$ 7.08
33	$ 7.60	$ 7.40	$ 7.12
34	$ 7.68	$ 7.47	$ 7.19
35	$ 7.80	$ 7.59	$ 7.30
36	$ 7.99	$ 7.77	$ 7.47
37	$ 8.22	$ 8.00	$ 7.68
38	$ 8.47	$ 8.24	$ 7.91
39	$ 8.72	$ 8.47	$ 8.14
40	$ 8.92	$ 8.67	$ 8.32
41	$ 9.07	$ 8.82	$ 8.46
42	$ 9.19	$ 8.93	$ 8.57
43	$ 9.29	$ 9.03	$ 8.67
44	$ 9.41	$ 9.13	$ 8.76
45	$ 9.55	$ 9.26	$ 8.86
46	$ 9.74	$ 9.42	$ 8.97
47	$ 9.97	$ 9.60	$ 9.08
48	$ 10.20	$ 9.79	$ 9.20
49	$ 10.41	$ 9.97	$ 9.30
50	$ 10.58	$ 10.11	$ 9.41
51	$ 10.68	$ 10.21	$ 9.51
52	$ 10.74	$ 10.28	$ 9.60
53	$ 10.77	$ 10.33	$ 9.69
54	$ 10.82	$ 10.39	$ 9.78
55	$ 10.92	$ 10.49	$ 9.88
56	$ 11.06	$ 10.62	$ 9.99
57	$ 11.23	$ 10.76	$ 10.10
58	$ 11.43	$ 10.92	$ 10.21
59	$ 11.65	$ 11.10	$ 10.34
60	$ 11.89	$ 11.30	$ 10.46
61	$ 12.13	$ 11.50	$ 10.58

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI01-CAT 1-11
Catastrophic Disability Benefit Rider

Female Non-Tobacco
To Age 67
Occupation Class 2A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 8.78	$ 8.58	$ 8.31
19	$ 8.78	$ 8.58	$ 8.31
20	$ 8.78	$ 8.58	$ 8.31
21	$ 8.78	$ 8.58	$ 8.31
22	$ 8.78	$ 8.58	$ 8.31
23	$ 8.78	$ 8.58	$ 8.31
24	$ 8.78	$ 8.58	$ 8.31
25	$ 8.78	$ 8.58	$ 8.31
26	$ 9.07	$ 8.86	$ 8.58
27	$ 9.34	$ 9.12	$ 8.84
28	$ 9.58	$ 9.36	$ 9.07
29	$ 9.80	$ 9.58	$ 9.27
30	$ 10.00	$ 9.77	$ 9.46
31	$ 10.17	$ 9.94	$ 9.62
32	$ 10.31	$ 10.07	$ 9.75
33	$ 10.43	$ 10.19	$ 9.87
34	$ 10.54	$ 10.30	$ 9.97
35	$ 10.65	$ 10.40	$ 10.06
36	$ 10.75	$ 10.50	$ 10.15
37	$ 10.85	$ 10.59	$ 10.22
38	$ 10.94	$ 10.66	$ 10.29
39	$ 11.02	$ 10.73	$ 10.34
40	$ 11.08	$ 10.79	$ 10.39
41	$ 11.11	$ 10.82	$ 10.41
42	$ 11.13	$ 10.82	$ 10.43
43	$ 11.16	$ 10.82	$ 10.46
44	$ 11.18	$ 10.85	$ 10.48
45	$ 11.21	$ 10.92	$ 10.50
46	$ 11.35	$ 11.05	$ 10.62
47	$ 11.54	$ 11.23	$ 10.79
48	$ 11.75	$ 11.43	$ 10.97
49	$ 11.97	$ 11.65	$ 11.18
50	$ 12.19	$ 11.86	$ 11.39
51	$ 12.41	$ 12.08	$ 11.62
52	$ 12.63	$ 12.32	$ 11.89
53	$ 12.86	$ 12.57	$ 12.15
54	$ 13.08	$ 12.79	$ 12.39
55	$ 13.27	$ 12.98	$ 12.58
56	$ 13.44	$ 13.13	$ 12.72
57	$ 13.59	$ 13.27	$ 12.82
58	$ 13.73	$ 13.37	$ 12.89
59	$ 13.85	$ 13.46	$ 12.92
60	$ 13.95	$ 13.52	$ 12.93
61	$ 14.05	$ 13.58	$ 12.94

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI01-CAT 1-11
Catastrophic Disability Benefit Rider

Male Non-Tobacco
5 Year
Occupation Class 2A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 2.95	$ 2.85	$ 2.72
19	$ 2.95	$ 2.85	$ 2.72
20	$ 2.95	$ 2.85	$ 2.72
21	$ 2.95	$ 2.85	$ 2.72
22	$ 2.95	$ 2.85	$ 2.72
23	$ 2.95	$ 2.85	$ 2.72
24	$ 2.95	$ 2.85	$ 2.72
25	$ 2.95	$ 2.85	$ 2.72
26	$ 3.05	$ 2.95	$ 2.81
27	$ 3.14	$ 3.04	$ 2.90
28	$ 3.24	$ 3.13	$ 2.99
29	$ 3.33	$ 3.22	$ 3.08
30	$ 3.42	$ 3.31	$ 3.16
31	$ 3.50	$ 3.39	$ 3.24
32	$ 3.57	$ 3.46	$ 3.30
33	$ 3.65	$ 3.53	$ 3.37
34	$ 3.73	$ 3.62	$ 3.45
35	$ 3.84	$ 3.72	$ 3.55
36	$ 3.97	$ 3.85	$ 3.67
37	$ 4.13	$ 4.00	$ 3.82
38	$ 4.29	$ 4.16	$ 3.97
39	$ 4.46	$ 4.32	$ 4.13
40	$ 4.62	$ 4.47	$ 4.28
41	$ 4.76	$ 4.61	$ 4.41
42	$ 4.89	$ 4.74	$ 4.53
43	$ 5.03	$ 4.87	$ 4.66
44	$ 5.18	$ 5.02	$ 4.80
45	$ 5.37	$ 5.20	$ 4.97
46	$ 5.60	$ 5.43	$ 5.19
47	$ 5.87	$ 5.69	$ 5.44
48	$ 6.16	$ 5.97	$ 5.70
49	$ 6.45	$ 6.25	$ 5.96
50	$ 6.71	$ 6.50	$ 6.20
51	$ 6.94	$ 6.72	$ 6.40
52	$ 7.14	$ 6.90	$ 6.58
53	$ 7.34	$ 7.09	$ 6.76
54	$ 7.56	$ 7.30	$ 6.95
55	$ 7.84	$ 7.56	$ 7.18
56	$ 8.17	$ 7.86	$ 7.45
57	$ 8.53	$ 8.20	$ 7.73
58	$ 8.93	$ 8.56	$ 8.05
59	$ 9.36	$ 8.96	$ 8.38
60	$ 9.83	$ 9.38	$ 8.74
61	$ 10.30	$ 9.80	$ 9.10

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI01-CAT 1-11
Catastrophic Disability Benefit Rider

Female Non-Tobacco
5 Year
Occupation Class 2A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 3.46	$ 3.35	$ 3.20
19	$ 3.46	$ 3.35	$ 3.20
20	$ 3.46	$ 3.35	$ 3.20
21	$ 3.46	$ 3.35	$ 3.20
22	$ 3.46	$ 3.35	$ 3.20
23	$ 3.46	$ 3.35	$ 3.20
24	$ 3.46	$ 3.35	$ 3.20
25	$ 3.46	$ 3.35	$ 3.20
26	$ 3.60	$ 3.48	$ 3.33
27	$ 3.72	$ 3.60	$ 3.45
28	$ 3.85	$ 3.72	$ 3.56
29	$ 3.97	$ 3.84	$ 3.67
30	$ 4.08	$ 3.95	$ 3.78
31	$ 4.18	$ 4.05	$ 3.88
32	$ 4.27	$ 4.14	$ 3.96
33	$ 4.35	$ 4.23	$ 4.04
34	$ 4.45	$ 4.32	$ 4.13
35	$ 4.56	$ 4.43	$ 4.24
36	$ 4.70	$ 4.57	$ 4.37
37	$ 4.87	$ 4.73	$ 4.53
38	$ 5.04	$ 4.89	$ 4.69
39	$ 5.19	$ 5.04	$ 4.83
40	$ 5.32	$ 5.16	$ 4.95
41	$ 5.39	$ 5.23	$ 5.02
42	$ 5.43	$ 5.27	$ 5.06
43	$ 5.45	$ 5.29	$ 5.08
44	$ 5.50	$ 5.34	$ 5.13
45	$ 5.60	$ 5.44	$ 5.22
46	$ 5.77	$ 5.60	$ 5.37
47	$ 5.98	$ 5.81	$ 5.56
48	$ 6.22	$ 6.04	$ 5.77
49	$ 6.47	$ 6.28	$ 5.99
50	$ 6.71	$ 6.50	$ 6.20
51	$ 6.92	$ 6.70	$ 6.39
52	$ 7.12	$ 6.89	$ 6.56
53	$ 7.33	$ 7.08	$ 6.75
54	$ 7.56	$ 7.30	$ 6.95
55	$ 7.84	$ 7.56	$ 7.18
56	$ 8.17	$ 7.86	$ 7.45
57	$ 8.53	$ 8.20	$ 7.73
58	$ 8.93	$ 8.56	$ 8.05
59	$ 9.36	$ 8.96	$ 8.38
60	$ 9.83	$ 9.38	$ 8.74
61	$ 10.30	$ 9.80	$ 9.10

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI01-CAT 1-11
Catastrophic Disability Benefit Rider

Male Non-Tobacco
2 Year
Occupation Class 2A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 1.50	$ 1.43	$ 1.34
19	$ 1.50	$ 1.43	$ 1.34
20	$ 1.50	$ 1.43	$ 1.34
21	$ 1.50	$ 1.43	$ 1.34
22	$ 1.50	$ 1.43	$ 1.34
23	$ 1.50	$ 1.43	$ 1.34
24	$ 1.50	$ 1.43	$ 1.34
25	$ 1.50	$ 1.43	$ 1.34
26	$ 1.55	$ 1.47	$ 1.38
27	$ 1.59	$ 1.52	$ 1.42
28	$ 1.64	$ 1.56	$ 1.46
29	$ 1.68	$ 1.60	$ 1.50
30	$ 1.72	$ 1.64	$ 1.54
31	$ 1.76	$ 1.68	$ 1.57
32	$ 1.79	$ 1.71	$ 1.60
33	$ 1.82	$ 1.74	$ 1.64
34	$ 1.86	$ 1.78	$ 1.67
35	$ 1.91	$ 1.83	$ 1.72
36	$ 1.98	$ 1.89	$ 1.78
37	$ 2.05	$ 1.97	$ 1.85
38	$ 2.13	$ 2.05	$ 1.93
39	$ 2.22	$ 2.13	$ 2.01
40	$ 2.30	$ 2.21	$ 2.08
41	$ 2.37	$ 2.28	$ 2.15
42	$ 2.44	$ 2.34	$ 2.21
43	$ 2.51	$ 2.41	$ 2.27
44	$ 2.59	$ 2.49	$ 2.34
45	$ 2.69	$ 2.58	$ 2.43
46	$ 2.81	$ 2.70	$ 2.54
47	$ 2.95	$ 2.83	$ 2.66
48	$ 3.10	$ 2.97	$ 2.80
49	$ 3.25	$ 3.11	$ 2.93
50	$ 3.39	$ 3.25	$ 3.06
51	$ 3.51	$ 3.37	$ 3.17
52	$ 3.62	$ 3.47	$ 3.27
53	$ 3.73	$ 3.58	$ 3.37
54	$ 3.87	$ 3.71	$ 3.49
55	$ 4.05	$ 3.88	$ 3.65
56	$ 4.27	$ 4.09	$ 3.84
57	$ 4.52	$ 4.32	$ 4.05
58	$ 4.80	$ 4.58	$ 4.29
59	$ 5.11	$ 4.87	$ 4.55
60	$ 5.45	$ 5.19	$ 4.84
61	$ 5.79	$ 5.51	$ 5.13

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI01-CAT 1-11
Catastrophic Disability Benefit Rider

Female Non-Tobacco
2 Year
Occupation Class 2A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 1.74	$ 1.65	$ 1.54
19	$ 1.74	$ 1.65	$ 1.54
20	$ 1.74	$ 1.65	$ 1.54
21	$ 1.74	$ 1.65	$ 1.54
22	$ 1.74	$ 1.65	$ 1.54
23	$ 1.74	$ 1.65	$ 1.54
24	$ 1.74	$ 1.65	$ 1.54
25	$ 1.74	$ 1.65	$ 1.54
26	$ 1.80	$ 1.71	$ 1.60
27	$ 1.86	$ 1.77	$ 1.65
28	$ 1.92	$ 1.83	$ 1.70
29	$ 1.97	$ 1.88	$ 1.75
30	$ 2.02	$ 1.93	$ 1.80
31	$ 2.07	$ 1.97	$ 1.84
32	$ 2.11	$ 2.01	$ 1.88
33	$ 2.14	$ 2.05	$ 1.92
34	$ 2.19	$ 2.09	$ 1.96
35	$ 2.24	$ 2.14	$ 2.01
36	$ 2.31	$ 2.20	$ 2.07
37	$ 2.38	$ 2.28	$ 2.14
38	$ 2.47	$ 2.36	$ 2.22
39	$ 2.54	$ 2.43	$ 2.28
40	$ 2.60	$ 2.49	$ 2.34
41	$ 2.63	$ 2.52	$ 2.37
42	$ 2.65	$ 2.54	$ 2.39
43	$ 2.66	$ 2.55	$ 2.40
44	$ 2.68	$ 2.57	$ 2.43
45	$ 2.74	$ 2.63	$ 2.48
46	$ 2.84	$ 2.72	$ 2.57
47	$ 2.96	$ 2.84	$ 2.68
48	$ 3.10	$ 2.98	$ 2.81
49	$ 3.25	$ 3.12	$ 2.94
50	$ 3.39	$ 3.25	$ 3.06
51	$ 3.51	$ 3.36	$ 3.17
52	$ 3.62	$ 3.47	$ 3.27
53	$ 3.73	$ 3.58	$ 3.37
54	$ 3.87	$ 3.71	$ 3.49
55	$ 4.05	$ 3.88	$ 3.65
56	$ 4.27	$ 4.09	$ 3.84
57	$ 4.52	$ 4.32	$ 4.05
58	$ 4.80	$ 4.58	$ 4.29
59	$ 5.11	$ 4.87	$ 4.55
60	$ 5.45	$ 5.19	$ 4.84
61	$ 5.79	$ 5.51	$ 5.13

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI01-CAT 1-11
Catastrophic Disability Benefit Rider

Male Non-Tobacco
To Age 67
Occupation Class 1A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 10.79	$ 10.53	$ 10.16
19	$ 10.79	$ 10.53	$ 10.16
20	$ 10.79	$ 10.53	$ 10.16
21	$ 10.79	$ 10.53	$ 10.16
22	$ 10.79	$ 10.53	$ 10.16
23	$ 10.79	$ 10.53	$ 10.16
24	$ 10.79	$ 10.53	$ 10.16
25	$ 10.79	$ 10.53	$ 10.16
26	$ 11.09	$ 10.83	$ 10.45
27	$ 11.36	$ 11.09	$ 10.71
28	$ 11.61	$ 11.33	$ 10.94
29	$ 11.83	$ 11.55	$ 11.14
30	$ 12.02	$ 11.73	$ 11.32
31	$ 12.15	$ 11.85	$ 11.44
32	$ 12.22	$ 11.92	$ 11.50
33	$ 12.28	$ 11.97	$ 11.55
34	$ 12.37	$ 12.06	$ 11.63
35	$ 12.56	$ 12.24	$ 11.80
36	$ 12.87	$ 12.54	$ 12.09
37	$ 13.27	$ 12.93	$ 12.46
38	$ 13.71	$ 13.36	$ 12.87
39	$ 14.13	$ 13.77	$ 13.26
40	$ 14.48	$ 14.10	$ 13.57
41	$ 14.72	$ 14.34	$ 13.79
42	$ 14.89	$ 14.51	$ 13.95
43	$ 15.04	$ 14.66	$ 14.08
44	$ 15.21	$ 14.82	$ 14.22
45	$ 15.46	$ 15.02	$ 14.40
46	$ 15.83	$ 15.28	$ 14.63
47	$ 16.28	$ 15.58	$ 14.90
48	$ 16.75	$ 15.89	$ 15.17
49	$ 17.18	$ 16.19	$ 15.42
50	$ 17.49	$ 16.43	$ 15.63
51	$ 17.65	$ 16.61	$ 15.78
52	$ 17.71	$ 16.76	$ 15.88
53	$ 17.72	$ 16.88	$ 15.97
54	$ 17.73	$ 17.00	$ 16.06
55	$ 17.80	$ 17.12	$ 16.17
56	$ 17.93	$ 17.25	$ 16.31
57	$ 18.09	$ 17.38	$ 16.45
58	$ 18.27	$ 17.51	$ 16.61
59	$ 18.48	$ 17.64	$ 16.77
60	$ 18.71	$ 17.77	$ 16.95
61	$ 18.94	$ 17.90	$ 17.13

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI01-CAT 1-11
Catastrophic Disability Benefit Rider

Female Non-Tobacco
To Age 67
Occupation Class 1A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 14.08	$ 13.77	$ 13.34
19	$ 14.08	$ 13.77	$ 13.34
20	$ 14.08	$ 13.77	$ 13.34
21	$ 14.08	$ 13.77	$ 13.34
22	$ 14.08	$ 13.77	$ 13.34
23	$ 14.08	$ 13.77	$ 13.34
24	$ 14.08	$ 13.77	$ 13.34
25	$ 14.08	$ 13.77	$ 13.34
26	$ 14.62	$ 14.29	$ 13.85
27	$ 15.11	$ 14.78	$ 14.32
28	$ 15.57	$ 15.22	$ 14.75
29	$ 15.98	$ 15.63	$ 15.14
30	$ 16.35	$ 15.99	$ 15.49
31	$ 16.67	$ 16.30	$ 15.79
32	$ 16.94	$ 16.56	$ 16.04
33	$ 17.17	$ 16.79	$ 16.26
34	$ 17.38	$ 17.00	$ 16.46
35	$ 17.59	$ 17.20	$ 16.65
36	$ 17.80	$ 17.40	$ 16.83
37	$ 18.00	$ 17.59	$ 17.00
38	$ 18.19	$ 17.76	$ 17.15
39	$ 18.36	$ 17.91	$ 17.29
40	$ 18.50	$ 18.04	$ 17.40
41	$ 18.61	$ 18.14	$ 17.48
42	$ 18.69	$ 18.22	$ 17.54
43	$ 18.75	$ 18.28	$ 17.58
44	$ 18.80	$ 18.33	$ 17.63
45	$ 18.85	$ 18.37	$ 17.70
46	$ 18.88	$ 18.38	$ 17.77
47	$ 18.91	$ 18.40	$ 17.82
48	$ 18.93	$ 18.41	$ 17.90
49	$ 18.96	$ 18.43	$ 18.04
50	$ 18.99	$ 18.44	$ 18.27
51	$ 19.42	$ 18.88	$ 18.66
52	$ 20.04	$ 19.52	$ 19.18
53	$ 20.72	$ 20.23	$ 19.73
54	$ 21.35	$ 20.88	$ 20.24
55	$ 21.81	$ 21.34	$ 20.60
56	$ 21.91	$ 21.39	$ 20.65
57	$ 22.01	$ 21.45	$ 20.69
58	$ 22.11	$ 21.50	$ 20.74
59	$ 22.21	$ 21.56	$ 20.78
60	$ 22.31	$ 21.61	$ 20.83
61	$ 22.41	$ 21.66	$ 20.88

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI01-CAT 1-11
Catastrophic Disability Benefit Rider

Male Non-Tobacco
5 Year
Occupation Class 1A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 4.56	$ 4.41	$ 4.20
19	$ 4.56	$ 4.41	$ 4.20
20	$ 4.56	$ 4.41	$ 4.20
21	$ 4.56	$ 4.41	$ 4.20
22	$ 4.56	$ 4.41	$ 4.20
23	$ 4.56	$ 4.41	$ 4.20
24	$ 4.56	$ 4.41	$ 4.20
25	$ 4.56	$ 4.41	$ 4.20
26	$ 4.71	$ 4.56	$ 4.34
27	$ 4.86	$ 4.70	$ 4.48
28	$ 5.00	$ 4.83	$ 4.61
29	$ 5.13	$ 4.96	$ 4.74
30	$ 5.26	$ 5.09	$ 4.86
31	$ 5.37	$ 5.20	$ 4.97
32	$ 5.46	$ 5.29	$ 5.05
33	$ 5.55	$ 5.38	$ 5.14
34	$ 5.66	$ 5.50	$ 5.25
35	$ 5.82	$ 5.65	$ 5.40
36	$ 6.03	$ 5.85	$ 5.60
37	$ 6.28	$ 6.10	$ 5.83
38	$ 6.55	$ 6.36	$ 6.09
39	$ 6.83	$ 6.63	$ 6.35
40	$ 7.09	$ 6.88	$ 6.59
41	$ 7.32	$ 7.10	$ 6.80
42	$ 7.52	$ 7.29	$ 6.99
43	$ 7.73	$ 7.50	$ 7.18
44	$ 7.97	$ 7.73	$ 7.41
45	$ 8.28	$ 8.03	$ 7.69
46	$ 8.67	$ 8.41	$ 8.05
47	$ 9.14	$ 8.86	$ 8.48
48	$ 9.63	$ 9.34	$ 8.94
49	$ 10.12	$ 9.82	$ 9.39
50	$ 10.57	$ 10.25	$ 9.80
51	$ 10.95	$ 10.61	$ 10.14
52	$ 11.28	$ 10.93	$ 10.44
53	$ 11.60	$ 11.24	$ 10.73
54	$ 11.98	$ 11.59	$ 11.06
55	$ 12.45	$ 12.03	$ 11.45
56	$ 13.01	$ 12.55	$ 11.92
57	$ 13.64	$ 13.13	$ 12.43
58	$ 14.33	$ 13.77	$ 12.98
59	$ 15.08	$ 14.46	$ 13.58
60	$ 15.90	$ 15.21	$ 14.23
61	$ 16.72	$ 15.96	$ 14.88

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI01-CAT 1-11
Catastrophic Disability Benefit Rider

Female Non-Tobacco
5 Year
Occupation Class 1A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 5.35	$ 5.17	$ 4.93
19	$ 5.35	$ 5.17	$ 4.93
20	$ 5.35	$ 5.17	$ 4.93
21	$ 5.35	$ 5.17	$ 4.93
22	$ 5.35	$ 5.17	$ 4.93
23	$ 5.35	$ 5.17	$ 4.93
24	$ 5.35	$ 5.17	$ 4.93
25	$ 5.35	$ 5.17	$ 4.93
26	$ 5.57	$ 5.39	$ 5.14
27	$ 5.79	$ 5.60	$ 5.34
28	$ 5.99	$ 5.80	$ 5.54
29	$ 6.19	$ 5.99	$ 5.73
30	$ 6.38	$ 6.18	$ 5.91
31	$ 6.55	$ 6.35	$ 6.07
32	$ 6.70	$ 6.49	$ 6.22
33	$ 6.85	$ 6.64	$ 6.36
34	$ 7.01	$ 6.80	$ 6.51
35	$ 7.21	$ 6.99	$ 6.70
36	$ 7.46	$ 7.23	$ 6.94
37	$ 7.75	$ 7.52	$ 7.22
38	$ 8.06	$ 7.82	$ 7.50
39	$ 8.34	$ 8.09	$ 7.77
40	$ 8.56	$ 8.31	$ 7.98
41	$ 8.69	$ 8.44	$ 8.11
42	$ 8.76	$ 8.52	$ 8.18
43	$ 8.81	$ 8.57	$ 8.23
44	$ 8.89	$ 8.64	$ 8.30
45	$ 9.04	$ 8.79	$ 8.44
46	$ 9.27	$ 9.01	$ 8.65
47	$ 9.56	$ 9.29	$ 8.91
48	$ 9.88	$ 9.60	$ 9.19
49	$ 10.22	$ 9.92	$ 9.50
50	$ 10.57	$ 10.25	$ 9.80
51	$ 10.90	$ 10.56	$ 10.09
52	$ 11.22	$ 10.87	$ 10.38
53	$ 11.57	$ 11.20	$ 10.69
54	$ 11.97	$ 11.58	$ 11.04
55	$ 12.45	$ 12.03	$ 11.45
56	$ 13.01	$ 12.55	$ 11.92
57	$ 13.64	$ 13.13	$ 12.43
58	$ 14.33	$ 13.77	$ 12.98
59	$ 15.08	$ 14.46	$ 13.58
60	$ 15.90	$ 15.21	$ 14.23
61	$ 16.72	$ 15.96	$ 14.88

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI01-CAT 1-11
Catastrophic Disability Benefit Rider

Male Non-Tobacco
2 Year
Occupation Class 1A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 2.33	$ 2.22	$ 2.07
19	$ 2.33	$ 2.22	$ 2.07
20	$ 2.33	$ 2.22	$ 2.07
21	$ 2.33	$ 2.22	$ 2.07
22	$ 2.33	$ 2.22	$ 2.07
23	$ 2.33	$ 2.22	$ 2.07
24	$ 2.33	$ 2.22	$ 2.07
25	$ 2.33	$ 2.22	$ 2.07
26	$ 2.40	$ 2.28	$ 2.13
27	$ 2.46	$ 2.35	$ 2.19
28	$ 2.52	$ 2.41	$ 2.25
29	$ 2.58	$ 2.46	$ 2.31
30	$ 2.64	$ 2.52	$ 2.36
31	$ 2.69	$ 2.57	$ 2.41
32	$ 2.73	$ 2.61	$ 2.44
33	$ 2.77	$ 2.65	$ 2.48
34	$ 2.82	$ 2.70	$ 2.53
35	$ 2.89	$ 2.77	$ 2.60
36	$ 2.99	$ 2.87	$ 2.69
37	$ 3.11	$ 2.98	$ 2.81
38	$ 3.24	$ 3.11	$ 2.93
39	$ 3.37	$ 3.24	$ 3.05
40	$ 3.50	$ 3.36	$ 3.17
41	$ 3.61	$ 3.47	$ 3.27
42	$ 3.71	$ 3.56	$ 3.36
43	$ 3.82	$ 3.66	$ 3.46
44	$ 3.94	$ 3.78	$ 3.57
45	$ 4.10	$ 3.93	$ 3.71
46	$ 4.30	$ 4.12	$ 3.89
47	$ 4.53	$ 4.34	$ 4.10
48	$ 4.78	$ 4.58	$ 4.33
49	$ 5.02	$ 4.82	$ 4.56
50	$ 5.26	$ 5.05	$ 4.77
51	$ 5.46	$ 5.24	$ 4.95
52	$ 5.63	$ 5.41	$ 5.11
53	$ 5.82	$ 5.58	$ 5.28
54	$ 6.04	$ 5.79	$ 5.47
55	$ 6.33	$ 6.07	$ 5.73
56	$ 6.69	$ 6.41	$ 6.05
57	$ 7.11	$ 6.81	$ 6.41
58	$ 7.57	$ 7.24	$ 6.81
59	$ 8.09	$ 7.73	$ 7.25
60	$ 8.65	$ 8.26	$ 7.73
61	$ 9.21	$ 8.79	$ 8.21

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI01-CAT 1-11
Catastrophic Disability Benefit Rider

Female Non-Tobacco
2 Year
Occupation Class 1A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 2.70	$ 2.56	$ 2.38
19	$ 2.70	$ 2.56	$ 2.38
20	$ 2.70	$ 2.56	$ 2.38
21	$ 2.70	$ 2.56	$ 2.38
22	$ 2.70	$ 2.56	$ 2.38
23	$ 2.70	$ 2.56	$ 2.38
24	$ 2.70	$ 2.56	$ 2.38
25	$ 2.70	$ 2.56	$ 2.38
26	$ 2.80	$ 2.66	$ 2.48
27	$ 2.90	$ 2.76	$ 2.57
28	$ 2.99	$ 2.85	$ 2.65
29	$ 3.08	$ 2.94	$ 2.74
30	$ 3.17	$ 3.02	$ 2.82
31	$ 3.25	$ 3.09	$ 2.89
32	$ 3.31	$ 3.16	$ 2.96
33	$ 3.38	$ 3.22	$ 3.02
34	$ 3.45	$ 3.29	$ 3.09
35	$ 3.54	$ 3.38	$ 3.17
36	$ 3.66	$ 3.49	$ 3.28
37	$ 3.79	$ 3.62	$ 3.40
38	$ 3.93	$ 3.76	$ 3.53
39	$ 4.07	$ 3.89	$ 3.65
40	$ 4.17	$ 3.99	$ 3.75
41	$ 4.23	$ 4.05	$ 3.81
42	$ 4.26	$ 4.08	$ 3.84
43	$ 4.28	$ 4.10	$ 3.86
44	$ 4.32	$ 4.14	$ 3.90
45	$ 4.40	$ 4.22	$ 3.98
46	$ 4.53	$ 4.34	$ 4.10
47	$ 4.69	$ 4.50	$ 4.25
48	$ 4.87	$ 4.68	$ 4.41
49	$ 5.06	$ 4.86	$ 4.59
50	$ 5.26	$ 5.05	$ 4.77
51	$ 5.44	$ 5.22	$ 4.93
52	$ 5.61	$ 5.39	$ 5.09
53	$ 5.80	$ 5.57	$ 5.26
54	$ 6.03	$ 5.79	$ 5.47
55	$ 6.33	$ 6.07	$ 5.73
56	$ 6.69	$ 6.41	$ 6.05
57	$ 7.11	$ 6.81	$ 6.41
58	$ 7.57	$ 7.24	$ 6.81
59	$ 8.09	$ 7.73	$ 7.25
60	$ 8.65	$ 8.26	$ 7.73
61	$ 9.21	$ 8.79	$ 8.21

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI101-COLA 1-11
Cost of Living Adjustment Rider
For Attachment to DI01 1-11 & DI01-AMDIBR 1-11
Male Non-Tobacco
To Age 67
Occupation Class 4A

	Elimination Period (Days)		
Issue Age	30	90	180
18	16.57	5.08	5.08
19	16.57	5.08	5.08
20	16.57	5.08	5.08
21	16.57	5.08	5.08
22	16.57	5.08	5.08
23	16.57	5.08	5.08
24	16.57	5.08	5.08
25	16.57	5.08	5.08
26	17.08	5.19	5.19
27	17.55	5.29	5.29
28	17.97	5.39	5.39
29	18.35	5.49	5.49
30	18.69	5.60	5.60
31	18.95	5.69	5.69
32	19.12	5.79	5.79
33	19.27	5.89	5.89
34	19.46	6.00	6.00
35	19.73	6.15	6.15
36	20.16	6.35	6.35
37	20.71	6.60	6.60
38	21.28	6.87	6.87
39	21.75	7.11	7.11
40	22.01	7.31	7.31
41	22.04	7.45	7.45
42	21.93	7.53	7.53
43	21.69	7.60	7.60
44	21.37	7.67	7.67
45	20.99	7.75	7.75
46	20.53	7.88	7.88
47	19.97	8.05	8.05
48	19.36	8.22	8.22
49	18.73	8.31	8.31
50	18.14	8.28	8.28
51	16.99	8.12	8.12
52	16.47	7.85	7.85
53	16.25	7.51	7.51
54	16.05	7.14	7.14
55	15.53	6.75	6.75
56	14.73	6.36	6.36
57	13.86	5.96	5.96
58	12.88	5.52	5.52
59	11.82	5.06	5.06
60	10.67	4.57	4.57
61	9.52	4.08	4.08

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI101-COLA 1-11
Cost of Living Adjustment Rider
For Attachment to DI01 1-11 & DI01-AMDIBR 1-11
Female Non-Tobacco
To Age 67
Occupation Class 4A

	Elimination Period (Days)		
Issue Age	30	90	180
18	40.07	13.23	13.23
19	40.07	13.23	13.23
20	40.07	13.23	13.23
21	40.07	13.23	13.23
22	40.07	13.23	13.23
23	40.07	13.23	13.23
24	40.07	13.23	13.23
25	40.07	13.23	13.23
26	42.87	13.77	13.77
27	45.30	14.27	14.27
28	47.35	14.72	14.72
29	49.02	15.13	15.13
30	50.32	15.51	15.51
31	51.01	15.85	15.85
32	51.09	16.16	16.16
33	50.91	16.43	16.43
34	50.81	16.63	16.63
35	51.15	16.76	16.76
36	52.64	16.80	16.80
37	54.14	16.76	16.76
38	55.93	16.65	16.65
39	57.09	16.51	16.51
40	57.00	16.37	16.37
41	55.10	16.19	16.19
42	51.82	15.98	15.98
43	47.97	15.74	15.74
44	44.35	15.51	15.51
45	41.79	15.35	15.35
46	41.22	15.26	15.26
47	40.78	15.25	15.25
48	40.37	15.24	15.24
49	39.92	15.19	15.19
50	39.34	15.05	15.05
51	38.75	14.79	14.79
52	38.05	14.41	14.41
53	37.29	14.01	14.01
54	36.52	13.63	13.63
55	35.79	13.35	13.35
56	32.62	12.38	12.38
57	28.63	11.20	11.20
58	23.82	9.81	9.81
59	18.19	8.21	8.21
60	11.74	6.39	6.39
61	5.29	4.57	4.57

