SERFF Tracking Number:	*GARD-126953602*	*State:*	*Arkansas*
Filing Company:	*Berkshire Life Insurance Company of America*	*State Tracking Number:*	*47676*
Company Tracking Number:	*2011-1500*		
TOI:	*H11I Individual Health - Disability Income*	*Sub-TOI:*	*H11I.007 Long Term - Related to marketing with employer or association groups*
Product Name:	*Provider Plus 2011-1500*		
Project Name/Number:	*/*		

Filing at a Glance

Company: Berkshire Life Insurance Company of America

Product Name: Provider Plus 2011-1500	SERFF Tr Num: GARD-126953602	State: Arkansas
TOI: H11I Individual Health - Disability Income	SERFF Status: Closed-Approved	State Tr Num: 47676
Sub-TOI: H11I.007 Long Term - Related to marketing with employer or association groups	Co Tr Num: 2011-1500	State Status: Approved-Closed
Filing Type: Form/Rate		Reviewer(s): Rosalind Minor
	Author: Cindy Ego	Disposition Date: 01/12/2011
	Date Submitted: 01/11/2011	Disposition Status: Approved
Implementation Date Requested: On Approval		Implementation Date:

State Filing Description:

General Information

Project Name:	Status of Filing in Domicile: Pending
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 01/12/2011
	State Status Changed: 01/12/2011
Deemer Date:	Created By: Cindy Ego
Submitted By: Cindy Ego	Corresponding Filing Tracking Number:

Filing Description:

Berkshire Life Insurance Company of America is submitting the forms listed below for your review and approval. The riders will be used with policy 1500 (06/10). Policy 1500 (06/10) and the riders to be replaced as indicated below were approved in your state on 03/02/2010, File NumberGARD-126519586. The Lump Sum Rider, Form 1516 (07/11), is new and does not replace any previously approved form.

Forms 1504 (07/11), 1512 (07/11), 1513 (07/11), 1504-A (07/11), 1512-A (07/11) and 1513-A (07/11) include language revisions and will replace forms as indicated below. We are including red-lined versions of the previously approved forms for your convenience as the changes are relatively minimal and were approved so recently in your state.

We are submitting new rates for Forms 1505 (07/11), 1514 (07/11), 1511-A (07/11) and 1511-A-FIO (07/11). The

language is exactly the same as previously approved.

Application DI-2011 which is filed concurrently will be used to apply for this product.

These forms and rates are filed concurrently in our state of domicile, Massachusetts. Additionally we are concurrently filing riders with the exact language for use with previously approved Policy Forms 1400 (06/10) and 1600 (06/10). The only difference with the three filings are the rates. The riders for policy form 1400 (06/10) have sex distinct rates. The riders for policy form 1600 (06/10) have unisex rates and will be used primarily for employer sponsored programs where the employee is paying the premiums. Any effort you can make to keep these three filings together will be appreciated. If the forms submitted in your state contain a state suffix, all references in this letter to such form number without a state suffix apply to the suffixed version submitted.

RIDERS REPLACES
1504 (07/11) 3% Compound Cost of Living Adjustment Rider 1504 (06/10)
1505 (07/11) Future Increase Option Rider 1505 (06/10)
1512 (07/11) 6% Maximum Cost of Living Adjustment Rider 1512 (06/10)
1513 (07/11) Four-Year Delayed Cost of Living Adjustment Rider 1513 (06/10)
1514 (07/11) Graded Lifetime Indemnity for Total Disability Rider 1514 (06/10)
1516 (07/11) Lump Sum Disability Benefit Rider
1504-A (07/11) 3% Compound Cost of Living Adjustment Rider – Add-on 1504-A (06/10)
1511-A (07/11) Additional Monthly Benefit Rider 1511-A (06/10)
1511-A-FIO (07/11) Additional Monthly Benefit Rider 1511-A-FIO (07/11)
1512-A (07/11) 6% Maximum Cost of Living Adjustment Rider – Add-on 1512-A (06/10)
1513-A (07/11) Four-Year Delayed Cost of Living Adjustment Rider–Add-on 1513-A (06/10)

Riders

3% Compound Cost of Living Adjustment Rider – 1504 (07/11), 1504-A (07/11) The 3% Compound Cost of Living Adjustment Rider provides a 3% adjustment in the monthly indemnity on the anniversary of a claim, while benefits are payable. This adjustment is applicable to benefits paid for the next 12 months. There is no cap to the amount of the adjustments that may be made over the life of the claim. Upon recovery, the insured receives the incremental monthly indemnity generated by this rider at no additional cost.

Future Increase Option Rider – 1505 (07/11) The Future Increase Option Rider provides an opportunity for the insured to purchase additional coverage without having to provide evidence of good health or insurable occupation. A special option date may be used if the insured loses his or her group LTD coverage and it is not subsequently replaced.

Additional Monthly Benefit Rider - 1511-A (07/11) The Additional Monthly Benefit Rider allows for additional monthly indemnity to be added to the policy without the issuance of a separate disability income policy. Additional coverage is fully underwritten. This is available only as an add-on (after issue) rider.

Additional Monthly Benefit Rider - 1511-A-FIO (07/11) The Additional Monthly Benefit Rider allows for additional monthly indemnity to be added to the policy without the issuance of a separate disability income policy. This rider is used for successful exercises of the FIO Rider for this policy series and the prior approved policy form 1500 policy series. This is available only as an add-on (after issue) rider.

6% Maximum Cost of Living Adjustment Rider – 1512 (07/11), 1512-A (07/11) The 6% Maximum Cost of Living Adjustment Rider provides an adjustment in the monthly indemnity on the anniversary of a claim, while benefits are payable, and that adjustment in monthly indemnity that will be applicable to benefits paid for the next 12 months. Adjustments are triggered to the change in the CPI-U, but will never be less than what a 3% compound rate would provide or more than what a 6% compound rate would provide. Upon recovery, the insured receives the incremental monthly indemnity generated by this rider at no additional cost.

Four-Year Delayed Cost of Living Adjustment Rider – 1513 (07/11), 1513-A (07/11) The Four-Year Delayed Cost of Living Adjustment Rider provides a 3% adjustment in monthly indemnity starting on the fourth anniversary of a claim, while benefits are payable, and this adjustment will be applicable to benefits paid for the next 12 months. There is no cap to the amount of the adjustments that may be made over the life of the claim. Upon recovery, the insured receives the incremental monthly indemnity generated by this rider at no additional cost.

Graded Lifetime Indemnity for Total Disability Rider – 1514 (07/11) The Graded Lifetime Indemnity for Total Disability Rider provides lifetime benefits if the insured becomes totally disabled before age 65 and remains continuously totally disabled until the end of the benefit period. The lifetime indemnity is a function of when the continuous total disability begins. For each year after age 45 the percentage of lifetime indemnity reduces by 5%. The percentage is applied to the monthly indemnity payable to the insured on the last month of the benefit period, determining the lifetime indemnity that is payable monthly after the end of the benefit period.

Retirement Protection Plus (RPP) Disability Benefit Rider – 1515 (06/10) – The Retirement Protection Plus Disability Benefit Rider provides a RPP monthly indemnity benefit payable to an irrevocable trust in the event an insured is totally disabled and is not gainfully employed. When the insured reaches age 65, the trust assets are distributed to the insured.

Lump Sum Disability Benefit Rider 1516 (07/11) The Lump Sum Disability Benefit Rider provides a disability benefit in a lump sum payment that is equal to 35% of all total and/or residual disability benefits paid to the insured during the life

of the policy. This lump sum benefit is paid at the policy's expiration date. To be eligible for this lump sum benefit, the insured must have received sufficient total and/or residual disability benefits to have satisfied the qualifying amount.

Marketing

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

Company and Contact

Filing Contact Information

Cindy Ego, Compliance Specialist
700 South Street
Pittsfield, MA 01201
413-395-4319 [Phone]

Filing Company Information

Berkshire Life Insurance Company of America	CoCode: 71714	State of Domicile: Massachusetts
700 South Street	Group Code:	Company Type:
Pittsfield, MA 01201	Group Name:	State ID Number:
(413) 499-4321 ext. [Phone]	FEIN Number: 75-1277524	

Filing Fees

Fee Required?	Yes
Fee Amount:	$550.00
Retaliatory?	No
Fee Explanation:	11 fomrs @ $50
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Berkshire Life Insurance Company of America	$550.00	01/11/2011	43644966

SERFF Tracking Number:	*GARD-126953602*	*State:*	*Arkansas*
Filing Company:	*Berkshire Life Insurance Company of America*	*State Tracking Number:*	*47676*
Company Tracking Number:	*2011-1500*		
TOI:	*H11I Individual Health - Disability Income*	*Sub-TOI:*	*H11I.007 Long Term - Related to marketing with employer or association groups*
Product Name:	*Provider Plus 2011-1500*		
Project Name/Number:	*/*		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Rosalind Minor	01/12/2011	01/12/2011

SERFF Tracking Number:	*GARD-126953602*	*State:*	*Arkansas*
Filing Company:	*Berkshire Life Insurance Company of America*	*State Tracking Number:*	*47676*
Company Tracking Number:	*2011-1500*		
TOI:	*H11I Individual Health - Disability Income*	*Sub-TOI:*	*H11I.007 Long Term - Related to marketing with employer or association groups*
Product Name:	*Provider Plus 2011-1500*		
Project Name/Number:	*/*		

Disposition

Disposition Date: 01/12/2011
Implementation Date:
Status: Approved
Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*GARD-126953602*	*State:*	*Arkansas*
Filing Company:	*Berkshire Life Insurance Company of America*	*State Tracking Number:*	*47676*
Company Tracking Number:	*2011-1500*		
TOI:	*H11I Individual Health - Disability Income*	*Sub-TOI:*	*H11I.007 Long Term - Related to marketing with employer or association groups*
Product Name:	*Provider Plus 2011-1500*		
Project Name/Number:	*/*		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	1500 Red Lined Forms	Approved-Closed	Yes
Form	3% Compound Cost of Living Adjustment Rider	Approved-Closed	Yes
Form	Future Increase Option Rider	Approved-Closed	Yes
Form	6% Maximum Cost of Living Adjustment Rider	Approved-Closed	Yes
Form	Four-Year Delayed Cost of Living Adjustment Rider	Approved-Closed	Yes
Form	Graded Lifetime Indemnity for Total Disability Rider	Approved-Closed	Yes
Form	Lump Sum Disability Benefit Rider	Approved-Closed	Yes
Form	3% Compound Cost of Living Adjustment Rider	Approved-Closed	Yes
Form	Additional Monthly Benefit Rider	Approved-Closed	Yes
Form	Additional Monthly Benefit Rider	Approved-Closed	Yes
Form	6% Maximum Cost of Living Adjustment Rider	Approved-Closed	Yes
Form	6% Maximum Cost of Living Adjustment Rider	Approved-Closed	Yes
Rate	2011-1500 generic rate pages	Approved-Closed	Yes

SERFF Tracking Number:	*GARD-126953602*	*State:*	*Arkansas*
Filing Company:	*Berkshire Life Insurance Company of America*	*State Tracking Number:*	*47676*
Company Tracking Number:	*2011-1500*		
TOI:	*H11I Individual Health - Disability Income*	*Sub-TOI:*	*H11I.007 Long Term - Related to marketing with employer or association groups*
Product Name:	*Provider Plus 2011-1500*		
Project Name/Number:	*/*		

Form Schedule

Lead Form Number: 1504 (07/11)

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 01/12/2011	1504 (07/11)	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	3% Compound Cost of Living Adjustment Rider	Initial		54.900	1504 _07-11_.pdf
Approved-Closed 01/12/2011	1505 (07/11)	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Future Increase Option Rider	Initial		50.700	1505 _07-11_.pdf
Approved-Closed 01/12/2011	1512 (07/11)	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	6% Maximum Cost of Living Adjustment Rider	Initial		56.200	1512 _07-11_.pdf
Approved-Closed 01/12/2011	1513 (07/11)	Policy/Contract/Fraternal	Four-Year Delayed Cost of Living Adjustment Rider	Initial		59.300	1513 _07-11_.pdf

SERFF Tracking Number:	*GARD-126953602*		*State:*	*Arkansas*		
Filing Company:	*Berkshire Life Insurance Company of America*		*State Tracking Number:*	*47676*		
Company Tracking Number:	*2011-1500*					
TOI:	*H11I Individual Health - Disability Income*		*Sub-TOI:*	*H11I.007 Long Term - Related to marketing with employer or association groups*		
Product Name:	*Provider Plus 2011-1500*					
Project Name/Number:	*/*					
		Certificate: Amendment, Insert Page, Endorsement or Rider				
Approved-Closed 01/12/2011	1514 (07/11)	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Graded Lifetime Indemnity for Total Disability Rider	Initial	50.500	1514 _07-11_.pdf
Approved-Closed 01/12/2011	1516 (07/11)	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Lump Sum Disability Benefit Rider	Initial	52.300	1516 _07-11_.pdf
Approved-Closed 01/12/2011	1504-A (07/11)	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	3% Compound Cost of Living Adjustment Rider	Initial	51.200	1504-A _07-11_.pdf
Approved-Closed 01/12/2011	1511-A (07/11)	Policy/Contract/Fraternal Certificate:	Additional Monthly Benefit Rider	Initial	51.600	1511-A _07-11_.pdf

SERFF Tracking Number:	*GARD-126953602*		*State:*	*Arkansas*			
Filing Company:	*Berkshire Life Insurance Company of America*		*State Tracking Number:*	*47676*			
Company Tracking Number:	*2011-1500*						
TOI:	*H11I Individual Health - Disability Income*		*Sub-TOI:*	*H11I.007 Long Term - Related to marketing with employer or association groups*			
Product Name:	*Provider Plus 2011-1500*						
Project Name/Number:	*/*						
		Amendment, Insert Page, Endorsement or Rider					
Approved-Closed 01/12/2011	1511-A-FIO (07/11)	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Additional Monthly Benefit Rider	Initial		50.100	1511-A-FIO _07-11_.pdf
Approved-Closed 01/12/2011	1512-A (07/11)	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	6% Maximum Cost of Living Adjustment Rider	Initial		52.700	1512-A _07-11_.pdf
Approved-Closed 01/12/2011	1513-A (07/11)	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	6% Maximum Cost of Living Adjustment Rider	Initial		51.200	1513-A _07-11_.pdf

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

3% COMPOUND COST OF LIVING ADJUSTMENT RIDER

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

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

DEFINITIONS

Cost of Living Adjustment Factor
The Cost of Living Adjustment Factor is 1.03.

Incremental Monthly Indemnity
Incremental Monthly Indemnity means the difference between the adjusted Monthly Indemnity in effect on the last Review Date before Your claim ends and the Monthly Indemnity as shown in the Schedule Page.

Review Date
Review Date means the recurrence each year of the date on which You were first Disabled in the same claim.

PROVISIONS RELATING TO COST OF LIVING ADJUSTMENT

Adjustment of the Monthly Indemnity
On the Review Date while benefits are payable, We will adjust the Monthly Indemnity on a compound interest basis as follows: We will determine Your adjusted Monthly Indemnity for the next 12 months by multiplying the Monthly Indemnity in effect immediately prior to the Review Date by the Cost of Living Adjustment Factor.

If You are no longer Disabled and We are no longer paying benefits under the Policy, We will increase the Monthly Indemnity of the Policy by the Incremental Monthly Indemnity, if any, determined on the last Review Date, if:

- Your Disability ends prior to the Expiration Date; and
- the Incremental Monthly Indemnity is at least $200.

There will be no extra premium charge for the Incremental Monthly Indemnity until the Expiration Date.

Adjusted Monthly Indemnity After the Expiration Date
At the time You first renew the Policy after the Expiration Date, You may choose one of the following amounts of Monthly Indemnity for any claim for Total Disability that begins after that date:

- the Monthly Indemnity shown in the Schedule Page; or
- the increased indemnity, if any, last created by this rider.

We will base Your premium after the Expiration Date on the amount of Monthly Indemnity You select. You must meet all the conditions in the Policy for renewal after the Expiration Date.

Premium and Renewal
The premium for this rider is shown in the Schedule Page. You may not renew this rider after the Expiration Date.

TERMINATION

Termination of Cost of Living Adjustment
We will adjust the Monthly Indemnity on each Review Date until the first of the following events occurs:

- benefits are no longer being paid under the Policy for Your Disability; or
- the Benefit Period ends; or
- this rider terminates.

Berkshire Life Insurance Company of America

Secretary

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

FUTURE INCREASE OPTION RIDER

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

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

DEFINITIONS

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

Increase Policy
Increase Policy means the additional Monthly Indemnity issued under this rider.

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

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

Special Option Date
While this rider is in effect, Special Option Date means:

- 90 days after the date You are no longer eligible to participate in Your employer's group long term disability (LTD) plan; or
- 90 days after a group LTD plan under which You were covered ends and has not been converted or replaced; or
- A date that We declare for such purpose.

We will issue only one Increase Policy as a result of a Special Option Date while the Policy and this rider are in effect.

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

Total Increase Option
Total Increase Option means the maximum amount of Monthly Indemnity that may be issued under this rider. The Total Increase Option is shown in the Schedule Page.

PROVISIONS RELATING TO FUTURE INCREASE OPTIONS

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

Exercising an Increase Option When Disabled or Benefits are Payable
Subject to the Conditions and Limitations provision of this rider, You may exercise an Increase Option during an Option Period when You are Disabled or benefits are being paid. You may not exercise an Increase Option during a Special Option Period if You are Disabled or benefits are being paid.

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

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

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

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

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

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

The Increase Policy applied for during a Special Option Period will be underwritten in accordance with Our underwriting rules in effect when You exercise an Increase Option to determine the maximum amount of allowable Monthly Indemnity, if any, available to You.

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

Proof of Insurability
When You exercise an Increase Option, You must provide evidence of Your Income, employment and all other disability insurance with any insurer that is in force, which You have applied for, or for which You are eligible. We may require additional evidence of financial insurability, as necessary. You do not have to provide evidence of Your medical insurability or occupation.

Maximum Amount of Monthly Indemnity Available to You
Until You attain Age 45, You may apply for all or part of the remaining Total Increase Option.

On or after Age 45:

- You may apply for up to one-third of the original Total Increase Option; or
- You may apply for the remaining Total Increase Option if it is less than $1,000; or
- You may apply for the remaining Total Increase Option if You are applying for an Increase Policy on a Special Option Date because You are no longer eligible to participate in Your employer's group LTD plan or a group LTD plan under which You were covered ends and has not been converted or replaced.

Conditions and Limitations
All of the following conditions apply when You exercise an Increase Option:

- We must receive Your written application for an Increase Policy during an Option Period or Special Option Period.

- Each Increase Policy applied for during an Option Period or a Special Option Period will be underwritten to determine the maximum amount of Monthly Indemnity, if any, available to You. You must provide

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

- If You exercise an Increase Option during a Special Option Period because You are no longer eligible to participate in Your employer's group LTD plan or a group LTD plan under which You were covered ends and has not been converted or replaced, You must also provide evidence of Your eligibility status in the group LTD plan, or evidence that the group LTD plan has terminated and has not been converted or replaced.

- The Increase Policy may either be added to the Policy in the form of an Additional Monthly Benefit Rider or will be issued on a separate policy form that is most like the Policy then in use on a regular basis in the place where You live. Any Increase Policy approved during a period of Disability or while benefits are being paid will only be issued on a separate policy form.

- The Increase Policy cannot have a shorter Elimination Period or a longer Benefit Period than the Policy to which this rider is attached.

- We will not issue an Increase Policy with less than $200 of Monthly Indemnity.

- The Increase Policy may or may not include the same provisions and benefits as the Policy to which this rider is attached. The Increase Policy may only include those benefits that are part of the Policy to which this rider is attached if We are then offering such benefits to new applicants.

- The premium for each Increase Policy will be based on the rates in effect on the date of issue of the Increase Policy. The premium will be based on the following factors:

  - the Increase Policy amount; and
  - Your Age on the date of issue of the Increase Policy; and
  - the Class of Risk and Occupation Class of the Policy to which this rider is attached; and
  - any special class rating that applies to the Policy to which this rider is attached; and
  - the policy form of the Increase Policy; and
  - any rider that is attached to the Increase Policy that adjusts or determines a benefit based upon Monthly Indemnity.

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

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

- Conditions that are excluded by name or specific description under the terms of the Policy to which this rider is attached will be excluded under the Increase Policy.

- In order for an Increase Policy to become effective, We must receive the first premium unless premiums are then being waived because You are Disabled or benefits are being paid under the Policy.

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

This rider will expire and no further premium will be due for it after You are Age 55 or, if earlier, after Your last Increase Policy is issued.

TERMINATION

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

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

Berkshire Life Insurance Company of America

Secretary

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

6% MAXIMUM COST OF LIVING ADJUSTMENT RIDER

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

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

DEFINITIONS

Cost of Living Adjustment Factor
Cost of Living Adjustment Factor is determined by dividing the CPI-U for the Current Index Month by the CPI-U for the Original Index Month. The Cost of Living Adjustment Factor will never be less than 1.00.

CPI-U
CPI-U means the Consumer Price Index for All Urban Consumers, or any later replacement for it, as published by the Bureau of Labor Statistics of the United States Department of Labor.

Current Index Month
Current Index Month means the anniversary of the Original Index Month immediately preceding the Review Date.

Incremental Monthly Indemnity
Incremental Monthly Indemnity means the difference between the adjusted Monthly Indemnity in effect on the last Review Date before Your claim ends and the Monthly Indemnity as shown in the Schedule Page.

Maximum Increase Percent
Maximum Increase Percent is the compounded percentage rate that is used to determine the maximum amount of adjusted Monthly Indemnity for which You are eligible. The Maximum Increase Percent is 6.00%.

Minimum Increase Percent
Minimum Increase Percent is the compounded percentage rate that is used to determine the minimum amount of adjusted Monthly Indemnity for which You are eligible. The Minimum Increase Percent is 3.00%.

Original Index Month
Original Index Month means the calendar month 90 days before the date on which You were first Disabled in the same claim.

Review Date
Review Date means the recurrence each year of the date on which You were first Disabled in the same claim.

PROVISIONS RELATING TO COST OF LIVING ADJUSTMENT

Cost of Living Adjustment
On the Review Date while benefits are payable, We will adjust the Monthly Indemnity for the next 12 months to reflect any changes in cost of living since the start of claim. We will compute the adjusted Monthly Indemnity by multiplying the Monthly Indemnity by the Cost of Living Adjustment Factor. The adjusted Monthly Indemnity will apply to the 12-month period that follows the Review Date while You remain Disabled in the same claim.

Any adjustment to the Monthly Indemnity may vary from year to year as the CPI-U rises or falls in relation to the Original Index Month. The adjustment to the Monthly Indemnity will never be:

- more than the amount We would pay if the CPI-U had risen each year exactly by the Maximum Increase Percent; or

- less than the amount We would pay if the CPI-U had risen each year exactly by the Minimum Increase Percent.

If You are no longer Disabled and We are no longer paying benefits under the Policy, We will increase the Monthly Indemnity of the Policy by the Incremental Monthly Indemnity, if any, determined on the last Review Date, if:

- Your Disability ends prior to the Expiration Date; and
- the Incremental Monthly Indemnity is at least $200.

There will be no extra premium charge for the Incremental Monthly Indemnity until the Expiration Date.

Adjusted Monthly Indemnity After the Expiration Date
At the time You first renew the Policy after the Expiration Date, You may choose one of the following amounts of Monthly Indemnity for any claim for Total Disability that begins after that date:

- the Monthly Indemnity shown in the Schedule Page; or
- the increased indemnity, if any, last created by this rider.

We will base Your premium after the Expiration Date on the amount of Monthly Indemnity You select. You must meet all the conditions in the Policy for renewal after the Expiration Date.

Premium and Renewal
The premium for this rider is shown in the Schedule Page. You may not renew this rider after the Expiration Date.

TERMINATION

Termination of Cost of Living Adjustment
We will adjust the Monthly Indemnity on each Review Date until the first of the following events occurs:

- benefits are no longer being paid under the Policy for Your Disability; or
- the Benefit Period ends; or
- this rider terminates.

Berkshire Life Insurance Company of America

Secretary

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

FOUR-YEAR DELAYED COST OF LIVING ADJUSTMENT RIDER

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

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

DEFINITIONS

Cost of Living Adjustment Factor
The Cost of Living Adjustment Factor is 1.03.

Incremental Monthly Indemnity
Incremental Monthly Indemnity means the difference between the adjusted Monthly Indemnity in effect on the last Review Date before Your claim ends and the Monthly Indemnity as shown in the Schedule Page.

Review Date
The first Review Date will be on the fourth anniversary of the date You were first Disabled in the same claim, Thereafter, the Review Date means the recurrence each year of the date on which You were first Disabled in the same claim.

PROVISIONS RELATING TO COST OF LIVING ADJUSTMENT

Adjustment of the Monthly Indemnity
On the Review Date while benefits are payable, We will adjust the Monthly Indemnity on a compound interest basis as follows: We will determine Your adjusted Monthly Indemnity for the next 12 months by multiplying the Monthly Indemnity in effect immediately prior to the Review Date by the Cost of Living Adjustment Factor.

If You are no longer Disabled and We are no longer paying benefits under the Policy, We will increase the Monthly Indemnity of the Policy by the Incremental Monthly Indemnity, if any, determined on the last Review Date, if:

- Your Disability ends prior to the Expiration Date; and
- the Incremental Monthly Indemnity is at least $200.

There will be no extra premium charge for the Incremental Monthly Indemnity until the Expiration Date.

Adjusted Monthly Indemnity After the Expiration Date
At the time You first renew the Policy after the Expiration Date, You may choose one of the following amounts of Monthly Indemnity for any claim for Total Disability that begins after that date:

- the Monthly Indemnity shown in the Schedule Page; or
- the increased indemnity, if any, last created by this rider.

We will base Your premium after the Expiration Date on the amount of Monthly Indemnity You select. You must meet all the conditions in the Policy for renewal after the Expiration Date.

Premium and Renewal
The premium for this rider is shown in the Schedule Page. You may not renew this rider after the Expiration Date.

TERMINATION

Termination of Cost of Living Adjustment
We will adjust the Monthly Indemnity on each Review Date until the first of the following events occurs:

- benefits are no longer being paid under the Policy for Your Disability; or
- the Benefit Period ends; or
- this rider terminates.

Berkshire Life Insurance Company of America

Secretary

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

GRADED LIFETIME INDEMNITY FOR TOTAL DISABILITY RIDER

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

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

DEFINITIONS

Lifetime Indemnity
The Lifetime Indemnity is the amount We will pay to You each month while You remain continuously Totally Disabled in the same claim after the Expiration Date of the Policy. Lifetime Indemnity is equal to the Monthly Indemnity that was payable for Total Disability in the last month of the Benefit Period multiplied by the Lifetime Indemnity Percentage.

Lifetime Indemnity Percentage
Lifetime Indemnity Percentage is determined based upon the following table:

If Your continuous Total Disability started:	The Lifetime Indemnity Percentage is:
Prior to Age 46	100%
At or after Age 46, but before Age 47	95%
At or after Age 47, but before Age 48	90%
At or after Age 48, but before Age 49	85%
At or after Age 49, but before Age 50	80%
At or after Age 50, but before Age 51	75%
At or after Age 51, but before Age 52	70%
At or after Age 52, but before Age 53	65%
At or after Age 53, but before Age 54	60%
At or after Age 54, but before Age 55	55%
At or after Age 55, but before Age 56	50%
At or after Age 56, but before Age 57	45%
At or after Age 57, but before Age 58	40%
At or after Age 58, but before Age 59	35%
At or after Age 59, but before Age 60	30%
At or after Age 60, but before Age 61	25%
At or after Age 61, but before Age 62	20%
At or after Age 62, but before Age 63	15%
At or after Age 63, but before Age 64	10%
At or after Age 64, but before Age 65	5%
At or after Age 65	0%

PROVISIONS RELATING TO LIFETIME INDEMNITY

Lifetime Indemnity Total Disability Benefit
This rider provides a Lifetime Indemnity for Total Disability beyond the end of the Benefit Period. We will pay the Lifetime Indemnity at the end of each month during Your continuous Total Disability, for the rest of your life if:

- You become Totally Disabled while the Policy is in force; and
- We paid Total Disability benefits under the Policy until the Expiration Date or the end of the Benefit Period, whichever is later; and
- You remain continuously Totally Disabled in the same claim from the same or directly related cause or causes after the Expiration Date or the end of the Benefit Period, whichever is later; and
- You continue to satisfy all of the terms and conditions of the Policy.

We will not increase the Lifetime Indemnity because You are Totally Disabled from more than one cause at the same time.

This rider does not extend the Benefit Period for the Policy or for any other rider included with the Policy. Lifetime Indemnity will not be payable under this rider for any period for which benefits are payable under the Total Disability Benefit provision of the Policy.

This rider does not extend the Maximum Benefit Period for Mental and/or Substance-Related Disorders as shown in the Schedule Page.

Proof of Loss
In addition to any Proof of Loss required by the Policy, You must continue to provide Us with written Proof of Loss necessary to establish that You remain continuously Totally Disabled.

Premium and Renewal
The premium for this rider is shown in the schedule page. You may not renew this rider after the Expiration Date of the Policy.

TERMINATION

Termination of the Lifetime Indemnity Total Disability Benefit
Benefits payable under this rider will no longer be payable when the first of the following occurs:

- You are no longer continuously Totally Disabled in the same claim from the same or directly related cause or causes; or
- Your death.

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

- You attain Age 65 and You are not Totally Disabled; or
- the premium for this rider remains unpaid for more than 31 days; or
- the date of Your written request to terminate this rider; or
- when Lifetime Indemnity is no longer payable.

Berkshire Life Insurance Company of America

Secretary

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Pittsfield, MA 01201

LUMP SUM DISABILITY BENEFIT RIDER

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

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

DEFINITIONS

Contributing Payments
Contributing Payments means any Total Disability benefits and/or Residual Disability benefits paid under the Policy until the later of the Expiration Date or the end of the Benefit Period if Disabled.

Lump Sum Benefit Amount
The Lump Sum Benefit Amount is the amount We will pay under this rider.

Non-contributing Payments
Non-contributing Payments means any benefits paid under the Capital Sum Benefit, Occupational Rehabilitation Benefit, Modification and Access Benefit policy provisions, or any Catastrophic Disability Benefit Rider attached to the Policy.

Qualifying Amount
The Qualifying Amount is shown in the Schedule Page.

PROVISIONS RELATING TO THE LUMP SUM DISABILITY BENEFIT

Lump Sum Disability Benefit
We will pay the Lump Sum Benefit Amount if both of the following conditions are met:

- The Policy and this rider are in force on the Expiration Date of the Policy; and
- The sum of Contributing Payments is equal to or greater than the Qualifying Amount.

We will pay the Lump Sum Benefit Amount in a single payment to the Loss Payee at the later of the Expiration Date of the Policy or the end of the Benefit Period if Disabled. The Lump Sum Benefit Amount is equal to the sum of Contributing Payments multiplied by 35%.

Non-contributing Payments will not be considered toward the Qualifying Amount or the calculation of the Lump Sum Benefit Amount.

Premium and Renewal
The premium for this rider is shown in the Schedule Page. You may not renew this rider after the Expiration Date of the Policy.

TERMINATION

Termination of Lump Sum Disability Benefit Rider
This rider will terminate when the first of the following events occurs:

- the Lump Sum Benefit Amount has been paid;
- the premium for this rider remains unpaid for more than 31 days;
- the date of Your written request to terminate this rider; or
- the Policy terminates.

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Secretary

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700 South Street
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3% COMPOUND COST OF LIVING ADJUSTMENT RIDER

As of the Effective Date shown below, this rider is attached to the Policy. All provisions of the Policy apply to this rider and remain the same except where We change them by this rider.

Policy Number:

Insured:

Effective Date of this rider:

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

DEFINITIONS

Cost of Living Adjustment Factor
The Cost of Living Adjustment Factor is 1.03.

Incremental Monthly Indemnity
Incremental Monthly Indemnity means the difference between the adjusted Monthly Indemnity in effect on the last Review Date before Your claim ends and the Monthly Indemnity as shown in the Schedule Page.

Review Date
Review Date means the recurrence each year of the date on which You were first Disabled in the same claim.

PROVISIONS RELATING TO COST OF LIVING ADJUSTMENT

Adjustment of the Monthly Indemnity
On the Review Date while benefits are payable, We will adjust the Monthly Indemnity on a compound interest basis as follows: We will determine Your adjusted Monthly Indemnity for the next 12 months by multiplying the Monthly Indemnity in effect immediately prior to the Review Date by the Cost of Living Adjustment Factor.

If You are no longer Disabled and We are no longer paying benefits under the Policy, We will increase the Monthly Indemnity of the Policy by the Incremental Monthly Indemnity, if any, determined on the last Review Date, if:

- Your Disability ends prior to the Expiration Date; and
- the Incremental Monthly Indemnity is at least $200.

There will be no extra premium charge for the Incremental Monthly Indemnity until the Expiration Date.

Adjusted Monthly Indemnity After the Expiration Date
At the time You first renew the Policy after the Expiration Date, You may choose one of the following amounts of Monthly Indemnity for any claim for Total Disability that begins after that date:

- the Monthly Indemnity shown in the Schedule Page; or
- the increased indemnity, if any, last created by this rider.

We will base Your premium after the Expiration Date on the amount of Monthly Indemnity You select. You must meet all the conditions in the Policy for renewal after the Expiration Date.

Premium and Renewal
The premium for this rider is shown in the Schedule Page. You may not renew this rider after the Expiration Date.

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

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

TERMINATION

Termination of Cost of Living Adjustment
We will adjust the Monthly Indemnity on each Review Date until the first of the following events occurs:

- benefits are no longer being paid under the Policy for Your Disability; or
- the Benefit Period ends; or
- this rider terminates.

Berkshire Life Insurance Company of America

Secretary

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700 South Street
Pittsfield, MA 01201

ADDITIONAL MONTHLY BENEFIT RIDER

As of the Effective Date shown below, this rider is attached to the Policy. All provisions of the Policy apply to this rider and remain the same except where We change them by this rider.

The Policy is amended by adding or changing the following definition:

DEFINITIONS

Pre-existing Condition
Pre-existing Condition means a physical or mental condition:

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

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

PROVISION RELATING TO ADDITIONAL MONTHLY BENEFIT

This rider provides an additional Monthly Indemnity. The Issue Age, Monthly Indemnity, Elimination Period, Accumulation Period, Benefit Period, Expiration Date and the annual premium for this rider are shown in the Schedule Page and below.

Policy Number:

Insured:

Effective Date:

Issue Age	Monthly Indemnity	Elimination Period	Accumulation Period	Benefit Period	Expiration Date	Annual Premium
	$	days	days			$

The Maximum Benefit Period for Mental and/or Substance-Related Disorders is shown in the Schedule Page.

The premium for this rider will be based on the rates in effect on the Effective Date of this rider. The premium will be based on the following factors:

- the Monthly Indemnity of this rider; and
- Your Age on the Effective Date; and
- the Class of Risk and Occupation Class of the Policy to which this rider is attached; and
- any special class rating that applies to the Policy to which this rider is attached; and
- any rider that is attached to the Policy that adjusts or determines a benefit based upon Monthly Indemnity.

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

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

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

TERMINATION

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

- the Expiration Date of this rider; or
- the premium for this rider remains unpaid for more than 31 days; or
- the date of Your written request to terminate this rider; or
- the Policy terminates.

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Secretary

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Pittsfield, MA 01201

ADDITIONAL MONTHLY BENEFIT RIDER

As of the Effective Date shown below, this rider is attached to the Policy. All provisions of the Policy apply to this rider and remain the same except where We change them by this rider.

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

PROVISION RELATING TO ADDITIONAL MONTHLY BENEFIT

This rider provides an additional Monthly Indemnity. The Issue Age, Monthly Indemnity, Elimination Period, Accumulation Period, Benefit Period, Expiration Date and the annual premium for this rider are shown in the Schedule Page and below.

Policy Number:

Insured:

Effective Date:

Issue Age	Monthly Indemnity	Elimination Period	Accumulation Period	Benefit Period	Expiration Date	Annual Premium
	$	days	days			$

The Maximum Benefit Period for Mental and/or Substance-Related Disorders is shown in the Schedule Page.

The premium for this rider will be based on the rates in effect on the Effective Date of this rider. The premium will be based on the following factors:

- the Monthly Indemnity of this rider; and
- Your Age on the Effective Date; and
- the Class of Risk and Occupation Class of the Policy to which this rider is attached; and
- any special class rating that applies to the Policy to which this rider is attached; and
- any rider that is attached to the Policy that adjusts or determines a benefit based upon Monthly Indemnity.

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

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

TERMINATION

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

- the Expiration Date of this rider; or
- the premium for this rider remains unpaid for more than 31 days; or
- the date of Your written request to terminate this rider; or
- the Policy terminates.

Berkshire Life Insurance Company of America

Secretary

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700 South Street
Pittsfield, MA 01201

6% MAXIMUM COST OF LIVING ADJUSTMENT RIDER

As of the Effective Date shown below, this rider is attached to the Policy. All provisions of the Policy apply to this rider and remain the same except where We change them by this rider.

Policy Number:

Insured:

Effective Date of this rider:

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

DEFINITIONS

Cost of Living Adjustment Factor
Cost of Living Adjustment Factor is determined by dividing the CPI-U for the Current Index Month by the CPI-U for the Original Index Month. The Cost of Living Adjustment Factor will never be less than 1.00.

CPI-U
CPI-U means the Consumer Price Index for All Urban Consumers, or any later replacement for it, as published by the Bureau of Labor Statistics of the United States Department of Labor.

Current Index Month
Current Index Month means the anniversary of the Original Index Month immediately preceding the Review Date.

Incremental Monthly Indemnity
Incremental Monthly Indemnity means the difference between the adjusted Monthly Indemnity in effect on the last Review Date before Your claim ends and the Monthly Indemnity as shown in the Schedule Page.

Maximum Increase Percent
Maximum Increase Percent is the compounded percentage rate that is used to determine the maximum amount of adjusted Monthly Indemnity for which You are eligible. The Maximum Increase Percent is 6.00%.

Minimum Increase Percent
Minimum Increase Percent is the compounded percentage rate that is used to determine the minimum amount of adjusted Monthly Indemnity for which You are eligible. The Minimum Increase Percent is 3.00%.

Original Index Month
Original Index Month means the calendar month 90 days before the date on which You were first Disabled in the same claim.

Review Date
Review Date means the recurrence each year of the date on which You were first Disabled in the same claim.

PROVISIONS RELATING TO COST OF LIVING ADJUSTMENT

Cost of Living Adjustment
On the Review Date while benefits are payable, We will adjust the Monthly Indemnity for the next 12 months to reflect any changes in cost of living since the start of claim. We will compute the adjusted Monthly Indemnity by multiplying the Monthly Indemnity by the Cost of Living Adjustment Factor. The adjusted Monthly Indemnity will apply to the 12-month period that follows the Review Date while You remain Disabled in the same claim.

Any adjustment to the Monthly Indemnity may vary from year to year as the CPI-U rises or falls in relation to the Original Index Month. The adjustment to the Monthly Indemnity will never be:

- more than the amount We would pay if the CPI-U had risen each year exactly by the Maximum Increase Percent; or
- less than the amount We would pay if the CPI-U had risen each year exactly by the Minimum Increase Percent.

If You are no longer Disabled and We are no longer paying benefits under the Policy, We will increase the Monthly Indemnity of the Policy by the Incremental Monthly Indemnity, if any, determined on the last Review Date, if:

- Your Disability ends prior to the Expiration Date; and
- the Incremental Monthly Indemnity is at least $200.

There will be no extra premium charge for the Incremental Monthly Indemnity until the Expiration Date.

Adjusted Monthly Indemnity After the Expiration Date
At the time You first renew the Policy after the Expiration Date, You may choose one of the following amounts of Monthly Indemnity for any claim for Total Disability that begins after that date:

- the Monthly Indemnity shown in the Schedule Page; or
- the increased indemnity, if any, last created by this rider.

We will base Your premium after the Expiration Date on the amount of Monthly Indemnity You select. You must meet all the conditions in the Policy for renewal after the Expiration Date.

Premium and Renewal
The premium for this rider is shown in the Schedule Page. You may not renew this rider after the Expiration Date.

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

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

TERMINATION

Termination of Cost of Living Adjustment
We will adjust the Monthly Indemnity on each Review Date until the first of the following events occurs:

- benefits are no longer being paid under the Policy for Your Disability; or
- the Benefit Period ends; or
- this rider terminates.

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Secretary

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Pittsfield, MA 01201

FOUR-YEAR DELAYED COST OF LIVING ADJUSTMENT RIDER

As of the Effective Date shown below, this rider is attached to the Policy. All provisions of the Policy apply to this rider and remain the same except where We change them by this rider.

Policy Number:

Insured:

Effective Date of this rider:

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

DEFINITIONS

Cost of Living Adjustment Factor
The Cost of Living Adjustment Factor is 1.03.

Incremental Monthly Indemnity
Incremental Monthly Indemnity means the difference between the adjusted Monthly Indemnity in effect on the last Review Date before Your claim ends and the Monthly Indemnity as shown in the Schedule Page.

Review Date
The first Review Date will be on the fourth anniversary of the date You were first Disabled in the same claim, Thereafter, the Review Date means the recurrence each year of the date on which You were first Disabled in the same claim.

PROVISIONS RELATING TO COST OF LIVING ADJUSTMENT

Adjustment of the Monthly Indemnity
On the Review Date while benefits are payable, We will adjust the Monthly Indemnity on a compound interest basis as follows: We will determine Your adjusted Monthly Indemnity for the next 12 months by multiplying the Monthly Indemnity in effect immediately prior to the Review Date by the Cost of Living Adjustment Factor.

If You are no longer Disabled and We are no longer paying benefits under the Policy, We will increase the Monthly Indemnity of the Policy by the Incremental Monthly Indemnity, if any, determined on the last Review Date, if:

- Your Disability ends prior to the Expiration Date; and
- the Incremental Monthly Indemnity is at least $200.

There will be no extra premium charge for the Incremental Monthly Indemnity until the Expiration Date.

Adjusted Monthly Indemnity After the Expiration Date
At the time You first renew the Policy after the Expiration Date, You may choose one of the following amounts of Monthly Indemnity for any claim for Total Disability that begins after that date:

- the Monthly Indemnity shown in the Schedule Page; or
- the increased indemnity, if any, last created by this rider.

We will base Your premium after the Expiration Date on the amount of Monthly Indemnity You select. You must meet all the conditions in the Policy for renewal after the Expiration Date.

Premium and Renewal
The premium for this rider is shown in the Schedule Page. You may not renew this rider after the Expiration Date.

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

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

TERMINATION

Termination of Cost of Living Adjustment
We will adjust the Monthly Indemnity on each Review Date until the first of the following events occurs:

- benefits are no longer being paid under the Policy for Your Disability; or
- the Benefit Period ends; or
- this rider terminates.

Berkshire Life Insurance Company of America

Secretary

SERFF Tracking Number:	*GARD-126953602*	*State:*	*Arkansas*
Filing Company:	*Berkshire Life Insurance Company of America*	*State Tracking Number:*	*47676*
Company Tracking Number:	*2011-1500*		
TOI:	*H11I Individual Health - Disability Income*	*Sub-TOI:*	*H11I.007 Long Term - Related to marketing with employer or association groups*
Product Name:	*Provider Plus 2011-1500*		
Project Name/Number:	*/*		

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:*	Rate Action Information:	Attachments
Approved-Closed 01/12/2011	2011-1500 generic rate pages	1504 (07/11) et al	New		2011 1500 generic rate pages.pdf

Table of Contents

1504 (07/11)	3% Compound Cost of Living Adjustment Rider	1 – 56
1512 (07/11)	6% Maximum Cost of Living Adjustment Rider	57 – 112
1513 (07/11)	Four-Year Delayed Cost of Living Adjustment Rider	113 – 160
1514 (07/11)	Graded Lifetime Indemnity for Total Disability Rider	161 – 224
1516 (07/11)	Lump Sum Disability Benefit Rider	225 – 352
1505 (07/11)	Future Increase Option Rider	353
1511 (07/11)	Additional Monthly Benefit Rider	354
Rating Factors		355

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1504 (07/11)

3% Compound Cost of Living Adjustment Rider on Individual Disability Income Policy

Occupation Classes 3 and 3M — Unisex Select To Age 65

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	4.24	3.54	2.21	1.99	1.78	1.63
19	4.24	3.54	2.21	1.99	1.78	1.63
20	4.24	3.54	2.21	1.99	1.78	1.63
21	4.24	3.54	2.21	1.99	1.78	1.63
22	4.24	3.54	2.21	1.99	1.78	1.63
23	4.24	3.54	2.21	1.99	1.78	1.63
24	4.24	3.54	2.21	1.99	1.78	1.63
25	4.24	3.54	2.21	1.99	1.78	1.63
26	4.26	3.58	2.24	2.01	1.80	1.64
27	4.27	3.62	2.27	2.04	1.82	1.66
28	4.29	3.66	2.29	2.06	1.84	1.68
29	4.30	3.70	2.33	2.09	1.87	1.70
30	4.32	3.74	2.35	2.12	1.89	1.72
31	4.41	3.82	2.40	2.16	1.92	1.75
32	4.50	3.90	2.45	2.20	1.96	1.78
33	4.60	3.98	2.49	2.24	2.00	1.82
34	4.70	4.07	2.54	2.28	2.04	1.85
35	4.80	4.15	2.59	2.33	2.08	1.89
36	4.90	4.24	2.64	2.38	2.12	1.92
37	5.01	4.34	2.69	2.42	2.16	1.96
38	5.12	4.43	2.75	2.47	2.20	2.00
39	5.23	4.51	2.81	2.51	2.24	2.04
40	5.35	4.61	2.86	2.56	2.29	2.07
41	6.49	5.59	3.40	3.03	2.67	2.42
42	7.79	6.68	4.01	3.55	3.12	2.80
43	9.25	7.91	4.69	4.15	3.62	3.24
44	10.87	9.29	5.45	4.81	4.20	3.73
45	12.68	10.82	6.32	5.56	4.84	4.30
46	14.02	11.94	6.94	6.10	5.30	4.69
47	15.38	13.10	7.58	6.65	5.77	5.11
48	16.80	14.29	8.25	7.23	6.27	5.53
49	18.27	15.52	8.94	7.83	6.77	5.98
50	19.78	16.81	9.66	8.45	7.30	6.44
51	19.31	16.41	9.42	8.25	7.12	6.28
52	18.87	16.03	9.21	8.05	6.95	6.13
53	18.42	15.65	8.98	7.86	6.78	5.99
54	18.00	15.29	8.76	7.67	6.62	5.84
55	17.57	14.93	8.55	7.48	6.46	5.70
56	16.06	13.52	8.14	7.11	6.13	5.41
57	14.68	12.25	7.73	6.75	5.82	5.14
58	13.41	11.09	7.34	6.42	5.52	4.87
59	12.25	10.04	6.97	6.10	5.25	4.61
60	11.18	9.08	6.62	5.78	4.97	4.39
61	11.18	9.08	6.62	5.78	4.97	4.39
62	11.18	9.08	6.62	5.78	4.97	4.39
63	11.18	9.08	6.62	5.78	4.97	4.39
64	11.18	9.08	6.62	5.78	4.97	4.39

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1504 (07/11)

3% Compound Cost of Living Adjustment Rider on Individual Disability Income Policy

Occupation Classes 3 and 3M — Unisex Select To Age 65

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	10.87	8.66	4.95	4.36	3.78	3.38
19	10.87	8.66	4.95	4.36	3.78	3.38
20	10.87	8.66	4.95	4.36	3.78	3.38
21	10.87	8.66	4.95	4.36	3.78	3.38
22	10.87	8.66	4.95	4.36	3.78	3.38
23	10.91	8.77	5.02	4.42	3.84	3.43
24	10.95	8.88	5.10	4.48	3.90	3.47
25	10.99	8.99	5.18	4.55	3.96	3.52
26	11.03	9.10	5.26	4.62	4.02	3.57
27	11.07	9.21	5.34	4.69	4.08	3.63
28	11.12	9.33	5.42	4.76	4.14	3.68
29	11.16	9.43	5.50	4.84	4.21	3.73
30	11.20	9.55	5.58	4.91	4.27	3.79
31	11.46	9.78	5.71	5.03	4.37	3.88
32	11.73	10.01	5.85	5.15	4.47	3.97
33	12.01	10.25	5.99	5.27	4.57	4.07
34	12.30	10.48	6.13	5.39	4.68	4.17
35	12.58	10.73	6.28	5.51	4.80	4.27
36	12.88	10.99	6.43	5.64	4.91	4.37
37	13.19	11.25	6.57	5.78	5.03	4.46
38	13.49	11.51	6.73	5.92	5.15	4.57
39	13.81	11.78	6.89	6.06	5.27	4.68
40	14.14	12.06	7.05	6.20	5.40	4.79
41	15.08	12.86	7.51	6.61	5.75	5.11
42	16.08	13.72	8.02	7.05	6.14	5.45
43	17.16	14.63	8.55	7.52	6.54	5.81
44	18.30	15.60	9.12	8.02	6.98	6.20
45	19.51	16.64	9.72	8.55	7.44	6.61
46	19.85	16.93	9.89	8.70	7.57	6.72
47	20.19	17.22	10.06	8.85	7.70	6.84
48	20.53	17.50	10.23	9.00	7.83	6.96
49	20.88	17.80	10.40	9.16	7.96	7.08
50	21.24	18.11	10.58	9.32	8.10	7.20
51	20.75	17.69	10.34	9.10	7.91	7.03
52	20.28	17.29	10.11	8.89	7.73	6.87
53	19.81	16.89	9.87	8.69	7.55	6.72
54	19.36	16.50	9.64	8.49	7.39	6.56
55	18.92	16.13	9.42	8.30	7.22	6.42
56	17.32	14.65	8.98	7.90	6.87	6.11
57	15.87	13.31	8.55	7.52	6.54	5.82
58	14.53	12.09	8.14	7.17	6.24	5.54
59	13.31	10.98	7.75	6.83	5.94	5.28
60	12.19	9.97	7.39	6.50	5.65	5.03

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1504 (07/11)

3% Compound Cost of Living Adjustment Rider on Individual Disability Income Policy

Occupation Classes 4 and 4M — Unisex Select To Age 65

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	3.56	2.98	1.88	1.71	1.53	1.42
19	3.56	2.98	1.88	1.71	1.53	1.42
20	3.56	2.98	1.88	1.71	1.53	1.42
21	3.56	2.98	1.88	1.71	1.53	1.42
22	3.56	2.98	1.88	1.71	1.53	1.42
23	3.56	2.98	1.88	1.71	1.53	1.42
24	3.56	2.98	1.88	1.71	1.53	1.42
25	3.56	2.98	1.88	1.71	1.53	1.42
26	3.57	3.02	1.91	1.73	1.55	1.43
27	3.58	3.05	1.93	1.74	1.57	1.45
28	3.59	3.08	1.96	1.77	1.58	1.46
29	3.60	3.11	1.98	1.79	1.60	1.47
30	3.62	3.15	2.00	1.81	1.62	1.48
31	3.69	3.22	2.04	1.84	1.65	1.51
32	3.77	3.28	2.08	1.87	1.68	1.54
33	3.85	3.35	2.12	1.91	1.71	1.56
34	3.93	3.42	2.16	1.95	1.74	1.59
35	4.02	3.48	2.20	1.98	1.78	1.62
36	4.10	3.56	2.25	2.02	1.81	1.65
37	4.19	3.63	2.29	2.06	1.84	1.68
38	4.28	3.71	2.34	2.10	1.88	1.71
39	4.38	3.79	2.38	2.14	1.91	1.74
40	4.46	3.87	2.43	2.18	1.95	1.77
41	5.41	4.66	2.85	2.54	2.26	2.04
42	6.45	5.54	3.34	2.96	2.61	2.35
43	7.63	6.53	3.89	3.44	3.01	2.69
44	8.96	7.65	4.50	3.98	3.46	3.09
45	10.43	8.90	5.20	4.57	3.98	3.54
46	11.51	9.81	5.70	5.00	4.35	3.85
47	12.62	10.75	6.22	5.45	4.71	4.18
48	13.78	11.72	6.75	5.91	5.11	4.51
49	14.97	12.72	7.30	6.39	5.51	4.86
50	16.21	13.76	7.87	6.88	5.93	5.23
51	15.82	13.42	7.68	6.71	5.79	5.10
52	15.45	13.12	7.49	6.55	5.64	4.97
53	15.09	12.81	7.32	6.40	5.51	4.85
54	14.73	12.49	7.14	6.24	5.37	4.73
55	14.37	12.21	6.97	6.09	5.24	4.61
56	13.14	11.05	6.62	5.77	4.97	4.39
57	12.00	10.01	6.28	5.48	4.72	4.16
58	10.96	9.06	5.97	5.20	4.47	3.94
59	10.01	8.19	5.67	4.94	4.24	3.73
60	9.13	7.41	5.38	4.68	4.02	3.53
61	9.13	7.41	5.38	4.68	4.02	3.53
62	9.13	7.41	5.38	4.68	4.02	3.53
63	9.13	7.41	5.38	4.68	4.02	3.53
64	9.13	7.41	5.38	4.68	4.02	3.53

$30 Policy Fee

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1504 (07/11)

3% Compound Cost of Living Adjustment Rider on Individual Disability Income Policy

Occupation Classes 4 and 4M — Unisex Select To Age 65

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	8.94	7.13	4.07	3.59	3.11	2.78
19	8.94	7.13	4.07	3.59	3.11	2.78
20	8.94	7.13	4.07	3.59	3.11	2.78
21	8.94	7.13	4.07	3.59	3.11	2.78
22	8.94	7.13	4.07	3.59	3.11	2.78
23	8.97	7.22	4.13	3.64	3.16	2.82
24	9.01	7.31	4.20	3.69	3.21	2.86
25	9.04	7.40	4.26	3.75	3.26	2.90
26	9.07	7.48	4.33	3.81	3.31	2.94
27	9.11	7.57	4.39	3.86	3.36	2.99
28	9.14	7.67	4.46	3.92	3.41	3.03
29	9.18	7.76	4.52	3.98	3.46	3.07
30	9.21	7.86	4.59	4.04	3.51	3.12
31	9.42	8.05	4.70	4.14	3.59	3.19
32	9.65	8.24	4.81	4.23	3.68	3.27
33	9.88	8.43	4.93	4.34	3.77	3.35
34	10.11	8.63	5.04	4.44	3.86	3.43
35	10.35	8.83	5.16	4.53	3.95	3.50
36	10.59	9.05	5.29	4.64	4.04	3.58
37	10.84	9.26	5.41	4.75	4.14	3.67
38	11.10	9.47	5.53	4.87	4.24	3.76
39	11.37	9.70	5.66	4.98	4.34	3.85
40	11.63	9.93	5.80	5.10	4.44	3.94
41	12.40	10.59	6.19	5.44	4.73	4.21
42	13.23	11.30	6.59	5.80	5.05	4.48
43	14.11	12.04	7.04	6.19	5.38	4.78
44	15.05	12.84	7.50	6.60	5.73	5.11
45	16.05	13.69	8.00	7.04	6.12	5.45
46	16.33	13.93	8.14	7.16	6.23	5.53
47	16.60	14.17	8.28	7.29	6.33	5.63
48	16.89	14.40	8.41	7.41	6.43	5.72
49	17.18	14.65	8.55	7.53	6.55	5.82
50	17.47	14.90	8.70	7.66	6.66	5.92
51	17.07	14.55	8.50	7.48	6.51	5.78
52	16.68	14.23	8.31	7.32	6.36	5.65
53	16.30	13.90	8.12	7.15	6.22	5.52
54	15.92	13.57	7.93	6.98	6.07	5.40
55	15.55	13.27	7.75	6.82	5.93	5.28
56	14.25	12.05	7.39	6.49	5.65	5.03
57	13.05	10.95	7.03	6.19	5.39	4.79
58	11.95	9.95	6.70	5.89	5.13	4.56
59	10.95	9.04	6.39	5.61	4.88	4.35
60	10.03	8.21	6.08	5.35	4.65	4.14

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1504 (07/11)

3% Compound Cost of Living Adjustment Rider on Individual Disability Income Policy

Occupation Classes 5 and 5M — Unisex Select To Age 65

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	2.89	2.44	1.57	1.44	1.30	1.20
19	2.89	2.44	1.57	1.44	1.30	1.20
20	2.89	2.44	1.57	1.44	1.30	1.20
21	2.89	2.44	1.57	1.44	1.30	1.20
22	2.89	2.44	1.57	1.44	1.30	1.20
23	2.89	2.44	1.57	1.44	1.30	1.20
24	2.89	2.44	1.57	1.44	1.30	1.20
25	2.89	2.44	1.57	1.44	1.30	1.20
26	2.90	2.47	1.59	1.45	1.31	1.21
27	2.91	2.48	1.60	1.47	1.33	1.22
28	2.92	2.51	1.62	1.48	1.34	1.24
29	2.93	2.54	1.64	1.49	1.36	1.25
30	2.94	2.56	1.66	1.51	1.37	1.26
31	3.00	2.61	1.69	1.54	1.39	1.28
32	3.07	2.67	1.72	1.56	1.42	1.30
33	3.13	2.72	1.75	1.59	1.44	1.32
34	3.19	2.77	1.79	1.62	1.47	1.35
35	3.26	2.83	1.82	1.65	1.48	1.37
36	3.33	2.89	1.85	1.68	1.51	1.39
37	3.40	2.95	1.89	1.71	1.54	1.42
38	3.46	3.01	1.92	1.74	1.56	1.44
39	3.53	3.08	1.96	1.77	1.59	1.46
40	3.61	3.14	2.00	1.80	1.62	1.48
41	4.33	3.74	2.32	2.08	1.85	1.67
42	5.15	4.43	2.68	2.40	2.11	1.90
43	6.06	5.19	3.10	2.74	2.41	2.16
44	7.09	6.06	3.57	3.15	2.75	2.46
45	8.23	7.02	4.11	3.61	3.14	2.79
46	9.07	7.72	4.48	3.93	3.41	3.02
47	9.93	8.44	4.87	4.27	3.69	3.27
48	10.82	9.20	5.28	4.61	3.98	3.50
49	11.74	9.98	5.69	4.98	4.29	3.77
50	12.70	10.78	6.13	5.35	4.59	4.04
51	12.40	10.52	5.98	5.22	4.48	3.94
52	12.12	10.27	5.84	5.09	4.38	3.84
53	11.83	10.03	5.69	4.97	4.26	3.75
54	11.54	9.78	5.55	4.84	4.16	3.65
55	11.28	9.54	5.42	4.72	4.05	3.56
56	10.29	8.63	5.15	4.47	3.84	3.38
57	9.40	7.80	4.87	4.24	3.64	3.20
58	8.56	7.05	4.62	4.02	3.46	3.03
59	7.81	6.38	4.39	3.81	3.27	2.86
60	7.12	5.75	4.16	3.61	3.09	2.71
61	7.12	5.75	4.16	3.61	3.09	2.71
62	7.12	5.75	4.16	3.61	3.09	2.71
63	7.12	5.75	4.16	3.61	3.09	2.71
64	7.12	5.75	4.16	3.61	3.09	2.71

$30 Policy Fee

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1504 (07/11)

3% Compound Cost of Living Adjustment Rider on Individual Disability Income Policy

Occupation Classes 5 and 5M — Unisex Select To Age 65

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	7.06	5.63	3.22	2.83	2.47	2.19
19	7.06	5.63	3.22	2.83	2.47	2.19
20	7.06	5.63	3.22	2.83	2.47	2.19
21	7.06	5.63	3.22	2.83	2.47	2.19
22	7.06	5.63	3.22	2.83	2.47	2.19
23	7.08	5.70	3.27	2.87	2.49	2.22
24	7.11	5.77	3.32	2.92	2.53	2.26
25	7.14	5.84	3.37	2.96	2.57	2.29
26	7.17	5.91	3.42	3.00	2.61	2.32
27	7.20	5.98	3.46	3.05	2.65	2.36
28	7.22	6.05	3.51	3.10	2.69	2.40
29	7.25	6.13	3.57	3.14	2.73	2.43
30	7.28	6.20	3.62	3.19	2.77	2.47
31	7.44	6.35	3.71	3.27	2.84	2.52
32	7.62	6.49	3.79	3.34	2.90	2.58
33	7.80	6.65	3.88	3.42	2.97	2.64
34	7.99	6.80	3.98	3.50	3.05	2.70
35	8.18	6.97	4.07	3.58	3.12	2.77
36	8.37	7.13	4.17	3.67	3.19	2.83
37	8.56	7.30	4.27	3.75	3.27	2.90
38	8.77	7.47	4.37	3.84	3.35	2.97
39	8.98	7.65	4.46	3.94	3.43	3.04
40	9.19	7.83	4.57	4.03	3.50	3.11
41	9.79	8.36	4.88	4.30	3.73	3.32
42	10.44	8.91	5.21	4.58	3.98	3.53
43	11.14	9.49	5.55	4.88	4.25	3.77
44	11.88	10.13	5.92	5.21	4.53	4.03
45	12.66	10.80	6.32	5.55	4.83	4.30
46	12.88	10.99	6.43	5.65	4.91	4.37
47	13.10	11.18	6.53	5.74	5.00	4.45
48	13.33	11.37	6.64	5.84	5.08	4.51
49	13.55	11.56	6.75	5.95	5.17	4.59
50	13.79	11.76	6.87	6.05	5.26	4.67
51	13.47	11.49	6.71	5.91	5.14	4.56
52	13.17	11.23	6.56	5.77	5.02	4.46
53	12.87	10.97	6.41	5.64	4.90	4.37
54	12.57	10.71	6.27	5.51	4.79	4.27
55	12.29	10.46	6.12	5.39	4.68	4.17
56	11.25	9.50	5.83	5.13	4.46	3.97
57	10.31	8.63	5.54	4.88	4.25	3.78
58	9.43	7.84	5.29	4.65	4.05	3.60
59	8.64	7.13	5.03	4.43	3.85	3.43
60	7.91	6.47	4.79	4.22	3.67	3.27

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1504 (07/11)

3% Compound Cost of Living Adjustment Rider on Individual Disability Income Policy

Occupation Classes 6 and 6M — Unisex Select To Age 65

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	2.38	2.01	1.33	1.22	1.11	1.03
19	2.38	2.01	1.33	1.22	1.11	1.03
20	2.38	2.01	1.33	1.22	1.11	1.03
21	2.38	2.01	1.33	1.22	1.11	1.03
22	2.38	2.01	1.33	1.22	1.11	1.03
23	2.38	2.01	1.33	1.22	1.11	1.03
24	2.38	2.01	1.33	1.22	1.11	1.03
25	2.38	2.01	1.33	1.22	1.11	1.03
26	2.38	2.03	1.34	1.23	1.12	1.04
27	2.39	2.05	1.36	1.24	1.13	1.05
28	2.40	2.07	1.37	1.25	1.14	1.06
29	2.40	2.09	1.39	1.27	1.15	1.07
30	2.41	2.11	1.40	1.28	1.16	1.08
31	2.46	2.15	1.43	1.30	1.18	1.10
32	2.50	2.19	1.45	1.32	1.20	1.11
33	2.55	2.24	1.47	1.35	1.22	1.13
34	2.60	2.28	1.49	1.37	1.24	1.15
35	2.65	2.33	1.52	1.39	1.26	1.16
36	2.70	2.37	1.54	1.42	1.28	1.18
37	2.76	2.42	1.57	1.44	1.30	1.20
38	2.82	2.47	1.60	1.46	1.32	1.22
39	2.88	2.51	1.63	1.48	1.35	1.24
40	2.94	2.56	1.66	1.50	1.37	1.26
41	3.49	3.02	1.89	1.71	1.53	1.40
42	4.12	3.54	2.17	1.94	1.71	1.55
43	4.83	4.14	2.48	2.21	1.94	1.74
44	5.62	4.80	2.83	2.50	2.20	1.95
45	6.51	5.54	3.25	2.86	2.48	2.21
46	7.16	6.09	3.52	3.10	2.68	2.38
47	7.82	6.64	3.82	3.34	2.88	2.54
48	8.50	7.22	4.13	3.60	3.10	2.73
49	9.23	7.81	4.45	3.87	3.33	2.92
50	9.96	8.43	4.77	4.15	3.55	3.11
51	9.72	8.23	4.64	4.04	3.46	3.03
52	9.48	8.03	4.53	3.94	3.38	2.95
53	9.27	7.83	4.42	3.84	3.29	2.88
54	9.04	7.64	4.31	3.74	3.21	2.80
55	8.82	7.45	4.20	3.64	3.12	2.72
56	8.05	6.74	3.98	3.46	2.95	2.57
57	7.34	6.09	3.77	3.27	2.79	2.44
58	6.68	5.49	3.57	3.10	2.64	2.31
59	6.10	4.96	3.39	2.93	2.50	2.17
60	5.54	4.46	3.21	2.77	2.36	2.05
61	5.54	4.46	3.21	2.77	2.36	2.05
62	5.54	4.46	3.21	2.77	2.36	2.05
63	5.54	4.46	3.21	2.77	2.36	2.05
64	5.54	4.46	3.21	2.77	2.36	2.05

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1504 (07/11)

3% Compound Cost of Living Adjustment Rider on Individual Disability Income Policy

Occupation Classes 6 and 6M — Unisex Select To Age 65

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	5.58	4.44	2.53	2.23	1.94	1.73
19	5.58	4.44	2.53	2.23	1.94	1.73
20	5.58	4.44	2.53	2.23	1.94	1.73
21	5.58	4.44	2.53	2.23	1.94	1.73
22	5.58	4.44	2.53	2.23	1.94	1.73
23	5.60	4.49	2.57	2.27	1.97	1.76
24	5.62	4.54	2.61	2.30	2.00	1.78
25	5.64	4.60	2.65	2.34	2.03	1.81
26	5.66	4.66	2.69	2.38	2.06	1.84
27	5.68	4.71	2.73	2.41	2.09	1.86
28	5.70	4.77	2.77	2.45	2.12	1.89
29	5.72	4.83	2.82	2.48	2.16	1.92
30	5.74	4.89	2.86	2.52	2.19	1.95
31	5.88	5.01	2.93	2.58	2.24	2.00
32	6.02	5.13	3.00	2.64	2.30	2.04
33	6.16	5.25	3.07	2.70	2.35	2.09
34	6.31	5.38	3.14	2.77	2.41	2.14
35	6.45	5.50	3.22	2.83	2.47	2.19
36	6.60	5.63	3.29	2.90	2.52	2.24
37	6.76	5.76	3.37	2.97	2.58	2.29
38	6.92	5.90	3.45	3.04	2.64	2.35
39	7.09	6.04	3.53	3.11	2.70	2.40
40	7.26	6.19	3.61	3.18	2.77	2.46
41	7.74	6.60	3.85	3.40	2.96	2.62
42	8.26	7.04	4.11	3.61	3.15	2.79
43	8.81	7.50	4.39	3.86	3.36	2.98
44	9.40	8.00	4.67	4.12	3.58	3.18
45	10.02	8.53	4.99	4.40	3.82	3.40
46	10.19	8.68	5.08	4.47	3.89	3.46
47	10.37	8.83	5.17	4.54	3.95	3.51
48	10.53	8.98	5.26	4.62	4.02	3.57
49	10.72	9.14	5.35	4.70	4.09	3.63
50	10.90	9.30	5.44	4.78	4.16	3.69
51	10.65	9.08	5.31	4.67	4.06	3.60
52	10.40	8.87	5.19	4.56	3.97	3.52
53	10.17	8.66	5.07	4.46	3.88	3.45
54	9.93	8.46	4.95	4.36	3.79	3.37
55	9.70	8.27	4.83	4.26	3.70	3.29
56	8.89	7.51	4.60	4.06	3.52	3.13
57	8.14	6.82	4.39	3.86	3.36	2.98
58	7.45	6.20	4.18	3.68	3.20	2.84
59	6.83	5.63	3.98	3.50	3.05	2.70
60	6.26	5.12	3.79	3.34	2.90	2.57

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1504 (07/11)

3% Compound Cost of Living Adjustment Rider on Individual Disability Income Policy

Occupation Classes 3 and 3M — Unisex Select To Age 67

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	4.60	3.84	2.38	2.14	1.91	1.74
19	4.60	3.84	2.38	2.14	1.91	1.74
20	4.60	3.84	2.38	2.14	1.91	1.74
21	4.60	3.84	2.38	2.14	1.91	1.74
22	4.60	3.84	2.38	2.14	1.91	1.74
23	4.60	3.84	2.38	2.14	1.91	1.74
24	4.60	3.84	2.38	2.14	1.91	1.74
25	4.60	3.84	2.38	2.14	1.91	1.74
26	4.64	3.90	2.42	2.18	1.94	1.77
27	4.68	3.96	2.47	2.22	1.98	1.80
28	4.71	4.02	2.50	2.25	2.01	1.83
29	4.76	4.09	2.54	2.29	2.04	1.86
30	4.79	4.15	2.59	2.33	2.07	1.89
31	4.93	4.27	2.65	2.39	2.13	1.93
32	5.07	4.39	2.72	2.45	2.18	1.98
33	5.21	4.50	2.79	2.50	2.23	2.03
34	5.36	4.62	2.87	2.57	2.29	2.08
35	5.50	4.75	2.94	2.63	2.35	2.13
36	5.66	4.89	3.02	2.70	2.41	2.19
37	5.82	5.02	3.10	2.77	2.47	2.24
38	5.99	5.17	3.18	2.84	2.52	2.29
39	6.16	5.31	3.27	2.92	2.59	2.35
40	6.33	5.45	3.36	3.00	2.66	2.41
41	7.76	6.67	4.03	3.58	3.16	2.84
42	9.39	8.04	4.80	4.26	3.72	3.34
43	11.22	9.59	5.67	5.01	4.38	3.91
44	13.28	11.34	6.65	5.87	5.12	4.55
45	15.58	13.29	7.77	6.83	5.95	5.29
46	17.47	14.89	8.67	7.61	6.62	5.87
47	19.46	16.58	9.62	8.44	7.33	6.49
48	21.58	18.36	10.63	9.33	8.08	7.16
49	23.81	20.25	11.71	10.27	8.88	7.86
50	26.16	22.25	12.84	11.25	9.72	8.60
51	26.00	22.11	12.75	11.18	9.66	8.54
52	25.84	21.97	12.67	11.11	9.60	8.50
53	25.68	21.84	12.60	11.04	9.54	8.44
54	25.52	21.70	12.51	10.98	9.48	8.40
55	25.37	21.57	12.44	10.91	9.43	8.35
56	23.31	19.65	11.89	10.41	9.01	7.97
57	21.42	17.91	11.37	9.95	8.60	7.60
58	19.68	16.31	10.86	9.50	8.21	7.26
59	18.09	14.85	10.38	9.08	7.84	6.93
60	16.61	13.51	9.91	8.67	7.48	6.61
61	16.61	13.51	9.91	8.67	7.48	6.61
62	16.61	13.51	9.91	8.67	7.48	6.61
63	16.61	13.51	9.91	8.67	7.48	6.61
64	16.61	13.51	9.91	8.67	7.48	6.61
65	16.61	13.51	9.91	8.67	7.48	6.61
66	16.61	13.51	9.91	8.67	7.48	6.61

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1504 (07/11)

3% Compound Cost of Living Adjustment Rider on Individual Disability Income Policy

Occupation Classes 3 and 3M — Unisex Select To Age 67

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	11.70	9.35	5.33	4.70	4.09	3.62
19	11.70	9.35	5.33	4.70	4.09	3.62
20	11.70	9.35	5.33	4.70	4.09	3.62
21	11.70	9.35	5.33	4.70	4.09	3.62
22	11.70	9.35	5.33	4.70	4.09	3.62
23	11.80	9.50	5.44	4.79	4.17	3.69
24	11.91	9.67	5.55	4.89	4.25	3.77
25	12.02	9.84	5.66	4.99	4.34	3.85
26	12.13	10.01	5.78	5.09	4.43	3.93
27	12.24	10.19	5.90	5.20	4.51	4.01
28	12.35	10.37	6.02	5.30	4.60	4.10
29	12.46	10.54	6.14	5.41	4.69	4.18
30	12.57	10.73	6.27	5.51	4.79	4.27
31	12.95	11.06	6.45	5.68	4.94	4.40
32	13.35	11.39	6.65	5.85	5.09	4.53
33	13.75	11.73	6.85	6.03	5.24	4.66
34	14.17	12.09	7.07	6.22	5.41	4.81
35	14.60	12.45	7.28	6.41	5.56	4.95
36	15.04	12.83	7.50	6.59	5.73	5.11
37	15.49	13.22	7.73	6.80	5.91	5.26
38	15.97	13.62	7.96	7.00	6.09	5.42
39	16.45	14.03	8.21	7.22	6.28	5.58
40	16.95	14.45	8.45	7.43	6.46	5.75
41	18.17	15.49	9.06	7.97	6.93	6.17
42	19.47	16.60	9.71	8.54	7.42	6.60
43	20.87	17.80	10.40	9.16	7.96	7.08
44	22.36	19.08	11.15	9.81	8.53	7.58
45	23.97	20.44	11.95	10.51	9.15	8.13
46	24.72	21.08	12.33	10.84	9.43	8.39
47	25.48	21.74	12.70	11.18	9.72	8.64
48	26.28	22.41	13.10	11.52	10.02	8.91
49	27.11	23.11	13.51	11.89	10.34	9.19
50	27.95	23.83	13.93	12.26	10.65	9.47
51	27.78	23.69	13.84	12.19	10.59	9.41
52	27.62	23.54	13.76	12.11	10.52	9.37
53	27.45	23.40	13.68	12.04	10.46	9.31
54	27.28	23.27	13.59	11.97	10.40	9.26
55	27.13	23.13	13.51	11.90	10.35	9.20
56	24.96	21.11	12.93	11.38	9.90	8.80
57	22.97	19.27	12.38	10.89	9.47	8.41
58	21.14	17.58	11.85	10.42	9.06	8.06
59	19.45	16.05	11.34	9.97	8.67	7.71
60	17.90	14.64	10.85	9.54	8.30	7.38

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1504 (07/11)

3% Compound Cost of Living Adjustment Rider on Individual Disability Income Policy

Occupation Classes 4 and 4M — Unisex Select To Age 67

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	3.86	3.23	2.03	1.83	1.64	1.50
19	3.86	3.23	2.03	1.83	1.64	1.50
20	3.86	3.23	2.03	1.83	1.64	1.50
21	3.86	3.23	2.03	1.83	1.64	1.50
22	3.86	3.23	2.03	1.83	1.64	1.50
23	3.86	3.23	2.03	1.83	1.64	1.50
24	3.86	3.23	2.03	1.83	1.64	1.50
25	3.86	3.23	2.03	1.83	1.64	1.50
26	3.89	3.28	2.06	1.86	1.66	1.52
27	3.92	3.33	2.10	1.89	1.69	1.55
28	3.95	3.38	2.13	1.92	1.72	1.57
29	3.99	3.44	2.17	1.95	1.75	1.59
30	4.02	3.48	2.20	1.98	1.78	1.62
31	4.13	3.57	2.26	2.03	1.82	1.66
32	4.24	3.67	2.32	2.08	1.86	1.70
33	4.36	3.77	2.38	2.13	1.91	1.73
34	4.47	3.87	2.43	2.19	1.95	1.78
35	4.60	3.98	2.49	2.24	2.00	1.82
36	4.73	4.09	2.55	2.30	2.05	1.86
37	4.86	4.21	2.62	2.36	2.10	1.91
38	5.00	4.32	2.68	2.42	2.15	1.96
39	5.14	4.44	2.75	2.48	2.20	2.00
40	5.29	4.56	2.83	2.53	2.26	2.05
41	6.45	5.54	3.37	3.00	2.65	2.40
42	7.77	6.66	3.99	3.54	3.11	2.79
43	9.27	7.92	4.69	4.15	3.62	3.25
44	10.94	9.34	5.48	4.84	4.22	3.76
45	12.82	10.93	6.39	5.62	4.89	4.35
46	14.36	12.24	7.12	6.26	5.44	4.81
47	15.99	13.61	7.89	6.92	6.00	5.32
48	17.71	15.06	8.70	7.63	6.60	5.84
49	19.52	16.60	9.57	8.38	7.26	6.41
50	21.44	18.23	10.48	9.18	7.94	7.01
51	21.31	18.12	10.41	9.12	7.89	6.96
52	21.19	18.01	10.36	9.07	7.84	6.92
53	21.06	17.90	10.29	9.01	7.78	6.87
54	20.93	17.78	10.24	8.95	7.74	6.84
55	20.80	17.68	10.17	8.90	7.69	6.79
56	19.11	16.10	9.71	8.50	7.35	6.47
57	17.56	14.66	9.28	8.12	7.01	6.19
58	16.12	13.35	8.86	7.75	6.69	5.90
59	14.80	12.14	8.46	7.41	6.39	5.63
60	13.59	11.05	8.08	7.06	6.10	5.37
61	13.59	11.05	8.08	7.06	6.10	5.37
62	13.59	11.05	8.08	7.06	6.10	5.37
63	13.59	11.05	8.08	7.06	6.10	5.37
64	13.59	11.05	8.08	7.06	6.10	5.37
65	13.59	11.05	8.08	7.06	6.10	5.37
66	13.59	11.05	8.08	7.06	6.10	5.37

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1504 (07/11)

3% Compound Cost of Living Adjustment Rider on Individual Disability Income Policy

Occupation Classes 4 and 4M — Unisex Select To Age 67

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	9.62	7.69	4.39	3.86	3.35	2.98
19	9.62	7.69	4.39	3.86	3.35	2.98
20	9.62	7.69	4.39	3.86	3.35	2.98
21	9.62	7.69	4.39	3.86	3.35	2.98
22	9.62	7.69	4.39	3.86	3.35	2.98
23	9.71	7.82	4.47	3.94	3.42	3.04
24	9.80	7.96	4.57	4.02	3.49	3.11
25	9.89	8.10	4.66	4.10	3.56	3.17
26	9.98	8.24	4.76	4.18	3.63	3.24
27	10.07	8.38	4.85	4.27	3.71	3.30
28	10.16	8.52	4.95	4.36	3.79	3.37
29	10.26	8.67	5.06	4.45	3.87	3.44
30	10.35	8.82	5.16	4.53	3.95	3.50
31	10.66	9.09	5.32	4.67	4.07	3.61
32	10.99	9.37	5.47	4.81	4.19	3.72
33	11.32	9.65	5.64	4.96	4.32	3.83
34	11.66	9.94	5.81	5.11	4.45	3.95
35	12.02	10.25	5.99	5.27	4.58	4.07
36	12.38	10.55	6.17	5.43	4.72	4.20
37	12.76	10.88	6.36	5.59	4.86	4.33
38	13.15	11.21	6.54	5.76	5.01	4.46
39	13.54	11.55	6.74	5.94	5.16	4.59
40	13.96	11.90	6.95	6.12	5.32	4.73
41	14.96	12.75	7.44	6.55	5.70	5.07
42	16.03	13.66	7.98	7.03	6.11	5.44
43	17.18	14.64	8.55	7.53	6.54	5.82
44	18.40	15.69	9.17	8.07	7.02	6.24
45	19.72	16.82	9.83	8.65	7.52	6.68
46	20.33	17.34	10.14	8.92	7.76	6.89
47	20.97	17.88	10.45	9.20	8.00	7.11
48	21.62	18.43	10.77	9.48	8.25	7.33
49	22.29	19.01	11.11	9.77	8.50	7.55
50	22.99	19.60	11.45	10.08	8.77	7.79
51	22.85	19.48	11.38	10.02	8.72	7.74
52	22.72	19.37	11.32	9.96	8.67	7.70
53	22.58	19.26	11.25	9.90	8.61	7.65
54	22.44	19.14	11.19	9.84	8.56	7.61
55	22.31	19.03	11.12	9.78	8.51	7.56
56	20.53	17.36	10.64	9.37	8.15	7.24
57	18.90	15.85	10.18	8.96	7.79	6.93
58	17.38	14.46	9.74	8.57	7.46	6.62
59	16.00	13.20	9.33	8.21	7.14	6.35
60	14.72	12.05	8.92	7.85	6.83	6.07

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1504 (07/11)

3% Compound Cost of Living Adjustment Rider on Individual Disability Income Policy

Occupation Classes 5 and 5M — Unisex Select To Age 67

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	3.13	2.63	1.68	1.52	1.38	1.28
19	3.13	2.63	1.68	1.52	1.38	1.28
20	3.13	2.63	1.68	1.52	1.38	1.28
21	3.13	2.63	1.68	1.52	1.38	1.28
22	3.13	2.63	1.68	1.52	1.38	1.28
23	3.13	2.63	1.68	1.52	1.38	1.28
24	3.13	2.63	1.68	1.52	1.38	1.28
25	3.13	2.63	1.68	1.52	1.38	1.28
26	3.15	2.67	1.71	1.55	1.41	1.29
27	3.18	2.71	1.73	1.57	1.43	1.31
28	3.21	2.75	1.76	1.60	1.45	1.33
29	3.23	2.79	1.79	1.62	1.47	1.35
30	3.26	2.83	1.82	1.65	1.48	1.37
31	3.35	2.91	1.86	1.69	1.51	1.40
32	3.44	2.98	1.91	1.72	1.55	1.43
33	3.52	3.07	1.96	1.77	1.58	1.46
34	3.62	3.15	2.00	1.81	1.62	1.48
35	3.71	3.23	2.05	1.85	1.66	1.52
36	3.81	3.32	2.10	1.90	1.70	1.55
37	3.92	3.40	2.15	1.94	1.74	1.59
38	4.03	3.49	2.21	1.99	1.78	1.62
39	4.14	3.58	2.26	2.04	1.82	1.66
40	4.26	3.68	2.32	2.09	1.86	1.70
41	5.16	4.45	2.73	2.44	2.16	1.96
42	6.19	5.31	3.20	2.85	2.50	2.26
43	7.35	6.29	3.73	3.32	2.90	2.59
44	8.65	7.39	4.35	3.84	3.35	2.98
45	10.12	8.63	5.05	4.44	3.86	3.43
46	11.33	9.64	5.60	4.92	4.27	3.78
47	12.58	10.71	6.19	5.44	4.70	4.17
48	13.93	11.84	6.82	5.97	5.17	4.56
49	15.35	13.04	7.49	6.55	5.65	4.99
50	16.84	14.31	8.19	7.17	6.18	5.45
51	16.74	14.22	8.15	7.12	6.14	5.41
52	16.63	14.13	8.10	7.07	6.10	5.38
53	16.53	14.04	8.04	7.03	6.07	5.35
54	16.43	13.96	7.99	6.99	6.03	5.32
55	16.34	13.87	7.95	6.94	5.99	5.28
56	15.00	12.62	7.59	6.62	5.72	5.03
57	13.78	11.48	7.24	6.32	5.45	4.79
58	12.64	10.44	6.91	6.04	5.20	4.57
59	11.60	9.49	6.59	5.75	4.96	4.37
60	10.64	8.63	6.29	5.49	4.73	4.16
61	10.64	8.63	6.29	5.49	4.73	4.16
62	10.64	8.63	6.29	5.49	4.73	4.16
63	10.64	8.63	6.29	5.49	4.73	4.16
64	10.64	8.63	6.29	5.49	4.73	4.16
65	10.64	8.63	6.29	5.49	4.73	4.16
66	10.64	8.63	6.29	5.49	4.73	4.16

$30 Policy Fee

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1504 (07/11)

3% Compound Cost of Living Adjustment Rider on Individual Disability Income Policy

Occupation Classes 5 and 5M — Unisex Select To Age 67

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	7.59	6.06	3.46	3.05	2.64	2.36
19	7.59	6.06	3.46	3.05	2.64	2.36
20	7.59	6.06	3.46	3.05	2.64	2.36
21	7.59	6.06	3.46	3.05	2.64	2.36
22	7.59	6.06	3.46	3.05	2.64	2.36
23	7.66	6.17	3.53	3.11	2.69	2.41
24	7.73	6.28	3.61	3.17	2.75	2.46
25	7.80	6.39	3.68	3.24	2.81	2.50
26	7.87	6.49	3.75	3.31	2.87	2.55
27	7.95	6.61	3.83	3.38	2.93	2.60
28	8.02	6.73	3.91	3.45	2.99	2.66
29	8.09	6.85	3.99	3.51	3.06	2.71
30	8.17	6.97	4.07	3.58	3.12	2.77
31	8.41	7.18	4.19	3.69	3.21	2.85
32	8.67	7.40	4.32	3.80	3.31	2.94
33	8.94	7.62	4.46	3.92	3.41	3.03
34	9.21	7.85	4.58	4.04	3.51	3.12
35	9.48	8.09	4.72	4.16	3.61	3.22
36	9.77	8.34	4.87	4.29	3.72	3.32
37	10.07	8.58	5.02	4.42	3.84	3.42
38	10.38	8.84	5.17	4.55	3.96	3.51
39	10.69	9.11	5.33	4.69	4.08	3.62
40	11.02	9.39	5.48	4.83	4.20	3.73
41	11.81	10.06	5.88	5.18	4.49	4.00
42	12.65	10.78	6.31	5.55	4.82	4.29
43	13.56	11.55	6.75	5.95	5.17	4.59
44	14.53	12.38	7.24	6.38	5.54	4.92
45	15.57	13.28	7.76	6.83	5.94	5.28
46	16.06	13.69	8.00	7.04	6.13	5.45
47	16.55	14.12	8.25	7.27	6.32	5.61
48	17.07	14.55	8.50	7.48	6.51	5.78
49	17.60	15.01	8.77	7.72	6.71	5.96
50	18.15	15.47	9.04	7.96	6.92	6.15
51	18.04	15.38	8.99	7.91	6.88	6.11
52	17.93	15.29	8.94	7.86	6.84	6.08
53	17.82	15.20	8.88	7.82	6.80	6.04
54	17.72	15.11	8.83	7.77	6.76	6.01
55	17.61	15.02	8.78	7.72	6.72	5.97
56	16.21	13.70	8.41	7.39	6.43	5.71
57	14.92	12.50	8.04	7.07	6.16	5.46
58	13.72	11.41	7.69	6.77	5.89	5.23
59	12.63	10.41	7.36	6.47	5.63	5.01
60	11.62	9.50	7.04	6.20	5.40	4.79

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1504 (07/11)

3% Compound Cost of Living Adjustment Rider on Individual Disability Income Policy

Occupation Classes 6 and 6M — Unisex Select To Age 67

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	2.55	2.16	1.42	1.29	1.18	1.09
19	2.55	2.16	1.42	1.29	1.18	1.09
20	2.55	2.16	1.42	1.29	1.18	1.09
21	2.55	2.16	1.42	1.29	1.18	1.09
22	2.55	2.16	1.42	1.29	1.18	1.09
23	2.55	2.16	1.42	1.29	1.18	1.09
24	2.55	2.16	1.42	1.29	1.18	1.09
25	2.55	2.16	1.42	1.29	1.18	1.09
26	2.57	2.20	1.44	1.31	1.19	1.10
27	2.59	2.23	1.46	1.33	1.21	1.12
28	2.61	2.26	1.48	1.35	1.23	1.13
29	2.63	2.29	1.50	1.37	1.24	1.15
30	2.65	2.33	1.52	1.39	1.26	1.16
31	2.72	2.39	1.55	1.42	1.29	1.19
32	2.79	2.44	1.59	1.45	1.31	1.21
33	2.87	2.50	1.62	1.48	1.34	1.24
34	2.94	2.56	1.66	1.51	1.37	1.26
35	3.02	2.63	1.70	1.54	1.40	1.29
36	3.10	2.70	1.74	1.58	1.43	1.31
37	3.18	2.77	1.78	1.61	1.46	1.34
38	3.27	2.84	1.83	1.65	1.49	1.37
39	3.36	2.91	1.87	1.69	1.52	1.40
40	3.45	2.99	1.91	1.73	1.55	1.43
41	4.14	3.57	2.22	1.99	1.77	1.61
42	4.94	4.25	2.57	2.30	2.03	1.83
43	5.83	5.00	2.99	2.64	2.33	2.09
44	6.85	5.86	3.46	3.05	2.66	2.38
45	8.00	6.82	3.98	3.50	3.05	2.71
46	8.93	7.60	4.41	3.87	3.36	2.97
47	9.92	8.43	4.86	4.26	3.68	3.26
48	10.96	9.31	5.35	4.67	4.03	3.55
49	12.06	10.24	5.85	5.11	4.40	3.88
50	13.24	11.22	6.40	5.57	4.79	4.22
51	13.15	11.16	6.36	5.53	4.77	4.20
52	13.07	11.08	6.32	5.51	4.74	4.17
53	12.99	11.01	6.28	5.47	4.70	4.15
54	12.90	10.95	6.24	5.45	4.67	4.12
55	12.83	10.88	6.20	5.41	4.64	4.09
56	11.77	9.89	5.91	5.15	4.43	3.89
57	10.80	9.00	5.64	4.92	4.22	3.70
58	9.91	8.17	5.38	4.69	4.02	3.53
59	9.09	7.42	5.13	4.46	3.83	3.36
60	8.34	6.74	4.89	4.26	3.64	3.20
61	8.34	6.74	4.89	4.26	3.64	3.20
62	8.34	6.74	4.89	4.26	3.64	3.20
63	8.34	6.74	4.89	4.26	3.64	3.20
64	8.34	6.74	4.89	4.26	3.64	3.20
65	8.34	6.74	4.89	4.26	3.64	3.20
66	8.34	6.74	4.89	4.26	3.64	3.20

$30 Policy Fee

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1504 (07/11)

3% Compound Cost of Living Adjustment Rider on Individual Disability Income Policy

Occupation Classes 6 and 6M — Unisex Select To Age 67

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	6.02	4.79	2.74	2.41	2.10	1.86
19	6.02	4.79	2.74	2.41	2.10	1.86
20	6.02	4.79	2.74	2.41	2.10	1.86
21	6.02	4.79	2.74	2.41	2.10	1.86
22	6.02	4.79	2.74	2.41	2.10	1.86
23	6.07	4.88	2.79	2.46	2.14	1.90
24	6.13	4.96	2.85	2.50	2.18	1.94
25	6.18	5.05	2.91	2.55	2.23	1.98
26	6.24	5.14	2.97	2.60	2.28	2.02
27	6.29	5.23	3.03	2.66	2.32	2.06
28	6.35	5.32	3.09	2.71	2.37	2.10
29	6.40	5.41	3.16	2.77	2.42	2.15
30	6.45	5.50	3.22	2.83	2.47	2.19
31	6.65	5.67	3.32	2.92	2.53	2.26
32	6.85	5.84	3.42	3.01	2.61	2.33
33	7.06	6.02	3.51	3.10	2.69	2.40
34	7.28	6.20	3.62	3.19	2.77	2.47
35	7.49	6.39	3.73	3.29	2.86	2.54
36	7.72	6.58	3.85	3.39	2.95	2.61
37	7.96	6.78	3.96	3.48	3.03	2.69
38	8.20	6.99	4.09	3.59	3.13	2.78
39	8.44	7.20	4.21	3.70	3.22	2.86
40	8.70	7.42	4.34	3.81	3.32	2.95
41	9.33	7.95	4.64	4.09	3.55	3.16
42	10.00	8.52	4.98	4.38	3.81	3.39
43	10.71	9.14	5.34	4.69	4.09	3.63
44	11.48	9.79	5.72	5.03	4.38	3.89
45	12.31	10.49	6.13	5.40	4.69	4.17
46	12.69	10.82	6.32	5.56	4.84	4.30
47	13.09	11.16	6.51	5.73	4.99	4.44
48	13.49	11.50	6.72	5.91	5.14	4.57
49	13.91	11.86	6.93	6.10	5.30	4.71
50	14.35	12.23	7.15	6.29	5.46	4.86
51	14.26	12.16	7.11	6.25	5.44	4.83
52	14.18	12.08	7.07	6.22	5.41	4.80
53	14.09	12.01	7.02	6.18	5.37	4.78
54	14.00	11.94	6.98	6.15	5.34	4.75
55	13.92	11.87	6.94	6.11	5.31	4.72
56	12.81	10.83	6.64	5.84	5.08	4.51
57	11.79	9.89	6.36	5.59	4.86	4.32
58	10.85	9.02	6.08	5.36	4.65	4.14
59	9.98	8.24	5.81	5.12	4.45	3.95
60	9.19	7.51	5.56	4.90	4.26	3.78

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1504 (07/11)

3% Compound Cost of Living Adjustment Rider on Individual Disability Income Policy

Occupation Classes 3 and 3M — Unisex Select 5 Year

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	1.34	1.07	0.61	0.54	0.48	0.42
19	1.34	1.07	0.61	0.54	0.48	0.42
20	1.34	1.07	0.61	0.54	0.48	0.42
21	1.34	1.07	0.61	0.54	0.48	0.42
22	1.34	1.07	0.61	0.54	0.48	0.42
23	1.36	1.10	0.63	0.56	0.49	0.43
24	1.39	1.13	0.65	0.57	0.50	0.45
25	1.42	1.16	0.67	0.59	0.51	0.46
26	1.45	1.19	0.69	0.61	0.53	0.47
27	1.48	1.23	0.71	0.62	0.54	0.49
28	1.50	1.26	0.73	0.64	0.56	0.50
29	1.53	1.29	0.76	0.66	0.57	0.51
30	1.56	1.33	0.78	0.68	0.59	0.52
31	1.64	1.40	0.82	0.71	0.62	0.55
32	1.72	1.47	0.86	0.75	0.65	0.57
33	1.80	1.53	0.90	0.79	0.69	0.60
34	1.89	1.60	0.94	0.82	0.72	0.63
35	1.98	1.69	0.99	0.87	0.76	0.67
36	2.08	1.77	1.04	0.91	0.80	0.70
37	2.18	1.86	1.09	0.95	0.84	0.73
38	2.29	1.95	1.14	1.00	0.88	0.77
39	2.40	2.05	1.19	1.05	0.92	0.81
40	2.51	2.15	1.25	1.10	0.97	0.85
41	2.80	2.39	1.39	1.23	1.08	0.95
42	3.12	2.66	1.54	1.37	1.20	1.06
43	3.46	2.96	1.72	1.51	1.33	1.18
44	3.86	3.30	1.91	1.69	1.48	1.31
45	4.30	3.66	2.13	1.88	1.64	1.46
46	4.55	3.88	2.26	2.00	1.74	1.54
47	4.83	4.12	2.40	2.12	1.84	1.64
48	5.13	4.38	2.54	2.25	1.96	1.74
49	5.44	4.64	2.70	2.39	2.07	1.85
50	5.76	4.92	2.87	2.53	2.20	1.96
51	6.21	5.28	3.16	2.78	2.42	2.16
52	6.69	5.66	3.46	3.06	2.65	2.37
53	7.22	6.08	3.81	3.37	2.92	2.60
54	7.77	6.52	4.19	3.69	3.21	2.86
55	8.38	7.00	4.60	4.06	3.52	3.14
56	9.03	7.51	5.06	4.46	3.87	3.45
57	9.73	8.07	5.56	4.90	4.26	3.79
58	10.49	8.65	6.12	5.39	4.68	4.17
59	11.31	9.29	6.72	5.92	5.15	4.57
60	12.19	9.97	7.39	6.50	5.65	5.03

$30 Policy Fee

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1504 (07/11)

3% Compound Cost of Living Adjustment Rider on Individual Disability Income Policy

Occupation Classes 4 and 4M | Unisex Select 5 Year

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	1.12	0.89	0.50	0.46	0.40	0.35
19	1.12	0.89	0.50	0.46	0.40	0.35
20	1.12	0.89	0.50	0.46	0.40	0.35
21	1.12	0.89	0.50	0.46	0.40	0.35
22	1.12	0.89	0.50	0.46	0.40	0.35
23	1.14	0.91	0.50	0.47	0.41	0.36
24	1.16	0.94	0.52	0.49	0.42	0.37
25	1.18	0.96	0.54	0.50	0.43	0.38
26	1.20	0.98	0.56	0.50	0.44	0.39
27	1.22	1.01	0.58	0.52	0.45	0.40
28	1.24	1.04	0.60	0.53	0.47	0.41
29	1.26	1.06	0.62	0.55	0.48	0.43
30	1.28	1.09	0.64	0.56	0.49	0.44
31	1.34	1.14	0.67	0.59	0.50	0.46
32	1.41	1.20	0.70	0.62	0.53	0.48
33	1.48	1.26	0.74	0.65	0.56	0.50
34	1.55	1.32	0.77	0.68	0.59	0.52
35	1.63	1.39	0.81	0.71	0.62	0.54
36	1.71	1.46	0.85	0.74	0.65	0.57
37	1.79	1.52	0.89	0.78	0.68	0.60
38	1.88	1.60	0.94	0.82	0.72	0.63
39	1.98	1.68	0.98	0.86	0.75	0.66
40	2.08	1.76	1.03	0.90	0.79	0.69
41	2.31	1.96	1.15	1.00	0.88	0.77
42	2.56	2.19	1.28	1.12	0.98	0.86
43	2.85	2.44	1.43	1.25	1.09	0.96
44	3.17	2.71	1.58	1.39	1.21	1.07
45	3.52	3.02	1.76	1.54	1.34	1.20
46	3.74	3.20	1.87	1.64	1.42	1.27
47	3.97	3.40	1.98	1.74	1.50	1.35
48	4.21	3.60	2.10	1.85	1.60	1.43
49	4.46	3.82	2.23	1.97	1.69	1.51
50	4.74	4.05	2.36	2.09	1.80	1.60
51	5.11	4.35	2.59	2.30	1.98	1.76
52	5.50	4.66	2.85	2.52	2.18	1.94
53	5.94	5.01	3.13	2.77	2.40	2.13
54	6.40	5.38	3.45	3.04	2.63	2.35
55	6.90	5.76	3.78	3.35	2.89	2.57
56	7.43	6.19	4.16	3.67	3.19	2.83
57	8.01	6.64	4.57	4.03	3.50	3.12
58	8.63	7.13	5.03	4.44	3.85	3.43
59	9.31	7.64	5.52	4.87	4.23	3.76
60	10.03	8.21	6.08	5.35	4.65	4.14

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1504 (07/11)

3% Compound Cost of Living Adjustment Rider on Individual Disability Income Policy

Occupation Classes 5 and 5M — Unisex Select 5 Year

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	0.88	0.70	0.41	0.36	0.32	0.26
19	0.88	0.70	0.41	0.36	0.32	0.26
20	0.88	0.70	0.41	0.36	0.32	0.26
21	0.88	0.70	0.41	0.36	0.32	0.26
22	0.88	0.70	0.41	0.36	0.32	0.26
23	0.90	0.72	0.42	0.37	0.33	0.27
24	0.91	0.74	0.43	0.38	0.33	0.28
25	0.93	0.76	0.44	0.39	0.34	0.29
26	0.95	0.78	0.45	0.40	0.35	0.30
27	0.97	0.80	0.46	0.41	0.36	0.31
28	0.98	0.82	0.48	0.42	0.36	0.32
29	1.00	0.85	0.49	0.44	0.37	0.33
30	1.02	0.87	0.50	0.45	0.38	0.34
31	1.07	0.91	0.52	0.47	0.40	0.36
32	1.12	0.96	0.54	0.49	0.42	0.38
33	1.18	1.00	0.57	0.51	0.44	0.39
34	1.24	1.05	0.60	0.53	0.47	0.42
35	1.30	1.10	0.63	0.56	0.49	0.44
36	1.36	1.16	0.66	0.59	0.51	0.46
37	1.43	1.21	0.70	0.62	0.54	0.48
38	1.49	1.27	0.73	0.65	0.57	0.50
39	1.56	1.34	0.77	0.68	0.60	0.52
40	1.64	1.40	0.81	0.71	0.63	0.55
41	1.83	1.55	0.90	0.79	0.70	0.61
42	2.03	1.72	1.01	0.88	0.78	0.68
43	2.26	1.92	1.12	0.98	0.87	0.76
44	2.51	2.13	1.25	1.09	0.96	0.84
45	2.79	2.37	1.39	1.22	1.07	0.94
46	2.96	2.51	1.48	1.30	1.13	1.00
47	3.14	2.67	1.56	1.38	1.20	1.06
48	3.33	2.83	1.66	1.46	1.27	1.13
49	3.52	3.01	1.76	1.54	1.35	1.20
50	3.74	3.20	1.87	1.64	1.43	1.27
51	4.03	3.44	2.06	1.80	1.56	1.40
52	4.35	3.68	2.26	1.98	1.72	1.53
53	4.68	3.95	2.48	2.18	1.89	1.68
54	5.05	4.24	2.72	2.40	2.08	1.85
55	5.45	4.55	2.99	2.63	2.29	2.04
56	5.86	4.88	3.29	2.89	2.51	2.24
57	6.32	5.24	3.61	3.18	2.76	2.46
58	6.81	5.62	3.97	3.49	3.04	2.70
59	7.34	6.03	4.37	3.84	3.34	2.97
60	7.91	6.47	4.79	4.22	3.67	3.27

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1504 (07/11)

3% Compound Cost of Living Adjustment Rider on Individual Disability Income Policy

Occupation Classes 6 and 6M | Unisex Select 5 Year

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	0.70	0.56	0.32	0.27	0.23	0.22
19	0.70	0.56	0.32	0.27	0.23	0.22
20	0.70	0.56	0.32	0.27	0.23	0.22
21	0.70	0.56	0.32	0.27	0.23	0.22
22	0.70	0.56	0.32	0.27	0.23	0.22
23	0.71	0.57	0.33	0.28	0.24	0.23
24	0.72	0.59	0.34	0.29	0.25	0.23
25	0.73	0.60	0.35	0.30	0.26	0.24
26	0.74	0.61	0.36	0.31	0.27	0.25
27	0.75	0.63	0.37	0.32	0.28	0.25
28	0.77	0.64	0.38	0.33	0.29	0.26
29	0.78	0.66	0.40	0.35	0.30	0.26
30	0.79	0.67	0.41	0.36	0.31	0.27
31	0.83	0.70	0.43	0.38	0.33	0.28
32	0.87	0.74	0.45	0.39	0.34	0.30
33	0.92	0.78	0.47	0.41	0.36	0.31
34	0.96	0.82	0.49	0.43	0.38	0.33
35	1.01	0.86	0.51	0.45	0.39	0.34
36	1.07	0.90	0.53	0.47	0.41	0.36
37	1.12	0.95	0.56	0.50	0.43	0.38
38	1.18	1.00	0.58	0.51	0.45	0.40
39	1.24	1.05	0.61	0.53	0.48	0.42
40	1.30	1.10	0.64	0.56	0.50	0.44
41	1.45	1.22	0.71	0.63	0.55	0.49
42	1.60	1.36	0.80	0.70	0.61	0.54
43	1.78	1.51	0.89	0.78	0.68	0.60
44	1.98	1.68	0.99	0.87	0.75	0.67
45	2.21	1.87	1.10	0.97	0.84	0.75
46	2.34	1.99	1.17	1.03	0.89	0.79
47	2.48	2.11	1.24	1.09	0.95	0.84
48	2.63	2.25	1.31	1.16	1.00	0.89
49	2.79	2.39	1.39	1.23	1.07	0.94
50	2.96	2.53	1.48	1.31	1.13	1.00
51	3.19	2.72	1.62	1.44	1.24	1.10
52	3.44	2.92	1.78	1.57	1.37	1.21
53	3.70	3.13	1.96	1.73	1.49	1.33
54	3.99	3.36	2.15	1.90	1.64	1.46
55	4.31	3.60	2.37	2.09	1.81	1.60
56	4.63	3.86	2.60	2.30	1.99	1.76
57	5.00	4.15	2.86	2.51	2.19	1.94
58	5.39	4.45	3.14	2.76	2.41	2.13
59	5.80	4.77	3.45	3.04	2.64	2.35
60	6.26	5.12	3.79	3.34	2.90	2.57

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1504 (07/11)

3% Compound Cost of Living Adjustment Rider on Individual Disability Income Policy

Occupation Classes 3 and 3M | Unisex Select 10 Year

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	1.32	1.15	0.83	0.77	0.73	0.69
19	1.32	1.15	0.83	0.77	0.73	0.69
20	1.32	1.15	0.83	0.77	0.73	0.69
21	1.32	1.15	0.83	0.77	0.73	0.69
22	1.32	1.15	0.83	0.77	0.73	0.69
23	1.32	1.15	0.83	0.77	0.73	0.69
24	1.32	1.15	0.83	0.77	0.73	0.69
25	1.32	1.15	0.83	0.77	0.73	0.69
26	1.33	1.16	0.84	0.78	0.73	0.69
27	1.34	1.17	0.85	0.79	0.74	0.70
28	1.36	1.19	0.85	0.80	0.74	0.71
29	1.37	1.20	0.86	0.80	0.75	0.71
30	1.38	1.21	0.87	0.81	0.76	0.72
31	1.39	1.23	0.88	0.82	0.76	0.72
32	1.40	1.24	0.89	0.83	0.77	0.73
33	1.41	1.25	0.89	0.83	0.77	0.74
34	1.43	1.27	0.90	0.85	0.78	0.74
35	1.44	1.28	0.91	0.85	0.79	0.75
36	1.55	1.38	0.97	0.90	0.83	0.79
37	1.68	1.49	1.04	0.96	0.89	0.83
38	1.83	1.62	1.11	1.03	0.94	0.88
39	1.99	1.76	1.19	1.10	1.01	0.94
40	2.18	1.92	1.29	1.18	1.08	1.00
41	2.64	2.30	1.48	1.34	1.21	1.11
42	3.21	2.77	1.71	1.54	1.38	1.25
43	3.89	3.35	2.02	1.79	1.58	1.43
44	4.70	4.03	2.38	2.11	1.85	1.64
45	5.68	4.84	2.82	2.49	2.17	1.92
46	6.55	5.58	3.22	2.83	2.46	2.17
47	7.53	6.40	3.67	3.21	2.77	2.45
48	8.62	7.32	4.18	3.65	3.14	2.76
49	9.84	8.34	4.74	4.13	3.56	3.12
50	11.19	9.48	5.38	4.68	4.02	3.52
51	12.26	10.39	5.90	5.15	4.43	3.88
52	13.41	11.38	6.48	5.66	4.87	4.28
53	14.68	12.46	7.12	6.22	5.36	4.71
54	16.06	13.63	7.80	6.83	5.89	5.18
55	17.57	14.93	8.55	7.48	6.46	5.70
56	16.06	13.52	8.14	7.11	6.13	5.41
57	14.68	12.25	7.73	6.75	5.82	5.14
58	13.41	11.09	7.34	6.42	5.52	4.87
59	12.25	10.04	6.97	6.10	5.25	4.61
60	11.18	9.08	6.62	5.78	4.97	4.39
61	11.18	9.08	6.62	5.78	4.97	4.39
62	11.18	9.08	6.62	5.78	4.97	4.39
63	11.18	9.08	6.62	5.78	4.97	4.39
64	11.18	9.08	6.62	5.78	4.97	4.39

$30 Policy Fee

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1504 (07/11)

3% Compound Cost of Living Adjustment Rider on Individual Disability Income Policy

Occupation Classes 3 and 3M — Unisex Select 10 Year

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	2.54	2.05	1.19	1.03	0.90	0.81
19	2.54	2.05	1.19	1.03	0.90	0.81
20	2.54	2.05	1.19	1.03	0.90	0.81
21	2.54	2.05	1.19	1.03	0.90	0.81
22	2.54	2.05	1.19	1.03	0.90	0.81
23	2.57	2.08	1.21	1.05	0.92	0.82
24	2.60	2.12	1.23	1.07	0.93	0.84
25	2.63	2.15	1.25	1.09	0.95	0.85
26	2.66	2.19	1.27	1.11	0.97	0.86
27	2.69	2.22	1.29	1.13	0.98	0.88
28	2.73	2.26	1.31	1.15	1.00	0.90
29	2.76	2.29	1.34	1.17	1.02	0.91
30	2.79	2.33	1.36	1.19	1.04	0.93
31	2.82	2.37	1.38	1.22	1.05	0.94
32	2.86	2.41	1.41	1.24	1.07	0.96
33	2.89	2.45	1.43	1.26	1.09	0.98
34	2.93	2.48	1.46	1.29	1.11	0.99
35	2.96	2.52	1.48	1.31	1.13	1.01
36	3.30	2.81	1.64	1.46	1.26	1.13
37	3.67	3.14	1.83	1.61	1.41	1.25
38	4.10	3.49	2.04	1.80	1.56	1.40
39	4.56	3.90	2.28	2.00	1.75	1.54
40	5.09	4.35	2.53	2.23	1.95	1.72
41	5.67	4.84	2.82	2.48	2.17	1.92
42	6.32	5.40	3.15	2.77	2.42	2.14
43	7.04	6.01	3.50	3.09	2.69	2.39
44	7.84	6.69	3.90	3.44	3.00	2.65
45	8.74	7.45	4.35	3.83	3.34	2.96
46	9.35	7.97	4.64	4.10	3.56	3.17
47	9.99	8.51	4.97	4.38	3.81	3.39
48	10.67	9.10	5.32	4.68	4.07	3.61
49	11.41	9.72	5.68	5.00	4.36	3.86
50	12.20	10.39	6.08	5.35	4.65	4.13
51	13.32	11.35	6.63	5.84	5.08	4.50
52	14.53	12.39	7.25	6.38	5.54	4.92
53	15.87	13.53	7.91	6.96	6.06	5.38
54	17.32	14.77	8.63	7.60	6.61	5.87
55	18.92	16.13	9.42	8.30	7.22	6.42
56	17.32	14.65	8.98	7.90	6.87	6.11
57	15.87	13.31	8.55	7.52	6.54	5.82
58	14.53	12.09	8.14	7.17	6.24	5.54
59	13.31	10.98	7.75	6.83	5.94	5.28
60	12.19	9.97	7.39	6.50	5.65	5.03

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1504 (07/11)

3% Compound Cost of Living Adjustment Rider on Individual Disability Income Policy

Occupation Classes 4 and 4M — Unisex Select 10 Year

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	1.16	1.02	0.75	0.71	0.67	0.63
19	1.16	1.02	0.75	0.71	0.67	0.63
20	1.16	1.02	0.75	0.71	0.67	0.63
21	1.16	1.02	0.75	0.71	0.67	0.63
22	1.16	1.02	0.75	0.71	0.67	0.63
23	1.16	1.02	0.75	0.71	0.67	0.63
24	1.16	1.02	0.75	0.71	0.67	0.63
25	1.16	1.02	0.75	0.71	0.67	0.63
26	1.17	1.03	0.76	0.72	0.67	0.64
27	1.17	1.04	0.76	0.72	0.68	0.65
28	1.18	1.05	0.77	0.73	0.68	0.65
29	1.19	1.06	0.78	0.73	0.69	0.65
30	1.20	1.07	0.79	0.74	0.69	0.66
31	1.21	1.08	0.79	0.74	0.70	0.66
32	1.22	1.09	0.80	0.75	0.70	0.67
33	1.23	1.10	0.81	0.75	0.71	0.67
34	1.24	1.11	0.81	0.76	0.71	0.68
35	1.25	1.13	0.82	0.77	0.72	0.68
36	1.35	1.21	0.87	0.81	0.76	0.72
37	1.46	1.30	0.93	0.86	0.80	0.75
38	1.57	1.41	0.99	0.91	0.85	0.80
39	1.71	1.51	1.05	0.97	0.90	0.84
40	1.86	1.64	1.13	1.04	0.95	0.89
41	2.23	1.95	1.27	1.15	1.04	0.96
42	2.68	2.33	1.46	1.31	1.17	1.07
43	3.23	2.77	1.69	1.50	1.33	1.20
44	3.89	3.33	1.98	1.74	1.52	1.37
45	4.67	3.99	2.33	2.05	1.77	1.58
46	5.38	4.58	2.64	2.31	1.99	1.77
47	6.16	5.24	3.00	2.61	2.25	1.98
48	7.05	5.98	3.40	2.96	2.54	2.23
49	8.04	6.81	3.84	3.35	2.86	2.51
50	9.13	7.74	4.36	3.79	3.24	2.83
51	10.01	8.48	4.78	4.18	3.56	3.13
52	10.96	9.29	5.27	4.59	3.93	3.46
53	12.00	10.19	5.78	5.04	4.33	3.81
54	13.14	11.16	6.35	5.53	4.77	4.20
55	14.37	12.21	6.97	6.09	5.24	4.61
56	13.14	11.05	6.62	5.77	4.97	4.39
57	12.00	10.01	6.28	5.48	4.72	4.16
58	10.96	9.06	5.97	5.20	4.47	3.94
59	10.01	8.19	5.67	4.94	4.24	3.73
60	9.13	7.41	5.38	4.68	4.02	3.53
61	9.13	7.41	5.38	4.68	4.02	3.53
62	9.13	7.41	5.38	4.68	4.02	3.53
63	9.13	7.41	5.38	4.68	4.02	3.53
64	9.13	7.41	5.38	4.68	4.02	3.53

$30 Policy Fee

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1504 (07/11)

3% Compound Cost of Living Adjustment Rider on Individual Disability Income Policy

Occupation Classes 4 and 4M | Unisex Select 10 Year

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	2.10	1.69	0.97	0.85	0.74	0.65
19	2.10	1.69	0.97	0.85	0.74	0.65
20	2.10	1.69	0.97	0.85	0.74	0.65
21	2.10	1.69	0.97	0.85	0.74	0.65
22	2.10	1.69	0.97	0.85	0.74	0.65
23	2.12	1.71	0.98	0.87	0.75	0.67
24	2.14	1.74	1.00	0.88	0.77	0.68
25	2.17	1.77	1.02	0.90	0.78	0.69
26	2.20	1.80	1.04	0.92	0.79	0.70
27	2.22	1.83	1.06	0.93	0.81	0.72
28	2.25	1.86	1.08	0.95	0.82	0.73
29	2.27	1.89	1.10	0.96	0.84	0.74
30	2.30	1.92	1.12	0.98	0.85	0.76
31	2.33	1.95	1.14	1.00	0.87	0.77
32	2.36	1.98	1.16	1.02	0.88	0.79
33	2.38	2.01	1.18	1.03	0.90	0.80
34	2.41	2.05	1.20	1.05	0.91	0.81
35	2.44	2.08	1.22	1.07	0.93	0.83
36	2.71	2.32	1.36	1.19	1.04	0.92
37	3.03	2.58	1.51	1.33	1.16	1.03
38	3.38	2.88	1.68	1.48	1.29	1.15
39	3.76	3.21	1.87	1.64	1.44	1.28
40	4.19	3.57	2.09	1.83	1.59	1.42
41	4.66	3.98	2.33	2.04	1.77	1.57
42	5.20	4.44	2.59	2.28	1.98	1.76
43	5.79	4.94	2.89	2.53	2.20	1.96
44	6.45	5.50	3.22	2.82	2.46	2.19
45	7.19	6.14	3.58	3.15	2.73	2.44
46	7.68	6.56	3.83	3.37	2.92	2.60
47	8.21	7.01	4.10	3.60	3.13	2.78
48	8.78	7.49	4.38	3.85	3.35	2.97
49	9.39	8.01	4.67	4.12	3.57	3.18
50	10.03	8.56	5.00	4.41	3.82	3.40
51	10.95	9.35	5.45	4.81	4.17	3.71
52	11.95	10.20	5.96	5.25	4.55	4.05
53	13.05	11.14	6.50	5.72	4.97	4.43
54	14.25	12.16	7.10	6.25	5.44	4.83
55	15.55	13.27	7.75	6.82	5.93	5.28
56	14.25	12.05	7.39	6.49	5.65	5.03
57	13.05	10.95	7.03	6.19	5.39	4.79
58	11.95	9.95	6.70	5.89	5.13	4.56
59	10.95	9.04	6.39	5.61	4.88	4.35
60	10.03	8.21	6.08	5.35	4.65	4.14

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1504 (07/11)

3% Compound Cost of Living Adjustment Rider on Individual Disability Income Policy

Occupation Classes 5 and 5M — Unisex Select 10 Year

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	1.00	0.88	0.68	0.64	0.61	0.58
19	1.00	0.88	0.68	0.64	0.61	0.58
20	1.00	0.88	0.68	0.64	0.61	0.58
21	1.00	0.88	0.68	0.64	0.61	0.58
22	1.00	0.88	0.68	0.64	0.61	0.58
23	1.00	0.88	0.68	0.64	0.61	0.58
24	1.00	0.88	0.68	0.64	0.61	0.58
25	1.00	0.88	0.68	0.64	0.61	0.58
26	1.01	0.89	0.68	0.65	0.61	0.59
27	1.01	0.90	0.69	0.65	0.61	0.59
28	1.02	0.91	0.69	0.66	0.62	0.59
29	1.03	0.92	0.70	0.66	0.62	0.60
30	1.03	0.93	0.70	0.67	0.63	0.60
31	1.04	0.94	0.71	0.67	0.63	0.60
32	1.05	0.94	0.71	0.68	0.63	0.61
33	1.06	0.95	0.72	0.68	0.64	0.61
34	1.07	0.96	0.72	0.68	0.65	0.62
35	1.07	0.97	0.73	0.69	0.65	0.62
36	1.15	1.04	0.77	0.73	0.68	0.65
37	1.24	1.11	0.81	0.76	0.71	0.68
38	1.33	1.19	0.86	0.81	0.75	0.71
39	1.44	1.29	0.91	0.85	0.79	0.74
40	1.55	1.39	0.97	0.90	0.84	0.79
41	1.83	1.60	1.07	0.98	0.89	0.83
42	2.17	1.88	1.20	1.09	0.97	0.89
43	2.58	2.23	1.37	1.23	1.08	0.98
44	3.08	2.63	1.58	1.40	1.23	1.10
45	3.68	3.14	1.84	1.61	1.41	1.25
46	4.23	3.59	2.07	1.80	1.55	1.38
47	4.83	4.10	2.34	2.03	1.74	1.53
48	5.51	4.67	2.63	2.29	1.96	1.71
49	6.28	5.31	2.97	2.57	2.20	1.91
50	7.12	6.02	3.36	2.90	2.48	2.15
51	7.81	6.60	3.69	3.21	2.73	2.39
52	8.56	7.25	4.07	3.53	3.03	2.64
53	9.40	7.95	4.48	3.90	3.34	2.92
54	10.29	8.71	4.93	4.29	3.67	3.24
55	11.28	9.54	5.42	4.72	4.05	3.56
56	10.29	8.63	5.15	4.47	3.84	3.38
57	9.40	7.80	4.87	4.24	3.64	3.20
58	8.56	7.05	4.62	4.02	3.46	3.03
59	7.81	6.38	4.39	3.81	3.27	2.86
60	7.12	5.75	4.16	3.61	3.09	2.71
61	7.12	5.75	4.16	3.61	3.09	2.71
62	7.12	5.75	4.16	3.61	3.09	2.71
63	7.12	5.75	4.16	3.61	3.09	2.71
64	7.12	5.75	4.16	3.61	3.09	2.71

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1504 (07/11)

3% Compound Cost of Living Adjustment Rider on Individual Disability Income Policy

Occupation Classes 5 and 5M — Unisex Select 10 Year

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	1.66	1.33	0.77	0.67	0.58	0.51
19	1.66	1.33	0.77	0.67	0.58	0.51
20	1.66	1.33	0.77	0.67	0.58	0.51
21	1.66	1.33	0.77	0.67	0.58	0.51
22	1.66	1.33	0.77	0.67	0.58	0.51
23	1.68	1.35	0.78	0.68	0.59	0.52
24	1.70	1.38	0.80	0.70	0.60	0.53
25	1.72	1.40	0.81	0.71	0.61	0.54
26	1.74	1.42	0.82	0.72	0.62	0.55
27	1.76	1.45	0.84	0.74	0.63	0.56
28	1.78	1.47	0.85	0.75	0.64	0.57
29	1.80	1.49	0.87	0.76	0.66	0.58
30	1.82	1.51	0.88	0.78	0.67	0.59
31	1.84	1.54	0.90	0.79	0.68	0.60
32	1.86	1.56	0.91	0.81	0.69	0.61
33	1.89	1.59	0.93	0.82	0.70	0.63
34	1.91	1.61	0.94	0.83	0.72	0.64
35	1.93	1.64	0.96	0.85	0.73	0.65
36	2.15	1.83	1.07	0.95	0.82	0.72
37	2.40	2.04	1.19	1.06	0.91	0.81
38	2.66	2.28	1.33	1.18	1.02	0.90
39	2.97	2.53	1.48	1.31	1.14	1.00
40	3.31	2.82	1.64	1.46	1.27	1.12
41	3.68	3.14	1.83	1.62	1.41	1.25
42	4.10	3.49	2.04	1.80	1.56	1.39
43	4.57	3.90	2.28	2.01	1.74	1.54
44	5.09	4.34	2.54	2.24	1.94	1.72
45	5.67	4.83	2.83	2.48	2.16	1.92
46	6.06	5.17	3.03	2.65	2.31	2.05
47	6.48	5.52	3.24	2.84	2.47	2.20
48	6.93	5.91	3.46	3.04	2.64	2.35
49	7.41	6.32	3.69	3.25	2.82	2.50
50	7.91	6.75	3.95	3.47	3.02	2.68
51	8.64	7.37	4.31	3.79	3.30	2.93
52	9.43	8.05	4.70	4.14	3.60	3.20
53	10.31	8.78	5.14	4.52	3.93	3.49
54	11.25	9.58	5.60	4.93	4.29	3.82
55	12.29	10.46	6.12	5.39	4.68	4.17
56	11.25	9.50	5.83	5.13	4.46	3.97
57	10.31	8.63	5.54	4.88	4.25	3.78
58	9.43	7.84	5.29	4.65	4.05	3.60
59	8.64	7.13	5.03	4.43	3.85	3.43
60	7.91	6.47	4.79	4.22	3.67	3.27

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1504 (07/11)

3% Compound Cost of Living Adjustment Rider on Individual Disability Income Policy

Occupation Classes 6 and 6M — Unisex Select 10 Year

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	0.87	0.78	0.61	0.59	0.56	0.54
19	0.87	0.78	0.61	0.59	0.56	0.54
20	0.87	0.78	0.61	0.59	0.56	0.54
21	0.87	0.78	0.61	0.59	0.56	0.54
22	0.87	0.78	0.61	0.59	0.56	0.54
23	0.87	0.78	0.61	0.59	0.56	0.54
24	0.87	0.78	0.61	0.59	0.56	0.54
25	0.87	0.78	0.61	0.59	0.56	0.54
26	0.87	0.79	0.62	0.59	0.57	0.55
27	0.88	0.80	0.62	0.60	0.57	0.55
28	0.88	0.80	0.62	0.60	0.57	0.55
29	0.89	0.81	0.63	0.60	0.58	0.55
30	0.89	0.81	0.63	0.61	0.58	0.56
31	0.90	0.82	0.64	0.61	0.58	0.56
32	0.91	0.83	0.64	0.61	0.59	0.56
33	0.91	0.83	0.65	0.62	0.59	0.57
34	0.92	0.84	0.65	0.62	0.59	0.57
35	0.93	0.85	0.66	0.62	0.60	0.57
36	0.99	0.90	0.69	0.65	0.62	0.59
37	1.05	0.96	0.72	0.68	0.65	0.61
38	1.13	1.03	0.76	0.72	0.67	0.64
39	1.22	1.10	0.80	0.75	0.71	0.67
40	1.31	1.18	0.85	0.80	0.74	0.70
41	1.51	1.34	0.91	0.84	0.77	0.72
42	1.76	1.54	1.00	0.91	0.82	0.75
43	2.07	1.79	1.11	1.00	0.89	0.81
44	2.46	2.10	1.27	1.13	0.98	0.88
45	2.92	2.48	1.46	1.28	1.11	0.99
46	3.33	2.82	1.62	1.42	1.22	1.07
47	3.79	3.21	1.81	1.57	1.35	1.19
48	4.32	3.64	2.03	1.76	1.49	1.31
49	4.90	4.13	2.29	1.97	1.67	1.45
50	5.54	4.68	2.56	2.22	1.87	1.61
51	6.10	5.15	2.84	2.46	2.08	1.80
52	6.68	5.65	3.13	2.71	2.31	2.00
53	7.34	6.20	3.46	3.00	2.55	2.23
54	8.05	6.80	3.81	3.31	2.83	2.47
55	8.82	7.45	4.20	3.64	3.12	2.72
56	8.05	6.74	3.98	3.46	2.95	2.57
57	7.34	6.09	3.77	3.27	2.79	2.44
58	6.68	5.49	3.57	3.10	2.64	2.31
59	6.10	4.96	3.39	2.93	2.50	2.17
60	5.54	4.46	3.21	2.77	2.36	2.05
61	5.54	4.46	3.21	2.77	2.36	2.05
62	5.54	4.46	3.21	2.77	2.36	2.05
63	5.54	4.46	3.21	2.77	2.36	2.05
64	5.54	4.46	3.21	2.77	2.36	2.05

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1504 (07/11)

3% Compound Cost of Living Adjustment Rider on Individual Disability Income Policy

Occupation Classes 6 and 6M — Unisex Select 10 Year

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	1.30	1.06	0.60	0.53	0.46	0.42
19	1.30	1.06	0.60	0.53	0.46	0.42
20	1.30	1.06	0.60	0.53	0.46	0.42
21	1.30	1.06	0.60	0.53	0.46	0.42
22	1.30	1.06	0.60	0.53	0.46	0.42
23	1.32	1.08	0.61	0.54	0.47	0.43
24	1.33	1.09	0.62	0.55	0.48	0.43
25	1.35	1.11	0.63	0.56	0.49	0.44
26	1.37	1.13	0.64	0.57	0.50	0.45
27	1.38	1.15	0.65	0.58	0.50	0.45
28	1.40	1.16	0.66	0.59	0.51	0.46
29	1.42	1.18	0.68	0.60	0.52	0.47
30	1.43	1.20	0.69	0.61	0.53	0.48
31	1.45	1.22	0.70	0.62	0.54	0.49
32	1.47	1.24	0.71	0.63	0.55	0.49
33	1.48	1.26	0.72	0.64	0.56	0.50
34	1.49	1.28	0.74	0.65	0.57	0.50
35	1.51	1.30	0.75	0.66	0.58	0.51
36	1.69	1.45	0.84	0.74	0.65	0.57
37	1.88	1.61	0.93	0.82	0.72	0.63
38	2.10	1.80	1.04	0.92	0.80	0.71
39	2.35	2.01	1.16	1.03	0.90	0.79
40	2.61	2.24	1.30	1.15	1.00	0.88
41	2.91	2.48	1.45	1.28	1.11	0.98
42	3.25	2.77	1.61	1.43	1.24	1.10
43	3.61	3.08	1.80	1.58	1.38	1.23
44	4.03	3.43	2.01	1.77	1.53	1.37
45	4.49	3.81	2.24	1.97	1.71	1.52
46	4.80	4.08	2.40	2.11	1.83	1.62
47	5.13	4.37	2.55	2.25	1.96	1.74
48	5.48	4.67	2.73	2.41	2.09	1.86
49	5.86	5.00	2.92	2.57	2.24	1.98
50	6.26	5.35	3.12	2.75	2.39	2.12
51	6.83	5.83	3.41	3.00	2.60	2.32
52	7.45	6.37	3.71	3.28	2.84	2.52
53	8.14	6.94	4.06	3.57	3.11	2.76
54	8.89	7.57	4.43	3.90	3.40	3.01
55	9.70	8.27	4.83	4.26	3.70	3.29
56	8.89	7.51	4.60	4.06	3.52	3.13
57	8.14	6.82	4.39	3.86	3.36	2.98
58	7.45	6.20	4.18	3.68	3.20	2.84
59	6.83	5.63	3.98	3.50	3.05	2.70
60	6.26	5.12	3.79	3.34	2.90	2.57

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1504 (07/11)

3% Compound Cost of Living Adjustment Rider on Individual Disability Income Policy with Residual Disability Rider Attached

Occupation Classes 3 and 3M | Unisex Select To Age 65

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	5.14	4.28	2.63	2.37	2.11	1.92
19	5.14	4.28	2.63	2.37	2.11	1.92
20	5.14	4.28	2.63	2.37	2.11	1.92
21	5.14	4.28	2.63	2.37	2.11	1.92
22	5.14	4.28	2.63	2.37	2.11	1.92
23	5.14	4.28	2.63	2.37	2.11	1.92
24	5.14	4.28	2.63	2.37	2.11	1.92
25	5.14	4.28	2.63	2.37	2.11	1.92
26	5.16	4.33	2.67	2.40	2.13	1.94
27	5.18	4.37	2.70	2.43	2.16	1.96
28	5.20	4.42	2.74	2.46	2.19	1.99
29	5.22	4.47	2.77	2.48	2.21	2.01
30	5.24	4.51	2.81	2.51	2.24	2.04
31	5.35	4.62	2.87	2.56	2.29	2.08
32	5.47	4.72	2.93	2.62	2.33	2.12
33	5.59	4.83	2.99	2.67	2.38	2.16
34	5.72	4.94	3.05	2.73	2.43	2.20
35	5.85	5.05	3.12	2.79	2.48	2.25
36	5.99	5.17	3.18	2.84	2.52	2.29
37	6.13	5.29	3.25	2.91	2.57	2.34
38	6.27	5.40	3.32	2.97	2.63	2.39
39	6.41	5.52	3.40	3.03	2.69	2.44
40	6.55	5.65	3.46	3.10	2.74	2.48
41	8.02	6.89	4.16	3.69	3.26	2.93
42	9.66	8.28	4.94	4.37	3.83	3.44
43	11.50	9.84	5.81	5.13	4.48	4.01
44	13.57	11.58	6.80	5.99	5.23	4.65
45	15.87	13.53	7.91	6.96	6.06	5.38
46	17.19	14.64	8.52	7.49	6.50	5.77
47	18.49	15.75	9.14	8.02	6.96	6.17
48	19.79	16.84	9.74	8.54	7.41	6.55
49	21.08	17.92	10.35	9.06	7.84	6.93
50	22.35	19.00	10.94	9.57	8.29	7.32
51	22.27	18.92	10.90	9.53	8.25	7.29
52	22.18	18.85	10.85	9.49	8.22	7.25
53	22.09	18.77	10.80	9.46	8.18	7.23
54	22.00	18.69	10.77	9.42	8.16	7.20
55	21.91	18.62	10.72	9.39	8.12	7.17
56	20.09	16.93	10.23	8.94	7.73	6.83
57	18.41	15.37	9.74	8.53	7.37	6.49
58	16.88	13.97	9.29	8.13	7.02	6.19
59	15.47	12.68	8.85	7.75	6.68	5.90
60	14.18	11.52	8.43	7.39	6.37	5.61
61	14.18	11.52	8.43	7.39	6.37	5.61
62	14.18	11.52	8.43	7.39	6.37	5.61
63	14.18	11.52	8.43	7.39	6.37	5.61
64	14.18	11.52	8.43	7.39	6.37	5.61

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1504 (07/11)

3% Compound Cost of Living Adjustment Rider on Individual Disability Income Policy with Residual Disability Rider Attached

Occupation Classes 3 and 3M — Unisex Select To Age 65

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	13.39	10.69	6.12	5.38	4.68	4.16
19	13.39	10.69	6.12	5.38	4.68	4.16
20	13.39	10.69	6.12	5.38	4.68	4.16
21	13.39	10.69	6.12	5.38	4.68	4.16
22	13.39	10.69	6.12	5.38	4.68	4.16
23	13.44	10.82	6.21	5.45	4.75	4.22
24	13.50	10.95	6.30	5.54	4.82	4.28
25	13.55	11.09	6.40	5.62	4.89	4.35
26	13.60	11.23	6.49	5.71	4.96	4.42
27	13.66	11.36	6.59	5.79	5.04	4.47
28	13.71	11.49	6.69	5.88	5.11	4.54
29	13.77	11.64	6.79	5.97	5.19	4.61
30	13.82	11.78	6.89	6.06	5.27	4.68
31	14.16	12.07	7.06	6.21	5.40	4.80
32	14.50	12.37	7.23	6.36	5.52	4.92
33	14.86	12.67	7.41	6.51	5.66	5.04
34	15.22	12.98	7.59	6.67	5.80	5.16
35	15.59	13.30	7.77	6.83	5.95	5.29
36	15.97	13.62	7.96	7.00	6.09	5.42
37	16.36	13.96	8.16	7.18	6.24	5.55
38	16.76	14.30	8.36	7.35	6.40	5.68
39	17.18	14.65	8.56	7.52	6.55	5.83
40	17.59	15.01	8.77	7.71	6.71	5.97
41	18.78	16.03	9.37	8.24	7.17	6.38
42	20.06	17.11	10.00	8.79	7.65	6.80
43	21.41	18.27	10.67	9.39	8.17	7.27
44	22.87	19.50	11.39	10.02	8.72	7.75
45	24.41	20.82	12.17	10.70	9.32	8.28
46	24.31	20.74	12.12	10.66	9.28	8.25
47	24.23	20.66	12.07	10.62	9.25	8.22
48	24.13	20.57	12.03	10.58	9.21	8.18
49	24.04	20.49	11.98	10.53	9.17	8.15
50	23.95	20.41	11.93	10.49	9.14	8.12
51	23.85	20.33	11.89	10.45	9.10	8.09
52	23.76	20.26	11.84	10.41	9.07	8.05
53	23.67	20.18	11.79	10.38	9.03	8.02
54	23.57	20.10	11.75	10.34	9.00	7.99
55	23.48	20.02	11.70	10.30	8.96	7.96
56	21.56	18.24	11.18	9.83	8.55	7.60
57	19.80	16.60	10.67	9.40	8.17	7.26
58	18.19	15.12	10.20	8.97	7.80	6.93
59	16.70	13.77	9.73	8.57	7.45	6.62
60	15.34	12.54	9.30	8.19	7.12	6.33

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1504 (07/11)

3% Compound Cost of Living Adjustment Rider on Individual Disability Income Policy with Residual Disability Rider Attached

Occupation Classes 4 and 4M | Unisex Select To Age 65

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	4.32	3.60	2.25	2.02	1.81	1.65
19	4.32	3.60	2.25	2.02	1.81	1.65
20	4.32	3.60	2.25	2.02	1.81	1.65
21	4.32	3.60	2.25	2.02	1.81	1.65
22	4.32	3.60	2.25	2.02	1.81	1.65
23	4.32	3.60	2.25	2.02	1.81	1.65
24	4.32	3.60	2.25	2.02	1.81	1.65
25	4.32	3.60	2.25	2.02	1.81	1.65
26	4.33	3.64	2.27	2.05	1.83	1.67
27	4.35	3.68	2.30	2.07	1.85	1.69
28	4.36	3.72	2.33	2.10	1.87	1.71
29	4.38	3.76	2.36	2.13	1.90	1.73
30	4.40	3.80	2.39	2.15	1.92	1.75
31	4.48	3.89	2.44	2.19	1.96	1.78
32	4.59	3.98	2.48	2.24	2.00	1.82
33	4.69	4.06	2.53	2.28	2.04	1.85
34	4.79	4.15	2.59	2.33	2.08	1.89
35	4.90	4.25	2.64	2.38	2.12	1.92
36	5.02	4.34	2.70	2.43	2.16	1.96
37	5.13	4.44	2.76	2.48	2.20	2.00
38	5.25	4.53	2.81	2.52	2.25	2.04
39	5.37	4.63	2.87	2.57	2.29	2.08
40	5.48	4.74	2.94	2.62	2.34	2.12
41	6.68	5.75	3.49	3.11	2.74	2.48
42	8.03	6.89	4.12	3.65	3.21	2.88
43	9.54	8.17	4.84	4.28	3.73	3.35
44	11.23	9.59	5.64	4.97	4.34	3.86
45	13.12	11.19	6.53	5.75	5.00	4.46
46	14.19	12.10	7.04	6.18	5.37	4.76
47	15.26	12.99	7.52	6.60	5.72	5.08
48	16.32	13.88	8.01	7.02	6.07	5.39
49	17.35	14.76	8.49	7.43	6.43	5.68
50	18.39	15.64	8.97	7.84	6.77	5.98
51	18.32	15.57	8.93	7.81	6.74	5.96
52	18.25	15.50	8.90	7.78	6.71	5.93
53	18.18	15.44	8.86	7.75	6.68	5.90
54	18.11	15.38	8.82	7.71	6.65	5.89
55	18.03	15.32	8.78	7.68	6.63	5.86
56	16.52	13.92	8.37	7.32	6.32	5.57
57	15.15	12.65	7.98	6.98	6.02	5.31
58	13.88	11.48	7.60	6.65	5.72	5.05
59	12.72	10.41	7.24	6.33	5.45	4.80
60	11.65	9.46	6.90	6.03	5.19	4.57
61	11.65	9.46	6.90	6.03	5.19	4.57
62	11.65	9.46	6.90	6.03	5.19	4.57
63	11.65	9.46	6.90	6.03	5.19	4.57
64	11.65	9.46	6.90	6.03	5.19	4.57

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1504 (07/11)

3% Compound Cost of Living Adjustment Rider on Individual Disability Income Policy with Residual Disability Rider Attached

Occupation Classes 4 and 4M | Unisex Select To Age 65

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	11.07	8.84	5.04	4.46	3.86	3.44
19	11.07	8.84	5.04	4.46	3.86	3.44
20	11.07	8.84	5.04	4.46	3.86	3.44
21	11.07	8.84	5.04	4.46	3.86	3.44
22	11.07	8.84	5.04	4.46	3.86	3.44
23	11.11	8.95	5.12	4.51	3.92	3.48
24	11.16	9.06	5.20	4.58	3.98	3.54
25	11.20	9.17	5.28	4.65	4.04	3.59
26	11.24	9.28	5.36	4.72	4.10	3.64
27	11.29	9.40	5.44	4.79	4.17	3.70
28	11.33	9.50	5.52	4.86	4.23	3.76
29	11.38	9.62	5.60	4.94	4.29	3.81
30	11.41	9.74	5.69	5.01	4.36	3.87
31	11.69	9.98	5.83	5.13	4.46	3.97
32	11.98	10.23	5.98	5.26	4.57	4.06
33	12.28	10.47	6.12	5.39	4.68	4.16
34	12.57	10.73	6.28	5.51	4.80	4.27
35	12.88	11.00	6.43	5.65	4.91	4.37
36	13.20	11.27	6.58	5.79	5.04	4.47
37	13.52	11.54	6.75	5.93	5.16	4.58
38	13.86	11.83	6.91	6.08	5.29	4.69
39	14.20	12.12	7.08	6.23	5.42	4.81
40	14.54	12.41	7.26	6.38	5.54	4.93
41	15.52	13.26	7.74	6.81	5.92	5.27
42	16.58	14.15	8.27	7.27	6.32	5.62
43	17.70	15.11	8.83	7.76	6.75	6.01
44	18.90	16.13	9.42	8.29	7.21	6.42
45	20.18	17.22	10.06	8.85	7.69	6.85
46	20.10	17.15	10.02	8.81	7.66	6.82
47	20.02	17.08	9.98	8.78	7.63	6.80
48	19.94	17.01	9.94	8.74	7.60	6.77
49	19.86	16.94	9.90	8.71	7.57	6.74
50	19.78	16.88	9.86	8.67	7.54	6.71
51	19.70	16.81	9.82	8.64	7.51	6.69
52	19.62	16.74	9.78	8.60	7.48	6.66
53	19.55	16.67	9.74	8.57	7.45	6.63
54	19.47	16.61	9.70	8.53	7.42	6.61
55	19.39	16.54	9.66	8.50	7.40	6.58
56	17.81	15.07	9.23	8.12	7.07	6.29
57	16.36	13.73	8.81	7.76	6.75	6.00
58	15.03	12.50	8.42	7.42	6.44	5.73
59	13.81	11.38	8.04	7.08	6.16	5.47
60	12.68	10.38	7.68	6.76	5.88	5.23

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1504 (07/11)

3% Compound Cost of Living Adjustment Rider on Individual Disability Income Policy with Residual Disability Rider Attached

Occupation Classes 5 and 5M | Unisex Select To Age 65

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	3.48	2.92	1.85	1.67	1.50	1.39
19	3.48	2.92	1.85	1.67	1.50	1.39
20	3.48	2.92	1.85	1.67	1.50	1.39
21	3.48	2.92	1.85	1.67	1.50	1.39
22	3.48	2.92	1.85	1.67	1.50	1.39
23	3.48	2.92	1.85	1.67	1.50	1.39
24	3.48	2.92	1.85	1.67	1.50	1.39
25	3.48	2.92	1.85	1.67	1.50	1.39
26	3.49	2.95	1.87	1.69	1.52	1.40
27	3.50	2.98	1.90	1.71	1.54	1.42
28	3.51	3.01	1.92	1.73	1.56	1.43
29	3.52	3.04	1.94	1.75	1.57	1.45
30	3.53	3.08	1.96	1.77	1.59	1.46
31	3.61	3.14	2.00	1.80	1.62	1.48
32	3.69	3.21	2.04	1.84	1.65	1.51
33	3.77	3.28	2.08	1.87	1.68	1.54
34	3.85	3.35	2.12	1.91	1.71	1.56
35	3.94	3.43	2.16	1.95	1.75	1.59
36	4.03	3.49	2.21	1.99	1.78	1.62
37	4.12	3.57	2.25	2.03	1.82	1.65
38	4.21	3.64	2.30	2.07	1.85	1.69
39	4.30	3.72	2.34	2.11	1.88	1.72
40	4.40	3.81	2.39	2.15	1.92	1.75
41	5.33	4.58	2.81	2.51	2.23	2.01
42	6.37	5.46	3.29	2.92	2.57	2.32
43	7.53	6.44	3.83	3.39	2.97	2.65
44	8.85	7.55	4.45	3.92	3.42	3.05
45	10.31	8.79	5.14	4.51	3.93	3.49
46	11.14	9.48	5.50	4.83	4.20	3.72
47	11.96	10.17	5.88	5.16	4.46	3.95
48	12.77	10.85	6.25	5.46	4.72	4.18
49	13.58	11.52	6.60	5.77	4.98	4.39
50	14.37	12.20	6.96	6.08	5.24	4.60
51	14.32	12.14	6.93	6.06	5.21	4.59
52	14.26	12.10	6.90	6.03	5.19	4.57
53	14.20	12.05	6.87	6.00	5.17	4.55
54	14.15	11.99	6.85	5.98	5.15	4.53
55	14.09	11.94	6.82	5.95	5.13	4.51
56	12.90	10.84	6.48	5.67	4.88	4.30
57	11.82	9.85	6.18	5.40	4.64	4.08
58	10.82	8.93	5.89	5.14	4.42	3.88
59	9.90	8.10	5.60	4.88	4.21	3.68
60	9.07	7.35	5.34	4.64	4.00	3.50
61	9.07	7.35	5.34	4.64	4.00	3.50
62	9.07	7.35	5.34	4.64	4.00	3.50
63	9.07	7.35	5.34	4.64	4.00	3.50
64	9.07	7.35	5.34	4.64	4.00	3.50

$30 Policy Fee

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1504 (07/11)

3% Compound Cost of Living Adjustment Rider on Individual Disability Income Policy with Residual Disability Rider Attached

Occupation Classes 5 and 5M — Unisex Select To Age 65

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	8.72	6.95	3.98	3.49	3.04	2.70
19	8.72	6.95	3.98	3.49	3.04	2.70
20	8.72	6.95	3.98	3.49	3.04	2.70
21	8.72	6.95	3.98	3.49	3.04	2.70
22	8.72	6.95	3.98	3.49	3.04	2.70
23	8.75	7.04	4.04	3.54	3.09	2.74
24	8.78	7.12	4.10	3.60	3.13	2.78
25	8.81	7.21	4.16	3.65	3.18	2.82
26	8.84	7.30	4.22	3.70	3.23	2.86
27	8.87	7.39	4.29	3.76	3.28	2.91
28	8.91	7.47	4.35	3.82	3.33	2.95
29	8.94	7.56	4.41	3.87	3.38	2.99
30	8.97	7.65	4.47	3.93	3.43	3.04
31	9.19	7.84	4.58	4.03	3.50	3.12
32	9.41	8.03	4.69	4.13	3.59	3.19
33	9.64	8.23	4.81	4.23	3.68	3.27
34	9.88	8.43	4.93	4.34	3.77	3.35
35	10.13	8.64	5.05	4.45	3.87	3.43
36	10.38	8.85	5.17	4.55	3.96	3.51
37	10.63	9.07	5.30	4.66	4.06	3.60
38	10.89	9.29	5.43	4.78	4.16	3.69
39	11.16	9.51	5.55	4.90	4.26	3.78
40	11.43	9.75	5.69	5.02	4.37	3.87
41	12.21	10.41	6.08	5.36	4.66	4.14
42	13.03	11.12	6.49	5.71	4.97	4.42
43	13.92	11.87	6.93	6.10	5.31	4.71
44	14.86	12.67	7.40	6.51	5.66	5.03
45	15.86	13.52	7.90	6.95	6.05	5.38
46	15.80	13.46	7.87	6.92	6.03	5.36
47	15.73	13.41	7.84	6.90	6.00	5.34
48	15.67	13.37	7.81	6.87	5.98	5.32
49	15.61	13.31	7.77	6.84	5.95	5.29
50	15.55	13.26	7.74	6.81	5.93	5.27
51	15.48	13.20	7.71	6.79	5.90	5.25
52	15.42	13.15	7.68	6.76	5.88	5.23
53	15.36	13.10	7.65	6.73	5.86	5.21
54	15.31	13.04	7.62	6.71	5.83	5.19
55	15.25	12.99	7.59	6.68	5.81	5.17
56	14.00	11.83	7.25	6.39	5.55	4.94
57	12.86	10.78	6.92	6.10	5.31	4.71
58	11.81	9.82	6.61	5.82	5.07	4.50
59	10.84	8.94	6.32	5.55	4.84	4.30
60	9.96	8.15	6.03	5.31	4.62	4.11

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1504 (07/11)

3% Compound Cost of Living Adjustment Rider on Individual Disability Income Policy with Residual Disability Rider Attached

Occupation Classes 6 and 6M | Unisex Select To Age 65

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	2.81	2.38	1.53	1.40	1.27	1.17
19	2.81	2.38	1.53	1.40	1.27	1.17
20	2.81	2.38	1.53	1.40	1.27	1.17
21	2.81	2.38	1.53	1.40	1.27	1.17
22	2.81	2.38	1.53	1.40	1.27	1.17
23	2.81	2.38	1.53	1.40	1.27	1.17
24	2.81	2.38	1.53	1.40	1.27	1.17
25	2.81	2.38	1.53	1.40	1.27	1.17
26	2.82	2.40	1.55	1.42	1.28	1.18
27	2.83	2.43	1.57	1.43	1.30	1.20
28	2.84	2.45	1.58	1.45	1.31	1.21
29	2.85	2.48	1.60	1.46	1.32	1.22
30	2.86	2.49	1.62	1.48	1.34	1.23
31	2.92	2.54	1.65	1.50	1.36	1.25
32	2.98	2.60	1.68	1.52	1.39	1.28
33	3.05	2.65	1.71	1.55	1.41	1.30
34	3.11	2.71	1.74	1.58	1.44	1.32
35	3.18	2.76	1.78	1.61	1.46	1.34
36	3.25	2.82	1.81	1.64	1.48	1.37
37	3.32	2.88	1.85	1.67	1.51	1.39
38	3.39	2.95	1.88	1.70	1.53	1.41
39	3.46	3.01	1.92	1.74	1.56	1.44
40	3.53	3.07	1.96	1.77	1.59	1.46
41	4.24	3.66	2.28	2.04	1.81	1.64
42	5.05	4.34	2.63	2.35	2.07	1.86
43	5.95	5.09	3.04	2.69	2.37	2.12
44	6.96	5.94	3.50	3.09	2.70	2.41
45	8.10	6.89	4.03	3.54	3.08	2.74
46	8.73	7.42	4.30	3.78	3.28	2.90
47	9.36	7.94	4.57	4.01	3.46	3.07
48	9.98	8.45	4.84	4.24	3.65	3.22
49	10.59	8.97	5.11	4.46	3.84	3.38
50	11.20	9.48	5.37	4.68	4.02	3.52
51	11.16	9.44	5.35	4.66	4.01	3.51
52	11.11	9.40	5.33	4.64	3.99	3.49
53	11.06	9.36	5.31	4.62	3.98	3.47
54	11.01	9.32	5.28	4.60	3.96	3.46
55	10.97	9.29	5.26	4.59	3.94	3.46
56	10.04	8.42	5.00	4.37	3.74	3.28
57	9.19	7.63	4.76	4.15	3.55	3.11
58	8.41	6.92	4.53	3.95	3.38	2.95
59	7.68	6.28	4.31	3.75	3.21	2.80
60	7.03	5.68	4.10	3.56	3.05	2.66
61	7.03	5.68	4.10	3.56	3.05	2.66
62	7.03	5.68	4.10	3.56	3.05	2.66
63	7.03	5.68	4.10	3.56	3.05	2.66
64	7.03	5.68	4.10	3.56	3.05	2.66

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1504 (07/11)

3% Compound Cost of Living Adjustment Rider on Individual Disability Income Policy with Residual Disability Rider Attached

Occupation Classes 6 and 6M | Unisex Select To Age 65

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	6.83	5.45	3.12	2.73	2.38	2.12
19	6.83	5.45	3.12	2.73	2.38	2.12
20	6.83	5.45	3.12	2.73	2.38	2.12
21	6.83	5.45	3.12	2.73	2.38	2.12
22	6.83	5.45	3.12	2.73	2.38	2.12
23	6.86	5.52	3.17	2.77	2.41	2.16
24	6.88	5.58	3.21	2.82	2.45	2.19
25	6.91	5.65	3.26	2.86	2.48	2.22
26	6.94	5.72	3.31	2.90	2.52	2.25
27	6.96	5.79	3.36	2.95	2.56	2.29
28	6.99	5.86	3.41	3.00	2.60	2.32
29	7.01	5.93	3.46	3.04	2.64	2.36
30	7.04	6.00	3.50	3.09	2.68	2.39
31	7.21	6.15	3.59	3.17	2.75	2.45
32	7.39	6.30	3.68	3.24	2.82	2.50
33	7.57	6.45	3.77	3.32	2.89	2.56
34	7.75	6.61	3.86	3.41	2.96	2.63
35	7.95	6.77	3.96	3.48	3.03	2.69
36	8.14	6.94	4.05	3.57	3.11	2.76
37	8.34	7.11	4.15	3.65	3.19	2.82
38	8.54	7.29	4.26	3.74	3.26	2.89
39	8.75	7.46	4.36	3.84	3.35	2.97
40	8.97	7.64	4.46	3.93	3.43	3.04
41	9.57	8.16	4.77	4.20	3.65	3.25
42	10.23	8.71	5.09	4.48	3.90	3.46
43	10.92	9.31	5.44	4.78	4.17	3.70
44	11.66	9.93	5.80	5.11	4.45	3.95
45	12.45	10.60	6.20	5.45	4.74	4.22
46	12.40	10.56	6.17	5.44	4.72	4.20
47	12.36	10.51	6.15	5.42	4.70	4.19
48	12.31	10.47	6.12	5.40	4.69	4.17
49	12.26	10.43	6.10	5.37	4.67	4.15
50	12.21	10.39	6.07	5.35	4.65	4.13
51	12.16	10.36	6.05	5.33	4.63	4.12
52	12.11	10.31	6.02	5.31	4.61	4.10
53	12.06	10.27	6.00	5.29	4.60	4.08
54	12.01	10.23	5.97	5.27	4.58	4.07
55	11.96	10.19	5.95	5.25	4.56	4.05
56	10.98	9.29	5.68	5.01	4.36	3.87
57	10.09	8.45	5.43	4.78	4.16	3.69
58	9.27	7.70	5.19	4.57	3.97	3.52
59	8.50	7.02	4.95	4.37	3.79	3.37
60	7.81	6.40	4.73	4.17	3.62	3.22

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1504 (07/11)

3% Compound Cost of Living Adjustment Rider on Individual Disability Income Policy with Residual Disability Rider Attached

Occupation Classes 3 and 3M | Unisex Select To Age 67

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	5.58	4.64	2.84	2.55	2.27	2.06
19	5.58	4.64	2.84	2.55	2.27	2.06
20	5.58	4.64	2.84	2.55	2.27	2.06
21	5.58	4.64	2.84	2.55	2.27	2.06
22	5.58	4.64	2.84	2.55	2.27	2.06
23	5.58	4.64	2.84	2.55	2.27	2.06
24	5.58	4.64	2.84	2.55	2.27	2.06
25	5.58	4.64	2.84	2.55	2.27	2.06
26	5.63	4.72	2.89	2.59	2.31	2.10
27	5.68	4.79	2.94	2.63	2.35	2.13
28	5.72	4.87	2.99	2.68	2.39	2.17
29	5.77	4.95	3.05	2.73	2.43	2.20
30	5.82	5.03	3.10	2.77	2.47	2.24
31	5.99	5.18	3.19	2.85	2.53	2.30
32	6.17	5.33	3.28	2.93	2.59	2.36
33	6.35	5.47	3.37	3.01	2.66	2.42
34	6.53	5.63	3.46	3.09	2.73	2.48
35	6.72	5.80	3.55	3.17	2.81	2.54
36	6.92	5.97	3.65	3.26	2.89	2.61
37	7.13	6.14	3.75	3.35	2.96	2.68
38	7.34	6.32	3.86	3.45	3.04	2.75
39	7.55	6.50	3.97	3.53	3.13	2.82
40	7.78	6.69	4.08	3.63	3.22	2.90
41	9.60	8.24	4.94	4.39	3.86	3.46
42	11.65	9.98	5.93	5.25	4.59	4.11
43	13.97	11.94	7.04	6.22	5.43	4.84
44	16.58	14.15	8.31	7.32	6.37	5.67
45	19.50	16.63	9.72	8.55	7.43	6.61
46	21.47	18.31	10.65	9.37	8.14	7.23
47	23.49	20.01	11.62	10.21	8.86	7.85
48	25.55	21.74	12.60	11.07	9.60	8.49
49	27.65	23.52	13.61	11.95	10.35	9.17
50	29.80	25.35	14.64	12.85	11.12	9.84
51	30.16	25.65	14.82	13.01	11.26	9.96
52	30.50	25.95	15.00	13.16	11.38	10.08
53	30.87	26.24	15.17	13.32	11.52	10.21
54	31.22	26.56	15.35	13.47	11.66	10.33
55	31.59	26.87	15.53	13.63	11.80	10.44
56	29.12	24.55	14.90	13.06	11.32	10.01
57	26.84	22.44	14.28	12.51	10.83	9.59
58	24.73	20.50	13.68	12.00	10.39	9.19
59	22.80	18.73	13.12	11.49	9.94	8.80
60	21.00	17.11	12.57	11.01	9.52	8.42
61	21.00	17.11	12.57	11.01	9.52	8.42
62	21.00	17.11	12.57	11.01	9.52	8.42
63	21.00	17.11	12.57	11.01	9.52	8.42
64	21.00	17.11	12.57	11.01	9.52	8.42
65	21.00	17.11	12.57	11.01	9.52	8.42
66	21.00	17.11	12.57	11.01	9.52	8.42

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1504 (07/11)

3% Compound Cost of Living Adjustment Rider on Individual Disability Income Policy with Residual Disability Rider Attached

Occupation Classes 3 and 3M — Unisex Select To Age 67

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	14.44	11.53	6.58	5.80	5.05	4.46
19	14.44	11.53	6.58	5.80	5.05	4.46
20	14.44	11.53	6.58	5.80	5.05	4.46
21	14.44	11.53	6.58	5.80	5.05	4.46
22	14.44	11.53	6.58	5.80	5.05	4.46
23	14.57	11.74	6.71	5.92	5.15	4.56
24	14.70	11.94	6.85	6.04	5.25	4.65
25	14.83	12.15	6.99	6.16	5.36	4.75
26	14.96	12.36	7.13	6.28	5.46	4.85
27	15.10	12.57	7.28	6.41	5.57	4.95
28	15.23	12.79	7.42	6.53	5.68	5.06
29	15.36	13.01	7.57	6.66	5.79	5.16
30	15.50	13.24	7.73	6.80	5.91	5.27
31	15.99	13.65	7.97	7.01	6.10	5.44
32	16.49	14.08	8.23	7.24	6.29	5.60
33	17.01	14.51	8.48	7.46	6.48	5.77
34	17.54	14.97	8.75	7.69	6.68	5.95
35	18.09	15.43	9.02	7.93	6.90	6.14
36	18.65	15.92	9.31	8.19	7.12	6.34
37	19.25	16.41	9.59	8.43	7.34	6.52
38	19.84	16.93	9.89	8.70	7.56	6.73
39	20.46	17.45	10.21	8.98	7.80	6.94
40	21.11	18.00	10.52	9.26	8.05	7.16
41	22.64	19.31	11.29	9.93	8.63	7.68
42	24.29	20.72	12.11	10.65	9.27	8.24
43	26.07	22.24	12.99	11.43	9.94	8.83
44	27.97	23.85	13.94	12.27	10.66	9.47
45	30.01	25.59	14.95	13.16	11.44	10.17
46	30.35	25.89	15.12	13.31	11.57	10.29
47	30.71	26.19	15.30	13.46	11.71	10.40
48	31.07	26.48	15.47	13.62	11.85	10.52
49	31.42	26.79	15.65	13.78	11.98	10.65
50	31.79	27.11	15.83	13.94	12.12	10.77
51	32.16	27.41	16.02	14.11	12.27	10.90
52	32.52	27.73	16.21	14.27	12.40	11.03
53	32.91	28.05	16.38	14.43	12.54	11.16
54	33.28	28.37	16.58	14.60	12.69	11.29
55	33.67	28.70	16.77	14.77	12.84	11.41
56	31.07	26.26	16.10	14.17	12.33	10.95
57	28.67	24.04	15.44	13.59	11.82	10.51
58	26.45	22.00	14.82	13.05	11.35	10.09
59	24.41	20.14	14.23	12.51	10.88	9.68
60	22.52	18.42	13.65	12.01	10.44	9.29

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1504 (07/11)

3% Compound Cost of Living Adjustment Rider on Individual Disability Income Policy with Residual Disability Rider Attached

Occupation Classes 4 and 4M | Unisex Select To Age 67

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	4.68	3.91	2.42	2.18	1.94	1.77
19	4.68	3.91	2.42	2.18	1.94	1.77
20	4.68	3.91	2.42	2.18	1.94	1.77
21	4.68	3.91	2.42	2.18	1.94	1.77
22	4.68	3.91	2.42	2.18	1.94	1.77
23	4.68	3.91	2.42	2.18	1.94	1.77
24	4.68	3.91	2.42	2.18	1.94	1.77
25	4.68	3.91	2.42	2.18	1.94	1.77
26	4.72	3.97	2.47	2.21	1.97	1.80
27	4.76	4.03	2.50	2.25	2.01	1.83
28	4.80	4.09	2.54	2.29	2.04	1.86
29	4.84	4.16	2.59	2.33	2.08	1.88
30	4.88	4.23	2.63	2.37	2.11	1.92
31	5.03	4.35	2.70	2.43	2.16	1.97
32	5.17	4.46	2.77	2.48	2.22	2.01
33	5.32	4.59	2.85	2.55	2.28	2.07
34	5.47	4.73	2.93	2.62	2.34	2.12
35	5.63	4.86	3.01	2.69	2.40	2.17
36	5.79	5.00	3.09	2.76	2.46	2.23
37	5.96	5.15	3.17	2.84	2.52	2.29
38	6.14	5.30	3.26	2.91	2.58	2.35
39	6.32	5.45	3.35	2.99	2.65	2.41
40	6.50	5.60	3.44	3.08	2.72	2.47
41	7.99	6.86	4.14	3.68	3.25	2.92
42	9.67	8.29	4.94	4.38	3.84	3.44
43	11.57	9.90	5.85	5.17	4.51	4.03
44	13.72	11.71	6.88	6.06	5.29	4.70
45	16.12	13.74	8.04	7.07	6.15	5.46
46	17.73	15.11	8.80	7.74	6.72	5.96
47	19.38	16.50	9.58	8.41	7.30	6.46
48	21.07	17.93	10.39	9.11	7.89	6.99
49	22.79	19.38	11.20	9.82	8.50	7.51
50	24.56	20.88	12.04	10.55	9.12	8.07
51	24.85	21.13	12.19	10.67	9.24	8.16
52	25.14	21.37	12.33	10.79	9.35	8.27
53	25.44	21.63	12.47	10.93	9.46	8.36
54	25.74	21.89	12.62	11.06	9.57	8.46
55	26.04	22.14	12.77	11.19	9.68	8.56
56	24.00	20.23	12.24	10.72	9.29	8.20
57	22.12	18.48	11.73	10.28	8.89	7.85
58	20.38	16.88	11.24	9.85	8.52	7.52
59	18.77	15.41	10.77	9.43	8.16	7.21
60	17.30	14.08	10.32	9.04	7.81	6.89
61	17.30	14.08	10.32	9.04	7.81	6.89
62	17.30	14.08	10.32	9.04	7.81	6.89
63	17.30	14.08	10.32	9.04	7.81	6.89
64	17.30	14.08	10.32	9.04	7.81	6.89
65	17.30	14.08	10.32	9.04	7.81	6.89
66	17.30	14.08	10.32	9.04	7.81	6.89

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1504 (07/11)

3% Compound Cost of Living Adjustment Rider on Individual Disability Income Policy with Residual Disability Rider Attached

Occupation Classes 4 and 4M — Unisex Select To Age 67

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	11.93	9.52	5.45	4.78	4.15	3.70
19	11.93	9.52	5.45	4.78	4.15	3.70
20	11.93	9.52	5.45	4.78	4.15	3.70
21	11.93	9.52	5.45	4.78	4.15	3.70
22	11.93	9.52	5.45	4.78	4.15	3.70
23	12.04	9.68	5.55	4.88	4.24	3.77
24	12.15	9.86	5.66	4.98	4.33	3.85
25	12.26	10.03	5.78	5.08	4.42	3.93
26	12.37	10.21	5.90	5.19	4.50	4.01
27	12.47	10.39	6.02	5.29	4.60	4.09
28	12.59	10.56	6.14	5.40	4.70	4.18
29	12.70	10.75	6.27	5.51	4.80	4.26
30	12.82	10.94	6.40	5.62	4.90	4.35
31	13.23	11.29	6.59	5.80	5.05	4.48
32	13.63	11.63	6.80	5.98	5.21	4.62
33	14.06	12.00	7.01	6.17	5.38	4.77
34	14.50	12.38	7.23	6.37	5.53	4.92
35	14.96	12.76	7.45	6.56	5.71	5.07
36	15.42	13.16	7.69	6.76	5.89	5.23
37	15.91	13.57	7.93	6.98	6.07	5.40
38	16.40	13.99	8.18	7.20	6.26	5.56
39	16.92	14.42	8.42	7.42	6.45	5.74
40	17.44	14.88	8.69	7.65	6.65	5.92
41	18.71	15.96	9.33	8.21	7.14	6.35
42	20.08	17.13	10.01	8.81	7.66	6.81
43	21.54	18.37	10.74	9.45	8.22	7.31
44	23.12	19.71	11.52	10.14	8.82	7.84
45	24.80	21.15	12.37	10.88	9.46	8.41
46	25.09	21.39	12.50	11.01	9.57	8.50
47	25.37	21.64	12.65	11.13	9.68	8.60
48	25.67	21.89	12.80	11.26	9.79	8.70
49	25.97	22.14	12.94	11.38	9.91	8.80
50	26.27	22.39	13.09	11.52	10.02	8.91
51	26.57	22.65	13.25	11.65	10.14	9.01
52	26.88	22.92	13.39	11.78	10.26	9.12
53	27.20	23.19	13.54	11.92	10.38	9.22
54	27.51	23.45	13.70	12.06	10.49	9.33
55	27.83	23.72	13.86	12.20	10.61	9.43
56	25.68	21.71	13.30	11.70	10.19	9.05
57	23.70	19.87	12.76	11.24	9.77	8.68
58	21.87	18.19	12.25	10.78	9.39	8.34
59	20.18	16.64	11.75	10.35	9.01	8.00
60	18.62	15.24	11.28	9.93	8.64	7.67

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1504 (07/11)

3% Compound Cost of Living Adjustment Rider on Individual Disability Income Policy with Residual Disability Rider Attached

Occupation Classes 5 and 5M | Unisex Select To Age 67

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	3.77	3.16	1.99	1.79	1.61	1.48
19	3.77	3.16	1.99	1.79	1.61	1.48
20	3.77	3.16	1.99	1.79	1.61	1.48
21	3.77	3.16	1.99	1.79	1.61	1.48
22	3.77	3.16	1.99	1.79	1.61	1.48
23	3.77	3.16	1.99	1.79	1.61	1.48
24	3.77	3.16	1.99	1.79	1.61	1.48
25	3.77	3.16	1.99	1.79	1.61	1.48
26	3.80	3.21	2.02	1.82	1.63	1.49
27	3.83	3.26	2.05	1.85	1.66	1.52
28	3.86	3.31	2.08	1.88	1.69	1.54
29	3.89	3.36	2.12	1.91	1.71	1.56
30	3.92	3.41	2.15	1.94	1.74	1.59
31	4.04	3.49	2.21	1.99	1.78	1.63
32	4.15	3.59	2.27	2.04	1.83	1.66
33	4.27	3.69	2.33	2.10	1.87	1.70
34	4.39	3.79	2.39	2.15	1.92	1.74
35	4.50	3.90	2.45	2.20	1.97	1.79
36	4.64	4.01	2.51	2.26	2.01	1.83
37	4.77	4.13	2.57	2.32	2.07	1.88
38	4.91	4.24	2.64	2.38	2.12	1.92
39	5.05	4.36	2.71	2.44	2.17	1.97
40	5.20	4.48	2.79	2.49	2.23	2.02
41	6.35	5.45	3.32	2.96	2.61	2.36
42	7.65	6.55	3.93	3.49	3.07	2.75
43	9.13	7.81	4.63	4.10	3.58	3.20
44	10.79	9.22	5.42	4.77	4.17	3.71
45	12.66	10.80	6.32	5.55	4.83	4.30
46	13.92	11.86	6.89	6.06	5.27	4.66
47	15.20	12.93	7.49	6.57	5.70	5.04
48	16.50	14.04	8.11	7.10	6.15	5.44
49	17.84	15.18	8.73	7.65	6.61	5.83
50	19.22	16.33	9.38	8.20	7.09	6.25
51	19.44	16.52	9.48	8.31	7.18	6.32
52	19.67	16.72	9.61	8.40	7.26	6.41
53	19.91	16.92	9.72	8.50	7.36	6.47
54	20.15	17.12	9.84	8.60	7.43	6.55
55	20.38	17.32	9.96	8.71	7.53	6.64
56	18.77	15.82	9.53	8.35	7.22	6.36
57	17.29	14.43	9.13	7.99	6.90	6.09
58	15.92	13.18	8.74	7.65	6.61	5.82
59	14.66	12.02	8.38	7.33	6.33	5.57
60	13.49	10.97	8.02	7.02	6.06	5.34
61	13.49	10.97	8.02	7.02	6.06	5.34
62	13.49	10.97	8.02	7.02	6.06	5.34
63	13.49	10.97	8.02	7.02	6.06	5.34
64	13.49	10.97	8.02	7.02	6.06	5.34
65	13.49	10.97	8.02	7.02	6.06	5.34
66	13.49	10.97	8.02	7.02	6.06	5.34

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1504 (07/11)

3% Compound Cost of Living Adjustment Rider on Individual Disability Income Policy with Residual Disability Rider Attached