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI101-COLA 1-11
Cost of Living Adjustment Rider
For Attachment to DI01 1-11 & DI01-AMDIBR 1-11
Male Non-Tobacco
5 Year
Occupation Class 4A

	Elimination Period (Days)		
Issue Age	30	90	180
18	2.44	0.77	0.77
19	2.44	0.77	0.77
20	2.44	0.77	0.77
21	2.44	0.77	0.77
22	2.44	0.77	0.77
23	2.44	0.77	0.77
24	2.44	0.77	0.77
25	2.44	0.77	0.77
26	2.53	0.80	0.80
27	2.62	0.82	0.82
28	2.71	0.85	0.85
29	2.80	0.88	0.88
30	2.90	0.92	0.92
31	3.00	0.96	0.96
32	3.10	0.99	0.99
33	3.20	1.04	1.04
34	3.32	1.08	1.08
35	3.46	1.14	1.14
36	3.62	1.20	1.20
37	3.80	1.28	1.28
38	4.00	1.36	1.36
39	4.19	1.44	1.44
40	4.37	1.52	1.52
41	4.54	1.60	1.60
42	4.70	1.67	1.67
43	4.86	1.75	1.75
44	5.03	1.83	1.83
45	5.22	1.92	1.92
46	5.43	2.03	2.03
47	5.67	2.14	2.14
48	5.91	2.26	2.26
49	6.15	2.37	2.37
50	6.36	2.49	2.49
51	6.54	2.60	2.60
52	6.70	2.70	2.70
53	6.85	2.80	2.80
54	7.01	2.90	2.90
55	7.19	3.01	3.01
56	7.39	3.11	3.11
57	7.60	3.22	3.22
58	7.83	3.32	3.32
59	8.07	3.43	3.43
60	8.31	3.54	3.54
61	8.55	3.65	3.65

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI101-COLA 1-11
Cost of Living Adjustment Rider
For Attachment to DI01 1-11 & DI01-AMDIBR 1-11
Female Non-Tobacco
5 Year
Occupation Class 4A

	Elimination Period (Days)		
Issue Age	30	90	180
18	5.08	1.55	1.55
19	5.08	1.55	1.55
20	5.08	1.55	1.55
21	5.08	1.55	1.55
22	5.08	1.55	1.55
23	5.08	1.55	1.55
24	5.08	1.55	1.55
25	5.08	1.55	1.55
26	5.35	1.61	1.61
27	5.61	1.68	1.68
28	5.87	1.75	1.75
29	6.12	1.82	1.82
30	6.37	1.90	1.90
31	6.61	1.98	1.98
32	6.84	2.07	2.07
33	7.07	2.16	2.16
34	7.31	2.25	2.25
35	7.53	2.34	2.34
36	7.76	2.43	2.43
37	8.01	2.54	2.54
38	8.25	2.63	2.63
39	8.45	2.72	2.72
40	8.60	2.80	2.80
41	8.68	2.86	2.86
42	8.71	2.91	2.91
43	8.71	2.95	2.95
44	8.71	2.99	2.99
45	8.72	3.04	3.04
46	8.76	3.11	3.11
47	8.81	3.19	3.19
48	8.85	3.27	3.27
49	8.90	3.34	3.34
50	8.94	3.40	3.40
51	8.97	3.44	3.44
52	8.98	3.45	3.45
53	9.00	3.45	3.45
54	9.04	3.46	3.46
55	9.12	3.47	3.47
56	9.23	3.49	3.49
57	9.36	3.50	3.50
58	9.52	3.51	3.51
59	9.71	3.52	3.52
60	9.91	3.54	3.54
61	10.11	3.56	3.56

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI101-COLA 1-11
Cost of Living Adjustment Rider
For Attachment to DI01 1-11 & DI01-AMDIBR 1-11
Male Non-Tobacco
2 Year
Occupation Class 4A

	Elimination Period (Days)		
Issue Age	30	90	180
18	0.77	0.21	0.21
19	0.77	0.21	0.21
20	0.77	0.21	0.21
21	0.77	0.21	0.21
22	0.77	0.21	0.21
23	0.77	0.21	0.21
24	0.77	0.21	0.21
25	0.77	0.21	0.21
26	0.79	0.21	0.21
27	0.80	0.19	0.19
28	0.82	0.23	0.23
29	0.84	0.23	0.23
30	0.87	0.24	0.24
31	0.89	0.25	0.25
32	0.91	0.26	0.26
33	0.95	0.26	0.26
34	0.97	0.27	0.27
35	1.01	0.28	0.28
36	1.05	0.29	0.29
37	1.10	0.31	0.31
38	1.14	0.30	0.30
39	1.19	0.34	0.34
40	1.24	0.36	0.36
41	1.29	0.38	0.38
42	1.32	0.40	0.40
43	1.37	0.43	0.43
44	1.42	0.45	0.45
45	1.46	0.47	0.47
46	1.51	0.49	0.49
47	1.54	0.50	0.50
48	1.59	0.50	0.50
49	1.64	0.52	0.52
50	1.70	0.54	0.54
51	1.77	0.57	0.57
52	1.87	0.62	0.62
53	1.96	0.67	0.67
54	2.04	0.71	0.71
55	2.12	0.74	0.74
56	2.19	0.76	0.76
57	2.25	0.77	0.77
58	2.31	0.79	0.79
59	2.35	0.79	0.79
60	2.40	0.78	0.78
61	2.45	0.77	0.77

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI101-COLA 1-11
Cost of Living Adjustment Rider
For Attachment to DI01 1-11 & DI01-AMDIBR 1-11
Female Non-Tobacco
2 Year
Occupation Class 4A

	Elimination Period (Days)		
Issue Age	30	90	180
18	1.62	0.42	0.42
19	1.62	0.42	0.42
20	1.62	0.42	0.42
21	1.62	0.42	0.42
22	1.62	0.42	0.42
23	1.62	0.42	0.42
24	1.62	0.42	0.42
25	1.62	0.42	0.42
26	1.70	0.43	0.43
27	1.79	0.45	0.45
28	1.85	0.47	0.47
29	1.92	0.58	0.58
30	1.98	0.50	0.50
31	2.03	0.52	0.52
32	2.07	0.53	0.53
33	2.10	0.54	0.54
34	2.14	0.56	0.56
35	2.18	0.58	0.58
36	2.23	0.59	0.59
37	2.28	0.62	0.62
38	2.34	0.64	0.64
39	2.39	0.65	0.65
40	2.42	0.66	0.66
41	2.44	0.67	0.67
42	2.45	0.67	0.67
43	2.45	0.69	0.69
44	2.45	0.69	0.69
45	2.45	0.70	0.70
46	2.46	0.71	0.71
47	2.47	0.71	0.71
48	2.48	0.71	0.71
49	2.49	0.72	0.72
50	2.50	0.73	0.73
51	2.51	0.76	0.76
52	2.52	0.79	0.79
53	2.53	0.84	0.84
54	2.55	0.88	0.88
55	2.59	0.91	0.91
56	2.64	0.93	0.93
57	2.71	0.95	0.95
58	2.78	0.97	0.97
59	2.88	0.97	0.97
60	2.98	0.98	0.98
61	3.08	0.99	0.99

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI101-COLA 1-11
Cost of Living Adjustment Rider
For Attachment to DI01 1-11 & DI01-AMDIBR 1-11
Male Non-Tobacco
To Age 67
Occupation Class 3A

	Elimination Period (Days)		
Issue Age	30	90	180
18	29.18	10.21	10.21
19	29.18	10.21	10.21
20	29.18	10.21	10.21
21	29.18	10.21	10.21
22	29.18	10.21	10.21
23	29.18	10.21	10.21
24	29.18	10.21	10.21
25	29.18	10.21	10.21
26	30.07	10.52	10.52
27	30.86	10.80	10.80
28	31.53	11.05	11.05
29	32.08	11.27	11.27
30	32.54	11.46	11.46
31	32.84	11.59	11.59
32	32.99	11.66	11.66
33	33.05	11.72	11.72
34	33.08	11.80	11.80
35	33.14	11.97	11.97
36	33.26	12.26	12.26
37	33.42	12.63	12.63
38	33.54	13.03	13.03
39	33.59	13.38	13.38
40	33.54	13.62	13.62
41	33.32	13.73	13.73
42	32.95	13.74	13.74
43	32.53	13.70	13.70
44	32.13	13.65	13.65
45	31.85	13.65	13.65
46	31.86	13.72	13.72
47	32.10	13.87	13.87
48	32.31	13.98	13.98
49	32.19	14.02	14.02
50	31.46	13.90	13.90
51	29.90	13.63	13.63
52	27.69	13.26	13.26
53	25.18	12.78	12.78
54	22.70	12.20	12.20
55	20.58	11.52	11.52
56	18.82	10.74	10.74
57	17.21	10.39	10.39
58	15.73	9.57	9.57
59	14.42	8.29	8.29
60	13.19	6.54	6.54
61	11.96	4.79	4.79

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI101-COLA 1-11
Cost of Living Adjustment Rider
For Attachment to DI01 1-11 & DI01-AMDIBR 1-11
Female Non-Tobacco
To Age 67
Occupation Class 3A

	Elimination Period (Days)		
Issue Age	30	90	180
18	54.77	19.22	19.22
19	54.77	19.22	19.22
20	54.77	19.22	19.22
21	54.77	19.22	19.22
22	54.77	19.22	19.22
23	54.77	19.22	19.22
24	54.77	19.22	19.22
25	54.77	19.22	19.22
26	57.41	19.97	19.97
27	59.69	20.62	20.62
28	61.60	21.17	21.17
29	63.16	21.62	21.62
30	64.35	21.97	21.97
31	65.01	22.19	22.19
32	65.16	22.28	22.28
33	65.02	22.28	22.28
34	64.84	22.24	22.24
35	64.87	22.20	22.20
36	65.39	22.18	22.18
37	66.24	22.14	22.14
38	67.00	22.07	22.07
39	67.23	21.92	21.92
40	66.51	21.68	21.68
41	64.41	20.76	20.76
42	61.22	20.27	20.27
43	57.58	19.97	19.97
44	54.13	19.68	19.68
45	51.49	19.16	19.16
46	49.84	18.84	18.84
47	48.75	18.58	18.58
48	47.98	18.37	18.37
49	47.28	18.18	18.18
50	46.44	17.97	17.97
51	45.47	17.86	17.86
52	44.48	17.88	17.88
53	43.46	17.85	17.85
54	42.46	17.58	17.58
55	41.49	16.89	16.89
56	37.97	15.78	15.78
57	33.60	14.39	14.39
58	28.38	12.69	12.69
59	22.32	10.69	10.69
60	15.42	8.40	8.40
61	8.52	6.11	6.11

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI101-COLA 1-11
Cost of Living Adjustment Rider
For Attachment to DI01 1-11 & DI01-AMDIBR 1-11
Male Non-Tobacco
5 Year
Occupation Class 3A

	Elimination Period (Days)		
Issue Age	30	90	180
18	4.36	1.53	1.53
19	4.36	1.53	1.53
20	4.36	1.53	1.53
21	4.36	1.53	1.53
22	4.36	1.53	1.53
23	4.36	1.53	1.53
24	4.36	1.53	1.53
25	4.36	1.53	1.53
26	4.52	1.59	1.59
27	4.68	1.65	1.65
28	4.82	1.72	1.72
29	4.97	1.78	1.78
30	5.11	1.84	1.84
31	5.24	1.90	1.90
32	5.35	1.95	1.95
33	5.47	2.00	2.00
34	5.60	2.07	2.07
35	5.76	2.14	2.14
36	5.95	2.23	2.23
37	6.16	2.33	2.33
38	6.40	2.44	2.44
39	6.62	2.55	2.55
40	6.81	2.66	2.66
41	6.97	2.76	2.76
42	7.09	2.86	2.86
43	7.21	2.96	2.96
44	7.35	3.07	3.07
45	7.51	3.19	3.19
46	7.72	3.33	3.33
47	7.97	3.49	3.49
48	8.24	3.65	3.65
49	8.48	3.80	3.80
50	8.68	3.95	3.95
51	8.82	4.08	4.08
52	8.91	4.19	4.19
53	9.00	4.29	4.29
54	9.09	4.40	4.40
55	9.21	4.50	4.50
56	9.36	4.60	4.60
57	9.53	4.70	4.70
58	9.72	4.81	4.81
59	9.93	4.91	4.91
60	10.15	5.01	5.01
61	10.37	5.11	5.11

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI101-COLA 1-11
Cost of Living Adjustment Rider
For Attachment to DI01 1-11 & DI01-AMDIBR 1-11
Female Non-Tobacco
5 Year
Occupation Class 3A

	Elimination Period (Days)		
Issue Age	30	90	180
18	6.71	2.29	2.29
19	6.71	2.29	2.29
20	6.71	2.29	2.29
21	6.71	2.29	2.29
22	6.71	2.29	2.29
23	6.71	2.29	2.29
24	6.71	2.29	2.29
25	6.71	2.29	2.29
26	7.12	2.39	2.39
27	7.50	2.48	2.48
28	7.85	2.58	2.58
29	8.16	2.66	2.66
30	8.45	2.74	2.74
31	8.68	2.81	2.81
32	8.88	2.87	2.87
33	9.05	2.94	2.94
34	9.22	3.01	3.01
35	9.41	3.08	3.08
36	9.65	3.17	3.17
37	9.93	3.27	3.27
38	10.21	3.38	3.38
39	10.45	3.48	3.48
40	10.62	3.56	3.56
41	10.71	3.62	3.62
42	10.72	3.66	3.66
43	10.71	3.69	3.69
44	10.68	3.72	3.72
45	10.69	3.76	3.76
46	10.73	3.80	3.80
47	10.77	3.84	3.84
48	10.82	3.89	3.89
49	10.87	3.93	3.93
50	10.91	4.00	4.00
51	10.93	4.08	4.08
52	10.94	4.18	4.18
53	10.95	4.29	4.29
54	10.98	4.40	4.40
55	11.05	4.50	4.50
56	11.16	4.60	4.60
57	11.31	4.70	4.70
58	11.47	4.80	4.80
59	11.67	4.90	4.90
60	11.89	5.01	5.01
61	12.11	5.12	5.12

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI101-COLA 1-11
Cost of Living Adjustment Rider
For Attachment to DI01 1-11 & DI01-AMDIBR 1-11
Male Non-Tobacco
2 Year
Occupation Class 3A

	Elimination Period (Days)		
Issue Age	30	90	180
18	1.41	0.41	0.41
19	1.41	0.41	0.41
20	1.41	0.41	0.41
21	1.41	0.41	0.41
22	1.41	0.41	0.41
23	1.41	0.41	0.41
24	1.41	0.41	0.41
25	1.41	0.41	0.41
26	1.44	0.42	0.42
27	1.45	0.44	0.44
28	1.48	0.45	0.45
29	1.51	0.47	0.47
30	1.54	0.48	0.48
31	1.57	0.49	0.49
32	1.61	0.50	0.50
33	1.64	0.52	0.52
34	1.67	0.53	0.53
35	1.71	0.55	0.55
36	1.75	0.57	0.57
37	1.81	0.58	0.58
38	1.85	0.61	0.61
39	1.89	0.63	0.63
40	1.94	0.65	0.65
41	1.97	0.67	0.67
42	2.01	0.68	0.68
43	2.03	0.70	0.70
44	2.06	0.72	0.72
45	2.10	0.74	0.74
46	2.14	0.76	0.76
47	2.18	0.78	0.78
48	2.23	0.80	0.80
49	2.26	0.83	0.83
50	2.31	0.85	0.85
51	2.35	0.87	0.87
52	2.39	0.90	0.90
53	2.43	0.94	0.94
54	2.47	0.96	0.96
55	2.52	0.99	0.99
56	2.58	1.01	1.01
57	2.64	1.03	1.03
58	2.71	1.05	1.05
59	2.79	1.07	1.07
60	2.87	1.08	1.08
61	2.95	1.09	1.09

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI101-COLA 1-11
Cost of Living Adjustment Rider
For Attachment to DI01 1-11 & DI01-AMDIBR 1-11
Female Non-Tobacco
2 Year
Occupation Class 3A

	Elimination Period (Days)		
Issue Age	30	90	180
18	2.26	0.64	0.64
19	2.26	0.64	0.64
20	2.26	0.64	0.64
21	2.26	0.64	0.64
22	2.26	0.64	0.64
23	2.26	0.64	0.64
24	2.26	0.64	0.64
25	2.26	0.64	0.64
26	2.33	0.66	0.66
27	2.40	0.67	0.67
28	2.46	0.68	0.68
29	2.52	0.70	0.70
30	2.58	0.71	0.71
31	2.63	0.73	0.73
32	2.68	0.74	0.74
33	2.71	0.75	0.75
34	2.76	0.77	0.77
35	2.80	0.78	0.78
36	2.85	0.79	0.79
37	2.89	0.81	0.81
38	2.94	0.83	0.83
39	2.98	0.84	0.84
40	3.01	0.85	0.85
41	3.03	0.85	0.85
42	3.03	0.86	0.86
43	3.03	0.87	0.87
44	3.02	0.86	0.86
45	3.03	0.88	0.88
46	3.04	0.90	0.90
47	3.05	0.92	0.92
48	3.06	0.95	0.95
49	3.07	0.98	0.98
50	3.08	1.02	1.02
51	3.09	1.07	1.07
52	3.09	1.12	1.12
53	3.10	1.19	1.19
54	3.11	1.24	1.24
55	3.14	1.29	1.29
56	3.19	1.33	1.33
57	3.26	1.35	1.35
58	3.33	1.37	1.37
59	3.42	1.38	1.38
60	3.52	1.39	1.39
61	3.62	1.40	1.40

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI101-COLA 1-11
Cost of Living Adjustment Rider
For Attachment to DI01 1-11 & DI01-AMDIBR 1-11
Male Non-Tobacco
To Age 67
Occupation Class 2A

	Elimination Period (Days)		
Issue Age	30	90	180
18	50.66	18.05	18.05
19	50.66	18.05	18.05
20	50.66	18.05	18.05
21	50.66	18.05	18.05
22	50.66	18.05	18.05
23	50.66	18.05	18.05
24	50.66	18.05	18.05
25	50.66	18.05	18.05
26	50.72	18.07	18.07
27	50.80	18.09	18.09
28	50.92	18.12	18.12
29	51.06	18.16	18.16
30	51.24	18.20	18.20
31	51.46	18.24	18.24
32	51.73	18.26	18.26
33	52.03	18.30	18.30
34	52.33	18.36	18.36
35	52.60	18.46	18.46
36	53.00	18.64	18.64
37	53.51	18.90	18.90
38	53.97	19.16	19.16
39	54.15	19.35	19.35
40	53.86	19.39	19.39
41	51.83	19.23	19.23
42	50.45	18.93	18.93
43	49.35	18.54	18.54
44	48.21	18.15	18.15
45	46.68	17.83	17.83
46	46.37	17.62	17.62
47	46.66	17.50	17.50
48	47.04	17.37	17.37
49	46.99	17.14	17.14
50	46.00	16.75	16.75
51	43.74	15.39	15.39
52	40.57	14.60	14.60
53	36.96	14.10	14.10
54	33.37	13.61	13.61
55	30.32	12.87	12.87
56	27.79	12.00	12.00
57	25.45	11.10	11.10
58	23.31	10.17	10.17
59	21.37	9.20	9.20
60	19.64	8.21	8.21
61	17.91	7.22	7.22

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI101-COLA 1-11
Cost of Living Adjustment Rider
For Attachment to DI01 1-11 & DI01-AMDIBR 1-11
Female Non-Tobacco
To Age 67
Occupation Class 2A

	Elimination Period (Days)		
Issue Age	30	90	180
18	73.50	25.37	25.37
19	73.50	25.37	25.37
20	73.50	25.37	25.37
21	73.50	25.37	25.37
22	73.50	25.37	25.37
23	73.50	25.37	25.37
24	73.50	25.37	25.37
25	73.50	25.37	25.37
26	77.04	26.23	26.23
27	80.06	26.97	26.97
28	82.57	27.58	27.58
29	84.57	28.08	28.08
30	86.05	28.45	28.45
31	86.87	28.64	28.64
32	87.02	28.66	28.66
33	86.73	28.58	28.58
34	86.25	28.50	28.50
35	85.76	28.49	28.49
36	85.41	28.67	28.67
37	85.04	28.98	28.98
38	84.47	29.26	29.26
39	83.54	29.33	29.33
40	82.06	29.06	29.06
41	80.90	27.96	27.96
42	77.86	26.90	26.90
43	74.03	25.76	25.76
44	70.35	24.61	24.61
45	67.67	23.43	23.43
46	66.11	22.99	22.99
47	65.12	22.45	22.45
48	64.40	21.82	21.82
49	63.60	21.17	21.17
50	62.41	20.53	20.53
51	61.12	19.92	19.92
52	59.95	19.32	19.32
53	58.46	18.67	18.67
54	56.18	17.95	17.95
55	52.67	17.11	17.11
56	47.93	15.89	15.89
57	42.25	14.49	14.49
58	35.65	12.91	12.91
59	28.11	11.15	11.15
60	19.64	9.21	9.21
61	11.17	7.27	7.27

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI101-COLA 1-11
Cost of Living Adjustment Rider
For Attachment to DI01 1-11 & DI01-AMDIBR 1-11
Male Non-Tobacco
5 Year
Occupation Class 2A

	Elimination Period (Days)		
Issue Age	30	90	180
18	7.06	2.51	2.51
19	7.06	2.51	2.51
20	7.06	2.51	2.51
21	7.06	2.51	2.51
22	7.06	2.51	2.51
23	7.06	2.51	2.51
24	7.06	2.51	2.51
25	7.06	2.51	2.51
26	7.32	2.59	2.59
27	7.57	2.66	2.66
28	7.79	2.73	2.73
29	7.99	2.80	2.80
30	8.17	2.86	2.86
31	8.31	2.92	2.92
32	8.41	2.97	2.97
33	8.51	3.02	3.02
34	8.62	3.08	3.08
35	8.77	3.15	3.15
36	8.98	3.24	3.24
37	9.25	3.34	3.34
38	9.53	3.46	3.46
39	9.80	3.56	3.56
40	10.03	3.67	3.67
41	10.21	3.76	3.76
42	10.35	3.84	3.84
43	10.48	3.93	3.93
44	10.63	4.03	4.03
45	10.84	4.15	4.15
46	11.13	4.30	4.30
47	11.48	4.47	4.47
48	11.85	4.65	4.65
49	12.20	4.83	4.83
50	12.50	4.99	4.99
51	12.71	5.12	5.12
52	12.87	5.23	5.23
53	13.00	5.34	5.34
54	13.16	5.44	5.44
55	13.37	5.56	5.56
56	13.63	5.69	5.69
57	13.92	5.83	5.83
58	14.26	5.97	5.97
59	14.61	6.12	6.12
60	14.99	6.28	6.28
61	15.37	6.44	6.44

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI101-COLA 1-11
Cost of Living Adjustment Rider
For Attachment to DI01 1-11 & DI01-AMDIBR 1-11
Female Non-Tobacco
5 Year
Occupation Class 2A

	Elimination Period (Days)		
Issue Age	30	90	180
18	9.05	3.01	3.01
19	9.05	3.01	3.01
20	9.05	3.01	3.01
21	9.05	3.01	3.01
22	9.05	3.01	3.01
23	9.05	3.01	3.01
24	9.05	3.01	3.01
25	9.05	3.01	3.01
26	9.51	3.12	3.12
27	9.94	3.23	3.23
28	10.32	3.34	3.34
29	10.69	3.42	3.42
30	11.01	3.52	3.52
31	11.28	3.60	3.60
32	11.49	3.68	3.68
33	11.69	3.74	3.74
34	11.89	3.81	3.81
35	12.12	3.90	3.90
36	12.41	4.00	4.00
37	12.75	4.11	4.11
38	13.08	4.23	4.23
39	13.38	4.35	4.35
40	13.58	4.44	4.44
41	13.68	4.51	4.51
42	13.71	4.56	4.56
43	13.68	4.60	4.60
44	13.64	4.66	4.66
45	13.63	4.71	4.71
46	13.64	4.78	4.78
47	13.66	4.86	4.86
48	13.67	4.94	4.94
49	13.66	5.02	5.02
50	13.65	5.11	5.11
51	13.61	5.20	5.20
52	13.56	5.27	5.27
53	13.50	5.36	5.36
54	13.44	5.45	5.45
55	13.37	5.56	5.56
56	13.30	5.68	5.68
57	13.23	5.81	5.81
58	13.16	5.96	5.96
59	13.08	6.11	6.11
60	12.99	6.28	6.28
61	12.90	6.45	6.45

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI101-COLA 1-11
Cost of Living Adjustment Rider
For Attachment to DI01 1-11 & DI01-AMDIBR 1-11
Male Non-Tobacco
2 Year
Occupation Class 2A

	Elimination Period (Days)		
Issue Age	30	90	180
18	2.28	0.69	0.69
19	2.28	0.69	0.69
20	2.28	0.69	0.69
21	2.28	0.69	0.69
22	2.28	0.69	0.69
23	2.28	0.69	0.69
24	2.28	0.69	0.69
25	2.28	0.69	0.69
26	2.32	0.70	0.70
27	2.35	0.71	0.71
28	2.38	0.73	0.73
29	2.41	0.74	0.74
30	2.44	0.75	0.75
31	2.47	0.76	0.76
32	2.49	0.77	0.77
33	2.51	0.78	0.78
34	2.54	0.78	0.78
35	2.58	0.80	0.80
36	2.62	0.82	0.82
37	2.68	0.83	0.83
38	2.74	0.85	0.85
39	2.79	0.87	0.87
40	2.84	0.89	0.89
41	2.88	0.90	0.90
42	2.91	0.92	0.92
43	2.94	0.94	0.94
44	2.97	0.95	0.95
45	3.01	0.97	0.97
46	3.06	0.99	0.99
47	3.12	1.02	1.02
48	3.18	1.04	1.04
49	3.24	1.06	1.06
50	3.30	1.09	1.09
51	3.36	1.13	1.13
52	3.42	1.16	1.16
53	3.49	1.20	1.20
54	3.56	1.23	1.23
55	3.64	1.27	1.27
56	3.73	1.29	1.29
57	3.83	1.32	1.32
58	3.94	1.34	1.34
59	4.05	1.36	1.36
60	4.17	1.37	1.37
61	4.29	1.38	1.38

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI101-COLA 1-11
Cost of Living Adjustment Rider
For Attachment to DI01 1-11 & DI01-AMDIBR 1-11
Female Non-Tobacco
2 Year
Occupation Class 2A

	Elimination Period (Days)		
Issue Age	30	90	180
18	2.92	0.83	0.83
19	2.92	0.83	0.83
20	2.92	0.83	0.83
21	2.92	0.83	0.83
22	2.92	0.83	0.83
23	2.92	0.83	0.83
24	2.92	0.83	0.83
25	2.92	0.83	0.83
26	3.01	0.85	0.85
27	3.10	0.86	0.86
28	3.18	0.88	0.88
29	3.25	0.90	0.90
30	3.32	0.92	0.92
31	3.39	0.93	0.93
32	3.44	0.95	0.95
33	3.49	0.96	0.96
34	3.53	0.97	0.97
35	3.58	0.99	0.99
36	3.62	1.02	1.02
37	3.66	1.06	1.06
38	3.71	1.10	1.10
39	3.73	1.13	1.13
40	3.76	1.16	1.16
41	3.77	1.17	1.17
42	3.78	1.18	1.18
43	3.79	1.18	1.18
44	3.80	1.19	1.19
45	3.80	1.20	1.20
46	3.82	1.22	1.22
47	3.83	1.25	1.25
48	3.85	1.28	1.28
49	3.86	1.31	1.31
50	3.85	1.33	1.33
51	3.82	1.34	1.34
52	3.77	1.34	1.34
53	3.73	1.35	1.35
54	3.67	1.35	1.35
55	3.64	1.37	1.37
56	3.61	1.39	1.39
57	3.59	1.43	1.43
58	3.58	1.47	1.47
59	3.58	1.52	1.52
60	3.57	1.57	1.57
61	3.56	1.62	1.62

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI101-COLA 1-11
Cost of Living Adjustment Rider
For Attachment to DI01 1-11 & DI01-AMDIBR 1-11
Male Non-Tobacco
To Age 67
Occupation Class 1A

	Elimination Period (Days)		
Issue Age	30	90	180
18	89.17	30.69	30.69
19	89.17	30.69	30.69
20	89.17	30.69	30.69
21	89.17	30.69	30.69
22	89.17	30.69	30.69
23	89.17	30.69	30.69
24	89.17	30.69	30.69
25	89.17	30.69	30.69
26	91.17	31.13	31.13
27	92.86	31.49	31.49
28	94.26	31.76	31.76
29	95.33	31.97	31.97
30	96.11	32.09	32.09
31	96.47	32.09	32.09
32	96.40	31.99	31.99
33	96.08	31.83	31.83
34	95.68	31.65	31.65
35	95.38	31.51	31.51
36	95.26	31.42	31.42
37	95.19	31.35	31.35
38	95.06	31.28	31.28
39	94.74	31.20	31.20
40	94.09	31.11	31.11
41	93.10	30.99	30.99
42	91.87	30.87	30.87
43	90.40	30.72	30.72
44	88.71	30.59	30.59
45	86.83	30.46	30.46
46	84.73	30.42	30.42
47	82.39	30.49	30.49
48	79.87	30.50	30.50
49	77.18	30.36	30.36
50	74.38	29.93	29.93
51	71.48	29.23	29.23
52	68.45	28.32	28.32
53	65.26	27.22	27.22
54	61.91	25.89	25.89
55	58.35	24.32	24.32
56	54.59	22.51	22.51
57	51.73	21.47	21.47
58	47.99	19.59	19.59
59	43.29	16.77	16.77
60	37.69	13.01	13.01
61	32.09	9.25	9.25

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI101-COLA 1-11
Cost of Living Adjustment Rider
For Attachment to DI01 1-11 & DI01-AMDIBR 1-11
Female Non-Tobacco
To Age 67
Occupation Class 1A

	Elimination Period (Days)		
Issue Age	30	90	180
18	129.16	42.40	42.40
19	129.16	42.40	42.40
20	129.16	42.40	42.40
21	129.16	42.40	42.40
22	129.16	42.40	42.40
23	129.16	42.40	42.40
24	129.16	42.40	42.40
25	129.16	42.40	42.40
26	136.46	44.02	44.02
27	142.78	45.43	45.43
28	148.12	46.60	46.60
29	152.49	47.57	47.57
30	155.88	48.32	48.32
31	158.06	48.88	48.88
32	159.05	49.26	49.26
33	159.16	49.41	49.41
34	158.77	49.26	49.26
35	158.19	48.79	48.79
36	157.49	47.75	47.75
37	156.42	46.19	46.19
38	154.94	44.43	44.43
39	152.95	42.83	42.83
40	150.38	41.70	41.70
41	149.73	40.44	40.44
42	146.09	40.57	40.57
43	140.11	40.73	40.73
44	134.00	40.85	40.85
45	129.41	40.82	40.82
46	125.41	40.55	40.55
47	121.45	39.94	39.94
48	117.60	39.26	39.26
49	113.94	38.55	38.55
50	110.57	37.86	37.86
51	108.28	37.49	37.49
52	107.04	37.39	37.39
53	105.61	37.15	37.15
54	102.80	36.32	36.32
55	97.41	34.49	34.49
56	89.43	31.64	31.64
57	79.67	28.07	28.07
58	68.13	24.26	24.26
59	54.80	19.25	19.25
60	39.70	13.01	13.01
61	24.60	6.77	6.77

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI101-COLA 1-11
Cost of Living Adjustment Rider
For Attachment to DI01 1-11 & DI01-AMDIBR 1-11
Male Non-Tobacco
5 Year
Occupation Class 1A

	Elimination Period (Days)		
Issue Age	30	90	180
18	11.55	3.88	3.88
19	11.55	3.88	3.88
20	11.55	3.88	3.88
21	11.55	3.88	3.88
22	11.55	3.88	3.88
23	11.55	3.88	3.88
24	11.55	3.88	3.88
25	11.55	3.88	3.88
26	11.98	4.01	4.01
27	12.38	4.12	4.12
28	12.74	4.23	4.23
29	13.07	4.34	4.34
30	13.37	4.43	4.43
31	13.60	4.51	4.51
32	13.74	4.57	4.57
33	13.88	4.63	4.63
34	14.06	4.72	4.72
35	14.34	4.82	4.82
36	14.77	4.97	4.97
37	15.32	5.15	5.15
38	15.92	5.34	5.34
39	16.49	5.54	5.54
40	16.98	5.72	5.72
41	17.34	5.87	5.87
42	17.61	6.01	6.01
43	17.87	6.16	6.16
44	18.18	6.32	6.32
45	18.61	6.52	6.52
46	19.21	6.77	6.77
47	19.95	7.08	7.08
48	20.73	7.40	7.40
49	21.47	7.71	7.71
50	22.07	7.99	7.99
51	22.46	8.23	8.23
52	22.71	8.44	8.44
53	22.92	8.65	8.65
54	23.20	8.87	8.87
55	23.67	9.11	9.11
56	24.32	9.38	9.38
57	25.08	9.66	9.66
58	25.95	9.96	9.96
59	26.93	10.28	10.28
60	28.01	10.61	10.61
61	29.09	12.94	12.94