Occupation Classes 5 and 5M — Unisex Select To Age 67

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	9.38	7.49	4.28	3.76	3.27	2.91
19	9.38	7.49	4.28	3.76	3.27	2.91
20	9.38	7.49	4.28	3.76	3.27	2.91
21	9.38	7.49	4.28	3.76	3.27	2.91
22	9.38	7.49	4.28	3.76	3.27	2.91
23	9.46	7.62	4.37	3.84	3.34	2.97
24	9.54	7.76	4.46	3.92	3.41	3.03
25	9.63	7.89	4.54	4.00	3.47	3.09
26	9.72	8.03	4.63	4.08	3.54	3.15
27	9.81	8.17	4.73	4.17	3.62	3.22
28	9.90	8.31	4.82	4.25	3.69	3.28
29	9.99	8.44	4.92	4.34	3.77	3.35
30	10.08	8.59	5.02	4.43	3.85	3.42
31	10.39	8.86	5.18	4.56	3.97	3.52
32	10.72	9.14	5.34	4.70	4.10	3.63
33	11.05	9.42	5.50	4.85	4.22	3.74
34	11.39	9.71	5.68	5.00	4.36	3.86
35	11.75	10.02	5.85	5.16	4.48	3.98
36	12.13	10.34	6.04	5.32	4.62	4.11
37	12.50	10.65	6.23	5.48	4.77	4.24
38	12.89	10.99	6.43	5.65	4.92	4.37
39	13.30	11.33	6.62	5.83	5.07	4.50
40	13.71	11.68	6.83	6.01	5.23	4.64
41	14.71	12.53	7.33	6.44	5.61	4.98
42	15.78	13.44	7.86	6.92	6.02	5.35
43	16.93	14.43	8.43	7.42	6.45	5.73
44	18.16	15.48	9.05	7.96	6.93	6.16
45	19.48	16.61	9.71	8.54	7.43	6.60
46	19.71	16.81	9.82	8.64	7.52	6.68
47	19.94	17.00	9.94	8.74	7.61	6.75
48	20.17	17.20	10.06	8.84	7.69	6.83
49	20.40	17.40	10.17	8.95	7.79	6.91
50	20.64	17.60	10.29	9.05	7.88	6.99
51	20.88	17.81	10.40	9.16	7.97	7.07
52	21.13	18.02	10.53	9.26	8.06	7.16
53	21.37	18.23	10.65	9.37	8.16	7.24
54	21.62	18.43	10.77	9.47	8.25	7.32
55	21.87	18.65	10.90	9.58	8.35	7.41
56	20.18	17.07	10.45	9.20	8.01	7.11
57	18.61	15.61	10.03	8.83	7.68	6.82
58	17.18	14.29	9.62	8.47	7.38	6.54
59	15.85	13.07	9.24	8.13	7.08	6.29
60	14.62	11.96	8.86	7.80	6.79	6.03

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1504 (07/11)

3% Compound Cost of Living Adjustment Rider on Individual Disability Income Policy with Residual Disability Rider Attached

Occupation Classes 6 and 6M | Unisex Select To Age 67

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	3.04	2.56	1.64	1.49	1.36	1.25
19	3.04	2.56	1.64	1.49	1.36	1.25
20	3.04	2.56	1.64	1.49	1.36	1.25
21	3.04	2.56	1.64	1.49	1.36	1.25
22	3.04	2.56	1.64	1.49	1.36	1.25
23	3.04	2.56	1.64	1.49	1.36	1.25
24	3.04	2.56	1.64	1.49	1.36	1.25
25	3.04	2.56	1.64	1.49	1.36	1.25
26	3.07	2.60	1.66	1.51	1.38	1.27
27	3.09	2.63	1.69	1.53	1.39	1.28
28	3.12	2.68	1.72	1.56	1.42	1.30
29	3.14	2.71	1.74	1.58	1.44	1.32
30	3.17	2.76	1.77	1.60	1.46	1.34
31	3.25	2.83	1.82	1.64	1.48	1.37
32	3.35	2.91	1.86	1.68	1.51	1.40
33	3.44	2.98	1.91	1.72	1.55	1.43
34	3.52	3.07	1.96	1.77	1.59	1.46
35	3.62	3.15	2.00	1.81	1.62	1.49
36	3.72	3.24	2.05	1.85	1.66	1.52
37	3.82	3.32	2.11	1.90	1.70	1.56
38	3.93	3.41	2.16	1.95	1.74	1.59
39	4.05	3.50	2.22	2.00	1.79	1.63
40	4.16	3.60	2.27	2.05	1.83	1.67
41	5.05	4.35	2.67	2.40	2.12	1.92
42	6.06	5.20	3.14	2.79	2.46	2.21
43	7.20	6.16	3.66	3.25	2.84	2.54
44	8.49	7.25	4.27	3.76	3.29	2.92
45	9.94	8.47	4.95	4.36	3.79	3.37
46	10.91	9.29	5.39	4.73	4.11	3.64
47	11.89	10.12	5.84	5.13	4.44	3.92
48	12.90	10.96	6.31	5.52	4.77	4.22
49	13.94	11.83	6.78	5.93	5.12	4.51
50	14.99	12.72	7.27	6.35	5.47	4.82
51	15.17	12.87	7.37	6.43	5.53	4.88
52	15.35	13.04	7.44	6.50	5.61	4.95
53	15.53	13.19	7.54	6.59	5.68	5.00
54	15.71	13.35	7.63	6.66	5.74	5.07
55	15.90	13.50	7.73	6.75	5.82	5.14
56	14.64	12.32	7.41	6.46	5.56	4.91
57	13.47	11.24	7.08	6.19	5.33	4.69
58	12.40	10.25	6.78	5.91	5.10	4.48
59	11.41	9.35	6.48	5.66	4.87	4.28
60	10.50	8.52	6.21	5.42	4.65	4.09
61	10.50	8.52	6.21	5.42	4.65	4.09
62	10.50	8.52	6.21	5.42	4.65	4.09
63	10.50	8.52	6.21	5.42	4.65	4.09
64	10.50	8.52	6.21	5.42	4.65	4.09
65	10.50	8.52	6.21	5.42	4.65	4.09
66	10.50	8.52	6.21	5.42	4.65	4.09

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1504 (07/11)

3% Compound Cost of Living Adjustment Rider on Individual Disability Income Policy with Residual Disability Rider Attached

Occupation Classes 6 and 6M | Unisex Select To Age 67

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	7.37	5.87	3.36	2.94	2.57	2.29
19	7.37	5.87	3.36	2.94	2.57	2.29
20	7.37	5.87	3.36	2.94	2.57	2.29
21	7.37	5.87	3.36	2.94	2.57	2.29
22	7.37	5.87	3.36	2.94	2.57	2.29
23	7.42	5.98	3.43	3.00	2.62	2.33
24	7.49	6.08	3.49	3.07	2.68	2.38
25	7.56	6.19	3.56	3.13	2.73	2.43
26	7.63	6.30	3.63	3.20	2.79	2.48
27	7.70	6.41	3.71	3.26	2.84	2.52
28	7.77	6.52	3.78	3.33	2.90	2.57
29	7.84	6.63	3.86	3.40	2.96	2.63
30	7.91	6.75	3.94	3.46	3.02	2.68
31	8.16	6.96	4.06	3.57	3.11	2.76
32	8.41	7.18	4.19	3.68	3.21	2.85
33	8.67	7.40	4.32	3.80	3.31	2.94
34	8.94	7.62	4.46	3.92	3.42	3.03
35	9.23	7.86	4.59	4.04	3.51	3.13
36	9.51	8.11	4.73	4.17	3.62	3.23
37	9.80	8.36	4.88	4.30	3.74	3.33
38	10.11	8.61	5.04	4.44	3.85	3.43
39	10.42	8.88	5.20	4.57	3.98	3.53
40	10.75	9.16	5.36	4.71	4.10	3.64
41	11.53	9.83	5.74	5.06	4.40	3.91
42	12.38	10.54	6.17	5.43	4.72	4.20
43	13.29	11.32	6.61	5.82	5.07	4.49
44	14.26	12.15	7.10	6.25	5.44	4.82
45	15.30	13.04	7.61	6.70	5.83	5.18
46	15.47	13.19	7.70	6.78	5.90	5.24
47	15.65	13.35	7.79	6.86	5.97	5.30
48	15.83	13.49	7.88	6.94	6.04	5.37
49	16.02	13.65	7.98	7.02	6.11	5.43
50	16.20	13.81	8.07	7.10	6.18	5.49
51	16.38	13.97	8.17	7.19	6.25	5.55
52	16.57	14.14	8.26	7.27	6.33	5.62
53	16.77	14.30	8.36	7.36	6.40	5.68
54	16.96	14.46	8.45	7.43	6.46	5.75
55	17.16	14.63	8.55	7.52	6.54	5.82
56	15.83	13.38	8.21	7.22	6.28	5.58
57	14.60	12.25	7.87	6.93	6.02	5.36
58	13.47	11.21	7.55	6.64	5.78	5.14
59	12.43	10.26	7.25	6.38	5.54	4.92
60	11.47	9.39	6.95	6.12	5.32	4.72

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1504 (07/11)

3% Compound Cost of Living Adjustment Rider on Individual Disability Income Policy with Residual Disability Rider Attached

Occupation Classes 3 and 3M — Unisex Select 5 Year

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	1.67	1.33	0.75	0.65	0.58	0.50
19	1.67	1.33	0.75	0.65	0.58	0.50
20	1.67	1.33	0.75	0.65	0.58	0.50
21	1.67	1.33	0.75	0.65	0.58	0.50
22	1.67	1.33	0.75	0.65	0.58	0.50
23	1.70	1.36	0.77	0.67	0.59	0.51
24	1.73	1.40	0.79	0.70	0.61	0.53
25	1.76	1.44	0.82	0.72	0.63	0.55
26	1.79	1.48	0.85	0.74	0.65	0.57
27	1.83	1.51	0.87	0.77	0.67	0.59
28	1.86	1.55	0.90	0.80	0.69	0.61
29	1.89	1.60	0.93	0.82	0.71	0.63
30	1.93	1.64	0.96	0.85	0.73	0.65
31	2.03	1.72	1.01	0.89	0.77	0.68
32	2.13	1.81	1.06	0.94	0.81	0.72
33	2.23	1.90	1.11	0.98	0.85	0.76
34	2.35	2.00	1.17	1.03	0.89	0.79
35	2.46	2.10	1.23	1.08	0.94	0.83
36	2.58	2.20	1.29	1.13	0.98	0.88
37	2.70	2.31	1.35	1.19	1.03	0.92
38	2.84	2.43	1.42	1.25	1.09	0.97
39	2.98	2.54	1.48	1.31	1.14	1.02
40	3.13	2.67	1.56	1.37	1.20	1.07
41	3.48	2.98	1.74	1.52	1.34	1.19
42	3.88	3.32	1.94	1.70	1.48	1.32
43	4.33	3.69	2.16	1.89	1.65	1.47
44	4.82	4.11	2.41	2.11	1.83	1.63
45	5.37	4.57	2.67	2.36	2.04	1.81
46	5.68	4.84	2.83	2.49	2.16	1.92
47	6.02	5.13	3.00	2.64	2.29	2.03
48	6.38	5.44	3.18	2.80	2.43	2.15
49	6.75	5.76	3.37	2.96	2.57	2.28
50	7.15	6.10	3.56	3.14	2.72	2.42
51	7.71	6.55	3.92	3.46	3.00	2.66
52	8.33	7.05	4.32	3.80	3.30	2.93
53	8.99	7.57	4.75	4.19	3.63	3.23
54	9.70	8.14	5.23	4.60	4.00	3.55
55	10.47	8.74	5.75	5.07	4.41	3.91
56	11.30	9.40	6.34	5.58	4.85	4.31
57	12.20	10.10	6.97	6.14	5.34	4.74
58	13.17	10.86	7.67	6.76	5.87	5.22
59	14.21	11.67	8.44	7.43	6.46	5.74
60	15.34	12.54	9.30	8.19	7.12	6.33

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1504 (07/11)

3% Compound Cost of Living Adjustment Rider on Individual Disability Income Policy with Residual Disability Rider Attached

Occupation Classes 4 and 4M — Unisex Select 5 Year

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	1.37	1.10	0.62	0.55	0.49	0.43
19	1.37	1.10	0.62	0.55	0.49	0.43
20	1.37	1.10	0.62	0.55	0.49	0.43
21	1.37	1.10	0.62	0.55	0.49	0.43
22	1.37	1.10	0.62	0.55	0.49	0.43
23	1.40	1.13	0.64	0.57	0.50	0.44
24	1.42	1.16	0.66	0.58	0.51	0.46
25	1.45	1.19	0.68	0.60	0.52	0.47
26	1.48	1.22	0.70	0.62	0.53	0.48
27	1.49	1.25	0.72	0.63	0.55	0.50
28	1.52	1.28	0.74	0.65	0.56	0.50
29	1.55	1.32	0.77	0.67	0.58	0.52
30	1.58	1.35	0.79	0.69	0.59	0.53
31	1.66	1.42	0.83	0.73	0.62	0.56
32	1.75	1.48	0.87	0.76	0.65	0.59
33	1.84	1.56	0.92	0.80	0.69	0.62
34	1.93	1.64	0.96	0.84	0.73	0.65
35	2.03	1.72	1.01	0.88	0.76	0.68
36	2.13	1.81	1.07	0.93	0.81	0.71
37	2.24	1.90	1.12	0.97	0.85	0.75
38	2.35	2.00	1.18	1.02	0.89	0.79
39	2.47	2.10	1.24	1.08	0.94	0.83
40	2.59	2.21	1.30	1.13	0.99	0.87
41	2.89	2.46	1.45	1.26	1.10	0.97
42	3.22	2.74	1.60	1.41	1.23	1.09
43	3.58	3.05	1.79	1.56	1.36	1.22
44	3.99	3.41	1.99	1.74	1.51	1.36
45	4.45	3.79	2.22	1.94	1.68	1.51
46	4.70	4.01	2.35	2.06	1.78	1.60
47	4.99	4.25	2.48	2.18	1.89	1.69
48	5.28	4.49	2.62	2.31	2.00	1.79
49	5.59	4.76	2.78	2.45	2.12	1.90
50	5.92	5.04	2.94	2.59	2.25	2.01
51	6.39	5.42	3.24	2.85	2.48	2.21
52	6.89	5.82	3.56	3.14	2.72	2.44
53	7.44	6.26	3.92	3.46	3.00	2.67
54	8.03	6.72	4.32	3.80	3.31	2.95
55	8.66	7.23	4.75	4.19	3.63	3.24
56	9.36	7.77	5.23	4.61	4.00	3.56
57	10.09	8.36	5.76	5.07	4.41	3.92
58	10.89	8.98	6.34	5.58	4.85	4.32
59	11.75	9.65	6.98	6.15	5.35	4.75
60	12.68	10.38	7.68	6.76	5.88	5.23

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1504 (07/11)

3% Compound Cost of Living Adjustment Rider on Individual Disability Income Policy with Residual Disability Rider Attached

Occupation Classes 5 and 5M — Unisex Select 5 Year

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	1.10	0.86	0.50	0.43	0.39	0.34
19	1.10	0.86	0.50	0.43	0.39	0.34
20	1.10	0.86	0.50	0.43	0.39	0.34
21	1.10	0.86	0.50	0.43	0.39	0.34
22	1.10	0.86	0.50	0.43	0.39	0.34
23	1.12	0.88	0.51	0.44	0.40	0.35
24	1.13	0.91	0.53	0.46	0.41	0.36
25	1.15	0.93	0.54	0.47	0.42	0.37
26	1.17	0.95	0.56	0.48	0.43	0.38
27	1.19	0.98	0.57	0.50	0.44	0.39
28	1.20	1.01	0.59	0.51	0.46	0.40
29	1.22	1.03	0.60	0.52	0.47	0.42
30	1.24	1.06	0.62	0.54	0.48	0.43
31	1.30	1.11	0.65	0.57	0.50	0.45
32	1.37	1.17	0.68	0.60	0.52	0.47
33	1.44	1.23	0.72	0.63	0.55	0.50
34	1.51	1.29	0.75	0.66	0.58	0.51
35	1.58	1.36	0.79	0.70	0.61	0.53
36	1.67	1.43	0.83	0.73	0.64	0.56
37	1.75	1.49	0.87	0.77	0.67	0.59
38	1.84	1.57	0.92	0.81	0.71	0.62
39	1.94	1.65	0.96	0.86	0.74	0.65
40	2.04	1.73	1.01	0.90	0.78	0.68
41	2.27	1.93	1.13	1.00	0.87	0.76
42	2.52	2.15	1.26	1.11	0.97	0.85
43	2.81	2.40	1.41	1.24	1.07	0.95
44	3.13	2.67	1.56	1.38	1.20	1.06
45	3.48	2.98	1.74	1.52	1.33	1.19
46	3.69	3.16	1.84	1.61	1.41	1.26
47	3.91	3.35	1.95	1.71	1.48	1.33
48	4.14	3.54	2.07	1.81	1.57	1.41
49	4.39	3.75	2.19	1.92	1.67	1.48
50	4.64	3.97	2.32	2.03	1.77	1.57
51	5.01	4.27	2.54	2.24	1.95	1.73
52	5.41	4.58	2.80	2.46	2.15	1.91
53	5.84	4.93	3.09	2.71	2.37	2.10
54	6.30	5.30	3.40	2.98	2.60	2.31
55	6.80	5.68	3.74	3.28	2.86	2.54
56	7.34	6.11	4.11	3.61	3.15	2.80
57	7.92	6.56	4.52	3.98	3.46	3.08
58	8.55	7.06	4.98	4.38	3.82	3.40
59	9.23	7.58	5.47	4.82	4.20	3.73
60	9.96	8.15	6.03	5.31	4.62	4.11

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1504 (07/11)

3% Compound Cost of Living Adjustment Rider on Individual Disability Income Policy with Residual Disability Rider Attached

Occupation Classes 6 and 6M | Unisex Select 5 Year

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	0.84	0.68	0.40	0.33	0.31	0.26
19	0.84	0.68	0.40	0.33	0.31	0.26
20	0.84	0.68	0.40	0.33	0.31	0.26
21	0.84	0.68	0.40	0.33	0.31	0.26
22	0.84	0.68	0.40	0.33	0.31	0.26
23	0.86	0.70	0.41	0.35	0.32	0.27
24	0.87	0.71	0.42	0.36	0.32	0.28
25	0.89	0.73	0.43	0.37	0.33	0.29
26	0.91	0.75	0.44	0.38	0.34	0.30
27	0.93	0.76	0.45	0.40	0.35	0.31
28	0.94	0.78	0.47	0.41	0.35	0.32
29	0.96	0.80	0.48	0.42	0.36	0.33
30	0.98	0.82	0.49	0.44	0.37	0.34
31	1.03	0.86	0.50	0.46	0.39	0.36
32	1.08	0.91	0.53	0.48	0.41	0.37
33	1.14	0.96	0.56	0.50	0.43	0.39
34	1.20	1.01	0.59	0.52	0.45	0.41
35	1.26	1.06	0.62	0.54	0.48	0.43
36	1.32	1.12	0.65	0.57	0.50	0.45
37	1.39	1.17	0.68	0.60	0.52	0.48
38	1.46	1.24	0.72	0.63	0.54	0.50
39	1.52	1.30	0.75	0.66	0.57	0.51
40	1.60	1.37	0.79	0.69	0.60	0.54
41	1.78	1.52	0.88	0.77	0.67	0.60
42	1.98	1.69	0.98	0.86	0.75	0.67
43	2.21	1.88	1.09	0.97	0.83	0.75
44	2.46	2.09	1.22	1.08	0.93	0.83
45	2.73	2.33	1.36	1.21	1.04	0.93
46	2.89	2.47	1.44	1.28	1.10	0.99
47	3.06	2.61	1.52	1.35	1.17	1.04
48	3.24	2.77	1.61	1.43	1.24	1.11
49	3.44	2.93	1.71	1.50	1.31	1.17
50	3.63	3.11	1.81	1.59	1.39	1.24
51	3.92	3.34	1.99	1.75	1.52	1.37
52	4.24	3.59	2.20	1.93	1.68	1.49
53	4.57	3.86	2.42	2.13	1.85	1.64
54	4.93	4.15	2.66	2.34	2.04	1.81
55	5.33	4.46	2.93	2.57	2.24	2.00
56	5.75	4.79	3.23	2.84	2.47	2.20
57	6.21	5.15	3.54	3.13	2.71	2.42
58	6.70	5.53	3.91	3.44	2.99	2.65
59	7.24	5.95	4.30	3.78	3.29	2.92
60	7.81	6.40	4.73	4.17	3.62	3.22

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1504 (07/11)

3% Compound Cost of Living Adjustment Rider on Individual Disability Income Policy with Residual Disability Rider Attached

Occupation Classes 3 and 3M | Unisex Select 10 Year

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	1.53	1.33	0.93	0.87	0.80	0.76
19	1.53	1.33	0.93	0.87	0.80	0.76
20	1.53	1.33	0.93	0.87	0.80	0.76
21	1.53	1.33	0.93	0.87	0.80	0.76
22	1.53	1.33	0.93	0.87	0.80	0.76
23	1.53	1.33	0.93	0.87	0.80	0.76
24	1.53	1.33	0.93	0.87	0.80	0.76
25	1.53	1.33	0.93	0.87	0.80	0.76
26	1.55	1.35	0.94	0.88	0.81	0.76
27	1.56	1.36	0.95	0.88	0.82	0.77
28	1.58	1.38	0.96	0.89	0.83	0.78
29	1.59	1.40	0.97	0.90	0.83	0.79
30	1.60	1.42	0.99	0.91	0.85	0.79
31	1.62	1.43	1.00	0.92	0.85	0.80
32	1.64	1.45	1.01	0.93	0.86	0.81
33	1.65	1.47	1.02	0.94	0.87	0.82
34	1.67	1.48	1.03	0.95	0.88	0.83
35	1.69	1.50	1.04	0.96	0.89	0.83
36	1.84	1.62	1.11	1.03	0.95	0.88
37	2.00	1.77	1.20	1.10	1.01	0.94
38	2.19	1.92	1.29	1.18	1.08	1.00
39	2.39	2.10	1.39	1.27	1.16	1.07
40	2.61	2.29	1.50	1.37	1.24	1.15
41	3.22	2.79	1.76	1.58	1.43	1.30
42	3.94	3.40	2.09	1.86	1.64	1.49
43	4.82	4.13	2.48	2.20	1.93	1.74
44	5.86	5.01	2.96	2.61	2.28	2.04
45	7.11	6.06	3.54	3.12	2.71	2.41
46	8.20	6.98	4.05	3.55	3.08	2.72
47	9.43	8.01	4.62	4.05	3.50	3.09
48	10.79	9.17	5.26	4.60	3.97	3.49
49	12.31	10.44	5.97	5.23	4.49	3.96
50	13.99	11.86	6.77	5.91	5.09	4.46
51	15.31	12.99	7.42	6.48	5.59	4.92
52	16.75	14.21	8.15	7.13	6.14	5.41
53	18.32	15.55	8.93	7.81	6.74	5.94
54	20.04	17.02	9.79	8.56	7.41	6.52
55	21.91	18.62	10.72	9.39	8.12	7.17
56	20.09	16.93	10.23	8.94	7.73	6.83
57	18.41	15.37	9.74	8.53	7.37	6.49
58	16.88	13.97	9.29	8.13	7.02	6.19
59	15.47	12.68	8.85	7.75	6.68	5.90
60	14.18	11.52	8.43	7.39	6.37	5.61
61	14.18	11.52	8.43	7.39	6.37	5.61
62	14.18	11.52	8.43	7.39	6.37	5.61
63	14.18	11.52	8.43	7.39	6.37	5.61
64	14.18	11.52	8.43	7.39	6.37	5.61

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1504 (07/11)

3% Compound Cost of Living Adjustment Rider on Individual Disability Income Policy with Residual Disability Rider Attached

Occupation Classes 3 and 3M | Unisex Select 10 Year

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	3.14	2.53	1.46	1.28	1.10	0.98
19	3.14	2.53	1.46	1.28	1.10	0.98
20	3.14	2.53	1.46	1.28	1.10	0.98
21	3.14	2.53	1.46	1.28	1.10	0.98
22	3.14	2.53	1.46	1.28	1.10	0.98
23	3.18	2.57	1.48	1.30	1.13	1.00
24	3.22	2.61	1.50	1.32	1.15	1.02
25	3.26	2.66	1.53	1.35	1.17	1.04
26	3.30	2.71	1.56	1.38	1.19	1.06
27	3.34	2.75	1.59	1.40	1.22	1.08
28	3.39	2.80	1.62	1.43	1.24	1.10
29	3.43	2.85	1.65	1.46	1.26	1.12
30	3.46	2.90	1.68	1.48	1.29	1.14
31	3.51	2.95	1.71	1.50	1.31	1.17
32	3.55	3.00	1.74	1.53	1.34	1.19
33	3.60	3.05	1.77	1.56	1.37	1.21
34	3.64	3.11	1.81	1.59	1.39	1.24
35	3.69	3.16	1.84	1.62	1.42	1.26
36	4.12	3.51	2.05	1.81	1.57	1.40
37	4.58	3.92	2.29	2.01	1.75	1.55
38	5.11	4.36	2.54	2.24	1.95	1.73
39	5.68	4.85	2.83	2.49	2.17	1.93
40	6.34	5.41	3.16	2.77	2.42	2.15
41	7.07	6.03	3.52	3.09	2.69	2.40
42	7.88	6.72	3.93	3.46	3.00	2.67
43	8.79	7.49	4.38	3.85	3.35	2.98
44	9.80	8.36	4.88	4.30	3.73	3.32
45	10.93	9.32	5.45	4.79	4.17	3.70
46	11.66	9.94	5.81	5.12	4.45	3.95
47	12.45	10.61	6.21	5.46	4.75	4.22
48	13.29	11.33	6.62	5.83	5.07	4.49
49	14.19	12.09	7.07	6.23	5.41	4.80
50	15.14	12.90	7.54	6.64	5.77	5.12
51	16.52	14.09	8.24	7.25	6.31	5.59
52	18.05	15.37	8.99	7.92	6.88	6.11
53	19.70	16.79	9.82	8.64	7.51	6.67
54	21.51	18.33	10.72	9.43	8.21	7.29
55	23.48	20.02	11.70	10.30	8.96	7.96
56	21.56	18.24	11.18	9.83	8.55	7.60
57	19.80	16.60	10.67	9.40	8.17	7.26
58	18.19	15.12	10.20	8.97	7.80	6.93
59	16.70	13.77	9.73	8.57	7.45	6.62
60	15.34	12.54	9.30	8.19	7.12	6.33

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1504 (07/11)

3% Compound Cost of Living Adjustment Rider on Individual Disability Income Policy with Residual Disability Rider Attached

Occupation Classes 4 and 4M | Unisex Select 10 Year

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	1.34	1.17	0.84	0.79	0.73	0.69
19	1.34	1.17	0.84	0.79	0.73	0.69
20	1.34	1.17	0.84	0.79	0.73	0.69
21	1.34	1.17	0.84	0.79	0.73	0.69
22	1.34	1.17	0.84	0.79	0.73	0.69
23	1.34	1.17	0.84	0.79	0.73	0.69
24	1.34	1.17	0.84	0.79	0.73	0.69
25	1.34	1.17	0.84	0.79	0.73	0.69
26	1.35	1.18	0.85	0.79	0.74	0.70
27	1.36	1.19	0.86	0.80	0.75	0.71
28	1.38	1.21	0.86	0.81	0.75	0.71
29	1.39	1.22	0.87	0.81	0.76	0.72
30	1.40	1.24	0.88	0.82	0.77	0.73
31	1.42	1.25	0.89	0.83	0.77	0.73
32	1.43	1.27	0.90	0.84	0.78	0.74
33	1.44	1.28	0.91	0.85	0.79	0.74
34	1.46	1.30	0.92	0.86	0.80	0.75
35	1.47	1.31	0.93	0.86	0.80	0.76
36	1.58	1.42	0.99	0.91	0.85	0.80
37	1.72	1.52	1.06	0.98	0.90	0.85
38	1.87	1.65	1.14	1.04	0.96	0.90
39	2.04	1.80	1.22	1.12	1.02	0.95
40	2.23	1.96	1.31	1.20	1.10	1.02
41	2.71	2.36	1.51	1.37	1.23	1.13
42	3.30	2.85	1.76	1.57	1.41	1.28
43	4.00	3.45	2.08	1.85	1.62	1.47
44	4.86	4.16	2.47	2.18	1.89	1.70
45	5.87	5.01	2.93	2.57	2.24	2.00
46	6.77	5.75	3.33	2.92	2.52	2.25
47	7.76	6.59	3.79	3.32	2.85	2.53
48	8.87	7.53	4.31	3.75	3.23	2.86
49	10.12	8.57	4.88	4.26	3.65	3.23
50	11.49	9.73	5.52	4.81	4.13	3.64
51	12.58	10.66	6.07	5.30	4.54	4.01
52	13.77	11.68	6.65	5.81	5.00	4.41
53	15.07	12.79	7.31	6.39	5.49	4.85
54	16.48	14.00	8.01	7.01	6.04	5.34
55	18.03	15.32	8.78	7.68	6.63	5.86
56	16.52	13.92	8.37	7.32	6.32	5.57
57	15.15	12.65	7.98	6.98	6.02	5.31
58	13.88	11.48	7.60	6.65	5.72	5.05
59	12.72	10.41	7.24	6.33	5.45	4.80
60	11.65	9.46	6.90	6.03	5.19	4.57
61	11.65	9.46	6.90	6.03	5.19	4.57
62	11.65	9.46	6.90	6.03	5.19	4.57
63	11.65	9.46	6.90	6.03	5.19	4.57
64	11.65	9.46	6.90	6.03	5.19	4.57

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1504 (07/11)

3% Compound Cost of Living Adjustment Rider on Individual Disability Income Policy with Residual Disability Rider Attached

Occupation Classes 4 and 4M | Unisex Select 10 Year

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	2.58	2.09	1.20	1.06	0.92	0.81
19	2.58	2.09	1.20	1.06	0.92	0.81
20	2.58	2.09	1.20	1.06	0.92	0.81
21	2.58	2.09	1.20	1.06	0.92	0.81
22	2.58	2.09	1.20	1.06	0.92	0.81
23	2.61	2.12	1.22	1.08	0.93	0.83
24	2.64	2.16	1.25	1.10	0.95	0.84
25	2.68	2.20	1.27	1.12	0.97	0.86
26	2.72	2.24	1.29	1.14	0.99	0.88
27	2.75	2.28	1.32	1.16	1.01	0.89
28	2.79	2.32	1.34	1.18	1.03	0.91
29	2.83	2.36	1.37	1.20	1.05	0.93
30	2.86	2.40	1.39	1.23	1.07	0.95
31	2.90	2.44	1.42	1.25	1.09	0.96
32	2.94	2.48	1.45	1.27	1.11	0.98
33	2.98	2.52	1.47	1.29	1.13	1.00
34	3.02	2.56	1.49	1.32	1.15	1.02
35	3.06	2.61	1.52	1.34	1.17	1.04
36	3.41	2.91	1.70	1.48	1.30	1.16
37	3.79	3.24	1.89	1.66	1.45	1.29
38	4.23	3.60	2.11	1.85	1.61	1.44
39	4.70	4.01	2.35	2.06	1.79	1.59
40	5.24	4.46	2.61	2.30	2.00	1.77
41	5.84	4.98	2.91	2.56	2.23	1.98
42	6.51	5.55	3.25	2.85	2.48	2.21
43	7.26	6.20	3.62	3.19	2.76	2.47
44	8.10	6.91	4.04	3.55	3.08	2.75
45	9.03	7.70	4.50	3.96	3.44	3.07
46	9.64	8.22	4.80	4.23	3.66	3.28
47	10.29	8.77	5.13	4.51	3.91	3.49
48	10.98	9.37	5.47	4.81	4.18	3.73
49	11.72	9.99	5.84	5.14	4.46	3.98
50	12.51	10.66	6.23	5.48	4.76	4.25
51	13.66	11.64	6.80	5.99	5.20	4.63
52	14.91	12.71	7.42	6.53	5.68	5.06
53	16.28	13.88	8.11	7.14	6.20	5.52
54	17.77	15.15	8.85	7.79	6.77	6.03
55	19.39	16.54	9.66	8.50	7.40	6.58
56	17.81	15.07	9.23	8.12	7.07	6.29
57	16.36	13.73	8.81	7.76	6.75	6.00
58	15.03	12.50	8.42	7.42	6.44	5.73
59	13.81	11.38	8.04	7.08	6.16	5.47
60	12.68	10.38	7.68	6.76	5.88	5.23

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1504 (07/11)

3% Compound Cost of Living Adjustment Rider on Individual Disability Income Policy with Residual Disability Rider Attached

Occupation Classes 5 and 5M | Unisex Select 10 Year

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	1.14	1.00	0.74	0.70	0.66	0.63
19	1.14	1.00	0.74	0.70	0.66	0.63
20	1.14	1.00	0.74	0.70	0.66	0.63
21	1.14	1.00	0.74	0.70	0.66	0.63
22	1.14	1.00	0.74	0.70	0.66	0.63
23	1.14	1.00	0.74	0.70	0.66	0.63
24	1.14	1.00	0.74	0.70	0.66	0.63
25	1.14	1.00	0.74	0.70	0.66	0.63
26	1.15	1.01	0.75	0.71	0.66	0.63
27	1.16	1.02	0.76	0.71	0.67	0.64
28	1.16	1.03	0.76	0.72	0.67	0.64
29	1.17	1.04	0.77	0.72	0.68	0.65
30	1.18	1.05	0.78	0.73	0.68	0.65
31	1.19	1.07	0.79	0.73	0.69	0.66
32	1.21	1.08	0.79	0.74	0.69	0.66
33	1.22	1.09	0.80	0.75	0.70	0.67
34	1.23	1.10	0.81	0.75	0.71	0.67
35	1.24	1.11	0.81	0.76	0.71	0.68
36	1.33	1.20	0.86	0.80	0.75	0.71
37	1.44	1.29	0.91	0.85	0.79	0.75
38	1.55	1.39	0.97	0.90	0.84	0.79
39	1.69	1.50	1.04	0.96	0.89	0.83
40	1.84	1.62	1.11	1.03	0.95	0.88
41	2.20	1.92	1.26	1.15	1.04	0.95
42	2.64	2.29	1.44	1.30	1.16	1.05
43	3.19	2.74	1.66	1.48	1.32	1.18
44	3.84	3.29	1.95	1.72	1.51	1.36
45	4.62	3.94	2.30	2.02	1.75	1.56
46	5.31	4.51	2.60	2.28	1.97	1.74
47	6.07	5.16	2.94	2.57	2.21	1.95
48	6.93	5.88	3.33	2.90	2.49	2.20
49	7.88	6.68	3.76	3.28	2.80	2.47
50	8.93	7.57	4.25	3.69	3.16	2.77
51	9.79	8.30	4.67	4.07	3.48	3.07
52	10.73	9.10	5.15	4.48	3.84	3.38
53	11.75	9.96	5.65	4.93	4.23	3.72
54	12.87	10.91	6.21	5.42	4.66	4.10
55	14.09	11.94	6.82	5.95	5.13	4.51
56	12.90	10.84	6.48	5.67	4.88	4.30
57	11.82	9.85	6.18	5.40	4.64	4.08
58	10.82	8.93	5.89	5.14	4.42	3.88
59	9.90	8.10	5.60	4.88	4.21	3.68
60	9.07	7.35	5.34	4.64	4.00	3.50
61	9.07	7.35	5.34	4.64	4.00	3.50
62	9.07	7.35	5.34	4.64	4.00	3.50
63	9.07	7.35	5.34	4.64	4.00	3.50
64	9.07	7.35	5.34	4.64	4.00	3.50

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1504 (07/11)

3% Compound Cost of Living Adjustment Rider on Individual Disability Income Policy with Residual Disability Rider Attached

Occupation Classes 5 and 5M — Unisex Select 10 Year

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	2.03	1.64	0.95	0.82	0.72	0.63
19	2.03	1.64	0.95	0.82	0.72	0.63
20	2.03	1.64	0.95	0.82	0.72	0.63
21	2.03	1.64	0.95	0.82	0.72	0.63
22	2.03	1.64	0.95	0.82	0.72	0.63
23	2.06	1.67	0.96	0.84	0.73	0.65
24	2.08	1.70	0.98	0.85	0.75	0.66
25	2.11	1.73	1.00	0.87	0.76	0.67
26	2.14	1.76	1.02	0.89	0.77	0.68
27	2.17	1.79	1.04	0.90	0.79	0.70
28	2.19	1.82	1.06	0.92	0.80	0.71
29	2.22	1.85	1.08	0.94	0.82	0.72
30	2.25	1.88	1.10	0.96	0.83	0.74
31	2.28	1.92	1.12	0.97	0.85	0.75
32	2.31	1.95	1.14	0.99	0.86	0.77
33	2.34	1.98	1.16	1.01	0.88	0.78
34	2.37	2.02	1.18	1.03	0.89	0.79
35	2.40	2.05	1.20	1.05	0.91	0.81
36	2.67	2.29	1.34	1.17	1.02	0.90
37	2.98	2.54	1.48	1.31	1.14	1.01
38	3.32	2.83	1.65	1.46	1.27	1.13
39	3.69	3.16	1.84	1.62	1.42	1.26
40	4.12	3.51	2.05	1.81	1.57	1.40
41	4.59	3.92	2.29	2.02	1.75	1.55
42	5.12	4.37	2.54	2.25	1.95	1.73
43	5.71	4.87	2.84	2.50	2.18	1.93
44	6.38	5.44	3.17	2.79	2.43	2.16
45	7.11	6.06	3.53	3.11	2.70	2.41
46	7.58	6.46	3.77	3.32	2.88	2.56
47	8.09	6.90	4.03	3.54	3.08	2.74
48	8.63	7.37	4.30	3.78	3.29	2.93
49	9.21	7.86	4.58	4.04	3.50	3.13
50	9.82	8.39	4.89	4.31	3.74	3.34
51	10.72	9.15	5.34	4.70	4.09	3.64
52	11.71	9.99	5.83	5.14	4.46	3.97
53	12.79	10.90	6.37	5.60	4.87	4.34
54	13.96	11.90	6.95	6.12	5.33	4.73
55	15.25	12.99	7.59	6.68	5.81	5.17
56	14.00	11.83	7.25	6.39	5.55	4.94
57	12.86	10.78	6.92	6.10	5.31	4.71
58	11.81	9.82	6.61	5.82	5.07	4.50
59	10.84	8.94	6.32	5.55	4.84	4.30
60	9.96	8.15	6.03	5.31	4.62	4.11

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1504 (07/11)

3% Compound Cost of Living Adjustment Rider on Individual Disability Income Policy with Residual Disability Rider Attached

Occupation Classes 6 and 6M | Unisex Select 10 Year

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	0.97	0.87	0.67	0.63	0.60	0.58
19	0.97	0.87	0.67	0.63	0.60	0.58
20	0.97	0.87	0.67	0.63	0.60	0.58
21	0.97	0.87	0.67	0.63	0.60	0.58
22	0.97	0.87	0.67	0.63	0.60	0.58
23	0.97	0.87	0.67	0.63	0.60	0.58
24	0.97	0.87	0.67	0.63	0.60	0.58
25	0.97	0.87	0.67	0.63	0.60	0.58
26	0.98	0.87	0.67	0.63	0.60	0.58
27	0.99	0.88	0.68	0.64	0.61	0.59
28	1.00	0.89	0.68	0.65	0.61	0.59
29	1.01	0.90	0.69	0.65	0.62	0.59
30	1.01	0.91	0.69	0.66	0.62	0.60
31	1.02	0.92	0.70	0.66	0.62	0.60
32	1.03	0.93	0.71	0.67	0.63	0.60
33	1.04	0.94	0.71	0.67	0.63	0.61
34	1.05	0.95	0.72	0.67	0.64	0.61
35	1.05	0.96	0.72	0.68	0.64	0.62
36	1.13	1.02	0.76	0.72	0.67	0.64
37	1.22	1.09	0.80	0.75	0.71	0.67
38	1.31	1.17	0.85	0.79	0.74	0.71
39	1.42	1.27	0.90	0.84	0.78	0.74
40	1.52	1.36	0.96	0.89	0.83	0.78
41	1.80	1.57	1.05	0.97	0.88	0.82
42	2.13	1.85	1.18	1.07	0.96	0.88
43	2.53	2.18	1.34	1.20	1.07	0.97
44	3.03	2.59	1.54	1.37	1.20	1.08
45	3.62	3.08	1.80	1.59	1.38	1.23
46	4.15	3.51	2.02	1.77	1.52	1.36
47	4.73	4.00	2.28	1.98	1.70	1.49
48	5.39	4.55	2.56	2.23	1.91	1.67
49	6.11	5.17	2.89	2.50	2.13	1.86
50	6.92	5.86	3.26	2.82	2.40	2.09
51	7.60	6.43	3.58	3.11	2.65	2.32
52	8.34	7.05	3.95	3.45	2.93	2.56
53	9.13	7.73	4.35	3.79	3.25	2.83
54	10.01	8.47	4.78	4.18	3.57	3.13
55	10.97	9.29	5.26	4.59	3.94	3.46
56	10.04	8.42	5.00	4.37	3.74	3.28
57	9.19	7.63	4.76	4.15	3.55	3.11
58	8.41	6.92	4.53	3.95	3.38	2.95
59	7.68	6.28	4.31	3.75	3.21	2.80
60	7.03	5.68	4.10	3.56	3.05	2.66
61	7.03	5.68	4.10	3.56	3.05	2.66
62	7.03	5.68	4.10	3.56	3.05	2.66
63	7.03	5.68	4.10	3.56	3.05	2.66
64	7.03	5.68	4.10	3.56	3.05	2.66

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1504 (07/11)

3% Compound Cost of Living Adjustment Rider on Individual Disability Income Policy with Residual Disability Rider Attached

Occupation Classes 6 and 6M — Unisex Select 10 Year

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	1.59	1.28	0.74	0.64	0.56	0.50
19	1.59	1.28	0.74	0.64	0.56	0.50
20	1.59	1.28	0.74	0.64	0.56	0.50
21	1.59	1.28	0.74	0.64	0.56	0.50
22	1.59	1.28	0.74	0.64	0.56	0.50
23	1.61	1.30	0.75	0.65	0.57	0.51
24	1.63	1.33	0.77	0.67	0.58	0.52
25	1.65	1.35	0.78	0.68	0.59	0.53
26	1.67	1.37	0.79	0.69	0.60	0.54
27	1.69	1.40	0.81	0.71	0.61	0.55
28	1.72	1.42	0.83	0.72	0.62	0.56
29	1.74	1.45	0.84	0.73	0.64	0.57
30	1.76	1.47	0.86	0.75	0.65	0.58
31	1.78	1.49	0.87	0.76	0.66	0.59
32	1.81	1.52	0.89	0.78	0.67	0.60
33	1.83	1.54	0.91	0.79	0.68	0.62
34	1.86	1.57	0.92	0.80	0.70	0.63
35	1.88	1.60	0.94	0.82	0.71	0.64
36	2.10	1.78	1.05	0.92	0.79	0.71
37	2.34	1.99	1.17	1.02	0.89	0.80
38	2.60	2.22	1.30	1.14	0.99	0.89
39	2.90	2.48	1.45	1.27	1.11	0.99
40	3.24	2.75	1.60	1.42	1.24	1.10
41	3.61	3.07	1.79	1.58	1.38	1.23
42	4.02	3.43	2.00	1.76	1.53	1.37
43	4.48	3.81	2.23	1.96	1.71	1.52
44	5.00	4.26	2.48	2.19	1.90	1.69
45	5.57	4.74	2.77	2.45	2.12	1.89
46	5.95	5.06	2.96	2.61	2.26	2.02
47	6.35	5.41	3.16	2.78	2.42	2.15
48	6.77	5.77	3.38	2.97	2.58	2.30
49	7.22	6.17	3.60	3.17	2.75	2.45
50	7.70	6.58	3.84	3.39	2.94	2.61
51	8.41	7.19	4.19	3.69	3.21	2.85
52	9.19	7.84	4.57	4.04	3.50	3.12
53	10.03	8.55	4.99	4.41	3.83	3.40
54	10.95	9.34	5.45	4.81	4.18	3.71
55	11.96	10.19	5.95	5.25	4.56	4.05
56	10.98	9.29	5.68	5.01	4.36	3.87
57	10.09	8.45	5.43	4.78	4.16	3.69
58	9.27	7.70	5.19	4.57	3.97	3.52
59	8.50	7.02	4.95	4.37	3.79	3.37
60	7.81	6.40	4.73	4.17	3.62	3.22

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1512 (07/11)

6% Maximum Cost of Living Adjustment Rider on Individual Disability Income Policy

Occupation Classes 3 and 3M — Unisex Select To Age 65

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	7.37	6.10	3.68	3.29	2.91	2.63
19	7.37	6.10	3.68	3.29	2.91	2.63
20	7.37	6.10	3.68	3.29	2.91	2.63
21	7.37	6.10	3.68	3.29	2.91	2.63
22	7.37	6.10	3.68	3.29	2.91	2.63
23	7.37	6.10	3.68	3.29	2.91	2.63
24	7.37	6.10	3.68	3.29	2.91	2.63
25	7.37	6.10	3.68	3.29	2.91	2.63
26	7.45	6.23	3.76	3.36	2.97	2.68
27	7.54	6.35	3.84	3.43	3.03	2.74
28	7.63	6.47	3.92	3.50	3.10	2.79
29	7.72	6.59	4.01	3.57	3.16	2.85
30	7.82	6.72	4.09	3.65	3.23	2.91
31	7.93	6.82	4.15	3.69	3.27	2.95
32	8.03	6.91	4.20	3.74	3.31	2.98
33	8.14	7.00	4.26	3.79	3.36	3.02
34	8.25	7.10	4.32	3.84	3.40	3.06
35	8.37	7.19	4.37	3.89	3.44	3.10
36	8.48	7.29	4.43	3.94	3.48	3.14
37	8.59	7.39	4.48	3.99	3.52	3.18
38	8.71	7.48	4.54	4.05	3.57	3.22
39	8.83	7.58	4.60	4.10	3.61	3.26
40	8.95	7.69	4.66	4.15	3.66	3.30
41	10.72	9.19	5.50	4.88	4.29	3.84
42	12.61	10.79	6.41	5.66	4.96	4.44
43	14.64	12.51	7.38	6.51	5.68	5.07
44	16.81	14.35	8.42	7.42	6.46	5.75
45	19.14	16.32	9.53	8.40	7.30	6.48
46	21.03	17.92	10.43	9.18	7.97	7.08
47	22.96	19.55	11.36	9.98	8.65	7.68
48	24.92	21.22	12.30	10.80	9.36	8.30
49	26.92	22.91	13.26	11.63	10.07	8.92
50	28.96	24.64	14.23	12.48	10.79	9.55
51	28.00	23.82	13.75	12.06	10.42	9.23
52	27.07	23.03	13.29	11.64	10.07	8.91
53	26.17	22.26	12.84	11.25	9.73	8.60
54	25.29	21.51	12.40	10.86	9.40	8.31
55	24.45	20.79	11.98	10.49	9.08	8.02
56	22.24	18.74	11.33	9.92	8.57	7.58
57	20.21	16.88	10.70	9.38	8.10	7.16
58	18.36	15.21	10.11	8.85	7.64	6.75
59	16.68	13.69	9.55	8.36	7.23	6.38
60	15.16	12.33	9.03	7.90	6.82	6.02
61	15.16	12.33	9.03	7.90	6.82	6.02
62	15.16	12.33	9.03	7.90	6.82	6.02
63	15.16	12.33	9.03	7.90	6.82	6.02
64	15.16	12.33	9.03	7.90	6.82	6.02

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1512 (07/11)

6% Maximum Cost of Living Adjustment Rider on Individual Disability Income Policy

Occupation Classes 3 and 3M — Unisex Select To Age 65

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	19.19	15.33	8.76	7.70	6.69	5.95
19	19.19	15.33	8.76	7.70	6.69	5.95
20	19.19	15.33	8.76	7.70	6.69	5.95
21	19.19	15.33	8.76	7.70	6.69	5.95
22	19.19	15.33	8.76	7.70	6.69	5.95
23	19.42	15.64	8.97	7.89	6.85	6.09
24	19.67	15.97	9.18	8.08	7.02	6.24
25	19.92	16.31	9.40	8.27	7.19	6.39
26	20.17	16.65	9.62	8.46	7.36	6.53
27	20.42	17.00	9.85	8.66	7.53	6.69
28	20.68	17.35	10.08	8.87	7.71	6.85
29	20.94	17.71	10.32	9.08	7.90	7.02
30	21.21	18.09	10.56	9.30	8.09	7.19
31	21.51	18.34	10.71	9.42	8.21	7.29
32	21.82	18.60	10.87	9.56	8.33	7.40
33	22.13	18.87	11.03	9.70	8.44	7.50
34	22.44	19.14	11.19	9.84	8.56	7.61
35	22.77	19.41	11.35	9.98	8.68	7.72
36	23.10	19.69	11.51	10.13	8.81	7.83
37	23.42	19.97	11.67	10.28	8.94	7.94
38	23.76	20.26	11.84	10.42	9.07	8.06
39	24.10	20.54	12.02	10.57	9.20	8.17
40	24.44	20.84	12.19	10.72	9.33	8.29
41	25.37	21.63	12.65	11.13	9.68	8.60
42	26.33	22.45	13.13	11.55	10.05	8.93
43	27.33	23.30	13.62	11.99	10.42	9.27
44	28.36	24.19	14.14	12.43	10.82	9.61
45	29.44	25.11	14.67	12.91	11.23	9.98
46	29.73	25.35	14.81	13.04	11.34	10.08
47	30.02	25.60	14.96	13.17	11.44	10.18
48	30.30	25.85	15.10	13.30	11.55	10.28
49	30.60	26.10	15.25	13.42	11.67	10.38
50	30.90	26.35	15.39	13.55	11.78	10.47
51	29.89	25.49	14.89	13.11	11.39	10.13
52	28.91	24.65	14.40	12.67	11.02	9.80
53	27.96	23.84	13.93	12.26	10.66	9.47
54	27.05	23.06	13.47	11.85	10.31	9.16
55	26.16	22.30	13.03	11.46	9.97	8.86
56	23.82	20.15	12.34	10.86	9.44	8.40
57	21.69	18.19	11.68	10.29	8.94	7.95
58	19.75	16.42	11.06	9.73	8.46	7.52
59	17.98	14.83	10.47	9.22	8.02	7.13
60	16.37	13.39	9.92	8.73	7.59	6.75

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1512 (07/11)

6% Maximum Cost of Living Adjustment Rider on Individual Disability Income Policy

Occupation Classes 4 and 4M — Unisex Select To Age 65

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	6.14	5.09	3.10	2.77	2.47	2.24
19	6.14	5.09	3.10	2.77	2.47	2.24
20	6.14	5.09	3.10	2.77	2.47	2.24
21	6.14	5.09	3.10	2.77	2.47	2.24
22	6.14	5.09	3.10	2.77	2.47	2.24
23	6.14	5.09	3.10	2.77	2.47	2.24
24	6.14	5.09	3.10	2.77	2.47	2.24
25	6.14	5.09	3.10	2.77	2.47	2.24
26	6.21	5.19	3.17	2.83	2.51	2.28
27	6.28	5.29	3.23	2.89	2.56	2.33
28	6.36	5.39	3.30	2.95	2.61	2.38
29	6.43	5.49	3.37	3.01	2.67	2.42
30	6.50	5.60	3.44	3.08	2.72	2.47
31	6.58	5.67	3.48	3.11	2.76	2.49
32	6.68	5.75	3.52	3.15	2.79	2.52
33	6.77	5.83	3.57	3.19	2.82	2.55
34	6.86	5.90	3.61	3.23	2.86	2.58
35	6.95	5.99	3.66	3.27	2.90	2.61
36	7.05	6.07	3.71	3.32	2.93	2.65
37	7.14	6.15	3.76	3.36	2.97	2.68
38	7.24	6.23	3.80	3.40	3.01	2.71
39	7.34	6.32	3.85	3.44	3.04	2.75
40	7.43	6.41	3.90	3.48	3.08	2.78
41	8.87	7.61	4.57	4.07	3.58	3.22
42	10.41	8.92	5.31	4.70	4.12	3.69
43	12.08	10.33	6.10	5.39	4.70	4.20
44	13.85	11.82	6.94	6.12	5.33	4.74
45	15.75	13.42	7.84	6.90	6.00	5.34
46	17.29	14.72	8.57	7.53	6.54	5.80
47	18.85	16.06	9.32	8.18	7.09	6.29
48	20.45	17.40	10.08	8.83	7.65	6.77
49	22.09	18.79	10.86	9.50	8.23	7.28
50	23.75	20.20	11.64	10.20	8.81	7.78
51	22.96	19.51	11.25	9.85	8.51	7.52
52	22.19	18.87	10.86	9.50	8.22	7.26
53	21.45	18.24	10.49	9.19	7.94	7.02
54	20.74	17.62	10.14	8.87	7.66	6.77
55	20.04	17.03	9.79	8.56	7.41	6.53
56	18.22	15.34	9.26	8.10	6.99	6.17
57	16.55	13.81	8.73	7.64	6.59	5.82
58	15.04	12.44	8.26	7.22	6.23	5.49
59	13.65	11.19	7.79	6.82	5.87	5.17
60	12.40	10.07	7.37	6.43	5.53	4.88
61	12.40	10.07	7.37	6.43	5.53	4.88
62	12.40	10.07	7.37	6.43	5.53	4.88
63	12.40	10.07	7.37	6.43	5.53	4.88
64	12.40	10.07	7.37	6.43	5.53	4.88

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1512 (07/11)

6% Maximum Cost of Living Adjustment Rider on Individual Disability Income Policy

Occupation Classes 4 and 4M — Unisex Select To Age 65

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	15.79	12.61	7.20	6.34	5.50	4.90
19	15.79	12.61	7.20	6.34	5.50	4.90
20	15.79	12.61	7.20	6.34	5.50	4.90
21	15.79	12.61	7.20	6.34	5.50	4.90
22	15.79	12.61	7.20	6.34	5.50	4.90
23	15.99	12.87	7.37	6.48	5.63	5.02
24	16.20	13.14	7.54	6.64	5.77	5.14
25	16.39	13.41	7.72	6.80	5.91	5.26
26	16.60	13.69	7.91	6.96	6.05	5.39
27	16.81	13.98	8.10	7.13	6.20	5.50
28	17.02	14.27	8.29	7.30	6.35	5.64
29	17.23	14.56	8.48	7.47	6.49	5.77
30	17.44	14.87	8.69	7.65	6.65	5.91
31	17.69	15.09	8.82	7.76	6.75	6.00
32	17.95	15.31	8.94	7.87	6.84	6.08
33	18.21	15.52	9.07	7.99	6.94	6.17
34	18.46	15.74	9.20	8.10	7.04	6.26
35	18.73	15.97	9.34	8.22	7.15	6.35
36	19.00	16.21	9.46	8.34	7.25	6.44
37	19.27	16.43	9.60	8.45	7.36	6.53
38	19.54	16.67	9.74	8.57	7.45	6.63
39	19.82	16.91	9.88	8.69	7.56	6.72
40	20.11	17.16	10.02	8.82	7.67	6.82
41	20.87	17.80	10.39	9.16	7.96	7.08
42	21.66	18.47	10.79	9.50	8.27	7.35
43	22.48	19.18	11.21	9.86	8.57	7.62
44	23.33	19.90	11.62	10.24	8.90	7.91
45	24.23	20.65	12.07	10.62	9.24	8.21
46	24.46	20.85	12.19	10.72	9.33	8.29
47	24.69	21.06	12.31	10.83	9.41	8.37
48	24.93	21.26	12.42	10.93	9.50	8.44
49	25.18	21.46	12.55	11.04	9.60	8.53
50	25.41	21.67	12.67	11.15	9.69	8.61
51	24.58	20.96	12.26	10.78	9.38	8.34
52	23.77	20.28	11.85	10.42	9.07	8.06
53	23.00	19.61	11.46	10.09	8.77	7.80
54	22.25	18.97	11.09	9.75	8.48	7.54
55	21.51	18.34	10.72	9.43	8.21	7.30
56	19.59	16.56	10.16	8.94	7.77	6.91
57	17.84	14.96	9.61	8.46	7.36	6.54
58	16.25	13.51	9.11	8.01	6.97	6.20
59	14.79	12.20	8.62	7.59	6.59	5.86
60	13.47	11.02	8.17	7.19	6.25	5.55

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1512 (07/11)

6% Maximum Cost of Living Adjustment Rider on Individual Disability Income Policy

Occupation Classes 5 and 5M — Unisex Select To Age 65

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	4.92	4.10	2.53	2.28	2.03	1.85
19	4.92	4.10	2.53	2.28	2.03	1.85
20	4.92	4.10	2.53	2.28	2.03	1.85
21	4.92	4.10	2.53	2.28	2.03	1.85
22	4.92	4.10	2.53	2.28	2.03	1.85
23	4.92	4.10	2.53	2.28	2.03	1.85
24	4.92	4.10	2.53	2.28	2.03	1.85
25	4.92	4.10	2.53	2.28	2.03	1.85
26	4.98	4.18	2.58	2.32	2.07	1.88
27	5.04	4.26	2.63	2.37	2.11	1.92
28	5.10	4.34	2.68	2.42	2.15	1.95
29	5.16	4.43	2.74	2.47	2.19	1.99
30	5.21	4.50	2.80	2.51	2.24	2.03
31	5.29	4.56	2.83	2.54	2.26	2.05
32	5.35	4.62	2.87	2.57	2.29	2.08
33	5.43	4.68	2.90	2.60	2.32	2.10
34	5.49	4.75	2.94	2.63	2.34	2.13
35	5.57	4.81	2.97	2.66	2.38	2.15
36	5.64	4.87	3.01	2.69	2.40	2.18
37	5.72	4.94	3.05	2.73	2.43	2.20
38	5.80	5.01	3.09	2.76	2.46	2.23
39	5.87	5.07	3.13	2.80	2.48	2.26
40	5.95	5.14	3.17	2.83	2.51	2.28
41	7.08	6.08	3.68	3.28	2.89	2.61
42	8.28	7.09	4.25	3.76	3.31	2.96
43	9.56	8.18	4.84	4.29	3.75	3.35
44	10.95	9.35	5.49	4.84	4.23	3.76
45	12.42	10.60	6.19	5.45	4.74	4.22
46	13.62	11.61	6.74	5.93	5.15	4.56
47	14.84	12.64	7.32	6.43	5.56	4.93
48	16.09	13.69	7.91	6.93	5.99	5.30
49	17.36	14.76	8.49	7.43	6.43	5.67
50	18.66	15.86	9.11	7.97	6.87	6.07
51	18.04	15.32	8.79	7.69	6.64	5.85
52	17.42	14.81	8.49	7.42	6.41	5.64
53	16.84	14.32	8.20	7.17	6.18	5.45
54	16.28	13.83	7.92	6.92	5.96	5.26
55	15.73	13.37	7.64	6.67	5.75	5.07
56	14.30	12.03	7.23	6.30	5.43	4.77
57	12.98	10.82	6.82	5.95	5.12	4.50
58	11.78	9.74	6.43	5.61	4.82	4.25
59	10.69	8.75	6.07	5.30	4.55	4.01
60	9.70	7.87	5.72	4.99	4.29	3.77
61	9.70	7.87	5.72	4.99	4.29	3.77
62	9.70	7.87	5.72	4.99	4.29	3.77
63	9.70	7.87	5.72	4.99	4.29	3.77
64	9.70	7.87	5.72	4.99	4.29	3.77

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1512 (07/11)

6% Maximum Cost of Living Adjustment Rider on Individual Disability Income Policy

Occupation Classes 5 and 5M — Unisex Select To Age 65

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	12.45	9.96	5.68	5.00	4.35	3.87
19	12.45	9.96	5.68	5.00	4.35	3.87
20	12.45	9.96	5.68	5.00	4.35	3.87
21	12.45	9.96	5.68	5.00	4.35	3.87
22	12.45	9.96	5.68	5.00	4.35	3.87
23	12.61	10.17	5.82	5.12	4.45	3.96
24	12.77	10.38	5.96	5.24	4.55	4.05
25	12.93	10.59	6.10	5.37	4.66	4.15
26	13.09	10.81	6.25	5.49	4.77	4.25
27	13.26	11.04	6.40	5.62	4.89	4.35
28	13.42	11.27	6.54	5.76	5.01	4.45
29	13.59	11.50	6.70	5.90	5.13	4.55
30	13.76	11.74	6.86	6.04	5.25	4.66
31	13.96	11.91	6.96	6.13	5.33	4.73
32	14.16	12.08	7.06	6.22	5.40	4.80
33	14.36	12.26	7.16	6.31	5.47	4.87
34	14.57	12.43	7.27	6.40	5.55	4.94
35	14.78	12.61	7.37	6.48	5.64	5.01
36	15.00	12.79	7.47	6.57	5.72	5.09
37	15.22	12.98	7.58	6.67	5.80	5.16
38	15.43	13.17	7.69	6.76	5.89	5.24
39	15.65	13.36	7.80	6.86	5.97	5.31
40	15.88	13.54	7.91	6.96	6.06	5.39
41	16.48	14.06	8.21	7.23	6.29	5.59
42	17.11	14.58	8.52	7.49	6.52	5.80
43	17.75	15.14	8.84	7.78	6.77	6.02
44	18.42	15.71	9.18	8.08	7.03	6.25
45	19.12	16.31	9.52	8.39	7.30	6.48
46	19.30	16.46	9.61	8.46	7.37	6.54
47	19.48	16.62	9.71	8.55	7.43	6.61
48	19.67	16.78	9.81	8.63	7.50	6.67
49	19.87	16.94	9.90	8.71	7.58	6.73
50	20.06	17.11	10.00	8.80	7.65	6.80
51	19.40	16.54	9.67	8.51	7.41	6.57
52	18.76	16.01	9.36	8.23	7.16	6.36
53	18.15	15.48	9.05	7.96	6.92	6.15
54	17.55	14.98	8.75	7.70	6.69	5.95
55	16.98	14.48	8.46	7.44	6.47	5.75
56	15.46	13.08	8.02	7.05	6.13	5.45
57	14.08	11.81	7.59	6.68	5.80	5.16
58	12.82	10.67	7.19	6.33	5.49	4.89
59	11.67	9.63	6.80	5.99	5.21	4.63
60	10.63	8.70	6.44	5.67	4.93	4.39

$30 Policy Fee

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1512 (07/11)

6% Maximum Cost of Living Adjustment Rider on Individual Disability Income Policy

Occupation Classes 6 and 6M — Unisex Select To Age 65

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	3.97	3.33	2.08	1.88	1.69	1.54
19	3.97	3.33	2.08	1.88	1.69	1.54
20	3.97	3.33	2.08	1.88	1.69	1.54
21	3.97	3.33	2.08	1.88	1.69	1.54
22	3.97	3.33	2.08	1.88	1.69	1.54
23	3.97	3.33	2.08	1.88	1.69	1.54
24	3.97	3.33	2.08	1.88	1.69	1.54
25	3.97	3.33	2.08	1.88	1.69	1.54
26	4.02	3.39	2.13	1.91	1.72	1.57
27	4.06	3.45	2.17	1.95	1.75	1.59
28	4.11	3.51	2.21	1.99	1.78	1.63
29	4.16	3.57	2.25	2.03	1.81	1.65
30	4.21	3.64	2.30	2.07	1.85	1.69
31	4.26	3.68	2.33	2.09	1.87	1.70
32	4.32	3.73	2.35	2.12	1.89	1.72
33	4.37	3.78	2.38	2.14	1.91	1.74
34	4.43	3.83	2.41	2.16	1.93	1.76
35	4.48	3.88	2.44	2.19	1.96	1.78
36	4.54	3.93	2.47	2.22	1.98	1.80
37	4.60	3.98	2.49	2.25	2.00	1.82
38	4.66	4.04	2.52	2.27	2.02	1.84
39	4.72	4.09	2.55	2.30	2.05	1.86
40	4.78	4.14	2.58	2.33	2.07	1.88
41	5.65	4.87	2.98	2.66	2.35	2.13
42	6.59	5.65	3.41	3.03	2.65	2.40
43	7.59	6.49	3.86	3.42	2.99	2.67
44	8.66	7.41	4.36	3.85	3.36	2.99
45	9.82	8.38	4.90	4.31	3.74	3.33
46	10.75	9.16	5.32	4.66	4.05	3.59
47	11.70	9.96	5.76	5.04	4.37	3.86
48	12.67	10.76	6.20	5.43	4.68	4.14
49	13.66	11.59	6.64	5.81	5.01	4.43
50	14.67	12.44	7.11	6.21	5.35	4.71
51	14.18	12.02	6.86	5.99	5.16	4.54
52	13.69	11.61	6.62	5.78	4.98	4.39
53	13.24	11.22	6.40	5.57	4.80	4.22
54	12.78	10.84	6.17	5.38	4.63	4.07
55	12.35	10.47	5.95	5.19	4.46	3.92
56	11.21	9.42	5.61	4.90	4.22	3.69
57	10.18	8.47	5.30	4.61	3.97	3.47
58	9.24	7.60	4.99	4.36	3.73	3.27
59	8.37	6.84	4.71	4.10	3.51	3.08
60	7.59	6.13	4.44	3.86	3.31	2.89
61	7.59	6.13	4.44	3.86	3.31	2.89
62	7.59	6.13	4.44	3.86	3.31	2.89
63	7.59	6.13	4.44	3.86	3.31	2.89
64	7.59	6.13	4.44	3.86	3.31	2.89

$30 Policy Fee

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1512 (07/11)

6% Maximum Cost of Living Adjustment Rider on Individual Disability Income Policy

Occupation Classes 6 and 6M — Unisex Select To Age 65

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	9.84	7.86	4.49	3.95	3.45	3.05
19	9.84	7.86	4.49	3.95	3.45	3.05
20	9.84	7.86	4.49	3.95	3.45	3.05
21	9.84	7.86	4.49	3.95	3.45	3.05
22	9.84	7.86	4.49	3.95	3.45	3.05
23	9.96	8.03	4.60	4.04	3.52	3.13
24	10.09	8.20	4.71	4.14	3.60	3.20
25	10.22	8.37	4.82	4.24	3.69	3.28
26	10.35	8.54	4.94	4.34	3.78	3.36
27	10.47	8.72	5.06	4.45	3.87	3.44
28	10.61	8.90	5.18	4.55	3.96	3.52
29	10.74	9.09	5.30	4.66	4.05	3.60
30	10.88	9.28	5.43	4.77	4.15	3.69
31	11.04	9.40	5.50	4.84	4.21	3.74
32	11.20	9.54	5.58	4.91	4.27	3.80
33	11.36	9.68	5.66	4.98	4.33	3.85
34	11.51	9.82	5.74	5.05	4.40	3.91
35	11.68	9.96	5.82	5.13	4.46	3.96
36	11.85	10.10	5.90	5.20	4.51	4.02
37	12.02	10.25	5.99	5.28	4.58	4.08
38	12.19	10.39	6.07	5.35	4.64	4.14
39	12.37	10.54	6.16	5.43	4.71	4.20
40	12.54	10.69	6.25	5.50	4.78	4.26
41	13.02	11.10	6.48	5.71	4.96	4.42
42	13.51	11.52	6.73	5.93	5.15	4.58
43	14.03	11.96	6.99	6.15	5.35	4.75
44	14.55	12.41	7.26	6.39	5.55	4.93
45	15.11	12.89	7.53	6.62	5.76	5.12
46	15.26	13.01	7.60	6.68	5.82	5.17
47	15.40	13.14	7.68	6.75	5.87	5.22
48	15.55	13.26	7.75	6.82	5.93	5.27
49	15.71	13.38	7.82	6.88	5.99	5.33
50	15.86	13.51	7.90	6.95	6.05	5.38
51	15.34	13.07	7.64	6.72	5.85	5.20
52	14.83	12.64	7.39	6.50	5.66	5.03
53	14.35	12.23	7.15	6.29	5.47	4.86
54	13.87	11.83	6.91	6.08	5.30	4.70
55	13.41	11.44	6.68	5.88	5.12	4.54
56	12.22	10.34	6.33	5.57	4.85	4.31
57	11.13	9.34	5.99	5.28	4.59	4.08
58	10.14	8.42	5.67	5.00	4.35	3.86
59	9.23	7.61	5.38	4.73	4.12	3.65
60	8.41	6.87	5.09	4.48	3.90	3.46

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1512 (07/11)

6% Maximum Cost of Living Adjustment Rider on Individual Disability Income Policy

Occupation Classes 3 and 3M — Unisex Select To Age 67

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	8.12	6.71	4.04	3.59	3.18	2.87
19	8.12	6.71	4.04	3.59	3.18	2.87
20	8.12	6.71	4.04	3.59	3.18	2.87
21	8.12	6.71	4.04	3.59	3.18	2.87
22	8.12	6.71	4.04	3.59	3.18	2.87
23	8.12	6.71	4.04	3.59	3.18	2.87
24	8.12	6.71	4.04	3.59	3.18	2.87
25	8.12	6.71	4.04	3.59	3.18	2.87
26	8.25	6.87	4.14	3.69	3.26	2.94
27	8.39	7.04	4.25	3.78	3.35	3.02
28	8.52	7.22	4.36	3.88	3.44	3.09
29	8.67	7.40	4.47	3.98	3.51	3.17
30	8.81	7.57	4.59	4.09	3.60	3.25
31	8.99	7.72	4.68	4.16	3.67	3.31
32	9.17	7.87	4.77	4.24	3.74	3.38
33	9.36	8.03	4.86	4.33	3.81	3.44
34	9.53	8.19	4.95	4.41	3.88	3.49
35	9.73	8.36	5.05	4.48	3.95	3.56
36	9.92	8.51	5.15	4.57	4.03	3.62
37	10.12	8.68	5.24	4.65	4.10	3.69
38	10.33	8.86	5.34	4.75	4.18	3.76
39	10.52	9.04	5.45	4.84	4.26	3.83
40	10.74	9.22	5.54	4.93	4.34	3.90
41	12.97	11.11	6.62	5.86	5.14	4.60
42	15.38	13.15	7.78	6.88	6.01	5.37
43	17.99	15.36	9.05	7.98	6.96	6.21
44	20.81	17.75	10.41	9.17	7.99	7.11
45	23.85	20.33	11.89	10.45	9.10	8.08
46	26.59	22.67	13.22	11.61	10.10	8.96
47	29.46	25.11	14.60	12.83	11.15	9.88
48	32.46	27.65	16.06	14.10	12.24	10.85
49	35.59	30.30	17.58	15.42	13.38	11.86
50	38.85	33.08	19.17	16.81	14.57	12.91
51	38.26	32.58	18.88	16.56	14.36	12.71
52	37.70	32.09	18.59	16.31	14.14	12.51
53	37.13	31.60	18.32	16.06	13.92	12.33
54	36.57	31.13	18.03	15.82	13.70	12.14
55	36.02	30.66	17.76	15.57	13.49	11.95
56	32.90	27.76	16.86	14.78	12.81	11.35
57	30.04	25.13	16.01	14.04	12.16	10.76
58	27.43	22.75	15.20	13.33	11.54	10.22
59	25.05	20.58	14.43	12.65	10.95	9.68
60	22.86	18.63	13.70	12.01	10.39	9.19
61	22.86	18.63	13.70	12.01	10.39	9.19
62	22.86	18.63	13.70	12.01	10.39	9.19
63	22.86	18.63	13.70	12.01	10.39	9.19
64	22.86	18.63	13.70	12.01	10.39	9.19
65	22.86	18.63	13.70	12.01	10.39	9.19
66	22.86	18.63	13.70	12.01	10.39	9.19

$30 Policy Fee

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1512 (07/11)

6% Maximum Cost of Living Adjustment Rider on Individual Disability Income Policy

Occupation Classes 3 and 3M — Unisex Select To Age 67

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	20.94	16.72	9.54	8.41	7.31	6.48
19	20.94	16.72	9.54	8.41	7.31	6.48
20	20.94	16.72	9.54	8.41	7.31	6.48
21	20.94	16.72	9.54	8.41	7.31	6.48
22	20.94	16.72	9.54	8.41	7.31	6.48
23	21.30	17.15	9.82	8.64	7.52	6.67
24	21.68	17.59	10.10	8.89	7.73	6.87
25	22.06	18.05	10.39	9.15	7.96	7.07
26	22.44	18.51	10.69	9.41	8.19	7.28
27	22.84	18.99	11.01	9.68	8.42	7.48
28	23.24	19.48	11.33	9.96	8.67	7.70
29	23.64	19.99	11.65	10.25	8.92	7.93
30	24.06	20.50	11.99	10.54	9.18	8.16
31	24.55	20.93	12.24	10.76	9.37	8.33
32	25.07	21.36	12.49	10.99	9.56	8.50
33	25.59	21.81	12.75	11.22	9.76	8.67
34	26.12	22.27	13.02	11.45	9.96	8.86
35	26.66	22.73	13.29	11.69	10.17	9.04
36	27.22	23.21	13.56	11.93	10.38	9.23
37	27.78	23.68	13.84	12.18	10.59	9.41
38	28.36	24.18	14.13	12.43	10.81	9.61
39	28.95	24.68	14.42	12.69	11.04	9.81
40	29.55	25.20	14.72	12.96	11.27	10.02
41	30.86	26.31	15.37	13.53	11.77	10.46
42	32.22	27.47	16.06	14.13	12.29	10.92
43	33.65	28.69	16.77	14.75	12.83	11.40
44	35.14	29.96	17.51	15.40	13.40	11.91
45	36.69	31.28	18.29	16.09	14.00	12.43
46	37.57	32.04	18.72	16.47	14.34	12.73
47	38.47	32.81	19.18	16.87	14.68	13.04
48	39.40	33.60	19.63	17.28	15.03	13.36
49	40.34	34.40	20.11	17.69	15.39	13.68
50	41.31	35.23	20.59	18.12	15.76	14.01
51	40.70	34.71	20.29	17.85	15.52	13.80
52	40.09	34.19	19.99	17.58	15.30	13.59
53	39.50	33.68	19.69	17.32	15.07	13.39
54	38.91	33.18	19.39	17.07	14.84	13.20
55	38.33	32.69	19.11	16.81	14.62	13.00
56	35.05	29.64	18.17	15.98	13.90	12.36
57	32.04	26.87	17.27	15.20	13.22	11.74
58	29.29	24.36	16.41	14.44	12.56	11.17
59	26.78	22.09	15.61	13.73	11.94	10.61
60	24.48	20.03	14.84	13.06	11.36	10.09

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1512 (07/11)

6% Maximum Cost of Living Adjustment Rider on Individual Disability Income Policy

Occupation Classes 4 and 4M — Unisex Select To Age 67

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	6.74	5.59	3.39	3.03	2.68	2.44
19	6.74	5.59	3.39	3.03	2.68	2.44
20	6.74	5.59	3.39	3.03	2.68	2.44
21	6.74	5.59	3.39	3.03	2.68	2.44
22	6.74	5.59	3.39	3.03	2.68	2.44
23	6.74	5.59	3.39	3.03	2.68	2.44
24	6.74	5.59	3.39	3.03	2.68	2.44
25	6.74	5.59	3.39	3.03	2.68	2.44
26	6.85	5.72	3.47	3.11	2.75	2.49
27	6.97	5.86	3.56	3.19	2.82	2.55
28	7.09	6.01	3.65	3.27	2.89	2.61
29	7.20	6.16	3.75	3.35	2.96	2.68
30	7.32	6.31	3.85	3.44	3.04	2.74
31	7.46	6.43	3.92	3.49	3.09	2.79
32	7.61	6.55	3.99	3.56	3.15	2.84
33	7.76	6.68	4.07	3.63	3.21	2.89
34	7.92	6.81	4.15	3.69	3.27	2.95
35	8.07	6.95	4.22	3.76	3.33	3.00
36	8.23	7.08	4.30	3.83	3.39	3.05
37	8.40	7.22	4.39	3.91	3.45	3.11
38	8.56	7.37	4.46	3.98	3.51	3.17
39	8.73	7.50	4.55	4.05	3.57	3.22
40	8.91	7.65	4.63	4.13	3.64	3.28
41	10.73	9.20	5.50	4.88	4.29	3.84
42	12.70	10.86	6.44	5.70	4.99	4.46
43	14.83	12.67	7.46	6.59	5.76	5.13
44	17.14	14.62	8.57	7.55	6.58	5.86
45	19.62	16.73	9.77	8.60	7.48	6.65
46	21.87	18.64	10.86	9.54	8.30	7.37
47	24.22	20.63	11.99	10.53	9.14	8.11
48	26.66	22.70	13.17	11.56	10.03	8.88
49	29.22	24.88	14.40	12.64	10.94	9.70
50	31.89	27.15	15.69	13.77	11.92	10.55
51	31.41	26.73	15.46	13.56	11.74	10.39
52	30.94	26.32	15.23	13.35	11.55	10.24
53	30.48	25.93	14.99	13.15	11.38	10.07
54	30.02	25.53	14.76	12.94	11.20	9.91
55	29.57	25.15	14.54	12.74	11.03	9.76
56	27.00	22.76	13.80	12.10	10.46	9.27
57	24.64	20.60	13.10	11.48	9.93	8.78
58	22.49	18.64	12.43	10.89	9.42	8.34
59	20.53	16.86	11.80	10.34	8.94	7.90
60	18.73	15.26	11.20	9.81	8.48	7.49
61	18.73	15.26	11.20	9.81	8.48	7.49
62	18.73	15.26	11.20	9.81	8.48	7.49
63	18.73	15.26	11.20	9.81	8.48	7.49
64	18.73	15.26	11.20	9.81	8.48	7.49
65	18.73	15.26	11.20	9.81	8.48	7.49
66	18.73	15.26	11.20	9.81	8.48	7.49

$30 Policy Fee

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1512 (07/11)

6% Maximum Cost of Living Adjustment Rider on Individual Disability Income Policy

Occupation Classes 4 and 4M | Unisex Select To Age 67

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	17.22	13.74	7.85	6.90	6.01	5.35
19	17.22	13.74	7.85	6.90	6.01	5.35
20	17.22	13.74	7.85	6.90	6.01	5.35
21	17.22	13.74	7.85	6.90	6.01	5.35
22	17.22	13.74	7.85	6.90	6.01	5.35
23	17.52	14.10	8.08	7.11	6.18	5.49
24	17.82	14.46	8.32	7.32	6.36	5.65
25	18.14	14.84	8.55	7.52	6.54	5.82
26	18.45	15.23	8.80	7.74	6.73	5.99
27	18.78	15.62	9.06	7.97	6.93	6.16
28	19.11	16.03	9.32	8.20	7.13	6.34
29	19.44	16.45	9.58	8.43	7.34	6.52
30	19.78	16.88	9.86	8.68	7.54	6.71
31	20.20	17.23	10.07	8.86	7.70	6.85
32	20.61	17.59	10.28	9.05	7.86	6.99
33	21.05	17.95	10.49	9.24	8.03	7.14
34	21.48	18.32	10.71	9.42	8.20	7.29
35	21.93	18.71	10.93	9.62	8.37	7.43
36	22.38	19.10	11.16	9.82	8.54	7.59
37	22.86	19.49	11.39	10.03	8.72	7.74
38	23.33	19.90	11.63	10.24	8.90	7.91
39	23.82	20.30	11.87	10.44	9.09	8.07
40	24.31	20.73	12.12	10.66	9.28	8.24
41	25.39	21.65	12.65	11.14	9.68	8.60
42	26.51	22.60	13.21	11.62	10.12	8.99
43	27.68	23.60	13.79	12.14	10.56	9.39
44	28.91	24.65	14.40	12.67	11.03	9.80
45	30.19	25.74	15.04	13.24	11.51	10.24
46	30.91	26.36	15.40	13.55	11.79	10.48
47	31.65	27.00	15.77	13.88	12.07	10.73
48	32.41	27.64	16.15	14.22	12.37	10.99
49	33.19	28.30	16.54	14.56	12.65	11.26
50	33.99	28.99	16.94	14.91	12.96	11.52
51	33.48	28.55	16.69	14.69	12.77	11.36
52	32.99	28.13	16.44	14.46	12.58	11.19
53	32.50	27.71	16.20	14.26	12.39	11.02
54	32.02	27.29	15.96	14.04	12.21	10.85
55	31.54	26.89	15.72	13.83	12.03	10.69
56	28.84	24.37	14.95	13.15	11.43	10.17
57	26.35	22.11	14.21	12.50	10.87	9.66
58	24.10	20.04	13.50	11.88	10.34	9.19
59	22.03	18.17	12.84	11.30	9.83	8.73
60	20.14	16.47	12.21	10.74	9.35	8.31

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1512 (07/11)

6% Maximum Cost of Living Adjustment Rider on Individual Disability Income Policy

Occupation Classes 5 and 5M — Unisex Select To Age 67

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	5.41	4.49	2.76	2.48	2.21	2.00
19	5.41	4.49	2.76	2.48	2.21	2.00
20	5.41	4.49	2.76	2.48	2.21	2.00
21	5.41	4.49	2.76	2.48	2.21	2.00
22	5.41	4.49	2.76	2.48	2.21	2.00
23	5.41	4.49	2.76	2.48	2.21	2.00
24	5.41	4.49	2.76	2.48	2.21	2.00
25	5.41	4.49	2.76	2.48	2.21	2.00
26	5.49	4.60	2.83	2.53	2.26	2.05
27	5.58	4.71	2.90	2.59	2.32	2.10
28	5.67	4.82	2.97	2.66	2.37	2.15
29	5.76	4.94	3.04	2.73	2.43	2.20
30	5.86	5.06	3.12	2.79	2.48	2.25
31	5.98	5.16	3.18	2.84	2.52	2.29
32	6.09	5.26	3.24	2.89	2.56	2.33
33	6.21	5.36	3.30	2.95	2.61	2.37
34	6.34	5.45	3.36	3.00	2.66	2.41
35	6.45	5.56	3.42	3.05	2.70	2.46
36	6.58	5.67	3.48	3.11	2.75	2.49
37	6.71	5.78	3.54	3.17	2.80	2.53
38	6.84	5.89	3.60	3.23	2.85	2.58
39	6.98	6.01	3.67	3.29	2.90	2.62
40	7.12	6.13	3.74	3.35	2.96	2.67
41	8.53	7.33	4.42	3.92	3.46	3.10
42	10.08	8.62	5.14	4.55	3.99	3.57
43	11.74	10.03	5.93	5.24	4.57	4.08
44	13.54	11.55	6.78	5.98	5.22	4.64
45	15.49	13.21	7.71	6.79	5.91	5.25
46	17.25	14.69	8.55	7.51	6.52	5.80
47	19.08	16.25	9.43	8.28	7.19	6.37
48	21.00	17.87	10.35	9.07	7.86	6.96
49	23.00	19.57	11.31	9.90	8.58	7.58
50	25.09	21.33	12.31	10.78	9.33	8.25
51	24.71	21.02	12.12	10.61	9.19	8.12
52	24.33	20.70	11.93	10.44	9.04	7.99
53	23.97	20.39	11.74	10.29	8.90	7.87
54	23.61	20.08	11.56	10.13	8.76	7.75
55	23.26	19.78	11.38	9.98	8.62	7.62
56	21.23	17.90	10.80	9.46	8.18	7.23
57	19.37	16.19	10.25	8.98	7.76	6.85
58	17.68	14.64	9.73	8.51	7.36	6.49
59	16.13	13.24	9.23	8.08	6.98	6.15
60	14.71	11.96	8.75	7.65	6.61	5.83
61	14.71	11.96	8.75	7.65	6.61	5.83
62	14.71	11.96	8.75	7.65	6.61	5.83
63	14.71	11.96	8.75	7.65	6.61	5.83
64	14.71	11.96	8.75	7.65	6.61	5.83
65	14.71	11.96	8.75	7.65	6.61	5.83
66	14.71	11.96	8.75	7.65	6.61	5.83

$30 Policy Fee

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1512 (07/11)

6% Maximum Cost of Living Adjustment Rider on Individual Disability Income Policy