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI101-COLA 1-11
Cost of Living Adjustment Rider
For Attachment to DI01 1-11 & DI01-AMDIBR 1-11
Female Non-Tobacco
5 Year
Occupation Class 1A

	Elimination Period (Days)		
Issue Age	30	90	180
18	14.58	4.63	4.63
19	14.58	4.63	4.63
20	14.58	4.63	4.63
21	14.58	4.63	4.63
22	14.58	4.63	4.63
23	14.58	4.63	4.63
24	14.58	4.63	4.63
25	14.58	4.63	4.63
26	15.33	4.84	4.84
27	16.05	5.03	5.03
28	16.73	5.21	5.21
29	17.39	5.39	5.39
30	18.01	5.55	5.55
31	18.58	5.69	5.69
32	19.11	5.81	5.81
33	19.60	5.93	5.93
34	20.11	6.06	6.06
35	20.64	6.21	6.21
36	21.25	6.40	6.40
37	21.93	6.63	6.63
38	22.59	6.85	6.85
39	23.18	7.05	7.05
40	23.60	7.21	7.21
41	23.83	7.29	7.29
42	23.92	7.31	7.31
43	23.93	7.32	7.32
44	23.89	7.34	7.34
45	23.89	7.44	7.44
46	23.91	7.62	7.62
47	23.90	7.88	7.88
48	23.89	8.16	8.16
49	23.87	8.43	8.43
50	23.84	8.63	8.63
51	23.43	8.75	8.75
52	23.19	8.82	8.82
53	23.03	8.88	8.88
54	23.41	8.96	8.96
55	23.67	9.11	9.11
56	23.64	9.33	9.33
57	23.60	9.58	9.58
58	23.58	9.89	9.89
59	23.55	10.23	10.23
60	23.51	10.61	10.61
61	23.47	10.99	10.99

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI101-COLA 1-11
Cost of Living Adjustment Rider
For Attachment to DI01 1-11 & DI01-AMDIBR 1-11
Male Non-Tobacco
2 Year
Occupation Class 1A

	Elimination Period (Days)		
Issue Age	30	90	180
18	3.57	0.95	0.95
19	3.57	0.95	0.95
20	3.57	0.95	0.95
21	3.57	0.95	0.95
22	3.57	0.95	0.95
23	3.57	0.95	0.95
24	3.57	0.95	0.95
25	3.57	0.95	0.95
26	3.66	0.99	0.99
27	3.74	1.03	1.03
28	3.80	1.06	1.06
29	3.86	1.10	1.10
30	3.92	1.12	1.12
31	3.96	1.14	1.14
32	3.97	1.15	1.15
33	4.00	1.16	1.16
34	4.03	1.17	1.17
35	4.08	1.19	1.19
36	4.17	1.22	1.22
37	4.28	1.24	1.24
38	4.41	1.27	1.27
39	4.53	1.31	1.31
40	4.63	1.34	1.34
41	4.71	1.38	1.38
42	4.77	1.41	1.41
43	4.83	1.44	1.44
44	4.90	1.47	1.47
45	4.99	1.51	1.51
46	5.11	1.55	1.55
47	5.25	1.59	1.59
48	5.40	1.63	1.63
49	5.55	1.67	1.67
50	5.70	1.71	1.71
51	5.84	1.76	1.76
52	5.96	1.82	1.82
53	6.09	1.87	1.87
54	6.23	1.93	1.93
55	6.39	1.99	1.99
56	6.57	2.05	2.05
57	6.76	2.11	2.11
58	6.97	2.16	2.16
59	7.19	2.22	2.22
60	7.42	2.28	2.28
61	7.65	2.34	2.34

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI101-COLA 1-11
Cost of Living Adjustment Rider
For Attachment to DI01 1-11 & DI01-AMDIBR 1-11
Female Non-Tobacco
2 Year
Occupation Class 1A

	Elimination Period (Days)		
Issue Age	30	90	180
18	4.64	1.29	1.29
19	4.64	1.29	1.29
20	4.64	1.29	1.29
21	4.64	1.29	1.29
22	4.64	1.29	1.29
23	4.64	1.29	1.29
24	4.64	1.29	1.29
25	4.64	1.29	1.29
26	4.85	1.32	1.32
27	5.04	1.35	1.35
28	5.22	1.38	1.38
29	5.38	1.41	1.41
30	5.53	1.44	1.44
31	5.66	1.47	1.47
32	5.78	1.49	1.49
33	5.88	1.53	1.53
34	5.98	1.55	1.55
35	6.08	1.58	1.58
36	6.19	1.61	1.61
37	6.30	1.64	1.64
38	6.40	1.67	1.67
39	6.49	1.70	1.70
40	6.56	1.72	1.72
41	6.60	1.73	1.73
42	6.62	1.73	1.73
43	6.62	1.72	1.72
44	6.62	1.73	1.73
45	6.61	1.75	1.75
46	6.62	1.79	1.79
47	6.61	1.85	1.85
48	6.61	1.92	1.92
49	6.60	1.97	1.97
50	6.58	2.01	2.01
51	6.55	2.02	2.02
52	6.52	2.02	2.02
53	6.47	2.01	2.01
54	6.43	2.00	2.00
55	6.39	1.99	1.99
56	6.36	1.99	1.99
57	6.32	1.99	1.99
58	6.28	1.98	1.98
59	6.25	1.98	1.98
60	6.22	1.98	1.98
61	6.19	1.98	1.98

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI101-COLA 1-11
Cost of Living Adjustment Rider
For Attachment to DI01-CAT 1-11
Male Non-Tobacco
To Age 67
Occupation Class 4A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 1.06	$ 0.74	$ 0.74
19	$ 1.06	$ 0.74	$ 0.74
20	$ 1.06	$ 0.74	$ 0.74
21	$ 1.06	$ 0.74	$ 0.74
22	$ 1.06	$ 0.74	$ 0.74
23	$ 1.06	$ 0.74	$ 0.74
24	$ 1.06	$ 0.74	$ 0.74
25	$ 1.06	$ 0.74	$ 0.74
26	$ 1.08	$ 0.75	$ 0.75
27	$ 1.10	$ 0.76	$ 0.76
28	$ 1.12	$ 0.77	$ 0.77
29	$ 1.14	$ 0.78	$ 0.78
30	$ 1.14	$ 0.80	$ 0.80
31	$ 1.15	$ 0.81	$ 0.81
32	$ 1.16	$ 0.82	$ 0.82
33	$ 1.17	$ 0.83	$ 0.83
34	$ 1.18	$ 0.84	$ 0.84
35	$ 1.18	$ 0.86	$ 0.86
36	$ 1.21	$ 0.89	$ 0.89
37	$ 1.24	$ 0.92	$ 0.92
38	$ 1.27	$ 0.95	$ 0.95
39	$ 1.30	$ 0.98	$ 0.98
40	$ 1.31	$ 0.99	$ 0.99
41	$ 1.31	$ 1.00	$ 1.00
42	$ 1.31	$ 1.01	$ 1.01
43	$ 1.31	$ 1.02	$ 1.02
44	$ 1.31	$ 1.03	$ 1.03
45	$ 1.32	$ 1.02	$ 1.02
46	$ 1.30	$ 1.03	$ 1.03
47	$ 1.28	$ 1.04	$ 1.04
48	$ 1.26	$ 1.05	$ 1.05
49	$ 1.24	$ 1.06	$ 1.06
50	$ 1.21	$ 1.06	$ 1.06
51	$ 1.18	$ 1.01	$ 1.01
52	$ 1.15	$ 0.96	$ 0.96
53	$ 1.12	$ 0.91	$ 0.91
54	$ 1.09	$ 0.86	$ 0.86
55	$ 1.07	$ 0.80	$ 0.80
56	$ 1.01	$ 0.75	$ 0.75
57	$ 0.95	$ 0.70	$ 0.70
58	$ 0.89	$ 0.65	$ 0.65
59	$ 0.83	$ 0.60	$ 0.60
60	$ 0.76	$ 0.54	$ 0.54
61	$ 0.64	$ 0.42	$ 0.42

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI101-COLA 1-11
Cost of Living Adjustment Rider
For Attachment to DI01-CAT 1-11
Female Non-Tobacco
To Age 67
Occupation Class 4A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 2.83	$ 2.25	$ 2.25
19	$ 2.83	$ 2.25	$ 2.25
20	$ 2.83	$ 2.25	$ 2.25
21	$ 2.83	$ 2.25	$ 2.25
22	$ 2.83	$ 2.25	$ 2.25
23	$ 2.83	$ 2.25	$ 2.25
24	$ 2.83	$ 2.25	$ 2.25
25	$ 2.83	$ 2.25	$ 2.25
26	$ 2.89	$ 2.30	$ 2.30
27	$ 2.96	$ 2.35	$ 2.35
28	$ 3.01	$ 2.40	$ 2.40
29	$ 3.06	$ 2.45	$ 2.45
30	$ 3.10	$ 2.48	$ 2.48
31	$ 3.14	$ 2.49	$ 2.49
32	$ 3.10	$ 2.50	$ 2.50
33	$ 3.12	$ 2.51	$ 2.51
34	$ 3.14	$ 2.52	$ 2.52
35	$ 3.17	$ 2.52	$ 2.52
36	$ 3.27	$ 2.48	$ 2.48
37	$ 3.39	$ 2.44	$ 2.44
38	$ 3.50	$ 2.40	$ 2.40
39	$ 3.60	$ 2.36	$ 2.36
40	$ 3.60	$ 2.34	$ 2.34
41	$ 3.45	$ 2.28	$ 2.28
42	$ 3.23	$ 2.22	$ 2.22
43	$ 2.94	$ 2.16	$ 2.16
44	$ 2.71	$ 2.10	$ 2.10
45	$ 2.57	$ 2.06	$ 2.06
46	$ 2.58	$ 2.06	$ 2.06
47	$ 2.52	$ 2.06	$ 2.06
48	$ 2.54	$ 2.06	$ 2.06
49	$ 2.49	$ 2.06	$ 2.06
50	$ 2.51	$ 2.05	$ 2.05
51	$ 2.46	$ 2.02	$ 2.02
52	$ 2.49	$ 1.99	$ 1.99
53	$ 2.44	$ 1.96	$ 1.96
54	$ 2.39	$ 1.93	$ 1.93
55	$ 2.35	$ 1.88	$ 1.88
56	$ 2.22	$ 1.70	$ 1.70
57	$ 1.91	$ 1.52	$ 1.52
58	$ 1.68	$ 1.34	$ 1.34
59	$ 1.26	$ 1.16	$ 1.16
60	$ 0.98	$ 0.98	$ 0.98
61	$ 0.72	$ 0.72	$ 0.72

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI101-COLA 1-11
Cost of Living Adjustment Rider
For Attachment to DI01-CAT 1-11
Male Non-Tobacco
5 Year
Occupation Class 4A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 0.13	$ 0.08	$ 0.08
19	$ 0.13	$ 0.08	$ 0.08
20	$ 0.13	$ 0.08	$ 0.08
21	$ 0.13	$ 0.08	$ 0.08
22	$ 0.13	$ 0.08	$ 0.08
23	$ 0.13	$ 0.08	$ 0.08
24	$ 0.13	$ 0.08	$ 0.08
25	$ 0.13	$ 0.08	$ 0.08
26	$ 0.13	$ 0.08	$ 0.08
27	$ 0.13	$ 0.08	$ 0.08
28	$ 0.13	$ 0.08	$ 0.08
29	$ 0.13	$ 0.08	$ 0.08
30	$ 0.15	$ 0.10	$ 0.10
31	$ 0.16	$ 0.11	$ 0.11
32	$ 0.17	$ 0.12	$ 0.12
33	$ 0.18	$ 0.13	$ 0.13
34	$ 0.19	$ 0.14	$ 0.14
35	$ 0.19	$ 0.13	$ 0.13
36	$ 0.20	$ 0.14	$ 0.14
37	$ 0.21	$ 0.15	$ 0.15
38	$ 0.22	$ 0.16	$ 0.16
39	$ 0.23	$ 0.17	$ 0.17
40	$ 0.25	$ 0.17	$ 0.17
41	$ 0.26	$ 0.18	$ 0.18
42	$ 0.27	$ 0.19	$ 0.19
43	$ 0.28	$ 0.20	$ 0.20
44	$ 0.29	$ 0.21	$ 0.21
45	$ 0.30	$ 0.22	$ 0.22
46	$ 0.32	$ 0.24	$ 0.24
47	$ 0.34	$ 0.26	$ 0.26
48	$ 0.36	$ 0.28	$ 0.28
49	$ 0.38	$ 0.30	$ 0.30
50	$ 0.41	$ 0.30	$ 0.30
51	$ 0.42	$ 0.31	$ 0.31
52	$ 0.43	$ 0.32	$ 0.32
53	$ 0.44	$ 0.33	$ 0.33
54	$ 0.45	$ 0.34	$ 0.34
55	$ 0.48	$ 0.33	$ 0.33
56	$ 0.50	$ 0.34	$ 0.34
57	$ 0.52	$ 0.35	$ 0.35
58	$ 0.54	$ 0.36	$ 0.36
59	$ 0.56	$ 0.37	$ 0.37
60	$ 0.57	$ 0.38	$ 0.38
61	$ 0.60	$ 0.40	$ 0.40

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI101-COLA 1-11
Cost of Living Adjustment Rider
For Attachment to DI01-CAT 1-11
Female Non-Tobacco
5 Year
Occupation Class 4A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 0.26	$ 0.20	$ 0.20
19	$ 0.26	$ 0.20	$ 0.20
20	$ 0.26	$ 0.20	$ 0.20
21	$ 0.26	$ 0.20	$ 0.20
22	$ 0.26	$ 0.20	$ 0.20
23	$ 0.26	$ 0.20	$ 0.20
24	$ 0.26	$ 0.20	$ 0.20
25	$ 0.26	$ 0.20	$ 0.20
26	$ 0.27	$ 0.21	$ 0.21
27	$ 0.29	$ 0.22	$ 0.22
28	$ 0.30	$ 0.23	$ 0.23
29	$ 0.31	$ 0.24	$ 0.24
30	$ 0.32	$ 0.25	$ 0.25
31	$ 0.34	$ 0.26	$ 0.26
32	$ 0.37	$ 0.27	$ 0.27
33	$ 0.39	$ 0.28	$ 0.28
34	$ 0.40	$ 0.29	$ 0.29
35	$ 0.39	$ 0.30	$ 0.30
36	$ 0.41	$ 0.31	$ 0.31
37	$ 0.42	$ 0.32	$ 0.32
38	$ 0.44	$ 0.33	$ 0.33
39	$ 0.46	$ 0.34	$ 0.34
40	$ 0.48	$ 0.36	$ 0.36
41	$ 0.49	$ 0.36	$ 0.36
42	$ 0.50	$ 0.36	$ 0.36
43	$ 0.51	$ 0.36	$ 0.36
44	$ 0.48	$ 0.36	$ 0.36
45	$ 0.49	$ 0.37	$ 0.37
46	$ 0.51	$ 0.37	$ 0.37
47	$ 0.53	$ 0.37	$ 0.37
48	$ 0.50	$ 0.37	$ 0.37
49	$ 0.52	$ 0.37	$ 0.37
50	$ 0.53	$ 0.39	$ 0.39
51	$ 0.54	$ 0.39	$ 0.39
52	$ 0.55	$ 0.39	$ 0.39
53	$ 0.55	$ 0.39	$ 0.39
54	$ 0.56	$ 0.39	$ 0.39
55	$ 0.57	$ 0.41	$ 0.41
56	$ 0.54	$ 0.40	$ 0.40
57	$ 0.56	$ 0.39	$ 0.39
58	$ 0.58	$ 0.38	$ 0.38
59	$ 0.60	$ 0.37	$ 0.37
60	$ 0.57	$ 0.38	$ 0.38
61	$ 0.60	$ 0.40	$ 0.40

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI101-COLA 1-11
Cost of Living Adjustment Rider
For Attachment to DI01-CAT 1-11
Male Non-Tobacco
2 Year
Occupation Class 4A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 0.03	$ 0.01	$ 0.01
19	$ 0.03	$ 0.01	$ 0.01
20	$ 0.03	$ 0.01	$ 0.01
21	$ 0.03	$ 0.01	$ 0.01
22	$ 0.03	$ 0.01	$ 0.01
23	$ 0.03	$ 0.01	$ 0.01
24	$ 0.03	$ 0.01	$ 0.01
25	$ 0.03	$ 0.01	$ 0.01
26	$ 0.03	$ 0.01	$ 0.01
27	$ 0.03	$ 0.01	$ 0.01
28	$ 0.03	$ 0.01	$ 0.01
29	$ 0.03	$ 0.01	$ 0.01
30	$ 0.04	$ 0.02	$ 0.02
31	$ 0.04	$ 0.02	$ 0.02
32	$ 0.04	$ 0.02	$ 0.02
33	$ 0.04	$ 0.02	$ 0.02
34	$ 0.04	$ 0.02	$ 0.02
35	$ 0.04	$ 0.02	$ 0.02
36	$ 0.04	$ 0.02	$ 0.02
37	$ 0.04	$ 0.02	$ 0.02
38	$ 0.04	$ 0.02	$ 0.02
39	$ 0.04	$ 0.02	$ 0.02
40	$ 0.06	$ 0.03	$ 0.03
41	$ 0.06	$ 0.03	$ 0.03
42	$ 0.06	$ 0.03	$ 0.03
43	$ 0.06	$ 0.03	$ 0.03
44	$ 0.06	$ 0.03	$ 0.03
45	$ 0.08	$ 0.04	$ 0.04
46	$ 0.08	$ 0.04	$ 0.04
47	$ 0.08	$ 0.04	$ 0.04
48	$ 0.08	$ 0.04	$ 0.04
49	$ 0.08	$ 0.04	$ 0.04
50	$ 0.09	$ 0.05	$ 0.05
51	$ 0.09	$ 0.05	$ 0.05
52	$ 0.09	$ 0.05	$ 0.05
53	$ 0.09	$ 0.05	$ 0.05
54	$ 0.09	$ 0.05	$ 0.05
55	$ 0.11	$ 0.06	$ 0.06
56	$ 0.11	$ 0.06	$ 0.06
57	$ 0.11	$ 0.06	$ 0.06
58	$ 0.11	$ 0.06	$ 0.06
59	$ 0.11	$ 0.06	$ 0.06
60	$ 0.13	$ 0.06	$ 0.06
61	$ 0.14	$ 0.07	$ 0.07

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI101-COLA 1-11
Cost of Living Adjustment Rider
For Attachment to DI01-CAT 1-11
Female Non-Tobacco
2 Year
Occupation Class 4A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 0.07	$ 0.04	$ 0.04
19	$ 0.07	$ 0.04	$ 0.04
20	$ 0.07	$ 0.04	$ 0.04
21	$ 0.07	$ 0.04	$ 0.04
22	$ 0.07	$ 0.04	$ 0.04
23	$ 0.07	$ 0.04	$ 0.04
24	$ 0.07	$ 0.04	$ 0.04
25	$ 0.07	$ 0.04	$ 0.04
26	$ 0.07	$ 0.04	$ 0.04
27	$ 0.07	$ 0.04	$ 0.04
28	$ 0.07	$ 0.04	$ 0.04
29	$ 0.08	$ 0.04	$ 0.04
30	$ 0.08	$ 0.05	$ 0.05
31	$ 0.08	$ 0.05	$ 0.05
32	$ 0.09	$ 0.05	$ 0.05
33	$ 0.09	$ 0.05	$ 0.05
34	$ 0.09	$ 0.05	$ 0.05
35	$ 0.10	$ 0.05	$ 0.05
36	$ 0.10	$ 0.05	$ 0.05
37	$ 0.10	$ 0.05	$ 0.05
38	$ 0.11	$ 0.05	$ 0.05
39	$ 0.11	$ 0.05	$ 0.05
40	$ 0.12	$ 0.06	$ 0.06
41	$ 0.10	$ 0.06	$ 0.06
42	$ 0.10	$ 0.06	$ 0.06
43	$ 0.11	$ 0.06	$ 0.06
44	$ 0.11	$ 0.06	$ 0.06
45	$ 0.11	$ 0.07	$ 0.07
46	$ 0.12	$ 0.07	$ 0.07
47	$ 0.12	$ 0.07	$ 0.07
48	$ 0.12	$ 0.07	$ 0.07
49	$ 0.13	$ 0.07	$ 0.07
50	$ 0.13	$ 0.06	$ 0.06
51	$ 0.13	$ 0.06	$ 0.06
52	$ 0.14	$ 0.06	$ 0.06
53	$ 0.14	$ 0.06	$ 0.06
54	$ 0.14	$ 0.06	$ 0.06
55	$ 0.15	$ 0.07	$ 0.07
56	$ 0.13	$ 0.07	$ 0.07
57	$ 0.13	$ 0.07	$ 0.07
58	$ 0.14	$ 0.07	$ 0.07
59	$ 0.15	$ 0.07	$ 0.07
60	$ 0.16	$ 0.09	$ 0.09
61	$ 0.17	$ 0.10	$ 0.10

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI101-COLA 1-11
Cost of Living Adjustment Rider
For Attachment to DI01-CAT 1-11
Male Non-Tobacco
To Age 67
Occupation Class 3A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 2.13	$ 1.60	$ 1.60
19	$ 2.13	$ 1.60	$ 1.60
20	$ 2.13	$ 1.60	$ 1.60
21	$ 2.13	$ 1.60	$ 1.60
22	$ 2.13	$ 1.60	$ 1.60
23	$ 2.13	$ 1.60	$ 1.60
24	$ 2.13	$ 1.60	$ 1.60
25	$ 2.13	$ 1.60	$ 1.60
26	$ 2.16	$ 1.63	$ 1.63
27	$ 2.19	$ 1.66	$ 1.66
28	$ 2.22	$ 1.69	$ 1.69
29	$ 2.25	$ 1.72	$ 1.72
30	$ 2.30	$ 1.74	$ 1.74
31	$ 2.30	$ 1.73	$ 1.73
32	$ 2.30	$ 1.72	$ 1.72
33	$ 2.30	$ 1.71	$ 1.71
34	$ 2.30	$ 1.70	$ 1.70
35	$ 2.29	$ 1.71	$ 1.71
36	$ 2.30	$ 1.74	$ 1.74
37	$ 2.31	$ 1.77	$ 1.77
38	$ 2.32	$ 1.80	$ 1.80
39	$ 2.33	$ 1.83	$ 1.83
40	$ 2.33	$ 1.88	$ 1.88
41	$ 2.32	$ 1.86	$ 1.86
42	$ 2.31	$ 1.84	$ 1.84
43	$ 2.30	$ 1.82	$ 1.82
44	$ 2.29	$ 1.80	$ 1.80
45	$ 2.29	$ 1.79	$ 1.79
46	$ 2.30	$ 1.77	$ 1.77
47	$ 2.31	$ 1.75	$ 1.75
48	$ 2.32	$ 1.73	$ 1.73
49	$ 2.33	$ 1.71	$ 1.71
50	$ 2.32	$ 1.69	$ 1.69
51	$ 2.17	$ 1.61	$ 1.61
52	$ 2.02	$ 1.53	$ 1.53
53	$ 1.87	$ 1.45	$ 1.45
54	$ 1.72	$ 1.37	$ 1.37
55	$ 1.59	$ 1.28	$ 1.28
56	$ 1.51	$ 1.17	$ 1.17
57	$ 1.43	$ 1.06	$ 1.06
58	$ 1.35	$ 0.95	$ 0.95
59	$ 1.27	$ 0.84	$ 0.84
60	$ 1.17	$ 0.74	$ 0.74
61	$ 1.09	$ 0.57	$ 0.57

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI101-COLA 1-11
Cost of Living Adjustment Rider
For Attachment to DI01-CAT 1-11
Female Non-Tobacco
To Age 67
Occupation Class 3A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 4.01	$ 3.28	$ 3.28
19	$ 4.01	$ 3.28	$ 3.28
20	$ 4.01	$ 3.28	$ 3.28
21	$ 4.01	$ 3.28	$ 3.28
22	$ 4.01	$ 3.28	$ 3.28
23	$ 4.01	$ 3.28	$ 3.28
24	$ 4.01	$ 3.28	$ 3.28
25	$ 4.01	$ 3.28	$ 3.28
26	$ 4.10	$ 3.33	$ 3.33
27	$ 4.17	$ 3.38	$ 3.38
28	$ 4.22	$ 3.43	$ 3.43
29	$ 4.27	$ 3.48	$ 3.48
30	$ 4.29	$ 3.51	$ 3.51
31	$ 4.30	$ 3.48	$ 3.48
32	$ 4.21	$ 3.45	$ 3.45
33	$ 4.18	$ 3.42	$ 3.42
34	$ 4.07	$ 3.39	$ 3.39
35	$ 4.05	$ 3.37	$ 3.37
36	$ 4.11	$ 3.30	$ 3.30
37	$ 4.09	$ 3.23	$ 3.23
38	$ 4.15	$ 3.16	$ 3.16
39	$ 4.13	$ 3.09	$ 3.09
40	$ 4.08	$ 3.01	$ 3.01
41	$ 3.93	$ 2.92	$ 2.92
42	$ 3.77	$ 2.83	$ 2.83
43	$ 3.51	$ 2.74	$ 2.74
44	$ 3.33	$ 2.65	$ 2.65
45	$ 3.17	$ 2.54	$ 2.54
46	$ 3.09	$ 2.50	$ 2.50
47	$ 3.00	$ 2.46	$ 2.46
48	$ 3.01	$ 2.42	$ 2.42
49	$ 2.94	$ 2.38	$ 2.38
50	$ 2.88	$ 2.33	$ 2.33
51	$ 2.95	$ 2.33	$ 2.33
52	$ 2.93	$ 2.33	$ 2.33
53	$ 2.91	$ 2.33	$ 2.33
54	$ 2.88	$ 2.33	$ 2.33
55	$ 2.94	$ 2.34	$ 2.34
56	$ 2.63	$ 2.11	$ 2.11
57	$ 2.42	$ 1.88	$ 1.88
58	$ 1.99	$ 1.65	$ 1.65
59	$ 1.56	$ 1.42	$ 1.42
60	$ 1.19	$ 1.19	$ 1.19
61	$ 0.86	$ 0.86	$ 0.86

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI101-COLA 1-11
Cost of Living Adjustment Rider
For Attachment to DI01-CAT 1-11
Male Non-Tobacco
5 Year
Occupation Class 3A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 0.26	$ 0.18	$ 0.18
19	$ 0.26	$ 0.18	$ 0.18
20	$ 0.26	$ 0.18	$ 0.18
21	$ 0.26	$ 0.18	$ 0.18
22	$ 0.26	$ 0.18	$ 0.18
23	$ 0.26	$ 0.18	$ 0.18
24	$ 0.26	$ 0.18	$ 0.18
25	$ 0.26	$ 0.18	$ 0.18
26	$ 0.27	$ 0.19	$ 0.19
27	$ 0.28	$ 0.20	$ 0.20
28	$ 0.29	$ 0.21	$ 0.21
29	$ 0.30	$ 0.22	$ 0.22
30	$ 0.31	$ 0.22	$ 0.22
31	$ 0.32	$ 0.23	$ 0.23
32	$ 0.33	$ 0.24	$ 0.24
33	$ 0.34	$ 0.25	$ 0.25
34	$ 0.35	$ 0.26	$ 0.26
35	$ 0.35	$ 0.26	$ 0.26
36	$ 0.37	$ 0.27	$ 0.27
37	$ 0.39	$ 0.28	$ 0.28
38	$ 0.41	$ 0.29	$ 0.29
39	$ 0.43	$ 0.30	$ 0.30
40	$ 0.44	$ 0.33	$ 0.33
41	$ 0.45	$ 0.34	$ 0.34
42	$ 0.46	$ 0.35	$ 0.35
43	$ 0.47	$ 0.36	$ 0.36
44	$ 0.48	$ 0.37	$ 0.37
45	$ 0.50	$ 0.36	$ 0.36
46	$ 0.53	$ 0.38	$ 0.38
47	$ 0.56	$ 0.40	$ 0.40
48	$ 0.59	$ 0.42	$ 0.42
49	$ 0.62	$ 0.44	$ 0.44
50	$ 0.64	$ 0.47	$ 0.47
51	$ 0.65	$ 0.47	$ 0.47
52	$ 0.66	$ 0.47	$ 0.47
53	$ 0.67	$ 0.47	$ 0.47
54	$ 0.68	$ 0.47	$ 0.47
55	$ 0.70	$ 0.49	$ 0.49
56	$ 0.72	$ 0.50	$ 0.50
57	$ 0.74	$ 0.51	$ 0.51
58	$ 0.76	$ 0.52	$ 0.52
59	$ 0.78	$ 0.53	$ 0.53
60	$ 0.79	$ 0.53	$ 0.53
61	$ 0.82	$ 0.55	$ 0.55

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI101-COLA 1-11
Cost of Living Adjustment Rider
For Attachment to DI01-CAT 1-11
Female Non-Tobacco
5 Year
Occupation Class 3A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 0.40	$ 0.31	$ 0.31
19	$ 0.40	$ 0.31	$ 0.31
20	$ 0.40	$ 0.31	$ 0.31
21	$ 0.40	$ 0.31	$ 0.31
22	$ 0.40	$ 0.31	$ 0.31
23	$ 0.40	$ 0.31	$ 0.31
24	$ 0.40	$ 0.31	$ 0.31
25	$ 0.40	$ 0.31	$ 0.31
26	$ 0.42	$ 0.32	$ 0.32
27	$ 0.43	$ 0.33	$ 0.33
28	$ 0.45	$ 0.34	$ 0.34
29	$ 0.46	$ 0.35	$ 0.35
30	$ 0.48	$ 0.34	$ 0.34
31	$ 0.49	$ 0.35	$ 0.35
32	$ 0.50	$ 0.36	$ 0.36
33	$ 0.52	$ 0.37	$ 0.37
34	$ 0.49	$ 0.38	$ 0.38
35	$ 0.51	$ 0.39	$ 0.39
36	$ 0.52	$ 0.40	$ 0.40
37	$ 0.54	$ 0.41	$ 0.41
38	$ 0.56	$ 0.42	$ 0.42
39	$ 0.58	$ 0.43	$ 0.43
40	$ 0.60	$ 0.46	$ 0.46
41	$ 0.61	$ 0.46	$ 0.46
42	$ 0.58	$ 0.46	$ 0.46
43	$ 0.59	$ 0.46	$ 0.46
44	$ 0.60	$ 0.46	$ 0.46
45	$ 0.61	$ 0.45	$ 0.45
46	$ 0.62	$ 0.45	$ 0.45
47	$ 0.64	$ 0.45	$ 0.45
48	$ 0.61	$ 0.45	$ 0.45
49	$ 0.63	$ 0.45	$ 0.45
50	$ 0.65	$ 0.47	$ 0.47
51	$ 0.67	$ 0.47	$ 0.47
52	$ 0.69	$ 0.47	$ 0.47
53	$ 0.71	$ 0.47	$ 0.47
54	$ 0.73	$ 0.47	$ 0.47
55	$ 0.70	$ 0.49	$ 0.49
56	$ 0.72	$ 0.50	$ 0.50
57	$ 0.75	$ 0.51	$ 0.51
58	$ 0.79	$ 0.52	$ 0.52
59	$ 0.83	$ 0.53	$ 0.53
60	$ 0.79	$ 0.53	$ 0.53
61	$ 0.82	$ 0.55	$ 0.55

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI101-COLA 1-11
Cost of Living Adjustment Rider
For Attachment to DI01-CAT 1-11
Male Non-Tobacco
2 Year
Occupation Class 3A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 0.07	$ 0.04	$ 0.04
19	$ 0.07	$ 0.04	$ 0.04
20	$ 0.07	$ 0.04	$ 0.04
21	$ 0.07	$ 0.04	$ 0.04
22	$ 0.07	$ 0.04	$ 0.04
23	$ 0.07	$ 0.04	$ 0.04
24	$ 0.07	$ 0.04	$ 0.04
25	$ 0.07	$ 0.04	$ 0.04
26	$ 0.07	$ 0.04	$ 0.04
27	$ 0.07	$ 0.04	$ 0.04
28	$ 0.07	$ 0.04	$ 0.04
29	$ 0.07	$ 0.04	$ 0.04
30	$ 0.07	$ 0.04	$ 0.04
31	$ 0.07	$ 0.04	$ 0.04
32	$ 0.07	$ 0.04	$ 0.04
33	$ 0.07	$ 0.04	$ 0.04
34	$ 0.07	$ 0.04	$ 0.04
35	$ 0.08	$ 0.05	$ 0.05
36	$ 0.08	$ 0.05	$ 0.05
37	$ 0.08	$ 0.05	$ 0.05
38	$ 0.08	$ 0.05	$ 0.05
39	$ 0.08	$ 0.05	$ 0.05
40	$ 0.10	$ 0.06	$ 0.06
41	$ 0.10	$ 0.06	$ 0.06
42	$ 0.10	$ 0.06	$ 0.06
43	$ 0.10	$ 0.06	$ 0.06
44	$ 0.10	$ 0.06	$ 0.06
45	$ 0.12	$ 0.08	$ 0.08
46	$ 0.12	$ 0.08	$ 0.08
47	$ 0.12	$ 0.08	$ 0.08
48	$ 0.12	$ 0.08	$ 0.08
49	$ 0.12	$ 0.08	$ 0.08
50	$ 0.13	$ 0.08	$ 0.08
51	$ 0.14	$ 0.08	$ 0.08
52	$ 0.15	$ 0.08	$ 0.08
53	$ 0.16	$ 0.08	$ 0.08
54	$ 0.17	$ 0.08	$ 0.08
55	$ 0.16	$ 0.09	$ 0.09
56	$ 0.16	$ 0.09	$ 0.09
57	$ 0.16	$ 0.09	$ 0.09
58	$ 0.16	$ 0.09	$ 0.09
59	$ 0.16	$ 0.09	$ 0.09
60	$ 0.17	$ 0.08	$ 0.08
61	$ 0.18	$ 0.09	$ 0.09

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI101-COLA 1-11
Cost of Living Adjustment Rider
For Attachment to DI01-CAT 1-11
Female Non-Tobacco
2 Year
Occupation Class 3A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 0.09	$ 0.06	$ 0.06
19	$ 0.09	$ 0.06	$ 0.06
20	$ 0.09	$ 0.06	$ 0.06
21	$ 0.09	$ 0.06	$ 0.06
22	$ 0.09	$ 0.06	$ 0.06
23	$ 0.09	$ 0.06	$ 0.06
24	$ 0.09	$ 0.06	$ 0.06
25	$ 0.09	$ 0.06	$ 0.06
26	$ 0.10	$ 0.06	$ 0.06
27	$ 0.10	$ 0.06	$ 0.06
28	$ 0.10	$ 0.06	$ 0.06
29	$ 0.11	$ 0.06	$ 0.06
30	$ 0.11	$ 0.08	$ 0.08
31	$ 0.11	$ 0.08	$ 0.08
32	$ 0.12	$ 0.08	$ 0.08
33	$ 0.12	$ 0.08	$ 0.08
34	$ 0.12	$ 0.08	$ 0.08
35	$ 0.12	$ 0.09	$ 0.09
36	$ 0.13	$ 0.09	$ 0.09
37	$ 0.13	$ 0.09	$ 0.09
38	$ 0.14	$ 0.09	$ 0.09
39	$ 0.14	$ 0.09	$ 0.09
40	$ 0.13	$ 0.08	$ 0.08
41	$ 0.13	$ 0.08	$ 0.08
42	$ 0.13	$ 0.08	$ 0.08
43	$ 0.13	$ 0.08	$ 0.08
44	$ 0.13	$ 0.08	$ 0.08
45	$ 0.14	$ 0.09	$ 0.09
46	$ 0.14	$ 0.09	$ 0.09
47	$ 0.15	$ 0.09	$ 0.09
48	$ 0.15	$ 0.09	$ 0.09
49	$ 0.16	$ 0.09	$ 0.09
50	$ 0.16	$ 0.10	$ 0.10
51	$ 0.17	$ 0.10	$ 0.10
52	$ 0.17	$ 0.10	$ 0.10
53	$ 0.18	$ 0.10	$ 0.10
54	$ 0.19	$ 0.10	$ 0.10
55	$ 0.16	$ 0.12	$ 0.12
56	$ 0.17	$ 0.12	$ 0.12
57	$ 0.18	$ 0.12	$ 0.12
58	$ 0.19	$ 0.12	$ 0.12
59	$ 0.20	$ 0.12	$ 0.12
60	$ 0.22	$ 0.12	$ 0.12
61	$ 0.23	$ 0.13	$ 0.13

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI101-COLA 1-11
Cost of Living Adjustment Rider
For Attachment to DI01-CAT 1-11
Male Non-Tobacco
To Age 67
Occupation Class 2A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 3.72	$ 2.98	$ 2.98
19	$ 3.72	$ 2.98	$ 2.98
20	$ 3.72	$ 2.98	$ 2.98
21	$ 3.72	$ 2.98	$ 2.98
22	$ 3.72	$ 2.98	$ 2.98
23	$ 3.72	$ 2.98	$ 2.98
24	$ 3.72	$ 2.98	$ 2.98
25	$ 3.72	$ 2.98	$ 2.98
26	$ 3.69	$ 2.96	$ 2.96
27	$ 3.66	$ 2.94	$ 2.94
28	$ 3.63	$ 2.92	$ 2.92
29	$ 3.60	$ 2.90	$ 2.90
30	$ 3.55	$ 2.88	$ 2.88
31	$ 3.53	$ 2.85	$ 2.85
32	$ 3.51	$ 2.82	$ 2.82
33	$ 3.49	$ 2.79	$ 2.79
34	$ 3.47	$ 2.76	$ 2.76
35	$ 3.43	$ 2.73	$ 2.73
36	$ 3.44	$ 2.72	$ 2.72
37	$ 3.45	$ 2.71	$ 2.71
38	$ 3.46	$ 2.70	$ 2.70
39	$ 3.47	$ 2.69	$ 2.69
40	$ 3.48	$ 2.69	$ 2.69
41	$ 3.38	$ 2.62	$ 2.62
42	$ 3.28	$ 2.55	$ 2.55
43	$ 3.18	$ 2.48	$ 2.48
44	$ 3.08	$ 2.41	$ 2.41
45	$ 2.96	$ 2.32	$ 2.32
46	$ 2.96	$ 2.26	$ 2.26
47	$ 2.96	$ 2.20	$ 2.20
48	$ 2.96	$ 2.14	$ 2.14
49	$ 2.96	$ 2.08	$ 2.08
50	$ 2.96	$ 2.02	$ 2.02
51	$ 2.76	$ 1.93	$ 1.93
52	$ 2.56	$ 1.84	$ 1.84
53	$ 2.36	$ 1.75	$ 1.75
54	$ 2.16	$ 1.66	$ 1.66
55	$ 1.97	$ 1.57	$ 1.57
56	$ 1.86	$ 1.46	$ 1.46
57	$ 1.75	$ 1.35	$ 1.35
58	$ 1.64	$ 1.24	$ 1.24
59	$ 1.53	$ 1.13	$ 1.13
60	$ 1.43	$ 1.02	$ 1.02
61	$ 1.33	$ 0.92	$ 0.92

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI101-COLA 1-11
Cost of Living Adjustment Rider
For Attachment to DI01-CAT 1-11
Female Non-Tobacco
To Age 67
Occupation Class 2A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 5.36	$ 4.38	$ 4.38
19	$ 5.36	$ 4.38	$ 4.38
20	$ 5.36	$ 4.38	$ 4.38
21	$ 5.36	$ 4.38	$ 4.38
22	$ 5.36	$ 4.38	$ 4.38
23	$ 5.36	$ 4.38	$ 4.38
24	$ 5.36	$ 4.38	$ 4.38
25	$ 5.36	$ 4.38	$ 4.38
26	$ 5.44	$ 4.42	$ 4.42
27	$ 5.51	$ 4.46	$ 4.46
28	$ 5.56	$ 4.50	$ 4.50
29	$ 5.59	$ 4.54	$ 4.54
30	$ 5.60	$ 4.59	$ 4.59
31	$ 5.59	$ 4.52	$ 4.52
32	$ 5.46	$ 4.45	$ 4.45
33	$ 5.42	$ 4.38	$ 4.38
34	$ 5.27	$ 4.31	$ 4.31
35	$ 5.22	$ 4.26	$ 4.26
36	$ 5.05	$ 4.18	$ 4.18
37	$ 4.99	$ 4.10	$ 4.10
38	$ 4.92	$ 4.02	$ 4.02
39	$ 4.74	$ 3.94	$ 3.94
40	$ 4.65	$ 3.88	$ 3.88
41	$ 4.56	$ 3.74	$ 3.74
42	$ 4.45	$ 3.60	$ 3.60
43	$ 4.24	$ 3.46	$ 3.46
44	$ 4.02	$ 3.32	$ 3.32
45	$ 3.81	$ 3.17	$ 3.17
46	$ 3.86	$ 3.11	$ 3.11
47	$ 3.81	$ 3.05	$ 3.05
48	$ 3.88	$ 2.99	$ 2.99
49	$ 3.83	$ 2.93	$ 2.93
50	$ 3.90	$ 2.85	$ 2.85
51	$ 3.85	$ 2.80	$ 2.80
52	$ 3.79	$ 2.75	$ 2.75
53	$ 3.73	$ 2.70	$ 2.70
54	$ 3.66	$ 2.65	$ 2.65
55	$ 3.45	$ 2.60	$ 2.60
56	$ 3.23	$ 2.35	$ 2.35
57	$ 2.85	$ 2.10	$ 2.10
58	$ 2.33	$ 1.85	$ 1.85
59	$ 1.94	$ 1.60	$ 1.60
60	$ 1.40	$ 1.35	$ 1.35
61	$ 1.09	$ 1.09	$ 1.09

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI101-COLA 1-11
Cost of Living Adjustment Rider
For Attachment to DI01-CAT 1-11
Male Non-Tobacco
5 Year
Occupation Class 2A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 0.44	$ 0.31	$ 0.31
19	$ 0.44	$ 0.31	$ 0.31
20	$ 0.44	$ 0.31	$ 0.31
21	$ 0.44	$ 0.31	$ 0.31
22	$ 0.44	$ 0.31	$ 0.31
23	$ 0.44	$ 0.31	$ 0.31
24	$ 0.44	$ 0.31	$ 0.31
25	$ 0.44	$ 0.31	$ 0.31
26	$ 0.45	$ 0.32	$ 0.32
27	$ 0.46	$ 0.33	$ 0.33
28	$ 0.47	$ 0.34	$ 0.34
29	$ 0.48	$ 0.35	$ 0.35
30	$ 0.48	$ 0.36	$ 0.36
31	$ 0.49	$ 0.37	$ 0.37
32	$ 0.50	$ 0.38	$ 0.38
33	$ 0.51	$ 0.39	$ 0.39
34	$ 0.52	$ 0.40	$ 0.40
35	$ 0.54	$ 0.41	$ 0.41
36	$ 0.55	$ 0.42	$ 0.42
37	$ 0.56	$ 0.43	$ 0.43
38	$ 0.57	$ 0.44	$ 0.44
39	$ 0.58	$ 0.45	$ 0.45
40	$ 0.60	$ 0.45	$ 0.45
41	$ 0.61	$ 0.45	$ 0.45
42	$ 0.62	$ 0.45	$ 0.45
43	$ 0.63	$ 0.45	$ 0.45
44	$ 0.64	$ 0.45	$ 0.45
45	$ 0.64	$ 0.47	$ 0.47
46	$ 0.67	$ 0.49	$ 0.49
47	$ 0.70	$ 0.51	$ 0.51
48	$ 0.73	$ 0.53	$ 0.53
49	$ 0.76	$ 0.55	$ 0.55
50	$ 0.81	$ 0.59	$ 0.59
51	$ 0.82	$ 0.59	$ 0.59
52	$ 0.83	$ 0.59	$ 0.59
53	$ 0.84	$ 0.59	$ 0.59
54	$ 0.85	$ 0.59	$ 0.59
55	$ 0.86	$ 0.60	$ 0.60
56	$ 0.88	$ 0.61	$ 0.61
57	$ 0.90	$ 0.62	$ 0.62
58	$ 0.92	$ 0.63	$ 0.63
59	$ 0.94	$ 0.64	$ 0.64
60	$ 0.98	$ 0.66	$ 0.66
61	$ 1.03	$ 0.69	$ 0.69

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI101-COLA 1-11
Cost of Living Adjustment Rider
For Attachment to DI01-CAT 1-11
Female Non-Tobacco
5 Year
Occupation Class 2A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 0.52	$ 0.40	$ 0.40
19	$ 0.52	$ 0.40	$ 0.40
20	$ 0.52	$ 0.40	$ 0.40
21	$ 0.52	$ 0.40	$ 0.40
22	$ 0.52	$ 0.40	$ 0.40
23	$ 0.52	$ 0.40	$ 0.40
24	$ 0.52	$ 0.40	$ 0.40
25	$ 0.52	$ 0.40	$ 0.40
26	$ 0.54	$ 0.41	$ 0.41
27	$ 0.56	$ 0.42	$ 0.42
28	$ 0.58	$ 0.43	$ 0.43
29	$ 0.60	$ 0.44	$ 0.44
30	$ 0.61	$ 0.47	$ 0.47
31	$ 0.63	$ 0.47	$ 0.47
32	$ 0.64	$ 0.47	$ 0.47
33	$ 0.65	$ 0.47	$ 0.47
34	$ 0.67	$ 0.47	$ 0.47
35	$ 0.64	$ 0.49	$ 0.49
36	$ 0.66	$ 0.51	$ 0.51
37	$ 0.68	$ 0.53	$ 0.53
38	$ 0.71	$ 0.55	$ 0.55
39	$ 0.73	$ 0.57	$ 0.57
40	$ 0.74	$ 0.57	$ 0.57
41	$ 0.75	$ 0.56	$ 0.56
42	$ 0.76	$ 0.55	$ 0.55
43	$ 0.71	$ 0.54	$ 0.54
44	$ 0.72	$ 0.53	$ 0.53
45	$ 0.73	$ 0.54	$ 0.54
46	$ 0.75	$ 0.55	$ 0.55
47	$ 0.72	$ 0.56	$ 0.56
48	$ 0.75	$ 0.57	$ 0.57
49	$ 0.78	$ 0.58	$ 0.58
50	$ 0.81	$ 0.59	$ 0.59
51	$ 0.76	$ 0.59	$ 0.59
52	$ 0.78	$ 0.59	$ 0.59
53	$ 0.81	$ 0.59	$ 0.59
54	$ 0.83	$ 0.59	$ 0.59
55	$ 0.86	$ 0.60	$ 0.60
56	$ 0.90	$ 0.61	$ 0.61
57	$ 0.85	$ 0.62	$ 0.62
58	$ 0.89	$ 0.63	$ 0.63
59	$ 0.84	$ 0.64	$ 0.64
60	$ 0.88	$ 0.66	$ 0.66
61	$ 0.82	$ 0.69	$ 0.69

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI101-COLA 1-11
Cost of Living Adjustment Rider
For Attachment to DI01-CAT 1-11
Male Non-Tobacco
2 Year
Occupation Class 2A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 0.11	$ 0.06	$ 0.06
19	$ 0.11	$ 0.06	$ 0.06
20	$ 0.11	$ 0.06	$ 0.06
21	$ 0.11	$ 0.06	$ 0.06
22	$ 0.11	$ 0.06	$ 0.06
23	$ 0.11	$ 0.06	$ 0.06
24	$ 0.11	$ 0.06	$ 0.06
25	$ 0.11	$ 0.06	$ 0.06
26	$ 0.11	$ 0.06	$ 0.06
27	$ 0.11	$ 0.06	$ 0.06
28	$ 0.11	$ 0.06	$ 0.06
29	$ 0.11	$ 0.06	$ 0.06
30	$ 0.12	$ 0.07	$ 0.07
31	$ 0.12	$ 0.07	$ 0.07
32	$ 0.12	$ 0.07	$ 0.07
33	$ 0.12	$ 0.07	$ 0.07
34	$ 0.12	$ 0.07	$ 0.07
35	$ 0.11	$ 0.07	$ 0.07
36	$ 0.12	$ 0.07	$ 0.07
37	$ 0.13	$ 0.07	$ 0.07
38	$ 0.14	$ 0.07	$ 0.07
39	$ 0.15	$ 0.07	$ 0.07
40	$ 0.14	$ 0.09	$ 0.09
41	$ 0.14	$ 0.09	$ 0.09
42	$ 0.14	$ 0.09	$ 0.09
43	$ 0.14	$ 0.09	$ 0.09
44	$ 0.14	$ 0.09	$ 0.09
45	$ 0.16	$ 0.10	$ 0.10
46	$ 0.16	$ 0.10	$ 0.10
47	$ 0.16	$ 0.10	$ 0.10
48	$ 0.16	$ 0.10	$ 0.10
49	$ 0.16	$ 0.10	$ 0.10
50	$ 0.17	$ 0.10	$ 0.10
51	$ 0.18	$ 0.10	$ 0.10
52	$ 0.19	$ 0.10	$ 0.10
53	$ 0.20	$ 0.10	$ 0.10
54	$ 0.21	$ 0.10	$ 0.10
55	$ 0.20	$ 0.12	$ 0.12
56	$ 0.20	$ 0.13	$ 0.13
57	$ 0.20	$ 0.14	$ 0.14
58	$ 0.20	$ 0.15	$ 0.15
59	$ 0.20	$ 0.16	$ 0.16
60	$ 0.22	$ 0.16	$ 0.16
61	$ 0.23	$ 0.11	$ 0.11

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI101-COLA 1-11
Cost of Living Adjustment Rider
For Attachment to DI01-CAT 1-11
Female Non-Tobacco
2 Year
Occupation Class 2A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 0.12	$ 0.08	$ 0.08
19	$ 0.12	$ 0.08	$ 0.08
20	$ 0.12	$ 0.08	$ 0.08
21	$ 0.12	$ 0.08	$ 0.08
22	$ 0.12	$ 0.08	$ 0.08
23	$ 0.12	$ 0.08	$ 0.08
24	$ 0.12	$ 0.08	$ 0.08
25	$ 0.12	$ 0.08	$ 0.08
26	$ 0.13	$ 0.08	$ 0.08
27	$ 0.13	$ 0.08	$ 0.08
28	$ 0.13	$ 0.08	$ 0.08
29	$ 0.14	$ 0.08	$ 0.08
30	$ 0.14	$ 0.10	$ 0.10
31	$ 0.14	$ 0.10	$ 0.10
32	$ 0.15	$ 0.10	$ 0.10
33	$ 0.15	$ 0.10	$ 0.10
34	$ 0.15	$ 0.10	$ 0.10
35	$ 0.16	$ 0.11	$ 0.11
36	$ 0.16	$ 0.11	$ 0.11
37	$ 0.17	$ 0.11	$ 0.11
38	$ 0.17	$ 0.11	$ 0.11
39	$ 0.15	$ 0.11	$ 0.11
40	$ 0.16	$ 0.12	$ 0.12
41	$ 0.16	$ 0.12	$ 0.12
42	$ 0.16	$ 0.12	$ 0.12
43	$ 0.16	$ 0.12	$ 0.12
44	$ 0.16	$ 0.12	$ 0.12
45	$ 0.16	$ 0.11	$ 0.11
46	$ 0.17	$ 0.11	$ 0.11
47	$ 0.18	$ 0.11	$ 0.11
48	$ 0.19	$ 0.11	$ 0.11
49	$ 0.20	$ 0.11	$ 0.11
50	$ 0.20	$ 0.13	$ 0.13
51	$ 0.21	$ 0.13	$ 0.13
52	$ 0.18	$ 0.13	$ 0.13
53	$ 0.19	$ 0.13	$ 0.13
54	$ 0.19	$ 0.13	$ 0.13
55	$ 0.20	$ 0.12	$ 0.12
56	$ 0.21	$ 0.13	$ 0.13
57	$ 0.23	$ 0.14	$ 0.14
58	$ 0.19	$ 0.15	$ 0.15
59	$ 0.20	$ 0.16	$ 0.16
60	$ 0.22	$ 0.16	$ 0.16
61	$ 0.23	$ 0.17	$ 0.17

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI101-COLA 1-11
Cost of Living Adjustment Rider
For Attachment to DI01-CAT 1-11
Male Non-Tobacco
To Age 67
Occupation Class 1A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 6.37	$ 5.27	$ 5.27
19	$ 6.37	$ 5.27	$ 5.27
20	$ 6.37	$ 5.27	$ 5.27
21	$ 6.37	$ 5.27	$ 5.27
22	$ 6.37	$ 5.27	$ 5.27
23	$ 6.37	$ 5.27	$ 5.27
24	$ 6.37	$ 5.27	$ 5.27
25	$ 6.37	$ 5.27	$ 5.27
26	$ 6.35	$ 5.25	$ 5.25
27	$ 6.33	$ 5.23	$ 5.23
28	$ 6.31	$ 5.21	$ 5.21
29	$ 6.29	$ 5.19	$ 5.19
30	$ 6.25	$ 5.16	$ 5.16
31	$ 6.18	$ 5.08	$ 5.08
32	$ 6.11	$ 5.00	$ 5.00
33	$ 6.04	$ 4.92	$ 4.92
34	$ 5.97	$ 4.84	$ 4.84
35	$ 5.90	$ 4.77	$ 4.77
36	$ 5.85	$ 4.72	$ 4.72
37	$ 5.80	$ 4.67	$ 4.67
38	$ 5.75	$ 4.62	$ 4.62
39	$ 5.70	$ 4.57	$ 4.57
40	$ 5.65	$ 4.51	$ 4.51
41	$ 5.54	$ 4.42	$ 4.42
42	$ 5.43	$ 4.33	$ 4.33
43	$ 5.32	$ 4.24	$ 4.24
44	$ 5.21	$ 4.15	$ 4.15
45	$ 5.10	$ 4.06	$ 4.06
46	$ 5.02	$ 3.97	$ 3.97
47	$ 4.94	$ 3.88	$ 3.88
48	$ 4.86	$ 3.79	$ 3.79
49	$ 4.78	$ 3.70	$ 3.70
50	$ 4.72	$ 3.61	$ 3.61
51	$ 4.49	$ 3.44	$ 3.44
52	$ 4.26	$ 3.27	$ 3.27
53	$ 4.03	$ 3.10	$ 3.10
54	$ 3.80	$ 2.93	$ 2.93
55	$ 3.56	$ 2.74	$ 2.74
56	$ 3.33	$ 2.48	$ 2.48
57	$ 3.10	$ 2.22	$ 2.22
58	$ 2.87	$ 1.96	$ 1.96
59	$ 2.64	$ 1.70	$ 1.70
60	$ 2.43	$ 1.42	$ 1.42
61	$ 2.08	$ 1.07	$ 1.07

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI101-COLA 1-11
Cost of Living Adjustment Rider
For Attachment to DI01-CAT 1-11
Female Non-Tobacco
To Age 67
Occupation Class 1A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 8.87	$ 7.44	$ 7.44
19	$ 8.87	$ 7.44	$ 7.44
20	$ 8.87	$ 7.44	$ 7.44
21	$ 8.87	$ 7.44	$ 7.44
22	$ 8.87	$ 7.44	$ 7.44
23	$ 8.87	$ 7.44	$ 7.44
24	$ 8.87	$ 7.44	$ 7.44
25	$ 8.87	$ 7.44	$ 7.44
26	$ 9.21	$ 7.55	$ 7.55
27	$ 9.37	$ 7.66	$ 7.66
28	$ 9.50	$ 7.77	$ 7.77
29	$ 9.59	$ 7.88	$ 7.88
30	$ 9.65	$ 8.00	$ 8.00
31	$ 9.67	$ 7.91	$ 7.91
32	$ 9.49	$ 7.82	$ 7.82
33	$ 9.44	$ 7.73	$ 7.73
34	$ 9.21	$ 7.64	$ 7.64
35	$ 9.15	$ 7.57	$ 7.57
36	$ 8.90	$ 7.17	$ 7.17
37	$ 8.64	$ 6.77	$ 6.77
38	$ 8.37	$ 6.37	$ 6.37
39	$ 8.08	$ 5.97	$ 5.97
40	$ 7.96	$ 5.59	$ 5.59
41	$ 8.00	$ 5.57	$ 5.57
42	$ 7.85	$ 5.55	$ 5.55
43	$ 7.50	$ 5.53	$ 5.53
44	$ 7.14	$ 5.51	$ 5.51
45	$ 6.97	$ 5.51	$ 5.51
46	$ 6.80	$ 5.40	$ 5.40
47	$ 6.43	$ 5.29	$ 5.29
48	$ 6.25	$ 5.18	$ 5.18
49	$ 6.07	$ 5.07	$ 5.07
50	$ 5.89	$ 4.98	$ 4.98
51	$ 5.83	$ 4.92	$ 4.92
52	$ 6.01	$ 4.86	$ 4.86
53	$ 6.22	$ 4.80	$ 4.80
54	$ 6.19	$ 4.74	$ 4.74
55	$ 5.89	$ 4.69	$ 4.69
56	$ 5.48	$ 4.10	$ 4.10
57	$ 4.84	$ 3.51	$ 3.51
58	$ 4.20	$ 2.92	$ 2.92
59	$ 3.33	$ 2.33	$ 2.33
60	$ 2.45	$ 1.73	$ 1.73
61	$ 1.57	$ 0.87	$ 0.87

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI101-COLA 1-11
Cost of Living Adjustment Rider
For Attachment to DI01-CAT 1-11
Male Non-Tobacco
5 Year
Occupation Class 1A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 0.64	$ 0.49	$ 0.49
19	$ 0.64	$ 0.49	$ 0.49
20	$ 0.64	$ 0.49	$ 0.49
21	$ 0.64	$ 0.49	$ 0.49
22	$ 0.64	$ 0.49	$ 0.49
23	$ 0.64	$ 0.49	$ 0.49
24	$ 0.64	$ 0.49	$ 0.49
25	$ 0.64	$ 0.49	$ 0.49
26	$ 0.66	$ 0.50	$ 0.50
27	$ 0.68	$ 0.51	$ 0.51
28	$ 0.70	$ 0.52	$ 0.52
29	$ 0.72	$ 0.53	$ 0.53
30	$ 0.74	$ 0.56	$ 0.56
31	$ 0.74	$ 0.57	$ 0.57
32	$ 0.74	$ 0.58	$ 0.58
33	$ 0.74	$ 0.59	$ 0.59
34	$ 0.74	$ 0.60	$ 0.60
35	$ 0.76	$ 0.62	$ 0.62
36	$ 0.79	$ 0.63	$ 0.63
37	$ 0.82	$ 0.64	$ 0.64
38	$ 0.85	$ 0.65	$ 0.65
39	$ 0.88	$ 0.66	$ 0.66
40	$ 0.92	$ 0.69	$ 0.69
41	$ 0.95	$ 0.71	$ 0.71
42	$ 0.98	$ 0.73	$ 0.73
43	$ 1.01	$ 0.75	$ 0.75
44	$ 1.04	$ 0.77	$ 0.77
45	$ 1.08	$ 0.80	$ 0.80
46	$ 1.12	$ 0.82	$ 0.82
47	$ 1.16	$ 0.84	$ 0.84
48	$ 1.20	$ 0.86	$ 0.86
49	$ 1.24	$ 0.88	$ 0.88
50	$ 1.27	$ 0.92	$ 0.92
51	$ 1.29	$ 0.95	$ 0.95
52	$ 1.31	$ 0.98	$ 0.98
53	$ 1.33	$ 1.01	$ 1.01
54	$ 1.35	$ 1.04	$ 1.04
55	$ 1.37	$ 1.08	$ 1.08
56	$ 1.41	$ 1.11	$ 1.11
57	$ 1.45	$ 1.14	$ 1.14
58	$ 1.49	$ 1.17	$ 1.17
59	$ 1.53	$ 1.20	$ 1.20
60	$ 1.59	$ 1.22	$ 1.22
61	$ 1.67	$ 1.44	$ 1.44

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI101-COLA 1-11
Cost of Living Adjustment Rider
For Attachment to DI01-CAT 1-11
Female Non-Tobacco
5 Year
Occupation Class 1A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 0.75	$ 0.62	$ 0.62
19	$ 0.75	$ 0.62	$ 0.62
20	$ 0.75	$ 0.62	$ 0.62
21	$ 0.75	$ 0.62	$ 0.62
22	$ 0.75	$ 0.62	$ 0.62
23	$ 0.75	$ 0.62	$ 0.62
24	$ 0.75	$ 0.62	$ 0.62
25	$ 0.75	$ 0.62	$ 0.62
26	$ 0.84	$ 0.64	$ 0.64
27	$ 0.87	$ 0.66	$ 0.66
28	$ 0.90	$ 0.68	$ 0.68
29	$ 0.93	$ 0.70	$ 0.70
30	$ 0.96	$ 0.74	$ 0.74
31	$ 0.98	$ 0.75	$ 0.75
32	$ 1.01	$ 0.76	$ 0.76
33	$ 1.03	$ 0.77	$ 0.77
34	$ 1.05	$ 0.78	$ 0.78
35	$ 1.08	$ 0.77	$ 0.77
36	$ 1.04	$ 0.80	$ 0.80
37	$ 1.09	$ 0.83	$ 0.83
38	$ 1.13	$ 0.86	$ 0.86
39	$ 1.17	$ 0.89	$ 0.89
40	$ 1.20	$ 0.91	$ 0.91
41	$ 1.22	$ 0.90	$ 0.90
42	$ 1.23	$ 0.89	$ 0.89
43	$ 1.23	$ 0.88	$ 0.88
44	$ 1.24	$ 0.87	$ 0.87
45	$ 1.18	$ 0.88	$ 0.88
46	$ 1.21	$ 0.91	$ 0.91
47	$ 1.24	$ 0.94	$ 0.94
48	$ 1.19	$ 0.97	$ 0.97
49	$ 1.23	$ 1.00	$ 1.00
50	$ 1.27	$ 1.03	$ 1.03
51	$ 1.20	$ 1.04	$ 1.04
52	$ 1.23	$ 1.05	$ 1.05
53	$ 1.27	$ 1.06	$ 1.06
54	$ 1.32	$ 1.07	$ 1.07
55	$ 1.37	$ 1.08	$ 1.08
56	$ 1.43	$ 1.11	$ 1.11
57	$ 1.36	$ 1.14	$ 1.14
58	$ 1.43	$ 1.17	$ 1.17
59	$ 1.36	$ 1.20	$ 1.20
60	$ 1.43	$ 1.22	$ 1.22
61	$ 1.34	$ 1.28	$ 1.28

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI101-COLA 1-11
Cost of Living Adjustment Rider
For Attachment to DI01-CAT 1-11
Male Non-Tobacco
2 Year
Occupation Class 1A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 0.14	$ 0.11	$ 0.11
19	$ 0.14	$ 0.11	$ 0.11
20	$ 0.14	$ 0.11	$ 0.11
21	$ 0.14	$ 0.11	$ 0.11
22	$ 0.14	$ 0.11	$ 0.11
23	$ 0.14	$ 0.11	$ 0.11
24	$ 0.14	$ 0.11	$ 0.11
25	$ 0.14	$ 0.11	$ 0.11
26	$ 0.14	$ 0.11	$ 0.11
27	$ 0.14	$ 0.11	$ 0.11
28	$ 0.14	$ 0.11	$ 0.11
29	$ 0.14	$ 0.11	$ 0.11
30	$ 0.16	$ 0.10	$ 0.10
31	$ 0.16	$ 0.10	$ 0.10
32	$ 0.16	$ 0.10	$ 0.10
33	$ 0.16	$ 0.10	$ 0.10
34	$ 0.16	$ 0.10	$ 0.10
35	$ 0.17	$ 0.11	$ 0.11
36	$ 0.18	$ 0.11	$ 0.11
37	$ 0.19	$ 0.11	$ 0.11
38	$ 0.20	$ 0.11	$ 0.11
39	$ 0.21	$ 0.11	$ 0.11
40	$ 0.21	$ 0.13	$ 0.13
41	$ 0.22	$ 0.14	$ 0.14
42	$ 0.23	$ 0.15	$ 0.15
43	$ 0.24	$ 0.16	$ 0.16
44	$ 0.25	$ 0.17	$ 0.17
45	$ 0.25	$ 0.16	$ 0.16
46	$ 0.25	$ 0.16	$ 0.16
47	$ 0.25	$ 0.16	$ 0.16
48	$ 0.25	$ 0.16	$ 0.16
49	$ 0.25	$ 0.16	$ 0.16
50	$ 0.26	$ 0.15	$ 0.15
51	$ 0.27	$ 0.16	$ 0.16
52	$ 0.28	$ 0.17	$ 0.17
53	$ 0.29	$ 0.18	$ 0.18
54	$ 0.30	$ 0.19	$ 0.19
55	$ 0.32	$ 0.18	$ 0.18
56	$ 0.34	$ 0.19	$ 0.19
57	$ 0.36	$ 0.20	$ 0.20
58	$ 0.38	$ 0.21	$ 0.21
59	$ 0.40	$ 0.22	$ 0.22
60	$ 0.43	$ 0.25	$ 0.25
61	$ 0.37	$ 0.26	$ 0.26