Occupation Classes 5 and 5M — Unisex Select To Age 67

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	13.59	10.86	6.20	5.45	4.74	4.22
19	13.59	10.86	6.20	5.45	4.74	4.22
20	13.59	10.86	6.20	5.45	4.74	4.22
21	13.59	10.86	6.20	5.45	4.74	4.22
22	13.59	10.86	6.20	5.45	4.74	4.22
23	13.83	11.14	6.38	5.61	4.88	4.34
24	14.07	11.42	6.56	5.77	5.02	4.46
25	14.32	11.72	6.75	5.94	5.17	4.59
26	14.56	12.03	6.95	6.11	5.32	4.72
27	14.82	12.34	7.15	6.29	5.47	4.86
28	15.08	12.65	7.36	6.47	5.63	5.00
29	15.35	12.98	7.56	6.66	5.79	5.15
30	15.61	13.32	7.78	6.85	5.96	5.30
31	15.94	13.59	7.94	6.99	6.08	5.41
32	16.28	13.88	8.11	7.14	6.21	5.51
33	16.61	14.17	8.28	7.29	6.34	5.63
34	16.96	14.46	8.45	7.43	6.46	5.75
35	17.32	14.76	8.62	7.59	6.60	5.87
36	17.67	15.07	8.81	7.75	6.74	5.99
37	18.04	15.38	8.99	7.91	6.88	6.12
38	18.41	15.70	9.18	8.08	7.02	6.25
39	18.80	16.03	9.37	8.25	7.17	6.38
40	19.20	16.36	9.56	8.41	7.32	6.50
41	20.05	17.09	9.99	8.79	7.64	6.79
42	20.93	17.84	10.42	9.18	7.98	7.09
43	21.86	18.63	10.89	9.58	8.34	7.41
44	22.82	19.45	11.37	10.00	8.70	7.73
45	23.83	20.31	11.87	10.44	9.09	8.08
46	24.40	20.80	12.16	10.69	9.31	8.28
47	24.99	21.30	12.45	10.95	9.53	8.47
48	25.58	21.82	12.75	11.22	9.76	8.67
49	26.20	22.34	13.06	11.48	10.00	8.88
50	26.83	22.88	13.37	11.76	10.24	9.10
51	26.43	22.54	13.18	11.58	10.09	8.96
52	26.04	22.21	12.98	11.41	9.93	8.83
53	25.65	21.88	12.78	11.25	9.78	8.70
54	25.27	21.55	12.59	11.08	9.64	8.57
55	24.90	21.24	12.40	10.92	9.49	8.44
56	22.76	19.26	11.79	10.38	9.03	8.03
57	20.81	17.45	11.21	9.87	8.58	7.63
58	19.03	15.83	10.66	9.38	8.16	7.26
59	17.39	14.35	10.13	8.92	7.76	6.89
60	15.90	13.01	9.63	8.47	7.38	6.55

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1512 (07/11)

6% Maximum Cost of Living Adjustment Rider on Individual Disability Income Policy

Occupation Classes 6 and 6M — Unisex Select To Age 67

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	4.36	3.63	2.27	2.04	1.82	1.66
19	4.36	3.63	2.27	2.04	1.82	1.66
20	4.36	3.63	2.27	2.04	1.82	1.66
21	4.36	3.63	2.27	2.04	1.82	1.66
22	4.36	3.63	2.27	2.04	1.82	1.66
23	4.36	3.63	2.27	2.04	1.82	1.66
24	4.36	3.63	2.27	2.04	1.82	1.66
25	4.36	3.63	2.27	2.04	1.82	1.66
26	4.43	3.72	2.32	2.09	1.86	1.70
27	4.49	3.81	2.38	2.14	1.91	1.74
28	4.56	3.90	2.43	2.19	1.95	1.78
29	4.64	3.99	2.48	2.24	2.00	1.82
30	4.71	4.08	2.54	2.29	2.04	1.86
31	4.81	4.16	2.59	2.33	2.08	1.89
32	4.90	4.24	2.63	2.38	2.11	1.92
33	4.99	4.32	2.68	2.42	2.15	1.96
34	5.09	4.40	2.73	2.46	2.19	1.99
35	5.19	4.48	2.78	2.49	2.22	2.02
36	5.29	4.56	2.83	2.54	2.26	2.05
37	5.39	4.65	2.88	2.58	2.30	2.09
38	5.48	4.74	2.93	2.63	2.34	2.12
39	5.59	4.83	2.98	2.67	2.38	2.16
40	5.70	4.92	3.04	2.72	2.42	2.20
41	6.81	5.85	3.55	3.17	2.79	2.51
42	8.01	6.87	4.11	3.65	3.20	2.87
43	9.31	7.97	4.72	4.17	3.64	3.26
44	10.71	9.16	5.39	4.74	4.13	3.69
45	12.24	10.44	6.10	5.37	4.66	4.15
46	13.61	11.60	6.74	5.92	5.15	4.56
47	15.05	12.82	7.42	6.51	5.63	5.00
48	16.55	14.08	8.13	7.13	6.17	5.45
49	18.12	15.40	8.86	7.76	6.71	5.93
50	19.75	16.79	9.64	8.43	7.29	6.43
51	19.44	16.53	9.48	8.31	7.18	6.33
52	19.16	16.28	9.35	8.17	7.06	6.24
53	18.87	16.04	9.20	8.05	6.95	6.13
54	18.57	15.79	9.06	7.92	6.84	6.04
55	18.30	15.54	8.91	7.79	6.73	5.94
56	16.69	14.06	8.45	7.40	6.39	5.63
57	15.23	12.70	8.02	7.01	6.05	5.34
58	13.88	11.48	7.60	6.65	5.73	5.05
59	12.66	10.38	7.22	6.30	5.43	4.77
60	11.54	9.37	6.84	5.97	5.15	4.52
61	11.54	9.37	6.84	5.97	5.15	4.52
62	11.54	9.37	6.84	5.97	5.15	4.52
63	11.54	9.37	6.84	5.97	5.15	4.52
64	11.54	9.37	6.84	5.97	5.15	4.52
65	11.54	9.37	6.84	5.97	5.15	4.52
66	11.54	9.37	6.84	5.97	5.15	4.52

$30 Policy Fee

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1512 (07/11)

6% Maximum Cost of Living Adjustment Rider on Individual Disability Income Policy

Occupation Classes 6 and 6M — Unisex Select To Age 67

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	10.74	8.56	4.90	4.31	3.74	3.34
19	10.74	8.56	4.90	4.31	3.74	3.34
20	10.74	8.56	4.90	4.31	3.74	3.34
21	10.74	8.56	4.90	4.31	3.74	3.34
22	10.74	8.56	4.90	4.31	3.74	3.34
23	10.93	8.79	5.04	4.44	3.85	3.44
24	11.12	9.02	5.19	4.56	3.96	3.53
25	11.32	9.26	5.34	4.69	4.08	3.63
26	11.51	9.49	5.48	4.83	4.20	3.74
27	11.72	9.75	5.64	4.97	4.32	3.84
28	11.92	10.00	5.81	5.12	4.45	3.96
29	12.13	10.27	5.98	5.27	4.57	4.07
30	12.35	10.53	6.15	5.42	4.70	4.19
31	12.60	10.75	6.28	5.52	4.80	4.28
32	12.86	10.98	6.41	5.64	4.90	4.37
33	13.13	11.20	6.54	5.76	5.00	4.46
34	13.40	11.43	6.67	5.88	5.11	4.54
35	13.68	11.67	6.81	6.00	5.22	4.64
36	13.96	11.91	6.96	6.13	5.33	4.73
37	14.26	12.16	7.10	6.26	5.44	4.83
38	14.54	12.41	7.25	6.39	5.54	4.93
39	14.85	12.67	7.40	6.51	5.66	5.03
40	15.16	12.93	7.55	6.65	5.78	5.14
41	15.83	13.50	7.89	6.95	6.04	5.37
42	16.53	14.11	8.24	7.26	6.31	5.60
43	17.27	14.73	8.60	7.57	6.58	5.85
44	18.03	15.38	8.99	7.91	6.87	6.12
45	18.83	16.07	9.39	8.26	7.18	6.39
46	19.29	16.45	9.61	8.45	7.36	6.53
47	19.75	16.85	9.84	8.66	7.52	6.69
48	20.23	17.25	10.08	8.87	7.71	6.85
49	20.71	17.66	10.32	9.08	7.90	7.02
50	21.21	18.09	10.56	9.30	8.09	7.19
51	20.89	17.82	10.40	9.16	7.97	7.08
52	20.58	17.55	10.26	9.02	7.85	6.98
53	20.28	17.30	10.10	8.89	7.73	6.87
54	19.97	17.04	9.95	8.75	7.61	6.77
55	19.67	16.78	9.80	8.62	7.50	6.67
56	17.99	15.22	9.32	8.20	7.14	6.35
57	16.44	13.79	8.86	7.79	6.78	6.03
58	15.03	12.50	8.42	7.42	6.45	5.73
59	13.74	11.34	8.01	7.05	6.13	5.45
60	12.56	10.28	7.61	6.70	5.83	5.18

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1512 (07/11)

6% Maximum Cost of Living Adjustment Rider on Individual Disability Income Policy

Occupation Classes 3 and 3M | Unisex Select 5 Year

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	2.34	1.85	1.06	0.94	0.81	0.72
19	2.34	1.85	1.06	0.94	0.81	0.72
20	2.34	1.85	1.06	0.94	0.81	0.72
21	2.34	1.85	1.06	0.94	0.81	0.72
22	2.34	1.85	1.06	0.94	0.81	0.72
23	2.40	1.92	1.10	0.97	0.84	0.75
24	2.46	1.99	1.15	1.01	0.88	0.78
25	2.52	2.06	1.19	1.05	0.91	0.81
26	2.59	2.14	1.24	1.09	0.95	0.84
27	2.66	2.22	1.28	1.13	0.98	0.87
28	2.73	2.30	1.33	1.18	1.02	0.91
29	2.80	2.38	1.39	1.22	1.06	0.94
30	2.88	2.47	1.44	1.27	1.10	0.98
31	2.91	2.48	1.45	1.28	1.11	0.99
32	2.93	2.50	1.46	1.29	1.12	1.00
33	2.96	2.53	1.48	1.31	1.13	1.00
34	2.98	2.55	1.48	1.32	1.14	1.01
35	3.01	2.57	1.49	1.33	1.15	1.02
36	3.23	2.76	1.60	1.43	1.24	1.10
37	3.46	2.96	1.72	1.52	1.33	1.18
38	3.71	3.18	1.85	1.63	1.43	1.26
39	3.99	3.41	1.99	1.75	1.53	1.36
40	4.28	3.65	2.14	1.88	1.64	1.46
41	4.62	3.95	2.31	2.03	1.77	1.57
42	4.99	4.27	2.49	2.20	1.91	1.69
43	5.39	4.60	2.69	2.37	2.07	1.83
44	5.82	4.98	2.91	2.55	2.23	1.97
45	6.29	5.38	3.14	2.76	2.41	2.13
46	6.61	5.65	3.30	2.91	2.53	2.24
47	6.97	5.95	3.47	3.06	2.66	2.36
48	7.34	6.26	3.65	3.22	2.80	2.48
49	7.72	6.58	3.84	3.39	2.95	2.61
50	8.13	6.93	4.04	3.56	3.10	2.75
51	8.72	7.41	4.42	3.90	3.39	3.01
52	9.35	7.91	4.83	4.27	3.70	3.30
53	10.03	8.44	5.29	4.66	4.06	3.60
54	10.75	9.02	5.78	5.10	4.44	3.94
55	11.53	9.63	6.33	5.57	4.85	4.31
56	12.38	10.29	6.93	6.10	5.31	4.71
57	13.28	10.99	7.57	6.67	5.80	5.16
58	14.24	11.74	8.29	7.30	6.35	5.64
59	15.27	12.54	9.07	7.98	6.94	6.17
60	16.37	13.39	9.92	8.73	7.59	6.75

$30 Policy Fee

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1512 (07/11)

6% Maximum Cost of Living Adjustment Rider on Individual Disability Income Policy

Occupation Classes 4 and 4M | Unisex Select 5 Year

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	1.92	1.53	0.87	0.77	0.66	0.60
19	1.92	1.53	0.87	0.77	0.66	0.60
20	1.92	1.53	0.87	0.77	0.66	0.60
21	1.92	1.53	0.87	0.77	0.66	0.60
22	1.92	1.53	0.87	0.77	0.66	0.60
23	1.97	1.58	0.91	0.80	0.68	0.62
24	2.02	1.64	0.94	0.83	0.71	0.65
25	2.08	1.70	0.98	0.86	0.74	0.67
26	2.14	1.76	1.02	0.89	0.77	0.69
27	2.20	1.82	1.06	0.93	0.80	0.72
28	2.26	1.89	1.10	0.96	0.83	0.75
29	2.32	1.96	1.14	1.00	0.87	0.77
30	2.38	2.03	1.19	1.04	0.90	0.80
31	2.40	2.05	1.20	1.05	0.91	0.81
32	2.42	2.06	1.21	1.06	0.92	0.82
33	2.45	2.08	1.22	1.07	0.92	0.82
34	2.47	2.09	1.23	1.08	0.93	0.83
35	2.48	2.11	1.24	1.09	0.94	0.84
36	2.66	2.27	1.33	1.17	1.01	0.90
37	2.86	2.44	1.43	1.25	1.09	0.97
38	3.07	2.61	1.52	1.35	1.17	1.04
39	3.29	2.81	1.63	1.44	1.26	1.12
40	3.52	3.02	1.75	1.54	1.35	1.20
41	3.80	3.26	1.89	1.66	1.46	1.30
42	4.11	3.51	2.04	1.80	1.57	1.40
43	4.44	3.80	2.21	1.94	1.69	1.50
44	4.79	4.10	2.39	2.10	1.83	1.62
45	5.18	4.43	2.57	2.27	1.98	1.75
46	5.45	4.65	2.71	2.39	2.08	1.84
47	5.73	4.89	2.85	2.50	2.19	1.94
48	6.04	5.15	3.00	2.64	2.30	2.04
49	6.35	5.42	3.16	2.77	2.42	2.15
50	6.68	5.69	3.33	2.92	2.54	2.26
51	7.17	6.08	3.64	3.20	2.78	2.47
52	7.69	6.49	3.98	3.49	3.05	2.70
53	8.25	6.94	4.36	3.83	3.33	2.96
54	8.85	7.42	4.76	4.19	3.64	3.24
55	9.48	7.92	5.21	4.58	3.99	3.54
56	10.18	8.46	5.70	5.01	4.37	3.87
57	10.92	9.04	6.24	5.48	4.77	4.24
58	11.71	9.65	6.82	6.00	5.22	4.64
59	12.56	10.32	7.46	6.56	5.71	5.08
60	13.47	11.02	8.17	7.19	6.25	5.55

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1512 (07/11)

6% Maximum Cost of Living Adjustment Rider on Individual Disability Income Policy

Occupation Classes 5 and 5M | Unisex Select 5 Year

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	1.50	1.20	0.69	0.61	0.53	0.47
19	1.50	1.20	0.69	0.61	0.53	0.47
20	1.50	1.20	0.69	0.61	0.53	0.47
21	1.50	1.20	0.69	0.61	0.53	0.47
22	1.50	1.20	0.69	0.61	0.53	0.47
23	1.54	1.25	0.71	0.63	0.55	0.49
24	1.58	1.29	0.74	0.66	0.57	0.50
25	1.63	1.34	0.77	0.68	0.59	0.52
26	1.68	1.39	0.80	0.70	0.61	0.54
27	1.73	1.44	0.83	0.73	0.64	0.56
28	1.78	1.48	0.86	0.76	0.66	0.58
29	1.83	1.53	0.90	0.78	0.68	0.61
30	1.88	1.59	0.93	0.81	0.71	0.63
31	1.90	1.60	0.94	0.82	0.72	0.64
32	1.92	1.62	0.95	0.83	0.73	0.64
33	1.93	1.63	0.96	0.84	0.73	0.65
34	1.95	1.65	0.97	0.85	0.74	0.65
35	1.97	1.66	0.98	0.86	0.75	0.66
36	2.11	1.78	1.05	0.92	0.81	0.71
37	2.27	1.91	1.12	0.99	0.86	0.76
38	2.43	2.06	1.20	1.06	0.93	0.82
39	2.60	2.21	1.29	1.14	1.00	0.88
40	2.79	2.37	1.38	1.22	1.07	0.94
41	3.01	2.55	1.48	1.32	1.16	1.02
42	3.25	2.76	1.61	1.43	1.25	1.10
43	3.50	2.98	1.74	1.53	1.35	1.19
44	3.78	3.23	1.88	1.66	1.45	1.29
45	4.08	3.48	2.04	1.79	1.56	1.39
46	4.30	3.66	2.15	1.89	1.64	1.46
47	4.52	3.86	2.26	1.99	1.73	1.53
48	4.76	4.06	2.38	2.09	1.82	1.61
49	5.01	4.27	2.49	2.20	1.91	1.69
50	5.28	4.49	2.62	2.32	2.01	1.78
51	5.66	4.80	2.87	2.53	2.20	1.95
52	6.07	5.13	3.14	2.77	2.41	2.14
53	6.51	5.48	3.44	3.03	2.63	2.34
54	6.98	5.85	3.76	3.32	2.88	2.55
55	7.49	6.26	4.11	3.62	3.15	2.79
56	8.04	6.68	4.49	3.96	3.45	3.06
57	8.61	7.14	4.92	4.34	3.76	3.35
58	9.25	7.62	5.39	4.74	4.12	3.66
59	9.91	8.15	5.89	5.19	4.50	4.01
60	10.63	8.70	6.44	5.67	4.93	4.39

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1512 (07/11)

6% Maximum Cost of Living Adjustment Rider on Individual Disability Income Policy

Occupation Classes 6 and 6M | Unisex Select 5 Year

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	1.18	0.95	0.54	0.48	0.42	0.38
19	1.18	0.95	0.54	0.48	0.42	0.38
20	1.18	0.95	0.54	0.48	0.42	0.38
21	1.18	0.95	0.54	0.48	0.42	0.38
22	1.18	0.95	0.54	0.48	0.42	0.38
23	1.22	0.99	0.56	0.50	0.44	0.39
24	1.25	1.02	0.59	0.51	0.45	0.41
25	1.29	1.06	0.61	0.53	0.47	0.42
26	1.33	1.10	0.63	0.55	0.49	0.43
27	1.37	1.14	0.66	0.58	0.50	0.45
28	1.41	1.18	0.69	0.60	0.52	0.47
29	1.45	1.22	0.71	0.62	0.54	0.48
30	1.48	1.27	0.74	0.65	0.56	0.50
31	1.49	1.28	0.75	0.65	0.56	0.50
32	1.50	1.29	0.75	0.66	0.57	0.50
33	1.52	1.31	0.76	0.66	0.57	0.51
34	1.53	1.32	0.76	0.67	0.58	0.51
35	1.54	1.33	0.77	0.67	0.58	0.52
36	1.66	1.43	0.83	0.72	0.62	0.56
37	1.78	1.52	0.89	0.78	0.67	0.60
38	1.91	1.63	0.95	0.84	0.72	0.65
39	2.06	1.74	1.02	0.90	0.78	0.70
40	2.21	1.87	1.09	0.97	0.84	0.75
41	2.39	2.02	1.18	1.05	0.91	0.81
42	2.57	2.19	1.27	1.13	0.98	0.87
43	2.78	2.36	1.38	1.22	1.06	0.94
44	3.00	2.54	1.48	1.32	1.14	1.02
45	3.24	2.75	1.60	1.42	1.23	1.10
46	3.41	2.90	1.69	1.48	1.29	1.16
47	3.57	3.05	1.78	1.56	1.36	1.22
48	3.76	3.21	1.87	1.64	1.43	1.28
49	3.96	3.38	1.97	1.73	1.50	1.35
50	4.16	3.55	2.08	1.82	1.58	1.42
51	4.46	3.79	2.28	1.99	1.73	1.54
52	4.78	4.06	2.48	2.18	1.90	1.69
53	5.14	4.34	2.72	2.39	2.08	1.85
54	5.51	4.62	2.97	2.61	2.27	2.03
55	5.91	4.94	3.26	2.86	2.48	2.22
56	6.35	5.28	3.55	3.13	2.72	2.43
57	6.80	5.63	3.89	3.43	2.98	2.65
58	7.31	6.02	4.26	3.74	3.26	2.90
59	7.83	6.43	4.65	4.10	3.56	3.17
60	8.41	6.87	5.09	4.48	3.90	3.46

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1512 (07/11)

6% Maximum Cost of Living Adjustment Rider on Individual Disability Income Policy

Occupation Classes 3 and 3M — Unisex Select 10 Year

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	2.05	1.75	1.18	1.08	0.99	0.93
19	2.05	1.75	1.18	1.08	0.99	0.93
20	2.05	1.75	1.18	1.08	0.99	0.93
21	2.05	1.75	1.18	1.08	0.99	0.93
22	2.05	1.75	1.18	1.08	0.99	0.93
23	2.05	1.75	1.18	1.08	0.99	0.93
24	2.05	1.75	1.18	1.08	0.99	0.93
25	2.05	1.75	1.18	1.08	0.99	0.93
26	2.11	1.81	1.22	1.11	1.02	0.95
27	2.17	1.87	1.25	1.15	1.05	0.98
28	2.24	1.94	1.30	1.19	1.08	1.01
29	2.30	2.01	1.34	1.23	1.11	1.03
30	2.38	2.08	1.38	1.27	1.15	1.07
31	2.40	2.11	1.40	1.28	1.16	1.08
32	2.43	2.13	1.41	1.29	1.17	1.08
33	2.46	2.15	1.43	1.30	1.18	1.09
34	2.48	2.18	1.44	1.31	1.19	1.10
35	2.50	2.20	1.45	1.32	1.21	1.11
36	2.67	2.34	1.52	1.40	1.27	1.17
37	2.84	2.48	1.61	1.47	1.33	1.23
38	3.03	2.64	1.71	1.55	1.41	1.29
39	3.24	2.82	1.81	1.64	1.48	1.36
40	3.46	3.01	1.92	1.73	1.56	1.44
41	4.20	3.62	2.25	2.02	1.80	1.63
42	5.05	4.35	2.64	2.35	2.08	1.87
43	6.03	5.17	3.09	2.73	2.40	2.15
44	7.16	6.12	3.60	3.19	2.78	2.48
45	8.44	7.20	4.21	3.70	3.22	2.86
46	9.70	8.27	4.80	4.22	3.64	3.24
47	11.10	9.44	5.45	4.78	4.14	3.66
48	12.64	10.75	6.17	5.42	4.67	4.13
49	14.34	12.18	6.98	6.12	5.26	4.65
50	16.20	13.76	7.86	6.88	5.92	5.23
51	17.58	14.94	8.55	7.49	6.46	5.70
52	19.10	16.25	9.31	8.16	7.03	6.22
53	20.75	17.63	10.13	8.88	7.66	6.77
54	22.52	19.15	11.02	9.65	8.35	7.38
55	24.45	20.79	11.98	10.49	9.08	8.02
56	22.24	18.74	11.33	9.92	8.57	7.58
57	20.21	16.88	10.70	9.38	8.10	7.16
58	18.36	15.21	10.11	8.85	7.64	6.75
59	16.68	13.69	9.55	8.36	7.23	6.38
60	15.16	12.33	9.03	7.90	6.82	6.02
61	15.16	12.33	9.03	7.90	6.82	6.02
62	15.16	12.33	9.03	7.90	6.82	6.02
63	15.16	12.33	9.03	7.90	6.82	6.02
64	15.16	12.33	9.03	7.90	6.82	6.02

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1512 (07/11)

6% Maximum Cost of Living Adjustment Rider on Individual Disability Income Policy

Occupation Classes 3 and 3M — Unisex Select 10 Year

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	4.25	3.40	1.94	1.70	1.48	1.32
19	4.25	3.40	1.94	1.70	1.48	1.32
20	4.25	3.40	1.94	1.70	1.48	1.32
21	4.25	3.40	1.94	1.70	1.48	1.32
22	4.25	3.40	1.94	1.70	1.48	1.32
23	4.40	3.54	2.03	1.78	1.55	1.38
24	4.55	3.70	2.13	1.87	1.62	1.45
25	4.72	3.87	2.23	1.96	1.70	1.51
26	4.89	4.05	2.34	2.05	1.78	1.58
27	5.07	4.23	2.45	2.15	1.87	1.66
28	5.26	4.42	2.56	2.26	1.96	1.74
29	5.45	4.61	2.68	2.37	2.05	1.82
30	5.64	4.82	2.81	2.48	2.15	1.91
31	5.72	4.88	2.85	2.50	2.18	1.94
32	5.79	4.95	2.89	2.54	2.21	1.96
33	5.87	5.02	2.93	2.57	2.24	1.99
34	5.95	5.08	2.97	2.61	2.28	2.02
35	6.03	5.15	3.01	2.64	2.31	2.05
36	6.49	5.54	3.24	2.85	2.48	2.21
37	6.99	5.97	3.48	3.07	2.67	2.38
38	7.53	6.43	3.76	3.31	2.88	2.55
39	8.11	6.92	4.05	3.55	3.10	2.75
40	8.73	7.45	4.36	3.83	3.34	2.96
41	9.45	8.07	4.71	4.15	3.61	3.21
42	10.24	8.73	5.11	4.49	3.91	3.47
43	11.08	9.45	5.52	4.86	4.23	3.76
44	12.00	10.24	5.98	5.27	4.57	4.07
45	12.99	11.08	6.47	5.70	4.95	4.41
46	13.78	11.75	6.87	6.05	5.25	4.67
47	14.62	12.47	7.29	6.42	5.57	4.96
48	15.51	13.24	7.72	6.81	5.91	5.26
49	16.46	14.04	8.20	7.23	6.27	5.58
50	17.46	14.90	8.69	7.66	6.65	5.92
51	18.93	16.15	9.42	8.31	7.22	6.42
52	20.52	17.51	10.22	9.00	7.82	6.96
53	22.26	18.98	11.08	9.76	8.48	7.54
54	24.13	20.57	12.02	10.57	9.20	8.18
55	26.16	22.30	13.03	11.46	9.97	8.86
56	23.82	20.15	12.34	10.86	9.44	8.40
57	21.69	18.19	11.68	10.29	8.94	7.95
58	19.75	16.42	11.06	9.73	8.46	7.52
59	17.98	14.83	10.47	9.22	8.02	7.13
60	16.37	13.39	9.92	8.73	7.59	6.75

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1512 (07/11)

6% Maximum Cost of Living Adjustment Rider on Individual Disability Income Policy

Occupation Classes 4 and 4M — Unisex Select 10 Year

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	1.76	1.50	1.04	0.96	0.89	0.83
19	1.76	1.50	1.04	0.96	0.89	0.83
20	1.76	1.50	1.04	0.96	0.89	0.83
21	1.76	1.50	1.04	0.96	0.89	0.83
22	1.76	1.50	1.04	0.96	0.89	0.83
23	1.76	1.50	1.04	0.96	0.89	0.83
24	1.76	1.50	1.04	0.96	0.89	0.83
25	1.76	1.50	1.04	0.96	0.89	0.83
26	1.80	1.55	1.07	0.99	0.91	0.85
27	1.86	1.60	1.10	1.02	0.94	0.87
28	1.91	1.66	1.14	1.05	0.96	0.90
29	1.97	1.72	1.17	1.08	0.99	0.92
30	2.02	1.78	1.21	1.11	1.02	0.95
31	2.04	1.79	1.22	1.12	1.02	0.95
32	2.07	1.82	1.23	1.13	1.03	0.96
33	2.09	1.84	1.24	1.14	1.04	0.97
34	2.11	1.85	1.25	1.15	1.05	0.98
35	2.13	1.87	1.27	1.16	1.06	0.99
36	2.27	1.99	1.33	1.22	1.11	1.03
37	2.41	2.12	1.41	1.28	1.17	1.08
38	2.56	2.25	1.48	1.35	1.23	1.13
39	2.73	2.39	1.55	1.42	1.29	1.19
40	2.91	2.54	1.64	1.49	1.36	1.25
41	3.50	3.04	1.90	1.71	1.53	1.40
42	4.20	3.62	2.21	1.97	1.75	1.57
43	4.99	4.29	2.56	2.28	2.01	1.79
44	5.91	5.06	2.98	2.63	2.31	2.05
45	6.95	5.93	3.46	3.05	2.65	2.36
46	7.98	6.79	3.93	3.46	2.99	2.64
47	9.11	7.74	4.46	3.90	3.38	2.98
48	10.36	8.80	5.04	4.41	3.80	3.36
49	11.74	9.96	5.69	4.97	4.28	3.76
50	13.25	11.24	6.41	5.58	4.80	4.22
51	14.39	12.22	6.98	6.10	5.25	4.61
52	15.64	13.28	7.60	6.64	5.72	5.04
53	17.00	14.42	8.27	7.23	6.24	5.49
54	18.45	15.68	9.00	7.87	6.80	6.00
55	20.04	17.03	9.79	8.56	7.41	6.53
56	18.22	15.34	9.26	8.10	6.99	6.17
57	16.55	13.81	8.73	7.64	6.59	5.82
58	15.04	12.44	8.26	7.22	6.23	5.49
59	13.65	11.19	7.79	6.82	5.87	5.17
60	12.40	10.07	7.37	6.43	5.53	4.88
61	12.40	10.07	7.37	6.43	5.53	4.88
62	12.40	10.07	7.37	6.43	5.53	4.88
63	12.40	10.07	7.37	6.43	5.53	4.88
64	12.40	10.07	7.37	6.43	5.53	4.88

$30 Policy Fee

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1512 (07/11)

6% Maximum Cost of Living Adjustment Rider on Individual Disability Income Policy

Occupation Classes 4 and 4M | Unisex Select 10 Year

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	3.49	2.79	1.59	1.41	1.23	1.09
19	3.49	2.79	1.59	1.41	1.23	1.09
20	3.49	2.79	1.59	1.41	1.23	1.09
21	3.49	2.79	1.59	1.41	1.23	1.09
22	3.49	2.79	1.59	1.41	1.23	1.09
23	3.62	2.91	1.66	1.47	1.28	1.14
24	3.75	3.04	1.75	1.54	1.35	1.19
25	3.89	3.18	1.83	1.61	1.41	1.25
26	4.03	3.32	1.92	1.69	1.48	1.31
27	4.18	3.46	2.01	1.77	1.54	1.37
28	4.33	3.62	2.11	1.86	1.61	1.44
29	4.48	3.78	2.21	1.95	1.69	1.50
30	4.64	3.95	2.32	2.04	1.77	1.57
31	4.70	4.00	2.35	2.07	1.79	1.59
32	4.77	4.06	2.38	2.09	1.82	1.61
33	4.83	4.12	2.41	2.12	1.84	1.64
34	4.89	4.17	2.45	2.15	1.87	1.66
35	4.96	4.23	2.48	2.18	1.89	1.68
36	5.35	4.55	2.66	2.35	2.04	1.81
37	5.75	4.91	2.87	2.52	2.20	1.95
38	6.20	5.29	3.09	2.71	2.37	2.10
39	6.67	5.69	3.32	2.92	2.54	2.26
40	7.19	6.14	3.57	3.15	2.74	2.44
41	7.78	6.64	3.87	3.41	2.97	2.63
42	8.42	7.20	4.19	3.69	3.22	2.85
43	9.12	7.79	4.54	4.00	3.48	3.09
44	9.88	8.43	4.92	4.34	3.77	3.35
45	10.69	9.13	5.33	4.69	4.08	3.62
46	11.35	9.68	5.65	4.98	4.33	3.84
47	12.03	10.27	6.00	5.28	4.58	4.08
48	12.76	10.89	6.36	5.59	4.87	4.33
49	13.54	11.54	6.75	5.94	5.16	4.58
50	14.36	12.25	7.16	6.30	5.47	4.86
51	15.57	13.28	7.76	6.83	5.94	5.28
52	16.88	14.39	8.41	7.41	6.43	5.72
53	18.31	15.60	9.12	8.03	6.98	6.20
54	19.84	16.92	9.89	8.70	7.57	6.73
55	21.51	18.34	10.72	9.43	8.21	7.30
56	19.59	16.56	10.16	8.94	7.77	6.91
57	17.84	14.96	9.61	8.46	7.36	6.54
58	16.25	13.51	9.11	8.01	6.97	6.20
59	14.79	12.20	8.62	7.59	6.59	5.86
60	13.47	11.02	8.17	7.19	6.25	5.55

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1512 (07/11)

6% Maximum Cost of Living Adjustment Rider on Individual Disability Income Policy

Occupation Classes 5 and 5M — Unisex Select 10 Year

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	1.47	1.28	0.90	0.84	0.78	0.74
19	1.47	1.28	0.90	0.84	0.78	0.74
20	1.47	1.28	0.90	0.84	0.78	0.74
21	1.47	1.28	0.90	0.84	0.78	0.74
22	1.47	1.28	0.90	0.84	0.78	0.74
23	1.47	1.28	0.90	0.84	0.78	0.74
24	1.47	1.28	0.90	0.84	0.78	0.74
25	1.47	1.28	0.90	0.84	0.78	0.74
26	1.50	1.31	0.93	0.86	0.80	0.75
27	1.55	1.36	0.95	0.88	0.82	0.77
28	1.59	1.40	0.98	0.91	0.84	0.79
29	1.63	1.45	1.01	0.93	0.86	0.81
30	1.68	1.49	1.04	0.96	0.88	0.83
31	1.69	1.50	1.04	0.96	0.89	0.83
32	1.71	1.51	1.05	0.97	0.90	0.84
33	1.73	1.53	1.06	0.98	0.90	0.85
34	1.75	1.55	1.07	0.99	0.91	0.85
35	1.77	1.56	1.08	1.00	0.92	0.86
36	1.87	1.65	1.13	1.04	0.96	0.89
37	1.99	1.75	1.19	1.09	1.00	0.94
38	2.11	1.85	1.25	1.15	1.05	0.98
39	2.25	1.97	1.32	1.21	1.10	1.02
40	2.39	2.09	1.39	1.27	1.16	1.07
41	2.84	2.47	1.57	1.43	1.28	1.18
42	3.37	2.90	1.79	1.60	1.43	1.30
43	3.98	3.42	2.06	1.83	1.61	1.46
44	4.68	4.00	2.37	2.10	1.83	1.64
45	5.48	4.67	2.73	2.41	2.09	1.86
46	6.29	5.34	3.09	2.71	2.35	2.08
47	7.15	6.07	3.48	3.05	2.63	2.32
48	8.12	6.89	3.93	3.44	2.95	2.59
49	9.19	7.79	4.43	3.86	3.32	2.91
50	10.37	8.78	4.97	4.34	3.71	3.26
51	11.27	9.55	5.42	4.73	4.06	3.56
52	12.26	10.40	5.90	5.16	4.43	3.89
53	13.33	11.31	6.44	5.62	4.84	4.25
54	14.48	12.30	7.02	6.13	5.28	4.64
55	15.73	13.37	7.64	6.67	5.75	5.07
56	14.30	12.03	7.23	6.30	5.43	4.77
57	12.98	10.82	6.82	5.95	5.12	4.50
58	11.78	9.74	6.43	5.61	4.82	4.25
59	10.69	8.75	6.07	5.30	4.55	4.01
60	9.70	7.87	5.72	4.99	4.29	3.77
61	9.70	7.87	5.72	4.99	4.29	3.77
62	9.70	7.87	5.72	4.99	4.29	3.77
63	9.70	7.87	5.72	4.99	4.29	3.77
64	9.70	7.87	5.72	4.99	4.29	3.77

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1512 (07/11)

6% Maximum Cost of Living Adjustment Rider on Individual Disability Income Policy

Occupation Classes 5 and 5M — Unisex Select 10 Year

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	2.76	2.19	1.26	1.12	0.97	0.85
19	2.76	2.19	1.26	1.12	0.97	0.85
20	2.76	2.19	1.26	1.12	0.97	0.85
21	2.76	2.19	1.26	1.12	0.97	0.85
22	2.76	2.19	1.26	1.12	0.97	0.85
23	2.86	2.29	1.32	1.17	1.01	0.89
24	2.96	2.40	1.38	1.22	1.06	0.93
25	3.07	2.50	1.45	1.28	1.11	0.98
26	3.18	2.61	1.51	1.34	1.16	1.03
27	3.30	2.74	1.58	1.40	1.22	1.08
28	3.42	2.86	1.66	1.47	1.28	1.13
29	3.53	2.99	1.74	1.53	1.34	1.18
30	3.66	3.13	1.83	1.60	1.40	1.24
31	3.71	3.17	1.85	1.62	1.42	1.26
32	3.76	3.21	1.88	1.65	1.44	1.28
33	3.81	3.25	1.90	1.67	1.46	1.29
34	3.87	3.30	1.93	1.70	1.48	1.31
35	3.92	3.34	1.95	1.72	1.49	1.33
36	4.23	3.59	2.10	1.85	1.61	1.43
37	4.54	3.87	2.26	1.99	1.73	1.54
38	4.90	4.17	2.44	2.15	1.87	1.66
39	5.28	4.49	2.62	2.31	2.01	1.79
40	5.68	4.84	2.82	2.48	2.17	1.93
41	6.15	5.24	3.06	2.69	2.35	2.09
42	6.66	5.67	3.31	2.91	2.53	2.26
43	7.21	6.14	3.58	3.16	2.75	2.45
44	7.80	6.64	3.88	3.42	2.97	2.64
45	8.44	7.19	4.21	3.70	3.22	2.86
46	8.96	7.62	4.46	3.93	3.42	3.04
47	9.49	8.09	4.73	4.17	3.62	3.22
48	10.07	8.58	5.02	4.43	3.84	3.42
49	10.68	9.11	5.33	4.69	4.08	3.62
50	11.33	9.66	5.64	4.98	4.33	3.84
51	12.28	10.47	6.12	5.40	4.69	4.17
52	13.32	11.37	6.63	5.85	5.08	4.51
53	14.44	12.32	7.20	6.34	5.51	4.89
54	15.66	13.36	7.80	6.87	5.97	5.31
55	16.98	14.48	8.46	7.44	6.47	5.75
56	15.46	13.08	8.02	7.05	6.13	5.45
57	14.08	11.81	7.59	6.68	5.80	5.16
58	12.82	10.67	7.19	6.33	5.49	4.89
59	11.67	9.63	6.80	5.99	5.21	4.63
60	10.63	8.70	6.44	5.67	4.93	4.39

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1512 (07/11)

6% Maximum Cost of Living Adjustment Rider on Individual Disability Income Policy

Occupation Classes 6 and 6M — Unisex Select 10 Year

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	1.24	1.09	0.80	0.74	0.70	0.66
19	1.24	1.09	0.80	0.74	0.70	0.66
20	1.24	1.09	0.80	0.74	0.70	0.66
21	1.24	1.09	0.80	0.74	0.70	0.66
22	1.24	1.09	0.80	0.74	0.70	0.66
23	1.24	1.09	0.80	0.74	0.70	0.66
24	1.24	1.09	0.80	0.74	0.70	0.66
25	1.24	1.09	0.80	0.74	0.70	0.66
26	1.28	1.13	0.81	0.76	0.72	0.68
27	1.31	1.16	0.83	0.78	0.73	0.69
28	1.34	1.19	0.86	0.80	0.75	0.71
29	1.38	1.23	0.88	0.82	0.76	0.72
30	1.42	1.27	0.90	0.84	0.78	0.74
31	1.43	1.28	0.91	0.85	0.79	0.74
32	1.44	1.29	0.91	0.85	0.79	0.75
33	1.46	1.30	0.92	0.86	0.80	0.75
34	1.47	1.31	0.93	0.86	0.80	0.76
35	1.48	1.32	0.94	0.87	0.81	0.76
36	1.56	1.39	0.98	0.91	0.84	0.79
37	1.65	1.47	1.02	0.95	0.87	0.82
38	1.75	1.55	1.07	0.99	0.91	0.86
39	1.85	1.63	1.12	1.04	0.95	0.89
40	1.97	1.73	1.18	1.09	1.00	0.93
41	2.31	2.01	1.31	1.19	1.08	0.99
42	2.71	2.34	1.47	1.33	1.18	1.08
43	3.18	2.72	1.66	1.48	1.31	1.18
44	3.72	3.18	1.89	1.67	1.47	1.31
45	4.34	3.69	2.16	1.90	1.65	1.47
46	4.95	4.20	2.43	2.12	1.84	1.62
47	5.62	4.76	2.72	2.38	2.05	1.80
48	6.37	5.40	3.06	2.66	2.29	2.01
49	7.20	6.09	3.43	2.98	2.54	2.23
50	8.12	6.85	3.84	3.34	2.85	2.49
51	8.83	7.46	4.21	3.64	3.12	2.73
52	9.61	8.14	4.59	3.99	3.43	3.00
53	10.44	8.85	5.00	4.37	3.74	3.28
54	11.37	9.63	5.46	4.76	4.09	3.59
55	12.35	10.47	5.95	5.19	4.46	3.92
56	11.21	9.42	5.61	4.90	4.22	3.69
57	10.18	8.47	5.30	4.61	3.97	3.47
58	9.24	7.60	4.99	4.36	3.73	3.27
59	8.37	6.84	4.71	4.10	3.51	3.08
60	7.59	6.13	4.44	3.86	3.31	2.89
61	7.59	6.13	4.44	3.86	3.31	2.89
62	7.59	6.13	4.44	3.86	3.31	2.89
63	7.59	6.13	4.44	3.86	3.31	2.89
64	7.59	6.13	4.44	3.86	3.31	2.89

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1512 (07/11)

6% Maximum Cost of Living Adjustment Rider on Individual Disability Income Policy

Occupation Classes 6 and 6M — Unisex Select 10 Year

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	2.17	1.74	1.00	0.87	0.77	0.67
19	2.17	1.74	1.00	0.87	0.77	0.67
20	2.17	1.74	1.00	0.87	0.77	0.67
21	2.17	1.74	1.00	0.87	0.77	0.67
22	2.17	1.74	1.00	0.87	0.77	0.67
23	2.25	1.82	1.05	0.91	0.80	0.70
24	2.33	1.90	1.10	0.95	0.84	0.73
25	2.42	1.99	1.15	1.00	0.88	0.77
26	2.50	2.08	1.20	1.05	0.92	0.81
27	2.60	2.17	1.26	1.10	0.97	0.85
28	2.69	2.27	1.32	1.15	1.01	0.89
29	2.79	2.37	1.38	1.21	1.06	0.93
30	2.90	2.48	1.45	1.27	1.11	0.98
31	2.94	2.50	1.47	1.29	1.12	0.99
32	2.98	2.54	1.48	1.31	1.14	1.01
33	3.02	2.57	1.50	1.32	1.15	1.02
34	3.06	2.61	1.52	1.34	1.17	1.04
35	3.10	2.64	1.54	1.36	1.18	1.05
36	3.34	2.84	1.66	1.47	1.27	1.13
37	3.59	3.06	1.79	1.57	1.37	1.22
38	3.87	3.30	1.92	1.69	1.48	1.32
39	4.17	3.54	2.07	1.83	1.59	1.42
40	4.49	3.81	2.23	1.97	1.71	1.52
41	4.86	4.13	2.42	2.13	1.85	1.65
42	5.27	4.47	2.61	2.31	2.01	1.78
43	5.69	4.84	2.83	2.49	2.17	1.93
44	6.17	5.25	3.07	2.70	2.35	2.09
45	6.67	5.68	3.33	2.92	2.54	2.26
46	7.08	6.03	3.52	3.10	2.70	2.40
47	7.50	6.40	3.74	3.29	2.86	2.54
48	7.96	6.78	3.97	3.49	3.04	2.70
49	8.44	7.20	4.21	3.70	3.22	2.86
50	8.96	7.63	4.46	3.93	3.42	3.04
51	9.71	8.28	4.84	4.26	3.70	3.30
52	10.53	8.98	5.25	4.61	4.02	3.57
53	11.41	9.73	5.68	5.01	4.36	3.87
54	12.38	10.55	6.17	5.43	4.72	4.20
55	13.41	11.44	6.68	5.88	5.12	4.54
56	12.22	10.34	6.33	5.57	4.85	4.31
57	11.13	9.34	5.99	5.28	4.59	4.08
58	10.14	8.42	5.67	5.00	4.35	3.86
59	9.23	7.61	5.38	4.73	4.12	3.65
60	8.41	6.87	5.09	4.48	3.90	3.46

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1512 (07/11)

6% Maximum Cost of Living Adjustment Rider on Individual Disability Income Policy with Residual Disability Rider Attached

Occupation Classes 3 and 3M | Unisex Select To Age 65

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	9.00	7.44	4.46	3.97	3.50	3.16
19	9.00	7.44	4.46	3.97	3.50	3.16
20	9.00	7.44	4.46	3.97	3.50	3.16
21	9.00	7.44	4.46	3.97	3.50	3.16
22	9.00	7.44	4.46	3.97	3.50	3.16
23	9.00	7.44	4.46	3.97	3.50	3.16
24	9.00	7.44	4.46	3.97	3.50	3.16
25	9.00	7.44	4.46	3.97	3.50	3.16
26	9.11	7.58	4.55	4.05	3.57	3.22
27	9.22	7.74	4.64	4.14	3.65	3.29
28	9.33	7.89	4.75	4.23	3.73	3.36
29	9.44	8.05	4.85	4.32	3.81	3.43
30	9.55	8.21	4.96	4.42	3.89	3.50
31	9.69	8.33	5.03	4.47	3.94	3.54
32	9.83	8.44	5.10	4.53	4.00	3.59
33	9.98	8.56	5.17	4.60	4.05	3.64
34	10.12	8.69	5.25	4.66	4.11	3.69
35	10.28	8.81	5.32	4.73	4.16	3.74
36	10.42	8.94	5.40	4.79	4.22	3.79
37	10.57	9.07	5.46	4.86	4.28	3.85
38	10.73	9.21	5.54	4.93	4.34	3.90
39	10.88	9.34	5.62	5.00	4.40	3.95
40	11.05	9.47	5.70	5.07	4.46	4.01
41	13.28	11.37	6.78	6.00	5.26	4.71
42	15.67	13.40	7.93	7.01	6.13	5.47
43	18.25	15.58	9.18	8.09	7.06	6.30
44	21.00	17.92	10.50	9.26	8.06	7.18
45	23.95	20.42	11.94	10.50	9.13	8.12
46	25.75	21.95	12.80	11.25	9.77	8.68
47	27.50	23.42	13.62	11.97	10.39	9.22
48	29.20	24.87	14.43	12.67	10.99	9.74
49	30.86	26.26	15.22	13.35	11.57	10.25
50	32.45	27.61	15.97	14.00	12.13	10.74
51	32.05	27.26	15.76	13.82	11.97	10.60
52	31.64	26.92	15.56	13.64	11.81	10.45
53	31.23	26.57	15.35	13.46	11.66	10.33
54	30.84	26.23	15.16	13.29	11.51	10.19
55	30.44	25.89	14.96	13.12	11.37	10.05
56	27.76	23.40	14.19	12.44	10.77	9.52
57	25.31	21.17	13.45	11.79	10.21	9.03
58	23.08	19.13	12.75	11.18	9.66	8.54
59	21.04	17.29	12.10	10.60	9.16	8.11
60	19.18	15.62	11.46	10.04	8.68	7.67
61	19.18	15.62	11.46	10.04	8.68	7.67
62	19.18	15.62	11.46	10.04	8.68	7.67
63	19.18	15.62	11.46	10.04	8.68	7.67
64	19.18	15.62	11.46	10.04	8.68	7.67

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1512 (07/11)

6% Maximum Cost of Living Adjustment Rider on Individual Disability Income Policy with Residual Disability Rider Attached

Occupation Classes 3 and 3M | Unisex Select To Age 65

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	23.69	18.92	10.80	9.51	8.27	7.34
19	23.69	18.92	10.80	9.51	8.27	7.34
20	23.69	18.92	10.80	9.51	8.27	7.34
21	23.69	18.92	10.80	9.51	8.27	7.34
22	23.69	18.92	10.80	9.51	8.27	7.34
23	23.99	19.31	11.06	9.74	8.46	7.51
24	24.28	19.71	11.33	9.97	8.66	7.69
25	24.59	20.13	11.59	10.21	8.87	7.88
26	24.90	20.54	11.87	10.44	9.08	8.07
27	25.21	20.98	12.15	10.69	9.30	8.27
28	25.52	21.41	12.44	10.95	9.52	8.46
29	25.84	21.86	12.73	11.21	9.75	8.66
30	26.17	22.31	13.04	11.47	9.98	8.87
31	26.56	22.65	13.24	11.65	10.13	9.01
32	26.97	23.00	13.43	11.83	10.29	9.14
33	27.37	23.34	13.64	12.01	10.44	9.29
34	27.79	23.70	13.85	12.19	10.60	9.42
35	28.21	24.06	14.06	12.38	10.76	9.56
36	28.64	24.42	14.28	12.56	10.92	9.71
37	29.08	24.79	14.49	12.75	11.09	9.86
38	29.52	25.17	14.71	12.95	11.26	10.01
39	29.97	25.55	14.94	13.15	11.42	10.16
40	30.42	25.94	15.17	13.35	11.60	10.32
41	31.61	26.95	15.76	13.87	12.06	10.72
42	32.85	28.01	16.37	14.40	12.52	11.14
43	34.13	29.11	17.01	14.97	13.02	11.57
44	35.46	30.24	17.67	15.55	13.52	12.03
45	36.85	31.42	18.36	16.16	14.05	12.49
46	36.38	31.03	18.14	15.95	13.87	12.34
47	35.93	30.63	17.90	15.75	13.69	12.18
48	35.47	30.24	17.67	15.55	13.52	12.03
49	35.03	29.87	17.45	15.35	13.36	11.87
50	34.58	29.48	17.23	15.16	13.19	11.72
51	34.15	29.12	17.01	14.97	13.02	11.57
52	33.72	28.75	16.80	14.78	12.85	11.42
53	33.29	28.38	16.58	14.59	12.69	11.29
54	32.88	28.03	16.37	14.40	12.53	11.14
55	32.46	27.67	16.17	14.23	12.38	11.00
56	29.64	25.06	15.35	13.51	11.75	10.44
57	27.07	22.70	14.58	12.83	11.16	9.92
58	24.71	20.55	13.84	12.19	10.59	9.41
59	22.56	18.61	13.15	11.57	10.06	8.95
60	20.60	16.86	12.48	10.99	9.55	8.49

$30 Policy Fee

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1512 (07/11)

6% Maximum Cost of Living Adjustment Rider on Individual Disability Income Policy with Residual Disability Rider Attached

Occupation Classes 4 and 4M | Unisex Select To Age 65

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	7.51	6.22	3.74	3.35	2.96	2.67
19	7.51	6.22	3.74	3.35	2.96	2.67
20	7.51	6.22	3.74	3.35	2.96	2.67
21	7.51	6.22	3.74	3.35	2.96	2.67
22	7.51	6.22	3.74	3.35	2.96	2.67
23	7.51	6.22	3.74	3.35	2.96	2.67
24	7.51	6.22	3.74	3.35	2.96	2.67
25	7.51	6.22	3.74	3.35	2.96	2.67
26	7.60	6.34	3.82	3.42	3.02	2.73
27	7.68	6.46	3.91	3.49	3.09	2.79
28	7.78	6.58	3.99	3.56	3.15	2.84
29	7.87	6.71	4.08	3.64	3.22	2.90
30	7.96	6.85	4.17	3.71	3.29	2.96
31	8.08	6.95	4.23	3.77	3.33	3.00
32	8.20	7.05	4.29	3.81	3.38	3.04
33	8.32	7.15	4.35	3.87	3.42	3.08
34	8.43	7.25	4.41	3.92	3.46	3.12
35	8.55	7.36	4.46	3.98	3.50	3.17
36	8.68	7.46	4.52	4.03	3.55	3.21
37	8.80	7.56	4.59	4.09	3.60	3.25
38	8.93	7.67	4.65	4.14	3.65	3.30
39	9.06	7.79	4.71	4.20	3.70	3.34
40	9.20	7.90	4.78	4.26	3.75	3.39
41	11.03	9.45	5.65	5.01	4.41	3.95
42	13.00	11.12	6.59	5.83	5.11	4.56
43	15.11	12.91	7.61	6.71	5.86	5.23
44	17.37	14.83	8.69	7.66	6.67	5.94
45	19.80	16.89	9.86	8.68	7.54	6.71
46	21.28	18.14	10.56	9.29	8.06	7.16
47	22.71	19.34	11.24	9.87	8.56	7.59
48	24.10	20.52	11.89	10.43	9.04	8.01
49	25.45	21.66	12.52	10.98	9.50	8.42
50	26.77	22.77	13.14	11.51	9.96	8.81
51	26.41	22.46	12.96	11.37	9.84	8.70
52	26.08	22.19	12.79	11.21	9.70	8.58
53	25.75	21.90	12.63	11.07	9.57	8.47
54	25.42	21.62	12.46	10.92	9.45	8.36
55	25.09	21.33	12.30	10.78	9.33	8.25
56	22.88	19.29	11.66	10.22	8.84	7.81
57	20.86	17.42	11.06	9.68	8.37	7.40
58	19.02	15.75	10.47	9.18	7.93	7.01
59	17.33	14.23	9.93	8.70	7.50	6.63
60	15.79	12.85	9.41	8.24	7.11	6.28
61	15.79	12.85	9.41	8.24	7.11	6.28
62	15.79	12.85	9.41	8.24	7.11	6.28
63	15.79	12.85	9.41	8.24	7.11	6.28
64	15.79	12.85	9.41	8.24	7.11	6.28

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1512 (07/11)

6% Maximum Cost of Living Adjustment Rider on Individual Disability Income Policy with Residual Disability Rider Attached

Occupation Classes 4 and 4M | Unisex Select To Age 65

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	19.58	15.63	8.91	7.86	6.82	6.07
19	19.58	15.63	8.91	7.86	6.82	6.07
20	19.58	15.63	8.91	7.86	6.82	6.07
21	19.58	15.63	8.91	7.86	6.82	6.07
22	19.58	15.63	8.91	7.86	6.82	6.07
23	19.83	15.96	9.13	8.05	6.99	6.22
24	20.08	16.30	9.35	8.24	7.16	6.37
25	20.32	16.63	9.57	8.43	7.33	6.51
26	20.58	16.98	9.80	8.63	7.50	6.67
27	20.83	17.33	10.04	8.84	7.68	6.83
28	21.10	17.69	10.28	9.05	7.86	6.99
29	21.35	18.06	10.52	9.27	8.06	7.16
30	21.62	18.43	10.78	9.48	8.25	7.33
31	21.95	18.71	10.95	9.63	8.38	7.43
32	22.28	19.00	11.11	9.77	8.50	7.55
33	22.62	19.29	11.28	9.92	8.63	7.67
34	22.97	19.58	11.45	10.08	8.76	7.79
35	23.31	19.88	11.62	10.23	8.89	7.91
36	23.67	20.19	11.80	10.39	9.03	8.03
37	24.03	20.49	11.98	10.54	9.17	8.15
38	24.39	20.80	12.16	10.70	9.31	8.28
39	24.76	21.12	12.35	10.86	9.44	8.41
40	25.14	21.44	12.53	11.03	9.59	8.53
41	26.12	22.28	13.02	11.45	9.97	8.86
42	27.15	23.16	13.53	11.91	10.36	9.21
43	28.21	24.06	14.06	12.38	10.76	9.56
44	29.31	25.00	14.60	12.85	11.18	9.94
45	30.46	25.98	15.18	13.36	11.61	10.33
46	30.08	25.65	14.99	13.19	11.46	10.20
47	29.70	25.32	14.80	13.02	11.33	10.07
48	29.32	25.01	14.61	12.86	11.18	9.94
49	28.96	24.69	14.42	12.69	11.04	9.82
50	28.59	24.38	14.25	12.53	10.90	9.69
51	28.22	24.07	14.06	12.38	10.77	9.57
52	27.87	23.77	13.88	12.22	10.63	9.45
53	27.52	23.46	13.71	12.07	10.49	9.34
54	27.18	23.18	13.53	11.91	10.37	9.22
55	26.83	22.88	13.37	11.76	10.24	9.10
56	24.50	20.72	12.69	11.17	9.72	8.64
57	22.37	18.76	12.06	10.61	9.23	8.20
58	20.43	17.00	11.44	10.08	8.76	7.79
59	18.66	15.39	10.87	9.57	8.32	7.40
60	17.04	13.94	10.33	9.09	7.90	7.02

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1512 (07/11)

6% Maximum Cost of Living Adjustment Rider on Individual Disability Income Policy with Residual Disability Rider Attached

Occupation Classes 5 and 5M | Unisex Select To Age 65

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	5.98	4.97	3.03	2.71	2.41	2.19
19	5.98	4.97	3.03	2.71	2.41	2.19
20	5.98	4.97	3.03	2.71	2.41	2.19
21	5.98	4.97	3.03	2.71	2.41	2.19
22	5.98	4.97	3.03	2.71	2.41	2.19
23	5.98	4.97	3.03	2.71	2.41	2.19
24	5.98	4.97	3.03	2.71	2.41	2.19
25	5.98	4.97	3.03	2.71	2.41	2.19
26	6.05	5.07	3.09	2.77	2.46	2.23
27	6.13	5.17	3.16	2.82	2.50	2.28
28	6.20	5.27	3.23	2.88	2.55	2.32
29	6.27	5.37	3.29	2.94	2.61	2.37
30	6.35	5.46	3.36	3.01	2.66	2.41
31	6.43	5.54	3.41	3.04	2.69	2.44
32	6.52	5.62	3.45	3.09	2.73	2.48
33	6.62	5.70	3.49	3.13	2.77	2.50
34	6.71	5.78	3.54	3.17	2.80	2.53
35	6.81	5.87	3.59	3.21	2.84	2.56
36	6.91	5.95	3.64	3.25	2.88	2.60
37	7.01	6.03	3.68	3.30	2.92	2.63
38	7.11	6.12	3.73	3.34	2.96	2.67
39	7.21	6.21	3.79	3.39	2.99	2.70
40	7.32	6.30	3.84	3.43	3.04	2.74
41	8.73	7.49	4.51	4.01	3.53	3.17
42	10.27	8.78	5.23	4.63	4.06	3.64
43	11.91	10.18	6.01	5.31	4.64	4.14
44	13.66	11.67	6.85	6.04	5.27	4.69
45	15.55	13.27	7.75	6.82	5.93	5.28
46	16.69	14.23	8.28	7.28	6.32	5.61
47	17.80	15.16	8.79	7.71	6.69	5.93
48	18.88	16.07	9.29	8.15	7.06	6.25
49	19.92	16.95	9.77	8.55	7.41	6.54
50	20.94	17.79	10.24	8.95	7.74	6.84
51	20.66	17.56	10.10	8.84	7.63	6.74
52	20.39	17.34	9.97	8.72	7.54	6.65
53	20.14	17.12	9.84	8.60	7.43	6.56
54	19.87	16.89	9.70	8.49	7.34	6.47
55	19.62	16.67	9.58	8.38	7.24	6.39
56	17.88	15.07	9.08	7.94	6.85	6.05
57	16.29	13.61	8.60	7.52	6.48	5.72
58	14.84	12.29	8.15	7.12	6.14	5.42
59	13.52	11.09	7.72	6.74	5.81	5.12
60	12.31	10.01	7.31	6.39	5.50	4.84
61	12.31	10.01	7.31	6.39	5.50	4.84
62	12.31	10.01	7.31	6.39	5.50	4.84
63	12.31	10.01	7.31	6.39	5.50	4.84
64	12.31	10.01	7.31	6.39	5.50	4.84

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1512 (07/11)

6% Maximum Cost of Living Adjustment Rider on Individual Disability Income Policy with Residual Disability Rider Attached

Occupation Classes 5 and 5M | Unisex Select To Age 65

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	15.37	12.28	7.01	6.17	5.36	4.77
19	15.37	12.28	7.01	6.17	5.36	4.77
20	15.37	12.28	7.01	6.17	5.36	4.77
21	15.37	12.28	7.01	6.17	5.36	4.77
22	15.37	12.28	7.01	6.17	5.36	4.77
23	15.56	12.53	7.18	6.32	5.48	4.88
24	15.76	12.80	7.35	6.46	5.61	5.00
25	15.96	13.07	7.52	6.62	5.75	5.12
26	16.16	13.35	7.70	6.78	5.89	5.24
27	16.36	13.62	7.89	6.94	6.03	5.37
28	16.57	13.91	8.08	7.11	6.18	5.48
29	16.78	14.20	8.27	7.28	6.33	5.62
30	16.99	14.49	8.46	7.45	6.47	5.75
31	17.25	14.71	8.59	7.56	6.57	5.84
32	17.51	14.94	8.72	7.68	6.67	5.93
33	17.78	15.17	8.86	7.80	6.78	6.02
34	18.05	15.39	8.99	7.92	6.88	6.12
35	18.32	15.63	9.13	8.04	6.99	6.21
36	18.60	15.86	9.27	8.16	7.10	6.31
37	18.89	16.11	9.40	8.28	7.21	6.41
38	19.18	16.35	9.54	8.41	7.32	6.50
39	19.46	16.60	9.69	8.53	7.42	6.60
40	19.76	16.85	9.84	8.66	7.54	6.70
41	20.53	17.50	10.23	9.00	7.84	6.96
42	21.33	18.19	10.62	9.36	8.14	7.24
43	22.17	18.90	11.04	9.72	8.45	7.51
44	23.03	19.64	11.47	10.10	8.79	7.81
45	23.93	20.40	11.92	10.49	9.13	8.12
46	23.62	20.15	11.77	10.37	9.01	8.02
47	23.32	19.89	11.62	10.23	8.90	7.91
48	23.03	19.64	11.47	10.10	8.79	7.81
49	22.74	19.39	11.34	9.97	8.67	7.71
50	22.45	19.15	11.19	9.84	8.56	7.61
51	22.17	18.91	11.05	9.72	8.45	7.51
52	21.89	18.67	10.91	9.59	8.36	7.42
53	21.61	18.43	10.77	9.47	8.25	7.33
54	21.33	18.20	10.63	9.36	8.14	7.23
55	21.07	17.97	10.50	9.24	8.04	7.14
56	19.24	16.28	9.97	8.77	7.63	6.78
57	17.56	14.74	9.47	8.34	7.25	6.43
58	16.04	13.35	8.99	7.91	6.88	6.12
59	14.65	12.09	8.54	7.51	6.53	5.80
60	13.37	10.95	8.11	7.14	6.21	5.51

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1512 (07/11)

6% Maximum Cost of Living Adjustment Rider on Individual Disability Income Policy with Residual Disability Rider Attached

Occupation Classes 6 and 6M | Unisex Select To Age 65

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	4.78	3.98	2.47	2.22	1.98	1.80
19	4.78	3.98	2.47	2.22	1.98	1.80
20	4.78	3.98	2.47	2.22	1.98	1.80
21	4.78	3.98	2.47	2.22	1.98	1.80
22	4.78	3.98	2.47	2.22	1.98	1.80
23	4.78	3.98	2.47	2.22	1.98	1.80
24	4.78	3.98	2.47	2.22	1.98	1.80
25	4.78	3.98	2.47	2.22	1.98	1.80
26	4.83	4.06	2.51	2.26	2.02	1.84
27	4.89	4.14	2.56	2.30	2.06	1.87
28	4.95	4.21	2.61	2.35	2.10	1.91
29	5.01	4.29	2.67	2.40	2.14	1.94
30	5.07	4.38	2.72	2.45	2.18	1.98
31	5.14	4.44	2.76	2.48	2.21	2.00
32	5.21	4.49	2.79	2.50	2.24	2.03
33	5.29	4.55	2.83	2.53	2.26	2.05
34	5.36	4.62	2.87	2.57	2.29	2.08
35	5.44	4.68	2.90	2.60	2.32	2.11
36	5.50	4.75	2.94	2.63	2.35	2.13
37	5.58	4.82	2.98	2.67	2.38	2.16
38	5.66	4.88	3.02	2.70	2.41	2.18
39	5.74	4.95	3.06	2.74	2.44	2.21
40	5.82	5.02	3.10	2.77	2.47	2.24
41	6.92	5.95	3.61	3.22	2.83	2.55
42	8.10	6.94	4.16	3.68	3.24	2.90
43	9.38	8.02	4.75	4.20	3.67	3.28
44	10.74	9.17	5.39	4.75	4.15	3.69
45	12.20	10.40	6.08	5.35	4.65	4.13
46	13.08	11.15	6.47	5.69	4.94	4.38
47	13.93	11.86	6.86	6.02	5.22	4.61
48	14.76	12.55	7.24	6.34	5.48	4.84
49	15.56	13.23	7.59	6.64	5.73	5.06
50	16.34	13.88	7.95	6.94	5.99	5.28
51	16.13	13.70	7.83	6.85	5.90	5.20
52	15.92	13.52	7.73	6.75	5.83	5.14
53	15.71	13.35	7.62	6.66	5.74	5.06
54	15.50	13.18	7.53	6.57	5.67	4.99
55	15.31	13.01	7.42	6.48	5.59	4.93
56	13.95	11.74	7.03	6.14	5.30	4.65
57	12.69	10.59	6.65	5.81	5.00	4.40
58	11.55	9.55	6.30	5.50	4.74	4.17
59	10.52	8.61	5.96	5.21	4.47	3.93
60	9.57	7.76	5.64	4.93	4.23	3.71
61	9.57	7.76	5.64	4.93	4.23	3.71
62	9.57	7.76	5.64	4.93	4.23	3.71
63	9.57	7.76	5.64	4.93	4.23	3.71
64	9.57	7.76	5.64	4.93	4.23	3.71

$30 Policy Fee

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1512 (07/11)

6% Maximum Cost of Living Adjustment Rider on Individual Disability Income Policy with Residual Disability Rider Attached

Occupation Classes 6 and 6M | Unisex Select To Age 65

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	12.06	9.63	5.50	4.84	4.22	3.74
19	12.06	9.63	5.50	4.84	4.22	3.74
20	12.06	9.63	5.50	4.84	4.22	3.74
21	12.06	9.63	5.50	4.84	4.22	3.74
22	12.06	9.63	5.50	4.84	4.22	3.74
23	12.21	9.83	5.63	4.96	4.32	3.83
24	12.37	10.04	5.77	5.08	4.42	3.92
25	12.52	10.25	5.91	5.20	4.52	4.02
26	12.68	10.46	6.05	5.33	4.63	4.12
27	12.85	10.68	6.20	5.45	4.74	4.22
28	13.01	10.90	6.35	5.58	4.85	4.32
29	13.18	11.13	6.49	5.71	4.97	4.42
30	13.35	11.37	6.65	5.85	5.09	4.52
31	13.54	11.53	6.75	5.94	5.17	4.59
32	13.75	11.71	6.85	6.03	5.25	4.66
33	13.96	11.89	6.96	6.12	5.33	4.73
34	14.17	12.07	7.06	6.22	5.41	4.80
35	14.38	12.26	7.17	6.31	5.48	4.88
36	14.60	12.44	7.28	6.41	5.56	4.95
37	14.82	12.63	7.39	6.50	5.65	5.03
38	15.05	12.82	7.49	6.60	5.73	5.10
39	15.28	13.02	7.60	6.70	5.82	5.18
40	15.50	13.22	7.72	6.80	5.91	5.26
41	16.11	13.73	8.03	7.07	6.14	5.46
42	16.73	14.27	8.34	7.34	6.39	5.67
43	17.38	14.83	8.66	7.62	6.63	5.89
44	18.07	15.40	9.00	7.92	6.89	6.12
45	18.77	16.01	9.36	8.23	7.16	6.36
46	18.53	15.81	9.24	8.13	7.07	6.28
47	18.30	15.61	9.12	8.02	6.98	6.20
48	18.07	15.41	9.01	7.92	6.89	6.12
49	17.84	15.22	8.89	7.82	6.80	6.04
50	17.61	15.03	8.78	7.72	6.72	5.97
51	17.39	14.84	8.66	7.62	6.63	5.89
52	17.18	14.65	8.55	7.52	6.55	5.82
53	16.96	14.46	8.44	7.43	6.46	5.74
54	16.74	14.29	8.35	7.34	6.39	5.67
55	16.53	14.11	8.24	7.25	6.31	5.60
56	15.10	12.77	7.82	6.88	5.99	5.32
57	13.78	11.56	7.42	6.53	5.68	5.05
58	12.58	10.47	7.05	6.21	5.41	4.80
59	11.49	9.48	6.69	5.90	5.13	4.55
60	10.49	8.58	6.36	5.60	4.87	4.33

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1512 (07/11)

6% Maximum Cost of Living Adjustment Rider on Individual Disability Income Policy with Residual Disability Rider Attached

Occupation Classes 3 and 3M | Unisex Select To Age 67

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	9.92	8.20	4.89	4.35	3.83	3.45
19	9.92	8.20	4.89	4.35	3.83	3.45
20	9.92	8.20	4.89	4.35	3.83	3.45
21	9.92	8.20	4.89	4.35	3.83	3.45
22	9.92	8.20	4.89	4.35	3.83	3.45
23	9.92	8.20	4.89	4.35	3.83	3.45
24	9.92	8.20	4.89	4.35	3.83	3.45
25	9.92	8.20	4.89	4.35	3.83	3.45
26	10.09	8.40	5.02	4.46	3.93	3.53
27	10.26	8.60	5.15	4.57	4.04	3.63
28	10.43	8.81	5.29	4.69	4.14	3.72
29	10.60	9.03	5.43	4.82	4.25	3.82
30	10.79	9.26	5.57	4.95	4.36	3.92
31	11.01	9.44	5.68	5.05	4.45	4.00
32	11.25	9.64	5.80	5.15	4.53	4.07
33	11.47	9.84	5.92	5.26	4.62	4.15
34	11.71	10.05	6.04	5.36	4.71	4.24
35	11.96	10.26	6.16	5.46	4.81	4.32
36	12.22	10.47	6.29	5.57	4.90	4.41
37	12.46	10.69	6.42	5.68	5.00	4.48
38	12.73	10.91	6.54	5.80	5.10	4.57
39	12.99	11.14	6.67	5.92	5.20	4.66
40	13.27	11.38	6.81	6.04	5.31	4.76
41	16.08	13.76	8.17	7.23	6.33	5.66
42	19.13	16.34	9.65	8.52	7.44	6.64
43	22.42	19.15	11.26	9.92	8.65	7.70
44	25.99	22.18	12.99	11.44	9.96	8.86
45	29.84	25.45	14.87	13.09	11.38	10.12
46	32.63	27.82	16.22	14.27	12.39	11.01
47	35.44	30.20	17.59	15.45	13.42	11.91
48	38.27	32.61	18.96	16.65	14.45	12.82
49	41.13	35.04	20.33	17.86	15.49	13.74
50	44.01	37.47	21.73	19.07	16.54	14.66
51	44.16	37.60	21.81	19.14	16.60	14.72
52	44.32	37.74	21.89	19.22	16.66	14.76
53	44.48	37.88	21.97	19.28	16.72	14.82
54	44.65	38.01	22.05	19.35	16.78	14.88
55	44.81	38.14	22.13	19.42	16.84	14.93
56	41.05	34.65	21.08	18.50	16.04	14.22
57	37.59	31.47	20.08	17.61	15.28	13.53
58	34.43	28.57	19.12	16.78	14.54	12.87
59	31.53	25.94	18.21	15.98	13.84	12.26
60	28.87	23.55	17.34	15.22	13.18	11.66
61	28.87	23.55	17.34	15.22	13.18	11.66
62	28.87	23.55	17.34	15.22	13.18	11.66
63	28.87	23.55	17.34	15.22	13.18	11.66
64	28.87	23.55	17.34	15.22	13.18	11.66
65	28.87	23.55	17.34	15.22	13.18	11.66
66	28.87	23.55	17.34	15.22	13.18	11.66

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1512 (07/11)

6% Maximum Cost of Living Adjustment Rider on Individual Disability Income Policy with Residual Disability Rider Attached

Occupation Classes 3 and 3M | Unisex Select To Age 67

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	25.85	20.63	11.78	10.37	9.02	8.00
19	25.85	20.63	11.78	10.37	9.02	8.00
20	25.85	20.63	11.78	10.37	9.02	8.00
21	25.85	20.63	11.78	10.37	9.02	8.00
22	25.85	20.63	11.78	10.37	9.02	8.00
23	26.29	21.17	12.12	10.66	9.28	8.24
24	26.76	21.71	12.47	10.97	9.54	8.47
25	27.23	22.27	12.83	11.29	9.82	8.72
26	27.70	22.85	13.20	11.61	10.11	8.98
27	28.19	23.44	13.58	11.95	10.39	9.24
28	28.68	24.05	13.97	12.29	10.70	9.50
29	29.18	24.67	14.37	12.64	11.01	9.78
30	29.69	25.31	14.79	13.01	11.33	10.07
31	30.33	25.86	15.11	13.30	11.57	10.29
32	30.99	26.42	15.43	13.58	11.82	10.50
33	31.66	27.00	15.77	13.88	12.08	10.73
34	32.34	27.58	16.12	14.18	12.34	10.97
35	33.04	28.18	16.46	14.48	12.60	11.21
36	33.76	28.79	16.82	14.80	12.87	11.44
37	34.48	29.41	17.19	15.12	13.15	11.69
38	35.23	30.05	17.55	15.44	13.43	11.94
39	35.99	30.70	17.94	15.78	13.72	12.20
40	36.77	31.36	18.32	16.13	14.02	12.46
41	38.44	32.79	19.16	16.86	14.65	13.03
42	40.18	34.27	20.03	17.62	15.33	13.62
43	42.01	35.83	20.94	18.42	16.02	14.24
44	43.92	37.45	21.89	19.27	16.75	14.89
45	45.91	39.15	22.88	20.14	17.51	15.56
46	46.07	39.29	22.96	20.21	17.57	15.62
47	46.23	39.43	23.05	20.28	17.64	15.67
48	46.40	39.57	23.13	20.35	17.70	15.73
49	46.57	39.72	23.21	20.42	17.76	15.79
50	46.74	39.86	23.29	20.49	17.83	15.85
51	46.91	40.00	23.37	20.56	17.89	15.91
52	47.07	40.14	23.45	20.64	17.96	15.96
53	47.24	40.28	23.54	20.71	18.02	16.02
54	47.41	40.42	23.62	20.79	18.08	16.08
55	47.58	40.57	23.71	20.86	18.15	16.14
56	43.62	36.89	22.60	19.89	17.30	15.38
57	39.99	33.54	21.55	18.96	16.49	14.66
58	36.66	30.49	20.54	18.08	15.72	13.97
59	33.61	27.72	19.58	17.24	14.99	13.32
60	30.81	25.21	18.67	16.43	14.29	12.69

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1512 (07/11)

6% Maximum Cost of Living Adjustment Rider on Individual Disability Income Policy with Residual Disability Rider Attached

Occupation Classes 4 and 4M | Unisex Select To Age 67

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	8.27	6.84	4.11	3.66	3.24	2.92
19	8.27	6.84	4.11	3.66	3.24	2.92
20	8.27	6.84	4.11	3.66	3.24	2.92
21	8.27	6.84	4.11	3.66	3.24	2.92
22	8.27	6.84	4.11	3.66	3.24	2.92
23	8.27	6.84	4.11	3.66	3.24	2.92
24	8.27	6.84	4.11	3.66	3.24	2.92
25	8.27	6.84	4.11	3.66	3.24	2.92
26	8.41	7.00	4.22	3.75	3.32	2.99
27	8.54	7.18	4.33	3.85	3.41	3.07
28	8.69	7.35	4.44	3.95	3.49	3.15
29	8.83	7.53	4.55	4.06	3.58	3.23
30	8.98	7.72	4.67	4.16	3.67	3.31
31	9.17	7.88	4.77	4.25	3.74	3.37
32	9.36	8.04	4.86	4.33	3.81	3.44
33	9.55	8.21	4.96	4.42	3.89	3.50
34	9.75	8.38	5.06	4.49	3.96	3.56
35	9.95	8.54	5.16	4.59	4.04	3.63
36	10.16	8.72	5.27	4.68	4.12	3.70
37	10.38	8.91	5.37	4.77	4.21	3.78
38	10.59	9.09	5.47	4.87	4.29	3.85
39	10.81	9.28	5.58	4.96	4.37	3.93
40	11.04	9.47	5.70	5.06	4.46	4.00
41	13.36	11.43	6.81	6.03	5.29	4.73
42	15.85	13.55	8.02	7.09	6.20	5.53
43	18.57	15.86	9.33	8.23	7.18	6.40
44	21.50	18.34	10.75	9.47	8.25	7.35
45	24.68	21.04	12.30	10.82	9.40	8.37
46	26.98	22.99	13.39	11.78	10.24	9.10
47	29.28	24.94	14.50	12.75	11.06	9.82
48	31.61	26.91	15.63	13.72	11.91	10.56
49	33.96	28.90	16.76	14.70	12.75	11.31
50	36.31	30.90	17.90	15.69	13.60	12.05
51	36.44	31.01	17.96	15.75	13.65	12.10
52	36.57	31.12	18.03	15.81	13.70	12.14
53	36.71	31.23	18.10	15.88	13.75	12.18
54	36.84	31.34	18.16	15.93	13.80	12.23
55	36.97	31.46	18.23	15.99	13.85	12.28
56	33.86	28.56	17.36	15.23	13.20	11.68
57	31.01	25.94	16.52	14.49	12.55	11.12
58	28.39	23.54	15.73	13.80	11.95	10.58
59	26.00	21.36	14.98	13.14	11.38	10.07
60	23.79	19.39	14.27	12.50	10.83	9.58
61	23.79	19.39	14.27	12.50	10.83	9.58
62	23.79	19.39	14.27	12.50	10.83	9.58
63	23.79	19.39	14.27	12.50	10.83	9.58
64	23.79	19.39	14.27	12.50	10.83	9.58
65	23.79	19.39	14.27	12.50	10.83	9.58
66	23.79	19.39	14.27	12.50	10.83	9.58

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1512 (07/11)

6% Maximum Cost of Living Adjustment Rider on Individual Disability Income Policy with Residual Disability Rider Attached

Occupation Classes 4 and 4M | Unisex Select To Age 67

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	21.35	17.05	9.73	8.55	7.45	6.63
19	21.35	17.05	9.73	8.55	7.45	6.63
20	21.35	17.05	9.73	8.55	7.45	6.63
21	21.35	17.05	9.73	8.55	7.45	6.63
22	21.35	17.05	9.73	8.55	7.45	6.63
23	21.73	17.48	10.02	8.81	7.67	6.82
24	22.11	17.94	10.31	9.06	7.89	7.02
25	22.49	18.40	10.60	9.33	8.12	7.22
26	22.89	18.88	10.91	9.59	8.36	7.42
27	23.28	19.37	11.23	9.88	8.59	7.64
28	23.69	19.87	11.55	10.16	8.84	7.86
29	24.11	20.39	11.88	10.45	9.10	8.09
30	24.52	20.92	12.23	10.76	9.36	8.32
31	25.06	21.37	12.49	11.00	9.56	8.49
32	25.60	21.84	12.76	11.24	9.77	8.68
33	26.16	22.31	13.04	11.47	9.98	8.87
34	26.72	22.79	13.33	11.72	10.20	9.06
35	27.30	23.28	13.61	11.98	10.41	9.26
36	27.90	23.79	13.91	12.24	10.64	9.45
37	28.50	24.31	14.21	12.50	10.88	9.66
38	29.13	24.84	14.52	12.77	11.12	9.87
39	29.76	25.37	14.83	13.05	11.36	10.09
40	30.40	25.93	15.16	13.34	11.60	10.31
41	31.79	27.11	15.84	13.94	12.13	10.77
42	33.22	28.33	16.56	14.57	12.67	11.27
43	34.74	29.62	17.31	15.23	13.25	11.77
44	36.31	30.96	18.09	15.92	13.85	12.32
45	37.97	32.36	18.91	16.64	14.47	12.87
46	38.11	32.48	18.98	16.70	14.52	12.92
47	38.23	32.59	19.05	16.76	14.57	12.96
48	38.37	32.71	19.12	16.82	14.63	13.01
49	38.51	32.83	19.19	16.88	14.68	13.06
50	38.64	32.94	19.26	16.94	14.73	13.10
51	38.78	33.06	19.32	17.00	14.79	13.15
52	38.92	33.17	19.39	17.06	14.84	13.20
53	39.06	33.29	19.46	17.13	14.89	13.24
54	39.19	33.41	19.53	17.19	14.95	13.29
55	39.33	33.53	19.60	17.25	15.00	13.34
56	36.06	30.48	18.69	16.44	14.31	12.71
57	33.06	27.72	17.81	15.67	13.63	12.12
58	30.30	25.20	16.98	14.95	13.00	11.55
59	27.78	22.91	16.19	14.25	12.39	11.02
60	25.46	20.83	15.43	13.58	11.82	10.50

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1512 (07/11)

6% Maximum Cost of Living Adjustment Rider on Individual Disability Income Policy with Residual Disability Rider Attached

Occupation Classes 5 and 5M | Unisex Select To Age 67

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	6.58	5.46	3.32	2.96	2.62	2.39
19	6.58	5.46	3.32	2.96	2.62	2.39
20	6.58	5.46	3.32	2.96	2.62	2.39
21	6.58	5.46	3.32	2.96	2.62	2.39
22	6.58	5.46	3.32	2.96	2.62	2.39
23	6.58	5.46	3.32	2.96	2.62	2.39
24	6.58	5.46	3.32	2.96	2.62	2.39
25	6.58	5.46	3.32	2.96	2.62	2.39
26	6.69	5.59	3.40	3.04	2.69	2.44
27	6.80	5.72	3.48	3.11	2.76	2.49
28	6.91	5.86	3.57	3.19	2.83	2.55
29	7.03	6.00	3.66	3.27	2.90	2.62
30	7.14	6.15	3.76	3.36	2.97	2.68
31	7.29	6.27	3.83	3.42	3.03	2.73
32	7.43	6.40	3.91	3.48	3.08	2.78
33	7.59	6.53	3.98	3.55	3.14	2.83
34	7.75	6.66	4.06	3.62	3.20	2.89
35	7.91	6.79	4.14	3.69	3.26	2.94
36	8.07	6.93	4.22	3.76	3.33	3.00
37	8.24	7.08	4.30	3.83	3.39	3.05
38	8.41	7.23	4.39	3.91	3.46	3.11
39	8.58	7.38	4.47	3.99	3.51	3.17
40	8.76	7.52	4.56	4.06	3.58	3.23
41	10.55	9.05	5.42	4.80	4.22	3.79
42	12.50	10.70	6.36	5.61	4.92	4.40
43	14.62	12.49	7.37	6.49	5.67	5.06
44	16.91	14.43	8.46	7.45	6.49	5.78
45	19.38	16.52	9.66	8.49	7.40	6.57
46	21.18	18.04	10.50	9.24	8.03	7.13
47	22.97	19.56	11.37	9.98	8.66	7.68
48	24.78	21.10	12.23	10.73	9.31	8.25
49	26.61	22.63	13.10	11.48	9.95	8.81
50	28.45	24.20	13.98	12.25	10.60	9.39
51	28.55	24.28	14.02	12.30	10.63	9.42
52	28.66	24.36	14.08	12.34	10.68	9.45
53	28.76	24.46	14.13	12.38	10.72	9.48
54	28.86	24.54	14.18	12.43	10.76	9.52
55	28.97	24.64	14.23	12.48	10.79	9.56
56	26.52	22.36	13.54	11.88	10.27	9.10
57	24.28	20.29	12.89	11.31	9.77	8.65
58	22.23	18.41	12.28	10.75	9.30	8.23
59	20.34	16.70	11.68	10.24	8.85	7.82
60	18.61	15.15	11.12	9.73	8.41	7.43
61	18.61	15.15	11.12	9.73	8.41	7.43
62	18.61	15.15	11.12	9.73	8.41	7.43
63	18.61	15.15	11.12	9.73	8.41	7.43
64	18.61	15.15	11.12	9.73	8.41	7.43
65	18.61	15.15	11.12	9.73	8.41	7.43
66	18.61	15.15	11.12	9.73	8.41	7.43

$30 Policy Fee

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1512 (07/11)

6% Maximum Cost of Living Adjustment Rider on Individual Disability Income Policy with Residual Disability Rider Attached