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI101-COLA 1-11
Cost of Living Adjustment Rider
For Attachment to DI01-CAT 1-11
Female Non-Tobacco
2 Year
Occupation Class 1A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 0.19	$ 0.13	$ 0.13
19	$ 0.19	$ 0.13	$ 0.13
20	$ 0.19	$ 0.13	$ 0.13
21	$ 0.19	$ 0.13	$ 0.13
22	$ 0.19	$ 0.13	$ 0.13
23	$ 0.19	$ 0.13	$ 0.13
24	$ 0.19	$ 0.13	$ 0.13
25	$ 0.19	$ 0.13	$ 0.13
26	$ 0.20	$ 0.13	$ 0.13
27	$ 0.20	$ 0.13	$ 0.13
28	$ 0.21	$ 0.13	$ 0.13
29	$ 0.22	$ 0.13	$ 0.13
30	$ 0.22	$ 0.15	$ 0.15
31	$ 0.23	$ 0.15	$ 0.15
32	$ 0.23	$ 0.15	$ 0.15
33	$ 0.24	$ 0.15	$ 0.15
34	$ 0.24	$ 0.15	$ 0.15
35	$ 0.25	$ 0.17	$ 0.17
36	$ 0.26	$ 0.17	$ 0.17
37	$ 0.27	$ 0.17	$ 0.17
38	$ 0.28	$ 0.17	$ 0.17
39	$ 0.28	$ 0.17	$ 0.17
40	$ 0.29	$ 0.16	$ 0.16
41	$ 0.25	$ 0.16	$ 0.16
42	$ 0.26	$ 0.16	$ 0.16
43	$ 0.26	$ 0.16	$ 0.16
44	$ 0.26	$ 0.16	$ 0.16
45	$ 0.26	$ 0.17	$ 0.17
46	$ 0.27	$ 0.18	$ 0.18
47	$ 0.28	$ 0.19	$ 0.19
48	$ 0.29	$ 0.20	$ 0.20
49	$ 0.30	$ 0.21	$ 0.21
50	$ 0.32	$ 0.20	$ 0.20
51	$ 0.33	$ 0.20	$ 0.20
52	$ 0.28	$ 0.20	$ 0.20
53	$ 0.29	$ 0.20	$ 0.20
54	$ 0.30	$ 0.20	$ 0.20
55	$ 0.32	$ 0.18	$ 0.18
56	$ 0.33	$ 0.18	$ 0.18
57	$ 0.36	$ 0.18	$ 0.18
58	$ 0.30	$ 0.18	$ 0.18
59	$ 0.32	$ 0.18	$ 0.18
60	$ 0.35	$ 0.17	$ 0.17
61	$ 0.37	$ 0.18	$ 0.18

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI101-COLA 1-11
Cost of Living Adjustment Rider
For Attachment to DI01-SIR 1-11
Male Non-Tobacco
To Age 67
Occupation Class 4A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 13.43	$ 4.68	$ 4.68
19	$ 13.43	$ 4.68	$ 4.68
20	$ 13.43	$ 4.68	$ 4.68
21	$ 13.43	$ 4.68	$ 4.68
22	$ 13.43	$ 4.68	$ 4.68
23	$ 13.43	$ 4.68	$ 4.68
24	$ 13.43	$ 4.68	$ 4.68
25	$ 13.43	$ 4.68	$ 4.68
26	$ 13.70	$ 4.73	$ 4.73
27	$ 13.97	$ 4.78	$ 4.78
28	$ 14.24	$ 4.83	$ 4.83
29	$ 14.51	$ 4.88	$ 4.88
30	$ 14.77	$ 4.93	$ 4.93
31	$ 14.85	$ 5.01	$ 5.01
32	$ 14.93	$ 5.09	$ 5.09
33	$ 15.01	$ 5.17	$ 5.17
34	$ 15.09	$ 5.25	$ 5.25
35	$ 15.19	$ 5.31	$ 5.31
36	$ 15.44	$ 5.45	$ 5.45
37	$ 15.69	$ 5.59	$ 5.59
38	$ 15.94	$ 5.73	$ 5.73
39	$ 16.19	$ 5.87	$ 5.87
40	$ 16.43	$ 5.99	$ 5.99
41	$ 16.26	$ 6.04	$ 6.04
42	$ 16.09	$ 6.09	$ 6.09
43	$ 15.92	$ 6.14	$ 6.14
44	$ 15.75	$ 6.19	$ 6.19
45	$ 15.60	$ 6.22	$ 6.22
46	$ 15.18	$ 6.27	$ 6.27
47	$ 14.76	$ 6.32	$ 6.32
48	$ 14.34	$ 6.37	$ 6.37
49	$ 13.92	$ 6.42	$ 6.42
50	$ 13.48	$ 6.46	$ 6.46
51	$ 13.06	$ 6.18	$ 6.18
52	$ 12.64	$ 5.90	$ 5.90
53	$ 12.22	$ 5.62	$ 5.62
54	$ 11.80	$ 5.34	$ 5.34
55	$ 11.37	$ 5.04	$ 5.04
56	$ 10.70	$ 4.75	$ 4.75
57	$ 10.03	$ 4.46	$ 4.46
58	$ 9.36	$ 4.17	$ 4.17
59	$ 8.69	$ 3.88	$ 3.88
60	$ 8.03	$ 3.61	$ 3.61
61	$ 6.78	$ 2.87	$ 2.87

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI101-COLA 1-11
Cost of Living Adjustment Rider
For Attachment to DI01-SIR 1-11
Female Non-Tobacco
To Age 67
Occupation Class 4A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 32.04	$ 10.88	$ 10.88
19	$ 32.04	$ 10.88	$ 10.88
20	$ 32.04	$ 10.88	$ 10.88
21	$ 32.04	$ 10.88	$ 10.88
22	$ 32.04	$ 10.88	$ 10.88
23	$ 32.04	$ 10.88	$ 10.88
24	$ 32.04	$ 10.88	$ 10.88
25	$ 32.04	$ 10.88	$ 10.88
26	$ 33.08	$ 11.15	$ 11.15
27	$ 34.12	$ 11.42	$ 11.42
28	$ 35.16	$ 11.69	$ 11.69
29	$ 36.20	$ 11.96	$ 11.96
30	$ 37.22	$ 12.25	$ 12.25
31	$ 37.47	$ 12.39	$ 12.39
32	$ 37.72	$ 12.53	$ 12.53
33	$ 37.97	$ 12.67	$ 12.67
34	$ 38.22	$ 12.81	$ 12.81
35	$ 38.48	$ 12.96	$ 12.96
36	$ 38.96	$ 12.84	$ 12.84
37	$ 39.44	$ 12.72	$ 12.72
38	$ 39.92	$ 12.60	$ 12.60
39	$ 40.40	$ 12.48	$ 12.48
40	$ 40.88	$ 12.36	$ 12.36
41	$ 38.68	$ 12.16	$ 12.16
42	$ 36.48	$ 11.96	$ 11.96
43	$ 34.28	$ 11.76	$ 11.76
44	$ 32.08	$ 11.56	$ 11.56
45	$ 29.90	$ 11.38	$ 11.38
46	$ 29.57	$ 11.45	$ 11.45
47	$ 29.24	$ 11.52	$ 11.52
48	$ 28.91	$ 11.59	$ 11.59
49	$ 28.58	$ 11.66	$ 11.66
50	$ 28.27	$ 11.75	$ 11.75
51	$ 27.96	$ 11.60	$ 11.60
52	$ 27.65	$ 11.45	$ 11.45
53	$ 27.34	$ 11.30	$ 11.30
54	$ 27.03	$ 11.15	$ 11.15
55	$ 26.70	$ 11.01	$ 11.01
56	$ 23.29	$ 9.98	$ 9.98
57	$ 19.88	$ 8.95	$ 8.95
58	$ 16.47	$ 7.92	$ 7.92
59	$ 13.06	$ 6.89	$ 6.89
60	$ 9.66	$ 5.86	$ 5.86
61	$ 4.40	$ 4.35	$ 4.35

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI101-COLA 1-11
Cost of Living Adjustment Rider
For Attachment to DI01-SIR 1-11
Male Non-Tobacco
5 Year
Occupation Class 4A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 2.12	$ 0.77	$ 0.77
19	$ 2.12	$ 0.77	$ 0.77
20	$ 2.12	$ 0.77	$ 0.77
21	$ 2.12	$ 0.77	$ 0.77
22	$ 2.12	$ 0.77	$ 0.77
23	$ 2.12	$ 0.77	$ 0.77
24	$ 2.12	$ 0.77	$ 0.77
25	$ 2.12	$ 0.77	$ 0.77
26	$ 2.19	$ 0.80	$ 0.80
27	$ 2.26	$ 0.83	$ 0.83
28	$ 2.33	$ 0.86	$ 0.86
29	$ 2.40	$ 0.89	$ 0.89
30	$ 2.45	$ 0.91	$ 0.91
31	$ 2.53	$ 0.94	$ 0.94
32	$ 2.61	$ 0.97	$ 0.97
33	$ 2.69	$ 1.00	$ 1.00
34	$ 2.77	$ 1.03	$ 1.03
35	$ 2.87	$ 1.05	$ 1.05
36	$ 3.00	$ 1.10	$ 1.10
37	$ 3.13	$ 1.15	$ 1.15
38	$ 3.26	$ 1.20	$ 1.20
39	$ 3.39	$ 1.25	$ 1.25
40	$ 3.54	$ 1.29	$ 1.29
41	$ 3.61	$ 1.35	$ 1.35
42	$ 3.68	$ 1.41	$ 1.41
43	$ 3.75	$ 1.47	$ 1.47
44	$ 3.82	$ 1.53	$ 1.53
45	$ 3.91	$ 1.59	$ 1.59
46	$ 4.11	$ 1.68	$ 1.68
47	$ 4.31	$ 1.77	$ 1.77
48	$ 4.51	$ 1.86	$ 1.86
49	$ 4.71	$ 1.95	$ 1.95
50	$ 4.93	$ 2.06	$ 2.06
51	$ 5.01	$ 2.11	$ 2.11
52	$ 5.09	$ 2.16	$ 2.16
53	$ 5.17	$ 2.21	$ 2.21
54	$ 5.25	$ 2.26	$ 2.26
55	$ 5.35	$ 2.29	$ 2.29
56	$ 5.52	$ 2.36	$ 2.36
57	$ 5.69	$ 2.43	$ 2.43
58	$ 5.86	$ 2.50	$ 2.50
59	$ 6.03	$ 2.57	$ 2.57
60	$ 6.19	$ 2.63	$ 2.63
61	$ 6.50	$ 2.78	$ 2.78

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI101-COLA 1-11
Cost of Living Adjustment Rider
For Attachment to DI01-SIR 1-11
Female Non-Tobacco
5 Year
Occupation Class 4A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 3.88	$ 1.41	$ 1.41
19	$ 3.88	$ 1.41	$ 1.41
20	$ 3.88	$ 1.41	$ 1.41
21	$ 3.88	$ 1.41	$ 1.41
22	$ 3.88	$ 1.41	$ 1.41
23	$ 3.88	$ 1.41	$ 1.41
24	$ 3.88	$ 1.41	$ 1.41
25	$ 3.88	$ 1.41	$ 1.41
26	$ 4.04	$ 1.46	$ 1.46
27	$ 4.20	$ 1.51	$ 1.51
28	$ 4.36	$ 1.56	$ 1.56
29	$ 4.52	$ 1.61	$ 1.61
30	$ 4.70	$ 1.65	$ 1.65
31	$ 4.85	$ 1.71	$ 1.71
32	$ 5.00	$ 1.77	$ 1.77
33	$ 5.15	$ 1.83	$ 1.83
34	$ 5.30	$ 1.89	$ 1.89
35	$ 5.47	$ 1.95	$ 1.95
36	$ 5.66	$ 2.03	$ 2.03
37	$ 5.85	$ 2.11	$ 2.11
38	$ 6.04	$ 2.19	$ 2.19
39	$ 6.23	$ 2.27	$ 2.27
40	$ 6.43	$ 2.34	$ 2.34
41	$ 6.41	$ 2.35	$ 2.35
42	$ 6.39	$ 2.36	$ 2.36
43	$ 6.37	$ 2.37	$ 2.37
44	$ 6.35	$ 2.38	$ 2.38
45	$ 6.34	$ 2.40	$ 2.40
46	$ 6.38	$ 2.42	$ 2.42
47	$ 6.42	$ 2.44	$ 2.44
48	$ 6.46	$ 2.46	$ 2.46
49	$ 6.50	$ 2.48	$ 2.48
50	$ 6.56	$ 2.52	$ 2.52
51	$ 6.63	$ 2.57	$ 2.57
52	$ 6.70	$ 2.62	$ 2.62
53	$ 6.77	$ 2.67	$ 2.67
54	$ 6.84	$ 2.72	$ 2.72
55	$ 6.89	$ 2.76	$ 2.76
56	$ 6.90	$ 2.73	$ 2.73
57	$ 6.91	$ 2.70	$ 2.70
58	$ 6.92	$ 2.67	$ 2.67
59	$ 6.93	$ 2.64	$ 2.64
60	$ 6.93	$ 2.63	$ 2.63
61	$ 7.24	$ 2.75	$ 2.75

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI101-COLA 1-11
Cost of Living Adjustment Rider
For Attachment to DI01-SIR 1-11
Male Non-Tobacco
2 Year
Occupation Class 4A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 0.72	$ 0.19	$ 0.19
19	$ 0.72	$ 0.19	$ 0.19
20	$ 0.72	$ 0.19	$ 0.19
21	$ 0.72	$ 0.19	$ 0.19
22	$ 0.72	$ 0.19	$ 0.19
23	$ 0.72	$ 0.19	$ 0.19
24	$ 0.72	$ 0.19	$ 0.19
25	$ 0.72	$ 0.19	$ 0.19
26	$ 0.74	$ 0.19	$ 0.19
27	$ 0.76	$ 0.19	$ 0.19
28	$ 0.78	$ 0.19	$ 0.19
29	$ 0.80	$ 0.19	$ 0.19
30	$ 0.80	$ 0.20	$ 0.20
31	$ 0.82	$ 0.21	$ 0.21
32	$ 0.84	$ 0.22	$ 0.22
33	$ 0.86	$ 0.23	$ 0.23
34	$ 0.88	$ 0.24	$ 0.24
35	$ 0.90	$ 0.25	$ 0.25
36	$ 0.93	$ 0.26	$ 0.26
37	$ 0.96	$ 0.27	$ 0.27
38	$ 0.99	$ 0.28	$ 0.28
39	$ 1.02	$ 0.29	$ 0.29
40	$ 1.07	$ 0.30	$ 0.30
41	$ 1.10	$ 0.32	$ 0.32
42	$ 1.13	$ 0.34	$ 0.34
43	$ 1.16	$ 0.36	$ 0.36
44	$ 1.19	$ 0.38	$ 0.38
45	$ 1.24	$ 0.38	$ 0.38
46	$ 1.25	$ 0.39	$ 0.39
47	$ 1.26	$ 0.40	$ 0.40
48	$ 1.27	$ 0.41	$ 0.41
49	$ 1.28	$ 0.42	$ 0.42
50	$ 1.28	$ 0.45	$ 0.45
51	$ 1.33	$ 0.49	$ 0.49
52	$ 1.38	$ 0.53	$ 0.53
53	$ 1.43	$ 0.57	$ 0.57
54	$ 1.48	$ 0.61	$ 0.61
55	$ 1.52	$ 0.63	$ 0.63
56	$ 1.54	$ 0.60	$ 0.60
57	$ 1.56	$ 0.57	$ 0.57
58	$ 1.58	$ 0.54	$ 0.54
59	$ 1.60	$ 0.51	$ 0.51
60	$ 1.61	$ 0.50	$ 0.50
61	$ 1.71	$ 0.52	$ 0.52

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI101-COLA 1-11
Cost of Living Adjustment Rider
For Attachment to DI01-SIR 1-11
Female Non-Tobacco
2 Year
Occupation Class 4A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 1.35	$ 0.36	$ 0.36
19	$ 1.35	$ 0.36	$ 0.36
20	$ 1.35	$ 0.36	$ 0.36
21	$ 1.35	$ 0.36	$ 0.36
22	$ 1.35	$ 0.36	$ 0.36
23	$ 1.35	$ 0.36	$ 0.36
24	$ 1.35	$ 0.36	$ 0.36
25	$ 1.35	$ 0.36	$ 0.36
26	$ 1.39	$ 0.39	$ 0.39
27	$ 1.43	$ 0.42	$ 0.42
28	$ 1.47	$ 0.45	$ 0.45
29	$ 1.51	$ 0.48	$ 0.48
30	$ 1.57	$ 0.53	$ 0.53
31	$ 1.61	$ 0.52	$ 0.52
32	$ 1.65	$ 0.51	$ 0.51
33	$ 1.69	$ 0.50	$ 0.50
34	$ 1.73	$ 0.49	$ 0.49
35	$ 1.76	$ 0.48	$ 0.48
36	$ 1.81	$ 0.49	$ 0.49
37	$ 1.86	$ 0.50	$ 0.50
38	$ 1.91	$ 0.51	$ 0.51
39	$ 1.96	$ 0.52	$ 0.52
40	$ 2.00	$ 0.55	$ 0.55
41	$ 1.96	$ 0.56	$ 0.56
42	$ 1.92	$ 0.57	$ 0.57
43	$ 1.88	$ 0.58	$ 0.58
44	$ 1.84	$ 0.59	$ 0.59
45	$ 1.79	$ 0.61	$ 0.61
46	$ 1.83	$ 0.59	$ 0.59
47	$ 1.87	$ 0.57	$ 0.57
48	$ 1.91	$ 0.55	$ 0.55
49	$ 1.95	$ 0.53	$ 0.53
50	$ 1.98	$ 0.52	$ 0.52
51	$ 2.01	$ 0.54	$ 0.54
52	$ 2.04	$ 0.56	$ 0.56
53	$ 2.07	$ 0.58	$ 0.58
54	$ 2.10	$ 0.60	$ 0.60
55	$ 2.12	$ 0.63	$ 0.63
56	$ 2.14	$ 0.66	$ 0.66
57	$ 2.16	$ 0.69	$ 0.69
58	$ 2.18	$ 0.72	$ 0.72
59	$ 2.20	$ 0.75	$ 0.75
60	$ 2.24	$ 0.76	$ 0.76
61	$ 2.37	$ 0.78	$ 0.78

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI101-COLA 1-11
Cost of Living Adjustment Rider
For Attachment to DI01-SIR 1-11
Male Non-Tobacco
To Age 67
Occupation Class 3A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 20.06	$ 7.97	$ 7.97
19	$ 20.06	$ 7.97	$ 7.97
20	$ 20.06	$ 7.97	$ 7.97
21	$ 20.06	$ 7.97	$ 7.97
22	$ 20.06	$ 7.97	$ 7.97
23	$ 20.06	$ 7.97	$ 7.97
24	$ 20.06	$ 7.97	$ 7.97
25	$ 20.06	$ 7.97	$ 7.97
26	$ 20.43	$ 8.09	$ 8.09
27	$ 20.80	$ 8.21	$ 8.21
28	$ 21.17	$ 8.33	$ 8.33
29	$ 21.54	$ 8.45	$ 8.45
30	$ 21.93	$ 8.55	$ 8.55
31	$ 21.94	$ 8.55	$ 8.55
32	$ 21.95	$ 8.55	$ 8.55
33	$ 21.96	$ 8.55	$ 8.55
34	$ 21.97	$ 8.55	$ 8.55
35	$ 21.98	$ 8.56	$ 8.56
36	$ 21.96	$ 8.74	$ 8.74
37	$ 21.94	$ 8.92	$ 8.92
38	$ 21.92	$ 9.10	$ 9.10
39	$ 21.90	$ 9.28	$ 9.28
40	$ 21.89	$ 9.48	$ 9.48
41	$ 21.59	$ 9.43	$ 9.43
42	$ 21.29	$ 9.38	$ 9.38
43	$ 20.99	$ 9.33	$ 9.33
44	$ 20.69	$ 9.28	$ 9.28
45	$ 20.37	$ 9.22	$ 9.22
46	$ 20.20	$ 9.24	$ 9.24
47	$ 20.03	$ 9.26	$ 9.26
48	$ 19.86	$ 9.28	$ 9.28
49	$ 19.69	$ 9.30	$ 9.30
50	$ 19.50	$ 9.30	$ 9.30
51	$ 18.16	$ 8.83	$ 8.83
52	$ 16.82	$ 8.36	$ 8.36
53	$ 15.48	$ 7.89	$ 7.89
54	$ 14.14	$ 7.42	$ 7.42
55	$ 12.80	$ 6.97	$ 6.97
56	$ 11.95	$ 6.36	$ 6.36
57	$ 11.10	$ 5.75	$ 5.75
58	$ 10.25	$ 5.14	$ 5.14
59	$ 9.40	$ 4.53	$ 4.53
60	$ 8.57	$ 3.90	$ 3.90
61	$ 7.87	$ 2.95	$ 2.95

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI101-COLA 1-11
Cost of Living Adjustment Rider
For Attachment to DI01-SIR 1-11
Female Non-Tobacco
To Age 67
Occupation Class 3A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 36.25	$ 13.86	$ 13.86
19	$ 36.25	$ 13.86	$ 13.86
20	$ 36.25	$ 13.86	$ 13.86
21	$ 36.25	$ 13.86	$ 13.86
22	$ 36.25	$ 13.86	$ 13.86
23	$ 36.25	$ 13.86	$ 13.86
24	$ 36.25	$ 13.86	$ 13.86
25	$ 36.25	$ 13.86	$ 13.86
26	$ 37.25	$ 14.12	$ 14.12
27	$ 38.25	$ 14.38	$ 14.38
28	$ 39.25	$ 14.64	$ 14.64
29	$ 40.25	$ 14.90	$ 14.90
30	$ 41.23	$ 15.18	$ 15.18
31	$ 41.14	$ 15.21	$ 15.21
32	$ 41.05	$ 15.24	$ 15.24
33	$ 40.96	$ 15.27	$ 15.27
34	$ 40.87	$ 15.30	$ 15.30
35	$ 40.79	$ 15.31	$ 15.31
36	$ 40.96	$ 15.18	$ 15.18
37	$ 41.13	$ 15.05	$ 15.05
38	$ 41.30	$ 14.92	$ 14.92
39	$ 41.47	$ 14.79	$ 14.79
40	$ 41.66	$ 14.64	$ 14.64
41	$ 39.66	$ 14.20	$ 14.20
42	$ 37.66	$ 13.76	$ 13.76
43	$ 35.66	$ 13.32	$ 13.32
44	$ 33.66	$ 12.88	$ 12.88
45	$ 31.65	$ 12.45	$ 12.45
46	$ 30.99	$ 12.32	$ 12.32
47	$ 30.33	$ 12.19	$ 12.19
48	$ 29.67	$ 12.06	$ 12.06
49	$ 29.01	$ 11.93	$ 11.93
50	$ 28.37	$ 11.79	$ 11.79
51	$ 28.37	$ 11.72	$ 11.72
52	$ 28.37	$ 11.65	$ 11.65
53	$ 28.37	$ 11.58	$ 11.58
54	$ 28.37	$ 11.51	$ 11.51
55	$ 28.35	$ 11.44	$ 11.44
56	$ 24.98	$ 10.33	$ 10.33
57	$ 21.61	$ 9.22	$ 9.22
58	$ 18.24	$ 8.11	$ 8.11
59	$ 14.87	$ 7.00	$ 7.00
60	$ 11.51	$ 5.91	$ 5.91
61	$ 5.86	$ 4.31	$ 4.31

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI101-COLA 1-11
Cost of Living Adjustment Rider
For Attachment to DI01-SIR 1-11
Male Non-Tobacco
5 Year
Occupation Class 3A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 3.19	$ 1.33	$ 1.33
19	$ 3.19	$ 1.33	$ 1.33
20	$ 3.19	$ 1.33	$ 1.33
21	$ 3.19	$ 1.33	$ 1.33
22	$ 3.19	$ 1.33	$ 1.33
23	$ 3.19	$ 1.33	$ 1.33
24	$ 3.19	$ 1.33	$ 1.33
25	$ 3.19	$ 1.33	$ 1.33
26	$ 3.28	$ 1.36	$ 1.36
27	$ 3.37	$ 1.39	$ 1.39
28	$ 3.46	$ 1.42	$ 1.42
29	$ 3.55	$ 1.45	$ 1.45
30	$ 3.63	$ 1.48	$ 1.48
31	$ 3.67	$ 1.52	$ 1.52
32	$ 3.71	$ 1.56	$ 1.56
33	$ 3.75	$ 1.60	$ 1.60
34	$ 3.79	$ 1.64	$ 1.64
35	$ 3.85	$ 1.69	$ 1.69
36	$ 4.00	$ 1.76	$ 1.76
37	$ 4.15	$ 1.83	$ 1.83
38	$ 4.30	$ 1.90	$ 1.90
39	$ 4.45	$ 1.97	$ 1.97
40	$ 4.61	$ 2.04	$ 2.04
41	$ 4.66	$ 2.07	$ 2.07
42	$ 4.71	$ 2.10	$ 2.10
43	$ 4.76	$ 2.13	$ 2.13
44	$ 4.81	$ 2.16	$ 2.16
45	$ 4.86	$ 2.20	$ 2.20
46	$ 5.06	$ 2.31	$ 2.31
47	$ 5.26	$ 2.42	$ 2.42
48	$ 5.46	$ 2.53	$ 2.53
49	$ 5.66	$ 2.64	$ 2.64
50	$ 5.84	$ 2.76	$ 2.76
51	$ 5.87	$ 2.79	$ 2.79
52	$ 5.90	$ 2.82	$ 2.82
53	$ 5.93	$ 2.85	$ 2.85
54	$ 5.96	$ 2.88	$ 2.88
55	$ 5.99	$ 2.91	$ 2.91
56	$ 6.11	$ 2.96	$ 2.96
57	$ 6.23	$ 3.01	$ 3.01
58	$ 6.35	$ 3.06	$ 3.06
59	$ 6.47	$ 3.11	$ 3.11
60	$ 6.60	$ 3.18	$ 3.18
61	$ 6.88	$ 3.33	$ 3.33

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI101-COLA 1-11
Cost of Living Adjustment Rider
For Attachment to DI01-SIR 1-11
Female Non-Tobacco
5 Year
Occupation Class 3A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 4.77	$ 1.94	$ 1.94
19	$ 4.77	$ 1.94	$ 1.94
20	$ 4.77	$ 1.94	$ 1.94
21	$ 4.77	$ 1.94	$ 1.94
22	$ 4.77	$ 1.94	$ 1.94
23	$ 4.77	$ 1.94	$ 1.94
24	$ 4.77	$ 1.94	$ 1.94
25	$ 4.77	$ 1.94	$ 1.94
26	$ 4.95	$ 1.96	$ 1.96
27	$ 5.13	$ 1.98	$ 1.98
28	$ 5.31	$ 2.00	$ 2.00
29	$ 5.49	$ 2.02	$ 2.02
30	$ 5.69	$ 2.03	$ 2.03
31	$ 5.76	$ 2.08	$ 2.08
32	$ 5.83	$ 2.13	$ 2.13
33	$ 5.90	$ 2.18	$ 2.18
34	$ 5.97	$ 2.23	$ 2.23
35	$ 6.04	$ 2.29	$ 2.29
36	$ 6.23	$ 2.36	$ 2.36
37	$ 6.42	$ 2.43	$ 2.43
38	$ 6.61	$ 2.50	$ 2.50
39	$ 6.80	$ 2.57	$ 2.57
40	$ 7.01	$ 2.66	$ 2.66
41	$ 6.98	$ 2.66	$ 2.66
42	$ 6.95	$ 2.66	$ 2.66
43	$ 6.92	$ 2.66	$ 2.66
44	$ 6.89	$ 2.66	$ 2.66
45	$ 6.86	$ 2.66	$ 2.66
46	$ 6.90	$ 2.68	$ 2.68
47	$ 6.94	$ 2.70	$ 2.70
48	$ 6.98	$ 2.72	$ 2.72
49	$ 7.02	$ 2.74	$ 2.74
50	$ 7.06	$ 2.76	$ 2.76
51	$ 7.01	$ 2.79	$ 2.79
52	$ 6.96	$ 2.82	$ 2.82
53	$ 6.91	$ 2.85	$ 2.85
54	$ 6.86	$ 2.88	$ 2.88
55	$ 6.82	$ 2.91	$ 2.91
56	$ 6.91	$ 2.96	$ 2.96
57	$ 7.00	$ 3.01	$ 3.01
58	$ 7.09	$ 3.06	$ 3.06
59	$ 7.18	$ 3.11	$ 3.11
60	$ 7.28	$ 3.18	$ 3.18
61	$ 7.56	$ 3.33	$ 3.33

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI101-COLA 1-11
Cost of Living Adjustment Rider
For Attachment to DI01-SIR 1-11
Male Non-Tobacco
2 Year
Occupation Class 3A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 1.19	$ 0.40	$ 0.40
19	$ 1.19	$ 0.40	$ 0.40
20	$ 1.19	$ 0.40	$ 0.40
21	$ 1.19	$ 0.40	$ 0.40
22	$ 1.19	$ 0.40	$ 0.40
23	$ 1.19	$ 0.40	$ 0.40
24	$ 1.19	$ 0.40	$ 0.40
25	$ 1.19	$ 0.40	$ 0.40
26	$ 1.17	$ 0.41	$ 0.41
27	$ 1.15	$ 0.42	$ 0.42
28	$ 1.13	$ 0.43	$ 0.43
29	$ 1.11	$ 0.44	$ 0.44
30	$ 1.10	$ 0.45	$ 0.45
31	$ 1.12	$ 0.46	$ 0.46
32	$ 1.14	$ 0.47	$ 0.47
33	$ 1.16	$ 0.48	$ 0.48
34	$ 1.18	$ 0.49	$ 0.49
35	$ 1.21	$ 0.49	$ 0.49
36	$ 1.25	$ 0.51	$ 0.51
37	$ 1.29	$ 0.53	$ 0.53
38	$ 1.33	$ 0.55	$ 0.55
39	$ 1.37	$ 0.57	$ 0.57
40	$ 1.40	$ 0.57	$ 0.57
41	$ 1.43	$ 0.59	$ 0.59
42	$ 1.46	$ 0.61	$ 0.61
43	$ 1.49	$ 0.63	$ 0.63
44	$ 1.52	$ 0.65	$ 0.65
45	$ 1.56	$ 0.66	$ 0.66
46	$ 1.55	$ 0.65	$ 0.65
47	$ 1.54	$ 0.64	$ 0.64
48	$ 1.53	$ 0.63	$ 0.63
49	$ 1.52	$ 0.62	$ 0.62
50	$ 1.52	$ 0.60	$ 0.60
51	$ 1.56	$ 0.62	$ 0.62
52	$ 1.60	$ 0.64	$ 0.64
53	$ 1.64	$ 0.66	$ 0.66
54	$ 1.68	$ 0.68	$ 0.68
55	$ 1.72	$ 0.70	$ 0.70
56	$ 1.72	$ 0.68	$ 0.68
57	$ 1.72	$ 0.66	$ 0.66
58	$ 1.72	$ 0.64	$ 0.64
59	$ 1.72	$ 0.62	$ 0.62
60	$ 1.74	$ 0.61	$ 0.61
61	$ 1.83	$ 0.64	$ 0.64

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI101-COLA 1-11
Cost of Living Adjustment Rider
For Attachment to DI01-SIR 1-11
Female Non-Tobacco
2 Year
Occupation Class 3A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 1.59	$ 0.62	$ 0.62
19	$ 1.59	$ 0.62	$ 0.62
20	$ 1.59	$ 0.62	$ 0.62
21	$ 1.59	$ 0.62	$ 0.62
22	$ 1.59	$ 0.62	$ 0.62
23	$ 1.59	$ 0.62	$ 0.62
24	$ 1.59	$ 0.62	$ 0.62
25	$ 1.59	$ 0.62	$ 0.62
26	$ 1.63	$ 0.63	$ 0.63
27	$ 1.67	$ 0.64	$ 0.64
28	$ 1.71	$ 0.65	$ 0.65
29	$ 1.75	$ 0.66	$ 0.66
30	$ 1.81	$ 0.66	$ 0.66
31	$ 1.84	$ 0.67	$ 0.67
32	$ 1.87	$ 0.68	$ 0.68
33	$ 1.90	$ 0.69	$ 0.69
34	$ 1.93	$ 0.70	$ 0.70
35	$ 1.98	$ 0.72	$ 0.72
36	$ 1.97	$ 0.71	$ 0.71
37	$ 1.96	$ 0.70	$ 0.70
38	$ 1.95	$ 0.69	$ 0.69
39	$ 1.94	$ 0.68	$ 0.68
40	$ 1.91	$ 0.65	$ 0.65
41	$ 1.92	$ 0.66	$ 0.66
42	$ 1.93	$ 0.67	$ 0.67
43	$ 1.94	$ 0.68	$ 0.68
44	$ 1.95	$ 0.69	$ 0.69
45	$ 1.98	$ 0.69	$ 0.69
46	$ 2.02	$ 0.71	$ 0.71
47	$ 2.06	$ 0.73	$ 0.73
48	$ 2.10	$ 0.75	$ 0.75
49	$ 2.14	$ 0.77	$ 0.77
50	$ 2.17	$ 0.79	$ 0.79
51	$ 2.12	$ 0.82	$ 0.82
52	$ 2.07	$ 0.85	$ 0.85
53	$ 2.02	$ 0.88	$ 0.88
54	$ 1.97	$ 0.91	$ 0.91
55	$ 1.92	$ 0.94	$ 0.94
56	$ 2.01	$ 0.93	$ 0.93
57	$ 2.10	$ 0.92	$ 0.92
58	$ 2.19	$ 0.91	$ 0.91
59	$ 2.28	$ 0.90	$ 0.90
60	$ 2.39	$ 0.91	$ 0.91
61	$ 2.51	$ 0.96	$ 0.96