Occupation Classes 5 and 5M | Unisex Select To Age 67

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	16.79	13.41	7.65	6.74	5.85	5.21
19	16.79	13.41	7.65	6.74	5.85	5.21
20	16.79	13.41	7.65	6.74	5.85	5.21
21	16.79	13.41	7.65	6.74	5.85	5.21
22	16.79	13.41	7.65	6.74	5.85	5.21
23	17.08	13.76	7.88	6.93	6.02	5.37
24	17.37	14.12	8.10	7.13	6.20	5.51
25	17.68	14.47	8.34	7.34	6.38	5.67
26	17.99	14.84	8.57	7.54	6.56	5.83
27	18.31	15.23	8.82	7.76	6.75	6.00
28	18.62	15.61	9.08	7.99	6.95	6.18
29	18.95	16.02	9.34	8.22	7.15	6.36
30	19.28	16.42	9.60	8.45	7.36	6.53
31	19.69	16.78	9.81	8.63	7.51	6.67
32	20.12	17.15	10.03	8.82	7.67	6.82
33	20.55	17.52	10.24	9.02	7.84	6.97
34	21.01	17.90	10.46	9.21	8.01	7.12
35	21.46	18.29	10.69	9.41	8.19	7.28
36	21.93	18.68	10.92	9.61	8.37	7.43
37	22.40	19.09	11.16	9.82	8.54	7.59
38	22.89	19.50	11.40	10.04	8.73	7.76
39	23.38	19.93	11.64	10.26	8.92	7.93
40	23.89	20.36	11.90	10.47	9.11	8.10
41	24.98	21.29	12.44	10.95	9.52	8.46
42	26.11	22.26	13.01	11.44	9.96	8.85
43	27.29	23.27	13.59	11.96	10.40	9.25
44	28.53	24.32	14.22	12.50	10.88	9.67
45	29.83	25.42	14.86	13.07	11.38	10.11
46	29.94	25.51	14.91	13.12	11.41	10.15
47	30.04	25.61	14.97	13.17	11.45	10.18
48	30.15	25.70	15.02	13.22	11.49	10.22
49	30.25	25.79	15.07	13.26	11.53	10.26
50	30.36	25.89	15.13	13.31	11.57	10.30
51	30.47	25.98	15.18	13.36	11.61	10.34
52	30.58	26.07	15.24	13.40	11.66	10.37
53	30.69	26.17	15.29	13.45	11.70	10.40
54	30.80	26.25	15.35	13.50	11.74	10.44
55	30.91	26.35	15.39	13.55	11.78	10.48
56	28.33	23.96	14.67	12.92	11.23	9.99
57	25.98	21.78	13.99	12.32	10.70	9.52
58	23.81	19.80	13.34	11.73	10.21	9.08
59	21.83	18.00	12.71	11.19	9.73	8.65
60	20.01	16.36	12.12	10.66	9.28	8.25

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1512 (07/11)

6% Maximum Cost of Living Adjustment Rider on Individual Disability Income Policy with Residual Disability Rider Attached

Occupation Classes 6 and 6M | Unisex Select To Age 67

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	5.25	4.37	2.68	2.41	2.15	1.96
19	5.25	4.37	2.68	2.41	2.15	1.96
20	5.25	4.37	2.68	2.41	2.15	1.96
21	5.25	4.37	2.68	2.41	2.15	1.96
22	5.25	4.37	2.68	2.41	2.15	1.96
23	5.25	4.37	2.68	2.41	2.15	1.96
24	5.25	4.37	2.68	2.41	2.15	1.96
25	5.25	4.37	2.68	2.41	2.15	1.96
26	5.34	4.47	2.75	2.47	2.20	2.00
27	5.43	4.57	2.82	2.52	2.25	2.05
28	5.51	4.68	2.89	2.59	2.30	2.10
29	5.60	4.79	2.96	2.65	2.36	2.14
30	5.69	4.91	3.03	2.71	2.42	2.19
31	5.80	5.01	3.09	2.76	2.46	2.23
32	5.92	5.11	3.15	2.82	2.50	2.27
33	6.04	5.21	3.21	2.87	2.54	2.31
34	6.16	5.32	3.27	2.93	2.59	2.35
35	6.29	5.43	3.33	2.98	2.64	2.40
36	6.42	5.53	3.40	3.04	2.69	2.44
37	6.54	5.64	3.46	3.09	2.74	2.48
38	6.68	5.75	3.52	3.15	2.79	2.52
39	6.81	5.87	3.59	3.21	2.84	2.56
40	6.95	5.99	3.66	3.27	2.90	2.61
41	8.35	7.17	4.32	3.84	3.39	3.04
42	9.86	8.44	5.04	4.46	3.91	3.49
43	11.50	9.83	5.81	5.13	4.48	4.00
44	13.28	11.35	6.66	5.87	5.12	4.55
45	15.21	12.97	7.58	6.66	5.80	5.16
46	16.58	14.14	8.23	7.23	6.28	5.57
47	17.99	15.32	8.88	7.79	6.76	5.99
48	19.38	16.50	9.54	8.37	7.25	6.42
49	20.80	17.69	10.22	8.94	7.73	6.85
50	22.24	18.90	10.88	9.51	8.23	7.28
51	22.30	18.97	10.92	9.55	8.27	7.31
52	22.39	19.05	10.96	9.59	8.30	7.34
53	22.47	19.11	10.99	9.62	8.33	7.37
54	22.55	19.18	11.04	9.66	8.36	7.40
55	22.64	19.26	11.08	9.69	8.39	7.42
56	20.72	17.46	10.54	9.23	7.98	7.05
57	18.96	15.84	10.03	8.77	7.59	6.70
58	17.34	14.36	9.54	8.36	7.23	6.37
59	15.87	13.02	9.08	7.94	6.86	6.05
60	14.51	11.79	8.63	7.55	6.52	5.74
61	14.51	11.79	8.63	7.55	6.52	5.74
62	14.51	11.79	8.63	7.55	6.52	5.74
63	14.51	11.79	8.63	7.55	6.52	5.74
64	14.51	11.79	8.63	7.55	6.52	5.74
65	14.51	11.79	8.63	7.55	6.52	5.74
66	14.51	11.79	8.63	7.55	6.52	5.74

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1512 (07/11)

6% Maximum Cost of Living Adjustment Rider on Individual Disability Income Policy with Residual Disability Rider Attached

Occupation Classes 6 and 6M | Unisex Select To Age 67

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	13.17	10.50	6.01	5.28	4.59	4.10
19	13.17	10.50	6.01	5.28	4.59	4.10
20	13.17	10.50	6.01	5.28	4.59	4.10
21	13.17	10.50	6.01	5.28	4.59	4.10
22	13.17	10.50	6.01	5.28	4.59	4.10
23	13.39	10.78	6.19	5.44	4.72	4.21
24	13.63	11.06	6.37	5.59	4.86	4.34
25	13.87	11.35	6.54	5.75	5.00	4.46
26	14.12	11.64	6.73	5.92	5.15	4.58
27	14.36	11.94	6.92	6.09	5.29	4.71
28	14.61	12.26	7.12	6.27	5.45	4.85
29	14.87	12.57	7.33	6.44	5.60	4.99
30	15.13	12.90	7.53	6.63	5.76	5.13
31	15.45	13.18	7.69	6.77	5.89	5.24
32	15.79	13.46	7.86	6.92	6.02	5.36
33	16.13	13.75	8.04	7.07	6.15	5.46
34	16.47	14.05	8.21	7.23	6.28	5.58
35	16.83	14.36	8.39	7.39	6.42	5.70
36	17.20	14.67	8.56	7.54	6.55	5.83
37	17.57	14.99	8.75	7.70	6.70	5.95
38	17.95	15.31	8.94	7.87	6.85	6.08
39	18.33	15.64	9.14	8.04	7.00	6.21
40	18.73	15.98	9.34	8.22	7.15	6.35
41	19.58	16.70	9.76	8.59	7.47	6.63
42	20.47	17.46	10.21	8.98	7.81	6.94
43	21.40	18.26	10.67	9.39	8.17	7.26
44	22.37	19.09	11.16	9.81	8.53	7.58
45	23.39	19.95	11.66	10.26	8.92	7.93
46	23.47	20.02	11.70	10.30	8.95	7.96
47	23.56	20.10	11.74	10.33	8.99	7.99
48	23.64	20.17	11.78	10.37	9.02	8.02
49	23.73	20.24	11.83	10.40	9.05	8.05
50	23.82	20.31	11.87	10.43	9.08	8.08
51	23.90	20.38	11.91	10.47	9.12	8.11
52	23.99	20.46	11.95	10.51	9.15	8.14
53	24.08	20.53	11.99	10.54	9.18	8.17
54	24.16	20.60	12.04	10.58	9.22	8.20
55	24.25	20.68	12.08	10.62	9.25	8.23
56	22.23	18.80	11.51	10.13	8.82	7.84
57	20.37	17.09	10.97	9.65	8.41	7.47
58	18.67	15.53	10.46	9.21	8.02	7.12
59	17.12	14.12	9.97	8.77	7.64	6.78
60	15.69	12.83	9.50	8.37	7.29	6.46

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1512 (07/11)

6% Maximum Cost of Living Adjustment Rider on Individual Disability Income Policy with Residual Disability Rider Attached

Occupation Classes 3 and 3M — Unisex Select 5 Year

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	2.87	2.29	1.32	1.16	1.01	0.89
19	2.87	2.29	1.32	1.16	1.01	0.89
20	2.87	2.29	1.32	1.16	1.01	0.89
21	2.87	2.29	1.32	1.16	1.01	0.89
22	2.87	2.29	1.32	1.16	1.01	0.89
23	2.95	2.38	1.37	1.21	1.05	0.93
24	3.03	2.46	1.42	1.25	1.09	0.96
25	3.11	2.54	1.48	1.30	1.13	1.00
26	3.20	2.63	1.53	1.35	1.17	1.04
27	3.28	2.73	1.59	1.40	1.22	1.08
28	3.37	2.82	1.65	1.46	1.26	1.12
29	3.46	2.93	1.71	1.50	1.31	1.16
30	3.55	3.03	1.78	1.56	1.36	1.21
31	3.59	3.07	1.80	1.58	1.38	1.23
32	3.63	3.10	1.82	1.60	1.40	1.24
33	3.67	3.14	1.84	1.61	1.41	1.26
34	3.72	3.17	1.86	1.63	1.43	1.27
35	3.76	3.21	1.88	1.65	1.45	1.29
36	4.03	3.44	2.02	1.77	1.54	1.38
37	4.33	3.68	2.16	1.90	1.65	1.48
38	4.63	3.95	2.32	2.04	1.77	1.58
39	4.97	4.24	2.48	2.18	1.90	1.69
40	5.33	4.54	2.66	2.34	2.03	1.81
41	5.76	4.91	2.88	2.52	2.20	1.96
42	6.23	5.32	3.11	2.73	2.38	2.12
43	6.74	5.75	3.37	2.95	2.56	2.29
44	7.29	6.22	3.63	3.20	2.77	2.48
45	7.88	6.72	3.93	3.46	3.00	2.67
46	8.28	7.06	4.13	3.63	3.15	2.81
47	8.69	7.42	4.34	3.81	3.31	2.95
48	9.13	7.79	4.55	4.01	3.47	3.10
49	9.58	8.18	4.78	4.21	3.65	3.25
50	10.07	8.59	5.02	4.43	3.83	3.42
51	10.81	9.20	5.49	4.85	4.20	3.74
52	11.62	9.83	6.02	5.31	4.60	4.10
53	12.48	10.51	6.59	5.81	5.04	4.48
54	13.40	11.26	7.23	6.37	5.52	4.92
55	14.40	12.04	7.92	6.97	6.05	5.39
56	15.47	12.88	8.67	7.63	6.63	5.90
57	16.62	13.77	9.49	8.37	7.27	6.46
58	17.85	14.73	10.40	9.16	7.96	7.08
59	19.18	15.76	11.39	10.04	8.72	7.75
60	20.60	16.86	12.48	10.99	9.55	8.49

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1512 (07/11)

6% Maximum Cost of Living Adjustment Rider on Individual Disability Income Policy with Residual Disability Rider Attached

Occupation Classes 4 and 4M — Unisex Select 5 Year

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	2.38	1.90	1.09	0.95	0.82	0.73
19	2.38	1.90	1.09	0.95	0.82	0.73
20	2.38	1.90	1.09	0.95	0.82	0.73
21	2.38	1.90	1.09	0.95	0.82	0.73
22	2.38	1.90	1.09	0.95	0.82	0.73
23	2.44	1.97	1.13	0.99	0.85	0.76
24	2.50	2.04	1.18	1.03	0.88	0.79
25	2.57	2.11	1.22	1.07	0.92	0.82
26	2.64	2.18	1.27	1.11	0.96	0.85
27	2.72	2.26	1.31	1.16	1.00	0.89
28	2.79	2.34	1.36	1.20	1.04	0.92
29	2.87	2.42	1.42	1.25	1.08	0.96
30	2.95	2.50	1.47	1.30	1.12	1.00
31	2.98	2.53	1.48	1.31	1.13	1.01
32	3.01	2.56	1.49	1.33	1.15	1.02
33	3.05	2.59	1.51	1.34	1.16	1.03
34	3.08	2.63	1.52	1.36	1.18	1.04
35	3.11	2.66	1.54	1.37	1.19	1.05
36	3.34	2.85	1.65	1.47	1.28	1.13
37	3.57	3.06	1.78	1.56	1.37	1.21
38	3.83	3.28	1.91	1.68	1.46	1.30
39	4.11	3.51	2.05	1.80	1.56	1.40
40	4.41	3.76	2.20	1.93	1.67	1.49
41	4.76	4.07	2.38	2.09	1.81	1.61
42	5.15	4.40	2.57	2.26	1.96	1.74
43	5.57	4.75	2.78	2.45	2.12	1.89
44	6.02	5.14	3.00	2.64	2.30	2.04
45	6.51	5.55	3.25	2.86	2.48	2.21
46	6.84	5.83	3.41	3.00	2.61	2.32
47	7.19	6.13	3.58	3.16	2.74	2.44
48	7.54	6.43	3.76	3.32	2.88	2.55
49	7.93	6.76	3.95	3.47	3.03	2.68
50	8.33	7.10	4.15	3.65	3.19	2.82
51	8.94	7.59	4.54	4.00	3.49	3.09
52	9.60	8.13	4.98	4.39	3.82	3.39
53	10.33	8.69	5.45	4.80	4.19	3.71
54	11.09	9.30	5.97	5.26	4.58	4.06
55	11.91	9.95	6.54	5.76	5.02	4.46
56	12.79	10.64	7.17	6.32	5.49	4.87
57	13.74	11.38	7.85	6.91	6.02	5.34
58	14.76	12.18	8.60	7.57	6.59	5.85
59	15.86	13.03	9.42	8.30	7.22	6.41
60	17.04	13.94	10.33	9.09	7.90	7.02

$30 Policy Fee

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1512 (07/11)

6% Maximum Cost of Living Adjustment Rider on Individual Disability Income Policy with Residual Disability Rider Attached

Occupation Classes 5 and 5M | Unisex Select 5 Year

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	1.86	1.49	0.85	0.73	0.64	0.57
19	1.86	1.49	0.85	0.73	0.64	0.57
20	1.86	1.49	0.85	0.73	0.64	0.57
21	1.86	1.49	0.85	0.73	0.64	0.57
22	1.86	1.49	0.85	0.73	0.64	0.57
23	1.91	1.55	0.88	0.76	0.66	0.59
24	1.96	1.60	0.91	0.80	0.69	0.62
25	2.02	1.66	0.95	0.83	0.72	0.64
26	2.08	1.72	0.99	0.87	0.75	0.67
27	2.14	1.78	1.03	0.90	0.78	0.69
28	2.20	1.85	1.07	0.94	0.81	0.72
29	2.26	1.91	1.11	0.98	0.85	0.75
30	2.32	1.98	1.15	1.02	0.88	0.78
31	2.35	2.00	1.16	1.03	0.89	0.79
32	2.37	2.02	1.18	1.04	0.90	0.80
33	2.40	2.04	1.19	1.06	0.91	0.82
34	2.42	2.06	1.21	1.07	0.92	0.83
35	2.45	2.08	1.22	1.08	0.93	0.84
36	2.62	2.23	1.31	1.16	1.00	0.90
37	2.81	2.40	1.41	1.24	1.07	0.96
38	3.01	2.56	1.50	1.33	1.15	1.03
39	3.23	2.75	1.61	1.43	1.24	1.10
40	3.46	2.95	1.73	1.52	1.33	1.18
41	3.74	3.19	1.87	1.64	1.44	1.28
42	4.05	3.46	2.02	1.78	1.55	1.38
43	4.38	3.73	2.18	1.92	1.67	1.48
44	4.73	4.04	2.36	2.08	1.81	1.61
45	5.12	4.37	2.54	2.25	1.96	1.74
46	5.38	4.58	2.67	2.37	2.06	1.83
47	5.64	4.81	2.81	2.48	2.16	1.92
48	5.93	5.06	2.95	2.60	2.27	2.01
49	6.23	5.31	3.10	2.74	2.38	2.11
50	6.54	5.57	3.26	2.88	2.49	2.22
51	7.03	5.96	3.56	3.16	2.73	2.43
52	7.55	6.38	3.91	3.46	2.99	2.66
53	8.11	6.82	4.29	3.78	3.28	2.91
54	8.71	7.31	4.69	4.14	3.59	3.19
55	9.36	7.81	5.14	4.53	3.93	3.49
56	10.05	8.36	5.63	4.97	4.31	3.83
57	10.79	8.94	6.17	5.44	4.72	4.20
58	11.59	9.56	6.75	5.95	5.17	4.59
59	12.45	10.24	7.41	6.51	5.66	5.03
60	13.37	10.95	8.11	7.14	6.21	5.51

$30 Policy Fee

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1512 (07/11)

6% Maximum Cost of Living Adjustment Rider on Individual Disability Income Policy with Residual Disability Rider Attached

Occupation Classes 6 and 6M | Unisex Select 5 Year

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	1.45	1.18	0.65	0.58	0.52	0.45
19	1.45	1.18	0.65	0.58	0.52	0.45
20	1.45	1.18	0.65	0.58	0.52	0.45
21	1.45	1.18	0.65	0.58	0.52	0.45
22	1.45	1.18	0.65	0.58	0.52	0.45
23	1.48	1.22	0.68	0.60	0.54	0.47
24	1.52	1.27	0.71	0.63	0.56	0.49
25	1.57	1.31	0.74	0.65	0.58	0.50
26	1.62	1.35	0.77	0.68	0.60	0.52
27	1.67	1.40	0.80	0.70	0.62	0.55
28	1.72	1.45	0.84	0.73	0.64	0.57
29	1.77	1.49	0.87	0.76	0.67	0.59
30	1.82	1.54	0.91	0.79	0.69	0.62
31	1.84	1.56	0.92	0.80	0.70	0.63
32	1.86	1.58	0.93	0.81	0.71	0.63
33	1.88	1.60	0.94	0.83	0.71	0.64
34	1.90	1.62	0.95	0.84	0.72	0.64
35	1.92	1.64	0.96	0.85	0.73	0.65
36	2.06	1.76	1.03	0.91	0.78	0.70
37	2.21	1.88	1.10	0.98	0.84	0.75
38	2.37	2.02	1.18	1.05	0.90	0.80
39	2.53	2.16	1.27	1.12	0.96	0.86
40	2.72	2.32	1.36	1.20	1.03	0.92
41	2.94	2.50	1.47	1.30	1.12	0.99
42	3.18	2.70	1.58	1.40	1.21	1.08
43	3.44	2.92	1.71	1.51	1.31	1.16
44	3.72	3.16	1.85	1.63	1.42	1.26
45	4.02	3.42	2.00	1.76	1.53	1.36
46	4.22	3.58	2.10	1.85	1.61	1.43
47	4.44	3.77	2.21	1.94	1.69	1.49
48	4.65	3.96	2.32	2.04	1.78	1.57
49	4.89	4.16	2.44	2.14	1.87	1.65
50	5.14	4.37	2.55	2.25	1.96	1.74
51	5.51	4.67	2.80	2.47	2.15	1.91
52	5.93	5.00	3.07	2.70	2.36	2.09
53	6.37	5.35	3.36	2.96	2.57	2.29
54	6.84	5.72	3.68	3.24	2.82	2.50
55	7.35	6.12	4.03	3.54	3.09	2.74
56	7.89	6.55	4.42	3.89	3.39	3.01
57	8.47	7.01	4.83	4.26	3.70	3.30
58	9.10	7.49	5.30	4.66	4.06	3.60
59	9.77	8.02	5.80	5.12	4.45	3.95
60	10.49	8.58	6.36	5.60	4.87	4.33

$30 Policy Fee

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1512 (07/11)

6% Maximum Cost of Living Adjustment Rider on Individual Disability Income Policy with Residual Disability Rider Attached

Occupation Classes 3 and 3M | Unisex Select 10 Year

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	2.44	2.07	1.36	1.25	1.13	1.05
19	2.44	2.07	1.36	1.25	1.13	1.05
20	2.44	2.07	1.36	1.25	1.13	1.05
21	2.44	2.07	1.36	1.25	1.13	1.05
22	2.44	2.07	1.36	1.25	1.13	1.05
23	2.44	2.07	1.36	1.25	1.13	1.05
24	2.44	2.07	1.36	1.25	1.13	1.05
25	2.44	2.07	1.36	1.25	1.13	1.05
26	2.51	2.14	1.41	1.29	1.17	1.08
27	2.58	2.22	1.46	1.33	1.21	1.11
28	2.66	2.30	1.50	1.38	1.24	1.15
29	2.75	2.39	1.55	1.42	1.29	1.18
30	2.83	2.48	1.61	1.47	1.33	1.22
31	2.87	2.50	1.63	1.48	1.34	1.24
32	2.91	2.54	1.65	1.49	1.36	1.25
33	2.95	2.57	1.67	1.51	1.38	1.27
34	2.99	2.61	1.69	1.53	1.39	1.28
35	3.03	2.64	1.71	1.55	1.41	1.29
36	3.24	2.81	1.81	1.64	1.48	1.36
37	3.45	3.00	1.92	1.73	1.56	1.44
38	3.68	3.20	2.04	1.84	1.65	1.51
39	3.93	3.42	2.16	1.95	1.74	1.59
40	4.20	3.64	2.30	2.07	1.85	1.69
41	5.15	4.45	2.73	2.44	2.16	1.96
42	6.24	5.36	3.24	2.87	2.52	2.28
43	7.49	6.42	3.81	3.38	2.95	2.64
44	8.93	7.63	4.49	3.96	3.46	3.08
45	10.57	9.02	5.27	4.63	4.03	3.58
46	12.15	10.36	6.02	5.29	4.58	4.07
47	13.88	11.82	6.84	6.00	5.20	4.60
48	15.79	13.43	7.75	6.79	5.88	5.20
49	17.89	15.21	8.75	7.66	6.61	5.86
50	20.19	17.16	9.86	8.63	7.44	6.58
51	21.91	18.63	10.72	9.40	8.11	7.17
52	23.79	20.23	11.65	10.22	8.83	7.80
53	25.84	21.97	12.67	11.11	9.60	8.49
54	28.05	23.85	13.77	12.08	10.44	9.25
55	30.44	25.89	14.96	13.12	11.37	10.05
56	27.76	23.40	14.19	12.44	10.77	9.52
57	25.31	21.17	13.45	11.79	10.21	9.03
58	23.08	19.13	12.75	11.18	9.66	8.54
59	21.04	17.29	12.10	10.60	9.16	8.11
60	19.18	15.62	11.46	10.04	8.68	7.67
61	19.18	15.62	11.46	10.04	8.68	7.67
62	19.18	15.62	11.46	10.04	8.68	7.67
63	19.18	15.62	11.46	10.04	8.68	7.67
64	19.18	15.62	11.46	10.04	8.68	7.67

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1512 (07/11)

6% Maximum Cost of Living Adjustment Rider on Individual Disability Income Policy with Residual Disability Rider Attached

Occupation Classes 3 and 3M — Unisex Select 10 Year

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	5.25	4.19	2.40	2.11	1.82	1.63
19	5.25	4.19	2.40	2.11	1.82	1.63
20	5.25	4.19	2.40	2.11	1.82	1.63
21	5.25	4.19	2.40	2.11	1.82	1.63
22	5.25	4.19	2.40	2.11	1.82	1.63
23	5.44	4.38	2.50	2.21	1.91	1.70
24	5.63	4.56	2.62	2.32	2.00	1.78
25	5.83	4.77	2.75	2.43	2.10	1.87
26	6.04	4.99	2.88	2.54	2.20	1.96
27	6.26	5.21	3.02	2.66	2.31	2.05
28	6.48	5.45	3.17	2.79	2.42	2.15
29	6.72	5.68	3.32	2.92	2.53	2.25
30	6.96	5.94	3.47	3.06	2.65	2.36
31	7.07	6.03	3.52	3.11	2.69	2.40
32	7.19	6.13	3.58	3.15	2.74	2.44
33	7.30	6.23	3.64	3.20	2.79	2.48
34	7.42	6.33	3.69	3.25	2.83	2.51
35	7.53	6.43	3.75	3.30	2.88	2.55
36	8.11	6.91	4.04	3.55	3.10	2.75
37	8.72	7.44	4.35	3.82	3.34	2.96
38	9.39	8.01	4.68	4.12	3.58	3.19
39	10.10	8.62	5.04	4.44	3.86	3.43
40	10.87	9.28	5.43	4.77	4.15	3.69
41	11.78	10.06	5.88	5.17	4.49	4.00
42	12.77	10.90	6.38	5.60	4.87	4.34
43	13.84	11.81	6.90	6.07	5.28	4.69
44	15.01	12.80	7.48	6.57	5.72	5.09
45	16.27	13.87	8.11	7.13	6.20	5.51
46	17.23	14.69	8.58	7.55	6.56	5.84
47	18.24	15.55	9.09	8.00	6.95	6.19
48	19.31	16.47	9.62	8.47	7.37	6.55
49	20.45	17.44	10.19	8.97	7.79	6.94
50	21.66	18.47	10.79	9.50	8.26	7.35
51	23.48	20.03	11.70	10.31	8.95	7.96
52	25.46	21.71	12.68	11.17	9.71	8.63
53	27.61	23.54	13.75	12.11	10.52	9.36
54	29.94	25.52	14.91	13.13	11.41	10.15
55	32.46	27.67	16.17	14.23	12.38	11.00
56	29.64	25.06	15.35	13.51	11.75	10.44
57	27.07	22.70	14.58	12.83	11.16	9.92
58	24.71	20.55	13.84	12.19	10.59	9.41
59	22.56	18.61	13.15	11.57	10.06	8.95
60	20.60	16.86	12.48	10.99	9.55	8.49

$30 Policy Fee

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1512 (07/11)

6% Maximum Cost of Living Adjustment Rider on Individual Disability Income Policy with Residual Disability Rider Attached

Occupation Classes 4 and 4M | Unisex Select 10 Year

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	2.08	1.78	1.19	1.10	1.00	0.94
19	2.08	1.78	1.19	1.10	1.00	0.94
20	2.08	1.78	1.19	1.10	1.00	0.94
21	2.08	1.78	1.19	1.10	1.00	0.94
22	2.08	1.78	1.19	1.10	1.00	0.94
23	2.08	1.78	1.19	1.10	1.00	0.94
24	2.08	1.78	1.19	1.10	1.00	0.94
25	2.08	1.78	1.19	1.10	1.00	0.94
26	2.14	1.84	1.23	1.13	1.03	0.96
27	2.21	1.90	1.27	1.17	1.06	0.99
28	2.27	1.97	1.31	1.20	1.10	1.02
29	2.34	2.04	1.36	1.24	1.13	1.05
30	2.41	2.12	1.41	1.28	1.17	1.08
31	2.44	2.14	1.42	1.30	1.18	1.09
32	2.48	2.17	1.44	1.31	1.19	1.10
33	2.50	2.20	1.45	1.32	1.21	1.11
34	2.54	2.23	1.47	1.34	1.22	1.13
35	2.57	2.26	1.48	1.36	1.23	1.14
36	2.74	2.40	1.56	1.43	1.29	1.19
37	2.92	2.54	1.65	1.50	1.36	1.25
38	3.11	2.71	1.74	1.58	1.44	1.32
39	3.32	2.89	1.85	1.68	1.51	1.39
40	3.53	3.08	1.96	1.77	1.59	1.47
41	4.31	3.72	2.31	2.07	1.84	1.67
42	5.20	4.47	2.71	2.41	2.13	1.92
43	6.23	5.34	3.18	2.82	2.48	2.22
44	7.40	6.33	3.72	3.29	2.87	2.56
45	8.74	7.45	4.36	3.83	3.34	2.96
46	10.04	8.54	4.96	4.35	3.78	3.35
47	11.45	9.74	5.62	4.93	4.27	3.77
48	13.02	11.06	6.37	5.57	4.81	4.25
49	14.73	12.51	7.19	6.29	5.43	4.78
50	16.62	14.10	8.09	7.06	6.10	5.37
51	18.05	15.32	8.80	7.69	6.64	5.86
52	19.60	16.64	9.57	8.37	7.23	6.39
53	21.29	18.09	10.41	9.11	7.88	6.96
54	23.12	19.64	11.32	9.91	8.57	7.58
55	25.09	21.33	12.30	10.78	9.33	8.25
56	22.88	19.29	11.66	10.22	8.84	7.81
57	20.86	17.42	11.06	9.68	8.37	7.40
58	19.02	15.75	10.47	9.18	7.93	7.01
59	17.33	14.23	9.93	8.70	7.50	6.63
60	15.79	12.85	9.41	8.24	7.11	6.28
61	15.79	12.85	9.41	8.24	7.11	6.28
62	15.79	12.85	9.41	8.24	7.11	6.28
63	15.79	12.85	9.41	8.24	7.11	6.28
64	15.79	12.85	9.41	8.24	7.11	6.28

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1512 (07/11)

6% Maximum Cost of Living Adjustment Rider on Individual Disability Income Policy with Residual Disability Rider Attached

Occupation Classes 4 and 4M | Unisex Select 10 Year

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	4.34	3.46	1.97	1.74	1.50	1.35
19	4.34	3.46	1.97	1.74	1.50	1.35
20	4.34	3.46	1.97	1.74	1.50	1.35
21	4.34	3.46	1.97	1.74	1.50	1.35
22	4.34	3.46	1.97	1.74	1.50	1.35
23	4.49	3.62	2.06	1.82	1.57	1.41
24	4.65	3.78	2.16	1.91	1.65	1.48
25	4.82	3.95	2.27	2.00	1.73	1.54
26	4.99	4.13	2.38	2.10	1.82	1.61
27	5.18	4.31	2.49	2.20	1.90	1.69
28	5.36	4.50	2.61	2.30	2.00	1.77
29	5.55	4.70	2.74	2.41	2.10	1.86
30	5.75	4.91	2.87	2.52	2.20	1.95
31	5.84	4.99	2.91	2.56	2.23	1.98
32	5.94	5.07	2.96	2.60	2.27	2.01
33	6.03	5.15	3.01	2.64	2.31	2.04
34	6.13	5.23	3.05	2.69	2.34	2.08
35	6.23	5.31	3.10	2.73	2.38	2.11
36	6.70	5.71	3.34	2.94	2.55	2.27
37	7.21	6.15	3.59	3.17	2.75	2.45
38	7.75	6.62	3.86	3.41	2.96	2.63
39	8.35	7.13	4.16	3.66	3.19	2.83
40	8.98	7.67	4.47	3.94	3.43	3.05
41	9.73	8.32	4.85	4.27	3.71	3.31
42	10.55	9.01	5.26	4.62	4.03	3.58
43	11.44	9.77	5.70	5.02	4.37	3.88
44	12.40	10.58	6.18	5.44	4.73	4.21
45	13.45	11.47	6.70	5.89	5.13	4.55
46	14.25	12.15	7.10	6.24	5.44	4.82
47	15.09	12.86	7.51	6.60	5.75	5.11
48	15.97	13.61	7.96	7.00	6.09	5.41
49	16.91	14.41	8.43	7.42	6.45	5.73
50	17.91	15.26	8.93	7.85	6.83	6.07
51	19.41	16.54	9.68	8.51	7.41	6.58
52	21.05	17.94	10.49	9.23	8.03	7.14
53	22.82	19.45	11.38	10.01	8.71	7.74
54	24.75	21.10	12.33	10.85	9.44	8.40
55	26.83	22.88	13.37	11.76	10.24	9.10
56	24.50	20.72	12.69	11.17	9.72	8.64
57	22.37	18.76	12.06	10.61	9.23	8.20
58	20.43	17.00	11.44	10.08	8.76	7.79
59	18.66	15.39	10.87	9.57	8.32	7.40
60	17.04	13.94	10.33	9.09	7.90	7.02

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1512 (07/11)

6% Maximum Cost of Living Adjustment Rider on Individual Disability Income Policy with Residual Disability Rider Attached

Occupation Classes 5 and 5M | Unisex Select 10 Year

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	1.72	1.48	1.02	0.95	0.87	0.82
19	1.72	1.48	1.02	0.95	0.87	0.82
20	1.72	1.48	1.02	0.95	0.87	0.82
21	1.72	1.48	1.02	0.95	0.87	0.82
22	1.72	1.48	1.02	0.95	0.87	0.82
23	1.72	1.48	1.02	0.95	0.87	0.82
24	1.72	1.48	1.02	0.95	0.87	0.82
25	1.72	1.48	1.02	0.95	0.87	0.82
26	1.77	1.53	1.05	0.97	0.90	0.84
27	1.82	1.58	1.08	1.00	0.92	0.86
28	1.87	1.63	1.11	1.03	0.95	0.88
29	1.92	1.69	1.15	1.06	0.97	0.90
30	1.98	1.74	1.19	1.09	1.00	0.93
31	2.00	1.77	1.20	1.10	1.01	0.94
32	2.03	1.79	1.21	1.11	1.02	0.95
33	2.06	1.81	1.23	1.13	1.03	0.96
34	2.08	1.83	1.24	1.14	1.04	0.97
35	2.11	1.85	1.25	1.15	1.05	0.98
36	2.24	1.97	1.32	1.21	1.10	1.02
37	2.38	2.09	1.39	1.27	1.15	1.07
38	2.53	2.22	1.46	1.33	1.21	1.12
39	2.69	2.36	1.54	1.41	1.28	1.18
40	2.87	2.50	1.62	1.48	1.35	1.24
41	3.46	2.99	1.88	1.69	1.51	1.38
42	4.14	3.56	2.18	1.95	1.72	1.55
43	4.92	4.22	2.53	2.25	1.98	1.77
44	5.83	4.98	2.94	2.60	2.28	2.03
45	6.87	5.86	3.42	3.01	2.62	2.33
46	7.86	6.69	3.87	3.41	2.95	2.61
47	8.97	7.62	4.39	3.84	3.32	2.94
48	10.18	8.64	4.95	4.33	3.73	3.30
49	11.51	9.76	5.57	4.87	4.20	3.69
50	12.98	11.00	6.27	5.47	4.70	4.14
51	14.10	11.96	6.83	5.96	5.14	4.51
52	15.32	13.00	7.42	6.49	5.59	4.93
53	16.63	14.13	8.09	7.07	6.10	5.38
54	18.07	15.35	8.81	7.70	6.65	5.86
55	19.62	16.67	9.58	8.38	7.24	6.39
56	17.88	15.07	9.08	7.94	6.85	6.05
57	16.29	13.61	8.60	7.52	6.48	5.72
58	14.84	12.29	8.15	7.12	6.14	5.42
59	13.52	11.09	7.72	6.74	5.81	5.12
60	12.31	10.01	7.31	6.39	5.50	4.84
61	12.31	10.01	7.31	6.39	5.50	4.84
62	12.31	10.01	7.31	6.39	5.50	4.84
63	12.31	10.01	7.31	6.39	5.50	4.84
64	12.31	10.01	7.31	6.39	5.50	4.84

$30 Policy Fee

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1512 (07/11)

6% Maximum Cost of Living Adjustment Rider on Individual Disability Income Policy with Residual Disability Rider Attached

Occupation Classes 5 and 5M | Unisex Select 10 Year

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	3.40	2.73	1.54	1.37	1.19	1.05
19	3.40	2.73	1.54	1.37	1.19	1.05
20	3.40	2.73	1.54	1.37	1.19	1.05
21	3.40	2.73	1.54	1.37	1.19	1.05
22	3.40	2.73	1.54	1.37	1.19	1.05
23	3.52	2.85	1.62	1.44	1.25	1.10
24	3.65	2.98	1.70	1.50	1.31	1.15
25	3.78	3.11	1.78	1.57	1.37	1.21
26	3.92	3.25	1.87	1.65	1.44	1.27
27	4.06	3.39	1.96	1.73	1.49	1.33
28	4.21	3.54	2.05	1.81	1.57	1.39
29	4.37	3.69	2.15	1.90	1.64	1.46
30	4.52	3.86	2.26	1.99	1.72	1.52
31	4.59	3.92	2.29	2.02	1.75	1.55
32	4.66	3.98	2.33	2.05	1.77	1.57
33	4.74	4.04	2.37	2.08	1.80	1.60
34	4.81	4.11	2.40	2.12	1.83	1.63
35	4.89	4.17	2.44	2.15	1.86	1.66
36	5.27	4.48	2.62	2.31	2.01	1.79
37	5.66	4.83	2.82	2.48	2.16	1.92
38	6.10	5.20	3.04	2.67	2.33	2.07
39	6.56	5.59	3.27	2.88	2.50	2.23
40	7.06	6.02	3.51	3.10	2.70	2.40
41	7.65	6.52	3.81	3.36	2.93	2.59
42	8.30	7.07	4.13	3.64	3.17	2.81
43	8.99	7.66	4.47	3.94	3.44	3.05
44	9.74	8.31	4.85	4.28	3.72	3.31
45	10.56	9.01	5.26	4.63	4.03	3.58
46	11.19	9.54	5.56	4.91	4.27	3.79
47	11.85	10.11	5.90	5.20	4.51	4.02
48	12.55	10.70	6.25	5.50	4.78	4.26
49	13.30	11.33	6.61	5.83	5.07	4.50
50	14.08	12.00	7.01	6.18	5.37	4.77
51	15.26	13.01	7.60	6.69	5.82	5.17
52	16.54	14.10	8.24	7.26	6.31	5.60
53	17.93	15.29	8.93	7.86	6.84	6.08
54	19.43	16.57	9.69	8.52	7.42	6.58
55	21.07	17.97	10.50	9.24	8.04	7.14
56	19.24	16.28	9.97	8.77	7.63	6.78
57	17.56	14.74	9.47	8.34	7.25	6.43
58	16.04	13.35	8.99	7.91	6.88	6.12
59	14.65	12.09	8.54	7.51	6.53	5.80
60	13.37	10.95	8.11	7.14	6.21	5.51

$30 Policy Fee

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1512 (07/11)

6% Maximum Cost of Living Adjustment Rider on Individual Disability Income Policy with Residual Disability Rider Attached

Occupation Classes 6 and 6M | Unisex Select 10 Year

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	1.44	1.25	0.89	0.83	0.77	0.73
19	1.44	1.25	0.89	0.83	0.77	0.73
20	1.44	1.25	0.89	0.83	0.77	0.73
21	1.44	1.25	0.89	0.83	0.77	0.73
22	1.44	1.25	0.89	0.83	0.77	0.73
23	1.44	1.25	0.89	0.83	0.77	0.73
24	1.44	1.25	0.89	0.83	0.77	0.73
25	1.44	1.25	0.89	0.83	0.77	0.73
26	1.48	1.29	0.91	0.85	0.79	0.74
27	1.51	1.33	0.94	0.87	0.81	0.76
28	1.55	1.37	0.96	0.89	0.83	0.78
29	1.59	1.41	0.99	0.91	0.85	0.80
30	1.64	1.46	1.02	0.94	0.87	0.82
31	1.65	1.47	1.03	0.95	0.88	0.82
32	1.68	1.48	1.03	0.96	0.88	0.83
33	1.70	1.50	1.04	0.97	0.89	0.83
34	1.71	1.52	1.05	0.97	0.90	0.84
35	1.73	1.54	1.07	0.99	0.91	0.85
36	1.84	1.63	1.12	1.03	0.95	0.88
37	1.95	1.72	1.17	1.08	0.99	0.92
38	2.07	1.82	1.23	1.13	1.03	0.96
39	2.20	1.93	1.30	1.19	1.08	1.01
40	2.34	2.05	1.37	1.25	1.14	1.05
41	2.78	2.42	1.54	1.40	1.26	1.15
42	3.30	2.85	1.76	1.58	1.41	1.28
43	3.90	3.35	2.02	1.80	1.58	1.43
44	4.59	3.93	2.33	2.06	1.79	1.60
45	5.39	4.59	2.68	2.37	2.05	1.82
46	6.15	5.24	3.03	2.65	2.30	2.03
47	7.00	5.94	3.41	2.98	2.57	2.27
48	7.93	6.72	3.83	3.35	2.88	2.53
49	8.96	7.58	4.30	3.75	3.22	2.83
50	10.09	8.53	4.82	4.21	3.60	3.16
51	10.98	9.29	5.27	4.59	3.94	3.46
52	11.93	10.11	5.74	5.01	4.31	3.78
53	12.97	10.99	6.27	5.46	4.70	4.14
54	14.09	11.96	6.82	5.95	5.13	4.51
55	15.31	13.01	7.42	6.48	5.59	4.93
56	13.95	11.74	7.03	6.14	5.30	4.65
57	12.69	10.59	6.65	5.81	5.00	4.40
58	11.55	9.55	6.30	5.50	4.74	4.17
59	10.52	8.61	5.96	5.21	4.47	3.93
60	9.57	7.76	5.64	4.93	4.23	3.71
61	9.57	7.76	5.64	4.93	4.23	3.71
62	9.57	7.76	5.64	4.93	4.23	3.71
63	9.57	7.76	5.64	4.93	4.23	3.71
64	9.57	7.76	5.64	4.93	4.23	3.71

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1512 (07/11)

6% Maximum Cost of Living Adjustment Rider on Individual Disability Income Policy with Residual Disability Rider Attached

Occupation Classes 6 and 6M — Unisex Select 10 Year

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	2.66	2.14	1.23	1.08	0.94	0.82
19	2.66	2.14	1.23	1.08	0.94	0.82
20	2.66	2.14	1.23	1.08	0.94	0.82
21	2.66	2.14	1.23	1.08	0.94	0.82
22	2.66	2.14	1.23	1.08	0.94	0.82
23	2.76	2.24	1.28	1.13	0.98	0.86
24	2.86	2.34	1.35	1.18	1.03	0.91
25	2.97	2.44	1.41	1.24	1.08	0.95
26	3.08	2.54	1.48	1.30	1.13	1.00
27	3.19	2.65	1.54	1.36	1.18	1.05
28	3.31	2.77	1.61	1.42	1.24	1.10
29	3.43	2.89	1.69	1.48	1.30	1.15
30	3.55	3.02	1.77	1.55	1.36	1.21
31	3.60	3.07	1.80	1.58	1.38	1.23
32	3.66	3.12	1.82	1.60	1.40	1.25
33	3.72	3.17	1.85	1.63	1.43	1.26
34	3.77	3.23	1.88	1.65	1.45	1.28
35	3.83	3.28	1.91	1.68	1.47	1.30
36	4.13	3.52	2.06	1.81	1.57	1.40
37	4.45	3.79	2.22	1.95	1.69	1.50
38	4.79	4.08	2.39	2.10	1.82	1.62
39	5.16	4.39	2.56	2.26	1.96	1.74
40	5.55	4.72	2.76	2.44	2.11	1.88
41	6.02	5.12	2.99	2.63	2.29	2.04
42	6.51	5.55	3.25	2.86	2.48	2.21
43	7.06	6.02	3.51	3.10	2.68	2.39
44	7.65	6.52	3.81	3.36	2.91	2.58
45	8.29	7.07	4.13	3.63	3.16	2.80
46	8.77	7.48	4.38	3.85	3.35	2.97
47	9.30	7.92	4.63	4.08	3.54	3.15
48	9.84	8.39	4.90	4.32	3.75	3.34
49	10.42	8.88	5.19	4.57	3.97	3.53
50	11.04	9.40	5.49	4.84	4.21	3.74
51	11.97	10.19	5.96	5.25	4.56	4.06
52	12.98	11.06	6.46	5.69	4.95	4.40
53	14.07	11.99	7.01	6.17	5.37	4.77
54	15.25	13.01	7.59	6.68	5.81	5.17
55	16.53	14.11	8.24	7.25	6.31	5.60
56	15.10	12.77	7.82	6.88	5.99	5.32
57	13.78	11.56	7.42	6.53	5.68	5.05
58	12.58	10.47	7.05	6.21	5.41	4.80
59	11.49	9.48	6.69	5.90	5.13	4.55
60	10.49	8.58	6.36	5.60	4.87	4.33

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1513 (07/11)

Four-Year Delayed Cost of Living Adjustment Rider on Individual Disability Income Policy

Occupation Classes 3 and 3M — Unisex Select To Age 65

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	3.11	2.61	1.67	1.52	1.38	1.27
19	3.11	2.61	1.67	1.52	1.38	1.27
20	3.11	2.61	1.67	1.52	1.38	1.27
21	3.11	2.61	1.67	1.52	1.38	1.27
22	3.11	2.61	1.67	1.52	1.38	1.27
23	3.11	2.61	1.67	1.52	1.38	1.27
24	3.11	2.61	1.67	1.52	1.38	1.27
25	3.11	2.61	1.67	1.52	1.38	1.27
26	3.13	2.63	1.69	1.53	1.39	1.28
27	3.15	2.66	1.70	1.54	1.40	1.29
28	3.17	2.68	1.72	1.56	1.41	1.30
29	3.19	2.70	1.73	1.57	1.42	1.31
30	3.21	2.73	1.74	1.58	1.43	1.32
31	3.23	2.75	1.76	1.59	1.45	1.33
32	3.25	2.77	1.78	1.61	1.46	1.34
33	3.27	2.80	1.79	1.62	1.47	1.35
34	3.30	2.82	1.81	1.64	1.48	1.36
35	3.32	2.85	1.82	1.65	1.49	1.37
36	3.34	2.87	1.84	1.66	1.50	1.38
37	3.36	2.90	1.86	1.68	1.51	1.39
38	3.38	2.93	1.87	1.69	1.52	1.41
39	3.41	2.95	1.89	1.71	1.54	1.42
40	3.43	2.98	1.91	1.72	1.55	1.43
41	4.18	3.61	2.25	2.01	1.79	1.62
42	5.05	4.35	2.64	2.35	2.08	1.87
43	6.07	5.21	3.11	2.75	2.42	2.16
44	7.25	6.20	3.65	3.22	2.81	2.50
45	8.59	7.34	4.29	3.77	3.28	2.91
46	9.40	8.01	4.64	4.08	3.53	3.13
47	10.22	8.70	5.02	4.40	3.80	3.37
48	11.05	9.40	5.40	4.71	4.07	3.59
49	11.91	10.12	5.77	5.04	4.35	3.83
50	12.78	10.84	6.17	5.38	4.62	4.07
51	12.32	10.44	5.94	5.18	4.45	3.91
52	11.88	10.07	5.72	4.98	4.28	3.77
53	11.45	9.70	5.51	4.79	4.12	3.62
54	11.04	9.35	5.31	4.61	3.96	3.47
55	10.64	9.01	5.11	4.44	3.81	3.35
56	9.68	8.13	4.83	4.20	3.60	3.16
57	8.81	7.33	4.57	3.97	3.40	2.98
58	8.01	6.59	4.32	3.75	3.21	2.81
59	7.29	5.93	4.08	3.54	3.03	2.64
60	6.62	5.35	3.85	3.35	2.86	2.49
61	6.62	5.35	3.85	3.35	2.86	2.49
62	6.62	5.35	3.85	3.35	2.86	2.49
63	6.62	5.35	3.85	3.35	2.86	2.49
64	6.62	5.35	3.85	3.35	2.86	2.49

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1513 (07/11)

Four-Year Delayed Cost of Living Adjustment Rider on Individual Disability Income Policy

Occupation Classes 3 and 3M — Unisex Select To Age 65

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	7.58	6.15	3.53	3.11	2.70	2.41
19	7.58	6.15	3.53	3.11	2.70	2.41
20	7.58	6.15	3.53	3.11	2.70	2.41
21	7.58	6.15	3.53	3.11	2.70	2.41
22	7.58	6.15	3.53	3.11	2.70	2.41
23	7.64	6.21	3.57	3.15	2.73	2.44
24	7.69	6.28	3.61	3.18	2.76	2.46
25	7.75	6.34	3.65	3.22	2.79	2.48
26	7.81	6.41	3.69	3.26	2.82	2.51
27	7.87	6.46	3.73	3.29	2.85	2.54
28	7.92	6.53	3.78	3.33	2.89	2.56
29	7.98	6.59	3.82	3.37	2.92	2.59
30	8.04	6.66	3.86	3.40	2.95	2.62
31	8.10	6.73	3.90	3.44	2.99	2.65
32	8.16	6.80	3.95	3.47	3.02	2.68
33	8.22	6.87	3.99	3.51	3.06	2.71
34	8.28	6.94	4.04	3.55	3.09	2.74
35	8.35	7.01	4.08	3.59	3.13	2.77
36	8.41	7.08	4.13	3.63	3.16	2.80
37	8.46	7.16	4.18	3.67	3.20	2.83
38	8.52	7.23	4.22	3.71	3.24	2.87
39	8.59	7.30	4.27	3.75	3.27	2.90
40	8.65	7.38	4.32	3.79	3.31	2.93
41	9.41	8.03	4.70	4.13	3.59	3.19
42	10.25	8.74	5.12	4.49	3.91	3.47
43	11.16	9.52	5.56	4.89	4.26	3.78
44	12.15	10.37	6.06	5.33	4.63	4.12
45	13.22	11.29	6.59	5.80	5.04	4.48
46	13.35	11.39	6.65	5.86	5.09	4.52
47	13.47	11.50	6.72	5.91	5.14	4.57
48	13.60	11.61	6.78	5.97	5.19	4.61
49	13.74	11.72	6.84	6.02	5.24	4.66
50	13.87	11.83	6.91	6.08	5.29	4.70
51	13.38	11.41	6.67	5.87	5.10	4.53
52	12.92	11.02	6.43	5.66	4.92	4.39
53	12.47	10.63	6.22	5.46	4.75	4.23
54	12.04	10.26	6.00	5.28	4.58	4.08
55	11.62	9.90	5.79	5.09	4.43	3.94
56	10.61	8.97	5.50	4.83	4.21	3.74
57	9.69	8.13	5.23	4.59	3.99	3.55
58	8.85	7.36	4.96	4.37	3.79	3.38
59	8.09	6.66	4.71	4.15	3.60	3.20
60	7.39	6.04	4.47	3.94	3.43	3.04

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1513 (07/11)

Four-Year Delayed Cost of Living Adjustment Rider on Individual Disability Income Policy

Occupation Classes 4 and 4M | Unisex Select To Age 65

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	2.62	2.22	1.45	1.32	1.20	1.11
19	2.62	2.22	1.45	1.32	1.20	1.11
20	2.62	2.22	1.45	1.32	1.20	1.11
21	2.62	2.22	1.45	1.32	1.20	1.11
22	2.62	2.22	1.45	1.32	1.20	1.11
23	2.62	2.22	1.45	1.32	1.20	1.11
24	2.62	2.22	1.45	1.32	1.20	1.11
25	2.62	2.22	1.45	1.32	1.20	1.11
26	2.64	2.24	1.46	1.33	1.21	1.12
27	2.66	2.26	1.48	1.35	1.22	1.13
28	2.68	2.28	1.48	1.36	1.23	1.14
29	2.69	2.30	1.49	1.37	1.24	1.15
30	2.71	2.32	1.50	1.38	1.25	1.16
31	2.73	2.34	1.52	1.39	1.26	1.16
32	2.74	2.36	1.53	1.40	1.27	1.17
33	2.76	2.38	1.54	1.41	1.28	1.18
34	2.78	2.40	1.56	1.42	1.29	1.19
35	2.80	2.42	1.57	1.44	1.30	1.20
36	2.82	2.44	1.58	1.45	1.31	1.21
37	2.83	2.47	1.59	1.46	1.32	1.22
38	2.85	2.48	1.61	1.47	1.33	1.23
39	2.87	2.50	1.62	1.48	1.34	1.23
40	2.89	2.52	1.64	1.49	1.35	1.24
41	3.49	3.03	1.90	1.71	1.52	1.40
42	4.21	3.62	2.22	1.98	1.75	1.58
43	5.03	4.31	2.58	2.30	2.02	1.81
44	5.98	5.11	3.02	2.66	2.33	2.08
45	7.07	6.03	3.52	3.10	2.69	2.40
46	7.72	6.57	3.81	3.35	2.89	2.57
47	8.38	7.13	4.10	3.58	3.10	2.74
48	9.06	7.69	4.39	3.84	3.31	2.92
49	9.74	8.27	4.69	4.10	3.52	3.09
50	10.44	8.86	5.00	4.37	3.74	3.28
51	10.07	8.53	4.81	4.20	3.60	3.15
52	9.70	8.22	4.63	4.03	3.46	3.03
53	9.36	7.92	4.46	3.87	3.32	2.90
54	9.02	7.62	4.29	3.72	3.19	2.79
55	8.69	7.35	4.13	3.58	3.07	2.68
56	7.90	6.62	3.90	3.39	2.89	2.52
57	7.19	5.95	3.68	3.20	2.72	2.38
58	6.52	5.36	3.47	3.01	2.57	2.24
59	5.92	4.81	3.29	2.84	2.43	2.11
60	5.38	4.33	3.10	2.68	2.29	1.98
61	5.38	4.33	3.10	2.68	2.29	1.98
62	5.38	4.33	3.10	2.68	2.29	1.98
63	5.38	4.33	3.10	2.68	2.29	1.98
64	5.38	4.33	3.10	2.68	2.29	1.98

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1513 (07/11)

Four-Year Delayed Cost of Living Adjustment Rider on Individual Disability Income Policy

Occupation Classes 4 and 4M — Unisex Select To Age 65

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	6.24	5.06	2.91	2.55	2.22	1.98
19	6.24	5.06	2.91	2.55	2.22	1.98
20	6.24	5.06	2.91	2.55	2.22	1.98
21	6.24	5.06	2.91	2.55	2.22	1.98
22	6.24	5.06	2.91	2.55	2.22	1.98
23	6.28	5.11	2.94	2.58	2.25	2.01
24	6.33	5.17	2.98	2.61	2.27	2.03
25	6.38	5.22	3.01	2.64	2.30	2.05
26	6.43	5.27	3.04	2.67	2.33	2.07
27	6.47	5.33	3.08	2.70	2.35	2.10
28	6.52	5.38	3.11	2.73	2.38	2.12
29	6.56	5.44	3.15	2.76	2.41	2.14
30	6.61	5.49	3.18	2.79	2.43	2.17
31	6.66	5.54	3.22	2.83	2.46	2.19
32	6.71	5.60	3.26	2.86	2.48	2.22
33	6.76	5.66	3.29	2.89	2.51	2.24
34	6.82	5.72	3.33	2.92	2.53	2.26
35	6.87	5.78	3.37	2.96	2.56	2.29
36	6.92	5.83	3.40	2.99	2.59	2.32
37	6.97	5.90	3.44	3.03	2.62	2.34
38	7.02	5.96	3.47	3.06	2.65	2.37
39	7.08	6.02	3.51	3.09	2.68	2.39
40	7.13	6.08	3.55	3.13	2.71	2.42
41	7.76	6.61	3.87	3.41	2.95	2.63
42	8.44	7.20	4.21	3.70	3.22	2.86
43	9.19	7.83	4.58	4.03	3.50	3.12
44	10.00	8.52	4.99	4.39	3.81	3.40
45	10.88	9.28	5.43	4.77	4.15	3.69
46	10.99	9.37	5.47	4.82	4.19	3.73
47	11.09	9.46	5.52	4.86	4.23	3.76
48	11.20	9.55	5.57	4.91	4.27	3.80
49	11.31	9.64	5.63	4.96	4.32	3.83
50	11.41	9.74	5.68	5.01	4.36	3.87
51	11.02	9.40	5.48	4.83	4.21	3.73
52	10.63	9.07	5.30	4.66	4.06	3.60
53	10.27	8.75	5.11	4.49	3.91	3.47
54	9.91	8.44	4.93	4.34	3.77	3.36
55	9.56	8.15	4.76	4.19	3.64	3.24
56	8.73	7.39	4.52	3.98	3.46	3.08
57	7.98	6.68	4.30	3.78	3.29	2.92
58	7.29	6.06	4.08	3.58	3.13	2.77
59	6.65	5.48	3.88	3.41	2.97	2.63
60	6.08	4.97	3.68	3.24	2.82	2.50

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1513 (07/11)

Four-Year Delayed Cost of Living Adjustment Rider on Individual Disability Income Policy

Occupation Classes 5 and 5M — Unisex Select To Age 65

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	2.16	1.84	1.23	1.13	1.03	0.96
19	2.16	1.84	1.23	1.13	1.03	0.96
20	2.16	1.84	1.23	1.13	1.03	0.96
21	2.16	1.84	1.23	1.13	1.03	0.96
22	2.16	1.84	1.23	1.13	1.03	0.96
23	2.16	1.84	1.23	1.13	1.03	0.96
24	2.16	1.84	1.23	1.13	1.03	0.96
25	2.16	1.84	1.23	1.13	1.03	0.96
26	2.17	1.85	1.24	1.14	1.04	0.97
27	2.19	1.87	1.25	1.15	1.04	0.97
28	2.20	1.88	1.26	1.15	1.05	0.98
29	2.21	1.90	1.27	1.16	1.06	0.99
30	2.22	1.91	1.28	1.17	1.07	0.99
31	2.24	1.93	1.29	1.18	1.08	1.00
32	2.25	1.94	1.30	1.19	1.08	1.01
33	2.27	1.96	1.31	1.19	1.09	1.01
34	2.28	1.98	1.32	1.21	1.10	1.02
35	2.29	1.99	1.33	1.22	1.11	1.03
36	2.31	2.01	1.34	1.22	1.11	1.04
37	2.32	2.02	1.35	1.23	1.13	1.04
38	2.34	2.04	1.36	1.24	1.13	1.05
39	2.35	2.06	1.37	1.25	1.14	1.06
40	2.37	2.07	1.38	1.26	1.15	1.07
41	2.82	2.46	1.56	1.42	1.28	1.17
42	3.37	2.91	1.79	1.61	1.44	1.30
43	4.00	3.44	2.07	1.84	1.62	1.46
44	4.73	4.05	2.40	2.12	1.85	1.65
45	5.58	4.76	2.78	2.45	2.13	1.89
46	6.07	5.17	2.99	2.62	2.27	2.01
47	6.58	5.59	3.20	2.79	2.41	2.13
48	7.10	6.02	3.42	2.98	2.56	2.25
49	7.62	6.45	3.64	3.17	2.71	2.37
50	8.16	6.90	3.86	3.36	2.87	2.50
51	7.86	6.65	3.71	3.23	2.75	2.40
52	7.57	6.40	3.57	3.10	2.64	2.31
53	7.29	6.16	3.45	2.98	2.53	2.21
54	7.03	5.93	3.31	2.86	2.44	2.12
55	6.76	5.71	3.18	2.74	2.34	2.03
56	6.14	5.14	3.00	2.58	2.20	1.91
57	5.57	4.61	2.83	2.44	2.08	1.79
58	5.06	4.15	2.67	2.30	1.95	1.68
59	4.59	3.71	2.51	2.16	1.83	1.58
60	4.16	3.33	2.37	2.03	1.72	1.48
61	4.16	3.33	2.37	2.03	1.72	1.48
62	4.16	3.33	2.37	2.03	1.72	1.48
63	4.16	3.33	2.37	2.03	1.72	1.48
64	4.16	3.33	2.37	2.03	1.72	1.48

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1513 (07/11)

Four-Year Delayed Cost of Living Adjustment Rider on Individual Disability Income Policy

Occupation Classes 5 and 5M — Unisex Select To Age 65

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	4.92	4.01	2.30	2.02	1.75	1.56
19	4.92	4.01	2.30	2.02	1.75	1.56
20	4.92	4.01	2.30	2.02	1.75	1.56
21	4.92	4.01	2.30	2.02	1.75	1.56
22	4.92	4.01	2.30	2.02	1.75	1.56
23	4.95	4.05	2.33	2.04	1.77	1.57
24	4.99	4.09	2.35	2.07	1.79	1.59
25	5.03	4.13	2.38	2.09	1.81	1.61
26	5.07	4.17	2.41	2.11	1.83	1.63
27	5.11	4.21	2.43	2.14	1.85	1.65
28	5.14	4.26	2.46	2.16	1.87	1.67
29	5.18	4.30	2.48	2.19	1.90	1.69
30	5.22	4.34	2.51	2.21	1.92	1.70
31	5.26	4.39	2.53	2.23	1.94	1.72
32	5.30	4.43	2.56	2.26	1.96	1.74
33	5.34	4.46	2.59	2.28	1.98	1.76
34	5.38	4.51	2.62	2.31	2.01	1.78
35	5.42	4.56	2.65	2.34	2.03	1.80
36	5.45	4.60	2.68	2.36	2.05	1.83
37	5.49	4.65	2.71	2.39	2.08	1.85
38	5.54	4.69	2.74	2.42	2.10	1.87
39	5.58	4.74	2.77	2.44	2.13	1.89
40	5.62	4.79	2.80	2.47	2.15	1.91
41	6.12	5.22	3.05	2.68	2.34	2.08
42	6.66	5.68	3.32	2.92	2.54	2.26
43	7.25	6.18	3.61	3.18	2.77	2.46
44	7.89	6.73	3.93	3.46	3.01	2.67
45	8.58	7.33	4.28	3.76	3.28	2.91
46	8.66	7.40	4.32	3.80	3.31	2.94
47	8.75	7.46	4.36	3.83	3.34	2.97
48	8.84	7.53	4.40	3.87	3.38	2.99
49	8.92	7.61	4.45	3.91	3.41	3.02
50	9.01	7.68	4.48	3.95	3.44	3.05
51	8.69	7.42	4.33	3.81	3.32	2.94
52	8.39	7.15	4.18	3.68	3.20	2.84
53	8.09	6.90	4.04	3.55	3.09	2.74
54	7.81	6.66	3.90	3.43	2.98	2.64
55	7.53	6.43	3.76	3.31	2.88	2.55
56	6.88	5.82	3.57	3.14	2.73	2.43
57	6.29	5.28	3.40	2.98	2.60	2.31
58	5.74	4.78	3.23	2.83	2.47	2.19
59	5.25	4.33	3.06	2.69	2.35	2.08
60	4.79	3.92	2.91	2.55	2.23	1.98

$30 Policy Fee

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1513 (07/11)

Four-Year Delayed Cost of Living Adjustment Rider on Individual Disability Income Policy

Occupation Classes 6 and 6M — Unisex Select To Age 65

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	1.79	1.53	1.05	0.97	0.90	0.84
19	1.79	1.53	1.05	0.97	0.90	0.84
20	1.79	1.53	1.05	0.97	0.90	0.84
21	1.79	1.53	1.05	0.97	0.90	0.84
22	1.79	1.53	1.05	0.97	0.90	0.84
23	1.79	1.53	1.05	0.97	0.90	0.84
24	1.79	1.53	1.05	0.97	0.90	0.84
25	1.79	1.53	1.05	0.97	0.90	0.84
26	1.80	1.54	1.06	0.98	0.90	0.85
27	1.81	1.56	1.07	0.99	0.91	0.85
28	1.82	1.57	1.08	1.00	0.91	0.86
29	1.83	1.58	1.08	1.00	0.92	0.86
30	1.84	1.59	1.09	1.01	0.93	0.87
31	1.85	1.60	1.10	1.01	0.93	0.87
32	1.86	1.62	1.11	1.02	0.94	0.88
33	1.87	1.63	1.11	1.03	0.94	0.88
34	1.88	1.64	1.12	1.03	0.95	0.89
35	1.90	1.65	1.13	1.04	0.96	0.89
36	1.91	1.67	1.14	1.05	0.96	0.90
37	1.92	1.68	1.15	1.06	0.97	0.90
38	1.93	1.69	1.16	1.07	0.97	0.91
39	1.94	1.71	1.16	1.07	0.98	0.91
40	1.95	1.72	1.17	1.08	0.99	0.92
41	2.30	2.01	1.31	1.19	1.07	0.99
42	2.71	2.35	1.48	1.33	1.18	1.08
43	3.20	2.74	1.67	1.49	1.32	1.19
44	3.76	3.22	1.91	1.69	1.48	1.33
45	4.42	3.76	2.20	1.94	1.68	1.49
46	4.78	4.07	2.35	2.06	1.77	1.56
47	5.17	4.39	2.49	2.18	1.87	1.64
48	5.56	4.71	2.65	2.30	1.97	1.72
49	5.96	5.04	2.81	2.44	2.07	1.81
50	6.37	5.38	2.97	2.56	2.18	1.90
51	6.13	5.17	2.86	2.47	2.10	1.81
52	5.90	4.97	2.74	2.37	2.00	1.74
53	5.68	4.78	2.63	2.27	1.93	1.66
54	5.47	4.60	2.52	2.18	1.84	1.58
55	5.27	4.43	2.43	2.09	1.76	1.52
56	4.77	3.98	2.29	1.96	1.66	1.43
57	4.33	3.56	2.15	1.84	1.56	1.34
58	3.92	3.19	2.02	1.73	1.46	1.25
59	3.54	2.86	1.90	1.62	1.37	1.17
60	3.21	2.54	1.78	1.52	1.28	1.09
61	3.21	2.54	1.78	1.52	1.28	1.09
62	3.21	2.54	1.78	1.52	1.28	1.09
63	3.21	2.54	1.78	1.52	1.28	1.09
64	3.21	2.54	1.78	1.52	1.28	1.09

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1513 (07/11)

Four-Year Delayed Cost of Living Adjustment Rider on Individual Disability Income Policy

Occupation Classes 6 and 6M — Unisex Select To Age 65

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	3.89	3.16	1.81	1.60	1.39	1.24
19	3.89	3.16	1.81	1.60	1.39	1.24
20	3.89	3.16	1.81	1.60	1.39	1.24
21	3.89	3.16	1.81	1.60	1.39	1.24
22	3.89	3.16	1.81	1.60	1.39	1.24
23	3.92	3.19	1.83	1.61	1.41	1.25
24	3.95	3.23	1.85	1.63	1.42	1.27
25	3.98	3.26	1.87	1.65	1.44	1.28
26	4.01	3.29	1.89	1.67	1.46	1.29
27	4.04	3.33	1.91	1.69	1.47	1.31
28	4.07	3.36	1.94	1.71	1.48	1.32
29	4.10	3.40	1.96	1.73	1.50	1.34
30	4.13	3.43	1.98	1.74	1.51	1.35
31	4.16	3.46	2.00	1.76	1.53	1.37
32	4.19	3.49	2.03	1.78	1.55	1.38
33	4.22	3.53	2.05	1.80	1.56	1.40
34	4.26	3.56	2.07	1.82	1.58	1.41
35	4.29	3.60	2.10	1.84	1.60	1.43
36	4.32	3.64	2.12	1.86	1.62	1.44
37	4.35	3.68	2.15	1.89	1.63	1.46
38	4.38	3.71	2.17	1.91	1.65	1.48
39	4.42	3.75	2.19	1.93	1.67	1.48
40	4.45	3.79	2.22	1.95	1.69	1.50
41	4.84	4.13	2.42	2.12	1.84	1.63
42	5.27	4.48	2.62	2.31	2.01	1.78
43	5.73	4.88	2.86	2.51	2.18	1.94
44	6.24	5.32	3.11	2.74	2.38	2.11
45	6.79	5.78	3.39	2.98	2.58	2.30
46	6.85	5.84	3.42	3.01	2.61	2.32
47	6.92	5.90	3.45	3.04	2.63	2.35
48	6.99	5.96	3.48	3.06	2.66	2.37
49	7.05	6.02	3.51	3.09	2.68	2.40
50	7.12	6.08	3.54	3.12	2.71	2.42
51	6.87	5.86	3.43	3.01	2.62	2.33
52	6.63	5.65	3.31	2.91	2.52	2.25
53	6.40	5.45	3.19	2.80	2.45	2.17
54	6.18	5.27	3.08	2.71	2.36	2.09
55	5.96	5.08	2.97	2.61	2.28	2.02
56	5.45	4.60	2.82	2.48	2.17	1.92
57	4.97	4.17	2.68	2.36	2.06	1.82
58	4.54	3.77	2.54	2.24	1.95	1.73
59	4.15	3.43	2.42	2.13	1.85	1.64
60	3.79	3.10	2.30	2.02	1.76	1.56

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1513 (07/11)

Four-Year Delayed Cost of Living Adjustment Rider on Individual Disability Income Policy

Occupation Classes 3 and 3M — Unisex Select To Age 67

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	3.34	2.80	1.78	1.61	1.46	1.34
19	3.34	2.80	1.78	1.61	1.46	1.34
20	3.34	2.80	1.78	1.61	1.46	1.34
21	3.34	2.80	1.78	1.61	1.46	1.34
22	3.34	2.80	1.78	1.61	1.46	1.34
23	3.34	2.80	1.78	1.61	1.46	1.34
24	3.34	2.80	1.78	1.61	1.46	1.34
25	3.34	2.80	1.78	1.61	1.46	1.34
26	3.38	2.84	1.80	1.63	1.48	1.36
27	3.43	2.88	1.83	1.66	1.49	1.38
28	3.46	2.93	1.86	1.68	1.51	1.39
29	3.51	2.97	1.88	1.70	1.53	1.41
30	3.55	3.02	1.91	1.73	1.55	1.43
31	3.60	3.07	1.94	1.75	1.57	1.45
32	3.65	3.11	1.97	1.78	1.60	1.47
33	3.70	3.16	2.00	1.80	1.62	1.48
34	3.74	3.21	2.03	1.83	1.64	1.50
35	3.79	3.26	2.06	1.86	1.66	1.52
36	3.84	3.31	2.09	1.88	1.69	1.54
37	3.89	3.36	2.12	1.91	1.71	1.56
38	3.94	3.41	2.15	1.94	1.74	1.58
39	4.00	3.46	2.19	1.97	1.76	1.61
40	4.05	3.51	2.22	2.00	1.79	1.63
41	4.99	4.31	2.64	2.37	2.10	1.90
42	6.09	5.23	3.16	2.80	2.48	2.22
43	7.38	6.31	3.75	3.33	2.91	2.60
44	8.86	7.56	4.46	3.93	3.43	3.05
45	10.56	9.00	5.27	4.63	4.03	3.57
46	11.71	9.97	5.79	5.09	4.42	3.91
47	12.89	10.96	6.35	5.56	4.82	4.27
48	14.13	12.01	6.92	6.06	5.25	4.62
49	15.41	13.10	7.52	6.58	5.68	5.01
50	16.75	14.22	8.16	7.12	6.14	5.42
51	16.40	13.92	7.98	6.97	6.01	5.30
52	16.06	13.62	7.80	6.82	5.88	5.18
53	15.71	13.35	7.63	6.66	5.74	5.07
54	15.38	13.06	7.46	6.52	5.62	4.96
55	15.07	12.79	7.31	6.39	5.50	4.84
56	13.38	11.26	6.74	5.89	5.07	4.46
57	11.89	9.90	6.22	5.43	4.67	4.10
58	10.54	8.71	5.73	5.00	4.30	3.78
59	9.36	7.64	5.29	4.60	3.96	3.46
60	8.30	6.71	4.87	4.24	3.64	3.19
61	8.30	6.71	4.87	4.24	3.64	3.19
62	8.30	6.71	4.87	4.24	3.64	3.19
63	8.30	6.71	4.87	4.24	3.64	3.19
64	8.30	6.71	4.87	4.24	3.64	3.19
65	8.30	6.71	4.87	4.24	3.64	3.19
66	8.30	6.71	4.87	4.24	3.64	3.19

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1513 (07/11)

Four-Year Delayed Cost of Living Adjustment Rider on Individual Disability Income Policy

Occupation Classes 3 and 3M — Unisex Select To Age 67

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	8.05	6.52	3.75	3.30	2.87	2.55
19	8.05	6.52	3.75	3.30	2.87	2.55
20	8.05	6.52	3.75	3.30	2.87	2.55
21	8.05	6.52	3.75	3.30	2.87	2.55
22	8.05	6.52	3.75	3.30	2.87	2.55
23	8.17	6.63	3.82	3.36	2.92	2.59
24	8.29	6.75	3.89	3.43	2.97	2.64
25	8.41	6.87	3.96	3.48	3.03	2.69
26	8.52	6.99	4.03	3.54	3.09	2.74
27	8.65	7.11	4.11	3.61	3.14	2.79
28	8.78	7.24	4.18	3.68	3.20	2.84
29	8.90	7.37	4.26	3.74	3.26	2.89
30	9.03	7.49	4.34	3.81	3.32	2.95
31	9.17	7.62	4.42	3.88	3.38	3.00
32	9.30	7.75	4.49	3.96	3.45	3.06
33	9.43	7.89	4.57	4.03	3.50	3.11
34	9.57	8.03	4.66	4.10	3.56	3.17
35	9.71	8.17	4.75	4.18	3.63	3.23
36	9.85	8.31	4.83	4.26	3.70	3.29
37	9.99	8.45	4.92	4.34	3.77	3.35
38	10.14	8.60	5.01	4.42	3.84	3.41
39	10.29	8.75	5.11	4.49	3.91	3.47
40	10.43	8.90	5.20	4.57	3.98	3.53
41	11.40	9.72	5.68	5.00	4.35	3.86
42	12.45	10.62	6.21	5.46	4.75	4.22
43	13.61	11.60	6.78	5.97	5.19	4.61
44	14.88	12.68	7.42	6.52	5.67	5.04
45	16.26	13.85	8.10	7.13	6.20	5.50
46	16.60	14.15	8.27	7.28	6.33	5.62
47	16.95	14.44	8.44	7.43	6.46	5.74
48	17.31	14.75	8.62	7.58	6.60	5.86
49	17.67	15.07	8.81	7.75	6.74	5.99
50	18.05	15.38	9.00	7.91	6.88	6.12
51	17.68	15.07	8.81	7.75	6.74	5.99
52	17.32	14.76	8.63	7.59	6.60	5.87
53	16.96	14.46	8.45	7.43	6.46	5.75
54	16.61	14.17	8.28	7.29	6.34	5.63
55	16.28	13.88	8.11	7.14	6.21	5.51
56	14.50	12.27	7.51	6.61	5.75	5.11
57	12.93	10.84	6.96	6.13	5.34	4.73
58	11.51	9.58	6.45	5.68	4.94	4.40
59	10.27	8.46	5.98	5.27	4.58	4.07
60	9.15	7.48	5.54	4.88	4.25	3.77

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1513 (07/11)

Four-Year Delayed Cost of Living Adjustment Rider on Individual Disability Income Policy

Occupation Classes 4 and 4M — Unisex Select To Age 67

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	2.81	2.38	1.53	1.41	1.27	1.17
19	2.81	2.38	1.53	1.41	1.27	1.17
20	2.81	2.38	1.53	1.41	1.27	1.17
21	2.81	2.38	1.53	1.41	1.27	1.17
22	2.81	2.38	1.53	1.41	1.27	1.17
23	2.81	2.38	1.53	1.41	1.27	1.17
24	2.81	2.38	1.53	1.41	1.27	1.17
25	2.81	2.38	1.53	1.41	1.27	1.17
26	2.85	2.42	1.55	1.42	1.29	1.19
27	2.88	2.45	1.57	1.44	1.30	1.20
28	2.92	2.48	1.59	1.46	1.32	1.22
29	2.96	2.52	1.62	1.48	1.34	1.23
30	2.99	2.55	1.64	1.49	1.36	1.25
31	3.03	2.59	1.66	1.51	1.37	1.27
32	3.07	2.63	1.69	1.53	1.39	1.28
33	3.11	2.67	1.71	1.55	1.41	1.30
34	3.15	2.71	1.73	1.57	1.43	1.31
35	3.19	2.75	1.76	1.59	1.45	1.33
36	3.23	2.79	1.79	1.62	1.47	1.35
37	3.27	2.83	1.81	1.64	1.48	1.36
38	3.32	2.87	1.84	1.66	1.50	1.38
39	3.36	2.91	1.86	1.69	1.52	1.40
40	3.40	2.96	1.89	1.71	1.54	1.42
41	4.16	3.59	2.24	2.00	1.78	1.62
42	5.05	4.35	2.64	2.35	2.08	1.87
43	6.09	5.22	3.12	2.76	2.43	2.18
44	7.30	6.24	3.67	3.25	2.83	2.52
45	8.69	7.41	4.33	3.81	3.32	2.95
46	9.61	8.19	4.75	4.18	3.61	3.21
47	10.57	9.00	5.20	4.55	3.93	3.47
48	11.58	9.84	5.64	4.95	4.27	3.76
49	12.62	10.71	6.13	5.36	4.61	4.07
50	13.71	11.63	6.63	5.79	4.98	4.39
51	13.42	11.38	6.48	5.66	4.87	4.29
52	13.14	11.15	6.35	5.53	4.77	4.20
53	12.86	10.91	6.21	5.42	4.66	4.10
54	12.58	10.68	6.08	5.30	4.56	4.01
55	12.32	10.45	5.94	5.18	4.46	3.92
56	10.94	9.20	5.48	4.77	4.10	3.60
57	9.70	8.08	5.05	4.40	3.77	3.31
58	8.60	7.09	4.65	4.04	3.46	3.04
59	7.62	6.23	4.28	3.71	3.19	2.78
60	6.75	5.45	3.94	3.42	2.92	2.54
61	6.75	5.45	3.94	3.42	2.92	2.54
62	6.75	5.45	3.94	3.42	2.92	2.54
63	6.75	5.45	3.94	3.42	2.92	2.54
64	6.75	5.45	3.94	3.42	2.92	2.54
65	6.75	5.45	3.94	3.42	2.92	2.54
66	6.75	5.45	3.94	3.42	2.92	2.54

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1513 (07/11)

Four-Year Delayed Cost of Living Adjustment Rider on Individual Disability Income Policy

Occupation Classes 4 and 4M — Unisex Select To Age 67

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	6.61	5.38	3.09	2.72	2.37	2.10
19	6.61	5.38	3.09	2.72	2.37	2.10
20	6.61	5.38	3.09	2.72	2.37	2.10
21	6.61	5.38	3.09	2.72	2.37	2.10
22	6.61	5.38	3.09	2.72	2.37	2.10
23	6.71	5.47	3.14	2.77	2.41	2.14
24	6.81	5.56	3.20	2.82	2.45	2.18
25	6.91	5.66	3.26	2.87	2.49	2.22
26	7.01	5.76	3.32	2.92	2.54	2.26
27	7.11	5.86	3.38	2.98	2.58	2.30
28	7.22	5.96	3.44	3.03	2.63	2.35
29	7.33	6.07	3.50	3.09	2.68	2.39
30	7.42	6.17	3.56	3.14	2.73	2.43
31	7.53	6.28	3.63	3.20	2.78	2.48
32	7.64	6.39	3.70	3.26	2.83	2.51
33	7.76	6.49	3.76	3.32	2.88	2.56
34	7.87	6.61	3.83	3.38	2.94	2.61
35	7.99	6.72	3.91	3.44	2.99	2.66
36	8.10	6.84	3.98	3.50	3.05	2.70
37	8.22	6.96	4.05	3.56	3.10	2.75
38	8.34	7.08	4.13	3.63	3.16	2.81
39	8.46	7.20	4.20	3.69	3.22	2.86
40	8.58	7.33	4.28	3.76	3.28	2.91
41	9.38	8.00	4.67	4.11	3.58	3.18
42	10.25	8.74	5.11	4.49	3.91	3.47
43	11.20	9.55	5.58	4.91	4.28	3.80
44	12.24	10.43	6.10	5.37	4.66	4.15
45	13.37	11.39	6.66	5.86	5.10	4.53
46	13.65	11.64	6.80	5.99	5.21	4.63
47	13.94	11.89	6.95	6.12	5.32	4.72
48	14.24	12.14	7.09	6.25	5.43	4.82
49	14.54	12.39	7.25	6.38	5.54	4.93
50	14.85	12.66	7.40	6.51	5.66	5.03
51	14.54	12.40	7.25	6.38	5.54	4.93
52	14.25	12.15	7.10	6.25	5.44	4.83
53	13.95	11.90	6.95	6.12	5.33	4.73
54	13.66	11.66	6.81	5.99	5.22	4.63
55	13.38	11.42	6.67	5.87	5.11	4.54
56	11.93	10.10	6.19	5.44	4.73	4.21
57	10.63	8.92	5.73	5.04	4.39	3.90
58	9.47	7.88	5.32	4.67	4.07	3.61
59	8.44	6.97	4.92	4.33	3.77	3.35
60	7.52	6.16	4.56	4.01	3.49	3.10

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1513 (07/11)

Four-Year Delayed Cost of Living Adjustment Rider on Individual Disability Income Policy

Occupation Classes 5 and 5M — Unisex Select To Age 67

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	2.31	1.96	1.30	1.19	1.09	1.01
19	2.31	1.96	1.30	1.19	1.09	1.01
20	2.31	1.96	1.30	1.19	1.09	1.01
21	2.31	1.96	1.30	1.19	1.09	1.01
22	2.31	1.96	1.30	1.19	1.09	1.01
23	2.31	1.96	1.30	1.19	1.09	1.01
24	2.31	1.96	1.30	1.19	1.09	1.01
25	2.31	1.96	1.30	1.19	1.09	1.01
26	2.34	1.99	1.32	1.21	1.10	1.02
27	2.37	2.01	1.33	1.22	1.11	1.03
28	2.40	2.04	1.35	1.24	1.13	1.04
29	2.43	2.07	1.37	1.25	1.14	1.05
30	2.46	2.10	1.39	1.27	1.15	1.07
31	2.48	2.13	1.41	1.28	1.17	1.08
32	2.51	2.16	1.42	1.30	1.18	1.09
33	2.54	2.19	1.44	1.31	1.19	1.10
34	2.57	2.22	1.46	1.33	1.21	1.12
35	2.60	2.26	1.48	1.35	1.22	1.13
36	2.63	2.29	1.49	1.37	1.24	1.15
37	2.67	2.32	1.51	1.38	1.25	1.16
38	2.70	2.35	1.53	1.40	1.27	1.17
39	2.73	2.39	1.55	1.42	1.29	1.19
40	2.77	2.42	1.57	1.44	1.30	1.20
41	3.36	2.91	1.83	1.64	1.48	1.35
42	4.04	3.48	2.13	1.90	1.69	1.52
43	4.84	4.16	2.49	2.21	1.95	1.74
44	5.77	4.94	2.92	2.57	2.25	2.01
45	6.85	5.85	3.42	3.01	2.62	2.33
46	7.56	6.44	3.73	3.28	2.84	2.51
47	8.31	7.07	4.07	3.55	3.07	2.71
48	9.08	7.71	4.42	3.85	3.32	2.92
49	9.89	8.39	4.77	4.16	3.58	3.15
50	10.73	9.10	5.15	4.48	3.85	3.38
51	10.50	8.90	5.04	4.39	3.77	3.30
52	10.29	8.71	4.93	4.29	3.67	3.23
53	10.07	8.52	4.81	4.20	3.59	3.15
54	9.86	8.35	4.71	4.10	3.51	3.08
55	9.65	8.16	4.60	4.01	3.44	3.01
56	8.55	7.17	4.24	3.68	3.15	2.75
57	7.58	6.29	3.90	3.39	2.89	2.52
58	6.71	5.51	3.59	3.11	2.65	2.32
59	5.93	4.82	3.30	2.85	2.43	2.12
60	5.25	4.22	3.03	2.61	2.22	1.93
61	5.25	4.22	3.03	2.61	2.22	1.93
62	5.25	4.22	3.03	2.61	2.22	1.93
63	5.25	4.22	3.03	2.61	2.22	1.93
64	5.25	4.22	3.03	2.61	2.22	1.93
65	5.25	4.22	3.03	2.61	2.22	1.93
66	5.25	4.22	3.03	2.61	2.22	1.93

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1513 (07/11)

Four-Year Delayed Cost of Living Adjustment Rider on Individual Disability Income Policy