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI101-COLA 1-11
Cost of Living Adjustment Rider
For Attachment to DI01-SIR 1-11
Male Non-Tobacco
To Age 67
Occupation Class 2A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 33.65	$ 13.32	$ 13.32
19	$ 33.65	$ 13.32	$ 13.32
20	$ 33.65	$ 13.32	$ 13.32
21	$ 33.65	$ 13.32	$ 13.32
22	$ 33.65	$ 13.32	$ 13.32
23	$ 33.65	$ 13.32	$ 13.32
24	$ 33.65	$ 13.32	$ 13.32
25	$ 33.65	$ 13.32	$ 13.32
26	$ 33.67	$ 13.28	$ 13.28
27	$ 33.69	$ 13.24	$ 13.24
28	$ 33.71	$ 13.20	$ 13.20
29	$ 33.73	$ 13.16	$ 13.16
30	$ 33.73	$ 13.12	$ 13.12
31	$ 33.74	$ 13.10	$ 13.10
32	$ 33.75	$ 13.08	$ 13.08
33	$ 33.76	$ 13.06	$ 13.06
34	$ 33.77	$ 13.04	$ 13.04
35	$ 33.76	$ 13.03	$ 13.03
36	$ 33.90	$ 13.04	$ 13.04
37	$ 34.04	$ 13.05	$ 13.05
38	$ 34.18	$ 13.06	$ 13.06
39	$ 34.32	$ 13.07	$ 13.07
40	$ 34.48	$ 13.09	$ 13.09
41	$ 33.38	$ 12.81	$ 12.81
42	$ 32.28	$ 12.53	$ 12.53
43	$ 31.18	$ 12.25	$ 12.25
44	$ 30.08	$ 11.97	$ 11.97
45	$ 28.98	$ 11.71	$ 11.71
46	$ 28.70	$ 11.55	$ 11.55
47	$ 28.42	$ 11.39	$ 11.39
48	$ 28.14	$ 11.23	$ 11.23
49	$ 27.86	$ 11.07	$ 11.07
50	$ 27.60	$ 10.93	$ 10.93
51	$ 25.74	$ 10.45	$ 10.45
52	$ 23.88	$ 9.97	$ 9.97
53	$ 22.02	$ 9.49	$ 9.49
54	$ 20.16	$ 9.01	$ 9.01
55	$ 18.29	$ 8.52	$ 8.52
56	$ 17.09	$ 7.90	$ 7.90
57	$ 15.89	$ 7.28	$ 7.28
58	$ 14.69	$ 6.66	$ 6.66
59	$ 13.49	$ 6.04	$ 6.04
60	$ 12.28	$ 5.42	$ 5.42
61	$ 11.28	$ 4.88	$ 4.88

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI101-COLA 1-11
Cost of Living Adjustment Rider
For Attachment to DI01-SIR 1-11
Female Non-Tobacco
To Age 67
Occupation Class 2A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 48.10	$ 18.00	$ 18.00
19	$ 48.10	$ 18.00	$ 18.00
20	$ 48.10	$ 18.00	$ 18.00
21	$ 48.10	$ 18.00	$ 18.00
22	$ 48.10	$ 18.00	$ 18.00
23	$ 48.10	$ 18.00	$ 18.00
24	$ 48.10	$ 18.00	$ 18.00
25	$ 48.10	$ 18.00	$ 18.00
26	$ 49.45	$ 18.31	$ 18.31
27	$ 50.80	$ 18.62	$ 18.62
28	$ 52.15	$ 18.93	$ 18.93
29	$ 53.50	$ 19.24	$ 19.24
30	$ 54.85	$ 19.56	$ 19.56
31	$ 54.66	$ 19.48	$ 19.48
32	$ 54.47	$ 19.40	$ 19.40
33	$ 54.28	$ 19.32	$ 19.32
34	$ 54.09	$ 19.24	$ 19.24
35	$ 53.90	$ 19.17	$ 19.17
36	$ 52.99	$ 19.17	$ 19.17
37	$ 52.08	$ 19.17	$ 19.17
38	$ 51.17	$ 19.17	$ 19.17
39	$ 50.26	$ 19.17	$ 19.17
40	$ 49.33	$ 19.18	$ 19.18
41	$ 47.68	$ 18.44	$ 18.44
42	$ 46.03	$ 17.70	$ 17.70
43	$ 44.38	$ 16.96	$ 16.96
44	$ 42.73	$ 16.22	$ 16.22
45	$ 41.08	$ 15.48	$ 15.48
46	$ 40.63	$ 15.02	$ 15.02
47	$ 40.18	$ 14.56	$ 14.56
48	$ 39.73	$ 14.10	$ 14.10
49	$ 39.28	$ 13.64	$ 13.64
50	$ 38.81	$ 13.17	$ 13.17
51	$ 37.70	$ 12.91	$ 12.91
52	$ 36.59	$ 12.65	$ 12.65
53	$ 35.48	$ 12.39	$ 12.39
54	$ 34.37	$ 12.13	$ 12.13
55	$ 33.28	$ 11.86	$ 11.86
56	$ 29.38	$ 10.70	$ 10.70
57	$ 25.48	$ 9.54	$ 9.54
58	$ 21.58	$ 8.38	$ 8.38
59	$ 17.68	$ 7.22	$ 7.22
60	$ 13.80	$ 6.06	$ 6.06
61	$ 7.01	$ 4.85	$ 4.85

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI101-COLA 1-11
Cost of Living Adjustment Rider
For Attachment to DI01-SIR 1-11
Male Non-Tobacco
5 Year
Occupation Class 2A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 5.14	$ 2.03	$ 2.03
19	$ 5.14	$ 2.03	$ 2.03
20	$ 5.14	$ 2.03	$ 2.03
21	$ 5.14	$ 2.03	$ 2.03
22	$ 5.14	$ 2.03	$ 2.03
23	$ 5.14	$ 2.03	$ 2.03
24	$ 5.14	$ 2.03	$ 2.03
25	$ 5.14	$ 2.03	$ 2.03
26	$ 5.20	$ 2.07	$ 2.07
27	$ 5.26	$ 2.11	$ 2.11
28	$ 5.32	$ 2.15	$ 2.15
29	$ 5.38	$ 2.19	$ 2.19
30	$ 5.44	$ 2.23	$ 2.23
31	$ 5.55	$ 2.28	$ 2.28
32	$ 5.66	$ 2.33	$ 2.33
33	$ 5.77	$ 2.38	$ 2.38
34	$ 5.88	$ 2.43	$ 2.43
35	$ 6.00	$ 2.48	$ 2.48
36	$ 6.11	$ 2.51	$ 2.51
37	$ 6.22	$ 2.54	$ 2.54
38	$ 6.33	$ 2.57	$ 2.57
39	$ 6.44	$ 2.60	$ 2.60
40	$ 6.54	$ 2.65	$ 2.65
41	$ 6.59	$ 2.67	$ 2.67
42	$ 6.64	$ 2.69	$ 2.69
43	$ 6.69	$ 2.71	$ 2.71
44	$ 6.74	$ 2.73	$ 2.73
45	$ 6.80	$ 2.77	$ 2.77
46	$ 7.08	$ 2.90	$ 2.90
47	$ 7.36	$ 3.03	$ 3.03
48	$ 7.64	$ 3.16	$ 3.16
49	$ 7.92	$ 3.29	$ 3.29
50	$ 8.19	$ 3.40	$ 3.40
51	$ 8.25	$ 3.43	$ 3.43
52	$ 8.31	$ 3.46	$ 3.46
53	$ 8.37	$ 3.49	$ 3.49
54	$ 8.43	$ 3.52	$ 3.52
55	$ 8.47	$ 3.56	$ 3.56
56	$ 8.66	$ 3.63	$ 3.63
57	$ 8.85	$ 3.70	$ 3.70
58	$ 9.04	$ 3.77	$ 3.77
59	$ 9.23	$ 3.84	$ 3.84
60	$ 9.42	$ 3.93	$ 3.93
61	$ 9.83	$ 4.13	$ 4.13

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI101-COLA 1-11
Cost of Living Adjustment Rider
For Attachment to DI01-SIR 1-11
Female Non-Tobacco
5 Year
Occupation Class 2A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 6.09	$ 2.41	$ 2.41
19	$ 6.09	$ 2.41	$ 2.41
20	$ 6.09	$ 2.41	$ 2.41
21	$ 6.09	$ 2.41	$ 2.41
22	$ 6.09	$ 2.41	$ 2.41
23	$ 6.09	$ 2.41	$ 2.41
24	$ 6.09	$ 2.41	$ 2.41
25	$ 6.09	$ 2.41	$ 2.41
26	$ 6.33	$ 2.47	$ 2.47
27	$ 6.57	$ 2.53	$ 2.53
28	$ 6.81	$ 2.59	$ 2.59
29	$ 7.05	$ 2.65	$ 2.65
30	$ 7.28	$ 2.73	$ 2.73
31	$ 7.36	$ 2.75	$ 2.75
32	$ 7.44	$ 2.77	$ 2.77
33	$ 7.52	$ 2.79	$ 2.79
34	$ 7.60	$ 2.81	$ 2.81
35	$ 7.66	$ 2.81	$ 2.81
36	$ 7.90	$ 2.90	$ 2.90
37	$ 8.14	$ 2.99	$ 2.99
38	$ 8.38	$ 3.08	$ 3.08
39	$ 8.62	$ 3.17	$ 3.17
40	$ 8.86	$ 3.24	$ 3.24
41	$ 8.82	$ 3.22	$ 3.22
42	$ 8.78	$ 3.20	$ 3.20
43	$ 8.74	$ 3.18	$ 3.18
44	$ 8.70	$ 3.16	$ 3.16
45	$ 8.66	$ 3.16	$ 3.16
46	$ 8.71	$ 3.21	$ 3.21
47	$ 8.76	$ 3.26	$ 3.26
48	$ 8.81	$ 3.31	$ 3.31
49	$ 8.86	$ 3.36	$ 3.36
50	$ 8.89	$ 3.40	$ 3.40
51	$ 8.81	$ 3.43	$ 3.43
52	$ 8.73	$ 3.46	$ 3.46
53	$ 8.65	$ 3.49	$ 3.49
54	$ 8.57	$ 3.52	$ 3.52
55	$ 8.47	$ 3.56	$ 3.56
56	$ 8.47	$ 3.63	$ 3.63
57	$ 8.47	$ 3.70	$ 3.70
58	$ 8.47	$ 3.77	$ 3.77
59	$ 8.47	$ 3.84	$ 3.84
60	$ 8.48	$ 3.93	$ 3.93
61	$ 7.90	$ 4.13	$ 4.13

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI101-COLA 1-11
Cost of Living Adjustment Rider
For Attachment to DI01-SIR 1-11
Male Non-Tobacco
2 Year
Occupation Class 2A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 1.73	$ 0.56	$ 0.56
19	$ 1.73	$ 0.56	$ 0.56
20	$ 1.73	$ 0.56	$ 0.56
21	$ 1.73	$ 0.56	$ 0.56
22	$ 1.73	$ 0.56	$ 0.56
23	$ 1.73	$ 0.56	$ 0.56
24	$ 1.73	$ 0.56	$ 0.56
25	$ 1.73	$ 0.56	$ 0.56
26	$ 1.76	$ 0.57	$ 0.57
27	$ 1.79	$ 0.58	$ 0.58
28	$ 1.82	$ 0.59	$ 0.59
29	$ 1.85	$ 0.60	$ 0.60
30	$ 1.87	$ 0.59	$ 0.59
31	$ 1.84	$ 0.60	$ 0.60
32	$ 1.81	$ 0.61	$ 0.61
33	$ 1.78	$ 0.62	$ 0.62
34	$ 1.75	$ 0.63	$ 0.63
35	$ 1.71	$ 0.64	$ 0.64
36	$ 1.75	$ 0.66	$ 0.66
37	$ 1.79	$ 0.68	$ 0.68
38	$ 1.83	$ 0.70	$ 0.70
39	$ 1.87	$ 0.72	$ 0.72
40	$ 1.93	$ 0.72	$ 0.72
41	$ 1.97	$ 0.74	$ 0.74
42	$ 2.01	$ 0.76	$ 0.76
43	$ 2.05	$ 0.78	$ 0.78
44	$ 2.09	$ 0.80	$ 0.80
45	$ 2.13	$ 0.81	$ 0.81
46	$ 2.12	$ 0.79	$ 0.79
47	$ 2.11	$ 0.77	$ 0.77
48	$ 2.10	$ 0.75	$ 0.75
49	$ 2.09	$ 0.73	$ 0.73
50	$ 2.10	$ 0.73	$ 0.73
51	$ 2.16	$ 0.76	$ 0.76
52	$ 2.22	$ 0.79	$ 0.79
53	$ 2.28	$ 0.82	$ 0.82
54	$ 2.34	$ 0.85	$ 0.85
55	$ 2.38	$ 0.86	$ 0.86
56	$ 2.39	$ 0.91	$ 0.91
57	$ 2.40	$ 0.96	$ 0.96
58	$ 2.41	$ 1.01	$ 1.01
59	$ 2.42	$ 1.06	$ 1.06
60	$ 2.43	$ 1.12	$ 1.12
61	$ 2.56	$ 0.79	$ 0.79

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI101-COLA 1-11
Cost of Living Adjustment Rider
For Attachment to DI01-SIR 1-11
Female Non-Tobacco
2 Year
Occupation Class 2A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 2.00	$ 0.75	$ 0.75
19	$ 2.00	$ 0.75	$ 0.75
20	$ 2.00	$ 0.75	$ 0.75
21	$ 2.00	$ 0.75	$ 0.75
22	$ 2.00	$ 0.75	$ 0.75
23	$ 2.00	$ 0.75	$ 0.75
24	$ 2.00	$ 0.75	$ 0.75
25	$ 2.00	$ 0.75	$ 0.75
26	$ 2.06	$ 0.76	$ 0.76
27	$ 2.12	$ 0.77	$ 0.77
28	$ 2.18	$ 0.78	$ 0.78
29	$ 2.24	$ 0.79	$ 0.79
30	$ 2.28	$ 0.81	$ 0.81
31	$ 2.32	$ 0.82	$ 0.82
32	$ 2.36	$ 0.83	$ 0.83
33	$ 2.40	$ 0.84	$ 0.84
34	$ 2.44	$ 0.85	$ 0.85
35	$ 2.49	$ 0.87	$ 0.87
36	$ 2.47	$ 0.89	$ 0.89
37	$ 2.45	$ 0.91	$ 0.91
38	$ 2.43	$ 0.93	$ 0.93
39	$ 2.41	$ 0.95	$ 0.95
40	$ 2.38	$ 0.97	$ 0.97
41	$ 2.40	$ 0.94	$ 0.94
42	$ 2.42	$ 0.91	$ 0.91
43	$ 2.44	$ 0.88	$ 0.88
44	$ 2.46	$ 0.85	$ 0.85
45	$ 2.46	$ 0.82	$ 0.82
46	$ 2.51	$ 0.85	$ 0.85
47	$ 2.56	$ 0.88	$ 0.88
48	$ 2.61	$ 0.91	$ 0.91
49	$ 2.66	$ 0.94	$ 0.94
50	$ 2.69	$ 0.97	$ 0.97
51	$ 2.63	$ 0.95	$ 0.95
52	$ 2.57	$ 0.93	$ 0.93
53	$ 2.51	$ 0.91	$ 0.91
54	$ 2.45	$ 0.89	$ 0.89
55	$ 2.38	$ 0.86	$ 0.86
56	$ 2.39	$ 0.91	$ 0.91
57	$ 2.40	$ 0.96	$ 0.96
58	$ 2.41	$ 1.01	$ 1.01
59	$ 2.42	$ 1.06	$ 1.06
60	$ 2.43	$ 1.12	$ 1.12
61	$ 2.57	$ 1.19	$ 1.19

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI101-COLA 1-11
Cost of Living Adjustment Rider
For Attachment to DI01-SIR 1-11
Male Non-Tobacco
To Age 67
Occupation Class 1A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 58.01	$ 21.81	$ 21.81
19	$ 58.01	$ 21.81	$ 21.81
20	$ 58.01	$ 21.81	$ 21.81
21	$ 58.01	$ 21.81	$ 21.81
22	$ 58.01	$ 21.81	$ 21.81
23	$ 58.01	$ 21.81	$ 21.81
24	$ 58.01	$ 21.81	$ 21.81
25	$ 58.01	$ 21.81	$ 21.81
26	$ 58.62	$ 21.85	$ 21.85
27	$ 59.23	$ 21.89	$ 21.89
28	$ 59.84	$ 21.93	$ 21.93
29	$ 60.45	$ 21.97	$ 21.97
30	$ 61.06	$ 22.03	$ 22.03
31	$ 60.90	$ 21.93	$ 21.93
32	$ 60.74	$ 21.83	$ 21.83
33	$ 60.58	$ 21.73	$ 21.73
34	$ 60.42	$ 21.63	$ 21.63
35	$ 60.25	$ 21.51	$ 21.51
36	$ 59.88	$ 21.38	$ 21.38
37	$ 59.51	$ 21.25	$ 21.25
38	$ 59.14	$ 21.12	$ 21.12
39	$ 58.77	$ 20.99	$ 20.99
40	$ 58.40	$ 20.86	$ 20.86
41	$ 57.25	$ 20.60	$ 20.60
42	$ 56.10	$ 20.34	$ 20.34
43	$ 54.95	$ 20.08	$ 20.08
44	$ 53.80	$ 19.82	$ 19.82
45	$ 52.64	$ 19.58	$ 19.58
46	$ 51.32	$ 19.45	$ 19.45
47	$ 50.00	$ 19.32	$ 19.32
48	$ 48.68	$ 19.19	$ 19.19
49	$ 47.36	$ 19.06	$ 19.06
50	$ 46.04	$ 18.92	$ 18.92
51	$ 43.94	$ 17.99	$ 17.99
52	$ 41.84	$ 17.06	$ 17.06
53	$ 39.74	$ 16.13	$ 16.13
54	$ 37.64	$ 15.20	$ 15.20
55	$ 35.54	$ 14.28	$ 14.28
56	$ 33.06	$ 12.94	$ 12.94
57	$ 30.58	$ 11.60	$ 11.60
58	$ 28.10	$ 10.26	$ 10.26
59	$ 25.62	$ 8.92	$ 8.92
60	$ 23.16	$ 7.56	$ 7.56
61	$ 19.61	$ 5.75	$ 5.75

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI101-COLA 1-11
Cost of Living Adjustment Rider
For Attachment to DI01-SIR 1-11
Female Non-Tobacco
To Age 67
Occupation Class 1A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 81.55	$ 28.86	$ 28.86
19	$ 81.55	$ 28.86	$ 28.86
20	$ 81.55	$ 28.86	$ 28.86
21	$ 81.55	$ 28.86	$ 28.86
22	$ 81.55	$ 28.86	$ 28.86
23	$ 81.55	$ 28.86	$ 28.86
24	$ 81.55	$ 28.86	$ 28.86
25	$ 81.55	$ 28.86	$ 28.86
26	$ 84.63	$ 29.52	$ 29.52
27	$ 87.71	$ 30.18	$ 30.18
28	$ 90.79	$ 30.84	$ 30.84
29	$ 93.87	$ 31.50	$ 31.50
30	$ 96.97	$ 32.17	$ 32.17
31	$ 97.01	$ 32.18	$ 32.18
32	$ 97.05	$ 32.19	$ 32.19
33	$ 97.09	$ 32.20	$ 32.20
34	$ 97.13	$ 32.21	$ 32.21
35	$ 97.18	$ 32.20	$ 32.20
36	$ 95.29	$ 31.04	$ 31.04
37	$ 93.40	$ 29.88	$ 29.88
38	$ 91.51	$ 28.72	$ 28.72
39	$ 89.62	$ 27.56	$ 27.56
40	$ 87.75	$ 26.40	$ 26.40
41	$ 85.79	$ 26.26	$ 26.26
42	$ 83.83	$ 26.12	$ 26.12
43	$ 81.87	$ 25.98	$ 25.98
44	$ 79.91	$ 25.84	$ 25.84
45	$ 77.94	$ 25.70	$ 25.70
46	$ 75.64	$ 25.37	$ 25.37
47	$ 73.34	$ 25.04	$ 25.04
48	$ 71.04	$ 24.71	$ 24.71
49	$ 68.74	$ 24.38	$ 24.38
50	$ 66.43	$ 24.05	$ 24.05
51	$ 65.46	$ 23.44	$ 23.44
52	$ 64.49	$ 22.83	$ 22.83
53	$ 63.52	$ 22.22	$ 22.22
54	$ 62.55	$ 21.61	$ 21.61
55	$ 61.56	$ 21.00	$ 21.00
56	$ 54.72	$ 18.34	$ 18.34
57	$ 47.88	$ 15.68	$ 15.68
58	$ 41.04	$ 13.02	$ 13.02
59	$ 34.20	$ 10.36	$ 10.36
60	$ 27.37	$ 7.71	$ 7.71
61	$ 17.75	$ 3.86	$ 3.86

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI101-COLA 1-11
Cost of Living Adjustment Rider
For Attachment to DI01-SIR 1-11
Male Non-Tobacco
5 Year
Occupation Class 1A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 7.67	$ 2.90	$ 2.90
19	$ 7.67	$ 2.90	$ 2.90
20	$ 7.67	$ 2.90	$ 2.90
21	$ 7.67	$ 2.90	$ 2.90
22	$ 7.67	$ 2.90	$ 2.90
23	$ 7.67	$ 2.90	$ 2.90
24	$ 7.67	$ 2.90	$ 2.90
25	$ 7.67	$ 2.90	$ 2.90
26	$ 7.89	$ 2.96	$ 2.96
27	$ 8.11	$ 3.02	$ 3.02
28	$ 8.33	$ 3.08	$ 3.08
29	$ 8.55	$ 3.14	$ 3.14
30	$ 8.79	$ 3.21	$ 3.21
31	$ 8.82	$ 3.28	$ 3.28
32	$ 8.85	$ 3.35	$ 3.35
33	$ 8.88	$ 3.42	$ 3.42
34	$ 8.91	$ 3.49	$ 3.49
35	$ 8.96	$ 3.57	$ 3.57
36	$ 9.29	$ 3.63	$ 3.63
37	$ 9.62	$ 3.69	$ 3.69
38	$ 9.95	$ 3.75	$ 3.75
39	$ 10.28	$ 3.81	$ 3.81
40	$ 10.61	$ 3.87	$ 3.87
41	$ 10.90	$ 4.00	$ 4.00
42	$ 11.19	$ 4.13	$ 4.13
43	$ 11.48	$ 4.26	$ 4.26
44	$ 11.77	$ 4.39	$ 4.39
45	$ 12.07	$ 4.53	$ 4.53
46	$ 12.40	$ 4.65	$ 4.65
47	$ 12.73	$ 4.77	$ 4.77
48	$ 13.06	$ 4.89	$ 4.89
49	$ 13.39	$ 5.01	$ 5.01
50	$ 13.74	$ 5.13	$ 5.13
51	$ 13.86	$ 5.33	$ 5.33
52	$ 13.98	$ 5.53	$ 5.53
53	$ 14.10	$ 5.73	$ 5.73
54	$ 14.22	$ 5.93	$ 5.93
55	$ 14.35	$ 6.12	$ 6.12
56	$ 14.72	$ 6.30	$ 6.30
57	$ 15.09	$ 6.48	$ 6.48
58	$ 15.46	$ 6.66	$ 6.66
59	$ 15.83	$ 6.84	$ 6.84
60	$ 16.21	$ 7.00	$ 7.00
61	$ 16.97	$ 8.29	$ 8.29

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI101-COLA 1-11
Cost of Living Adjustment Rider
For Attachment to DI01-SIR 1-11
Female Non-Tobacco
5 Year
Occupation Class 1A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 9.18	$ 3.47	$ 3.47
19	$ 9.18	$ 3.47	$ 3.47
20	$ 9.18	$ 3.47	$ 3.47
21	$ 9.18	$ 3.47	$ 3.47
22	$ 9.18	$ 3.47	$ 3.47
23	$ 9.18	$ 3.47	$ 3.47
24	$ 9.18	$ 3.47	$ 3.47
25	$ 9.18	$ 3.47	$ 3.47
26	$ 9.71	$ 3.58	$ 3.58
27	$ 10.24	$ 3.69	$ 3.69
28	$ 10.77	$ 3.80	$ 3.80
29	$ 11.30	$ 3.91	$ 3.91
30	$ 11.81	$ 4.00	$ 4.00
31	$ 12.13	$ 4.03	$ 4.03
32	$ 12.45	$ 4.06	$ 4.06
33	$ 12.77	$ 4.09	$ 4.09
34	$ 13.09	$ 4.12	$ 4.12
35	$ 13.43	$ 4.17	$ 4.17
36	$ 13.69	$ 4.32	$ 4.32
37	$ 13.95	$ 4.47	$ 4.47
38	$ 14.21	$ 4.62	$ 4.62
39	$ 14.47	$ 4.77	$ 4.77
40	$ 14.73	$ 4.90	$ 4.90
41	$ 14.68	$ 4.89	$ 4.89
42	$ 14.63	$ 4.88	$ 4.88
43	$ 14.58	$ 4.87	$ 4.87
44	$ 14.53	$ 4.86	$ 4.86
45	$ 14.47	$ 4.83	$ 4.83
46	$ 14.59	$ 5.01	$ 5.01
47	$ 14.71	$ 5.19	$ 5.19
48	$ 14.83	$ 5.37	$ 5.37
49	$ 14.95	$ 5.55	$ 5.55
50	$ 15.07	$ 5.71	$ 5.71
51	$ 14.93	$ 5.79	$ 5.79
52	$ 14.79	$ 5.87	$ 5.87
53	$ 14.65	$ 5.95	$ 5.95
54	$ 14.51	$ 6.03	$ 6.03
55	$ 14.35	$ 6.12	$ 6.12
56	$ 14.40	$ 6.30	$ 6.30
57	$ 14.45	$ 6.48	$ 6.48
58	$ 14.50	$ 6.66	$ 6.66
59	$ 14.55	$ 6.84	$ 6.84
60	$ 14.59	$ 7.00	$ 7.00
61	$ 13.65	$ 7.37	$ 7.37

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI101-COLA 1-11
Cost of Living Adjustment Rider
For Attachment to DI01-SIR 1-11
Male Non-Tobacco
2 Year
Occupation Class 1A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 2.32	$ 0.98	$ 0.98
19	$ 2.32	$ 0.98	$ 0.98
20	$ 2.32	$ 0.98	$ 0.98
21	$ 2.32	$ 0.98	$ 0.98
22	$ 2.32	$ 0.98	$ 0.98
23	$ 2.32	$ 0.98	$ 0.98
24	$ 2.32	$ 0.98	$ 0.98
25	$ 2.32	$ 0.98	$ 0.98
26	$ 2.36	$ 0.95	$ 0.95
27	$ 2.40	$ 0.92	$ 0.92
28	$ 2.44	$ 0.89	$ 0.89
29	$ 2.48	$ 0.86	$ 0.86
30	$ 2.54	$ 0.83	$ 0.83
31	$ 2.57	$ 0.84	$ 0.84
32	$ 2.60	$ 0.85	$ 0.85
33	$ 2.63	$ 0.86	$ 0.86
34	$ 2.66	$ 0.87	$ 0.87
35	$ 2.69	$ 0.89	$ 0.89
36	$ 2.77	$ 0.92	$ 0.92
37	$ 2.85	$ 0.95	$ 0.95
38	$ 2.93	$ 0.98	$ 0.98
39	$ 3.01	$ 1.01	$ 1.01
40	$ 3.08	$ 1.02	$ 1.02
41	$ 3.15	$ 1.05	$ 1.05
42	$ 3.22	$ 1.08	$ 1.08
43	$ 3.29	$ 1.11	$ 1.11
44	$ 3.36	$ 1.14	$ 1.14
45	$ 3.42	$ 1.16	$ 1.16
46	$ 3.42	$ 1.14	$ 1.14
47	$ 3.42	$ 1.12	$ 1.12
48	$ 3.42	$ 1.10	$ 1.10
49	$ 3.42	$ 1.08	$ 1.08
50	$ 3.43	$ 1.07	$ 1.07
51	$ 3.53	$ 1.11	$ 1.11
52	$ 3.63	$ 1.15	$ 1.15
53	$ 3.73	$ 1.19	$ 1.19
54	$ 3.83	$ 1.23	$ 1.23
55	$ 3.93	$ 1.27	$ 1.27
56	$ 4.16	$ 1.35	$ 1.35
57	$ 4.39	$ 1.43	$ 1.43
58	$ 4.62	$ 1.51	$ 1.51
59	$ 4.85	$ 1.59	$ 1.59
60	$ 5.06	$ 1.69	$ 1.69
61	$ 4.27	$ 1.80	$ 1.80

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI101-COLA 1-11
Cost of Living Adjustment Rider
For Attachment to DI01-SIR 1-11
Female Non-Tobacco
2 Year
Occupation Class 1A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 3.18	$ 1.06	$ 1.06
19	$ 3.18	$ 1.06	$ 1.06
20	$ 3.18	$ 1.06	$ 1.06
21	$ 3.18	$ 1.06	$ 1.06
22	$ 3.18	$ 1.06	$ 1.06
23	$ 3.18	$ 1.06	$ 1.06
24	$ 3.18	$ 1.06	$ 1.06
25	$ 3.18	$ 1.06	$ 1.06
26	$ 3.28	$ 1.08	$ 1.08
27	$ 3.38	$ 1.10	$ 1.10
28	$ 3.48	$ 1.12	$ 1.12
29	$ 3.58	$ 1.14	$ 1.14
30	$ 3.66	$ 1.15	$ 1.15
31	$ 3.73	$ 1.17	$ 1.17
32	$ 3.80	$ 1.19	$ 1.19
33	$ 3.87	$ 1.21	$ 1.21
34	$ 3.94	$ 1.23	$ 1.23
35	$ 4.01	$ 1.26	$ 1.26
36	$ 4.12	$ 1.24	$ 1.24
37	$ 4.23	$ 1.22	$ 1.22
38	$ 4.34	$ 1.20	$ 1.20
39	$ 4.45	$ 1.18	$ 1.18
40	$ 4.55	$ 1.14	$ 1.14
41	$ 4.45	$ 1.15	$ 1.15
42	$ 4.35	$ 1.16	$ 1.16
43	$ 4.25	$ 1.17	$ 1.17
44	$ 4.15	$ 1.18	$ 1.18
45	$ 4.04	$ 1.21	$ 1.21
46	$ 4.13	$ 1.25	$ 1.25
47	$ 4.22	$ 1.29	$ 1.29
48	$ 4.31	$ 1.33	$ 1.33
49	$ 4.40	$ 1.37	$ 1.37
50	$ 4.47	$ 1.42	$ 1.42
51	$ 4.36	$ 1.39	$ 1.39
52	$ 4.25	$ 1.36	$ 1.36
53	$ 4.14	$ 1.33	$ 1.33
54	$ 4.03	$ 1.30	$ 1.30
55	$ 3.93	$ 1.27	$ 1.27
56	$ 3.95	$ 1.24	$ 1.24
57	$ 3.97	$ 1.21	$ 1.21
58	$ 3.99	$ 1.18	$ 1.18
59	$ 4.01	$ 1.15	$ 1.15
60	$ 4.05	$ 1.13	$ 1.13
61	$ 4.29	$ 1.20	$ 1.20

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI01-GPO 1-11
Guaranteed Purchase Option Rider

The Premium Rate Per $100 of Aggregate Purchase Amount is equal to 10% of the Premium Rate per $100 of Monthly Income Benefit for Policy Form DI01 1-11 and any Rider Form DI01-COLA 1-11 attached thereto.

Knights of Columbus
New Haven, Connecticut

Rider Form DI01-SIR 1-11
Social Insurance Rider

Male Non-Tobacco
To Age 67
Occupation Class 4A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 26.33	$ 12.64	$ 12.13
19	$ 26.33	$ 12.64	$ 12.13
20	$ 26.33	$ 12.64	$ 12.13
21	$ 26.33	$ 12.64	$ 12.13
22	$ 26.33	$ 12.64	$ 12.13
23	$ 26.33	$ 12.64	$ 12.13
24	$ 26.33	$ 12.64	$ 12.13
25	$ 26.33	$ 12.64	$ 12.13
26	$ 27.31	$ 12.95	$ 12.43
27	$ 28.31	$ 13.30	$ 12.75
28	$ 29.33	$ 13.67	$ 13.11
29	$ 30.37	$ 14.08	$ 13.49
30	$ 31.43	$ 14.51	$ 13.90
31	$ 32.47	$ 14.96	$ 14.33
32	$ 33.50	$ 15.43	$ 14.77
33	$ 34.56	$ 15.94	$ 15.24
34	$ 35.73	$ 16.50	$ 15.78
35	$ 37.05	$ 17.14	$ 16.38
36	$ 38.61	$ 17.88	$ 17.08
37	$ 40.37	$ 18.71	$ 17.86
38	$ 42.21	$ 19.59	$ 18.69
39	$ 44.01	$ 20.49	$ 19.54
40	$ 45.63	$ 21.38	$ 20.38
41	$ 47.00	$ 22.24	$ 21.18
42	$ 48.20	$ 23.08	$ 21.97
43	$ 49.36	$ 23.95	$ 22.77
44	$ 50.59	$ 24.88	$ 23.64
45	$ 52.01	$ 25.91	$ 24.59
46	$ 53.79	$ 27.11	$ 25.70
47	$ 55.86	$ 28.46	$ 26.96
48	$ 57.95	$ 29.84	$ 28.24
49	$ 59.84	$ 31.15	$ 29.45
50	$ 61.26	$ 32.29	$ 30.48
51	$ 62.08	$ 33.20	$ 31.29
52	$ 62.46	$ 33.95	$ 31.95
53	$ 62.61	$ 34.63	$ 32.51
54	$ 62.77	$ 35.29	$ 33.06
55	$ 63.15	$ 36.02	$ 33.64
56	$ 63.75	$ 36.82	$ 34.26
57	$ 64.43	$ 37.63	$ 34.87
58	$ 65.18	$ 38.45	$ 35.48
59	$ 66.00	$ 39.30	$ 36.09
60	$ 66.90	$ 40.16	$ 36.69
61	$ 67.80	$ 41.02	$ 37.29

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI01-SIR 1-11
Social Insurance Rider

Female Non-Tobacco
To Age 67
Occupation Class 4A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 53.40	$ 22.21	$ 21.22
19	$ 53.40	$ 22.21	$ 21.22
20	$ 53.40	$ 22.21	$ 21.22
21	$ 53.40	$ 22.21	$ 21.22
22	$ 53.40	$ 22.21	$ 21.22
23	$ 53.40	$ 22.21	$ 21.22
24	$ 53.40	$ 22.21	$ 21.22
25	$ 53.40	$ 22.21	$ 21.22
26	$ 56.53	$ 23.20	$ 22.17
27	$ 59.52	$ 24.20	$ 23.12
28	$ 62.37	$ 25.20	$ 24.08
29	$ 65.09	$ 26.21	$ 25.05
30	$ 67.67	$ 27.23	$ 26.02
31	$ 70.13	$ 28.24	$ 26.98
32	$ 72.46	$ 29.24	$ 27.94
33	$ 74.65	$ 30.25	$ 28.90
34	$ 76.68	$ 31.30	$ 29.90
35	$ 78.53	$ 32.40	$ 30.95
36	$ 80.19	$ 33.64	$ 32.13
37	$ 81.68	$ 35.01	$ 33.44
38	$ 83.00	$ 36.38	$ 34.74
39	$ 84.16	$ 37.62	$ 35.91
40	$ 85.17	$ 38.61	$ 36.85
41	$ 86.01	$ 39.27	$ 37.47
42	$ 86.67	$ 39.69	$ 37.85
43	$ 87.18	$ 39.98	$ 38.10
44	$ 87.59	$ 40.27	$ 38.34
45	$ 87.93	$ 40.66	$ 38.69
46	$ 88.01	$ 41.15	$ 39.09
47	$ 88.09	$ 41.67	$ 39.47
48	$ 88.18	$ 42.22	$ 39.91
49	$ 88.26	$ 42.83	$ 40.45
50	$ 88.34	$ 43.51	$ 41.19
51	$ 89.24	$ 44.27	$ 42.20
52	$ 90.43	$ 45.10	$ 43.45
53	$ 91.87	$ 45.98	$ 44.79
54	$ 93.53	$ 46.91	$ 46.09
55	$ 95.35	$ 47.87	$ 47.20
56	$ 97.35	$ 48.87	$ 48.13
57	$ 99.54	$ 49.91	$ 48.96
58	$ 101.93	$ 50.99	$ 49.71
59	$ 104.52	$ 52.11	$ 50.36
60	$ 107.31	$ 53.27	$ 50.92
61	$ 110.10	$ 54.43	$ 51.48

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI01-SIR 1-11
Social Insurance Rider

Male Non-Tobacco
5 Year
Occupation Class 4A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 16.30	$ 8.60	$ 8.00
19	$ 16.30	$ 8.60	$ 8.00
20	$ 16.30	$ 8.60	$ 8.00
21	$ 16.30	$ 8.60	$ 8.00
22	$ 16.30	$ 8.60	$ 8.00
23	$ 16.30	$ 8.60	$ 8.00
24	$ 16.30	$ 8.60	$ 8.00
25	$ 16.30	$ 8.60	$ 8.00
26	$ 16.75	$ 8.88	$ 8.22
27	$ 17.23	$ 9.17	$ 8.46
28	$ 17.74	$ 9.47	$ 8.73
29	$ 18.28	$ 9.76	$ 9.01
30	$ 18.84	$ 10.07	$ 9.31
31	$ 19.41	$ 10.37	$ 9.63
32	$ 19.99	$ 10.65	$ 9.97
33	$ 20.61	$ 10.95	$ 10.32
34	$ 21.29	$ 11.29	$ 10.71
35	$ 22.07	$ 11.68	$ 11.12
36	$ 22.97	$ 12.13	$ 11.56
37	$ 23.97	$ 12.63	$ 12.03
38	$ 25.04	$ 13.17	$ 12.52
39	$ 26.13	$ 13.74	$ 13.04
40	$ 27.20	$ 14.33	$ 13.59
41	$ 28.22	$ 14.93	$ 14.15
42	$ 29.20	$ 15.54	$ 14.72
43	$ 30.22	$ 16.18	$ 15.32
44	$ 31.34	$ 16.90	$ 15.99
45	$ 32.62	$ 17.70	$ 16.74
46	$ 34.13	$ 18.62	$ 17.60
47	$ 35.83	$ 19.63	$ 18.54
48	$ 37.62	$ 20.70	$ 19.55
49	$ 39.40	$ 21.81	$ 20.58
50	$ 41.09	$ 22.91	$ 21.60
51	$ 42.57	$ 23.96	$ 22.58
52	$ 43.92	$ 24.99	$ 23.53
53	$ 45.27	$ 26.06	$ 24.51
54	$ 46.81	$ 27.23	$ 25.58
55	$ 48.67	$ 28.59	$ 26.80
56	$ 50.86	$ 30.13	$ 28.16
57	$ 53.28	$ 31.79	$ 29.63
58	$ 55.93	$ 33.60	$ 31.21
59	$ 58.79	$ 35.53	$ 32.90
60	$ 61.89	$ 37.60	$ 34.69
61	$ 64.99	$ 39.67	$ 36.48

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI01-SIR 1-11
Social Insurance Rider

Female Non-Tobacco
5 Year
Occupation Class 4A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 27.70	$ 12.81	$ 12.05
19	$ 27.70	$ 12.81	$ 12.05
20	$ 27.70	$ 12.81	$ 12.05
21	$ 27.70	$ 12.81	$ 12.05
22	$ 27.70	$ 12.81	$ 12.05
23	$ 27.70	$ 12.81	$ 12.05
24	$ 27.70	$ 12.81	$ 12.05
25	$ 27.70	$ 12.81	$ 12.05
26	$ 28.90	$ 13.22	$ 12.43
27	$ 30.09	$ 13.64	$ 12.83
28	$ 31.26	$ 14.09	$ 13.24
29	$ 32.42	$ 14.55	$ 13.68
30	$ 33.56	$ 15.03	$ 14.13
31	$ 34.66	$ 15.52	$ 14.59
32	$ 35.72	$ 16.03	$ 15.07
33	$ 36.78	$ 16.55	$ 15.57
34	$ 37.88	$ 17.11	$ 16.09
35	$ 39.06	$ 17.71	$ 16.66
36	$ 40.41	$ 18.38	$ 17.29
37	$ 41.90	$ 19.11	$ 17.99
38	$ 43.40	$ 19.87	$ 18.70
39	$ 44.78	$ 20.60	$ 19.39
40	$ 45.92	$ 21.27	$ 20.03
41	$ 46.70	$ 21.84	$ 20.58
42	$ 47.22	$ 22.34	$ 21.06
43	$ 47.63	$ 22.82	$ 21.52
44	$ 48.10	$ 23.34	$ 22.02
45	$ 48.80	$ 23.95	$ 22.60
46	$ 49.83	$ 24.69	$ 23.30
47	$ 51.07	$ 25.53	$ 24.10
48	$ 52.38	$ 26.41	$ 24.92
49	$ 53.62	$ 27.25	$ 25.70
50	$ 54.64	$ 27.99	$ 26.39
51	$ 55.25	$ 28.54	$ 26.90
52	$ 55.55	$ 28.94	$ 27.27
53	$ 55.82	$ 29.34	$ 27.62
54	$ 56.36	$ 29.86	$ 28.08
55	$ 57.45	$ 30.64	$ 28.76
56	$ 59.10	$ 31.69	$ 29.66
57	$ 61.11	$ 32.91	$ 30.70
58	$ 63.48	$ 34.30	$ 31.89
59	$ 66.21	$ 35.86	$ 33.22
60	$ 69.31	$ 37.60	$ 34.69
61	$ 72.41	$ 39.34	$ 36.16

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI01-SIR 1-11
Social Insurance Rider

Male Non-Tobacco
2 Year
Occupation Class 4A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 12.06	$ 6.22	$ 5.79
19	$ 12.06	$ 6.22	$ 5.79
20	$ 12.06	$ 6.22	$ 5.79
21	$ 12.06	$ 6.22	$ 5.79
22	$ 12.06	$ 6.22	$ 5.79
23	$ 12.06	$ 6.22	$ 5.79
24	$ 12.06	$ 6.22	$ 5.79
25	$ 12.06	$ 6.22	$ 5.79
26	$ 12.27	$ 6.27	$ 5.85
27	$ 12.51	$ 6.36	$ 5.94
28	$ 12.76	$ 6.48	$ 6.06
29	$ 13.02	$ 6.63	$ 6.20
30	$ 13.31	$ 6.81	$ 6.36
31	$ 13.60	$ 7.03	$ 6.55
32	$ 13.90	$ 7.28	$ 6.77
33	$ 14.22	$ 7.57	$ 7.01
34	$ 14.58	$ 7.88	$ 7.28
35	$ 15.00	$ 8.20	$ 7.56
36	$ 15.49	$ 8.54	$ 7.85
37	$ 16.03	$ 8.89	$ 8.16
38	$ 16.61	$ 9.26	$ 8.49
39	$ 17.20	$ 9.67	$ 8.85
40	$ 17.79	$ 10.11	$ 9.25
41	$ 18.34	$ 10.61	$ 9.70
42	$ 18.87	$ 11.16	$ 10.21
43	$ 19.42	$ 11.73	$ 10.73
44	$ 20.03	$ 12.29	$ 11.25
45	$ 20.74	$ 12.80	$ 11.75
46	$ 21.58	$ 13.19	$ 12.16
47	$ 22.51	$ 13.49	$ 12.49
48	$ 23.51	$ 13.80	$ 12.84
49	$ 24.52	$ 14.24	$ 13.30
50	$ 25.51	$ 14.91	$ 13.97
51	$ 26.40	$ 15.92	$ 14.93
52	$ 27.21	$ 17.20	$ 16.13
53	$ 28.06	$ 18.59	$ 17.42
54	$ 29.08	$ 19.94	$ 18.67
55	$ 30.38	$ 21.11	$ 19.74
56	$ 31.97	$ 22.09	$ 20.63
57	$ 33.76	$ 22.99	$ 21.42
58	$ 35.75	$ 23.80	$ 22.13
59	$ 37.96	$ 24.53	$ 22.75
60	$ 40.36	$ 25.17	$ 23.28
61	$ 42.76	$ 25.81	$ 23.81

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI01-SIR 1-11
Social Insurance Rider

Female Non-Tobacco
2 Year
Occupation Class 4A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 19.25	$ 9.11	$ 8.38
19	$ 19.25	$ 9.11	$ 8.38
20	$ 19.25	$ 9.11	$ 8.38
21	$ 19.25	$ 9.11	$ 8.38
22	$ 19.25	$ 9.11	$ 8.38
23	$ 19.25	$ 9.11	$ 8.38
24	$ 19.25	$ 9.11	$ 8.38
25	$ 19.25	$ 9.11	$ 8.38
26	$ 19.91	$ 9.43	$ 8.70
27	$ 20.56	$ 9.74	$ 9.01
28	$ 21.18	$ 10.05	$ 9.32
29	$ 21.79	$ 10.35	$ 9.61
30	$ 22.39	$ 10.64	$ 9.89
31	$ 22.95	$ 10.91	$ 10.15
32	$ 23.48	$ 11.17	$ 10.39
33	$ 24.00	$ 11.42	$ 10.63
34	$ 24.54	$ 11.69	$ 10.88
35	$ 25.12	$ 11.99	$ 11.15
36	$ 25.80	$ 12.33	$ 11.46
37	$ 26.55	$ 12.71	$ 11.81
38	$ 27.30	$ 13.09	$ 12.16
39	$ 27.99	$ 13.47	$ 12.51
40	$ 28.55	$ 13.81	$ 12.83
41	$ 28.91	$ 14.10	$ 13.11
42	$ 29.12	$ 14.35	$ 13.35
43	$ 29.27	$ 14.60	$ 13.59
44	$ 29.47	$ 14.87	$ 13.84
45	$ 29.81	$ 15.19	$ 14.15
46	$ 30.33	$ 15.55	$ 14.49
47	$ 30.98	$ 15.94	$ 14.85
48	$ 31.67	$ 16.37	$ 15.24
49	$ 32.36	$ 16.85	$ 15.69
50	$ 32.97	$ 17.40	$ 16.21
51	$ 33.38	$ 18.04	$ 16.82
52	$ 33.62	$ 18.76	$ 17.52
53	$ 33.90	$ 19.53	$ 18.26
54	$ 34.40	$ 20.32	$ 19.01
55	$ 35.32	$ 21.11	$ 19.74
56	$ 36.65	$ 21.89	$ 20.45
57	$ 38.28	$ 22.69	$ 21.15
58	$ 40.19	$ 23.50	$ 21.86
59	$ 42.38	$ 24.33	$ 22.57
60	$ 44.87	$ 25.17	$ 23.28
61	$ 47.36	$ 26.01	$ 23.99

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI01-SIR 1-11
Social Insurance Rider

Male Non-Tobacco
To Age 67
Occupation Class 3A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 37.84	$ 19.44	$ 18.64
19	$ 37.84	$ 19.44	$ 18.64
20	$ 37.84	$ 19.44	$ 18.64
21	$ 37.84	$ 19.44	$ 18.64
22	$ 37.84	$ 19.44	$ 18.64
23	$ 37.84	$ 19.44	$ 18.64
24	$ 37.84	$ 19.44	$ 18.64
25	$ 37.84	$ 19.44	$ 18.64
26	$ 39.27	$ 20.02	$ 19.18
27	$ 40.68	$ 20.62	$ 19.75
28	$ 42.06	$ 21.23	$ 20.32
29	$ 43.42	$ 21.86	$ 20.91
30	$ 44.76	$ 22.50	$ 21.52
31	$ 46.01	$ 23.13	$ 22.12
32	$ 47.18	$ 23.75	$ 22.70
33	$ 48.36	$ 24.39	$ 23.32
34	$ 49.63	$ 25.11	$ 24.00
35	$ 51.11	$ 25.95	$ 24.79
36	$ 52.91	$ 26.95	$ 25.73
37	$ 54.98	$ 28.07	$ 26.79
38	$ 57.11	$ 29.26	$ 27.91
39	$ 59.12	$ 30.46	$ 29.04
40	$ 60.81	$ 31.60	$ 30.11
41	$ 62.11	$ 32.64	$ 31.09
42	$ 63.16	$ 33.63	$ 32.02
43	$ 64.05	$ 34.63	$ 32.94
44	$ 64.87	$ 35.69	$ 33.93
45	$ 65.71	$ 36.87	$ 35.03
46	$ 66.60	$ 38.30	$ 36.36
47	$ 67.46	$ 39.93	$ 37.87
48	$ 68.28	$ 41.58	$ 39.40
49	$ 69.02	$ 43.09	$ 40.79
50	$ 69.63	$ 44.27	$ 41.85
51	$ 70.10	$ 45.04	$ 42.52
52	$ 70.46	$ 45.52	$ 42.90
53	$ 70.73	$ 45.84	$ 43.12
54	$ 70.94	$ 46.11	$ 43.27
55	$ 71.13	$ 46.47	$ 43.49
56	$ 71.19	$ 46.92	$ 43.76
57	$ 71.25	$ 47.37	$ 44.02
58	$ 71.32	$ 47.82	$ 44.26
59	$ 71.38	$ 48.27	$ 44.48
60	$ 71.44	$ 48.73	$ 44.68
61	$ 71.50	$ 49.19	$ 44.88

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI01-SIR 1-11
Social Insurance Rider

Female Non-Tobacco
To Age 67
Occupation Class 3A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 60.41	$ 27.72	$ 26.51
19	$ 60.41	$ 27.72	$ 26.51
20	$ 60.41	$ 27.72	$ 26.51
21	$ 60.41	$ 27.72	$ 26.51
22	$ 60.41	$ 27.72	$ 26.51
23	$ 60.41	$ 27.72	$ 26.51
24	$ 60.41	$ 27.72	$ 26.51
25	$ 60.41	$ 27.72	$ 26.51
26	$ 63.68	$ 28.85	$ 27.59
27	$ 66.77	$ 29.94	$ 28.63
28	$ 69.68	$ 30.99	$ 29.64
29	$ 72.41	$ 32.01	$ 30.61
30	$ 74.96	$ 32.99	$ 31.55
31	$ 77.29	$ 33.90	$ 32.42
32	$ 79.41	$ 34.73	$ 33.21
33	$ 81.36	$ 35.54	$ 33.99
34	$ 83.19	$ 36.39	$ 34.80
35	$ 84.97	$ 37.33	$ 35.70
36	$ 86.76	$ 38.46	$ 36.77
37	$ 88.53	$ 39.73	$ 37.99
38	$ 90.16	$ 41.02	$ 39.21
39	$ 91.55	$ 42.18	$ 40.31
40	$ 92.58	$ 43.07	$ 41.15
41	$ 92.68	$ 43.61	$ 41.65
42	$ 92.78	$ 43.88	$ 41.89
43	$ 92.88	$ 44.02	$ 42.00
44	$ 92.98	$ 44.17	$ 42.12
45	$ 93.08	$ 44.46	$ 42.37
46	$ 93.17	$ 44.88	$ 42.72
47	$ 93.18	$ 45.35	$ 43.10
48	$ 93.28	$ 45.87	$ 43.53
49	$ 93.68	$ 46.47	$ 44.06
50	$ 94.57	$ 47.17	$ 44.74
51	$ 96.09	$ 48.05	$ 45.67
52	$ 98.11	$ 49.10	$ 46.82
53	$ 100.42	$ 50.19	$ 48.03
54	$ 102.79	$ 51.21	$ 49.15
55	$ 105.00	$ 52.01	$ 50.01
56	$ 107.05	$ 52.61	$ 50.61
57	$ 109.08	$ 53.08	$ 51.07
58	$ 111.10	$ 53.44	$ 51.37
59	$ 113.11	$ 53.66	$ 51.52
60	$ 115.11	$ 53.77	$ 51.52
61	$ 117.11	$ 53.88	$ 51.52

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI01-SIR 1-11
Social Insurance Rider

Male Non-Tobacco
5 Year
Occupation Class 3A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 22.77	$ 13.31	$ 12.66
19	$ 22.77	$ 13.31	$ 12.66
20	$ 22.77	$ 13.31	$ 12.66
21	$ 22.77	$ 13.31	$ 12.66
22	$ 22.77	$ 13.31	$ 12.66
23	$ 22.77	$ 13.31	$ 12.66
24	$ 22.77	$ 13.31	$ 12.66
25	$ 22.77	$ 13.31	$ 12.66
26	$ 23.37	$ 13.56	$ 12.89
27	$ 23.99	$ 13.83	$ 13.14
28	$ 24.63	$ 14.13	$ 13.42
29	$ 25.29	$ 14.45	$ 13.72
30	$ 25.96	$ 14.80	$ 14.05
31	$ 26.62	$ 15.16	$ 14.39
32	$ 27.28	$ 15.54	$ 14.75
33	$ 27.97	$ 15.95	$ 15.13
34	$ 28.73	$ 16.41	$ 15.57
35	$ 29.61	$ 16.93	$ 16.06
36	$ 30.66	$ 17.53	$ 16.63
37	$ 31.84	$ 18.20	$ 17.25
38	$ 33.09	$ 18.92	$ 17.93
39	$ 34.33	$ 19.66	$ 18.63
40	$ 35.49	$ 20.42	$ 19.34
41	$ 36.50	$ 21.16	$ 20.04
42	$ 37.41	$ 21.90	$ 20.73
43	$ 38.32	$ 22.67	$ 21.46
44	$ 39.33	$ 23.52	$ 22.26
45	$ 40.52	$ 24.48	$ 23.16
46	$ 41.99	$ 25.59	$ 24.20
47	$ 43.68	$ 26.83	$ 25.37
48	$ 45.45	$ 28.14	$ 26.59
49	$ 47.17	$ 29.45	$ 27.81
50	$ 48.70	$ 30.69	$ 28.97
51	$ 49.91	$ 31.81	$ 30.01
52	$ 50.89	$ 32.84	$ 30.97
53	$ 51.84	$ 33.89	$ 31.94
54	$ 52.95	$ 35.04	$ 32.99
55	$ 54.43	$ 36.39	$ 34.20
56	$ 56.28	$ 37.94	$ 35.57
57	$ 58.36	$ 39.62	$ 37.05
58	$ 60.67	$ 41.44	$ 38.64
59	$ 63.22	$ 43.40	$ 40.34
60	$ 66.00	$ 45.49	$ 42.14
61	$ 68.78	$ 47.58	$ 43.94

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI01-SIR 1-11
Social Insurance Rider

Female Non-Tobacco
5 Year
Occupation Class 3A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 31.78	$ 16.20	$ 15.25
19	$ 31.78	$ 16.20	$ 15.25
20	$ 31.78	$ 16.20	$ 15.25
21	$ 31.78	$ 16.20	$ 15.25
22	$ 31.78	$ 16.20	$ 15.25
23	$ 31.78	$ 16.20	$ 15.25
24	$ 31.78	$ 16.20	$ 15.25
25	$ 31.78	$ 16.20	$ 15.25
26	$ 33.09	$ 16.63	$ 15.65
27	$ 34.36	$ 17.06	$ 16.06
28	$ 35.59	$ 17.51	$ 16.47
29	$ 36.79	$ 17.95	$ 16.90
30	$ 37.94	$ 18.41	$ 17.33
31	$ 39.01	$ 18.86	$ 17.76
32	$ 40.00	$ 19.30	$ 18.18
33	$ 40.97	$ 19.76	$ 18.62
34	$ 41.99	$ 20.25	$ 19.09
35	$ 43.12	$ 20.79	$ 19.61
36	$ 44.46	$ 21.42	$ 20.21
37	$ 45.97	$ 22.12	$ 20.88
38	$ 47.50	$ 22.85	$ 21.57
39	$ 48.90	$ 23.56	$ 22.24
40	$ 50.05	$ 24.19	$ 22.84
41	$ 50.81	$ 24.71	$ 23.34
42	$ 51.29	$ 25.15	$ 23.77
43	$ 51.66	$ 25.58	$ 24.18
44	$ 52.10	$ 26.04	$ 24.63
45	$ 52.79	$ 26.62	$ 25.18
46	$ 53.84	$ 27.30	$ 25.82
47	$ 55.12	$ 28.05	$ 26.52
48	$ 56.48	$ 28.87	$ 27.28
49	$ 57.77	$ 29.75	$ 28.10
50	$ 58.85	$ 30.69	$ 28.97
51	$ 59.54	$ 31.67	$ 29.88
52	$ 59.95	$ 32.69	$ 30.83
53	$ 60.32	$ 33.79	$ 31.84
54	$ 60.92	$ 35.01	$ 32.96
55	$ 61.99	$ 36.39	$ 34.20
56	$ 63.54	$ 37.94	$ 35.57
57	$ 65.39	$ 39.62	$ 37.05
58	$ 67.56	$ 41.44	$ 38.64
59	$ 70.02	$ 43.40	$ 40.34
60	$ 72.80	$ 45.49	$ 42.14
61	$ 75.58	$ 47.58	$ 43.94

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI01-SIR 1-11
Social Insurance Rider

Male Non-Tobacco
2 Year
Occupation Class 3A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 16.93	$ 9.97	$ 8.88
19	$ 16.93	$ 9.97	$ 8.88
20	$ 16.93	$ 9.97	$ 8.88
21	$ 16.93	$ 9.97	$ 8.88
22	$ 16.93	$ 9.97	$ 8.88
23	$ 16.93	$ 9.97	$ 8.88
24	$ 16.93	$ 9.97	$ 8.88
25	$ 16.93	$ 9.97	$ 8.88
26	$ 17.19	$ 10.22	$ 9.28
27	$ 17.46	$ 10.47	$ 9.65
28	$ 17.74	$ 10.71	$ 9.99
29	$ 18.04	$ 10.95	$ 10.30
30	$ 18.36	$ 11.18	$ 10.59
31	$ 18.68	$ 11.39	$ 10.83
32	$ 18.99	$ 11.59	$ 11.02
33	$ 19.33	$ 11.79	$ 11.19
34	$ 19.72	$ 12.01	$ 11.38
35	$ 20.17	$ 12.28	$ 11.62
36	$ 20.72	$ 12.60	$ 11.91
37	$ 21.34	$ 12.96	$ 12.24
38	$ 22.01	$ 13.35	$ 12.59
39	$ 22.67	$ 13.75	$ 12.96
40	$ 23.28	$ 14.16	$ 13.34
41	$ 23.81	$ 14.56	$ 13.71
42	$ 24.29	$ 14.96	$ 14.09
43	$ 24.76	$ 15.39	$ 14.48
44	$ 25.29	$ 15.85	$ 14.92
45	$ 25.94	$ 16.38	$ 15.41
46	$ 26.74	$ 16.99	$ 15.98
47	$ 27.66	$ 17.67	$ 16.61
48	$ 28.63	$ 18.39	$ 17.28
49	$ 29.59	$ 19.13	$ 17.96
50	$ 30.49	$ 19.85	$ 18.63
51	$ 31.22	$ 20.51	$ 19.24
52	$ 31.83	$ 21.13	$ 19.82
53	$ 32.45	$ 21.78	$ 20.42
54	$ 33.24	$ 22.54	$ 21.12
55	$ 34.34	$ 23.48	$ 21.98
56	$ 35.74	$ 24.61	$ 23.01
57	$ 37.35	$ 25.88	$ 24.16
58	$ 39.17	$ 27.28	$ 25.43
59	$ 41.21	$ 28.82	$ 26.82
60	$ 43.45	$ 30.49	$ 28.33
61	$ 45.69	$ 32.16	$ 29.84

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI01-SIR 1-11
Social Insurance Rider

Female Non-Tobacco
2 Year
Occupation Class 3A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 22.69	$ 12.31	$ 11.51
19	$ 22.69	$ 12.31	$ 11.51
20	$ 22.69	$ 12.31	$ 11.51
21	$ 22.69	$ 12.31	$ 11.51
22	$ 22.69	$ 12.31	$ 11.51
23	$ 22.69	$ 12.31	$ 11.51
24	$ 22.69	$ 12.31	$ 11.51
25	$ 22.69	$ 12.31	$ 11.51
26	$ 23.36	$ 12.48	$ 11.66
27	$ 24.01	$ 12.67	$ 11.82
28	$ 24.63	$ 12.86	$ 11.99
29	$ 25.23	$ 13.05	$ 12.17
30	$ 25.81	$ 13.26	$ 12.36
31	$ 26.34	$ 13.47	$ 12.56
32	$ 26.82	$ 13.68	$ 12.76
33	$ 27.28	$ 13.90	$ 12.97
34	$ 27.78	$ 14.14	$ 13.20
35	$ 28.33	$ 14.41	$ 13.46
36	$ 29.00	$ 14.73	$ 13.76
37	$ 29.75	$ 15.08	$ 14.09
38	$ 30.51	$ 15.46	$ 14.43
39	$ 31.21	$ 15.82	$ 14.77
40	$ 31.77	$ 16.14	$ 15.07
41	$ 32.11	$ 16.40	$ 15.32
42	$ 32.30	$ 16.61	$ 15.52
43	$ 32.42	$ 16.81	$ 15.73
44	$ 32.60	$ 17.05	$ 15.96
45	$ 32.93	$ 17.37	$ 16.27
46	$ 33.47	$ 17.77	$ 16.65
47	$ 34.14	$ 18.22	$ 17.08
48	$ 34.87	$ 18.72	$ 17.56
49	$ 35.59	$ 19.26	$ 18.08
50	$ 36.20	$ 19.85	$ 18.63
51	$ 36.58	$ 20.45	$ 19.19
52	$ 36.78	$ 21.06	$ 19.75
53	$ 37.00	$ 21.73	$ 20.38
54	$ 37.44	$ 22.52	$ 21.10
55	$ 38.31	$ 23.48	$ 21.98
56	$ 39.61	$ 24.61	$ 23.01
57	$ 41.20	$ 25.88	$ 24.16
58	$ 43.08	$ 27.28	$ 25.43
59	$ 45.25	$ 28.82	$ 26.82
60	$ 47.71	$ 30.49	$ 28.33
61	$ 50.17	$ 32.16	$ 29.84

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI01-SIR 1-11
Social Insurance Rider

Male Non-Tobacco
To Age 67
Occupation Class 2A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 60.09	$ 28.95	$ 27.59
19	$ 60.09	$ 28.95	$ 27.59
20	$ 60.09	$ 28.95	$ 27.59
21	$ 60.09	$ 28.95	$ 27.59
22	$ 60.09	$ 28.95	$ 27.59
23	$ 60.09	$ 28.95	$ 27.59
24	$ 60.09	$ 28.95	$ 27.59
25	$ 60.09	$ 28.95	$ 27.59
26	$ 62.43	$ 29.76	$ 28.37
27	$ 64.61	$ 30.55	$ 29.12
28	$ 66.65	$ 31.32	$ 29.86
29	$ 68.54	$ 32.08	$ 30.58
30	$ 70.28	$ 32.81	$ 31.28
31	$ 71.73	$ 33.47	$ 31.91
32	$ 72.88	$ 34.07	$ 32.48
33	$ 73.95	$ 34.67	$ 33.05
34	$ 75.17	$ 35.35	$ 33.70
35	$ 76.73	$ 36.19	$ 34.49
36	$ 78.84	$ 37.25	$ 35.49
37	$ 81.34	$ 38.47	$ 36.64
38	$ 83.96	$ 39.78	$ 37.87
39	$ 86.41	$ 41.05	$ 39.07
40	$ 88.41	$ 42.21	$ 40.15
41	$ 89.85	$ 43.17	$ 41.05
42	$ 90.91	$ 44.01	$ 41.82
43	$ 91.77	$ 44.83	$ 42.56
44	$ 92.57	$ 45.73	$ 43.39
45	$ 93.48	$ 46.84	$ 44.41
46	$ 94.53	$ 48.29	$ 45.75
47	$ 95.61	$ 50.01	$ 47.34
48	$ 96.67	$ 51.78	$ 48.98
49	$ 97.67	$ 53.40	$ 50.46
50	$ 98.56	$ 54.65	$ 51.57
51	$ 99.34	$ 55.42	$ 52.22
52	$ 100.04	$ 55.85	$ 52.54
53	$ 100.67	$ 56.11	$ 52.68
54	$ 101.20	$ 56.37	$ 52.80
55	$ 101.63	$ 56.79	$ 53.04
56	$ 101.78	$ 57.38	$ 53.40
57	$ 101.93	$ 58.02	$ 53.79
58	$ 102.07	$ 58.71	$ 54.20
59	$ 102.22	$ 59.45	$ 54.63
60	$ 102.37	$ 60.25	$ 55.09
61	$ 102.52	$ 61.05	$ 55.55

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI01-SIR 1-11
Social Insurance Rider