Occupation Classes 5 and 5M — Unisex Select To Age 67

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	5.24	4.24	2.44	2.15	1.86	1.66
19	5.24	4.24	2.44	2.15	1.86	1.66
20	5.24	4.24	2.44	2.15	1.86	1.66
21	5.24	4.24	2.44	2.15	1.86	1.66
22	5.24	4.24	2.44	2.15	1.86	1.66
23	5.31	4.32	2.48	2.19	1.90	1.69
24	5.39	4.39	2.52	2.23	1.93	1.72
25	5.46	4.46	2.57	2.27	1.97	1.75
26	5.54	4.54	2.62	2.31	2.01	1.78
27	5.62	4.62	2.67	2.35	2.04	1.82
28	5.70	4.70	2.71	2.40	2.08	1.85
29	5.79	4.78	2.77	2.44	2.12	1.88
30	5.87	4.87	2.82	2.48	2.16	1.92
31	5.96	4.95	2.87	2.52	2.20	1.95
32	6.05	5.04	2.92	2.57	2.24	1.99
33	6.13	5.13	2.97	2.61	2.28	2.02
34	6.22	5.22	3.03	2.66	2.32	2.06
35	6.31	5.31	3.09	2.71	2.36	2.10
36	6.41	5.40	3.14	2.76	2.41	2.14
37	6.49	5.49	3.20	2.81	2.45	2.18
38	6.59	5.58	3.26	2.86	2.49	2.22
39	6.68	5.68	3.32	2.92	2.53	2.26
40	6.78	5.78	3.38	2.97	2.58	2.30
41	7.41	6.32	3.69	3.25	2.82	2.50
42	8.09	6.90	4.03	3.54	3.09	2.74
43	8.84	7.54	4.41	3.87	3.38	2.99
44	9.65	8.24	4.81	4.23	3.68	3.27
45	10.54	9.00	5.26	4.62	4.03	3.57
46	10.77	9.19	5.37	4.72	4.12	3.65
47	11.00	9.39	5.48	4.82	4.20	3.72
48	11.23	9.58	5.60	4.93	4.29	3.80
49	11.46	9.78	5.72	5.03	4.39	3.89
50	11.71	9.99	5.84	5.14	4.47	3.97
51	11.47	9.78	5.72	5.03	4.39	3.89
52	11.25	9.58	5.60	4.93	4.29	3.81
53	11.02	9.39	5.48	4.83	4.20	3.73
54	10.79	9.20	5.38	4.73	4.12	3.65
55	10.57	9.01	5.27	4.63	4.03	3.58
56	9.42	7.96	4.88	4.30	3.73	3.32
57	8.40	7.04	4.52	3.98	3.46	3.08
58	7.48	6.22	4.20	3.69	3.21	2.85
59	6.66	5.49	3.89	3.42	2.97	2.64
60	5.94	4.86	3.60	3.17	2.75	2.45

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1513 (07/11)

Four-Year Delayed Cost of Living Adjustment Rider on Individual Disability Income Policy

Occupation Classes 6 and 6M — Unisex Select To Age 67

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	1.91	1.63	1.11	1.02	0.94	0.88
19	1.91	1.63	1.11	1.02	0.94	0.88
20	1.91	1.63	1.11	1.02	0.94	0.88
21	1.91	1.63	1.11	1.02	0.94	0.88
22	1.91	1.63	1.11	1.02	0.94	0.88
23	1.91	1.63	1.11	1.02	0.94	0.88
24	1.91	1.63	1.11	1.02	0.94	0.88
25	1.91	1.63	1.11	1.02	0.94	0.88
26	1.93	1.65	1.12	1.03	0.95	0.89
27	1.95	1.67	1.14	1.05	0.96	0.90
28	1.97	1.69	1.15	1.06	0.97	0.91
29	2.00	1.71	1.16	1.07	0.98	0.91
30	2.02	1.74	1.18	1.08	0.99	0.93
31	2.04	1.76	1.19	1.10	1.00	0.94
32	2.07	1.79	1.21	1.11	1.01	0.95
33	2.09	1.81	1.22	1.12	1.02	0.96
34	2.12	1.84	1.24	1.14	1.04	0.96
35	2.14	1.86	1.25	1.15	1.05	0.97
36	2.17	1.88	1.27	1.16	1.06	0.99
37	2.19	1.91	1.29	1.18	1.07	1.00
38	2.22	1.94	1.30	1.19	1.09	1.01
39	2.25	1.97	1.32	1.21	1.10	1.02
40	2.27	1.99	1.33	1.22	1.11	1.03
41	2.71	2.37	1.51	1.37	1.23	1.13
42	3.25	2.80	1.73	1.55	1.39	1.26
43	3.86	3.32	2.01	1.78	1.57	1.42
44	4.58	3.92	2.33	2.05	1.79	1.61
45	5.43	4.62	2.70	2.38	2.07	1.84
46	5.97	5.08	2.94	2.57	2.23	1.97
47	6.54	5.55	3.18	2.77	2.40	2.11
48	7.14	6.05	3.44	2.99	2.57	2.26
49	7.75	6.56	3.70	3.22	2.77	2.43
50	8.40	7.10	3.99	3.46	2.96	2.58
51	8.22	6.95	3.90	3.39	2.89	2.52
52	8.04	6.80	3.81	3.31	2.83	2.47
53	7.87	6.65	3.72	3.24	2.76	2.41
54	7.70	6.51	3.64	3.16	2.70	2.35
55	7.54	6.38	3.56	3.09	2.63	2.30
56	6.67	5.58	3.27	2.83	2.41	2.10
57	5.90	4.89	3.00	2.59	2.20	1.92
58	5.22	4.28	2.75	2.38	2.01	1.75
59	4.60	3.73	2.51	2.17	1.83	1.58
60	4.06	3.26	2.31	1.98	1.67	1.45
61	4.06	3.26	2.31	1.98	1.67	1.45
62	4.06	3.26	2.31	1.98	1.67	1.45
63	4.06	3.26	2.31	1.98	1.67	1.45
64	4.06	3.26	2.31	1.98	1.67	1.45
65	4.06	3.26	2.31	1.98	1.67	1.45
66	4.06	3.26	2.31	1.98	1.67	1.45

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1513 (07/11)

Four-Year Delayed Cost of Living Adjustment Rider on Individual Disability Income Policy

Occupation Classes 6 and 6M — Unisex Select To Age 67

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	4.14	3.35	1.92	1.70	1.48	1.32
19	4.14	3.35	1.92	1.70	1.48	1.32
20	4.14	3.35	1.92	1.70	1.48	1.32
21	4.14	3.35	1.92	1.70	1.48	1.32
22	4.14	3.35	1.92	1.70	1.48	1.32
23	4.20	3.41	1.96	1.73	1.49	1.34
24	4.26	3.46	1.99	1.76	1.52	1.37
25	4.32	3.52	2.03	1.79	1.55	1.39
26	4.38	3.58	2.07	1.82	1.58	1.42
27	4.45	3.64	2.11	1.86	1.61	1.44
28	4.50	3.71	2.15	1.89	1.64	1.47
29	4.57	3.77	2.19	1.92	1.67	1.48
30	4.64	3.84	2.23	1.96	1.70	1.51
31	4.70	3.91	2.27	2.00	1.73	1.54
32	4.77	3.98	2.31	2.03	1.76	1.57
33	4.84	4.05	2.35	2.07	1.79	1.60
34	4.91	4.12	2.40	2.11	1.83	1.62
35	4.98	4.19	2.44	2.15	1.86	1.65
36	5.06	4.26	2.48	2.19	1.90	1.68
37	5.13	4.34	2.53	2.23	1.93	1.71
38	5.21	4.41	2.57	2.27	1.97	1.75
39	5.28	4.48	2.62	2.31	2.00	1.78
40	5.36	4.56	2.67	2.35	2.04	1.81
41	5.85	4.99	2.92	2.56	2.23	1.98
42	6.40	5.45	3.19	2.80	2.44	2.17
43	6.99	5.96	3.48	3.06	2.66	2.37
44	7.63	6.51	3.80	3.35	2.91	2.59
45	8.35	7.12	4.16	3.65	3.18	2.83
46	8.52	7.27	4.25	3.73	3.25	2.89
47	8.70	7.42	4.34	3.81	3.32	2.95
48	8.88	7.57	4.43	3.89	3.39	3.01
49	9.07	7.73	4.51	3.97	3.46	3.08
50	9.26	7.89	4.61	4.06	3.53	3.14
51	9.07	7.73	4.52	3.98	3.46	3.08
52	8.88	7.57	4.43	3.90	3.40	3.01
53	8.70	7.42	4.34	3.82	3.33	2.95
54	8.52	7.28	4.26	3.74	3.26	2.89
55	8.36	7.13	4.17	3.66	3.19	2.83
56	7.44	6.30	3.86	3.40	2.95	2.62
57	6.63	5.56	3.57	3.15	2.73	2.44
58	5.91	4.92	3.32	2.92	2.53	2.26
59	5.27	4.35	3.07	2.70	2.35	2.09
60	4.69	3.84	2.84	2.50	2.18	1.94

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1513 (07/11)

Four-Year Delayed Cost of Living Adjustment Rider on Individual Disability Income Policy

Occupation Classes 3 and 3M — Unisex Select 10 Year

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	1.05	0.94	0.70	0.67	0.63	0.60
19	1.05	0.94	0.70	0.67	0.63	0.60
20	1.05	0.94	0.70	0.67	0.63	0.60
21	1.05	0.94	0.70	0.67	0.63	0.60
22	1.05	0.94	0.70	0.67	0.63	0.60
23	1.05	0.94	0.70	0.67	0.63	0.60
24	1.05	0.94	0.70	0.67	0.63	0.60
25	1.05	0.94	0.70	0.67	0.63	0.60
26	1.06	0.94	0.71	0.67	0.63	0.61
27	1.06	0.95	0.71	0.67	0.63	0.61
28	1.07	0.96	0.72	0.68	0.64	0.61
29	1.07	0.96	0.72	0.68	0.65	0.62
30	1.07	0.97	0.73	0.69	0.65	0.62
31	1.11	1.00	0.75	0.70	0.66	0.63
32	1.14	1.03	0.76	0.72	0.68	0.65
33	1.18	1.06	0.78	0.73	0.69	0.66
34	1.22	1.09	0.80	0.75	0.71	0.67
35	1.25	1.13	0.82	0.77	0.72	0.68
36	1.30	1.16	0.84	0.79	0.74	0.70
37	1.34	1.20	0.86	0.81	0.75	0.71
38	1.39	1.24	0.89	0.83	0.77	0.73
39	1.44	1.28	0.91	0.85	0.79	0.74
40	1.48	1.32	0.94	0.87	0.81	0.76
41	1.76	1.55	1.04	0.95	0.87	0.81
42	2.13	1.85	1.18	1.07	0.96	0.87
43	2.58	2.23	1.37	1.22	1.08	0.98
44	3.15	2.70	1.61	1.43	1.26	1.12
45	3.84	3.29	1.92	1.68	1.47	1.31
46	4.39	3.74	2.15	1.88	1.62	1.44
47	5.00	4.25	2.41	2.10	1.81	1.59
48	5.67	4.81	2.70	2.35	2.01	1.77
49	6.43	5.45	3.04	2.63	2.26	1.97
50	7.26	6.14	3.42	2.95	2.51	2.20
51	7.84	6.63	3.70	3.21	2.74	2.40
52	8.46	7.17	4.02	3.47	2.98	2.61
53	9.14	7.74	4.36	3.78	3.24	2.84
54	9.86	8.36	4.72	4.10	3.50	3.09
55	10.64	9.01	5.11	4.44	3.81	3.35
56	9.68	8.13	4.83	4.20	3.60	3.16
57	8.81	7.33	4.57	3.97	3.40	2.98
58	8.01	6.59	4.32	3.75	3.21	2.81
59	7.29	5.93	4.08	3.54	3.03	2.64
60	6.62	5.35	3.85	3.35	2.86	2.49
61	6.62	5.35	3.85	3.35	2.86	2.49
62	6.62	5.35	3.85	3.35	2.86	2.49
63	6.62	5.35	3.85	3.35	2.86	2.49
64	6.62	5.35	3.85	3.35	2.86	2.49

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1513 (07/11)

Four-Year Delayed Cost of Living Adjustment Rider on Individual Disability Income Policy

Occupation Classes 3 and 3M — Unisex Select 10 Year

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	1.85	1.48	0.84	0.75	0.64	0.57
19	1.85	1.48	0.84	0.75	0.64	0.57
20	1.85	1.48	0.84	0.75	0.64	0.57
21	1.85	1.48	0.84	0.75	0.64	0.57
22	1.85	1.48	0.84	0.75	0.64	0.57
23	1.86	1.50	0.85	0.76	0.65	0.58
24	1.87	1.52	0.86	0.77	0.66	0.59
25	1.88	1.54	0.88	0.78	0.67	0.60
26	1.89	1.56	0.90	0.79	0.68	0.61
27	1.90	1.58	0.91	0.80	0.69	0.62
28	1.91	1.60	0.93	0.82	0.71	0.63
29	1.92	1.62	0.94	0.83	0.72	0.64
30	1.93	1.64	0.96	0.84	0.73	0.65
31	2.03	1.72	1.01	0.88	0.77	0.68
32	2.12	1.81	1.06	0.93	0.81	0.72
33	2.23	1.89	1.11	0.97	0.85	0.75
34	2.34	1.99	1.16	1.02	0.89	0.79
35	2.45	2.09	1.22	1.07	0.93	0.83
36	2.57	2.19	1.28	1.12	0.98	0.87
37	2.69	2.30	1.34	1.18	1.03	0.91
38	2.82	2.41	1.41	1.24	1.08	0.95
39	2.96	2.52	1.48	1.30	1.13	1.00
40	3.11	2.64	1.54	1.36	1.19	1.05
41	3.53	3.01	1.76	1.54	1.35	1.20
42	4.02	3.43	2.00	1.76	1.53	1.36
43	4.57	3.90	2.28	2.00	1.74	1.55
44	5.20	4.45	2.59	2.28	1.99	1.76
45	5.91	5.06	2.95	2.59	2.26	2.01
46	6.29	5.38	3.14	2.76	2.40	2.14
47	6.69	5.72	3.34	2.93	2.55	2.28
48	7.12	6.09	3.54	3.12	2.71	2.42
49	7.57	6.47	3.77	3.32	2.89	2.57
50	8.06	6.88	4.01	3.52	3.07	2.73
51	8.67	7.40	4.32	3.79	3.31	2.94
52	9.33	7.96	4.64	4.08	3.55	3.17
53	10.04	8.56	5.00	4.40	3.82	3.41
54	10.80	9.21	5.39	4.73	4.11	3.66
55	11.62	9.90	5.79	5.09	4.43	3.94
56	10.61	8.97	5.50	4.83	4.21	3.74
57	9.69	8.13	5.23	4.59	3.99	3.55
58	8.85	7.36	4.96	4.37	3.79	3.38
59	8.09	6.66	4.71	4.15	3.60	3.20
60	7.39	6.04	4.47	3.94	3.43	3.04

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1513 (07/11)

Four-Year Delayed Cost of Living Adjustment Rider on Individual Disability Income Policy

Occupation Classes 4 and 4M | Unisex Select 10 Year

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	0.94	0.83	0.65	0.62	0.59	0.57
19	0.94	0.83	0.65	0.62	0.59	0.57
20	0.94	0.83	0.65	0.62	0.59	0.57
21	0.94	0.83	0.65	0.62	0.59	0.57
22	0.94	0.83	0.65	0.62	0.59	0.57
23	0.94	0.83	0.65	0.62	0.59	0.57
24	0.94	0.83	0.65	0.62	0.59	0.57
25	0.94	0.83	0.65	0.62	0.59	0.57
26	0.94	0.84	0.65	0.62	0.59	0.57
27	0.94	0.85	0.66	0.62	0.59	0.57
28	0.95	0.86	0.66	0.63	0.60	0.57
29	0.95	0.86	0.67	0.63	0.60	0.58
30	0.95	0.87	0.67	0.63	0.60	0.58
31	0.98	0.89	0.68	0.65	0.61	0.59
32	1.01	0.91	0.70	0.66	0.62	0.60
33	1.04	0.94	0.71	0.67	0.63	0.61
34	1.07	0.97	0.73	0.69	0.65	0.62
35	1.10	1.00	0.75	0.70	0.66	0.63
36	1.14	1.03	0.76	0.72	0.67	0.64
37	1.17	1.05	0.78	0.73	0.69	0.65
38	1.21	1.09	0.80	0.75	0.70	0.67
39	1.25	1.12	0.82	0.77	0.72	0.68
40	1.29	1.16	0.84	0.79	0.73	0.69
41	1.51	1.33	0.91	0.84	0.77	0.72
42	1.79	1.55	1.01	0.92	0.83	0.76
43	2.15	1.86	1.16	1.04	0.91	0.83
44	2.60	2.24	1.34	1.19	1.04	0.94
45	3.17	2.70	1.57	1.39	1.21	1.08
46	3.60	3.06	1.75	1.53	1.32	1.17
47	4.09	3.46	1.95	1.70	1.46	1.29
48	4.63	3.92	2.19	1.90	1.62	1.42
49	5.24	4.43	2.45	2.12	1.80	1.56
50	5.90	4.98	2.73	2.37	2.01	1.74
51	6.39	5.39	2.97	2.57	2.19	1.90
52	6.90	5.83	3.24	2.80	2.39	2.08
53	7.44	6.30	3.50	3.05	2.59	2.27
54	8.05	6.80	3.81	3.30	2.82	2.47
55	8.69	7.35	4.13	3.58	3.07	2.68
56	7.90	6.62	3.90	3.39	2.89	2.52
57	7.19	5.95	3.68	3.20	2.72	2.38
58	6.52	5.36	3.47	3.01	2.57	2.24
59	5.92	4.81	3.29	2.84	2.43	2.11
60	5.38	4.33	3.10	2.68	2.29	1.98
61	5.38	4.33	3.10	2.68	2.29	1.98
62	5.38	4.33	3.10	2.68	2.29	1.98
63	5.38	4.33	3.10	2.68	2.29	1.98
64	5.38	4.33	3.10	2.68	2.29	1.98

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1513 (07/11)

Four-Year Delayed Cost of Living Adjustment Rider on Individual Disability Income Policy

Occupation Classes 4 and 4M | Unisex Select 10 Year

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	1.51	1.20	0.70	0.61	0.52	0.48
19	1.51	1.20	0.70	0.61	0.52	0.48
20	1.51	1.20	0.70	0.61	0.52	0.48
21	1.51	1.20	0.70	0.61	0.52	0.48
22	1.51	1.20	0.70	0.61	0.52	0.48
23	1.52	1.22	0.71	0.62	0.53	0.48
24	1.53	1.24	0.72	0.63	0.54	0.49
25	1.54	1.26	0.73	0.64	0.55	0.50
26	1.55	1.28	0.74	0.65	0.56	0.50
27	1.56	1.30	0.75	0.66	0.57	0.51
28	1.57	1.32	0.77	0.67	0.58	0.51
29	1.58	1.34	0.78	0.68	0.59	0.52
30	1.59	1.36	0.79	0.69	0.60	0.53
31	1.67	1.43	0.83	0.73	0.63	0.56
32	1.75	1.48	0.87	0.76	0.66	0.58
33	1.83	1.56	0.91	0.80	0.69	0.61
34	1.92	1.63	0.96	0.84	0.73	0.64
35	2.02	1.71	1.01	0.88	0.76	0.68
36	2.12	1.80	1.06	0.93	0.80	0.71
37	2.22	1.88	1.11	0.97	0.84	0.74
38	2.33	1.97	1.16	1.02	0.88	0.78
39	2.44	2.07	1.22	1.08	0.92	0.82
40	2.55	2.17	1.28	1.13	0.97	0.86
41	2.91	2.47	1.46	1.29	1.11	0.98
42	3.31	2.81	1.65	1.46	1.26	1.12
43	3.76	3.21	1.88	1.65	1.43	1.28
44	4.29	3.65	2.14	1.88	1.62	1.46
45	4.88	4.16	2.43	2.14	1.85	1.65
46	5.19	4.43	2.58	2.28	1.97	1.76
47	5.51	4.70	2.74	2.42	2.10	1.87
48	5.87	5.01	2.92	2.57	2.24	1.99
49	6.24	5.33	3.10	2.73	2.38	2.11
50	6.63	5.66	3.30	2.91	2.53	2.25
51	7.14	6.09	3.54	3.13	2.72	2.42
52	7.68	6.55	3.82	3.37	2.93	2.60
53	8.26	7.05	4.11	3.62	3.15	2.80
54	8.89	7.57	4.43	3.89	3.39	3.01
55	9.56	8.15	4.76	4.19	3.64	3.24
56	8.73	7.39	4.52	3.98	3.46	3.08
57	7.98	6.68	4.30	3.78	3.29	2.92
58	7.29	6.06	4.08	3.58	3.13	2.77
59	6.65	5.48	3.88	3.41	2.97	2.63
60	6.08	4.97	3.68	3.24	2.82	2.50

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1513 (07/11)

Four-Year Delayed Cost of Living Adjustment Rider on Individual Disability Income Policy

Occupation Classes 5 and 5M — Unisex Select 10 Year

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	0.82	0.75	0.59	0.57	0.54	0.53
19	0.82	0.75	0.59	0.57	0.54	0.53
20	0.82	0.75	0.59	0.57	0.54	0.53
21	0.82	0.75	0.59	0.57	0.54	0.53
22	0.82	0.75	0.59	0.57	0.54	0.53
23	0.82	0.75	0.59	0.57	0.54	0.53
24	0.82	0.75	0.59	0.57	0.54	0.53
25	0.82	0.75	0.59	0.57	0.54	0.53
26	0.82	0.75	0.60	0.57	0.55	0.53
27	0.82	0.75	0.60	0.58	0.55	0.53
28	0.82	0.76	0.60	0.58	0.55	0.53
29	0.83	0.76	0.61	0.58	0.56	0.54
30	0.83	0.77	0.61	0.58	0.56	0.54
31	0.85	0.79	0.62	0.59	0.57	0.55
32	0.88	0.81	0.63	0.60	0.58	0.55
33	0.90	0.83	0.65	0.61	0.59	0.57
34	0.92	0.85	0.66	0.62	0.60	0.57
35	0.95	0.87	0.67	0.63	0.61	0.58
36	0.98	0.89	0.68	0.65	0.62	0.59
37	1.01	0.92	0.70	0.66	0.63	0.60
38	1.04	0.94	0.71	0.67	0.64	0.61
39	1.07	0.97	0.73	0.69	0.65	0.62
40	1.10	1.00	0.74	0.70	0.66	0.63
41	1.26	1.12	0.78	0.72	0.67	0.63
42	1.47	1.29	0.85	0.77	0.70	0.65
43	1.72	1.50	0.94	0.84	0.76	0.69
44	2.07	1.78	1.07	0.95	0.84	0.75
45	2.49	2.14	1.24	1.09	0.95	0.85
46	2.82	2.41	1.37	1.20	1.02	0.90
47	3.19	2.70	1.50	1.32	1.12	0.98
48	3.60	3.04	1.67	1.45	1.23	1.06
49	4.05	3.42	1.86	1.60	1.35	1.17
50	4.57	3.84	2.08	1.78	1.49	1.29
51	4.95	4.17	2.27	1.96	1.63	1.42
52	5.35	4.51	2.48	2.13	1.79	1.55
53	5.78	4.88	2.69	2.33	1.96	1.70
54	6.26	5.28	2.92	2.52	2.14	1.86
55	6.76	5.71	3.18	2.74	2.34	2.03
56	6.14	5.14	3.00	2.58	2.20	1.91
57	5.57	4.61	2.83	2.44	2.08	1.79
58	5.06	4.15	2.67	2.30	1.95	1.68
59	4.59	3.71	2.51	2.16	1.83	1.58
60	4.16	3.33	2.37	2.03	1.72	1.48
61	4.16	3.33	2.37	2.03	1.72	1.48
62	4.16	3.33	2.37	2.03	1.72	1.48
63	4.16	3.33	2.37	2.03	1.72	1.48
64	4.16	3.33	2.37	2.03	1.72	1.48

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1513 (07/11)

Four-Year Delayed Cost of Living Adjustment Rider on Individual Disability Income Policy

Occupation Classes 5 and 5M — Unisex Select 10 Year

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	1.19	0.98	0.54	0.49	0.41	0.37
19	1.19	0.98	0.54	0.49	0.41	0.37
20	1.19	0.98	0.54	0.49	0.41	0.37
21	1.19	0.98	0.54	0.49	0.41	0.37
22	1.19	0.98	0.54	0.49	0.41	0.37
23	1.19	0.99	0.55	0.49	0.42	0.38
24	1.20	1.00	0.56	0.50	0.43	0.38
25	1.21	1.01	0.57	0.50	0.44	0.39
26	1.22	1.02	0.58	0.51	0.45	0.40
27	1.23	1.03	0.59	0.52	0.46	0.41
28	1.23	1.05	0.60	0.52	0.47	0.41
29	1.24	1.06	0.61	0.53	0.48	0.42
30	1.25	1.07	0.62	0.54	0.49	0.43
31	1.31	1.12	0.65	0.57	0.50	0.45
32	1.38	1.18	0.68	0.60	0.53	0.47
33	1.44	1.24	0.72	0.63	0.55	0.50
34	1.50	1.30	0.75	0.66	0.58	0.51
35	1.58	1.36	0.79	0.69	0.61	0.53
36	1.66	1.43	0.83	0.72	0.64	0.56
37	1.74	1.49	0.87	0.76	0.67	0.59
38	1.83	1.56	0.91	0.80	0.70	0.62
39	1.92	1.64	0.95	0.84	0.73	0.65
40	2.01	1.72	1.00	0.88	0.77	0.68
41	2.29	1.96	1.14	1.00	0.88	0.78
42	2.60	2.23	1.30	1.14	1.00	0.88
43	2.96	2.53	1.48	1.30	1.14	1.01
44	3.38	2.89	1.68	1.48	1.29	1.15
45	3.84	3.29	1.91	1.68	1.47	1.31
46	4.09	3.49	2.03	1.79	1.55	1.39
47	4.35	3.71	2.16	1.91	1.65	1.48
48	4.62	3.95	2.30	2.03	1.76	1.56
49	4.91	4.20	2.45	2.16	1.87	1.66
50	5.23	4.46	2.60	2.30	1.99	1.77
51	5.62	4.80	2.80	2.48	2.14	1.91
52	6.05	5.17	3.02	2.65	2.31	2.05
53	6.50	5.55	3.25	2.86	2.48	2.21
54	7.00	5.97	3.49	3.08	2.67	2.38
55	7.53	6.43	3.76	3.31	2.88	2.55
56	6.88	5.82	3.57	3.14	2.73	2.43
57	6.29	5.28	3.40	2.98	2.60	2.31
58	5.74	4.78	3.23	2.83	2.47	2.19
59	5.25	4.33	3.06	2.69	2.35	2.08
60	4.79	3.92	2.91	2.55	2.23	1.98

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1513 (07/11)

Four-Year Delayed Cost of Living Adjustment Rider on Individual Disability Income Policy

Occupation Classes 6 and 6M | Unisex Select 10 Year

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	0.73	0.67	0.55	0.53	0.51	0.50
19	0.73	0.67	0.55	0.53	0.51	0.50
20	0.73	0.67	0.55	0.53	0.51	0.50
21	0.73	0.67	0.55	0.53	0.51	0.50
22	0.73	0.67	0.55	0.53	0.51	0.50
23	0.73	0.67	0.55	0.53	0.51	0.50
24	0.73	0.67	0.55	0.53	0.51	0.50
25	0.73	0.67	0.55	0.53	0.51	0.50
26	0.73	0.67	0.55	0.53	0.52	0.50
27	0.74	0.68	0.56	0.54	0.52	0.50
28	0.74	0.68	0.56	0.54	0.52	0.51
29	0.74	0.68	0.56	0.54	0.52	0.51
30	0.74	0.69	0.57	0.54	0.52	0.51
31	0.76	0.70	0.57	0.55	0.53	0.52
32	0.77	0.72	0.58	0.56	0.54	0.52
33	0.79	0.73	0.59	0.57	0.54	0.53
34	0.81	0.75	0.60	0.58	0.55	0.53
35	0.83	0.77	0.61	0.59	0.56	0.54
36	0.86	0.79	0.62	0.60	0.57	0.55
37	0.88	0.81	0.63	0.61	0.58	0.56
38	0.90	0.83	0.65	0.62	0.58	0.57
39	0.93	0.85	0.66	0.63	0.59	0.57
40	0.95	0.87	0.67	0.64	0.60	0.58
41	1.06	0.95	0.68	0.64	0.59	0.56
42	1.21	1.06	0.72	0.66	0.60	0.56
43	1.41	1.22	0.78	0.70	0.63	0.58
44	1.65	1.42	0.86	0.77	0.68	0.61
45	1.97	1.68	0.98	0.87	0.75	0.67
46	2.21	1.87	1.07	0.93	0.79	0.70
47	2.48	2.10	1.16	1.00	0.85	0.74
48	2.78	2.35	1.28	1.09	0.92	0.79
49	3.14	2.63	1.41	1.20	1.01	0.85
50	3.52	2.95	1.56	1.33	1.10	0.94
51	3.83	3.21	1.71	1.46	1.21	1.04
52	4.15	3.47	1.87	1.59	1.34	1.15
53	4.49	3.77	2.04	1.75	1.47	1.26
54	4.86	4.09	2.23	1.91	1.61	1.39
55	5.27	4.43	2.43	2.09	1.76	1.52
56	4.77	3.98	2.29	1.96	1.66	1.43
57	4.33	3.56	2.15	1.84	1.56	1.34
58	3.92	3.19	2.02	1.73	1.46	1.25
59	3.54	2.86	1.90	1.62	1.37	1.17
60	3.21	2.54	1.78	1.52	1.28	1.09
61	3.21	2.54	1.78	1.52	1.28	1.09
62	3.21	2.54	1.78	1.52	1.28	1.09
63	3.21	2.54	1.78	1.52	1.28	1.09
64	3.21	2.54	1.78	1.52	1.28	1.09

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1513 (07/11)

Four-Year Delayed Cost of Living Adjustment Rider on Individual Disability Income Policy

Occupation Classes 6 and 6M — Unisex Select 10 Year

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	0.96	0.76	0.44	0.38	0.33	0.29
19	0.96	0.76	0.44	0.38	0.33	0.29
20	0.96	0.76	0.44	0.38	0.33	0.29
21	0.96	0.76	0.44	0.38	0.33	0.29
22	0.96	0.76	0.44	0.38	0.33	0.29
23	0.96	0.77	0.44	0.38	0.34	0.30
24	0.97	0.78	0.45	0.39	0.34	0.30
25	0.97	0.79	0.46	0.40	0.35	0.31
26	0.97	0.80	0.47	0.41	0.36	0.32
27	0.98	0.81	0.48	0.42	0.36	0.32
28	0.98	0.82	0.48	0.42	0.37	0.33
29	0.99	0.83	0.49	0.43	0.37	0.33
30	0.99	0.84	0.50	0.44	0.38	0.34
31	1.04	0.88	0.51	0.46	0.40	0.36
32	1.09	0.93	0.54	0.48	0.42	0.37
33	1.14	0.97	0.57	0.50	0.44	0.39
34	1.20	1.02	0.59	0.52	0.46	0.41
35	1.26	1.07	0.62	0.55	0.48	0.43
36	1.32	1.12	0.65	0.58	0.50	0.45
37	1.39	1.18	0.68	0.61	0.52	0.48
38	1.45	1.24	0.72	0.64	0.54	0.50
39	1.52	1.30	0.75	0.67	0.57	0.51
40	1.59	1.36	0.79	0.70	0.60	0.54
41	1.81	1.54	0.90	0.80	0.68	0.61
42	2.06	1.75	1.03	0.91	0.78	0.70
43	2.35	2.00	1.17	1.03	0.89	0.80
44	2.66	2.27	1.33	1.18	1.02	0.91
45	3.03	2.58	1.51	1.34	1.16	1.03
46	3.23	2.75	1.61	1.42	1.23	1.10
47	3.43	2.93	1.71	1.50	1.31	1.17
48	3.64	3.11	1.82	1.60	1.40	1.24
49	3.88	3.32	1.94	1.70	1.48	1.32
50	4.13	3.52	2.06	1.81	1.57	1.41
51	4.45	3.79	2.22	1.95	1.69	1.51
52	4.78	4.08	2.39	2.10	1.82	1.62
53	5.15	4.39	2.56	2.26	1.96	1.74
54	5.53	4.72	2.76	2.43	2.12	1.88
55	5.96	5.08	2.97	2.61	2.28	2.02
56	5.45	4.60	2.82	2.48	2.17	1.92
57	4.97	4.17	2.68	2.36	2.06	1.82
58	4.54	3.77	2.54	2.24	1.95	1.73
59	4.15	3.43	2.42	2.13	1.85	1.64
60	3.79	3.10	2.30	2.02	1.76	1.56

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1513 (07/11)

Four-Year Delayed Cost of Living Adjustment Rider on Individual Disability Income Policy with Residual Disability Rider Attached

Occupation Classes 3 and 3M | Unisex Select To Age 65

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	3.74	3.14	1.97	1.78	1.60	1.47
19	3.74	3.14	1.97	1.78	1.60	1.47
20	3.74	3.14	1.97	1.78	1.60	1.47
21	3.74	3.14	1.97	1.78	1.60	1.47
22	3.74	3.14	1.97	1.78	1.60	1.47
23	3.74	3.14	1.97	1.78	1.60	1.47
24	3.74	3.14	1.97	1.78	1.60	1.47
25	3.74	3.14	1.97	1.78	1.60	1.47
26	3.77	3.17	1.99	1.80	1.61	1.48
27	3.80	3.20	2.01	1.82	1.63	1.49
28	3.82	3.23	2.03	1.83	1.64	1.50
29	3.85	3.26	2.05	1.85	1.66	1.52
30	3.88	3.29	2.07	1.87	1.67	1.53
31	3.91	3.32	2.09	1.88	1.69	1.54
32	3.94	3.35	2.11	1.90	1.70	1.56
33	3.96	3.38	2.13	1.92	1.72	1.57
34	3.99	3.42	2.15	1.94	1.73	1.58
35	4.02	3.45	2.17	1.96	1.75	1.60
36	4.05	3.47	2.19	1.97	1.77	1.61
37	4.08	3.51	2.21	1.99	1.78	1.63
38	4.11	3.54	2.24	2.01	1.80	1.64
39	4.14	3.57	2.26	2.03	1.82	1.66
40	4.17	3.61	2.28	2.05	1.84	1.67
41	5.13	4.43	2.72	2.43	2.16	1.95
42	6.25	5.37	3.24	2.87	2.53	2.28
43	7.54	6.46	3.84	3.40	2.98	2.66
44	9.04	7.72	4.54	4.01	3.49	3.12
45	10.75	9.18	5.36	4.71	4.10	3.65
46	11.76	10.02	5.82	5.12	4.44	3.93
47	12.78	10.89	6.29	5.51	4.77	4.24
48	13.82	11.76	6.77	5.92	5.12	4.52
49	14.88	12.64	7.26	6.35	5.48	4.84
50	15.96	13.55	7.75	6.77	5.84	5.15
51	15.39	13.06	7.46	6.51	5.62	4.96
52	14.84	12.59	7.20	6.28	5.41	4.77
53	14.32	12.14	6.93	6.05	5.21	4.59
54	13.80	11.70	6.67	5.82	5.01	4.42
55	13.31	11.28	6.43	5.60	4.82	4.25
56	12.15	10.21	6.10	5.33	4.58	4.02
57	11.10	9.24	5.80	5.05	4.34	3.82
58	10.13	8.36	5.50	4.79	4.12	3.61
59	9.25	7.55	5.22	4.55	3.90	3.43
60	8.43	6.83	4.96	4.32	3.69	3.24
61	8.43	6.83	4.96	4.32	3.69	3.24
62	8.43	6.83	4.96	4.32	3.69	3.24
63	8.43	6.83	4.96	4.32	3.69	3.24
64	8.43	6.83	4.96	4.32	3.69	3.24

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1513 (07/11)

Four-Year Delayed Cost of Living Adjustment Rider on Individual Disability Income Policy with Residual Disability Rider Attached

Occupation Classes 3 and 3M | Unisex Select To Age 65

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	9.35	7.58	4.35	3.83	3.33	2.96
19	9.35	7.58	4.35	3.83	3.33	2.96
20	9.35	7.58	4.35	3.83	3.33	2.96
21	9.35	7.58	4.35	3.83	3.33	2.96
22	9.35	7.58	4.35	3.83	3.33	2.96
23	9.42	7.66	4.40	3.88	3.37	3.00
24	9.49	7.75	4.46	3.92	3.41	3.03
25	9.57	7.83	4.50	3.97	3.45	3.07
26	9.65	7.91	4.55	4.02	3.48	3.11
27	9.72	8.00	4.61	4.06	3.52	3.14
28	9.80	8.09	4.66	4.11	3.57	3.18
29	9.88	8.17	4.72	4.16	3.61	3.22
30	9.96	8.26	4.78	4.21	3.65	3.26
31	10.04	8.35	4.83	4.26	3.70	3.29
32	10.12	8.43	4.89	4.31	3.74	3.33
33	10.20	8.52	4.95	4.36	3.79	3.37
34	10.28	8.62	5.01	4.41	3.83	3.41
35	10.37	8.71	5.07	4.46	3.88	3.45
36	10.44	8.80	5.13	4.50	3.93	3.48
37	10.52	8.90	5.19	4.56	3.97	3.52
38	10.61	8.99	5.25	4.61	4.02	3.57
39	10.69	9.09	5.32	4.67	4.07	3.61
40	10.78	9.19	5.38	4.72	4.12	3.65
41	11.74	10.01	5.86	5.15	4.48	3.98
42	12.79	10.91	6.38	5.60	4.88	4.34
43	13.94	11.89	6.95	6.11	5.32	4.72
44	15.19	12.96	7.57	6.66	5.79	5.15
45	16.54	14.12	8.25	7.26	6.31	5.61
46	16.67	14.23	8.32	7.32	6.36	5.65
47	16.81	14.35	8.38	7.37	6.41	5.70
48	16.94	14.45	8.44	7.42	6.45	5.74
49	17.08	14.56	8.50	7.48	6.51	5.79
50	17.22	14.68	8.57	7.54	6.56	5.83
51	16.62	14.17	8.28	7.28	6.34	5.63
52	16.04	13.67	7.99	7.03	6.11	5.44
53	15.48	13.20	7.71	6.78	5.90	5.25
54	14.94	12.73	7.44	6.54	5.69	5.07
55	14.42	12.29	7.19	6.32	5.49	4.89
56	13.21	11.16	6.84	6.02	5.24	4.65
57	12.10	10.14	6.52	5.73	4.98	4.44
58	11.08	9.22	6.21	5.46	4.75	4.22
59	10.15	8.37	5.91	5.21	4.52	4.02
60	9.30	7.60	5.63	4.96	4.31	3.82

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1513 (07/11)

Four-Year Delayed Cost of Living Adjustment Rider on Individual Disability Income Policy with Residual Disability Rider Attached

Occupation Classes 4 and 4M | Unisex Select To Age 65

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	3.16	2.66	1.70	1.54	1.40	1.29
19	3.16	2.66	1.70	1.54	1.40	1.29
20	3.16	2.66	1.70	1.54	1.40	1.29
21	3.16	2.66	1.70	1.54	1.40	1.29
22	3.16	2.66	1.70	1.54	1.40	1.29
23	3.16	2.66	1.70	1.54	1.40	1.29
24	3.16	2.66	1.70	1.54	1.40	1.29
25	3.16	2.66	1.70	1.54	1.40	1.29
26	3.18	2.68	1.71	1.55	1.41	1.30
27	3.21	2.70	1.73	1.57	1.42	1.31
28	3.23	2.73	1.74	1.58	1.43	1.32
29	3.25	2.76	1.76	1.59	1.45	1.33
30	3.28	2.78	1.78	1.61	1.46	1.34
31	3.30	2.81	1.79	1.62	1.47	1.35
32	3.32	2.83	1.81	1.64	1.48	1.36
33	3.35	2.86	1.83	1.65	1.49	1.38
34	3.37	2.89	1.85	1.67	1.50	1.39
35	3.40	2.91	1.86	1.68	1.51	1.40
36	3.42	2.94	1.88	1.70	1.52	1.41
37	3.45	2.97	1.90	1.71	1.54	1.42
38	3.46	3.00	1.92	1.73	1.55	1.43
39	3.49	3.03	1.93	1.74	1.57	1.45
40	3.51	3.05	1.95	1.76	1.58	1.46
41	4.30	3.71	2.30	2.06	1.83	1.66
42	5.21	4.47	2.72	2.42	2.13	1.92
43	6.27	5.37	3.21	2.84	2.48	2.23
44	7.49	6.40	3.77	3.33	2.91	2.59
45	8.90	7.58	4.44	3.90	3.40	3.02
46	9.72	8.27	4.80	4.22	3.65	3.25
47	10.55	8.97	5.18	4.53	3.93	3.47
48	11.39	9.68	5.55	4.86	4.20	3.70
49	12.26	10.39	5.95	5.20	4.48	3.94
50	13.13	11.14	6.34	5.53	4.77	4.19
51	12.66	10.73	6.10	5.34	4.59	4.02
52	12.20	10.34	5.88	5.14	4.41	3.87
53	11.76	9.96	5.66	4.94	4.24	3.72
54	11.35	9.59	5.45	4.75	4.08	3.58
55	10.93	9.25	5.25	4.57	3.92	3.45
56	9.98	8.36	4.97	4.34	3.71	3.27
57	9.11	7.56	4.72	4.11	3.51	3.09
58	8.31	6.84	4.47	3.89	3.34	2.92
59	7.57	6.18	4.25	3.69	3.16	2.76
60	6.90	5.57	4.02	3.49	2.99	2.61
61	6.90	5.57	4.02	3.49	2.99	2.61
62	6.90	5.57	4.02	3.49	2.99	2.61
63	6.90	5.57	4.02	3.49	2.99	2.61
64	6.90	5.57	4.02	3.49	2.99	2.61

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1513 (07/11)

Four-Year Delayed Cost of Living Adjustment Rider on Individual Disability Income Policy with Residual Disability Rider Attached

Occupation Classes 4 and 4M | Unisex Select To Age 65

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	7.71	6.26	3.60	3.17	2.75	2.46
19	7.71	6.26	3.60	3.17	2.75	2.46
20	7.71	6.26	3.60	3.17	2.75	2.46
21	7.71	6.26	3.60	3.17	2.75	2.46
22	7.71	6.26	3.60	3.17	2.75	2.46
23	7.77	6.33	3.64	3.20	2.78	2.48
24	7.84	6.40	3.69	3.24	2.82	2.51
25	7.90	6.46	3.73	3.28	2.85	2.54
26	7.96	6.53	3.77	3.32	2.88	2.57
27	8.03	6.60	3.82	3.36	2.92	2.60
28	8.09	6.67	3.86	3.40	2.95	2.63
29	8.16	6.75	3.91	3.44	2.99	2.66
30	8.23	6.82	3.96	3.47	3.02	2.69
31	8.29	6.89	4.00	3.51	3.06	2.72
32	8.36	6.97	4.05	3.55	3.09	2.75
33	8.42	7.05	4.10	3.60	3.13	2.79
34	8.49	7.12	4.15	3.64	3.17	2.82
35	8.56	7.20	4.20	3.68	3.21	2.85
36	8.63	7.28	4.25	3.73	3.24	2.88
37	8.70	7.36	4.30	3.77	3.28	2.92
38	8.77	7.43	4.35	3.82	3.32	2.95
39	8.84	7.51	4.40	3.86	3.36	2.99
40	8.91	7.59	4.45	3.91	3.40	3.02
41	9.71	8.28	4.84	4.26	3.70	3.29
42	10.58	9.02	5.28	4.64	4.03	3.58
43	11.53	9.82	5.75	5.06	4.40	3.91
44	12.56	10.70	6.26	5.50	4.79	4.26
45	13.69	11.66	6.82	6.00	5.22	4.64
46	13.80	11.75	6.87	6.05	5.26	4.68
47	13.91	11.85	6.93	6.10	5.31	4.71
48	14.02	11.95	6.98	6.15	5.35	4.75
49	14.13	12.04	7.04	6.20	5.40	4.78
50	14.24	12.14	7.09	6.25	5.44	4.82
51	13.74	11.71	6.84	6.03	5.25	4.65
52	13.26	11.30	6.60	5.82	5.06	4.49
53	12.80	10.90	6.38	5.61	4.88	4.34
54	12.36	10.51	6.16	5.42	4.71	4.19
55	11.92	10.15	5.94	5.23	4.54	4.04
56	10.92	9.22	5.65	4.98	4.33	3.85
57	10.00	8.38	5.39	4.74	4.12	3.66
58	9.16	7.61	5.13	4.51	3.93	3.49
59	8.39	6.92	4.89	4.31	3.74	3.33
60	7.68	6.29	4.65	4.10	3.56	3.17

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1513 (07/11)

Four-Year Delayed Cost of Living Adjustment Rider on Individual Disability Income Policy with Residual Disability Rider Attached

Occupation Classes 5 and 5M | Unisex Select To Age 65

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	2.56	2.18	1.43	1.30	1.18	1.09
19	2.56	2.18	1.43	1.30	1.18	1.09
20	2.56	2.18	1.43	1.30	1.18	1.09
21	2.56	2.18	1.43	1.30	1.18	1.09
22	2.56	2.18	1.43	1.30	1.18	1.09
23	2.56	2.18	1.43	1.30	1.18	1.09
24	2.56	2.18	1.43	1.30	1.18	1.09
25	2.56	2.18	1.43	1.30	1.18	1.09
26	2.58	2.20	1.44	1.31	1.19	1.10
27	2.60	2.22	1.45	1.32	1.20	1.11
28	2.62	2.24	1.46	1.33	1.21	1.12
29	2.63	2.26	1.47	1.34	1.22	1.13
30	2.66	2.28	1.48	1.36	1.23	1.14
31	2.67	2.30	1.49	1.37	1.24	1.15
32	2.69	2.32	1.50	1.38	1.25	1.15
33	2.71	2.34	1.52	1.39	1.26	1.16
34	2.73	2.36	1.53	1.40	1.27	1.17
35	2.75	2.38	1.54	1.41	1.28	1.18
36	2.77	2.40	1.56	1.43	1.29	1.19
37	2.79	2.42	1.57	1.44	1.30	1.20
38	2.81	2.44	1.58	1.45	1.31	1.21
39	2.82	2.47	1.60	1.46	1.32	1.22
40	2.84	2.48	1.61	1.47	1.33	1.23
41	3.45	2.98	1.87	1.69	1.51	1.38
42	4.14	3.57	2.18	1.95	1.72	1.56
43	4.95	4.25	2.55	2.27	1.99	1.78
44	5.90	5.05	2.98	2.63	2.30	2.05
45	6.98	5.97	3.48	3.06	2.66	2.37
46	7.61	6.48	3.75	3.30	2.85	2.52
47	8.25	7.02	4.03	3.53	3.05	2.69
48	8.89	7.55	4.32	3.76	3.25	2.85
49	9.55	8.11	4.60	4.01	3.46	3.02
50	10.23	8.66	4.89	4.26	3.65	3.20
51	9.86	8.35	4.71	4.10	3.51	3.08
52	9.48	8.04	4.53	3.94	3.39	2.95
53	9.15	7.74	4.37	3.79	3.26	2.84
54	8.81	7.45	4.21	3.64	3.12	2.72
55	8.49	7.19	4.04	3.50	3.00	2.61
56	7.75	6.48	3.84	3.32	2.84	2.48
57	7.06	5.86	3.63	3.14	2.69	2.34
58	6.43	5.29	3.45	2.97	2.53	2.21
59	5.86	4.76	3.26	2.81	2.40	2.09
60	5.34	4.29	3.09	2.66	2.27	1.97
61	5.34	4.29	3.09	2.66	2.27	1.97
62	5.34	4.29	3.09	2.66	2.27	1.97
63	5.34	4.29	3.09	2.66	2.27	1.97
64	5.34	4.29	3.09	2.66	2.27	1.97

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1513 (07/11)

Four-Year Delayed Cost of Living Adjustment Rider on Individual Disability Income Policy with Residual Disability Rider Attached

Occupation Classes 5 and 5M | Unisex Select To Age 65

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	6.06	4.93	2.83	2.48	2.16	1.92
19	6.06	4.93	2.83	2.48	2.16	1.92
20	6.06	4.93	2.83	2.48	2.16	1.92
21	6.06	4.93	2.83	2.48	2.16	1.92
22	6.06	4.93	2.83	2.48	2.16	1.92
23	6.11	4.98	2.86	2.51	2.19	1.94
24	6.16	5.04	2.90	2.54	2.21	1.97
25	6.21	5.09	2.93	2.57	2.24	1.99
26	6.26	5.15	2.96	2.60	2.27	2.01
27	6.31	5.20	3.00	2.63	2.29	2.04
28	6.36	5.26	3.03	2.66	2.32	2.06
29	6.41	5.31	3.07	2.69	2.35	2.09
30	6.46	5.37	3.11	2.73	2.38	2.11
31	6.51	5.43	3.14	2.76	2.41	2.14
32	6.56	5.48	3.18	2.79	2.44	2.16
33	6.61	5.54	3.22	2.83	2.46	2.19
34	6.67	5.60	3.25	2.86	2.48	2.22
35	6.72	5.66	3.29	2.89	2.51	2.24
36	6.78	5.72	3.33	2.93	2.54	2.27
37	6.83	5.78	3.37	2.96	2.58	2.30
38	6.89	5.84	3.41	3.00	2.61	2.32
39	6.94	5.91	3.45	3.03	2.64	2.35
40	7.00	5.97	3.48	3.07	2.67	2.38
41	7.62	6.50	3.80	3.35	2.91	2.58
42	8.31	7.09	4.14	3.64	3.17	2.82
43	9.05	7.72	4.51	3.97	3.46	3.07
44	9.86	8.42	4.91	4.33	3.76	3.35
45	10.74	9.18	5.36	4.71	4.10	3.64
46	10.83	9.25	5.40	4.75	4.13	3.67
47	10.91	9.32	5.44	4.79	4.17	3.70
48	11.00	9.39	5.48	4.82	4.20	3.72
49	11.09	9.46	5.52	4.86	4.24	3.75
50	11.18	9.53	5.56	4.90	4.27	3.78
51	10.79	9.20	5.38	4.73	4.12	3.65
52	10.40	8.88	5.19	4.56	3.98	3.52
53	10.05	8.56	5.01	4.41	3.84	3.41
54	9.69	8.27	4.84	4.26	3.70	3.29
55	9.36	7.98	4.67	4.11	3.57	3.17
56	8.57	7.25	4.46	3.91	3.41	3.02
57	7.85	6.58	4.24	3.72	3.25	2.88
58	7.19	5.98	4.04	3.54	3.09	2.74
59	6.58	5.43	3.84	3.38	2.94	2.61
60	6.03	4.93	3.66	3.22	2.80	2.49

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1513 (07/11)

Four-Year Delayed Cost of Living Adjustment Rider on Individual Disability Income Policy with Residual Disability Rider Attached

Occupation Classes 6 and 6M | Unisex Select To Age 65

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	2.11	1.79	1.20	1.11	1.01	0.94
19	2.11	1.79	1.20	1.11	1.01	0.94
20	2.11	1.79	1.20	1.11	1.01	0.94
21	2.11	1.79	1.20	1.11	1.01	0.94
22	2.11	1.79	1.20	1.11	1.01	0.94
23	2.11	1.79	1.20	1.11	1.01	0.94
24	2.11	1.79	1.20	1.11	1.01	0.94
25	2.11	1.79	1.20	1.11	1.01	0.94
26	2.12	1.81	1.21	1.11	1.02	0.95
27	2.14	1.83	1.22	1.13	1.03	0.96
28	2.15	1.84	1.23	1.13	1.03	0.96
29	2.16	1.85	1.24	1.14	1.04	0.97
30	2.18	1.87	1.25	1.15	1.05	0.97
31	2.19	1.88	1.26	1.16	1.06	0.98
32	2.21	1.90	1.27	1.17	1.07	0.99
33	2.22	1.92	1.28	1.17	1.07	1.00
34	2.24	1.93	1.29	1.18	1.08	1.00
35	2.25	1.95	1.30	1.19	1.09	1.01
36	2.26	1.97	1.31	1.20	1.10	1.02
37	2.28	1.98	1.32	1.21	1.10	1.03
38	2.29	2.00	1.34	1.22	1.11	1.03
39	2.31	2.02	1.35	1.23	1.12	1.04
40	2.32	2.04	1.36	1.24	1.13	1.05
41	2.77	2.41	1.54	1.40	1.25	1.15
42	3.31	2.85	1.77	1.58	1.41	1.28
43	3.93	3.37	2.04	1.81	1.59	1.44
44	4.65	3.97	2.36	2.08	1.81	1.62
45	5.48	4.67	2.73	2.41	2.09	1.85
46	5.96	5.07	2.93	2.57	2.22	1.97
47	6.44	5.45	3.13	2.74	2.36	2.08
48	6.93	5.87	3.34	2.90	2.49	2.20
49	7.42	6.29	3.54	3.08	2.63	2.31
50	7.93	6.70	3.75	3.26	2.78	2.44
51	7.63	6.46	3.61	3.12	2.67	2.34
52	7.37	6.23	3.46	3.00	2.56	2.24
53	7.09	5.99	3.34	2.89	2.47	2.14
54	6.84	5.77	3.21	2.77	2.36	2.05
55	6.58	5.55	3.09	2.66	2.27	1.96
56	6.00	5.01	2.91	2.51	2.14	1.85
57	5.45	4.51	2.76	2.38	2.02	1.75
58	4.97	4.06	2.61	2.25	1.91	1.64
59	4.51	3.65	2.47	2.13	1.79	1.55
60	4.10	3.28	2.34	2.00	1.69	1.46
61	4.10	3.28	2.34	2.00	1.69	1.46
62	4.10	3.28	2.34	2.00	1.69	1.46
63	4.10	3.28	2.34	2.00	1.69	1.46
64	4.10	3.28	2.34	2.00	1.69	1.46

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1513 (07/11)

Four-Year Delayed Cost of Living Adjustment Rider on Individual Disability Income Policy with Residual Disability Rider Attached

Occupation Classes 6 and 6M | Unisex Select To Age 65

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	4.78	3.87	2.22	1.96	1.70	1.51
19	4.78	3.87	2.22	1.96	1.70	1.51
20	4.78	3.87	2.22	1.96	1.70	1.51
21	4.78	3.87	2.22	1.96	1.70	1.51
22	4.78	3.87	2.22	1.96	1.70	1.51
23	4.81	3.92	2.25	1.98	1.72	1.52
24	4.85	3.96	2.27	2.01	1.74	1.54
25	4.89	4.00	2.30	2.03	1.76	1.56
26	4.93	4.04	2.33	2.05	1.78	1.58
27	4.97	4.09	2.36	2.08	1.80	1.60
28	5.01	4.13	2.38	2.10	1.82	1.62
29	5.05	4.17	2.41	2.13	1.84	1.63
30	5.09	4.22	2.44	2.15	1.86	1.65
31	5.13	4.26	2.47	2.17	1.89	1.67
32	5.17	4.31	2.49	2.20	1.91	1.69
33	5.21	4.35	2.52	2.22	1.93	1.71
34	5.25	4.40	2.55	2.25	1.95	1.73
35	5.29	4.45	2.58	2.28	1.97	1.75
36	5.33	4.49	2.61	2.30	2.00	1.77
37	5.37	4.53	2.64	2.33	2.02	1.80
38	5.41	4.58	2.68	2.36	2.04	1.82
39	5.45	4.63	2.71	2.38	2.07	1.84
40	5.49	4.68	2.74	2.41	2.09	1.86
41	5.99	5.10	2.99	2.62	2.28	2.03
42	6.52	5.55	3.26	2.86	2.48	2.21
43	7.11	6.06	3.54	3.12	2.70	2.41
44	7.75	6.59	3.86	3.40	2.94	2.61
45	8.44	7.19	4.21	3.70	3.21	2.85
46	8.50	7.25	4.24	3.73	3.24	2.88
47	8.57	7.30	4.27	3.76	3.27	2.90
48	8.63	7.36	4.31	3.78	3.29	2.93
49	8.70	7.42	4.34	3.81	3.32	2.95
50	8.76	7.47	4.37	3.84	3.35	2.98
51	8.45	7.22	4.22	3.70	3.23	2.87
52	8.17	6.97	4.07	3.57	3.12	2.77
53	7.88	6.72	3.93	3.46	3.01	2.67
54	7.61	6.49	3.79	3.34	2.90	2.57
55	7.35	6.27	3.66	3.22	2.80	2.48
56	6.73	5.69	3.48	3.07	2.67	2.37
57	6.16	5.17	3.33	2.92	2.54	2.26
58	5.64	4.69	3.17	2.78	2.43	2.15
59	5.17	4.27	3.01	2.65	2.31	2.05
60	4.73	3.87	2.87	2.52	2.20	1.95

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1513 (07/11)

Four-Year Delayed Cost of Living Adjustment Rider on Individual Disability Income Policy with Residual Disability Rider Attached

Occupation Classes 3 and 3M | Unisex Select To Age 67

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	4.03	3.37	2.11	1.90	1.70	1.56
19	4.03	3.37	2.11	1.90	1.70	1.56
20	4.03	3.37	2.11	1.90	1.70	1.56
21	4.03	3.37	2.11	1.90	1.70	1.56
22	4.03	3.37	2.11	1.90	1.70	1.56
23	4.03	3.37	2.11	1.90	1.70	1.56
24	4.03	3.37	2.11	1.90	1.70	1.56
25	4.03	3.37	2.11	1.90	1.70	1.56
26	3.99	3.37	2.11	1.90	1.70	1.56
27	3.95	3.36	2.11	1.90	1.70	1.56
28	3.91	3.35	2.11	1.90	1.71	1.56
29	3.88	3.35	2.11	1.91	1.71	1.56
30	3.84	3.34	2.11	1.91	1.71	1.56
31	3.94	3.42	2.16	1.95	1.74	1.59
32	4.04	3.50	2.21	1.99	1.78	1.63
33	4.14	3.59	2.26	2.04	1.82	1.66
34	4.25	3.67	2.32	2.08	1.86	1.70
35	4.36	3.77	2.37	2.13	1.90	1.73
36	4.46	3.87	2.43	2.18	1.95	1.77
37	4.57	3.96	2.48	2.23	1.99	1.81
38	4.69	4.07	2.54	2.28	2.04	1.85
39	4.82	4.17	2.60	2.34	2.08	1.90
40	4.94	4.28	2.66	2.39	2.13	1.94
41	6.14	5.29	3.22	2.87	2.53	2.30
42	7.54	6.46	3.88	3.44	3.02	2.71
43	9.17	7.84	4.65	4.11	3.59	3.21
44	11.05	9.43	5.54	4.89	4.26	3.79
45	13.22	11.28	6.59	5.80	5.04	4.47
46	14.64	12.47	7.26	6.38	5.53	4.91
47	16.12	13.72	7.95	6.98	6.05	5.36
48	17.64	15.01	8.68	7.61	6.58	5.83
49	19.24	16.35	9.42	8.26	7.14	6.31
50	20.88	17.75	10.22	8.93	7.72	6.82
51	20.44	17.38	10.00	8.74	7.55	6.66
52	20.02	17.01	9.78	8.55	7.40	6.52
53	19.61	16.65	9.57	8.38	7.23	6.38
54	19.20	16.31	9.37	8.20	7.07	6.25
55	18.80	15.97	9.17	8.02	6.92	6.10
56	16.76	14.11	8.49	7.42	6.41	5.64
57	14.93	12.45	7.86	6.87	5.92	5.22
58	13.30	10.99	7.28	6.36	5.48	4.82
59	11.84	9.69	6.74	5.88	5.07	4.45
60	10.54	8.54	6.24	5.44	4.68	4.11
61	10.54	8.54	6.24	5.44	4.68	4.11
62	10.54	8.54	6.24	5.44	4.68	4.11
63	10.54	8.54	6.24	5.44	4.68	4.11
64	10.54	8.54	6.24	5.44	4.68	4.11
65	10.54	8.54	6.24	5.44	4.68	4.11
66	10.54	8.54	6.24	5.44	4.68	4.11

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1513 (07/11)

Four-Year Delayed Cost of Living Adjustment Rider on Individual Disability Income Policy with Residual Disability Rider Attached

Occupation Classes 3 and 3M | Unisex Select To Age 67

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	10.71	8.55	4.88	4.29	3.73	3.32
19	10.71	8.55	4.88	4.29	3.73	3.32
20	10.71	8.55	4.88	4.29	3.73	3.32
21	10.71	8.55	4.88	4.29	3.73	3.32
22	10.71	8.55	4.88	4.29	3.73	3.32
23	10.59	8.53	4.89	4.29	3.74	3.33
24	10.48	8.51	4.89	4.30	3.74	3.33
25	10.38	8.49	4.89	4.30	3.74	3.33
26	10.27	8.47	4.89	4.30	3.74	3.33
27	10.16	8.45	4.89	4.31	3.74	3.33
28	10.05	8.43	4.90	4.31	3.75	3.34
29	9.95	8.41	4.90	4.32	3.75	3.34
30	9.84	8.40	4.90	4.32	3.75	3.34
31	10.12	8.63	5.04	4.44	3.86	3.43
32	10.40	8.87	5.18	4.56	3.97	3.52
33	10.69	9.13	5.33	4.69	4.08	3.62
34	11.00	9.38	5.47	4.82	4.19	3.73
35	11.31	9.64	5.63	4.96	4.31	3.83
36	11.62	9.92	5.79	5.10	4.44	3.94
37	11.95	10.20	5.96	5.24	4.55	4.05
38	12.29	10.48	6.13	5.39	4.68	4.17
39	12.63	10.77	6.30	5.53	4.81	4.29
40	12.99	11.08	6.47	5.69	4.95	4.41
41	14.21	12.12	7.08	6.23	5.42	4.82
42	15.54	13.26	7.74	6.81	5.92	5.27
43	17.00	14.49	8.47	7.45	6.47	5.76
44	18.59	15.86	9.27	8.16	7.09	6.30
45	20.33	17.34	10.14	8.92	7.75	6.89
46	20.73	17.68	10.34	9.10	7.90	7.03
47	21.14	18.03	10.53	9.27	8.06	7.17
48	21.54	18.37	10.74	9.45	8.22	7.31
49	21.97	18.73	10.95	9.63	8.38	7.44
50	22.39	19.10	11.17	9.82	8.54	7.59
51	21.94	18.71	10.94	9.62	8.37	7.43
52	21.49	18.32	10.71	9.42	8.20	7.29
53	21.06	17.95	10.49	9.24	8.03	7.13
54	20.62	17.58	10.28	9.05	7.86	6.99
55	20.21	17.23	10.07	8.86	7.70	6.84
56	18.06	15.27	9.36	8.24	7.16	6.36
57	16.14	13.52	8.69	7.65	6.65	5.91
58	14.41	11.99	8.08	7.11	6.19	5.49
59	12.88	10.62	7.51	6.60	5.75	5.10
60	11.51	9.41	6.98	6.14	5.35	4.74

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1513 (07/11)

Four-Year Delayed Cost of Living Adjustment Rider on Individual Disability Income Policy with Residual Disability Rider Attached

Occupation Classes 4 and 4M | Unisex Select To Age 67

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	3.40	2.85	1.81	1.64	1.48	1.36
19	3.40	2.85	1.81	1.64	1.48	1.36
20	3.40	2.85	1.81	1.64	1.48	1.36
21	3.40	2.85	1.81	1.64	1.48	1.36
22	3.40	2.85	1.81	1.64	1.48	1.36
23	3.40	2.85	1.81	1.64	1.48	1.36
24	3.40	2.85	1.81	1.64	1.48	1.36
25	3.40	2.85	1.81	1.64	1.48	1.36
26	3.37	2.85	1.81	1.64	1.48	1.36
27	3.33	2.84	1.81	1.64	1.48	1.36
28	3.30	2.84	1.81	1.64	1.48	1.37
29	3.27	2.83	1.81	1.64	1.48	1.37
30	3.24	2.82	1.81	1.64	1.48	1.37
31	3.32	2.89	1.85	1.68	1.51	1.39
32	3.41	2.96	1.89	1.71	1.54	1.42
33	3.49	3.04	1.94	1.75	1.57	1.45
34	3.57	3.11	1.98	1.79	1.61	1.48
35	3.66	3.19	2.02	1.83	1.64	1.50
36	3.76	3.27	2.07	1.87	1.68	1.53
37	3.85	3.35	2.12	1.91	1.71	1.57
38	3.95	3.43	2.17	1.95	1.75	1.60
39	4.05	3.51	2.22	2.00	1.79	1.63
40	4.16	3.60	2.27	2.04	1.83	1.67
41	5.14	4.43	2.71	2.43	2.16	1.95
42	6.28	5.39	3.25	2.88	2.54	2.29
43	7.60	6.50	3.87	3.43	3.00	2.68
44	9.15	7.81	4.59	4.06	3.53	3.16
45	10.93	9.32	5.45	4.79	4.17	3.70
46	12.09	10.30	5.98	5.26	4.56	4.05
47	13.29	11.32	6.54	5.74	4.97	4.40
48	14.54	12.37	7.13	6.25	5.40	4.77
49	15.83	13.46	7.73	6.77	5.85	5.16
50	17.19	14.60	8.36	7.32	6.31	5.55
51	16.82	14.30	8.18	7.16	6.17	5.44
52	16.47	14.00	8.00	7.01	6.04	5.33
53	16.14	13.70	7.83	6.85	5.90	5.21
54	15.80	13.42	7.66	6.70	5.77	5.10
55	15.47	13.14	7.50	6.56	5.65	4.98
56	13.78	11.59	6.95	6.07	5.23	4.59
57	12.28	10.24	6.43	5.61	4.82	4.25
58	10.93	9.03	5.95	5.18	4.46	3.92
59	9.71	7.96	5.50	4.78	4.12	3.61
60	8.64	7.01	5.09	4.42	3.80	3.33
61	8.64	7.01	5.09	4.42	3.80	3.33
62	8.64	7.01	5.09	4.42	3.80	3.33
63	8.64	7.01	5.09	4.42	3.80	3.33
64	8.64	7.01	5.09	4.42	3.80	3.33
65	8.64	7.01	5.09	4.42	3.80	3.33
66	8.64	7.01	5.09	4.42	3.80	3.33

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1513 (07/11)

Four-Year Delayed Cost of Living Adjustment Rider on Individual Disability Income Policy with Residual Disability Rider Attached

Occupation Classes 4 and 4M | Unisex Select To Age 67

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	8.84	7.08	4.03	3.56	3.08	2.74
19	8.84	7.08	4.03	3.56	3.08	2.74
20	8.84	7.08	4.03	3.56	3.08	2.74
21	8.84	7.08	4.03	3.56	3.08	2.74
22	8.84	7.08	4.03	3.56	3.08	2.74
23	8.74	7.07	4.04	3.56	3.08	2.75
24	8.65	7.05	4.04	3.56	3.09	2.75
25	8.56	7.03	4.04	3.56	3.09	2.75
26	8.47	7.01	4.04	3.56	3.09	2.75
27	8.39	6.99	4.04	3.56	3.10	2.75
28	8.30	6.98	4.05	3.56	3.10	2.76
29	8.22	6.96	4.05	3.56	3.11	2.76
30	8.13	6.94	4.05	3.56	3.11	2.76
31	8.36	7.14	4.17	3.66	3.20	2.84
32	8.59	7.34	4.28	3.77	3.29	2.92
33	8.84	7.54	4.41	3.87	3.38	3.00
34	9.09	7.75	4.52	3.98	3.47	3.09
35	9.35	7.97	4.65	4.10	3.57	3.17
36	9.60	8.20	4.78	4.21	3.67	3.26
37	9.88	8.42	4.92	4.33	3.77	3.36
38	10.16	8.66	5.06	4.45	3.88	3.45
39	10.44	8.91	5.20	4.57	3.99	3.54
40	10.74	9.16	5.35	4.70	4.10	3.64
41	11.75	10.02	5.85	5.15	4.48	3.98
42	12.85	10.96	6.40	5.63	4.90	4.36
43	14.05	11.98	7.00	6.16	5.37	4.77
44	15.37	13.11	7.65	6.74	5.86	5.22
45	16.81	14.34	8.38	7.38	6.42	5.70
46	17.14	14.61	8.53	7.51	6.54	5.81
47	17.46	14.90	8.70	7.66	6.66	5.92
48	17.81	15.19	8.87	7.81	6.79	6.04
49	18.15	15.48	9.04	7.96	6.93	6.15
50	18.50	15.79	9.22	8.12	7.06	6.27
51	18.13	15.46	9.03	7.95	6.91	6.14
52	17.76	15.16	8.84	7.79	6.77	6.02
53	17.40	14.84	8.66	7.63	6.63	5.90
54	17.05	14.54	8.48	7.47	6.49	5.78
55	16.70	14.25	8.32	7.33	6.37	5.66
56	14.92	12.62	7.73	6.80	5.92	5.26
57	13.34	11.19	7.19	6.33	5.49	4.89
58	11.92	9.92	6.68	5.87	5.11	4.54
59	10.64	8.79	6.21	5.45	4.75	4.22
60	9.51	7.79	5.77	5.07	4.42	3.92

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1513 (07/11)

Four-Year Delayed Cost of Living Adjustment Rider on Individual Disability Income Policy with Residual Disability Rider Attached

Occupation Classes 5 and 5M | Unisex Select To Age 67

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	2.75	2.33	1.50	1.38	1.25	1.15
19	2.75	2.33	1.50	1.38	1.25	1.15
20	2.75	2.33	1.50	1.38	1.25	1.15
21	2.75	2.33	1.50	1.38	1.25	1.15
22	2.75	2.33	1.50	1.38	1.25	1.15
23	2.75	2.33	1.50	1.38	1.25	1.15
24	2.75	2.33	1.50	1.38	1.25	1.15
25	2.75	2.33	1.50	1.38	1.25	1.15
26	2.73	2.33	1.50	1.38	1.25	1.15
27	2.70	2.32	1.50	1.38	1.25	1.15
28	2.68	2.32	1.51	1.38	1.25	1.15
29	2.66	2.31	1.51	1.38	1.25	1.15
30	2.63	2.30	1.51	1.38	1.25	1.15
31	2.69	2.36	1.54	1.41	1.28	1.17
32	2.76	2.42	1.57	1.44	1.30	1.20
33	2.83	2.47	1.60	1.47	1.32	1.22
34	2.90	2.52	1.64	1.49	1.35	1.24
35	2.97	2.59	1.68	1.52	1.38	1.27
36	3.04	2.65	1.71	1.55	1.41	1.29
37	3.12	2.71	1.75	1.58	1.44	1.32
38	3.19	2.78	1.79	1.62	1.46	1.35
39	3.27	2.85	1.83	1.65	1.49	1.37
40	3.36	2.92	1.87	1.69	1.52	1.40
41	4.11	3.54	2.21	1.98	1.76	1.60
42	4.98	4.29	2.60	2.32	2.05	1.85
43	6.01	5.15	3.08	2.72	2.39	2.14
44	7.20	6.16	3.63	3.21	2.79	2.49
45	8.57	7.32	4.28	3.76	3.28	2.91
46	9.47	8.07	4.68	4.11	3.56	3.16
47	10.40	8.85	5.11	4.47	3.87	3.43
48	11.38	9.66	5.54	4.86	4.20	3.70
49	12.38	10.50	6.01	5.25	4.53	3.98
50	13.42	11.38	6.48	5.66	4.88	4.29
51	13.14	11.14	6.35	5.53	4.77	4.20
52	12.87	10.90	6.21	5.42	4.66	4.10
53	12.59	10.67	6.08	5.30	4.56	4.01
54	12.33	10.44	5.94	5.18	4.46	3.91
55	12.08	10.23	5.81	5.07	4.36	3.83
56	10.75	9.02	5.37	4.68	4.02	3.52
57	9.56	7.95	4.97	4.33	3.70	3.26
58	8.50	7.00	4.59	3.99	3.42	2.99
59	7.55	6.16	4.24	3.68	3.15	2.75
60	6.70	5.42	3.91	3.40	2.89	2.52
61	6.70	5.42	3.91	3.40	2.89	2.52
62	6.70	5.42	3.91	3.40	2.89	2.52
63	6.70	5.42	3.91	3.40	2.89	2.52
64	6.70	5.42	3.91	3.40	2.89	2.52
65	6.70	5.42	3.91	3.40	2.89	2.52
66	6.70	5.42	3.91	3.40	2.89	2.52

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1513 (07/11)

Four-Year Delayed Cost of Living Adjustment Rider on Individual Disability Income Policy with Residual Disability Rider Attached

Occupation Classes 5 and 5M | Unisex Select To Age 67

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	6.94	5.55	3.17	2.80	2.44	2.16
19	6.94	5.55	3.17	2.80	2.44	2.16
20	6.94	5.55	3.17	2.80	2.44	2.16
21	6.94	5.55	3.17	2.80	2.44	2.16
22	6.94	5.55	3.17	2.80	2.44	2.16
23	6.87	5.54	3.18	2.80	2.44	2.16
24	6.80	5.52	3.18	2.80	2.44	2.16
25	6.73	5.51	3.18	2.80	2.44	2.16
26	6.66	5.50	3.18	2.80	2.44	2.16
27	6.59	5.48	3.18	2.80	2.44	2.16
28	6.52	5.47	3.19	2.80	2.44	2.16
29	6.46	5.45	3.19	2.80	2.44	2.16
30	6.40	5.45	3.19	2.80	2.44	2.16
31	6.57	5.60	3.28	2.88	2.50	2.22
32	6.76	5.76	3.37	2.96	2.57	2.29
33	6.95	5.92	3.46	3.05	2.64	2.35
34	7.15	6.09	3.56	3.13	2.72	2.42
35	7.35	6.27	3.66	3.22	2.80	2.48
36	7.55	6.44	3.76	3.32	2.88	2.55
37	7.77	6.62	3.87	3.41	2.96	2.63
38	7.99	6.81	3.98	3.50	3.04	2.70
39	8.22	7.01	4.09	3.60	3.13	2.78
40	8.44	7.21	4.21	3.70	3.22	2.86
41	9.24	7.88	4.60	4.05	3.52	3.13
42	10.10	8.61	5.03	4.43	3.85	3.43
43	11.04	9.41	5.50	4.84	4.21	3.74
44	12.07	10.30	6.02	5.30	4.60	4.09
45	13.20	11.26	6.58	5.79	5.04	4.47
46	13.45	11.47	6.71	5.90	5.14	4.56
47	13.72	11.70	6.84	6.02	5.24	4.65
48	13.99	11.93	6.97	6.14	5.35	4.74
49	14.27	12.16	7.11	6.26	5.45	4.83
50	14.54	12.39	7.25	6.38	5.55	4.93
51	14.25	12.14	7.10	6.25	5.44	4.83
52	13.96	11.89	6.95	6.12	5.33	4.73
53	13.67	11.65	6.81	5.99	5.22	4.63
54	13.39	11.41	6.67	5.87	5.11	4.53
55	13.13	11.18	6.53	5.75	5.00	4.45
56	11.73	9.91	6.07	5.35	4.64	4.13
57	10.48	8.78	5.64	4.97	4.32	3.84
58	9.37	7.78	5.25	4.61	4.01	3.56
59	8.37	6.90	4.88	4.30	3.73	3.32
60	7.47	6.12	4.53	3.99	3.46	3.08

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1513 (07/11)

Four-Year Delayed Cost of Living Adjustment Rider on Individual Disability Income Policy with Residual Disability Rider Attached

Occupation Classes 6 and 6M | Unisex Select To Age 67

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	2.25	1.91	1.27	1.17	1.06	0.99
19	2.25	1.91	1.27	1.17	1.06	0.99
20	2.25	1.91	1.27	1.17	1.06	0.99
21	2.25	1.91	1.27	1.17	1.06	0.99
22	2.25	1.91	1.27	1.17	1.06	0.99
23	2.25	1.91	1.27	1.17	1.06	0.99
24	2.25	1.91	1.27	1.17	1.06	0.99
25	2.25	1.91	1.27	1.17	1.06	0.99
26	2.23	1.91	1.27	1.17	1.06	0.99
27	2.21	1.90	1.27	1.17	1.07	0.99
28	2.19	1.90	1.27	1.17	1.07	0.99
29	2.17	1.90	1.27	1.17	1.07	0.99
30	2.15	1.89	1.27	1.17	1.07	0.99
31	2.20	1.93	1.30	1.19	1.09	1.01
32	2.26	1.98	1.32	1.21	1.11	1.03
33	2.31	2.02	1.35	1.23	1.13	1.04
34	2.36	2.07	1.38	1.26	1.15	1.06
35	2.42	2.12	1.41	1.28	1.17	1.08
36	2.48	2.16	1.43	1.31	1.19	1.10
37	2.53	2.22	1.46	1.33	1.21	1.12
38	2.59	2.27	1.49	1.36	1.23	1.14
39	2.65	2.32	1.52	1.39	1.26	1.16
40	2.71	2.38	1.55	1.42	1.28	1.18
41	3.29	2.84	1.80	1.61	1.45	1.32
42	3.96	3.42	2.10	1.86	1.65	1.49
43	4.75	4.07	2.46	2.17	1.91	1.71
44	5.67	4.84	2.86	2.52	2.21	1.97
45	6.74	5.74	3.36	2.95	2.56	2.29
46	7.42	6.31	3.66	3.21	2.78	2.47
47	8.14	6.91	3.97	3.47	3.01	2.65
48	8.87	7.52	4.31	3.75	3.24	2.85
49	9.65	8.17	4.64	4.05	3.48	3.07
50	10.44	8.84	5.00	4.36	3.74	3.28
51	10.23	8.65	4.90	4.26	3.65	3.21
52	10.01	8.47	4.78	4.17	3.57	3.13
53	9.80	8.30	4.68	4.07	3.49	3.06
54	9.59	8.12	4.59	3.98	3.42	2.98
55	9.39	7.95	4.48	3.89	3.34	2.91
56	8.35	7.00	4.14	3.59	3.08	2.68
57	7.41	6.16	3.82	3.31	2.83	2.47
58	6.58	5.41	3.51	3.05	2.59	2.27
59	5.84	4.75	3.24	2.80	2.39	2.08
60	5.17	4.17	2.98	2.57	2.19	1.91
61	5.17	4.17	2.98	2.57	2.19	1.91
62	5.17	4.17	2.98	2.57	2.19	1.91
63	5.17	4.17	2.98	2.57	2.19	1.91
64	5.17	4.17	2.98	2.57	2.19	1.91
65	5.17	4.17	2.98	2.57	2.19	1.91
66	5.17	4.17	2.98	2.57	2.19	1.91

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1513 (07/11)

Four-Year Delayed Cost of Living Adjustment Rider on Individual Disability Income Policy with Residual Disability Rider Attached

Occupation Classes 6 and 6M | Unisex Select To Age 67

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	5.45	4.36	2.48	2.20	1.89	1.70
19	5.45	4.36	2.48	2.20	1.89	1.70
20	5.45	4.36	2.48	2.20	1.89	1.70
21	5.45	4.36	2.48	2.20	1.89	1.70
22	5.45	4.36	2.48	2.20	1.89	1.70
23	5.40	4.35	2.48	2.20	1.89	1.70
24	5.35	4.34	2.48	2.20	1.90	1.70
25	5.29	4.33	2.48	2.20	1.90	1.70
26	5.23	4.32	2.48	2.20	1.90	1.70
27	5.18	4.31	2.48	2.20	1.91	1.70
28	5.13	4.30	2.49	2.20	1.91	1.70
29	5.07	4.29	2.49	2.20	1.92	1.70
30	5.02	4.28	2.49	2.20	1.92	1.70
31	5.16	4.40	2.56	2.26	1.97	1.75
32	5.31	4.52	2.64	2.33	2.03	1.80
33	5.45	4.64	2.71	2.39	2.09	1.85
34	5.60	4.78	2.79	2.46	2.14	1.90
35	5.76	4.91	2.87	2.52	2.20	1.95
36	5.93	5.05	2.95	2.59	2.27	2.01
37	6.10	5.20	3.04	2.67	2.33	2.06
38	6.27	5.34	3.13	2.74	2.39	2.12
39	6.44	5.48	3.22	2.82	2.46	2.18
40	6.62	5.64	3.31	2.90	2.52	2.24
41	7.25	6.17	3.61	3.17	2.76	2.45
42	7.92	6.75	3.95	3.46	3.02	2.68
43	8.66	7.39	4.33	3.79	3.31	2.93
44	9.47	8.08	4.72	4.15	3.61	3.21
45	10.37	8.83	5.17	4.53	3.95	3.51
46	10.56	9.00	5.27	4.62	4.03	3.58
47	10.77	9.18	5.37	4.71	4.11	3.65
48	10.98	9.36	5.47	4.81	4.19	3.72
49	11.20	9.53	5.57	4.90	4.27	3.80
50	11.41	9.72	5.68	5.00	4.36	3.87
51	11.18	9.52	5.57	4.90	4.27	3.79
52	10.95	9.34	5.45	4.80	4.18	3.71
53	10.73	9.15	5.35	4.70	4.10	3.63
54	10.51	8.96	5.25	4.60	4.01	3.55
55	10.30	8.78	5.14	4.51	3.93	3.48
56	9.20	7.78	4.77	4.20	3.65	3.24
57	8.22	6.90	4.44	3.90	3.40	3.01
58	7.35	6.11	4.12	3.62	3.15	2.80
59	6.56	5.42	3.82	3.37	2.93	2.60
60	5.86	4.80	3.55	3.13	2.72	2.43

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1513 (07/11)

Four-Year Delayed Cost of Living Adjustment Rider on Individual Disability Income Policy with Residual Disability Rider Attached

Occupation Classes 3 and 3M — Unisex Select 10 Year

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	1.21	1.06	0.77	0.73	0.68	0.65
19	1.21	1.06	0.77	0.73	0.68	0.65
20	1.21	1.06	0.77	0.73	0.68	0.65
21	1.21	1.06	0.77	0.73	0.68	0.65
22	1.21	1.06	0.77	0.73	0.68	0.65
23	1.21	1.06	0.77	0.73	0.68	0.65
24	1.21	1.06	0.77	0.73	0.68	0.65
25	1.21	1.06	0.77	0.73	0.68	0.65
26	1.21	1.07	0.78	0.74	0.69	0.66
27	1.22	1.08	0.79	0.74	0.69	0.66
28	1.22	1.09	0.80	0.75	0.70	0.67
29	1.23	1.10	0.80	0.75	0.71	0.67
30	1.23	1.10	0.81	0.76	0.71	0.67
31	1.28	1.14	0.83	0.77	0.73	0.69
32	1.32	1.18	0.85	0.80	0.74	0.70
33	1.36	1.22	0.88	0.82	0.76	0.72
34	1.41	1.26	0.90	0.84	0.78	0.73
35	1.46	1.30	0.93	0.86	0.80	0.75
36	1.51	1.35	0.95	0.88	0.82	0.77
37	1.56	1.39	0.98	0.91	0.85	0.79
38	1.62	1.44	1.01	0.93	0.87	0.81
39	1.68	1.49	1.04	0.96	0.89	0.83
40	1.74	1.54	1.07	0.99	0.91	0.85
41	2.12	1.85	1.22	1.11	1.01	0.93
42	2.59	2.25	1.42	1.27	1.14	1.04
43	3.18	2.74	1.67	1.48	1.32	1.18
44	3.92	3.36	2.00	1.76	1.54	1.39
45	4.81	4.11	2.40	2.11	1.83	1.63
46	5.50	4.68	2.70	2.37	2.05	1.82
47	6.28	5.33	3.04	2.66	2.29	2.02
48	7.13	6.05	3.43	2.98	2.56	2.26
49	8.07	6.84	3.85	3.35	2.88	2.52
50	9.11	7.71	4.33	3.76	3.23	2.82
51	9.84	8.33	4.68	4.08	3.49	3.07
52	10.61	8.98	5.08	4.42	3.80	3.33
53	11.44	9.69	5.49	4.78	4.11	3.61
54	12.34	10.45	5.94	5.18	4.46	3.92
55	13.31	11.28	6.43	5.60	4.82	4.25
56	12.15	10.21	6.10	5.33	4.58	4.02
57	11.10	9.24	5.80	5.05	4.34	3.82
58	10.13	8.36	5.50	4.79	4.12	3.61
59	9.25	7.55	5.22	4.55	3.90	3.43
60	8.43	6.83	4.96	4.32	3.69	3.24
61	8.43	6.83	4.96	4.32	3.69	3.24
62	8.43	6.83	4.96	4.32	3.69	3.24
63	8.43	6.83	4.96	4.32	3.69	3.24
64	8.43	6.83	4.96	4.32	3.69	3.24