Female Non-Tobacco
To Age 67
Occupation Class 2A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 78.85	$ 35.30	$ 33.70
19	$ 78.85	$ 35.30	$ 33.70
20	$ 78.85	$ 35.30	$ 33.70
21	$ 78.85	$ 35.30	$ 33.70
22	$ 78.85	$ 35.30	$ 33.70
23	$ 78.85	$ 35.30	$ 33.70
24	$ 78.85	$ 35.30	$ 33.70
25	$ 78.85	$ 35.30	$ 33.70
26	$ 83.23	$ 36.65	$ 35.00
27	$ 87.33	$ 37.96	$ 36.25
28	$ 91.15	$ 39.23	$ 37.46
29	$ 94.69	$ 40.44	$ 38.63
30	$ 97.95	$ 41.61	$ 39.75
31	$ 100.89	$ 42.69	$ 40.82
32	$ 103.50	$ 43.69	$ 41.84
33	$ 105.86	$ 44.66	$ 42.82
34	$ 108.01	$ 45.66	$ 43.77
35	$ 110.01	$ 46.76	$ 44.69
36	$ 111.86	$ 48.08	$ 45.61
37	$ 113.51	$ 49.58	$ 46.53
38	$ 114.99	$ 51.07	$ 47.40
39	$ 116.30	$ 52.36	$ 48.20
40	$ 117.45	$ 53.28	$ 48.88
41	$ 118.43	$ 53.30	$ 49.43
42	$ 119.23	$ 53.32	$ 49.87
43	$ 119.87	$ 53.34	$ 50.23
44	$ 120.39	$ 53.36	$ 50.54
45	$ 120.81	$ 53.38	$ 50.85
46	$ 120.90	$ 53.54	$ 51.09
47	$ 121.00	$ 53.74	$ 51.24
48	$ 121.09	$ 54.00	$ 51.40
49	$ 121.19	$ 54.36	$ 51.63
50	$ 121.28	$ 54.87	$ 52.03
51	$ 122.17	$ 55.62	$ 52.68
52	$ 123.36	$ 56.57	$ 53.52
53	$ 124.78	$ 57.60	$ 54.43
54	$ 126.35	$ 58.55	$ 55.29
55	$ 128.00	$ 59.28	$ 56.00
56	$ 129.74	$ 59.79	$ 56.55
57	$ 131.61	$ 60.17	$ 57.01
58	$ 133.61	$ 60.43	$ 57.39
59	$ 135.74	$ 60.56	$ 57.69
60	$ 138.00	$ 60.57	$ 57.91
61	$ 140.26	$ 60.58	$ 58.13

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI01-SIR 1-11
Social Insurance Rider

Male Non-Tobacco
5 Year
Occupation Class 2A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 34.28	$ 18.41	$ 17.33
19	$ 34.28	$ 18.41	$ 17.33
20	$ 34.28	$ 18.41	$ 17.33
21	$ 34.28	$ 18.41	$ 17.33
22	$ 34.28	$ 18.41	$ 17.33
23	$ 34.28	$ 18.41	$ 17.33
24	$ 34.28	$ 18.41	$ 17.33
25	$ 34.28	$ 18.41	$ 17.33
26	$ 35.24	$ 18.75	$ 17.65
27	$ 36.18	$ 19.11	$ 17.99
28	$ 37.10	$ 19.48	$ 18.35
29	$ 37.99	$ 19.87	$ 18.72
30	$ 38.86	$ 20.28	$ 19.11
31	$ 39.64	$ 20.68	$ 19.50
32	$ 40.34	$ 21.08	$ 19.88
33	$ 41.04	$ 21.51	$ 20.29
34	$ 41.85	$ 21.99	$ 20.75
35	$ 42.86	$ 22.56	$ 21.29
36	$ 44.14	$ 23.24	$ 21.93
37	$ 45.63	$ 24.00	$ 22.65
38	$ 47.22	$ 24.82	$ 23.42
39	$ 48.81	$ 25.67	$ 24.21
40	$ 50.28	$ 26.50	$ 25.00
41	$ 51.54	$ 27.29	$ 25.74
42	$ 52.66	$ 28.04	$ 26.45
43	$ 53.79	$ 28.83	$ 27.20
44	$ 55.07	$ 29.72	$ 28.03
45	$ 56.67	$ 30.75	$ 29.00
46	$ 58.71	$ 31.99	$ 30.16
47	$ 61.08	$ 33.39	$ 31.48
48	$ 63.60	$ 34.88	$ 32.87
49	$ 66.07	$ 36.38	$ 34.27
50	$ 68.29	$ 37.81	$ 35.60
51	$ 70.08	$ 39.09	$ 36.79
52	$ 71.57	$ 40.27	$ 37.88
53	$ 73.03	$ 41.47	$ 38.99
54	$ 74.74	$ 42.84	$ 40.22
55	$ 76.98	$ 44.49	$ 41.70
56	$ 79.74	$ 46.43	$ 43.41
57	$ 82.84	$ 48.57	$ 45.29
58	$ 86.28	$ 50.91	$ 47.34
59	$ 90.07	$ 53.46	$ 49.55
60	$ 94.19	$ 56.20	$ 51.92
61	$ 98.31	$ 58.94	$ 54.29

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI01-SIR 1-11
Social Insurance Rider

Female Non-Tobacco
5 Year
Occupation Class 2A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 40.57	$ 20.06	$ 18.81
19	$ 40.57	$ 20.06	$ 18.81
20	$ 40.57	$ 20.06	$ 18.81
21	$ 40.57	$ 20.06	$ 18.81
22	$ 40.57	$ 20.06	$ 18.81
23	$ 40.57	$ 20.06	$ 18.81
24	$ 40.57	$ 20.06	$ 18.81
25	$ 40.57	$ 20.06	$ 18.81
26	$ 42.31	$ 20.58	$ 19.30
27	$ 43.97	$ 21.10	$ 19.80
28	$ 45.56	$ 21.64	$ 20.30
29	$ 47.09	$ 22.18	$ 20.81
30	$ 48.54	$ 22.72	$ 21.33
31	$ 49.86	$ 23.26	$ 21.84
32	$ 51.03	$ 23.79	$ 22.35
33	$ 52.18	$ 24.33	$ 22.88
34	$ 53.38	$ 24.91	$ 23.43
35	$ 54.74	$ 25.54	$ 24.04
36	$ 56.38	$ 26.28	$ 24.74
37	$ 58.24	$ 27.10	$ 25.52
38	$ 60.14	$ 27.94	$ 26.32
39	$ 61.88	$ 28.74	$ 27.08
40	$ 63.30	$ 29.42	$ 27.73
41	$ 64.24	$ 29.90	$ 28.20
42	$ 64.82	$ 30.23	$ 28.53
43	$ 65.27	$ 30.53	$ 28.83
44	$ 65.80	$ 30.94	$ 29.24
45	$ 66.65	$ 31.61	$ 29.87
46	$ 67.94	$ 32.59	$ 30.78
47	$ 69.54	$ 33.78	$ 31.89
48	$ 71.22	$ 35.10	$ 33.11
49	$ 72.80	$ 36.48	$ 34.37
50	$ 74.06	$ 37.81	$ 35.60
51	$ 74.70	$ 39.03	$ 36.73
52	$ 74.87	$ 40.21	$ 37.82
53	$ 75.00	$ 41.43	$ 38.95
54	$ 75.55	$ 42.82	$ 40.21
55	$ 76.98	$ 44.49	$ 41.70
56	$ 79.28	$ 46.43	$ 43.41
57	$ 82.15	$ 48.57	$ 45.29
58	$ 85.59	$ 50.91	$ 47.34
59	$ 89.60	$ 53.46	$ 49.55
60	$ 94.19	$ 56.20	$ 51.92
61	$ 98.78	$ 58.94	$ 54.29

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI01-SIR 1-11
Social Insurance Rider

Male Non-Tobacco
2 Year
Occupation Class 2A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 24.69	$ 14.06	$ 13.19
19	$ 24.69	$ 14.06	$ 13.19
20	$ 24.69	$ 14.06	$ 13.19
21	$ 24.69	$ 14.06	$ 13.19
22	$ 24.69	$ 14.06	$ 13.19
23	$ 24.69	$ 14.06	$ 13.19
24	$ 24.69	$ 14.06	$ 13.19
25	$ 24.69	$ 14.06	$ 13.19
26	$ 25.10	$ 14.16	$ 13.28
27	$ 25.50	$ 14.28	$ 13.40
28	$ 25.90	$ 14.42	$ 13.52
29	$ 26.28	$ 14.58	$ 13.67
30	$ 26.66	$ 14.75	$ 13.83
31	$ 26.99	$ 14.93	$ 14.00
32	$ 27.28	$ 15.12	$ 14.18
33	$ 27.59	$ 15.34	$ 14.38
34	$ 27.95	$ 15.59	$ 14.61
35	$ 28.43	$ 15.88	$ 14.89
36	$ 29.07	$ 16.23	$ 15.22
37	$ 29.83	$ 16.63	$ 15.59
38	$ 30.65	$ 17.07	$ 16.00
39	$ 31.47	$ 17.52	$ 16.42
40	$ 32.23	$ 17.97	$ 16.84
41	$ 32.87	$ 18.40	$ 17.24
42	$ 33.44	$ 18.81	$ 17.62
43	$ 34.01	$ 19.24	$ 18.03
44	$ 34.69	$ 19.73	$ 18.48
45	$ 35.54	$ 20.31	$ 19.02
46	$ 36.64	$ 21.00	$ 19.66
47	$ 37.92	$ 21.77	$ 20.37
48	$ 39.30	$ 22.60	$ 21.14
49	$ 40.68	$ 23.45	$ 21.93
50	$ 41.97	$ 24.29	$ 22.71
51	$ 43.04	$ 25.06	$ 23.42
52	$ 43.95	$ 25.77	$ 24.09
53	$ 44.89	$ 26.53	$ 24.79
54	$ 46.07	$ 27.44	$ 25.63
55	$ 47.68	$ 28.60	$ 26.69
56	$ 49.72	$ 30.01	$ 27.97
57	$ 52.05	$ 31.60	$ 29.41
58	$ 54.68	$ 33.37	$ 31.02
59	$ 57.61	$ 35.33	$ 32.78
60	$ 60.84	$ 37.47	$ 34.71
61	$ 64.07	$ 39.61	$ 36.64

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI01-SIR 1-11
Social Insurance Rider

Female Non-Tobacco
2 Year
Occupation Class 2A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 28.63	$ 14.98	$ 13.93
19	$ 28.63	$ 14.98	$ 13.93
20	$ 28.63	$ 14.98	$ 13.93
21	$ 28.63	$ 14.98	$ 13.93
22	$ 28.63	$ 14.98	$ 13.93
23	$ 28.63	$ 14.98	$ 13.93
24	$ 28.63	$ 14.98	$ 13.93
25	$ 28.63	$ 14.98	$ 13.93
26	$ 29.51	$ 15.19	$ 14.11
27	$ 30.35	$ 15.40	$ 14.31
28	$ 31.15	$ 15.63	$ 14.52
29	$ 31.90	$ 15.87	$ 14.73
30	$ 32.61	$ 16.11	$ 14.96
31	$ 33.24	$ 16.36	$ 15.19
32	$ 33.79	$ 16.61	$ 15.44
33	$ 34.31	$ 16.87	$ 15.69
34	$ 34.87	$ 17.16	$ 15.96
35	$ 35.51	$ 17.47	$ 16.26
36	$ 36.31	$ 17.84	$ 16.60
37	$ 37.22	$ 18.25	$ 16.99
38	$ 38.16	$ 18.67	$ 17.39
39	$ 39.01	$ 19.07	$ 17.76
40	$ 39.68	$ 19.42	$ 18.09
41	$ 40.09	$ 19.65	$ 18.32
42	$ 40.29	$ 19.79	$ 18.46
43	$ 40.43	$ 19.93	$ 18.60
44	$ 40.63	$ 20.14	$ 18.82
45	$ 41.01	$ 20.52	$ 19.18
46	$ 41.64	$ 21.09	$ 19.72
47	$ 42.43	$ 21.81	$ 20.39
48	$ 43.30	$ 22.61	$ 21.15
49	$ 44.15	$ 23.46	$ 21.94
50	$ 44.90	$ 24.29	$ 22.71
51	$ 45.36	$ 25.04	$ 23.41
52	$ 45.59	$ 25.76	$ 24.08
53	$ 45.87	$ 26.52	$ 24.79
54	$ 46.48	$ 27.44	$ 25.63
55	$ 47.68	$ 28.60	$ 26.69
56	$ 49.48	$ 30.01	$ 27.97
57	$ 51.70	$ 31.60	$ 29.41
58	$ 54.33	$ 33.37	$ 31.02
59	$ 57.38	$ 35.33	$ 32.78
60	$ 60.84	$ 37.47	$ 34.71
61	$ 64.30	$ 39.61	$ 36.64

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI01-SIR 1-11
Social Insurance Rider

Male Non-Tobacco
To Age 67
Occupation Class 1A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 98.32	$ 43.61	$ 41.45
19	$ 98.32	$ 43.61	$ 41.45
20	$ 98.32	$ 43.61	$ 41.45
21	$ 98.32	$ 43.61	$ 41.45
22	$ 98.32	$ 43.61	$ 41.45
23	$ 98.32	$ 43.61	$ 41.45
24	$ 98.32	$ 43.61	$ 41.45
25	$ 98.32	$ 43.61	$ 41.45
26	$ 102.81	$ 45.01	$ 42.79
27	$ 106.96	$ 46.35	$ 44.08
28	$ 110.79	$ 47.64	$ 45.31
29	$ 114.28	$ 48.88	$ 46.50
30	$ 117.43	$ 50.06	$ 47.63
31	$ 119.95	$ 51.09	$ 48.62
32	$ 121.82	$ 51.96	$ 49.45
33	$ 123.52	$ 52.83	$ 50.29
34	$ 125.49	$ 53.85	$ 51.26
35	$ 128.20	$ 55.16	$ 52.51
36	$ 132.01	$ 56.89	$ 54.16
37	$ 136.60	$ 58.95	$ 56.10
38	$ 141.45	$ 61.14	$ 58.18
39	$ 146.01	$ 63.28	$ 60.20
40	$ 149.74	$ 65.19	$ 61.99
41	$ 152.43	$ 66.73	$ 63.42
42	$ 154.45	$ 68.01	$ 64.61
43	$ 156.09	$ 69.26	$ 65.75
44	$ 157.68	$ 70.69	$ 67.06
45	$ 159.53	$ 72.50	$ 68.72
46	$ 161.71	$ 74.96	$ 71.00
47	$ 164.01	$ 77.94	$ 73.76
48	$ 166.33	$ 81.03	$ 76.62
49	$ 168.53	$ 83.84	$ 79.19
50	$ 170.50	$ 85.98	$ 81.11
51	$ 172.29	$ 87.26	$ 82.19
52	$ 173.98	$ 87.93	$ 82.69
53	$ 175.49	$ 88.29	$ 82.86
54	$ 176.76	$ 88.64	$ 82.98
55	$ 177.71	$ 89.26	$ 83.30
56	$ 177.81	$ 90.16	$ 83.83
57	$ 177.90	$ 91.13	$ 84.38
58	$ 178.00	$ 92.19	$ 84.96
59	$ 178.09	$ 93.32	$ 85.58
60	$ 178.19	$ 94.54	$ 86.22
61	$ 178.29	$ 95.76	$ 86.86

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI01-SIR 1-11
Social Insurance Rider

Female Non-Tobacco
To Age 67
Occupation Class 1A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 129.45	$ 53.44	$ 50.87
19	$ 129.45	$ 53.44	$ 50.87
20	$ 129.45	$ 53.44	$ 50.87
21	$ 129.45	$ 53.44	$ 50.87
22	$ 129.45	$ 53.44	$ 50.87
23	$ 129.45	$ 53.44	$ 50.87
24	$ 129.45	$ 53.44	$ 50.87
25	$ 129.45	$ 53.44	$ 50.87
26	$ 137.42	$ 55.78	$ 53.12
27	$ 144.90	$ 58.04	$ 55.28
28	$ 151.88	$ 60.22	$ 57.37
29	$ 158.37	$ 62.31	$ 59.39
30	$ 164.36	$ 64.33	$ 61.32
31	$ 169.74	$ 66.18	$ 63.10
32	$ 174.52	$ 67.87	$ 64.73
33	$ 178.86	$ 69.52	$ 66.31
34	$ 182.93	$ 71.25	$ 67.98
35	$ 186.89	$ 73.19	$ 69.83
36	$ 190.84	$ 75.57	$ 72.10
37	$ 194.65	$ 78.31	$ 74.71
38	$ 198.21	$ 81.06	$ 77.32
39	$ 201.39	$ 83.46	$ 79.60
40	$ 204.06	$ 85.17	$ 81.21
41	$ 206.10	$ 85.27	$ 81.27
42	$ 207.60	$ 85.37	$ 81.32
43	$ 208.73	$ 85.46	$ 81.38
44	$ 209.69	$ 85.56	$ 81.43
45	$ 210.65	$ 85.66	$ 81.49
46	$ 211.41	$ 86.11	$ 81.80
47	$ 211.84	$ 86.67	$ 82.17
48	$ 212.26	$ 87.35	$ 82.66
49	$ 212.97	$ 88.14	$ 83.36
50	$ 214.30	$ 89.06	$ 84.34
51	$ 216.28	$ 90.23	$ 85.82
52	$ 218.71	$ 91.66	$ 87.74
53	$ 221.52	$ 93.14	$ 89.78
54	$ 224.64	$ 94.47	$ 91.64
55	$ 228.00	$ 95.45	$ 93.00
56	$ 231.60	$ 95.64	$ 93.27
57	$ 235.48	$ 95.83	$ 93.54
58	$ 239.65	$ 96.02	$ 93.81
59	$ 244.10	$ 96.21	$ 94.08
60	$ 248.84	$ 96.40	$ 94.35
61	$ 253.58	$ 96.59	$ 94.62

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI01-SIR 1-11
Social Insurance Rider

Male Non-Tobacco
5 Year
Occupation Class 1A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 54.82	$ 26.32	$ 24.60
19	$ 54.82	$ 26.32	$ 24.60
20	$ 54.82	$ 26.32	$ 24.60
21	$ 54.82	$ 26.32	$ 24.60
22	$ 54.82	$ 26.32	$ 24.60
23	$ 54.82	$ 26.32	$ 24.60
24	$ 54.82	$ 26.32	$ 24.60
25	$ 54.82	$ 26.32	$ 24.60
26	$ 56.54	$ 26.87	$ 25.12
27	$ 58.20	$ 27.43	$ 25.66
28	$ 59.78	$ 28.01	$ 26.22
29	$ 61.30	$ 28.60	$ 26.78
30	$ 62.75	$ 29.21	$ 27.37
31	$ 64.00	$ 29.79	$ 27.93
32	$ 65.05	$ 30.35	$ 28.47
33	$ 66.09	$ 30.94	$ 29.05
34	$ 67.33	$ 31.63	$ 29.72
35	$ 68.96	$ 32.48	$ 30.53
36	$ 71.10	$ 33.53	$ 31.53
37	$ 73.63	$ 34.75	$ 32.67
38	$ 76.36	$ 36.06	$ 33.91
39	$ 79.09	$ 37.41	$ 35.18
40	$ 81.63	$ 38.73	$ 36.42
41	$ 83.79	$ 39.95	$ 37.57
42	$ 85.70	$ 41.10	$ 38.67
43	$ 87.65	$ 42.31	$ 39.81
44	$ 89.92	$ 43.69	$ 41.11
45	$ 92.81	$ 45.34	$ 42.67
46	$ 96.57	$ 47.37	$ 44.58
47	$ 101.01	$ 49.69	$ 46.76
48	$ 105.75	$ 52.18	$ 49.09
49	$ 110.38	$ 54.68	$ 51.42
50	$ 114.52	$ 57.05	$ 53.63
51	$ 117.82	$ 59.15	$ 55.58
52	$ 120.55	$ 61.07	$ 57.38
53	$ 123.21	$ 63.04	$ 59.19
54	$ 126.34	$ 65.27	$ 61.23
55	$ 130.44	$ 68.00	$ 63.67
56	$ 135.52	$ 71.22	$ 66.52
57	$ 141.23	$ 74.78	$ 69.65
58	$ 147.57	$ 78.68	$ 73.06
59	$ 154.54	$ 82.92	$ 76.75
60	$ 162.14	$ 87.51	$ 80.72
61	$ 169.74	$ 92.10	$ 84.69

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI01-SIR 1-11
Social Insurance Rider

Female Non-Tobacco
5 Year
Occupation Class 1A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 65.58	$ 28.89	$ 26.89
19	$ 65.58	$ 28.89	$ 26.89
20	$ 65.58	$ 28.89	$ 26.89
21	$ 65.58	$ 28.89	$ 26.89
22	$ 65.58	$ 28.89	$ 26.89
23	$ 65.58	$ 28.89	$ 26.89
24	$ 65.58	$ 28.89	$ 26.89
25	$ 65.58	$ 28.89	$ 26.89
26	$ 68.39	$ 29.76	$ 27.70
27	$ 71.11	$ 30.63	$ 28.52
28	$ 73.73	$ 31.52	$ 29.36
29	$ 76.26	$ 32.40	$ 30.20
30	$ 78.70	$ 33.30	$ 31.05
31	$ 80.93	$ 34.17	$ 31.88
32	$ 82.95	$ 35.02	$ 32.70
33	$ 84.94	$ 35.89	$ 33.54
34	$ 87.06	$ 36.83	$ 34.45
35	$ 89.50	$ 37.88	$ 35.46
36	$ 92.48	$ 39.13	$ 36.65
37	$ 95.90	$ 40.54	$ 37.99
38	$ 99.40	$ 42.00	$ 39.37
39	$ 102.62	$ 43.38	$ 40.68
40	$ 105.23	$ 44.56	$ 41.81
41	$ 106.93	$ 45.41	$ 42.63
42	$ 107.97	$ 46.01	$ 43.23
43	$ 108.76	$ 46.55	$ 43.78
44	$ 109.73	$ 47.23	$ 44.45
45	$ 111.32	$ 48.25	$ 45.42
46	$ 113.81	$ 49.65	$ 46.74
47	$ 116.90	$ 51.30	$ 48.28
48	$ 120.19	$ 53.13	$ 49.99
49	$ 123.24	$ 55.07	$ 51.80
50	$ 125.62	$ 57.05	$ 53.63
51	$ 126.76	$ 58.97	$ 55.41
52	$ 126.94	$ 60.86	$ 57.18
53	$ 127.03	$ 62.90	$ 59.06
54	$ 127.91	$ 65.23	$ 61.18
55	$ 130.44	$ 68.00	$ 63.67
56	$ 134.63	$ 71.22	$ 66.52
57	$ 139.89	$ 74.78	$ 69.65
58	$ 146.23	$ 78.68	$ 73.06
59	$ 153.65	$ 82.92	$ 76.75
60	$ 162.14	$ 87.51	$ 80.72
61	$ 170.63	$ 92.10	$ 84.69

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI01-SIR 1-11
Social Insurance Rider

Male Non-Tobacco
2 Year
Occupation Class 1A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 38.71	$ 19.68	$ 18.29
19	$ 38.71	$ 19.68	$ 18.29
20	$ 38.71	$ 19.68	$ 18.29
21	$ 38.71	$ 19.68	$ 18.29
22	$ 38.71	$ 19.68	$ 18.29
23	$ 38.71	$ 19.68	$ 18.29
24	$ 38.71	$ 19.68	$ 18.29
25	$ 38.71	$ 19.68	$ 18.29
26	$ 39.50	$ 19.86	$ 18.45
27	$ 40.25	$ 20.06	$ 18.64
28	$ 40.97	$ 20.28	$ 18.84
29	$ 41.64	$ 20.52	$ 19.06
30	$ 42.28	$ 20.77	$ 19.30
31	$ 42.80	$ 21.02	$ 19.54
32	$ 43.21	$ 21.27	$ 19.79
33	$ 43.61	$ 21.54	$ 20.06
34	$ 44.13	$ 21.88	$ 20.39
35	$ 44.88	$ 22.30	$ 20.79
36	$ 45.93	$ 22.84	$ 21.29
37	$ 47.21	$ 23.47	$ 21.87
38	$ 48.60	$ 24.15	$ 22.51
39	$ 50.00	$ 24.86	$ 23.16
40	$ 51.29	$ 25.56	$ 23.81
41	$ 52.37	$ 26.21	$ 24.41
42	$ 53.31	$ 26.82	$ 24.99
43	$ 54.28	$ 27.47	$ 25.60
44	$ 55.43	$ 28.21	$ 26.30
45	$ 56.94	$ 29.11	$ 27.14
46	$ 58.93	$ 30.21	$ 28.16
47	$ 61.28	$ 31.46	$ 29.33
48	$ 63.82	$ 32.81	$ 30.58
49	$ 66.34	$ 34.20	$ 31.86
50	$ 68.67	$ 35.56	$ 33.12
51	$ 70.57	$ 36.78	$ 34.26
52	$ 72.16	$ 37.91	$ 35.30
53	$ 73.79	$ 39.10	$ 36.42
54	$ 75.82	$ 40.54	$ 37.73
55	$ 78.59	$ 42.37	$ 39.41
56	$ 82.11	$ 44.61	$ 41.44
57	$ 86.13	$ 47.14	$ 43.73
58	$ 90.67	$ 49.96	$ 46.28
59	$ 95.71	$ 53.07	$ 49.08
60	$ 101.27	$ 56.47	$ 52.14
61	$ 106.83	$ 59.87	$ 55.20

Tobacco User Rates are 128% of Non-Tobacco User Rates

Knights of Columbus
New Haven, Connecticut

Rider Form DI01-SIR 1-11
Social Insurance Rider

Female Non-Tobacco
2 Year
Occupation Class 1A

	Elimination Period (Days)		
Issue Age	30	90	180
18	$ 45.44	$ 21.12	$ 19.44
19	$ 45.44	$ 21.12	$ 19.44
20	$ 45.44	$ 21.12	$ 19.44
21	$ 45.44	$ 21.12	$ 19.44
22	$ 45.44	$ 21.12	$ 19.44
23	$ 45.44	$ 21.12	$ 19.44
24	$ 45.44	$ 21.12	$ 19.44
25	$ 45.44	$ 21.12	$ 19.44
26	$ 46.95	$ 21.49	$ 19.77
27	$ 48.39	$ 21.87	$ 20.11
28	$ 49.76	$ 22.26	$ 20.46
29	$ 51.06	$ 22.66	$ 20.83
30	$ 52.28	$ 23.07	$ 21.21
31	$ 53.36	$ 23.48	$ 21.59
32	$ 54.29	$ 23.88	$ 21.97
33	$ 55.19	$ 24.30	$ 22.38
34	$ 56.16	$ 24.75	$ 22.81
35	$ 57.30	$ 25.27	$ 23.30
36	$ 58.75	$ 25.89	$ 23.88
37	$ 60.43	$ 26.60	$ 24.53
38	$ 62.15	$ 27.33	$ 25.21
39	$ 63.73	$ 28.02	$ 25.86
40	$ 64.96	$ 28.60	$ 26.41
41	$ 65.69	$ 29.00	$ 26.80
42	$ 66.04	$ 29.26	$ 27.07
43	$ 66.27	$ 29.49	$ 27.32
44	$ 66.60	$ 29.82	$ 27.65
45	$ 67.30	$ 30.37	$ 28.19
46	$ 68.49	$ 31.16	$ 28.95
47	$ 70.00	$ 32.12	$ 29.87
48	$ 71.65	$ 33.20	$ 30.90
49	$ 73.24	$ 34.36	$ 32.00
50	$ 74.56	$ 35.56	$ 33.12
51	$ 75.27	$ 36.70	$ 34.19
52	$ 75.51	$ 37.82	$ 35.23
53	$ 75.79	$ 39.04	$ 36.37
54	$ 76.64	$ 40.52	$ 37.72
55	$ 78.59	$ 42.37	$ 39.41
56	$ 81.63	$ 44.61	$ 41.44
57	$ 85.42	$ 47.14	$ 43.73
58	$ 89.96	$ 49.96	$ 46.28
59	$ 95.24	$ 53.07	$ 49.08
60	$ 101.27	$ 56.47	$ 52.14
61	$ 107.30	$ 59.87	$ 55.20

Tobacco User Rates are 128% of Non-Tobacco User Rates

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	08/04/2010

Comments:

Attachment:

Readability Cert.pdf

		Item Status:	Status Date:
Satisfied - Item:	Application	Approved-Closed	08/04/2010

Comments:

see forms schedule tab

		Item Status:	Status Date:
Satisfied - Item:	Outline of Coverage	Approved-Closed	08/04/2010

Comments:

see forms schedule tab

		Item Status:	Status Date:
Satisfied - Item:	Authorization Letter	Approved-Closed	08/04/2010

Comments:

Attachment:

Authorization Letter.pdf

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability	Approved-Closed	08/04/2010

Comments:

Attachment:

STATEMENT OF VARIABILITY.pdf

READABILITY CERTIFICATION

To Whom It May Concern:

This is to certify that the attached forms achieved a Flesch Reading Ease Score and are in compliance with applicable laws and regulations as follows:

FORM #	WORDS	SENTENCES	SYLLABLES	FLESCH SCORE
DI01 1-11	4051	262	6536	55
DI01-AMDIBR 1-11-	180	15	268	69
DI01-CAT 1-11	564	53	920	58
DI01-COLA 1-11	386	23	617	55
DI01-GPO 1-11	441	40	679	65
DI01-SIR 1-11	615	57	972	62
DI-755 1-11	51	3	82	54
DI-755-X 1-11	30	5	50	60
600DI 1-11	1630	122	2735	51
551DI 1-11	1390	98	2293	53
845DI 1-11	419	31	650	62
1164DI 1-11	1194	81	2004	50
DI-515 1-11*	1723	127	2894	51
DI01-OC 1-11	853	51	1366	54

*Scored with Application 600DI 1-11

Knights of Columbus

Daniel C. Heffernan
Associate General Counsel

July 15, 2010
Date

KNIGHTS OF COLUMBUS

MAKING A DIFFERENCE FOR LIFE

June 10, 2010

RE: Letter of Authorization

Dear State Regulator:

We hereby authorize:

Sandra K. Meltzer & Associates, Inc.
1925 Century Boulevard, Suite 1
Atlanta, Georgia 30345

to carry out the state filings (including the District of Columbia) on behalf of Knights of Columbus. This authorization is to be used with the filing of policy form(s) DI01 1-11 and associated forms which may consist of but are not limited to, endorsements, applications, certificates and rider forms.

Sincerely,

Daniel C. Heffernan
Associate General Counsel

1 COLUMBUS PLAZA • NEW HAVEN, CONNECTICUT 06510-3326 • TEL. 203-752-4000 • WWW.KOFC.ORG

KNIGHTS OF COLUMBUS
STATEMENT OF VARIABILITY
DISABILITY INCOME POLICY FORM DI01 1-11

FACE PAGE

The Supreme Office address and telephone number for Knights of Columbus are shown with brackets in the event the Supreme Office is relocated to a new address or there is a change in any of Knights of Columbus contact information.

[One Columbus Plaza]
New Haven, Connecticut 06510-3326]
Phone Number: (800) 524-3611]

The bracketed information shown directly below the address and phone number on the Face Page is "John Doe" specific for filing purposes.

The signatures of the Supreme Secretary and the Supreme Knight are shown with brackets in the event of a change in Knights of Columbus' administration.

POLICY SCHEDULE PAGE

The bracketed information shown on the Policy Schedule Page is "John Doe" specific for filing purposes. In addition, the bracketed items shown below identify the benefit options available under this Policy:

Monthly Disability Income Benefit [$500 - $10,000]
The minimum Monthly Disability Income Benefit Amount will be no less than $500. The maximum Monthly Disability Income Benefit will be no greater than $10,000.

Elimination Period [30]/[90]/[180] Days

Maximum Benefit Period [2 Years]/[5 Years]/[To Age 67]

[To Age 67	24 months if Total Disability Income Benefits begin on or after Age 65]
[5 Years	60 months but not beyond Age 67 if Total Disability Income Benefits begin before Age 65 24 months if Total Disability Income Benefits begin on or after Age 65]
[2 Years	12 months if Total Disability Income Benefits begin on or after Age 66]

The following Optional Benefit Riders will be shown on the Policy Schedule Page with the applicable benefit options if issued with or later attached to the Policy.

[DI01-CAT 1-11	**Catastrophic Disability Benefit Rider** Catastrophic Disability Elimination Period [30]/[90]/[180] Days Catastrophic Disability Maximum Benefit Period [2 Years]/[5 Years]/[To Age 67] Catastrophic Monthly Disability Benefit [$XXXX]]	[$]
[DI01-COLA 1-11	**Cost of Living Adjustment Rider**	[$]
[DI01-GPO 1-11	**Guaranteed Purchase Option Rider** Aggregate Purchase Amount [$XXXX]]	[$]
[DI01-AMDIBR 1-11	**Additional Monthly Disability Income Benefit Rider** [$XXXX] Additional Monthly Disability Income Benefit Amount [$XXXX]	[$]
[DI01-SIR 1-11	**Social Insurance Rider** Maximum SIR Monthly Benefit [$XXXX]	[$]

Premium due dates of second and later premiums:
At [12]/[6]/[3]/[1] month intervals from the Policy Date, unless another premium payment interval is agreed to by Us.

[*The Insured meets non-tobacco qualifications; therefore, this Policy is issued with non-tobacco rates.]
(This statement will only appear on the Policy Schedule Page when "No*" is indicated under "Tobacco Use".