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1513 (07/11)

Four-Year Delayed Cost of Living Adjustment Rider on Individual Disability Income Policy with Residual Disability Rider Attached

Occupation Classes 3 and 3M — Unisex Select 10 Year

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	2.28	1.83	1.03	0.91	0.79	0.71
19	2.28	1.83	1.03	0.91	0.79	0.71
20	2.28	1.83	1.03	0.91	0.79	0.71
21	2.28	1.83	1.03	0.91	0.79	0.71
22	2.28	1.83	1.03	0.91	0.79	0.71
23	2.29	1.85	1.05	0.93	0.80	0.72
24	2.31	1.88	1.07	0.94	0.81	0.73
25	2.32	1.90	1.09	0.96	0.83	0.74
26	2.33	1.92	1.11	0.98	0.85	0.75
27	2.35	1.95	1.13	0.99	0.86	0.76
28	2.36	1.97	1.15	1.01	0.88	0.78
29	2.38	2.00	1.17	1.02	0.89	0.79
30	2.39	2.02	1.19	1.04	0.91	0.80
31	2.50	2.12	1.25	1.09	0.96	0.84
32	2.62	2.23	1.31	1.15	1.00	0.88
33	2.75	2.34	1.38	1.21	1.06	0.93
34	2.89	2.46	1.45	1.27	1.11	0.97
35	3.04	2.57	1.51	1.33	1.16	1.02
36	3.19	2.70	1.59	1.40	1.22	1.08
37	3.35	2.84	1.67	1.47	1.29	1.13
38	3.50	2.98	1.75	1.53	1.35	1.19
39	3.68	3.13	1.84	1.61	1.42	1.25
40	3.86	3.29	1.93	1.69	1.48	1.31
41	4.40	3.74	2.20	1.93	1.69	1.48
42	5.01	4.27	2.50	2.20	1.92	1.70
43	5.70	4.87	2.85	2.50	2.18	1.93
44	6.50	5.55	3.25	2.85	2.48	2.21
45	7.41	6.33	3.69	3.25	2.82	2.51
46	7.86	6.71	3.92	3.45	3.00	2.67
47	8.36	7.13	4.16	3.66	3.18	2.83
48	8.87	7.57	4.42	3.88	3.38	3.01
49	9.42	8.04	4.68	4.12	3.59	3.19
50	10.01	8.53	4.97	4.38	3.81	3.39
51	10.77	9.18	5.35	4.71	4.10	3.64
52	11.58	9.87	5.76	5.07	4.42	3.92
53	12.46	10.62	6.20	5.45	4.74	4.22
54	13.40	11.42	6.67	5.87	5.11	4.54
55	14.42	12.29	7.19	6.32	5.49	4.89
56	13.21	11.16	6.84	6.02	5.24	4.65
57	12.10	10.14	6.52	5.73	4.98	4.44
58	11.08	9.22	6.21	5.46	4.75	4.22
59	10.15	8.37	5.91	5.21	4.52	4.02
60	9.30	7.60	5.63	4.96	4.31	3.82

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1513 (07/11)

Four-Year Delayed Cost of Living Adjustment Rider on Individual Disability Income Policy with Residual Disability Rider Attached

Occupation Classes 4 and 4M | Unisex Select 10 Year

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	1.07	0.94	0.71	0.67	0.63	0.61
19	1.07	0.94	0.71	0.67	0.63	0.61
20	1.07	0.94	0.71	0.67	0.63	0.61
21	1.07	0.94	0.71	0.67	0.63	0.61
22	1.07	0.94	0.71	0.67	0.63	0.61
23	1.07	0.94	0.71	0.67	0.63	0.61
24	1.07	0.94	0.71	0.67	0.63	0.61
25	1.07	0.94	0.71	0.67	0.63	0.61
26	1.07	0.95	0.72	0.67	0.64	0.61
27	1.07	0.96	0.72	0.68	0.64	0.61
28	1.08	0.97	0.73	0.68	0.65	0.62
29	1.08	0.98	0.73	0.69	0.65	0.62
30	1.09	0.99	0.74	0.69	0.65	0.62
31	1.12	1.01	0.75	0.71	0.67	0.63
32	1.16	1.04	0.77	0.73	0.68	0.65
33	1.19	1.08	0.79	0.74	0.69	0.66
34	1.23	1.11	0.81	0.76	0.71	0.67
35	1.28	1.15	0.83	0.78	0.73	0.69
36	1.32	1.18	0.86	0.80	0.74	0.71
37	1.37	1.22	0.88	0.82	0.76	0.72
38	1.41	1.27	0.90	0.84	0.78	0.74
39	1.46	1.31	0.93	0.86	0.80	0.75
40	1.51	1.35	0.95	0.89	0.82	0.77
41	1.80	1.58	1.06	0.97	0.88	0.82
42	2.18	1.90	1.21	1.09	0.98	0.90
43	2.66	2.29	1.41	1.26	1.11	1.01
44	3.25	2.78	1.66	1.47	1.29	1.16
45	3.98	3.40	1.99	1.74	1.51	1.35
46	4.53	3.86	2.23	1.94	1.68	1.48
47	5.16	4.37	2.49	2.18	1.87	1.64
48	5.85	4.95	2.79	2.44	2.09	1.82
49	6.61	5.58	3.14	2.72	2.33	2.04
50	7.46	6.30	3.51	3.06	2.60	2.27
51	8.06	6.81	3.82	3.32	2.83	2.47
52	8.70	7.36	4.14	3.59	3.08	2.69
53	9.40	7.94	4.47	3.89	3.34	2.91
54	10.13	8.56	4.85	4.22	3.62	3.17
55	10.93	9.25	5.25	4.57	3.92	3.45
56	9.98	8.36	4.97	4.34	3.71	3.27
57	9.11	7.56	4.72	4.11	3.51	3.09
58	8.31	6.84	4.47	3.89	3.34	2.92
59	7.57	6.18	4.25	3.69	3.16	2.76
60	6.90	5.57	4.02	3.49	2.99	2.61
61	6.90	5.57	4.02	3.49	2.99	2.61
62	6.90	5.57	4.02	3.49	2.99	2.61
63	6.90	5.57	4.02	3.49	2.99	2.61
64	6.90	5.57	4.02	3.49	2.99	2.61

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1513 (07/11)

Four-Year Delayed Cost of Living Adjustment Rider on Individual Disability Income Policy with Residual Disability Rider Attached

Occupation Classes 4 and 4M | Unisex Select 10 Year

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	1.87	1.49	0.86	0.75	0.66	0.58
19	1.87	1.49	0.86	0.75	0.66	0.58
20	1.87	1.49	0.86	0.75	0.66	0.58
21	1.87	1.49	0.86	0.75	0.66	0.58
22	1.87	1.49	0.86	0.75	0.66	0.58
23	1.89	1.51	0.87	0.76	0.67	0.59
24	1.90	1.54	0.88	0.78	0.68	0.60
25	1.91	1.56	0.90	0.79	0.69	0.61
26	1.92	1.58	0.92	0.80	0.70	0.62
27	1.93	1.61	0.93	0.82	0.71	0.63
28	1.95	1.63	0.95	0.83	0.72	0.64
29	1.96	1.66	0.96	0.85	0.73	0.65
30	1.97	1.68	0.98	0.86	0.74	0.66
31	2.07	1.76	1.03	0.90	0.78	0.69
32	2.17	1.85	1.08	0.95	0.82	0.73
33	2.28	1.94	1.14	1.00	0.86	0.77
34	2.39	2.04	1.19	1.05	0.90	0.80
35	2.50	2.14	1.25	1.10	0.95	0.84
36	2.63	2.25	1.32	1.16	1.00	0.89
37	2.76	2.36	1.38	1.22	1.05	0.93
38	2.89	2.48	1.45	1.28	1.10	0.98
39	3.04	2.59	1.51	1.34	1.16	1.03
40	3.19	2.72	1.59	1.41	1.22	1.08
41	3.63	3.10	1.81	1.60	1.39	1.23
42	4.14	3.53	2.07	1.82	1.58	1.41
43	4.72	4.02	2.36	2.07	1.80	1.60
44	5.38	4.58	2.68	2.36	2.05	1.82
45	6.13	5.22	3.06	2.68	2.34	2.08
46	6.50	5.54	3.25	2.85	2.48	2.21
47	6.91	5.88	3.45	3.03	2.63	2.35
48	7.34	6.25	3.65	3.22	2.80	2.48
49	7.79	6.63	3.88	3.42	2.97	2.64
50	8.28	7.05	4.12	3.63	3.16	2.80
51	8.90	7.58	4.44	3.91	3.40	3.01
52	9.57	8.16	4.77	4.20	3.65	3.25
53	10.31	8.77	5.13	4.51	3.93	3.48
54	11.08	9.43	5.52	4.86	4.23	3.75
55	11.92	10.15	5.94	5.23	4.54	4.04
56	10.92	9.22	5.65	4.98	4.33	3.85
57	10.00	8.38	5.39	4.74	4.12	3.66
58	9.16	7.61	5.13	4.51	3.93	3.49
59	8.39	6.92	4.89	4.31	3.74	3.33
60	7.68	6.29	4.65	4.10	3.56	3.17

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1513 (07/11)

Four-Year Delayed Cost of Living Adjustment Rider on Individual Disability Income Policy with Residual Disability Rider Attached

Occupation Classes 5 and 5M | Unisex Select 10 Year

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	0.92	0.83	0.64	0.61	0.58	0.56
19	0.92	0.83	0.64	0.61	0.58	0.56
20	0.92	0.83	0.64	0.61	0.58	0.56
21	0.92	0.83	0.64	0.61	0.58	0.56
22	0.92	0.83	0.64	0.61	0.58	0.56
23	0.92	0.83	0.64	0.61	0.58	0.56
24	0.92	0.83	0.64	0.61	0.58	0.56
25	0.92	0.83	0.64	0.61	0.58	0.56
26	0.93	0.83	0.65	0.61	0.59	0.57
27	0.93	0.84	0.65	0.62	0.59	0.57
28	0.93	0.85	0.66	0.62	0.59	0.57
29	0.93	0.85	0.66	0.62	0.60	0.57
30	0.94	0.86	0.66	0.63	0.60	0.58
31	0.96	0.88	0.68	0.64	0.61	0.59
32	0.99	0.90	0.69	0.65	0.62	0.59
33	1.02	0.93	0.71	0.67	0.63	0.60
34	1.05	0.96	0.72	0.68	0.65	0.61
35	1.09	0.99	0.74	0.69	0.66	0.63
36	1.12	1.01	0.75	0.71	0.67	0.64
37	1.16	1.04	0.77	0.73	0.68	0.65
38	1.19	1.08	0.79	0.74	0.70	0.66
39	1.23	1.11	0.81	0.76	0.71	0.68
40	1.28	1.15	0.83	0.78	0.73	0.69
41	1.48	1.32	0.90	0.83	0.76	0.71
42	1.76	1.55	1.00	0.91	0.82	0.76
43	2.12	1.84	1.14	1.02	0.91	0.82
44	2.56	2.21	1.32	1.17	1.03	0.93
45	3.12	2.67	1.55	1.37	1.19	1.06
46	3.54	3.02	1.72	1.50	1.30	1.15
47	4.01	3.42	1.92	1.67	1.44	1.25
48	4.53	3.85	2.14	1.86	1.58	1.39
49	5.13	4.34	2.39	2.06	1.75	1.51
50	5.77	4.87	2.67	2.31	1.96	1.68
51	6.25	5.27	2.90	2.51	2.14	1.84
52	6.74	5.70	3.16	2.73	2.34	2.01
53	7.29	6.16	3.44	2.97	2.53	2.20
54	7.86	6.65	3.72	3.23	2.75	2.40
55	8.49	7.19	4.04	3.50	3.00	2.61
56	7.75	6.48	3.84	3.32	2.84	2.48
57	7.06	5.86	3.63	3.14	2.69	2.34
58	6.43	5.29	3.45	2.97	2.53	2.21
59	5.86	4.76	3.26	2.81	2.40	2.09
60	5.34	4.29	3.09	2.66	2.27	1.97
61	5.34	4.29	3.09	2.66	2.27	1.97
62	5.34	4.29	3.09	2.66	2.27	1.97
63	5.34	4.29	3.09	2.66	2.27	1.97
64	5.34	4.29	3.09	2.66	2.27	1.97

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1513 (07/11)

Four-Year Delayed Cost of Living Adjustment Rider on Individual Disability Income Policy with Residual Disability Rider Attached

Occupation Classes 5 and 5M | Unisex Select 10 Year

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	1.48	1.19	0.68	0.59	0.51	0.47
19	1.48	1.19	0.68	0.59	0.51	0.47
20	1.48	1.19	0.68	0.59	0.51	0.47
21	1.48	1.19	0.68	0.59	0.51	0.47
22	1.48	1.19	0.68	0.59	0.51	0.47
23	1.48	1.21	0.69	0.60	0.52	0.47
24	1.49	1.22	0.70	0.61	0.53	0.48
25	1.50	1.24	0.71	0.62	0.54	0.49
26	1.51	1.26	0.72	0.63	0.55	0.50
27	1.52	1.27	0.73	0.64	0.56	0.50
28	1.52	1.29	0.75	0.65	0.57	0.50
29	1.53	1.30	0.76	0.66	0.58	0.51
30	1.54	1.32	0.77	0.67	0.59	0.52
31	1.62	1.39	0.81	0.70	0.62	0.55
32	1.70	1.46	0.85	0.74	0.65	0.57
33	1.78	1.52	0.89	0.78	0.68	0.60
34	1.87	1.60	0.93	0.82	0.72	0.63
35	1.97	1.68	0.98	0.86	0.75	0.67
36	2.06	1.76	1.03	0.90	0.79	0.70
37	2.17	1.85	1.08	0.95	0.83	0.73
38	2.28	1.95	1.13	1.00	0.87	0.77
39	2.39	2.05	1.19	1.05	0.91	0.81
40	2.50	2.15	1.25	1.10	0.96	0.85
41	2.85	2.45	1.43	1.25	1.09	0.97
42	3.25	2.79	1.62	1.43	1.25	1.11
43	3.70	3.18	1.84	1.62	1.42	1.26
44	4.22	3.61	2.10	1.85	1.61	1.44
45	4.80	4.12	2.40	2.11	1.83	1.63
46	5.10	4.37	2.54	2.24	1.94	1.73
47	5.42	4.64	2.70	2.38	2.07	1.83
48	5.75	4.92	2.86	2.52	2.20	1.95
49	6.12	5.23	3.04	2.67	2.33	2.06
50	6.49	5.54	3.23	2.84	2.48	2.19
51	6.99	5.96	3.47	3.06	2.66	2.36
52	7.51	6.42	3.74	3.30	2.87	2.53
53	8.09	6.90	4.03	3.54	3.09	2.73
54	8.69	7.42	4.34	3.81	3.32	2.94
55	9.36	7.98	4.67	4.11	3.57	3.17
56	8.57	7.25	4.46	3.91	3.41	3.02
57	7.85	6.58	4.24	3.72	3.25	2.88
58	7.19	5.98	4.04	3.54	3.09	2.74
59	6.58	5.43	3.84	3.38	2.94	2.61
60	6.03	4.93	3.66	3.22	2.80	2.49

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1513 (07/11)

Four-Year Delayed Cost of Living Adjustment Rider on Individual Disability Income Policy with Residual Disability Rider Attached

Occupation Classes 6 and 6M | Unisex Select 10 Year

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	0.81	0.73	0.59	0.57	0.54	0.52
19	0.81	0.73	0.59	0.57	0.54	0.52
20	0.81	0.73	0.59	0.57	0.54	0.52
21	0.81	0.73	0.59	0.57	0.54	0.52
22	0.81	0.73	0.59	0.57	0.54	0.52
23	0.81	0.73	0.59	0.57	0.54	0.52
24	0.81	0.73	0.59	0.57	0.54	0.52
25	0.81	0.73	0.59	0.57	0.54	0.52
26	0.81	0.74	0.59	0.57	0.54	0.53
27	0.81	0.74	0.59	0.57	0.55	0.53
28	0.82	0.75	0.60	0.57	0.55	0.53
29	0.82	0.75	0.60	0.58	0.55	0.53
30	0.82	0.75	0.60	0.58	0.55	0.53
31	0.84	0.77	0.61	0.59	0.56	0.54
32	0.86	0.79	0.62	0.60	0.57	0.55
33	0.89	0.81	0.64	0.61	0.58	0.56
34	0.91	0.83	0.65	0.62	0.59	0.57
35	0.94	0.86	0.66	0.63	0.60	0.58
36	0.96	0.88	0.68	0.64	0.61	0.59
37	0.99	0.90	0.69	0.65	0.62	0.59
38	1.02	0.93	0.71	0.67	0.63	0.60
39	1.05	0.96	0.72	0.68	0.64	0.62
40	1.08	0.99	0.74	0.69	0.65	0.63
41	1.24	1.11	0.77	0.72	0.66	0.63
42	1.44	1.27	0.83	0.76	0.69	0.64
43	1.70	1.48	0.92	0.83	0.74	0.68
44	2.04	1.75	1.06	0.94	0.82	0.74
45	2.46	2.10	1.23	1.08	0.93	0.83
46	2.77	2.36	1.34	1.17	1.00	0.88
47	3.12	2.64	1.48	1.29	1.09	0.95
48	3.50	2.97	1.62	1.41	1.19	1.04
49	3.95	3.33	1.80	1.55	1.32	1.14
50	4.43	3.73	2.01	1.72	1.45	1.25
51	4.79	4.04	2.20	1.88	1.58	1.38
52	5.20	4.39	2.40	2.06	1.74	1.50
53	5.62	4.75	2.60	2.25	1.90	1.64
54	6.09	5.14	2.84	2.45	2.08	1.80
55	6.58	5.55	3.09	2.66	2.27	1.96
56	6.00	5.01	2.91	2.51	2.14	1.85
57	5.45	4.51	2.76	2.38	2.02	1.75
58	4.97	4.06	2.61	2.25	1.91	1.64
59	4.51	3.65	2.47	2.13	1.79	1.55
60	4.10	3.28	2.34	2.00	1.69	1.46
61	4.10	3.28	2.34	2.00	1.69	1.46
62	4.10	3.28	2.34	2.00	1.69	1.46
63	4.10	3.28	2.34	2.00	1.69	1.46
64	4.10	3.28	2.34	2.00	1.69	1.46

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1513 (07/11)

Four-Year Delayed Cost of Living Adjustment Rider on Individual Disability Income Policy with Residual Disability Rider Attached

Occupation Classes 6 and 6M | Unisex Select 10 Year

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	1.17	0.94	0.52	0.48	0.41	0.36
19	1.17	0.94	0.52	0.48	0.41	0.36
20	1.17	0.94	0.52	0.48	0.41	0.36
21	1.17	0.94	0.52	0.48	0.41	0.36
22	1.17	0.94	0.52	0.48	0.41	0.36
23	1.18	0.95	0.53	0.48	0.42	0.37
24	1.18	0.96	0.54	0.49	0.42	0.37
25	1.19	0.97	0.55	0.50	0.43	0.38
26	1.20	0.98	0.56	0.50	0.44	0.39
27	1.20	0.99	0.57	0.51	0.45	0.39
28	1.21	1.01	0.58	0.51	0.45	0.40
29	1.21	1.02	0.59	0.52	0.46	0.40
30	1.22	1.03	0.60	0.53	0.47	0.41
31	1.28	1.08	0.63	0.56	0.49	0.43
32	1.34	1.14	0.66	0.58	0.51	0.45
33	1.41	1.20	0.70	0.61	0.53	0.48
34	1.48	1.26	0.73	0.64	0.56	0.50
35	1.54	1.32	0.77	0.68	0.58	0.52
36	1.62	1.39	0.81	0.71	0.61	0.55
37	1.70	1.46	0.85	0.74	0.64	0.57
38	1.78	1.52	0.89	0.78	0.67	0.60
39	1.87	1.60	0.93	0.82	0.71	0.64
40	1.96	1.68	0.98	0.86	0.74	0.67
41	2.24	1.92	1.12	0.98	0.85	0.76
42	2.55	2.19	1.27	1.12	0.97	0.87
43	2.91	2.48	1.45	1.28	1.10	0.99
44	3.32	2.83	1.65	1.46	1.26	1.12
45	3.78	3.23	1.88	1.66	1.44	1.28
46	4.01	3.43	2.00	1.76	1.52	1.36
47	4.26	3.63	2.12	1.87	1.62	1.45
48	4.51	3.86	2.25	1.98	1.72	1.53
49	4.79	4.10	2.39	2.10	1.83	1.63
50	5.08	4.35	2.53	2.23	1.94	1.73
51	5.46	4.67	2.73	2.40	2.09	1.86
52	5.89	5.03	2.94	2.58	2.25	2.00
53	6.34	5.42	3.16	2.78	2.42	2.15
54	6.82	5.82	3.41	2.99	2.60	2.32
55	7.35	6.27	3.66	3.22	2.80	2.48
56	6.73	5.69	3.48	3.07	2.67	2.37
57	6.16	5.17	3.33	2.92	2.54	2.26
58	5.64	4.69	3.17	2.78	2.43	2.15
59	5.17	4.27	3.01	2.65	2.31	2.05
60	4.73	3.87	2.87	2.52	2.20	1.95

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1514 (07/11)

Graded Lifetime Indemnity for Total Disability Rider on Individual Disability Income Policy

Occupation Classes 3 and 3M — Unisex Select To Age 65

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	22.01	19.06	11.35	9.98	8.68	7.71
19	22.01	19.06	11.35	9.98	8.68	7.71
20	22.01	19.06	11.35	9.98	8.68	7.71
21	22.01	19.06	11.35	9.98	8.68	7.71
22	22.01	19.06	11.35	9.98	8.68	7.71
23	22.01	19.06	11.35	9.98	8.68	7.71
24	22.01	19.06	11.35	9.98	8.68	7.71
25	22.01	19.06	11.35	9.98	8.68	7.71
26	23.45	20.30	12.09	10.63	9.25	8.22
27	23.72	20.54	12.23	10.76	9.36	8.32
28	24.11	20.87	12.42	10.93	9.50	8.44
29	24.60	21.30	12.68	11.16	9.70	8.62
30	25.31	21.92	13.05	11.48	9.98	8.87
31	26.29	22.77	13.55	11.93	10.37	9.22
32	27.20	23.55	14.02	12.34	10.72	9.53
33	28.12	24.35	14.49	12.75	11.09	9.86
34	29.10	25.20	15.00	13.20	11.47	10.20
35	30.30	26.24	15.62	13.75	11.95	10.62
36	31.96	27.68	16.47	14.49	12.60	11.21
37	33.75	29.22	17.39	15.31	13.31	11.83
38	35.65	30.87	18.37	16.17	14.06	12.49
39	38.20	33.09	19.69	17.33	15.07	13.39
40	41.15	35.64	21.22	18.67	16.23	14.42
41	44.40	38.45	22.89	20.15	17.51	15.56
42	47.73	41.33	24.60	21.65	18.82	16.73
43	51.70	44.78	26.65	23.45	20.38	18.13
44	56.56	48.99	29.16	25.66	22.30	19.83
45	61.40	53.17	31.65	27.85	24.22	21.52
46	65.89	57.06	33.97	29.89	25.99	23.10
47	70.14	60.74	36.15	31.82	27.66	24.58
48	74.66	64.65	38.48	33.87	29.44	26.17
49	80.38	69.61	41.43	36.46	31.70	28.18
50	85.93	74.41	44.29	38.98	33.89	30.12
51	91.15	78.93	46.99	41.34	35.95	31.95
52	98.45	85.26	50.75	44.66	38.82	34.51
53	108.86	94.27	56.11	49.38	42.93	38.15
54	117.22	101.50	60.42	53.17	46.22	41.09
55	124.37	107.71	64.11	56.42	49.04	43.60
56	132.73	114.94	68.42	60.21	52.34	46.52
57	141.00	122.10	72.68	63.95	55.60	49.42
58	149.25	129.24	76.93	67.70	58.86	52.31
59	156.34	135.38	80.59	70.91	61.65	54.80
60	167.23	144.82	86.20	75.85	65.94	58.62
61	167.23	144.82	86.20	75.85	65.94	58.62
62	167.23	144.82	86.20	75.85	65.94	58.62
63	167.23	144.82	86.20	75.85	65.94	58.62
64	167.23	144.82	86.20	75.85	65.94	58.62

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1514 (07/11)

Graded Lifetime Indemnity for Total Disability Rider on Individual Disability Income Policy

Occupation Classes 3 and 3M — Unisex Select To Age 65

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	38.12	33.02	19.65	17.30	15.04	13.37
19	38.12	33.02	19.65	17.30	15.04	13.37
20	38.12	33.02	19.65	17.30	15.04	13.37
21	38.12	33.02	19.65	17.30	15.04	13.37
22	38.12	33.02	19.65	17.30	15.04	13.37
23	38.12	33.02	19.65	17.30	15.04	13.37
24	38.12	33.02	19.65	17.30	15.04	13.37
25	38.12	33.02	19.65	17.30	15.04	13.37
26	39.31	34.05	20.27	17.83	15.50	13.78
27	40.54	35.11	20.90	18.39	15.99	14.21
28	41.81	36.20	21.55	18.97	16.48	14.65
29	43.11	37.34	22.23	19.56	17.00	15.12
30	44.48	38.52	22.93	20.18	17.54	15.59
31	46.05	39.89	23.74	20.89	18.16	16.15
32	47.71	41.31	24.59	21.64	18.81	16.72
33	49.40	42.78	25.46	22.40	19.48	17.32
34	51.18	44.32	26.38	23.22	20.19	17.94
35	53.00	45.91	27.32	24.05	20.90	18.58
36	54.74	47.40	28.22	24.83	21.58	19.19
37	56.50	48.94	29.13	25.63	22.28	19.81
38	58.33	50.51	30.07	26.46	23.00	20.44
39	60.21	52.14	31.04	27.31	23.74	21.11
40	62.13	53.81	32.03	28.19	24.50	21.78
41	66.75	57.80	34.40	30.27	26.31	23.39
42	71.74	62.12	36.98	32.54	28.28	25.15
43	77.13	66.80	39.76	34.99	30.41	27.04
44	82.95	71.83	42.76	37.63	32.71	29.08
45	89.25	77.29	46.01	40.48	35.19	31.28
46	92.44	80.05	47.65	41.93	36.45	32.40
47	95.78	82.94	49.37	43.45	37.77	33.57
48	99.24	85.94	51.15	45.02	39.13	34.79
49	102.79	89.01	52.98	46.63	40.53	36.03
50	106.49	92.23	54.90	48.31	42.00	37.33
51	110.64	95.81	57.03	50.19	43.63	38.78
52	114.93	99.52	59.24	52.13	45.32	40.28
53	119.44	103.44	61.57	54.18	47.10	41.87
54	124.05	107.42	63.94	56.27	48.92	43.48
55	128.91	111.63	66.45	58.48	50.84	45.18
56	135.81	117.60	70.00	61.60	53.55	47.60
57	143.06	123.89	73.75	64.89	56.41	50.14
58	150.71	130.51	77.69	68.36	59.43	52.83
59	158.76	137.48	81.83	72.01	62.60	55.65
60	167.23	144.82	86.20	75.85	65.94	58.62

$30 Policy Fee

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1514 (07/11)

Graded Lifetime Indemnity for Total Disability Rider on Individual Disability Income Policy

Occupation Classes 4 and 4M | Unisex Select To Age 65

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	11.65	10.10	6.01	5.30	4.60	4.09
19	11.65	10.10	6.01	5.30	4.60	4.09
20	11.65	10.10	6.01	5.30	4.60	4.09
21	11.65	10.10	6.01	5.30	4.60	4.09
22	11.65	10.10	6.01	5.30	4.60	4.09
23	11.65	10.10	6.01	5.30	4.60	4.09
24	11.65	10.10	6.01	5.30	4.60	4.09
25	11.65	10.10	6.01	5.30	4.60	4.09
26	12.68	10.99	6.53	5.76	5.00	4.46
27	12.76	11.05	6.57	5.78	5.03	4.47
28	12.87	11.15	6.64	5.85	5.08	4.51
29	13.08	11.32	6.74	5.93	5.16	4.57
30	13.37	11.58	6.89	6.06	5.27	4.69
31	13.80	11.96	7.12	6.26	5.45	4.84
32	14.25	12.34	7.35	6.46	5.62	4.99
33	14.63	12.67	7.54	6.64	5.77	5.13
34	15.13	13.10	7.79	6.86	5.96	5.31
35	15.70	13.60	8.10	7.13	6.20	5.50
36	16.56	14.35	8.53	7.51	6.52	5.81
37	17.49	15.15	9.02	7.93	6.90	6.14
38	18.49	16.01	9.53	8.39	7.30	6.47
39	19.93	17.27	10.28	9.04	7.86	6.99
40	21.61	18.71	11.14	9.81	8.52	7.57
41	23.41	20.29	12.07	10.62	9.23	8.21
42	25.32	21.93	13.05	11.48	9.98	8.88
43	27.58	23.89	14.22	12.51	10.88	9.67
44	30.44	26.36	15.69	13.80	12.01	10.67
45	33.21	28.77	17.13	15.08	13.10	11.64
46	35.76	30.97	18.43	16.22	14.10	12.53
47	38.08	32.97	19.62	17.28	15.01	13.34
48	40.59	35.15	20.92	18.40	16.01	14.24
49	43.88	38.00	22.62	19.90	17.31	15.37
50	47.07	40.76	24.26	21.34	18.56	16.49
51	50.10	43.39	25.83	22.73	19.75	17.56
52	54.15	46.90	27.91	24.57	21.34	18.99
53	59.91	51.88	30.88	27.17	23.62	21.00
54	63.69	55.14	32.83	28.89	25.11	22.31
55	66.61	57.69	34.33	30.21	26.26	23.34
56	70.50	61.04	36.33	31.98	27.80	24.71
57	74.47	64.49	38.38	33.78	29.37	26.11
58	78.60	68.06	40.51	35.64	31.00	27.55
59	82.62	71.54	42.58	37.48	32.58	28.96
60	88.83	76.93	45.79	40.29	35.03	31.15
61	88.83	76.93	45.79	40.29	35.03	31.15
62	88.83	76.93	45.79	40.29	35.03	31.15
63	88.83	76.93	45.79	40.29	35.03	31.15
64	88.83	76.93	45.79	40.29	35.03	31.15

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1514 (07/11)

Graded Lifetime Indemnity for Total Disability Rider on Individual Disability Income Policy

Occupation Classes 4 and 4M | Unisex Select To Age 65

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	20.34	17.61	10.48	9.23	8.02	7.13
19	20.34	17.61	10.48	9.23	8.02	7.13
20	20.34	17.61	10.48	9.23	8.02	7.13
21	20.34	17.61	10.48	9.23	8.02	7.13
22	20.34	17.61	10.48	9.23	8.02	7.13
23	20.34	17.61	10.48	9.23	8.02	7.13
24	20.34	17.61	10.48	9.23	8.02	7.13
25	20.34	17.61	10.48	9.23	8.02	7.13
26	20.94	18.12	10.79	9.49	8.25	7.33
27	21.56	18.67	11.12	9.78	8.50	7.55
28	22.17	19.20	11.42	10.06	8.74	7.77
29	22.83	19.76	11.77	10.36	9.00	8.00
30	23.51	20.36	12.12	10.66	9.27	8.25
31	24.25	21.00	12.49	11.00	9.55	8.50
32	25.01	21.65	12.89	11.35	9.86	8.76
33	25.76	22.30	13.28	11.68	10.16	9.03
34	26.59	23.02	13.70	12.06	10.48	9.32
35	27.42	23.74	14.13	12.43	10.81	9.60
36	28.22	24.44	14.54	12.80	11.13	9.89
37	29.07	25.19	14.99	13.19	11.46	10.20
38	29.93	25.91	15.42	13.58	11.81	10.48
39	30.81	26.68	15.88	13.97	12.15	10.80
40	31.73	27.48	16.35	14.39	12.51	11.13
41	34.44	29.82	17.75	15.63	13.58	12.07
42	37.39	32.37	19.28	16.96	14.75	13.10
43	40.56	35.13	20.91	18.39	15.99	14.22
44	44.06	38.14	22.71	19.98	17.37	15.44
45	47.86	41.44	24.67	21.71	18.87	16.77
46	49.54	42.90	25.53	22.46	19.54	17.36
47	51.27	44.39	26.43	23.27	20.22	17.97
48	53.07	45.97	27.36	24.08	20.94	18.61
49	54.98	47.61	28.34	24.95	21.67	19.28
50	56.91	49.27	29.33	25.81	22.44	19.94
51	59.05	51.13	30.44	26.78	23.28	20.69
52	61.27	53.05	31.58	27.80	24.17	21.47
53	63.60	55.07	32.78	28.84	25.07	22.29
54	66.01	57.15	34.03	29.94	26.03	23.14
55	68.50	59.31	35.30	31.07	27.01	24.00
56	72.17	62.50	37.20	32.74	28.46	25.29
57	75.98	65.80	39.16	34.46	29.96	26.63
58	80.05	69.33	41.26	36.31	31.57	28.07
59	84.33	73.02	43.46	38.24	33.25	29.56
60	88.83	76.93	45.79	40.29	35.03	31.15

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1514 (07/11)

Graded Lifetime Indemnity for Total Disability Rider on Individual Disability Income Policy

Occupation Classes 5 and 5M — Unisex Select To Age 65

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	9.18	7.95	4.73	4.17	3.62	3.22
19	9.18	7.95	4.73	4.17	3.62	3.22
20	9.18	7.95	4.73	4.17	3.62	3.22
21	9.18	7.95	4.73	4.17	3.62	3.22
22	9.18	7.95	4.73	4.17	3.62	3.22
23	9.18	7.95	4.73	4.17	3.62	3.22
24	9.18	7.95	4.73	4.17	3.62	3.22
25	9.18	7.95	4.73	4.17	3.62	3.22
26	9.99	8.65	5.15	4.53	3.94	3.50
27	10.05	8.70	5.18	4.55	3.96	3.52
28	10.14	8.78	5.23	4.60	4.00	3.55
29	10.30	8.91	5.31	4.67	4.06	3.60
30	10.52	9.12	5.43	4.77	4.15	3.69
31	10.87	9.41	5.60	4.93	4.29	3.81
32	11.22	9.71	5.78	5.09	4.43	3.93
33	11.52	9.98	5.94	5.23	4.54	4.04
34	11.91	10.32	6.14	5.41	4.69	4.18
35	12.37	10.71	6.38	5.61	4.88	4.34
36	13.04	11.30	6.72	5.92	5.14	4.57
37	13.77	11.93	7.10	6.25	5.44	4.83
38	14.56	12.60	7.50	6.60	5.74	5.10
39	15.69	13.59	8.09	7.12	6.19	5.50
40	17.02	14.73	8.77	7.72	6.71	5.96
41	18.43	15.97	9.50	8.37	7.27	6.46
42	19.94	17.27	10.28	9.04	7.86	6.99
43	21.72	18.81	11.20	9.85	8.56	7.61
44	23.97	20.76	12.36	10.87	9.45	8.41
45	26.16	22.65	13.48	11.87	10.32	9.17
46	28.16	24.38	14.51	12.77	11.10	9.87
47	29.98	25.96	15.45	13.60	11.82	10.50
48	31.96	27.68	16.47	14.49	12.60	11.21
49	34.55	29.92	17.81	15.67	13.62	12.11
50	37.07	32.10	19.11	16.81	14.61	12.99
51	39.45	34.16	20.33	17.90	15.55	13.83
52	42.64	36.93	21.98	19.34	16.81	14.95
53	47.17	40.85	24.31	21.39	18.60	16.53
54	50.14	43.42	25.85	22.75	19.77	17.57
55	52.45	45.42	27.04	23.79	20.68	18.38
56	55.51	48.06	28.61	25.18	21.89	19.45
57	58.64	50.78	30.22	26.60	23.13	20.55
58	61.88	53.59	31.90	28.07	24.40	21.69
59	65.05	56.33	33.53	29.51	25.65	22.80
60	69.94	60.58	36.06	31.73	27.58	24.52
61	69.94	60.58	36.06	31.73	27.58	24.52
62	69.94	60.58	36.06	31.73	27.58	24.52
63	69.94	60.58	36.06	31.73	27.58	24.52
64	69.94	60.58	36.06	31.73	27.58	24.52

$30 Policy Fee

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1514 (07/11)

Graded Lifetime Indemnity for Total Disability Rider on Individual Disability Income Policy

Occupation Classes 5 and 5M — Unisex Select To Age 65

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	16.02	13.87	8.26	7.27	6.32	5.61
19	16.02	13.87	8.26	7.27	6.32	5.61
20	16.02	13.87	8.26	7.27	6.32	5.61
21	16.02	13.87	8.26	7.27	6.32	5.61
22	16.02	13.87	8.26	7.27	6.32	5.61
23	16.02	13.87	8.26	7.27	6.32	5.61
24	16.02	13.87	8.26	7.27	6.32	5.61
25	16.02	13.87	8.26	7.27	6.32	5.61
26	16.48	14.27	8.49	7.47	6.49	5.77
27	16.98	14.70	8.75	7.70	6.69	5.95
28	17.45	15.12	9.00	7.92	6.88	6.12
29	17.98	15.56	9.27	8.16	7.09	6.30
30	18.51	16.04	9.54	8.40	7.30	6.49
31	19.09	16.53	9.84	8.66	7.52	6.69
32	19.69	17.05	10.15	8.93	7.76	6.90
33	20.29	17.56	10.45	9.20	8.00	7.11
34	20.94	18.13	10.79	9.49	8.26	7.34
35	21.59	18.69	11.13	9.79	8.51	7.56
36	22.23	19.25	11.45	10.08	8.76	7.79
37	22.89	19.83	11.80	10.39	9.03	8.03
38	23.56	20.40	12.15	10.69	9.30	8.26
39	24.26	21.01	12.50	11.00	9.56	8.50
40	24.99	21.64	12.88	11.34	9.85	8.76
41	27.12	23.48	13.98	12.31	10.69	9.50
42	29.44	25.49	15.18	13.36	11.61	10.32
43	31.94	27.66	16.46	14.48	12.59	11.20
44	34.69	30.04	17.88	15.73	13.68	12.16
45	37.68	32.63	19.42	17.10	14.86	13.21
46	39.01	33.78	20.11	17.69	15.38	13.67
47	40.37	34.96	20.81	18.32	15.92	14.15
48	41.79	36.19	21.54	18.96	16.48	14.65
49	43.29	37.49	22.31	19.64	17.07	15.18
50	44.81	38.80	23.10	20.32	17.67	15.70
51	46.50	40.26	23.97	21.09	18.33	16.30
52	48.24	41.78	24.87	21.89	19.03	16.91
53	50.07	43.36	25.81	22.71	19.74	17.55
54	51.98	45.01	26.79	23.57	20.49	18.22
55	53.94	46.70	27.80	24.46	21.27	18.90
56	56.83	49.21	29.29	25.78	22.41	19.92
57	59.83	51.81	30.84	27.14	23.59	20.97
58	63.03	54.59	32.49	28.59	24.86	22.10
59	66.40	57.50	34.22	30.12	26.19	23.27
60	69.94	60.58	36.06	31.73	27.58	24.52

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1514 (07/11)

Graded Lifetime Indemnity for Total Disability Rider on Individual Disability Income Policy

Occupation Classes 6 and 6M | Unisex Select To Age 65

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	7.25	6.28	3.74	3.30	2.86	2.54
19	7.25	6.28	3.74	3.30	2.86	2.54
20	7.25	6.28	3.74	3.30	2.86	2.54
21	7.25	6.28	3.74	3.30	2.86	2.54
22	7.25	6.28	3.74	3.30	2.86	2.54
23	7.25	6.28	3.74	3.30	2.86	2.54
24	7.25	6.28	3.74	3.30	2.86	2.54
25	7.25	6.28	3.74	3.30	2.86	2.54
26	7.89	6.83	4.07	3.58	3.11	2.77
27	7.94	6.87	4.09	3.59	3.13	2.78
28	8.01	6.94	4.13	3.63	3.16	2.81
29	8.14	7.04	4.19	3.69	3.21	2.85
30	8.32	7.21	4.29	3.77	3.28	2.92
31	8.58	7.43	4.43	3.89	3.39	3.01
32	8.86	7.67	4.56	4.02	3.49	3.11
33	9.11	7.88	4.69	4.13	3.59	3.19
34	9.41	8.15	4.85	4.27	3.70	3.30
35	9.77	8.46	5.04	4.44	3.85	3.43
36	10.30	8.92	5.31	4.67	4.06	3.61
37	10.88	9.42	5.60	4.93	4.30	3.82
38	11.50	9.96	5.93	5.22	4.53	4.03
39	12.39	10.74	6.39	5.62	4.89	4.35
40	13.44	11.64	6.93	6.10	5.31	4.71
41	14.56	12.61	7.50	6.61	5.74	5.11
42	15.75	13.64	8.12	7.14	6.21	5.52
43	17.16	14.86	8.84	7.78	6.76	6.02
44	18.94	16.40	9.76	8.58	7.46	6.64
45	20.66	17.90	10.65	9.38	8.15	7.25
46	22.25	19.27	11.46	10.09	8.77	7.80
47	23.68	20.50	12.21	10.74	9.34	8.30
48	25.25	21.87	13.02	11.45	9.96	8.85
49	27.29	23.63	14.07	12.38	10.76	9.56
50	29.28	25.35	15.10	13.28	11.54	10.26
51	31.17	26.99	16.07	14.14	12.29	10.93
52	33.69	29.18	17.36	15.29	13.28	11.81
53	37.26	32.27	19.21	16.90	14.69	13.06
54	39.61	34.30	20.42	17.97	15.62	13.88
55	41.43	35.89	21.35	18.79	16.34	14.52
56	43.86	37.97	22.60	19.89	17.30	15.36
57	46.32	40.11	23.88	21.02	18.27	16.24
58	48.89	42.33	25.20	22.18	19.28	17.14
59	51.39	44.50	26.49	23.31	20.27	18.01
60	55.25	47.86	28.48	25.07	21.79	19.37
61	55.25	47.86	28.48	25.07	21.79	19.37
62	55.25	47.86	28.48	25.07	21.79	19.37
63	55.25	47.86	28.48	25.07	21.79	19.37
64	55.25	47.86	28.48	25.07	21.79	19.37

$30 Policy Fee

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1514 (07/11)

Graded Lifetime Indemnity for Total Disability Rider on Individual Disability Income Policy

Occupation Classes 6 and 6M | Unisex Select To Age 65

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	12.65	10.96	6.52	5.74	4.99	4.44
19	12.65	10.96	6.52	5.74	4.99	4.44
20	12.65	10.96	6.52	5.74	4.99	4.44
21	12.65	10.96	6.52	5.74	4.99	4.44
22	12.65	10.96	6.52	5.74	4.99	4.44
23	12.65	10.96	6.52	5.74	4.99	4.44
24	12.65	10.96	6.52	5.74	4.99	4.44
25	12.65	10.96	6.52	5.74	4.99	4.44
26	13.02	11.27	6.71	5.90	5.13	4.56
27	13.41	11.61	6.91	6.09	5.29	4.70
28	13.79	11.94	7.11	6.26	5.44	4.83
29	14.21	12.30	7.32	6.44	5.60	4.97
30	14.62	12.67	7.54	6.63	5.76	5.13
31	15.08	13.06	7.77	6.84	5.94	5.29
32	15.55	13.46	8.02	7.06	6.13	5.45
33	16.03	13.87	8.26	7.27	6.32	5.61
34	16.54	14.32	8.52	7.50	6.52	5.79
35	17.06	14.77	8.79	7.73	6.72	5.98
36	17.56	15.21	9.05	7.96	6.92	6.16
37	18.08	15.66	9.33	8.21	7.13	6.35
38	18.61	16.12	9.59	8.44	7.35	6.52
39	19.17	16.59	9.88	8.69	7.55	6.72
40	19.74	17.10	10.18	8.96	7.78	6.92
41	21.42	18.55	11.04	9.72	8.44	7.50
42	23.26	20.14	11.99	10.55	9.18	8.15
43	25.24	21.85	13.01	11.44	9.95	8.84
44	27.40	23.73	14.13	12.42	10.81	9.60
45	29.77	25.78	15.35	13.50	11.74	10.43
46	30.82	26.68	15.88	13.98	12.16	10.80
47	31.90	27.61	16.44	14.47	12.57	11.18
48	33.02	28.59	17.02	14.98	13.02	11.57
49	34.20	29.62	17.63	15.51	13.48	11.99
50	35.40	30.65	18.25	16.06	13.96	12.40
51	36.74	31.81	18.94	16.66	14.48	12.87
52	38.12	33.01	19.64	17.30	15.03	13.36
53	39.56	34.25	20.39	17.94	15.59	13.87
54	41.07	35.55	21.17	18.62	16.19	14.39
55	42.61	36.89	21.96	19.32	16.80	14.93
56	44.90	38.88	23.15	20.36	17.71	15.73
57	47.26	40.93	24.36	21.43	18.64	16.56
58	49.80	43.12	25.67	22.59	19.64	17.45
59	52.46	45.42	27.04	23.79	20.69	18.38
60	55.25	47.86	28.48	25.07	21.79	19.37

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1514 (07/11)

Graded Lifetime Indemnity for Total Disability Rider on Individual Disability Income Policy

Occupation Classes 3 and 3M — Unisex Select To Age 67

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	22.01	19.06	11.35	9.98	8.68	7.71
19	22.01	19.06	11.35	9.98	8.68	7.71
20	22.01	19.06	11.35	9.98	8.68	7.71
21	22.01	19.06	11.35	9.98	8.68	7.71
22	22.01	19.06	11.35	9.98	8.68	7.71
23	22.01	19.06	11.35	9.98	8.68	7.71
24	22.01	19.06	11.35	9.98	8.68	7.71
25	22.01	19.06	11.35	9.98	8.68	7.71
26	23.45	20.30	12.09	10.63	9.25	8.22
27	23.72	20.54	12.23	10.76	9.36	8.32
28	24.11	20.87	12.42	10.93	9.50	8.44
29	24.60	21.30	12.68	11.16	9.70	8.62
30	25.31	21.92	13.05	11.48	9.98	8.87
31	26.29	22.77	13.55	11.93	10.37	9.22
32	27.20	23.55	14.02	12.34	10.72	9.53
33	28.12	24.35	14.49	12.75	11.09	9.86
34	29.10	25.20	15.00	13.20	11.47	10.20
35	30.30	26.24	15.62	13.75	11.95	10.62
36	31.96	27.68	16.47	14.49	12.60	11.21
37	33.75	29.22	17.39	15.31	13.31	11.83
38	35.65	30.87	18.37	16.17	14.06	12.49
39	38.20	33.09	19.69	17.33	15.07	13.39
40	41.15	35.64	21.22	18.67	16.23	14.42
41	44.40	38.45	22.89	20.15	17.51	15.56
42	47.73	41.33	24.60	21.65	18.82	16.73
43	51.70	44.78	26.65	23.45	20.38	18.13
44	56.56	48.99	29.16	25.66	22.30	19.83
45	61.40	53.17	31.65	27.85	24.22	21.52
46	65.89	57.06	33.97	29.89	25.99	23.10
47	70.14	60.74	36.15	31.82	27.66	24.58
48	74.66	64.65	38.48	33.87	29.44	26.17
49	80.38	69.61	41.43	36.46	31.70	28.18
50	85.93	74.41	44.29	38.98	33.89	30.12
51	91.15	78.93	46.99	41.34	35.95	31.95
52	98.45	85.26	50.75	44.66	38.82	34.51
53	108.86	94.27	56.11	49.38	42.93	38.15
54	117.22	101.50	60.42	53.17	46.22	41.09
55	124.37	107.71	64.11	56.42	49.04	43.60
56	132.73	114.94	68.42	60.21	52.34	46.52
57	141.00	122.10	72.68	63.95	55.60	49.42
58	149.25	129.24	76.93	67.70	58.86	52.31
59	156.34	135.38	80.59	70.91	61.65	54.80
60	167.23	144.82	86.20	75.85	65.94	58.62
61	167.23	144.82	86.20	75.85	65.94	58.62
62	167.23	144.82	86.20	75.85	65.94	58.62
63	167.23	144.82	86.20	75.85	65.94	58.62
64	167.23	144.82	86.20	75.85	65.94	58.62

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1514 (07/11)

Graded Lifetime Indemnity for Total Disability Rider on Individual Disability Income Policy

Occupation Classes 3 and 3M — Unisex Select To Age 67

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	38.12	33.02	19.65	17.30	15.04	13.37
19	38.12	33.02	19.65	17.30	15.04	13.37
20	38.12	33.02	19.65	17.30	15.04	13.37
21	38.12	33.02	19.65	17.30	15.04	13.37
22	38.12	33.02	19.65	17.30	15.04	13.37
23	38.12	33.02	19.65	17.30	15.04	13.37
24	38.12	33.02	19.65	17.30	15.04	13.37
25	38.12	33.02	19.65	17.30	15.04	13.37
26	39.31	34.05	20.27	17.83	15.50	13.78
27	40.54	35.11	20.90	18.39	15.99	14.21
28	41.81	36.20	21.55	18.97	16.48	14.65
29	43.11	37.34	22.23	19.56	17.00	15.12
30	44.48	38.52	22.93	20.18	17.54	15.59
31	46.05	39.89	23.74	20.89	18.16	16.15
32	47.71	41.31	24.59	21.64	18.81	16.72
33	49.40	42.78	25.46	22.40	19.48	17.32
34	51.18	44.32	26.38	23.22	20.19	17.94
35	53.00	45.91	27.32	24.05	20.90	18.58
36	54.74	47.40	28.22	24.83	21.58	19.19
37	56.50	48.94	29.13	25.63	22.28	19.81
38	58.33	50.51	30.07	26.46	23.00	20.44
39	60.21	52.14	31.04	27.31	23.74	21.11
40	62.13	53.81	32.03	28.19	24.50	21.78
41	66.75	57.80	34.40	30.27	26.31	23.39
42	71.74	62.12	36.98	32.54	28.28	25.15
43	77.13	66.80	39.76	34.99	30.41	27.04
44	82.95	71.83	42.76	37.63	32.71	29.08
45	89.25	77.29	46.01	40.48	35.19	31.28
46	92.44	80.05	47.65	41.93	36.45	32.40
47	95.78	82.94	49.37	43.45	37.77	33.57
48	99.24	85.94	51.15	45.02	39.13	34.79
49	102.79	89.01	52.98	46.63	40.53	36.03
50	106.49	92.23	54.90	48.31	42.00	37.33
51	110.64	95.81	57.03	50.19	43.63	38.78
52	114.93	99.52	59.24	52.13	45.32	40.28
53	119.44	103.44	61.57	54.18	47.10	41.87
54	124.05	107.42	63.94	56.27	48.92	43.48
55	128.91	111.63	66.45	58.48	50.84	45.18
56	135.81	117.60	70.00	61.60	53.55	47.60
57	143.06	123.89	73.75	64.89	56.41	50.14
58	150.71	130.51	77.69	68.36	59.43	52.83
59	158.76	137.48	81.83	72.01	62.60	55.65
60	167.23	144.82	86.20	75.85	65.94	58.62

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1514 (07/11)

Graded Lifetime Indemnity for Total Disability Rider on Individual Disability Income Policy

Occupation Classes 4 and 4M | Unisex Select To Age 67

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	11.65	10.10	6.01	5.30	4.60	4.09
19	11.65	10.10	6.01	5.30	4.60	4.09
20	11.65	10.10	6.01	5.30	4.60	4.09
21	11.65	10.10	6.01	5.30	4.60	4.09
22	11.65	10.10	6.01	5.30	4.60	4.09
23	11.65	10.10	6.01	5.30	4.60	4.09
24	11.65	10.10	6.01	5.30	4.60	4.09
25	11.65	10.10	6.01	5.30	4.60	4.09
26	12.68	10.99	6.53	5.76	5.00	4.46
27	12.76	11.05	6.57	5.78	5.03	4.47
28	12.87	11.15	6.64	5.85	5.08	4.51
29	13.08	11.32	6.74	5.93	5.16	4.57
30	13.37	11.58	6.89	6.06	5.27	4.69
31	13.80	11.96	7.12	6.26	5.45	4.84
32	14.25	12.34	7.35	6.46	5.62	4.99
33	14.63	12.67	7.54	6.64	5.77	5.13
34	15.13	13.10	7.79	6.86	5.96	5.31
35	15.70	13.60	8.10	7.13	6.20	5.50
36	16.56	14.35	8.53	7.51	6.52	5.81
37	17.49	15.15	9.02	7.93	6.90	6.14
38	18.49	16.01	9.53	8.39	7.30	6.47
39	19.93	17.27	10.28	9.04	7.86	6.99
40	21.61	18.71	11.14	9.81	8.52	7.57
41	23.41	20.29	12.07	10.62	9.23	8.21
42	25.32	21.93	13.05	11.48	9.98	8.88
43	27.58	23.89	14.22	12.51	10.88	9.67
44	30.44	26.36	15.69	13.80	12.01	10.67
45	33.21	28.77	17.13	15.08	13.10	11.64
46	35.76	30.97	18.43	16.22	14.10	12.53
47	38.08	32.97	19.62	17.28	15.01	13.34
48	40.59	35.15	20.92	18.40	16.01	14.24
49	43.88	38.00	22.62	19.90	17.31	15.37
50	47.07	40.76	24.26	21.34	18.56	16.49
51	50.10	43.39	25.83	22.73	19.75	17.56
52	54.15	46.90	27.91	24.57	21.34	18.99
53	59.91	51.88	30.88	27.17	23.62	21.00
54	63.69	55.14	32.83	28.89	25.11	22.31
55	66.61	57.69	34.33	30.21	26.26	23.34
56	70.50	61.04	36.33	31.98	27.80	24.71
57	74.47	64.49	38.38	33.78	29.37	26.11
58	78.60	68.06	40.51	35.64	31.00	27.55
59	82.62	71.54	42.58	37.48	32.58	28.96
60	88.83	76.93	45.79	40.29	35.03	31.15
61	88.83	76.93	45.79	40.29	35.03	31.15
62	88.83	76.93	45.79	40.29	35.03	31.15
63	88.83	76.93	45.79	40.29	35.03	31.15
64	88.83	76.93	45.79	40.29	35.03	31.15

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1514 (07/11)

Graded Lifetime Indemnity for Total Disability Rider on Individual Disability Income Policy

Occupation Classes 4 and 4M | Unisex Select To Age 67

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	20.34	17.61	10.48	9.23	8.02	7.13
19	20.34	17.61	10.48	9.23	8.02	7.13
20	20.34	17.61	10.48	9.23	8.02	7.13
21	20.34	17.61	10.48	9.23	8.02	7.13
22	20.34	17.61	10.48	9.23	8.02	7.13
23	20.34	17.61	10.48	9.23	8.02	7.13
24	20.34	17.61	10.48	9.23	8.02	7.13
25	20.34	17.61	10.48	9.23	8.02	7.13
26	20.94	18.12	10.79	9.49	8.25	7.33
27	21.56	18.67	11.12	9.78	8.50	7.55
28	22.17	19.20	11.42	10.06	8.74	7.77
29	22.83	19.76	11.77	10.36	9.00	8.00
30	23.51	20.36	12.12	10.66	9.27	8.25
31	24.25	21.00	12.49	11.00	9.55	8.50
32	25.01	21.65	12.89	11.35	9.86	8.76
33	25.76	22.30	13.28	11.68	10.16	9.03
34	26.59	23.02	13.70	12.06	10.48	9.32
35	27.42	23.74	14.13	12.43	10.81	9.60
36	28.22	24.44	14.54	12.80	11.13	9.89
37	29.07	25.19	14.99	13.19	11.46	10.20
38	29.93	25.91	15.42	13.58	11.81	10.48
39	30.81	26.68	15.88	13.97	12.15	10.80
40	31.73	27.48	16.35	14.39	12.51	11.13
41	34.44	29.82	17.75	15.63	13.58	12.07
42	37.39	32.37	19.28	16.96	14.75	13.10
43	40.56	35.13	20.91	18.39	15.99	14.22
44	44.06	38.14	22.71	19.98	17.37	15.44
45	47.86	41.44	24.67	21.71	18.87	16.77
46	49.54	42.90	25.53	22.46	19.54	17.36
47	51.27	44.39	26.43	23.27	20.22	17.97
48	53.07	45.97	27.36	24.08	20.94	18.61
49	54.98	47.61	28.34	24.95	21.67	19.28
50	56.91	49.27	29.33	25.81	22.44	19.94
51	59.05	51.13	30.44	26.78	23.28	20.69
52	61.27	53.05	31.58	27.80	24.17	21.47
53	63.60	55.07	32.78	28.84	25.07	22.29
54	66.01	57.15	34.03	29.94	26.03	23.14
55	68.50	59.31	35.30	31.07	27.01	24.00
56	72.17	62.50	37.20	32.74	28.46	25.29
57	75.98	65.80	39.16	34.46	29.96	26.63
58	80.05	69.33	41.26	36.31	31.57	28.07
59	84.33	73.02	43.46	38.24	33.25	29.56
60	88.83	76.93	45.79	40.29	35.03	31.15

$30 Policy Fee

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1514 (07/11)

Graded Lifetime Indemnity for Total Disability Rider on Individual Disability Income Policy

Occupation Classes 5 and 5M — Unisex Select To Age 67

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	9.18	7.95	4.73	4.17	3.62	3.22
19	9.18	7.95	4.73	4.17	3.62	3.22
20	9.18	7.95	4.73	4.17	3.62	3.22
21	9.18	7.95	4.73	4.17	3.62	3.22
22	9.18	7.95	4.73	4.17	3.62	3.22
23	9.18	7.95	4.73	4.17	3.62	3.22
24	9.18	7.95	4.73	4.17	3.62	3.22
25	9.18	7.95	4.73	4.17	3.62	3.22
26	9.99	8.65	5.15	4.53	3.94	3.50
27	10.05	8.70	5.18	4.55	3.96	3.52
28	10.14	8.78	5.23	4.60	4.00	3.55
29	10.30	8.91	5.31	4.67	4.06	3.60
30	10.52	9.12	5.43	4.77	4.15	3.69
31	10.87	9.41	5.60	4.93	4.29	3.81
32	11.22	9.71	5.78	5.09	4.43	3.93
33	11.52	9.98	5.94	5.23	4.54	4.04
34	11.91	10.32	6.14	5.41	4.69	4.18
35	12.37	10.71	6.38	5.61	4.88	4.34
36	13.04	11.30	6.72	5.92	5.14	4.57
37	13.77	11.93	7.10	6.25	5.44	4.83
38	14.56	12.60	7.50	6.60	5.74	5.10
39	15.69	13.59	8.09	7.12	6.19	5.50
40	17.02	14.73	8.77	7.72	6.71	5.96
41	18.43	15.97	9.50	8.37	7.27	6.46
42	19.94	17.27	10.28	9.04	7.86	6.99
43	21.72	18.81	11.20	9.85	8.56	7.61
44	23.97	20.76	12.36	10.87	9.45	8.41
45	26.16	22.65	13.48	11.87	10.32	9.17
46	28.16	24.38	14.51	12.77	11.10	9.87
47	29.98	25.96	15.45	13.60	11.82	10.50
48	31.96	27.68	16.47	14.49	12.60	11.21
49	34.55	29.92	17.81	15.67	13.62	12.11
50	37.07	32.10	19.11	16.81	14.61	12.99
51	39.45	34.16	20.33	17.90	15.55	13.83
52	42.64	36.93	21.98	19.34	16.81	14.95
53	47.17	40.85	24.31	21.39	18.60	16.53
54	50.14	43.42	25.85	22.75	19.77	17.57
55	52.45	45.42	27.04	23.79	20.68	18.38
56	55.51	48.06	28.61	25.18	21.89	19.45
57	58.64	50.78	30.22	26.60	23.13	20.55
58	61.88	53.59	31.90	28.07	24.40	21.69
59	65.05	56.33	33.53	29.51	25.65	22.80
60	69.94	60.58	36.06	31.73	27.58	24.52
61	69.94	60.58	36.06	31.73	27.58	24.52
62	69.94	60.58	36.06	31.73	27.58	24.52
63	69.94	60.58	36.06	31.73	27.58	24.52
64	69.94	60.58	36.06	31.73	27.58	24.52

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1514 (07/11)

Graded Lifetime Indemnity for Total Disability Rider on Individual Disability Income Policy

Occupation Classes 5 and 5M — Unisex Select To Age 67

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	16.02	13.87	8.26	7.27	6.32	5.61
19	16.02	13.87	8.26	7.27	6.32	5.61
20	16.02	13.87	8.26	7.27	6.32	5.61
21	16.02	13.87	8.26	7.27	6.32	5.61
22	16.02	13.87	8.26	7.27	6.32	5.61
23	16.02	13.87	8.26	7.27	6.32	5.61
24	16.02	13.87	8.26	7.27	6.32	5.61
25	16.02	13.87	8.26	7.27	6.32	5.61
26	16.48	14.27	8.49	7.47	6.49	5.77
27	16.98	14.70	8.75	7.70	6.69	5.95
28	17.45	15.12	9.00	7.92	6.88	6.12
29	17.98	15.56	9.27	8.16	7.09	6.30
30	18.51	16.04	9.54	8.40	7.30	6.49
31	19.09	16.53	9.84	8.66	7.52	6.69
32	19.69	17.05	10.15	8.93	7.76	6.90
33	20.29	17.56	10.45	9.20	8.00	7.11
34	20.94	18.13	10.79	9.49	8.26	7.34
35	21.59	18.69	11.13	9.79	8.51	7.56
36	22.23	19.25	11.45	10.08	8.76	7.79
37	22.89	19.83	11.80	10.39	9.03	8.03
38	23.56	20.40	12.15	10.69	9.30	8.26
39	24.26	21.01	12.50	11.00	9.56	8.50
40	24.99	21.64	12.88	11.34	9.85	8.76
41	27.12	23.48	13.98	12.31	10.69	9.50
42	29.44	25.49	15.18	13.36	11.61	10.32
43	31.94	27.66	16.46	14.48	12.59	11.20
44	34.69	30.04	17.88	15.73	13.68	12.16
45	37.68	32.63	19.42	17.10	14.86	13.21
46	39.01	33.78	20.11	17.69	15.38	13.67
47	40.37	34.96	20.81	18.32	15.92	14.15
48	41.79	36.19	21.54	18.96	16.48	14.65
49	43.29	37.49	22.31	19.64	17.07	15.18
50	44.81	38.80	23.10	20.32	17.67	15.70
51	46.50	40.26	23.97	21.09	18.33	16.30
52	48.24	41.78	24.87	21.89	19.03	16.91
53	50.07	43.36	25.81	22.71	19.74	17.55
54	51.98	45.01	26.79	23.57	20.49	18.22
55	53.94	46.70	27.80	24.46	21.27	18.90
56	56.83	49.21	29.29	25.78	22.41	19.92
57	59.83	51.81	30.84	27.14	23.59	20.97
58	63.03	54.59	32.49	28.59	24.86	22.10
59	66.40	57.50	34.22	30.12	26.19	23.27
60	69.94	60.58	36.06	31.73	27.58	24.52

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1514 (07/11)

Graded Lifetime Indemnity for Total Disability Rider on Individual Disability Income Policy

Occupation Classes 6 and 6M | Unisex Select To Age 67

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	7.25	6.28	3.74	3.30	2.86	2.54
19	7.25	6.28	3.74	3.30	2.86	2.54
20	7.25	6.28	3.74	3.30	2.86	2.54
21	7.25	6.28	3.74	3.30	2.86	2.54
22	7.25	6.28	3.74	3.30	2.86	2.54
23	7.25	6.28	3.74	3.30	2.86	2.54
24	7.25	6.28	3.74	3.30	2.86	2.54
25	7.25	6.28	3.74	3.30	2.86	2.54
26	7.89	6.83	4.07	3.58	3.11	2.77
27	7.94	6.87	4.09	3.59	3.13	2.78
28	8.01	6.94	4.13	3.63	3.16	2.81
29	8.14	7.04	4.19	3.69	3.21	2.85
30	8.32	7.21	4.29	3.77	3.28	2.92
31	8.58	7.43	4.43	3.89	3.39	3.01
32	8.86	7.67	4.56	4.02	3.49	3.11
33	9.11	7.88	4.69	4.13	3.59	3.19
34	9.41	8.15	4.85	4.27	3.70	3.30
35	9.77	8.46	5.04	4.44	3.85	3.43
36	10.30	8.92	5.31	4.67	4.06	3.61
37	10.88	9.42	5.60	4.93	4.30	3.82
38	11.50	9.96	5.93	5.22	4.53	4.03
39	12.39	10.74	6.39	5.62	4.89	4.35
40	13.44	11.64	6.93	6.10	5.31	4.71
41	14.56	12.61	7.50	6.61	5.74	5.11
42	15.75	13.64	8.12	7.14	6.21	5.52
43	17.16	14.86	8.84	7.78	6.76	6.02
44	18.94	16.40	9.76	8.58	7.46	6.64
45	20.66	17.90	10.65	9.38	8.15	7.25
46	22.25	19.27	11.46	10.09	8.77	7.80
47	23.68	20.50	12.21	10.74	9.34	8.30
48	25.25	21.87	13.02	11.45	9.96	8.85
49	27.29	23.63	14.07	12.38	10.76	9.56
50	29.28	25.35	15.10	13.28	11.54	10.26
51	31.17	26.99	16.07	14.14	12.29	10.93
52	33.69	29.18	17.36	15.29	13.28	11.81
53	37.26	32.27	19.21	16.90	14.69	13.06
54	39.61	34.30	20.42	17.97	15.62	13.88
55	41.43	35.89	21.35	18.79	16.34	14.52
56	43.86	37.97	22.60	19.89	17.30	15.36
57	46.32	40.11	23.88	21.02	18.27	16.24
58	48.89	42.33	25.20	22.18	19.28	17.14
59	51.39	44.50	26.49	23.31	20.27	18.01
60	55.25	47.86	28.48	25.07	21.79	19.37
61	55.25	47.86	28.48	25.07	21.79	19.37
62	55.25	47.86	28.48	25.07	21.79	19.37
63	55.25	47.86	28.48	25.07	21.79	19.37
64	55.25	47.86	28.48	25.07	21.79	19.37

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1514 (07/11)

Graded Lifetime Indemnity for Total Disability Rider on Individual Disability Income Policy

Occupation Classes 6 and 6M | Unisex Select To Age 67

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	12.65	10.96	6.52	5.74	4.99	4.44
19	12.65	10.96	6.52	5.74	4.99	4.44
20	12.65	10.96	6.52	5.74	4.99	4.44
21	12.65	10.96	6.52	5.74	4.99	4.44
22	12.65	10.96	6.52	5.74	4.99	4.44
23	12.65	10.96	6.52	5.74	4.99	4.44
24	12.65	10.96	6.52	5.74	4.99	4.44
25	12.65	10.96	6.52	5.74	4.99	4.44
26	13.02	11.27	6.71	5.90	5.13	4.56
27	13.41	11.61	6.91	6.09	5.29	4.70
28	13.79	11.94	7.11	6.26	5.44	4.83
29	14.21	12.30	7.32	6.44	5.60	4.97
30	14.62	12.67	7.54	6.63	5.76	5.13
31	15.08	13.06	7.77	6.84	5.94	5.29
32	15.55	13.46	8.02	7.06	6.13	5.45
33	16.03	13.87	8.26	7.27	6.32	5.61
34	16.54	14.32	8.52	7.50	6.52	5.79
35	17.06	14.77	8.79	7.73	6.72	5.98
36	17.56	15.21	9.05	7.96	6.92	6.16
37	18.08	15.66	9.33	8.21	7.13	6.35
38	18.61	16.12	9.59	8.44	7.35	6.52
39	19.17	16.59	9.88	8.69	7.55	6.72
40	19.74	17.10	10.18	8.96	7.78	6.92
41	21.42	18.55	11.04	9.72	8.44	7.50
42	23.26	20.14	11.99	10.55	9.18	8.15
43	25.24	21.85	13.01	11.44	9.95	8.84
44	27.40	23.73	14.13	12.42	10.81	9.60
45	29.77	25.78	15.35	13.50	11.74	10.43
46	30.82	26.68	15.88	13.98	12.16	10.80
47	31.90	27.61	16.44	14.47	12.57	11.18
48	33.02	28.59	17.02	14.98	13.02	11.57
49	34.20	29.62	17.63	15.51	13.48	11.99
50	35.40	30.65	18.25	16.06	13.96	12.40
51	36.74	31.81	18.94	16.66	14.48	12.87
52	38.12	33.01	19.64	17.30	15.03	13.36
53	39.56	34.25	20.39	17.94	15.59	13.87
54	41.07	35.55	21.17	18.62	16.19	14.39
55	42.61	36.89	21.96	19.32	16.80	14.93
56	44.90	38.88	23.15	20.36	17.71	15.73
57	47.26	40.93	24.36	21.43	18.64	16.56
58	49.80	43.12	25.67	22.59	19.64	17.45
59	52.46	45.42	27.04	23.79	20.69	18.38
60	55.25	47.86	28.48	25.07	21.79	19.37

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1514 (07/11)

Graded Lifetime Indemnity for Total Disability Rider on Individual Disability Income Policy with 3% COLA Rider Attached

Occupation Classes 3 and 3M | Unisex Select To Age 65

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	42.72	36.99	22.02	19.37	16.84	14.97
19	42.72	36.99	22.02	19.37	16.84	14.97
20	42.72	36.99	22.02	19.37	16.84	14.97
21	42.72	36.99	22.02	19.37	16.84	14.97
22	42.72	36.99	22.02	19.37	16.84	14.97
23	42.72	36.99	22.02	19.37	16.84	14.97
24	42.72	36.99	22.02	19.37	16.84	14.97
25	42.72	36.99	22.02	19.37	16.84	14.97
26	42.72	36.99	22.02	19.37	16.84	14.97
27	42.72	36.99	22.02	19.37	16.84	14.97
28	42.72	36.99	22.02	19.37	16.84	14.97
29	42.72	36.99	22.02	19.37	16.84	14.97
30	42.95	37.18	22.14	19.48	16.94	15.05
31	44.33	38.38	22.85	20.11	17.48	15.53
32	46.25	40.05	23.84	20.98	18.24	16.21
33	48.69	42.16	25.10	22.09	19.20	17.07
34	51.74	44.81	26.67	23.47	20.40	18.14
35	56.58	49.00	29.17	25.66	22.31	19.83
36	60.54	52.42	31.20	27.46	23.87	21.22
37	66.10	57.25	34.08	29.99	26.07	23.18
38	73.10	63.30	37.68	33.16	28.83	25.62
39	81.87	70.90	42.20	37.13	32.28	28.70
40	92.96	80.50	47.92	42.16	36.66	32.58
41	102.73	88.96	52.96	46.60	40.51	36.01
42	113.85	98.59	58.69	51.65	44.90	39.91
43	126.41	109.47	65.16	57.34	49.85	44.31
44	140.22	121.43	72.28	63.61	55.29	49.15
45	155.90	135.01	80.36	70.72	61.48	54.65
46	168.22	145.68	86.71	76.31	66.34	58.96
47	180.68	156.46	93.13	81.95	71.24	63.33
48	193.35	167.44	99.66	87.70	76.24	67.78
49	205.32	177.79	105.83	93.13	80.96	71.96
50	217.07	187.97	111.89	98.47	85.60	76.08
51	227.57	197.07	117.31	103.23	89.73	79.76
52	236.50	204.81	121.91	107.28	93.26	82.90
53	243.32	210.71	125.42	110.38	95.95	85.29
54	250.48	216.92	129.12	113.62	98.77	87.80
55	257.05	222.60	132.50	116.60	101.37	90.10
56	263.29	228.01	135.72	119.43	103.82	92.29
57	270.00	233.81	139.17	122.47	106.46	94.63
58	277.45	240.26	143.02	125.85	109.40	97.25
59	285.58	247.30	147.20	129.54	112.61	100.10
60	294.65	255.17	151.89	133.66	116.20	103.29
61	294.58	255.10	151.85	133.62	116.17	103.26
62	294.58	255.10	151.85	133.62	116.17	103.26
63	294.58	255.10	151.85	133.62	116.17	103.26
64	294.58	255.10	151.85	133.62	116.17	103.26

$30 Policy Fee

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1514 (07/11)

Graded Lifetime Indemnity for Total Disability Rider on Individual Disability Income Policy with 3% COLA Rider Attached

Occupation Classes 3 and 3M | Unisex Select To Age 65

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	71.20	61.66	36.70	32.29	28.08	24.96
19	71.20	61.66	36.70	32.29	28.08	24.96
20	71.20	61.66	36.70	32.29	28.08	24.96
21	71.20	61.66	36.70	32.29	28.08	24.96
22	71.20	61.66	36.70	32.29	28.08	24.96
23	71.20	61.66	36.70	32.29	28.08	24.96
24	71.20	61.66	36.70	32.29	28.08	24.96
25	71.20	61.66	36.70	32.29	28.08	24.96
26	74.90	64.86	38.61	33.98	29.54	26.25
27	78.44	67.92	40.43	35.58	30.93	27.49
28	81.87	70.90	42.20	37.13	32.28	28.70
29	85.28	73.84	43.96	38.68	33.63	29.89
30	88.83	76.92	45.79	40.29	35.03	31.14
31	93.32	80.81	48.10	42.33	36.80	32.71
32	98.38	85.19	50.71	44.62	38.79	34.48
33	104.23	90.26	53.73	47.28	41.10	36.53
34	111.21	96.30	57.32	50.44	43.85	38.98
35	119.65	103.61	61.68	54.27	47.18	41.94
36	123.96	107.35	63.89	56.23	48.88	43.45
37	129.70	112.32	66.85	58.84	51.14	45.46
38	137.20	118.82	70.73	62.24	54.10	48.09
39	146.97	127.26	75.75	66.67	57.95	51.51
40	159.35	138.00	82.14	72.28	62.84	55.86
41	167.38	144.95	86.28	75.92	66.00	58.67
42	175.94	152.36	90.69	79.81	69.38	61.67
43	185.03	160.23	95.38	83.93	72.96	64.85
44	194.67	168.58	100.35	88.31	76.76	68.23
45	204.95	177.48	105.64	92.96	80.81	71.83
46	209.06	181.04	107.76	94.83	82.44	73.28
47	213.39	184.79	110.00	96.80	84.15	74.79
48	217.95	188.74	112.35	98.86	85.94	76.40
49	222.58	192.75	114.73	100.96	87.77	78.02
50	227.45	196.97	117.25	103.18	89.69	79.72
51	233.01	201.78	120.11	105.69	91.88	81.68
52	238.71	206.72	123.05	108.29	94.13	83.67
53	244.72	211.93	126.15	111.01	96.51	85.78
54	250.95	217.31	129.35	113.83	98.95	87.96
55	257.44	222.94	132.70	116.78	101.51	90.24
56	263.57	228.24	135.86	119.55	103.93	92.39
57	270.25	234.03	139.30	122.58	106.56	94.72
58	277.69	240.46	143.13	125.96	109.49	97.33
59	285.76	247.47	147.30	129.63	112.68	100.17
60	294.65	255.17	151.89	133.66	116.20	103.29

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1514 (07/11)

Graded Lifetime Indemnity for Total Disability Rider on Individual Disability Income Policy with 3% COLA Rider Attached

Occupation Classes 4 and 4M | Unisex Select To Age 65

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	26.34	22.81	13.58	11.95	10.39	9.23
19	26.34	22.81	13.58	11.95	10.39	9.23
20	26.34	22.81	13.58	11.95	10.39	9.23
21	26.34	22.81	13.58	11.95	10.39	9.23
22	26.34	22.81	13.58	11.95	10.39	9.23
23	26.34	22.81	13.58	11.95	10.39	9.23
24	26.34	22.81	13.58	11.95	10.39	9.23
25	26.34	22.81	13.58	11.95	10.39	9.23
26	25.81	22.34	13.31	11.70	10.17	9.04
27	26.31	22.80	13.56	11.95	10.38	9.23
28	27.23	23.57	14.03	12.35	10.74	9.54
29	28.59	24.76	14.73	12.96	11.28	10.02
30	30.54	26.44	15.74	13.86	12.05	10.70
31	33.13	28.68	17.08	15.03	13.07	11.60
32	36.59	31.68	18.86	16.59	14.43	12.82
33	39.49	34.19	20.35	17.92	15.58	13.84
34	43.39	37.58	22.36	19.69	17.11	15.22
35	46.56	40.32	24.00	21.13	18.35	16.32
36	48.49	42.00	25.00	21.99	19.13	17.00
37	50.99	44.14	26.27	23.13	20.11	17.87
38	54.57	47.25	28.13	24.76	21.51	19.13
39	59.37	51.41	30.60	26.93	23.41	20.81
40	65.47	56.69	33.75	29.70	25.81	22.95
41	69.98	60.60	36.08	31.75	27.60	24.53
42	75.74	65.58	39.04	34.35	29.86	26.54
43	84.00	72.75	43.30	38.11	33.13	29.44
44	95.00	82.28	48.98	43.10	37.47	33.30
45	106.72	92.42	55.00	48.41	42.08	37.40
46	114.74	99.37	59.14	52.05	45.25	40.22
47	120.53	104.40	62.13	54.68	47.54	42.25
48	122.97	106.48	63.38	55.78	48.48	43.10
49	125.37	108.56	64.63	56.87	49.44	43.95
50	129.04	111.73	66.51	58.53	50.89	45.22
51	132.47	114.71	68.28	60.08	52.24	46.43
52	135.94	117.72	70.07	61.66	53.60	47.65
53	139.45	120.76	71.88	63.25	54.99	48.89
54	143.13	123.95	73.77	64.92	56.44	50.16
55	146.82	127.14	75.68	66.60	57.90	51.46
56	152.16	131.77	78.43	69.01	59.99	53.33
57	158.25	137.05	81.58	71.78	62.40	55.47
58	164.62	142.55	84.85	74.68	64.91	57.70
59	172.38	149.28	88.85	78.19	67.97	60.43
60	178.32	154.42	91.92	80.89	70.32	62.50
61	178.32	154.42	91.92	80.89	70.32	62.50
62	178.32	154.42	91.92	80.89	70.32	62.50
63	178.32	154.42	91.92	80.89	70.32	62.50
64	178.32	154.42	91.92	80.89	70.32	62.50

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1514 (07/11)

Graded Lifetime Indemnity for Total Disability Rider on Individual Disability Income Policy with 3% COLA Rider Attached

Occupation Classes 4 and 4M | Unisex Select To Age 65

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	42.84	37.10	22.08	19.42	16.89	15.01
19	42.84	37.10	22.08	19.42	16.89	15.01
20	42.84	37.10	22.08	19.42	16.89	15.01
21	42.84	37.10	22.08	19.42	16.89	15.01
22	42.84	37.10	22.08	19.42	16.89	15.01
23	42.84	37.10	22.08	19.42	16.89	15.01
24	42.84	37.10	22.08	19.42	16.89	15.01
25	42.84	37.10	22.08	19.42	16.89	15.01
26	45.22	39.16	23.31	20.52	17.83	15.85
27	47.46	41.10	24.46	21.52	18.72	16.63
28	49.61	42.97	25.57	22.50	19.56	17.38
29	51.74	44.80	26.67	23.46	20.40	18.13
30	53.93	46.70	27.80	24.46	21.27	18.90
31	56.73	49.13	29.24	25.74	22.36	19.89
32	59.91	51.88	30.88	27.17	23.62	21.00
33	63.60	55.07	32.78	28.84	25.07	22.29
34	68.09	58.98	35.11	30.89	26.86	23.88
35	73.62	63.75	37.95	33.39	29.03	25.80
36	76.23	66.01	39.29	34.58	30.07	26.72
37	79.89	69.18	41.17	36.23	31.49	28.00
38	84.83	73.47	43.73	38.48	33.45	29.74
39	91.32	79.08	47.07	41.43	36.01	32.01
40	99.71	86.35	51.40	45.22	39.31	34.96
41	104.76	90.72	54.00	47.53	41.31	36.73
42	110.13	95.37	56.77	49.96	43.43	38.60
43	115.84	100.31	59.71	52.54	45.68	40.60
44	121.93	105.58	62.86	55.31	48.07	42.74
45	128.39	111.20	66.18	58.24	50.63	45.02
46	130.73	113.22	67.39	59.31	51.55	45.83
47	133.22	115.37	68.68	60.44	52.53	46.70
48	135.82	117.61	70.00	61.61	53.56	47.60
49	138.44	119.90	71.37	62.81	54.59	48.53
50	141.18	122.26	72.77	64.03	55.68	49.49
51	144.35	125.00	74.41	65.48	56.92	50.59
52	147.62	127.83	76.09	66.96	58.21	51.74
53	151.01	130.77	77.84	68.50	59.55	52.94
54	154.60	133.88	79.69	70.12	60.96	54.19
55	158.31	137.09	81.60	71.80	62.43	55.49
56	161.45	139.81	83.22	73.24	63.67	56.59
57	164.98	142.88	85.04	74.83	65.05	57.84
58	168.98	146.34	87.11	76.66	66.64	59.23
59	173.45	150.19	89.41	78.69	68.40	60.79
60	178.32	154.42	91.92	80.89	70.32	62.50

$30 Policy Fee

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1514 (07/11)

Graded Lifetime Indemnity for Total Disability Rider on Individual Disability Income Policy with 3% COLA Rider Attached

Occupation Classes 5 and 5M | Unisex Select To Age 65

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	20.74	17.96	10.69	9.41	8.18	7.27
19	20.74	17.96	10.69	9.41	8.18	7.27
20	20.74	17.96	10.69	9.41	8.18	7.27
21	20.74	17.96	10.69	9.41	8.18	7.27
22	20.74	17.96	10.69	9.41	8.18	7.27
23	20.74	17.96	10.69	9.41	8.18	7.27
24	20.74	17.96	10.69	9.41	8.18	7.27
25	20.74	17.96	10.69	9.41	8.18	7.27
26	20.32	17.59	10.47	9.22	8.01	7.12
27	20.72	17.95	10.68	9.41	8.17	7.27
28	21.43	18.56	11.05	9.72	8.45	7.51
29	22.51	19.49	11.60	10.21	8.88	7.89
30	24.05	20.82	12.39	10.91	9.48	8.42
31	26.09	22.58	13.44	11.83	10.29	9.14
32	28.81	24.95	14.85	13.07	11.37	10.10
33	31.10	26.93	16.03	14.11	12.27	10.90
34	34.16	29.59	17.61	15.50	13.47	11.98
35	36.66	31.75	18.90	16.63	14.45	12.85
36	38.18	33.07	19.68	17.32	15.06	13.38
37	40.14	34.76	20.69	18.21	15.83	14.07
38	42.97	37.20	22.15	19.49	16.94	15.06
39	46.75	40.48	24.10	21.21	18.43	16.38
40	51.55	44.64	26.57	23.38	20.32	18.07
41	55.10	47.72	28.40	25.00	21.73	19.31
42	59.64	51.64	30.74	27.05	23.51	20.90
43	66.14	57.28	34.10	30.01	26.09	23.19
44	74.80	64.79	38.56	33.94	29.50	26.23
45	84.03	72.77	43.31	38.12	33.14	29.45
46	90.35	78.24	46.57	40.99	35.63	31.67
47	94.91	82.20	48.93	43.06	37.43	33.27
48	96.82	83.84	49.91	43.92	38.17	33.94
49	98.72	85.49	50.89	44.78	38.93	34.60
50	101.60	87.98	52.37	46.08	40.07	35.61
51	104.31	90.33	53.77	47.31	41.13	36.56
52	107.04	92.69	55.17	48.55	42.20	37.52
53	109.80	95.09	56.60	49.81	43.30	38.49
54	112.70	97.59	58.09	51.12	44.44	39.50
55	115.60	100.11	59.59	52.44	45.59	40.52
56	119.81	103.75	61.76	54.34	47.24	42.00
57	124.61	107.91	64.23	56.52	49.13	43.68
58	129.62	112.25	66.82	58.80	51.11	45.43
59	135.73	117.54	69.96	61.57	53.52	47.58
60	140.41	121.59	72.38	63.70	55.37	49.21
61	140.41	121.59	72.38	63.70	55.37	49.21
62	140.41	121.59	72.38	63.70	55.37	49.21
63	140.41	121.59	72.38	63.70	55.37	49.21
64	140.41	121.59	72.38	63.70	55.37	49.21

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1514 (07/11)

Graded Lifetime Indemnity for Total Disability Rider on Individual Disability Income Policy with 3% COLA Rider Attached

Occupation Classes 5 and 5M | Unisex Select To Age 65

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	33.73	29.21	17.38	15.30	13.30	11.82
19	33.73	29.21	17.38	15.30	13.30	11.82
20	33.73	29.21	17.38	15.30	13.30	11.82
21	33.73	29.21	17.38	15.30	13.30	11.82
22	33.73	29.21	17.38	15.30	13.30	11.82
23	33.73	29.21	17.38	15.30	13.30	11.82
24	33.73	29.21	17.38	15.30	13.30	11.82
25	33.73	29.21	17.38	15.30	13.30	11.82
26	35.61	30.84	18.35	16.16	14.04	12.48
27	37.37	32.36	19.27	16.95	14.74	13.10
28	39.07	33.83	20.14	17.72	15.40	13.69
29	40.74	35.27	21.00	18.47	16.07	14.28
30	42.46	36.77	21.89	19.27	16.74	14.88
31	44.67	38.69	23.03	20.27	17.61	15.66
32	47.17	40.85	24.31	21.39	18.60	16.53
33	50.07	43.36	25.81	22.71	19.74	17.55
34	53.62	46.44	27.64	24.32	21.15	18.80
35	57.96	50.19	29.88	26.29	22.86	20.31
36	60.02	51.98	30.94	27.23	23.67	21.04
37	62.90	54.47	32.42	28.53	24.80	22.05
38	66.80	57.85	34.43	30.30	26.34	23.41
39	71.90	62.27	37.07	32.62	28.35	25.21
40	78.52	67.99	40.47	35.61	30.96	27.52
41	82.49	71.44	42.52	37.42	32.53	28.92
42	86.71	75.09	44.70	39.33	34.19	30.39
43	91.21	78.98	47.02	41.37	35.97	31.97
44	96.01	83.14	49.49	43.55	37.86	33.65
45	101.10	87.56	52.11	45.86	39.87	35.44
46	102.94	89.15	53.06	46.70	40.59	36.09
47	104.90	90.84	54.07	47.59	41.36	36.77
48	106.94	92.60	55.12	48.51	42.17	37.48
49	109.01	94.41	56.19	49.45	42.99	38.21
50	111.17	96.27	57.30	50.42	43.84	38.97
51	113.66	98.43	58.59	51.56	44.82	39.84
52	116.24	100.65	59.91	52.73	45.84	40.74
53	118.91	102.97	61.29	53.94	46.89	41.68
54	121.73	105.42	62.75	55.21	48.01	42.67
55	124.65	107.94	64.25	56.54	49.15	43.69
56	127.13	110.09	65.53	57.67	50.13	44.56
57	129.91	112.50	66.96	58.92	51.22	45.54
58	133.06	115.23	68.59	60.36	52.47	46.64
59	136.57	118.27	70.40	61.95	53.86	47.87
60	140.41	121.59	72.38	63.70	55.37	49.21

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1514 (07/11)

Graded Lifetime Indemnity for Total Disability Rider on Individual Disability Income Policy with 3% COLA Rider Attached

Occupation Classes 6 and 6M | Unisex Select To Age 65

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	16.38	14.19	8.44	7.43	6.46	5.74
19	16.38	14.19	8.44	7.43	6.46	5.74
20	16.38	14.19	8.44	7.43	6.46	5.74
21	16.38	14.19	8.44	7.43	6.46	5.74
22	16.38	14.19	8.44	7.43	6.46	5.74
23	16.38	14.19	8.44	7.43	6.46	5.74
24	16.38	14.19	8.44	7.43	6.46	5.74
25	16.38	14.19	8.44	7.43	6.46	5.74
26	16.06	13.90	8.28	7.28	6.33	5.62
27	16.36	14.18	8.43	7.43	6.45	5.74
28	16.93	14.66	8.73	7.68	6.68	5.94
29	17.78	15.40	9.17	8.06	7.02	6.24
30	19.00	16.44	9.79	8.62	7.49	6.65
31	20.61	17.84	10.62	9.35	8.13	7.22
32	22.76	19.71	11.73	10.33	8.98	7.98
33	24.56	21.28	12.66	11.15	9.69	8.61
34	26.99	23.37	13.91	12.25	10.64	9.46
35	28.96	25.09	14.93	13.14	11.41	10.15
36	30.17	26.13	15.55	13.68	11.90	10.57
37	31.71	27.46	16.34	14.38	12.50	11.12
38	33.95	29.39	17.49	15.40	13.38	11.90
39	36.93	31.98	19.04	16.75	14.56	12.94
40	40.73	35.26	20.99	18.47	16.06	14.28
41	43.53	37.70	22.44	19.75	17.17	15.26
42	47.11	40.80	24.28	21.36	18.57	16.51
43	52.25	45.25	26.94	23.70	20.61	18.32
44	59.09	51.18	30.46	26.81	23.30	20.72
45	66.39	57.49	34.21	30.12	26.18	23.27
46	71.38	61.81	36.79	32.38	28.15	25.02
47	74.98	64.93	38.65	34.02	29.57	26.28
48	76.49	66.24	39.42	34.69	30.16	26.81
49	77.99	67.54	40.20	35.37	30.75	27.33
50	80.27	69.51	41.37	36.40	31.65	28.14
51	82.40	71.36	42.47	37.37	32.49	28.88
52	84.56	73.23	43.59	38.35	33.34	29.64
53	86.74	75.12	44.71	39.34	34.20	30.41
54	89.03	77.10	45.90	40.39	35.11	31.20
55	91.33	79.08	47.07	41.43	36.02	32.01
56	94.65	81.96	48.79	42.93	37.32	33.17
57	98.45	85.25	50.75	44.65	38.82	34.50
58	102.40	88.67	52.79	46.45	40.38	35.89
59	107.23	92.86	55.27	48.64	42.28	37.59
60	110.93	96.06	57.18	50.32	43.74	38.88
61	110.93	96.06	57.18	50.32	43.74	38.88
62	110.93	96.06	57.18	50.32	43.74	38.88
63	110.93	96.06	57.18	50.32	43.74	38.88
64	110.93	96.06	57.18	50.32	43.74	38.88

$30 Policy Fee

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1514 (07/11)

Graded Lifetime Indemnity for Total Disability Rider on Individual Disability Income Policy with 3% COLA Rider Attached

Occupation Classes 6 and 6M | Unisex Select To Age 65

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	26.65	23.08	13.73	12.09	10.50	9.34
19	26.65	23.08	13.73	12.09	10.50	9.34
20	26.65	23.08	13.73	12.09	10.50	9.34
21	26.65	23.08	13.73	12.09	10.50	9.34
22	26.65	23.08	13.73	12.09	10.50	9.34
23	26.65	23.08	13.73	12.09	10.50	9.34
24	26.65	23.08	13.73	12.09	10.50	9.34
25	26.65	23.08	13.73	12.09	10.50	9.34
26	28.14	24.36	14.50	12.76	11.09	9.86
27	29.52	25.57	15.22	13.38	11.64	10.35
28	30.86	26.72	15.91	14.00	12.17	10.82
29	32.18	27.87	16.59	14.59	12.69	11.28
30	33.54	29.05	17.30	15.22	13.23	11.75
31	35.28	30.56	18.20	16.01	13.91	12.38
32	37.26	32.27	19.21	16.90	14.69	13.06
33	39.56	34.25	20.39	17.94	15.59	13.87
34	42.36	36.69	21.84	19.22	16.70	14.85
35	45.79	39.65	23.60	20.77	18.06	16.05
36	47.42	41.07	24.44	21.51	18.70	16.62
37	49.70	43.04	25.61	22.54	19.59	17.41
38	52.77	45.70	27.21	23.94	20.81	18.49
39	56.81	49.19	29.28	25.77	22.40	19.91
40	62.02	53.72	31.98	28.14	24.45	21.74
41	65.16	56.44	33.59	29.56	25.70	22.85
42	68.51	59.32	35.31	31.08	27.02	24.01
43	72.05	62.40	37.14	32.68	28.41	25.25
44	75.84	65.68	39.10	34.40	29.91	26.58
45	79.86	69.17	41.17	36.22	31.49	28.00
46	81.32	70.43	41.92	36.89	32.07	28.51
47	82.87	71.77	42.72	37.60	32.68	29.05
48	84.49	73.16	43.55	38.32	33.31	29.61
49	86.12	74.58	44.39	39.07	33.96	30.19
50	87.82	76.05	45.27	39.83	34.63	30.78
51	89.79	77.75	46.28	40.73	35.40	31.47
52	91.82	79.52	47.33	41.66	36.21	32.18
53	93.94	81.35	48.42	42.61	37.04	32.93
54	96.17	83.28	49.57	43.62	37.93	33.71
55	98.48	85.27	50.76	44.67	38.83	34.51
56	100.43	86.97	51.77	45.56	39.61	35.20
57	102.62	88.88	52.91	46.55	40.46	35.98
58	105.12	91.03	54.18	47.69	41.45	36.85
59	107.89	93.43	55.62	48.95	42.55	37.82
60	110.93	96.06	57.18	50.32	43.74	38.88

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1514 (07/11)

Graded Lifetime Indemnity for Total Disability Rider on Individual Disability Income Policy with 3% COLA Rider Attached

Occupation Classes 3 and 3M | Unisex Select To Age 67

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	42.72	36.99	22.02	19.37	16.84	14.97
19	42.72	36.99	22.02	19.37	16.84	14.97
20	42.72	36.99	22.02	19.37	16.84	14.97
21	42.72	36.99	22.02	19.37	16.84	14.97
22	42.72	36.99	22.02	19.37	16.84	14.97
23	42.72	36.99	22.02	19.37	16.84	14.97
24	42.72	36.99	22.02	19.37	16.84	14.97
25	42.72	36.99	22.02	19.37	16.84	14.97
26	42.72	36.99	22.02	19.37	16.84	14.97
27	42.72	36.99	22.02	19.37	16.84	14.97
28	42.72	36.99	22.02	19.37	16.84	14.97
29	42.72	36.99	22.02	19.37	16.84	14.97
30	42.95	37.18	22.14	19.48	16.94	15.05
31	44.33	38.38	22.85	20.11	17.48	15.53
32	46.25	40.05	23.84	20.98	18.24	16.21
33	48.69	42.16	25.10	22.09	19.20	17.07
34	51.74	44.81	26.67	23.47	20.40	18.14
35	56.58	49.00	29.17	25.66	22.31	19.83
36	60.54	52.42	31.20	27.46	23.87	21.22
37	66.10	57.25	34.08	29.99	26.07	23.18
38	73.10	63.30	37.68	33.16	28.83	25.62
39	81.87	70.90	42.20	37.13	32.28	28.70
40	92.96	80.50	47.92	42.16	36.66	32.58
41	102.73	88.96	52.96	46.60	40.51	36.01
42	113.85	98.59	58.69	51.65	44.90	39.91
43	126.41	109.47	65.16	57.34	49.85	44.31
44	140.22	121.43	72.28	63.61	55.29	49.15
45	155.90	135.01	80.36	70.72	61.48	54.65
46	168.22	145.68	86.71	76.31	66.34	58.96
47	180.68	156.46	93.13	81.95	71.24	63.33
48	193.35	167.44	99.66	87.70	76.24	67.78
49	205.32	177.79	105.83	93.13	80.96	71.96
50	217.07	187.97	111.89	98.47	85.60	76.08
51	227.57	197.07	117.31	103.23	89.73	79.76
52	236.50	204.81	121.91	107.28	93.26	82.90
53	243.32	210.71	125.42	110.38	95.95	85.29
54	250.48	216.92	129.12	113.62	98.77	87.80
55	257.05	222.60	132.50	116.60	101.37	90.10
56	263.29	228.01	135.72	119.43	103.82	92.29
57	270.00	233.81	139.17	122.47	106.46	94.63
58	277.45	240.26	143.02	125.85	109.40	97.25
59	285.58	247.30	147.20	129.54	112.61	100.10
60	294.65	255.17	151.89	133.66	116.20	103.29
61	294.58	255.10	151.85	133.62	116.17	103.26
62	294.58	255.10	151.85	133.62	116.17	103.26
63	294.58	255.10	151.85	133.62	116.17	103.26
64	294.58	255.10	151.85	133.62	116.17	103.26

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1514 (07/11)

Graded Lifetime Indemnity for Total Disability Rider on Individual Disability Income Policy with 3% COLA Rider Attached

Occupation Classes 3 and 3M | Unisex Select To Age 67

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	71.20	61.66	36.70	32.29	28.08	24.96
19	71.20	61.66	36.70	32.29	28.08	24.96
20	71.20	61.66	36.70	32.29	28.08	24.96
21	71.20	61.66	36.70	32.29	28.08	24.96
22	71.20	61.66	36.70	32.29	28.08	24.96
23	71.20	61.66	36.70	32.29	28.08	24.96
24	71.20	61.66	36.70	32.29	28.08	24.96
25	71.20	61.66	36.70	32.29	28.08	24.96
26	74.90	64.86	38.61	33.98	29.54	26.25
27	78.44	67.92	40.43	35.58	30.93	27.49
28	81.87	70.90	42.20	37.13	32.28	28.70
29	85.28	73.84	43.96	38.68	33.63	29.89
30	88.83	76.92	45.79	40.29	35.03	31.14
31	93.32	80.81	48.10	42.33	36.80	32.71
32	98.38	85.19	50.71	44.62	38.79	34.48
33	104.23	90.26	53.73	47.28	41.10	36.53
34	111.21	96.30	57.32	50.44	43.85	38.98
35	119.65	103.61	61.68	54.27	47.18	41.94
36	123.96	107.35	63.89	56.23	48.88	43.45
37	129.70	112.32	66.85	58.84	51.14	45.46
38	137.20	118.82	70.73	62.24	54.10	48.09
39	146.97	127.26	75.75	66.67	57.95	51.51
40	159.35	138.00	82.14	72.28	62.84	55.86
41	167.38	144.95	86.28	75.92	66.00	58.67
42	175.94	152.36	90.69	79.81	69.38	61.67
43	185.03	160.23	95.38	83.93	72.96	64.85
44	194.67	168.58	100.35	88.31	76.76	68.23
45	204.95	177.48	105.64	92.96	80.81	71.83
46	209.06	181.04	107.76	94.83	82.44	73.28
47	213.39	184.79	110.00	96.80	84.15	74.79
48	217.95	188.74	112.35	98.86	85.94	76.40
49	222.58	192.75	114.73	100.96	87.77	78.02
50	227.45	196.97	117.25	103.18	89.69	79.72
51	233.01	201.78	120.11	105.69	91.88	81.68
52	238.71	206.72	123.05	108.29	94.13	83.67
53	244.72	211.93	126.15	111.01	96.51	85.78
54	250.95	217.31	129.35	113.83	98.95	87.96
55	257.44	222.94	132.70	116.78	101.51	90.24
56	263.57	228.24	135.86	119.55	103.93	92.39
57	270.25	234.03	139.30	122.58	106.56	94.72
58	277.69	240.46	143.13	125.96	109.49	97.33
59	285.76	247.47	147.30	129.63	112.68	100.17
60	294.65	255.17	151.89	133.66	116.20	103.29

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1514 (07/11)

Graded Lifetime Indemnity for Total Disability Rider on Individual Disability Income Policy with 3% COLA Rider Attached

Occupation Classes 4 and 4M | Unisex Select To Age 67

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	26.34	22.81	13.58	11.95	10.39	9.23
19	26.34	22.81	13.58	11.95	10.39	9.23
20	26.34	22.81	13.58	11.95	10.39	9.23
21	26.34	22.81	13.58	11.95	10.39	9.23
22	26.34	22.81	13.58	11.95	10.39	9.23
23	26.34	22.81	13.58	11.95	10.39	9.23
24	26.34	22.81	13.58	11.95	10.39	9.23
25	26.34	22.81	13.58	11.95	10.39	9.23
26	25.81	22.34	13.31	11.70	10.17	9.04
27	26.31	22.80	13.56	11.95	10.38	9.23
28	27.23	23.57	14.03	12.35	10.74	9.54
29	28.59	24.76	14.73	12.96	11.28	10.02
30	30.54	26.44	15.74	13.86	12.05	10.70
31	33.13	28.68	17.08	15.03	13.07	11.60
32	36.59	31.68	18.86	16.59	14.43	12.82
33	39.49	34.19	20.35	17.92	15.58	13.84
34	43.39	37.58	22.36	19.69	17.11	15.22
35	46.56	40.32	24.00	21.13	18.35	16.32
36	48.49	42.00	25.00	21.99	19.13	17.00
37	50.99	44.14	26.27	23.13	20.11	17.87
38	54.57	47.25	28.13	24.76	21.51	19.13
39	59.37	51.41	30.60	26.93	23.41	20.81
40	65.47	56.69	33.75	29.70	25.81	22.95
41	69.98	60.60	36.08	31.75	27.60	24.53
42	75.74	65.58	39.04	34.35	29.86	26.54
43	84.00	72.75	43.30	38.11	33.13	29.44
44	95.00	82.28	48.98	43.10	37.47	33.30
45	106.72	92.42	55.00	48.41	42.08	37.40
46	114.74	99.37	59.14	52.05	45.25	40.22
47	120.53	104.40	62.13	54.68	47.54	42.25
48	122.97	106.48	63.38	55.78	48.48	43.10
49	125.37	108.56	64.63	56.87	49.44	43.95
50	129.04	111.73	66.51	58.53	50.89	45.22
51	132.47	114.71	68.28	60.08	52.24	46.43
52	135.94	117.72	70.07	61.66	53.60	47.65
53	139.45	120.76	71.88	63.25	54.99	48.89
54	143.13	123.95	73.77	64.92	56.44	50.16
55	146.82	127.14	75.68	66.60	57.90	51.46
56	152.16	131.77	78.43	69.01	59.99	53.33
57	158.25	137.05	81.58	71.78	62.40	55.47
58	164.62	142.55	84.85	74.68	64.91	57.70
59	172.38	149.28	88.85	78.19	67.97	60.43
60	178.32	154.42	91.92	80.89	70.32	62.50
61	178.32	154.42	91.92	80.89	70.32	62.50
62	178.32	154.42	91.92	80.89	70.32	62.50
63	178.32	154.42	91.92	80.89	70.32	62.50
64	178.32	154.42	91.92	80.89	70.32	62.50

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1514 (07/11)

Graded Lifetime Indemnity for Total Disability Rider on Individual Disability Income Policy with 3% COLA Rider Attached

Occupation Classes 4 and 4M | Unisex Select To Age 67

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	42.84	37.10	22.08	19.42	16.89	15.01
19	42.84	37.10	22.08	19.42	16.89	15.01
20	42.84	37.10	22.08	19.42	16.89	15.01
21	42.84	37.10	22.08	19.42	16.89	15.01
22	42.84	37.10	22.08	19.42	16.89	15.01
23	42.84	37.10	22.08	19.42	16.89	15.01
24	42.84	37.10	22.08	19.42	16.89	15.01
25	42.84	37.10	22.08	19.42	16.89	15.01
26	45.22	39.16	23.31	20.52	17.83	15.85
27	47.46	41.10	24.46	21.52	18.72	16.63
28	49.61	42.97	25.57	22.50	19.56	17.38
29	51.74	44.80	26.67	23.46	20.40	18.13
30	53.93	46.70	27.80	24.46	21.27	18.90
31	56.73	49.13	29.24	25.74	22.36	19.89
32	59.91	51.88	30.88	27.17	23.62	21.00
33	63.60	55.07	32.78	28.84	25.07	22.29
34	68.09	58.98	35.11	30.89	26.86	23.88
35	73.62	63.75	37.95	33.39	29.03	25.80
36	76.23	66.01	39.29	34.58	30.07	26.72
37	79.89	69.18	41.17	36.23	31.49	28.00
38	84.83	73.47	43.73	38.48	33.45	29.74
39	91.32	79.08	47.07	41.43	36.01	32.01
40	99.71	86.35	51.40	45.22	39.31	34.96
41	104.76	90.72	54.00	47.53	41.31	36.73
42	110.13	95.37	56.77	49.96	43.43	38.60
43	115.84	100.31	59.71	52.54	45.68	40.60
44	121.93	105.58	62.86	55.31	48.07	42.74
45	128.39	111.20	66.18	58.24	50.63	45.02
46	130.73	113.22	67.39	59.31	51.55	45.83
47	133.22	115.37	68.68	60.44	52.53	46.70
48	135.82	117.61	70.00	61.61	53.56	47.60
49	138.44	119.90	71.37	62.81	54.59	48.53
50	141.18	122.26	72.77	64.03	55.68	49.49
51	144.35	125.00	74.41	65.48	56.92	50.59
52	147.62	127.83	76.09	66.96	58.21	51.74
53	151.01	130.77	77.84	68.50	59.55	52.94
54	154.60	133.88	79.69	70.12	60.96	54.19
55	158.31	137.09	81.60	71.80	62.43	55.49
56	161.45	139.81	83.22	73.24	63.67	56.59
57	164.98	142.88	85.04	74.83	65.05	57.84
58	168.98	146.34	87.11	76.66	66.64	59.23
59	173.45	150.19	89.41	78.69	68.40	60.79
60	178.32	154.42	91.92	80.89	70.32	62.50

$30 Policy Fee

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1514 (07/11)

Graded Lifetime Indemnity for Total Disability Rider on Individual Disability Income Policy with 3% COLA Rider Attached

Occupation Classes 5 and 5M | Unisex Select To Age 67

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	20.74	17.96	10.69	9.41	8.18	7.27
19	20.74	17.96	10.69	9.41	8.18	7.27
20	20.74	17.96	10.69	9.41	8.18	7.27
21	20.74	17.96	10.69	9.41	8.18	7.27
22	20.74	17.96	10.69	9.41	8.18	7.27
23	20.74	17.96	10.69	9.41	8.18	7.27
24	20.74	17.96	10.69	9.41	8.18	7.27
25	20.74	17.96	10.69	9.41	8.18	7.27
26	20.32	17.59	10.47	9.22	8.01	7.12
27	20.72	17.95	10.68	9.41	8.17	7.27
28	21.43	18.56	11.05	9.72	8.45	7.51
29	22.51	19.49	11.60	10.21	8.88	7.89
30	24.05	20.82	12.39	10.91	9.48	8.42
31	26.09	22.58	13.44	11.83	10.29	9.14
32	28.81	24.95	14.85	13.07	11.37	10.10
33	31.10	26.93	16.03	14.11	12.27	10.90
34	34.16	29.59	17.61	15.50	13.47	11.98
35	36.66	31.75	18.90	16.63	14.45	12.85
36	38.18	33.07	19.68	17.32	15.06	13.38
37	40.14	34.76	20.69	18.21	15.83	14.07
38	42.97	37.20	22.15	19.49	16.94	15.06
39	46.75	40.48	24.10	21.21	18.43	16.38
40	51.55	44.64	26.57	23.38	20.32	18.07
41	55.10	47.72	28.40	25.00	21.73	19.31
42	59.64	51.64	30.74	27.05	23.51	20.90
43	66.14	57.28	34.10	30.01	26.09	23.19
44	74.80	64.79	38.56	33.94	29.50	26.23
45	84.03	72.77	43.31	38.12	33.14	29.45
46	90.35	78.24	46.57	40.99	35.63	31.67
47	94.91	82.20	48.93	43.06	37.43	33.27
48	96.82	83.84	49.91	43.92	38.17	33.94
49	98.72	85.49	50.89	44.78	38.93	34.60
50	101.60	87.98	52.37	46.08	40.07	35.61
51	104.31	90.33	53.77	47.31	41.13	36.56
52	107.04	92.69	55.17	48.55	42.20	37.52
53	109.80	95.09	56.60	49.81	43.30	38.49
54	112.70	97.59	58.09	51.12	44.44	39.50
55	115.60	100.11	59.59	52.44	45.59	40.52
56	119.81	103.75	61.76	54.34	47.24	42.00
57	124.61	107.91	64.23	56.52	49.13	43.68
58	129.62	112.25	66.82	58.80	51.11	45.43
59	135.73	117.54	69.96	61.57	53.52	47.58
60	140.41	121.59	72.38	63.70	55.37	49.21
61	140.41	121.59	72.38	63.70	55.37	49.21
62	140.41	121.59	72.38	63.70	55.37	49.21
63	140.41	121.59	72.38	63.70	55.37	49.21
64	140.41	121.59	72.38	63.70	55.37	49.21

$30 Policy Fee

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1514 (07/11)

Graded Lifetime Indemnity for Total Disability Rider on Individual Disability Income Policy with 3% COLA Rider Attached

Occupation Classes 5 and 5M | Unisex Select To Age 67

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	33.73	29.21	17.38	15.30	13.30	11.82
19	33.73	29.21	17.38	15.30	13.30	11.82
20	33.73	29.21	17.38	15.30	13.30	11.82
21	33.73	29.21	17.38	15.30	13.30	11.82
22	33.73	29.21	17.38	15.30	13.30	11.82
23	33.73	29.21	17.38	15.30	13.30	11.82
24	33.73	29.21	17.38	15.30	13.30	11.82
25	33.73	29.21	17.38	15.30	13.30	11.82
26	35.61	30.84	18.35	16.16	14.04	12.48
27	37.37	32.36	19.27	16.95	14.74	13.10
28	39.07	33.83	20.14	17.72	15.40	13.69
29	40.74	35.27	21.00	18.47	16.07	14.28
30	42.46	36.77	21.89	19.27	16.74	14.88
31	44.67	38.69	23.03	20.27	17.61	15.66
32	47.17	40.85	24.31	21.39	18.60	16.53
33	50.07	43.36	25.81	22.71	19.74	17.55
34	53.62	46.44	27.64	24.32	21.15	18.80
35	57.96	50.19	29.88	26.29	22.86	20.31
36	60.02	51.98	30.94	27.23	23.67	21.04
37	62.90	54.47	32.42	28.53	24.80	22.05
38	66.80	57.85	34.43	30.30	26.34	23.41
39	71.90	62.27	37.07	32.62	28.35	25.21
40	78.52	67.99	40.47	35.61	30.96	27.52
41	82.49	71.44	42.52	37.42	32.53	28.92
42	86.71	75.09	44.70	39.33	34.19	30.39
43	91.21	78.98	47.02	41.37	35.97	31.97
44	96.01	83.14	49.49	43.55	37.86	33.65
45	101.10	87.56	52.11	45.86	39.87	35.44
46	102.94	89.15	53.06	46.70	40.59	36.09
47	104.90	90.84	54.07	47.59	41.36	36.77
48	106.94	92.60	55.12	48.51	42.17	37.48
49	109.01	94.41	56.19	49.45	42.99	38.21
50	111.17	96.27	57.30	50.42	43.84	38.97
51	113.66	98.43	58.59	51.56	44.82	39.84
52	116.24	100.65	59.91	52.73	45.84	40.74
53	118.91	102.97	61.29	53.94	46.89	41.68
54	121.73	105.42	62.75	55.21	48.01	42.67
55	124.65	107.94	64.25	56.54	49.15	43.69
56	127.13	110.09	65.53	57.67	50.13	44.56
57	129.91	112.50	66.96	58.92	51.22	45.54
58	133.06	115.23	68.59	60.36	52.47	46.64
59	136.57	118.27	70.40	61.95	53.86	47.87
60	140.41	121.59	72.38	63.70	55.37	49.21

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1514 (07/11)

Graded Lifetime Indemnity for Total Disability Rider on Individual Disability Income Policy with 3% COLA Rider Attached

Occupation Classes 6 and 6M | Unisex Select To Age 67

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	16.38	14.19	8.44	7.43	6.46	5.74
19	16.38	14.19	8.44	7.43	6.46	5.74
20	16.38	14.19	8.44	7.43	6.46	5.74
21	16.38	14.19	8.44	7.43	6.46	5.74
22	16.38	14.19	8.44	7.43	6.46	5.74
23	16.38	14.19	8.44	7.43	6.46	5.74
24	16.38	14.19	8.44	7.43	6.46	5.74
25	16.38	14.19	8.44	7.43	6.46	5.74
26	16.06	13.90	8.28	7.28	6.33	5.62
27	16.36	14.18	8.43	7.43	6.45	5.74
28	16.93	14.66	8.73	7.68	6.68	5.94
29	17.78	15.40	9.17	8.06	7.02	6.24
30	19.00	16.44	9.79	8.62	7.49	6.65
31	20.61	17.84	10.62	9.35	8.13	7.22
32	22.76	19.71	11.73	10.33	8.98	7.98
33	24.56	21.28	12.66	11.15	9.69	8.61
34	26.99	23.37	13.91	12.25	10.64	9.46
35	28.96	25.09	14.93	13.14	11.41	10.15
36	30.17	26.13	15.55	13.68	11.90	10.57
37	31.71	27.46	16.34	14.38	12.50	11.12
38	33.95	29.39	17.49	15.40	13.38	11.90
39	36.93	31.98	19.04	16.75	14.56	12.94
40	40.73	35.26	20.99	18.47	16.06	14.28
41	43.53	37.70	22.44	19.75	17.17	15.26
42	47.11	40.80	24.28	21.36	18.57	16.51
43	52.25	45.25	26.94	23.70	20.61	18.32
44	59.09	51.18	30.46	26.81	23.30	20.72
45	66.39	57.49	34.21	30.12	26.18	23.27
46	71.38	61.81	36.79	32.38	28.15	25.02
47	74.98	64.93	38.65	34.02	29.57	26.28
48	76.49	66.24	39.42	34.69	30.16	26.81
49	77.99	67.54	40.20	35.37	30.75	27.33
50	80.27	69.51	41.37	36.40	31.65	28.14
51	82.40	71.36	42.47	37.37	32.49	28.88
52	84.56	73.23	43.59	38.35	33.34	29.64
53	86.74	75.12	44.71	39.34	34.20	30.41
54	89.03	77.10	45.90	40.39	35.11	31.20
55	91.33	79.08	47.07	41.43	36.02	32.01
56	94.65	81.96	48.79	42.93	37.32	33.17
57	98.45	85.25	50.75	44.65	38.82	34.50
58	102.40	88.67	52.79	46.45	40.38	35.89
59	107.23	92.86	55.27	48.64	42.28	37.59
60	110.93	96.06	57.18	50.32	43.74	38.88
61	110.93	96.06	57.18	50.32	43.74	38.88
62	110.93	96.06	57.18	50.32	43.74	38.88
63	110.93	96.06	57.18	50.32	43.74	38.88
64	110.93	96.06	57.18	50.32	43.74	38.88

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1514 (07/11)

Graded Lifetime Indemnity for Total Disability Rider on Individual Disability Income Policy with 3% COLA Rider Attached

Occupation Classes 6 and 6M | Unisex Select To Age 67

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	26.65	23.08	13.73	12.09	10.50	9.34
19	26.65	23.08	13.73	12.09	10.50	9.34
20	26.65	23.08	13.73	12.09	10.50	9.34
21	26.65	23.08	13.73	12.09	10.50	9.34
22	26.65	23.08	13.73	12.09	10.50	9.34
23	26.65	23.08	13.73	12.09	10.50	9.34
24	26.65	23.08	13.73	12.09	10.50	9.34
25	26.65	23.08	13.73	12.09	10.50	9.34
26	28.14	24.36	14.50	12.76	11.09	9.86
27	29.52	25.57	15.22	13.38	11.64	10.35
28	30.86	26.72	15.91	14.00	12.17	10.82
29	32.18	27.87	16.59	14.59	12.69	11.28
30	33.54	29.05	17.30	15.22	13.23	11.75
31	35.28	30.56	18.20	16.01	13.91	12.38
32	37.26	32.27	19.21	16.90	14.69	13.06
33	39.56	34.25	20.39	17.94	15.59	13.87
34	42.36	36.69	21.84	19.22	16.70	14.85
35	45.79	39.65	23.60	20.77	18.06	16.05
36	47.42	41.07	24.44	21.51	18.70	16.62
37	49.70	43.04	25.61	22.54	19.59	17.41
38	52.77	45.70	27.21	23.94	20.81	18.49
39	56.81	49.19	29.28	25.77	22.40	19.91
40	62.02	53.72	31.98	28.14	24.45	21.74
41	65.16	56.44	33.59	29.56	25.70	22.85
42	68.51	59.32	35.31	31.08	27.02	24.01
43	72.05	62.40	37.14	32.68	28.41	25.25
44	75.84	65.68	39.10	34.40	29.91	26.58
45	79.86	69.17	41.17	36.22	31.49	28.00
46	81.32	70.43	41.92	36.89	32.07	28.51
47	82.87	71.77	42.72	37.60	32.68	29.05
48	84.49	73.16	43.55	38.32	33.31	29.61
49	86.12	74.58	44.39	39.07	33.96	30.19
50	87.82	76.05	45.27	39.83	34.63	30.78
51	89.79	77.75	46.28	40.73	35.40	31.47
52	91.82	79.52	47.33	41.66	36.21	32.18
53	93.94	81.35	48.42	42.61	37.04	32.93
54	96.17	83.28	49.57	43.62	37.93	33.71
55	98.48	85.27	50.76	44.67	38.83	34.51
56	100.43	86.97	51.77	45.56	39.61	35.20
57	102.62	88.88	52.91	46.55	40.46	35.98
58	105.12	91.03	54.18	47.69	41.45	36.85
59	107.89	93.43	55.62	48.95	42.55	37.82
60	110.93	96.06	57.18	50.32	43.74	38.88

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1514 (07/11)

Graded Lifetime Indemnity for Total Disability Rider on Individual Disability Income Policy with 6% COLA Rider Attached

Occupation Classes 3 and 3M | Unisex Select To Age 65

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	59.60	51.61	30.72	27.04	23.50	20.89
19	59.60	51.61	30.72	27.04	23.50	20.89
20	59.60	51.61	30.72	27.04	23.50	20.89
21	59.60	51.61	30.72	27.04	23.50	20.89
22	59.60	51.61	30.72	27.04	23.50	20.89
23	59.60	51.61	30.72	27.04	23.50	20.89
24	59.60	51.61	30.72	27.04	23.50	20.89
25	59.60	51.61	30.72	27.04	23.50	20.89
26	59.60	51.61	30.72	27.04	23.50	20.89
27	59.60	51.61	30.72	27.04	23.50	20.89
28	60.36	52.27	31.12	27.38	23.80	21.16
29	61.52	53.27	31.71	27.91	24.26	21.56
30	63.42	54.92	32.69	28.77	25.01	22.23
31	65.71	56.90	33.87	29.80	25.91	23.03
32	68.65	59.44	35.38	31.14	27.07	24.06
33	72.37	62.67	37.30	32.83	28.54	25.36
34	76.66	66.38	39.51	34.77	30.22	26.87
35	83.41	72.23	43.00	37.84	32.89	29.23
36	89.84	77.80	46.31	40.76	35.43	31.49
37	98.77	85.54	50.92	44.81	38.95	34.62
38	109.80	95.09	56.60	49.81	43.30	38.49
39	124.00	107.38	63.91	56.24	48.90	43.46
40	142.16	123.11	73.28	64.49	56.06	49.83
41	157.93	136.77	81.41	71.64	62.28	55.36
42	174.93	151.48	90.17	79.35	68.98	61.31
43	192.79	166.95	99.38	87.45	76.02	67.58
44	213.35	184.76	109.98	96.78	84.13	74.78
45	232.56	201.40	119.88	105.49	91.70	81.52
46	240.54	208.30	123.99	109.11	94.85	84.31
47	247.16	214.04	127.40	112.12	97.47	86.63
48	251.70	217.96	129.74	114.17	99.25	88.22
49	255.60	221.33	131.75	115.94	100.79	89.59
50	259.71	224.90	133.87	117.80	102.41	91.03
51	264.20	228.79	136.18	119.84	104.18	92.60
52	268.88	232.85	138.60	121.97	106.03	94.25
53	273.95	237.24	141.21	124.26	108.03	96.03
54	279.62	242.14	144.13	126.84	110.27	98.01
55	285.54	247.27	147.18	129.52	112.59	100.09
56	291.24	252.21	150.12	132.11	114.84	102.09
57	296.92	257.13	153.05	134.69	117.09	104.08
58	302.76	262.19	156.06	137.33	119.38	106.13
59	309.30	267.84	159.43	140.30	121.97	108.41
60	324.03	280.60	167.02	146.98	127.77	113.57
61	324.03	280.60	167.02	146.98	127.77	113.57
62	324.03	280.60	167.02	146.98	127.77	113.57
63	324.03	280.60	167.02	146.98	127.77	113.57
64	324.03	280.60	167.02	146.98	127.77	113.57

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1514 (07/11)

Graded Lifetime Indemnity for Total Disability Rider on Individual Disability Income Policy with 6% COLA Rider Attached

Occupation Classes 3 and 3M | Unisex Select To Age 65

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	96.11	83.23	49.54	43.60	37.90	33.69
19	96.11	83.23	49.54	43.60	37.90	33.69
20	96.11	83.23	49.54	43.60	37.90	33.69
21	96.11	83.23	49.54	43.60	37.90	33.69
22	96.11	83.23	49.54	43.60	37.90	33.69
23	96.11	83.23	49.54	43.60	37.90	33.69
24	96.11	83.23	49.54	43.60	37.90	33.69
25	96.11	83.23	49.54	43.60	37.90	33.69
26	99.28	85.97	51.17	45.04	39.14	34.80
27	103.25	89.42	53.22	46.84	40.72	36.19
28	108.02	93.54	55.68	49.00	42.59	37.86
29	113.56	98.35	58.54	51.51	44.78	39.81
30	119.92	103.85	61.82	54.40	47.29	42.04
31	127.07	110.04	65.50	57.64	50.10	44.54
32	135.02	116.92	69.60	61.24	53.24	47.32
33	143.74	124.47	74.09	65.20	56.68	50.38
34	153.26	132.72	79.00	69.52	60.44	53.72
35	163.60	141.67	84.33	74.21	64.51	57.34
36	168.28	145.73	86.74	76.34	66.36	58.98
37	174.62	151.22	90.01	79.21	68.85	61.21
38	183.13	158.59	94.40	83.07	72.21	64.19
39	194.15	168.13	100.08	88.07	76.56	68.05
40	208.29	180.38	107.37	94.49	82.13	73.01
41	217.13	188.02	111.92	98.49	85.62	76.10
42	226.55	196.19	116.78	102.76	89.34	79.41
43	236.48	204.79	121.90	107.27	93.25	82.89
44	247.04	213.94	127.34	112.06	97.42	86.60
45	258.24	223.63	133.12	117.14	101.83	90.52
46	260.99	226.02	134.53	118.38	102.92	91.49
47	263.91	228.54	136.04	119.71	104.07	92.51
48	267.06	231.26	137.66	121.14	105.31	93.60
49	270.46	234.21	139.41	122.68	106.65	94.80
50	273.95	237.24	141.21	124.26	108.03	96.03
51	278.22	240.93	143.41	126.21	109.71	97.52
52	282.69	244.81	145.72	128.23	111.47	99.09
53	287.42	248.90	148.15	130.37	113.34	100.74
54	292.42	253.22	150.73	132.64	115.31	102.49
55	297.73	257.83	153.47	135.06	117.40	104.36
56	301.38	260.99	155.35	136.71	118.84	105.64
57	305.78	264.80	157.62	138.70	120.58	107.18
58	310.97	269.29	160.29	141.06	122.62	109.00
59	317.06	274.56	163.43	143.82	125.03	111.13
60	324.03	280.60	167.02	146.98	127.77	113.57

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1514 (07/11)

Graded Lifetime Indemnity for Total Disability Rider on Individual Disability Income Policy with 6% COLA Rider Attached

Occupation Classes 4 and 4M | Unisex Select To Age 65

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	31.81	27.55	16.39	14.43	12.54	11.15
19	31.81	27.55	16.39	14.43	12.54	11.15
20	31.81	27.55	16.39	14.43	12.54	11.15
21	31.81	27.55	16.39	14.43	12.54	11.15
22	31.81	27.55	16.39	14.43	12.54	11.15
23	31.81	27.55	16.39	14.43	12.54	11.15
24	31.81	27.55	16.39	14.43	12.54	11.15
25	31.81	27.55	16.39	14.43	12.54	11.15
26	31.81	27.55	16.39	14.43	12.54	11.15
27	31.81	27.55	16.39	14.43	12.54	11.15
28	32.96	28.54	16.99	14.95	13.00	11.55
29	34.69	30.04	17.88	15.73	13.68	12.16
30	36.46	31.58	18.80	16.54	14.38	12.79
31	38.66	33.48	19.93	17.54	15.26	13.55
32	41.29	35.76	21.29	18.73	16.29	14.47
33	44.47	38.51	22.92	20.17	17.54	15.59
34	48.21	41.76	24.86	21.88	19.01	16.90
35	53.77	46.56	27.71	24.39	21.20	18.85
36	58.95	51.05	30.39	26.74	23.25	20.67
37	66.25	57.37	34.15	30.05	26.13	23.23
38	73.38	63.53	37.82	33.28	28.93	25.71
39	81.86	70.88	42.19	37.13	32.27	28.69
40	91.10	78.89	46.96	41.32	35.92	31.94
41	98.91	85.64	50.99	44.86	39.01	34.66
42	110.00	95.27	56.71	49.91	43.38	38.56
43	123.30	106.77	63.56	55.93	48.62	43.21
44	134.44	116.42	69.30	60.99	53.02	47.12
45	146.22	126.63	75.38	66.34	57.66	51.26
46	152.96	132.45	78.84	69.38	60.31	53.61
47	156.13	135.21	80.48	70.82	61.57	54.73
48	157.67	136.54	81.27	71.52	62.17	55.27
49	159.30	137.95	82.11	72.26	62.82	55.84
50	161.01	139.43	82.99	73.03	63.50	56.44
51	163.08	141.22	84.06	73.98	64.31	57.15
52	165.23	143.08	85.17	74.94	65.15	57.92
53	167.60	145.13	86.39	76.01	66.08	58.74
54	170.11	147.30	87.68	77.16	67.07	59.62
55	172.91	149.75	89.13	78.43	68.18	60.62
56	174.76	151.34	90.09	79.27	68.91	61.25
57	177.55	153.76	91.52	80.55	70.00	62.24
58	181.67	157.33	93.64	82.41	71.64	63.69
59	186.69	161.68	96.24	84.69	73.62	65.44
60	198.74	172.11	102.45	90.15	78.37	69.67
61	198.74	172.11	102.45	90.15	78.37	69.67
62	198.74	172.11	102.45	90.15	78.37	69.67
63	198.74	172.11	102.45	90.15	78.37	69.67
64	198.74	172.11	102.45	90.15	78.37	69.67

$30 Policy Fee

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1514 (07/11)

Graded Lifetime Indemnity for Total Disability Rider on Individual Disability Income Policy with 6% COLA Rider Attached

Occupation Classes 4 and 4M | Unisex Select To Age 65

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	57.84	50.07	29.81	26.23	22.81	20.27
19	57.84	50.07	29.81	26.23	22.81	20.27
20	57.84	50.07	29.81	26.23	22.81	20.27
21	57.84	50.07	29.81	26.23	22.81	20.27
22	57.84	50.07	29.81	26.23	22.81	20.27
23	57.84	50.07	29.81	26.23	22.81	20.27
24	57.84	50.07	29.81	26.23	22.81	20.27
25	57.84	50.07	29.81	26.23	22.81	20.27
26	59.55	51.56	30.69	27.01	23.47	20.87
27	61.90	53.61	31.91	28.08	24.41	21.70
28	64.87	56.19	33.44	29.43	25.58	22.74
29	68.51	59.33	35.31	31.08	27.02	24.02
30	72.81	63.05	37.53	33.03	28.72	25.52
31	77.73	67.32	40.07	35.26	30.65	27.24
32	83.30	72.13	42.94	37.78	32.84	29.20
33	89.52	77.53	46.14	40.61	35.30	31.38
34	96.38	83.46	49.68	43.72	38.01	33.78
35	103.86	89.93	53.54	47.11	40.95	36.40
36	106.73	92.44	55.02	48.42	42.09	37.42
37	110.86	96.01	57.14	50.29	43.72	38.87
38	116.45	100.83	60.02	52.82	45.92	40.81
39	123.86	107.26	63.85	56.19	48.85	43.41
40	133.50	115.61	68.81	60.55	52.64	46.80
41	139.09	120.43	71.70	63.09	54.85	48.75
42	145.08	125.64	74.78	65.81	57.21	50.86
43	151.40	131.12	78.04	68.68	59.70	53.07
44	158.13	136.94	81.51	71.73	62.35	55.42
45	165.27	143.13	85.20	74.97	65.18	57.93
46	166.67	144.32	85.91	75.61	65.72	58.41
47	168.18	145.65	86.69	76.29	66.32	58.95
48	169.83	147.07	87.55	77.03	66.97	59.53
49	171.68	148.66	88.49	77.86	67.70	60.17
50	173.50	150.25	89.44	78.70	68.41	60.82
51	175.77	152.21	90.60	79.72	69.32	61.61
52	178.16	154.28	91.83	80.82	70.26	62.45
53	180.69	156.47	93.14	81.96	71.25	63.33
54	183.40	158.83	94.54	83.20	72.32	64.29
55	186.31	161.34	96.03	84.51	73.47	65.30
56	187.74	162.58	96.77	85.16	74.03	65.81
57	189.74	164.32	97.80	86.07	74.82	66.51
58	192.20	166.44	99.08	87.18	75.79	67.37
59	195.29	169.11	100.66	88.58	77.01	68.45
60	198.74	172.11	102.45	90.15	78.37	69.67

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1514 (07/11)

Graded Lifetime Indemnity for Total Disability Rider on Individual Disability Income Policy with 6% COLA Rider Attached

Occupation Classes 5 and 5M | Unisex Select To Age 65

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	25.05	21.69	12.91	11.37	9.88	8.78
19	25.05	21.69	12.91	11.37	9.88	8.78
20	25.05	21.69	12.91	11.37	9.88	8.78
21	25.05	21.69	12.91	11.37	9.88	8.78
22	25.05	21.69	12.91	11.37	9.88	8.78
23	25.05	21.69	12.91	11.37	9.88	8.78
24	25.05	21.69	12.91	11.37	9.88	8.78
25	25.05	21.69	12.91	11.37	9.88	8.78
26	25.05	21.69	12.91	11.37	9.88	8.78
27	25.05	21.69	12.91	11.37	9.88	8.78
28	25.95	22.47	13.37	11.77	10.24	9.10
29	27.31	23.65	14.08	12.38	10.77	9.57
30	28.71	24.87	14.80	13.03	11.33	10.07
31	30.44	26.36	15.69	13.81	12.01	10.67
32	32.51	28.16	16.76	14.75	12.82	11.39
33	35.02	30.32	18.05	15.88	13.81	12.28
34	37.97	32.88	19.57	17.23	14.97	13.31
35	42.33	36.66	21.82	19.21	16.69	14.84
36	46.42	40.20	23.93	21.06	18.31	16.28
37	52.16	45.17	26.89	23.66	20.57	18.29
38	57.78	50.02	29.78	26.21	22.78	20.25
39	64.46	55.82	33.22	29.23	25.41	22.59
40	71.74	62.12	36.98	32.54	28.28	25.15
41	77.88	67.44	40.14	35.32	30.71	27.29
42	86.62	75.01	44.65	39.29	34.16	30.36
43	97.09	84.07	50.04	44.04	38.28	34.03
44	105.86	91.67	54.57	48.02	41.75	37.11
45	115.14	99.71	59.35	52.23	45.40	40.36
46	120.44	104.30	62.08	54.63	47.49	42.21
47	122.94	106.46	63.37	55.77	48.48	43.09
48	124.15	107.51	63.99	56.31	48.96	43.52
49	125.43	108.62	64.66	56.90	49.46	43.97
50	126.78	109.79	65.35	57.51	50.00	44.44
51	128.41	111.20	66.19	58.25	50.64	45.01
52	130.11	112.66	67.06	59.01	51.30	45.60
53	131.97	114.28	68.02	59.86	52.03	46.25
54	133.95	115.99	69.04	60.76	52.82	46.95
55	136.15	117.91	70.18	61.76	53.69	47.73
56	137.61	119.17	70.93	62.42	54.26	48.23
57	139.80	121.07	72.06	63.42	55.12	49.01
58	143.05	123.88	73.74	64.88	56.41	50.14
59	147.01	127.30	75.77	66.69	57.96	51.53
60	156.49	135.52	80.67	70.98	61.71	54.86
61	156.49	135.52	80.67	70.98	61.71	54.86
62	156.49	135.52	80.67	70.98	61.71	54.86
63	156.49	135.52	80.67	70.98	61.71	54.86
64	156.49	135.52	80.67	70.98	61.71	54.86

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1514 (07/11)

Graded Lifetime Indemnity for Total Disability Rider on Individual Disability Income Policy with 6% COLA Rider Attached

Occupation Classes 5 and 5M | Unisex Select To Age 65

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	45.54	39.43	23.47	20.65	17.96	15.96
19	45.54	39.43	23.47	20.65	17.96	15.96
20	45.54	39.43	23.47	20.65	17.96	15.96
21	45.54	39.43	23.47	20.65	17.96	15.96
22	45.54	39.43	23.47	20.65	17.96	15.96
23	45.54	39.43	23.47	20.65	17.96	15.96
24	45.54	39.43	23.47	20.65	17.96	15.96
25	45.54	39.43	23.47	20.65	17.96	15.96
26	46.89	40.60	24.17	21.27	18.48	16.43
27	48.75	42.21	25.13	22.11	19.23	17.09
28	51.08	44.24	26.33	23.18	20.15	17.91
29	53.95	46.72	27.81	24.47	21.28	18.91
30	57.33	49.65	29.55	26.01	22.61	20.10
31	61.21	53.00	31.55	27.77	24.14	21.45
32	65.59	56.80	33.81	29.75	25.86	22.99
33	70.49	61.04	36.33	31.98	27.80	24.71
34	75.88	65.72	39.11	34.42	29.93	26.60
35	81.78	70.81	42.15	37.10	32.24	28.66
36	84.04	72.78	43.32	38.12	33.15	29.46
37	87.29	75.60	45.00	39.60	34.42	30.60
38	91.69	79.40	47.26	41.59	36.15	32.14
39	97.52	84.46	50.27	44.24	38.46	34.18
40	105.12	91.03	54.18	47.68	41.45	36.85
41	109.51	94.83	56.45	49.68	43.18	38.38
42	114.24	98.93	58.89	51.82	45.05	40.05
43	119.22	103.24	61.45	54.07	47.01	41.79
44	124.51	107.82	64.18	56.48	49.09	43.64
45	130.14	112.70	67.08	59.03	51.32	45.62
46	131.23	113.64	67.65	59.53	51.75	46.00
47	132.42	114.68	68.26	60.07	52.22	46.42
48	133.73	115.81	68.93	60.66	52.74	46.88
49	135.17	117.06	69.68	61.31	53.30	47.38
50	136.61	118.31	70.42	61.96	53.87	47.89
51	138.40	119.85	71.34	62.78	54.58	48.51
52	140.28	121.48	72.31	63.64	55.32	49.17
53	142.28	123.21	73.34	64.54	56.10	49.87
54	144.41	125.06	74.44	65.51	56.94	50.62
55	146.70	127.04	75.62	66.54	57.85	51.42
56	147.83	128.02	76.20	67.05	58.29	51.82
57	149.40	129.38	77.01	67.78	58.91	52.37
58	151.34	131.06	78.01	68.65	59.68	53.04
59	153.77	133.16	79.26	69.75	60.64	53.90
60	156.49	135.52	80.67	70.98	61.71	54.86

$30 Policy Fee

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1514 (07/11)

Graded Lifetime Indemnity for Total Disability Rider on Individual Disability Income Policy with 6% COLA Rider Attached

Occupation Classes 6 and 6M | Unisex Select To Age 65

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	19.79	17.14	10.20	8.98	7.80	6.94
19	19.79	17.14	10.20	8.98	7.80	6.94
20	19.79	17.14	10.20	8.98	7.80	6.94
21	19.79	17.14	10.20	8.98	7.80	6.94
22	19.79	17.14	10.20	8.98	7.80	6.94
23	19.79	17.14	10.20	8.98	7.80	6.94
24	19.79	17.14	10.20	8.98	7.80	6.94
25	19.79	17.14	10.20	8.98	7.80	6.94
26	19.79	17.14	10.20	8.98	7.80	6.94
27	19.79	17.14	10.20	8.98	7.80	6.94
28	20.50	17.75	10.56	9.30	8.09	7.19
29	21.58	18.68	11.12	9.78	8.51	7.56
30	22.68	19.64	11.69	10.30	8.95	7.95
31	24.05	20.83	12.39	10.91	9.48	8.43
32	25.68	22.25	13.24	11.65	10.13	9.00
33	27.66	23.96	14.26	12.54	10.91	9.70
34	30.00	25.98	15.46	13.61	11.82	10.51
35	33.44	28.96	17.24	15.18	13.19	11.72
36	36.67	31.76	18.90	16.63	14.46	12.86
37	41.21	35.69	21.25	18.69	16.26	14.44
38	45.64	39.52	23.52	20.70	18.00	16.00
39	50.93	44.09	26.24	23.10	20.08	17.85
40	56.67	49.07	29.21	25.71	22.34	19.87
41	61.53	53.27	31.71	27.91	24.26	21.56
42	68.43	59.26	35.27	31.05	26.99	23.99
43	76.71	66.42	39.53	34.79	30.24	26.88
44	83.63	72.42	43.10	37.94	32.98	29.31
45	90.96	78.77	46.89	41.26	35.87	31.89
46	95.15	82.40	49.04	43.15	37.52	33.35
47	97.12	84.11	50.06	44.06	38.30	34.05
48	98.08	84.93	50.56	44.49	38.68	34.38
49	99.09	85.81	51.07	44.95	39.08	34.73
50	100.16	86.73	51.63	45.43	39.50	35.11
51	101.45	87.84	52.29	46.02	40.01	35.55
52	102.78	89.00	52.97	46.62	40.53	36.03
53	104.26	90.28	53.74	47.28	41.10	36.54
54	105.82	91.63	54.54	48.00	41.73	37.09
55	107.56	93.15	55.44	48.79	42.41	37.71
56	108.71	94.14	56.03	49.31	42.87	38.11
57	110.44	95.64	56.93	50.10	43.55	38.72
58	113.01	97.86	58.25	51.26	44.56	39.61
59	116.14	100.57	59.87	52.68	45.79	40.71
60	123.63	107.06	63.73	56.07	48.75	43.33
61	123.63	107.06	63.73	56.07	48.75	43.33
62	123.63	107.06	63.73	56.07	48.75	43.33
63	123.63	107.06	63.73	56.07	48.75	43.33
64	123.63	107.06	63.73	56.07	48.75	43.33

$30 Policy Fee

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1514 (07/11)

Graded Lifetime Indemnity for Total Disability Rider on Individual Disability Income Policy with 6% COLA Rider Attached

Occupation Classes 6 and 6M | Unisex Select To Age 65

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	35.98	31.16	18.54	16.32	14.19	12.60
19	35.98	31.16	18.54	16.32	14.19	12.60
20	35.98	31.16	18.54	16.32	14.19	12.60
21	35.98	31.16	18.54	16.32	14.19	12.60
22	35.98	31.16	18.54	16.32	14.19	12.60
23	35.98	31.16	18.54	16.32	14.19	12.60
24	35.98	31.16	18.54	16.32	14.19	12.60
25	35.98	31.16	18.54	16.32	14.19	12.60
26	37.04	32.08	19.09	16.80	14.60	12.98
27	38.51	33.35	19.85	17.46	15.19	13.50
28	40.35	34.96	20.80	18.31	15.92	14.15
29	42.62	36.91	21.97	19.33	16.81	14.94
30	45.29	39.22	23.34	20.54	17.86	15.88
31	48.36	41.88	24.93	21.94	19.07	16.95
32	51.82	44.87	26.71	23.50	20.42	18.16
33	55.69	48.22	28.70	25.26	21.96	19.52
34	59.94	51.92	30.90	27.20	23.64	21.02
35	64.61	55.94	33.30	29.30	25.47	22.64
36	66.39	57.50	34.22	30.12	26.19	23.27
37	68.95	59.72	35.55	31.28	27.20	24.18
38	72.44	62.73	37.33	32.86	28.56	25.38
39	77.04	66.72	39.72	34.96	30.38	27.01
40	83.04	71.91	42.81	37.67	32.75	29.11
41	86.52	74.91	44.60	39.24	34.12	30.32
42	90.25	78.15	46.52	40.94	35.59	31.64
43	94.18	81.56	48.55	42.72	37.13	33.02
44	98.37	85.18	50.71	44.62	38.79	34.47
45	102.81	89.03	52.99	46.64	40.54	36.04
46	103.67	89.77	53.44	47.03	40.88	36.33
47	104.61	90.59	53.93	47.46	41.25	36.67
48	105.64	91.49	54.46	47.92	41.66	37.04
49	106.79	92.48	55.04	48.43	42.10	37.43
50	107.92	93.47	55.63	48.96	42.55	37.83
51	109.34	94.68	56.36	49.59	43.11	38.32
52	110.82	95.97	57.12	50.27	43.71	38.85
53	112.40	97.34	57.93	50.99	44.32	39.39
54	114.09	98.79	58.81	51.75	44.99	39.99
55	115.89	100.36	59.74	52.57	45.70	40.62
56	116.78	101.13	60.20	52.97	46.05	40.94
57	118.03	102.22	60.84	53.54	46.54	41.37
58	119.56	103.53	61.63	54.23	47.14	41.91
59	121.47	105.20	62.62	55.10	47.91	42.58
60	123.63	107.06	63.73	56.07	48.75	43.33

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1514 (07/11)

Graded Lifetime Indemnity for Total Disability Rider on Individual Disability Income Policy with 6% COLA Rider Attached

Occupation Classes 3 and 3M | Unisex Select To Age 67

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	59.60	51.61	30.72	27.04	23.50	20.89
19	59.60	51.61	30.72	27.04	23.50	20.89
20	59.60	51.61	30.72	27.04	23.50	20.89
21	59.60	51.61	30.72	27.04	23.50	20.89
22	59.60	51.61	30.72	27.04	23.50	20.89
23	59.60	51.61	30.72	27.04	23.50	20.89
24	59.60	51.61	30.72	27.04	23.50	20.89
25	59.60	51.61	30.72	27.04	23.50	20.89
26	59.60	51.61	30.72	27.04	23.50	20.89
27	59.60	51.61	30.72	27.04	23.50	20.89
28	60.36	52.27	31.12	27.38	23.80	21.16
29	61.52	53.27	31.71	27.91	24.26	21.56
30	63.42	54.92	32.69	28.77	25.01	22.23
31	65.71	56.90	33.87	29.80	25.91	23.03
32	68.65	59.44	35.38	31.14	27.07	24.06
33	72.37	62.67	37.30	32.83	28.54	25.36
34	76.66	66.38	39.51	34.77	30.22	26.87
35	83.41	72.23	43.00	37.84	32.89	29.23
36	89.84	77.80	46.31	40.76	35.43	31.49
37	98.77	85.54	50.92	44.81	38.95	34.62
38	109.80	95.09	56.60	49.81	43.30	38.49
39	124.00	107.38	63.91	56.24	48.90	43.46
40	142.16	123.11	73.28	64.49	56.06	49.83
41	157.93	136.77	81.41	71.64	62.28	55.36
42	174.93	151.48	90.17	79.35	68.98	61.31
43	192.79	166.95	99.38	87.45	76.02	67.58
44	213.35	184.76	109.98	96.78	84.13	74.78
45	232.56	201.40	119.88	105.49	91.70	81.52
46	240.54	208.30	123.99	109.11	94.85	84.31
47	247.16	214.04	127.40	112.12	97.47	86.63
48	251.70	217.96	129.74	114.17	99.25	88.22
49	255.60	221.33	131.75	115.94	100.79	89.59
50	259.71	224.90	133.87	117.80	102.41	91.03
51	264.20	228.79	136.18	119.84	104.18	92.60
52	268.88	232.85	138.60	121.97	106.03	94.25
53	273.95	237.24	141.21	124.26	108.03	96.03
54	279.62	242.14	144.13	126.84	110.27	98.01
55	285.54	247.27	147.18	129.52	112.59	100.09
56	291.24	252.21	150.12	132.11	114.84	102.09
57	296.92	257.13	153.05	134.69	117.09	104.08
58	302.76	262.19	156.06	137.33	119.38	106.13
59	309.30	267.84	159.43	140.30	121.97	108.41
60	324.03	280.60	167.02	146.98	127.77	113.57
61	324.03	280.60	167.02	146.98	127.77	113.57
62	324.03	280.60	167.02	146.98	127.77	113.57
63	324.03	280.60	167.02	146.98	127.77	113.57
64	324.03	280.60	167.02	146.98	127.77	113.57

$30 Policy Fee

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1514 (07/11)

Graded Lifetime Indemnity for Total Disability Rider on Individual Disability Income Policy with 6% COLA Rider Attached

Occupation Classes 3 and 3M | Unisex Select To Age 67

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	96.11	83.23	49.54	43.60	37.90	33.69
19	96.11	83.23	49.54	43.60	37.90	33.69
20	96.11	83.23	49.54	43.60	37.90	33.69
21	96.11	83.23	49.54	43.60	37.90	33.69
22	96.11	83.23	49.54	43.60	37.90	33.69
23	96.11	83.23	49.54	43.60	37.90	33.69
24	96.11	83.23	49.54	43.60	37.90	33.69
25	96.11	83.23	49.54	43.60	37.90	33.69
26	99.28	85.97	51.17	45.04	39.14	34.80
27	103.25	89.42	53.22	46.84	40.72	36.19
28	108.02	93.54	55.68	49.00	42.59	37.86
29	113.56	98.35	58.54	51.51	44.78	39.81
30	119.92	103.85	61.82	54.40	47.29	42.04
31	127.07	110.04	65.50	57.64	50.10	44.54
32	135.02	116.92	69.60	61.24	53.24	47.32
33	143.74	124.47	74.09	65.20	56.68	50.38
34	153.26	132.72	79.00	69.52	60.44	53.72
35	163.60	141.67	84.33	74.21	64.51	57.34
36	168.28	145.73	86.74	76.34	66.36	58.98
37	174.62	151.22	90.01	79.21	68.85	61.21
38	183.13	158.59	94.40	83.07	72.21	64.19
39	194.15	168.13	100.08	88.07	76.56	68.05
40	208.29	180.38	107.37	94.49	82.13	73.01
41	217.13	188.02	111.92	98.49	85.62	76.10
42	226.55	196.19	116.78	102.76	89.34	79.41
43	236.48	204.79	121.90	107.27	93.25	82.89
44	247.04	213.94	127.34	112.06	97.42	86.60
45	258.24	223.63	133.12	117.14	101.83	90.52
46	260.99	226.02	134.53	118.38	102.92	91.49
47	263.91	228.54	136.04	119.71	104.07	92.51
48	267.06	231.26	137.66	121.14	105.31	93.60
49	270.46	234.21	139.41	122.68	106.65	94.80
50	273.95	237.24	141.21	124.26	108.03	96.03
51	278.22	240.93	143.41	126.21	109.71	97.52
52	282.69	244.81	145.72	128.23	111.47	99.09
53	287.42	248.90	148.15	130.37	113.34	100.74
54	292.42	253.22	150.73	132.64	115.31	102.49
55	297.73	257.83	153.47	135.06	117.40	104.36
56	301.38	260.99	155.35	136.71	118.84	105.64
57	305.78	264.80	157.62	138.70	120.58	107.18
58	310.97	269.29	160.29	141.06	122.62	109.00
59	317.06	274.56	163.43	143.82	125.03	111.13
60	324.03	280.60	167.02	146.98	127.77	113.57

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1514 (07/11)

Graded Lifetime Indemnity for Total Disability Rider on Individual Disability Income Policy with 6% COLA Rider Attached

Occupation Classes 4 and 4M | Unisex Select To Age 67

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	31.81	27.55	16.39	14.43	12.54	11.15
19	31.81	27.55	16.39	14.43	12.54	11.15
20	31.81	27.55	16.39	14.43	12.54	11.15
21	31.81	27.55	16.39	14.43	12.54	11.15
22	31.81	27.55	16.39	14.43	12.54	11.15
23	31.81	27.55	16.39	14.43	12.54	11.15
24	31.81	27.55	16.39	14.43	12.54	11.15
25	31.81	27.55	16.39	14.43	12.54	11.15
26	31.81	27.55	16.39	14.43	12.54	11.15
27	31.81	27.55	16.39	14.43	12.54	11.15
28	32.96	28.54	16.99	14.95	13.00	11.55
29	34.69	30.04	17.88	15.73	13.68	12.16
30	36.46	31.58	18.80	16.54	14.38	12.79
31	38.66	33.48	19.93	17.54	15.26	13.55
32	41.29	35.76	21.29	18.73	16.29	14.47
33	44.47	38.51	22.92	20.17	17.54	15.59
34	48.21	41.76	24.86	21.88	19.01	16.90
35	53.77	46.56	27.71	24.39	21.20	18.85
36	58.95	51.05	30.39	26.74	23.25	20.67
37	66.25	57.37	34.15	30.05	26.13	23.23
38	73.38	63.53	37.82	33.28	28.93	25.71
39	81.86	70.88	42.19	37.13	32.27	28.69
40	91.10	78.89	46.96	41.32	35.92	31.94
41	98.91	85.64	50.99	44.86	39.01	34.66
42	110.00	95.27	56.71	49.91	43.38	38.56
43	123.30	106.77	63.56	55.93	48.62	43.21
44	134.44	116.42	69.30	60.99	53.02	47.12
45	146.22	126.63	75.38	66.34	57.66	51.26
46	152.96	132.45	78.84	69.38	60.31	53.61
47	156.13	135.21	80.48	70.82	61.57	54.73
48	157.67	136.54	81.27	71.52	62.17	55.27
49	159.30	137.95	82.11	72.26	62.82	55.84
50	161.01	139.43	82.99	73.03	63.50	56.44
51	163.08	141.22	84.06	73.98	64.31	57.15
52	165.23	143.08	85.17	74.94	65.15	57.92
53	167.60	145.13	86.39	76.01	66.08	58.74
54	170.11	147.30	87.68	77.16	67.07	59.62
55	172.91	149.75	89.13	78.43	68.18	60.62
56	174.76	151.34	90.09	79.27	68.91	61.25
57	177.55	153.76	91.52	80.55	70.00	62.24
58	181.67	157.33	93.64	82.41	71.64	63.69
59	186.69	161.68	96.24	84.69	73.62	65.44
60	198.74	172.11	102.45	90.15	78.37	69.67
61	198.74	172.11	102.45	90.15	78.37	69.67
62	198.74	172.11	102.45	90.15	78.37	69.67
63	198.74	172.11	102.45	90.15	78.37	69.67
64	198.74	172.11	102.45	90.15	78.37	69.67

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1514 (07/11)

Graded Lifetime Indemnity for Total Disability Rider on Individual Disability Income Policy with 6% COLA Rider Attached

Occupation Classes 4 and 4M | Unisex Select To Age 67

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	57.84	50.07	29.81	26.23	22.81	20.27
19	57.84	50.07	29.81	26.23	22.81	20.27
20	57.84	50.07	29.81	26.23	22.81	20.27
21	57.84	50.07	29.81	26.23	22.81	20.27
22	57.84	50.07	29.81	26.23	22.81	20.27
23	57.84	50.07	29.81	26.23	22.81	20.27
24	57.84	50.07	29.81	26.23	22.81	20.27
25	57.84	50.07	29.81	26.23	22.81	20.27
26	59.55	51.56	30.69	27.01	23.47	20.87
27	61.90	53.61	31.91	28.08	24.41	21.70
28	64.87	56.19	33.44	29.43	25.58	22.74
29	68.51	59.33	35.31	31.08	27.02	24.02
30	72.81	63.05	37.53	33.03	28.72	25.52
31	77.73	67.32	40.07	35.26	30.65	27.24
32	83.30	72.13	42.94	37.78	32.84	29.20
33	89.52	77.53	46.14	40.61	35.30	31.38
34	96.38	83.46	49.68	43.72	38.01	33.78
35	103.86	89.93	53.54	47.11	40.95	36.40
36	106.73	92.44	55.02	48.42	42.09	37.42
37	110.86	96.01	57.14	50.29	43.72	38.87
38	116.45	100.83	60.02	52.82	45.92	40.81
39	123.86	107.26	63.85	56.19	48.85	43.41
40	133.50	115.61	68.81	60.55	52.64	46.80
41	139.09	120.43	71.70	63.09	54.85	48.75
42	145.08	125.64	74.78	65.81	57.21	50.86
43	151.40	131.12	78.04	68.68	59.70	53.07
44	158.13	136.94	81.51	71.73	62.35	55.42
45	165.27	143.13	85.20	74.97	65.18	57.93
46	166.67	144.32	85.91	75.61	65.72	58.41
47	168.18	145.65	86.69	76.29	66.32	58.95
48	169.83	147.07	87.55	77.03	66.97	59.53
49	171.68	148.66	88.49	77.86	67.70	60.17
50	173.50	150.25	89.44	78.70	68.41	60.82
51	175.77	152.21	90.60	79.72	69.32	61.61
52	178.16	154.28	91.83	80.82	70.26	62.45
53	180.69	156.47	93.14	81.96	71.25	63.33
54	183.40	158.83	94.54	83.20	72.32	64.29
55	186.31	161.34	96.03	84.51	73.47	65.30
56	187.74	162.58	96.77	85.16	74.03	65.81
57	189.74	164.32	97.80	86.07	74.82	66.51
58	192.20	166.44	99.08	87.18	75.79	67.37
59	195.29	169.11	100.66	88.58	77.01	68.45
60	198.74	172.11	102.45	90.15	78.37	69.67

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1514 (07/11)

Graded Lifetime Indemnity for Total Disability Rider on Individual Disability Income Policy with 6% COLA Rider Attached

Occupation Classes 5 and 5M | Unisex Select To Age 67

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	25.05	21.69	12.91	11.37	9.88	8.78
19	25.05	21.69	12.91	11.37	9.88	8.78
20	25.05	21.69	12.91	11.37	9.88	8.78
21	25.05	21.69	12.91	11.37	9.88	8.78
22	25.05	21.69	12.91	11.37	9.88	8.78
23	25.05	21.69	12.91	11.37	9.88	8.78
24	25.05	21.69	12.91	11.37	9.88	8.78
25	25.05	21.69	12.91	11.37	9.88	8.78
26	25.05	21.69	12.91	11.37	9.88	8.78
27	25.05	21.69	12.91	11.37	9.88	8.78
28	25.95	22.47	13.37	11.77	10.24	9.10
29	27.31	23.65	14.08	12.38	10.77	9.57
30	28.71	24.87	14.80	13.03	11.33	10.07
31	30.44	26.36	15.69	13.81	12.01	10.67
32	32.51	28.16	16.76	14.75	12.82	11.39
33	35.02	30.32	18.05	15.88	13.81	12.28
34	37.97	32.88	19.57	17.23	14.97	13.31
35	42.33	36.66	21.82	19.21	16.69	14.84
36	46.42	40.20	23.93	21.06	18.31	16.28
37	52.16	45.17	26.89	23.66	20.57	18.29
38	57.78	50.02	29.78	26.21	22.78	20.25
39	64.46	55.82	33.22	29.23	25.41	22.59
40	71.74	62.12	36.98	32.54	28.28	25.15
41	77.88	67.44	40.14	35.32	30.71	27.29
42	86.62	75.01	44.65	39.29	34.16	30.36
43	97.09	84.07	50.04	44.04	38.28	34.03
44	105.86	91.67	54.57	48.02	41.75	37.11
45	115.14	99.71	59.35	52.23	45.40	40.36
46	120.44	104.30	62.08	54.63	47.49	42.21
47	122.94	106.46	63.37	55.77	48.48	43.09
48	124.15	107.51	63.99	56.31	48.96	43.52
49	125.43	108.62	64.66	56.90	49.46	43.97
50	126.78	109.79	65.35	57.51	50.00	44.44
51	128.41	111.20	66.19	58.25	50.64	45.01
52	130.11	112.66	67.06	59.01	51.30	45.60
53	131.97	114.28	68.02	59.86	52.03	46.25
54	133.95	115.99	69.04	60.76	52.82	46.95
55	136.15	117.91	70.18	61.76	53.69	47.73
56	137.61	119.17	70.93	62.42	54.26	48.23
57	139.80	121.07	72.06	63.42	55.12	49.01
58	143.05	123.88	73.74	64.88	56.41	50.14
59	147.01	127.30	75.77	66.69	57.96	51.53
60	156.49	135.52	80.67	70.98	61.71	54.86
61	156.49	135.52	80.67	70.98	61.71	54.86
62	156.49	135.52	80.67	70.98	61.71	54.86
63	156.49	135.52	80.67	70.98	61.71	54.86
64	156.49	135.52	80.67	70.98	61.71	54.86

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1514 (07/11)

Graded Lifetime Indemnity for Total Disability Rider on Individual Disability Income Policy with 6% COLA Rider Attached

Occupation Classes 5 and 5M | Unisex Select To Age 67

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	45.54	39.43	23.47	20.65	17.96	15.96
19	45.54	39.43	23.47	20.65	17.96	15.96
20	45.54	39.43	23.47	20.65	17.96	15.96
21	45.54	39.43	23.47	20.65	17.96	15.96
22	45.54	39.43	23.47	20.65	17.96	15.96
23	45.54	39.43	23.47	20.65	17.96	15.96
24	45.54	39.43	23.47	20.65	17.96	15.96
25	45.54	39.43	23.47	20.65	17.96	15.96
26	46.89	40.60	24.17	21.27	18.48	16.43
27	48.75	42.21	25.13	22.11	19.23	17.09
28	51.08	44.24	26.33	23.18	20.15	17.91
29	53.95	46.72	27.81	24.47	21.28	18.91
30	57.33	49.65	29.55	26.01	22.61	20.10
31	61.21	53.00	31.55	27.77	24.14	21.45
32	65.59	56.80	33.81	29.75	25.86	22.99
33	70.49	61.04	36.33	31.98	27.80	24.71
34	75.88	65.72	39.11	34.42	29.93	26.60
35	81.78	70.81	42.15	37.10	32.24	28.66
36	84.04	72.78	43.32	38.12	33.15	29.46
37	87.29	75.60	45.00	39.60	34.42	30.60
38	91.69	79.40	47.26	41.59	36.15	32.14
39	97.52	84.46	50.27	44.24	38.46	34.18
40	105.12	91.03	54.18	47.68	41.45	36.85
41	109.51	94.83	56.45	49.68	43.18	38.38
42	114.24	98.93	58.89	51.82	45.05	40.05
43	119.22	103.24	61.45	54.07	47.01	41.79
44	124.51	107.82	64.18	56.48	49.09	43.64
45	130.14	112.70	67.08	59.03	51.32	45.62
46	131.23	113.64	67.65	59.53	51.75	46.00
47	132.42	114.68	68.26	60.07	52.22	46.42
48	133.73	115.81	68.93	60.66	52.74	46.88
49	135.17	117.06	69.68	61.31	53.30	47.38
50	136.61	118.31	70.42	61.96	53.87	47.89
51	138.40	119.85	71.34	62.78	54.58	48.51
52	140.28	121.48	72.31	63.64	55.32	49.17
53	142.28	123.21	73.34	64.54	56.10	49.87
54	144.41	125.06	74.44	65.51	56.94	50.62
55	146.70	127.04	75.62	66.54	57.85	51.42
56	147.83	128.02	76.20	67.05	58.29	51.82
57	149.40	129.38	77.01	67.78	58.91	52.37
58	151.34	131.06	78.01	68.65	59.68	53.04
59	153.77	133.16	79.26	69.75	60.64	53.90
60	156.49	135.52	80.67	70.98	61.71	54.86

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1514 (07/11)

Graded Lifetime Indemnity for Total Disability Rider on Individual Disability Income Policy with 6% COLA Rider Attached

Occupation Classes 6 and 6M | Unisex Select To Age 67

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	19.79	17.14	10.20	8.98	7.80	6.94
19	19.79	17.14	10.20	8.98	7.80	6.94
20	19.79	17.14	10.20	8.98	7.80	6.94
21	19.79	17.14	10.20	8.98	7.80	6.94
22	19.79	17.14	10.20	8.98	7.80	6.94
23	19.79	17.14	10.20	8.98	7.80	6.94
24	19.79	17.14	10.20	8.98	7.80	6.94
25	19.79	17.14	10.20	8.98	7.80	6.94
26	19.79	17.14	10.20	8.98	7.80	6.94
27	19.79	17.14	10.20	8.98	7.80	6.94
28	20.50	17.75	10.56	9.30	8.09	7.19
29	21.58	18.68	11.12	9.78	8.51	7.56
30	22.68	19.64	11.69	10.30	8.95	7.95
31	24.05	20.83	12.39	10.91	9.48	8.43
32	25.68	22.25	13.24	11.65	10.13	9.00
33	27.66	23.96	14.26	12.54	10.91	9.70
34	30.00	25.98	15.46	13.61	11.82	10.51
35	33.44	28.96	17.24	15.18	13.19	11.72
36	36.67	31.76	18.90	16.63	14.46	12.86
37	41.21	35.69	21.25	18.69	16.26	14.44
38	45.64	39.52	23.52	20.70	18.00	16.00
39	50.93	44.09	26.24	23.10	20.08	17.85
40	56.67	49.07	29.21	25.71	22.34	19.87
41	61.53	53.27	31.71	27.91	24.26	21.56
42	68.43	59.26	35.27	31.05	26.99	23.99
43	76.71	66.42	39.53	34.79	30.24	26.88
44	83.63	72.42	43.10	37.94	32.98	29.31
45	90.96	78.77	46.89	41.26	35.87	31.89
46	95.15	82.40	49.04	43.15	37.52	33.35
47	97.12	84.11	50.06	44.06	38.30	34.05
48	98.08	84.93	50.56	44.49	38.68	34.38
49	99.09	85.81	51.07	44.95	39.08	34.73
50	100.16	86.73	51.63	45.43	39.50	35.11
51	101.45	87.84	52.29	46.02	40.01	35.55
52	102.78	89.00	52.97	46.62	40.53	36.03
53	104.26	90.28	53.74	47.28	41.10	36.54
54	105.82	91.63	54.54	48.00	41.73	37.09
55	107.56	93.15	55.44	48.79	42.41	37.71
56	108.71	94.14	56.03	49.31	42.87	38.11
57	110.44	95.64	56.93	50.10	43.55	38.72
58	113.01	97.86	58.25	51.26	44.56	39.61
59	116.14	100.57	59.87	52.68	45.79	40.71
60	123.63	107.06	63.73	56.07	48.75	43.33
61	123.63	107.06	63.73	56.07	48.75	43.33
62	123.63	107.06	63.73	56.07	48.75	43.33
63	123.63	107.06	63.73	56.07	48.75	43.33
64	123.63	107.06	63.73	56.07	48.75	43.33

$30 Policy Fee

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1514 (07/11)

Graded Lifetime Indemnity for Total Disability Rider on Individual Disability Income Policy with 6% COLA Rider Attached

Occupation Classes 6 and 6M | Unisex Select To Age 67

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	35.98	31.16	18.54	16.32	14.19	12.60
19	35.98	31.16	18.54	16.32	14.19	12.60
20	35.98	31.16	18.54	16.32	14.19	12.60
21	35.98	31.16	18.54	16.32	14.19	12.60
22	35.98	31.16	18.54	16.32	14.19	12.60
23	35.98	31.16	18.54	16.32	14.19	12.60
24	35.98	31.16	18.54	16.32	14.19	12.60
25	35.98	31.16	18.54	16.32	14.19	12.60
26	37.04	32.08	19.09	16.80	14.60	12.98
27	38.51	33.35	19.85	17.46	15.19	13.50
28	40.35	34.96	20.80	18.31	15.92	14.15
29	42.62	36.91	21.97	19.33	16.81	14.94
30	45.29	39.22	23.34	20.54	17.86	15.88
31	48.36	41.88	24.93	21.94	19.07	16.95
32	51.82	44.87	26.71	23.50	20.42	18.16
33	55.69	48.22	28.70	25.26	21.96	19.52
34	59.94	51.92	30.90	27.20	23.64	21.02
35	64.61	55.94	33.30	29.30	25.47	22.64
36	66.39	57.50	34.22	30.12	26.19	23.27
37	68.95	59.72	35.55	31.28	27.20	24.18
38	72.44	62.73	37.33	32.86	28.56	25.38
39	77.04	66.72	39.72	34.96	30.38	27.01
40	83.04	71.91	42.81	37.67	32.75	29.11
41	86.52	74.91	44.60	39.24	34.12	30.32
42	90.25	78.15	46.52	40.94	35.59	31.64
43	94.18	81.56	48.55	42.72	37.13	33.02
44	98.37	85.18	50.71	44.62	38.79	34.47
45	102.81	89.03	52.99	46.64	40.54	36.04
46	103.67	89.77	53.44	47.03	40.88	36.33
47	104.61	90.59	53.93	47.46	41.25	36.67
48	105.64	91.49	54.46	47.92	41.66	37.04
49	106.79	92.48	55.04	48.43	42.10	37.43
50	107.92	93.47	55.63	48.96	42.55	37.83
51	109.34	94.68	56.36	49.59	43.11	38.32
52	110.82	95.97	57.12	50.27	43.71	38.85
53	112.40	97.34	57.93	50.99	44.32	39.39
54	114.09	98.79	58.81	51.75	44.99	39.99
55	115.89	100.36	59.74	52.57	45.70	40.62
56	116.78	101.13	60.20	52.97	46.05	40.94
57	118.03	102.22	60.84	53.54	46.54	41.37
58	119.56	103.53	61.63	54.23	47.14	41.91
59	121.47	105.20	62.62	55.10	47.91	42.58
60	123.63	107.06	63.73	56.07	48.75	43.33

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1514 (07/11)

Graded Lifetime Indemnity for Total Disability Rider on Individual Disability Income Policy with Four-Year Delayed COLA Rider Attached

Occupation Classes 3 and 3M | Unisex Select To Age 65

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	40.58	35.15	20.92	18.40	16.00	14.23
19	40.58	35.15	20.92	18.40	16.00	14.23
20	40.58	35.15	20.92	18.40	16.00	14.23
21	40.58	35.15	20.92	18.40	16.00	14.23
22	40.58	35.15	20.92	18.40	16.00	14.23
23	40.58	35.15	20.92	18.40	16.00	14.23
24	40.58	35.15	20.92	18.40	16.00	14.23
25	40.58	35.15	20.92	18.40	16.00	14.23
26	40.58	35.15	20.92	18.40	16.00	14.23
27	40.58	35.15	20.92	18.40	16.00	14.23
28	40.58	35.15	20.92	18.40	16.00	14.23
29	40.58	35.15	20.92	18.40	16.00	14.23
30	40.80	35.32	21.03	18.50	16.09	14.30
31	42.11	36.47	21.71	19.11	16.61	14.76
32	43.95	38.06	22.65	19.93	17.33	15.40
33	46.25	40.05	23.84	20.98	18.24	16.21
34	49.14	42.56	25.33	22.29	19.38	17.23
35	53.76	46.55	27.71	24.38	21.20	18.84
36	57.50	49.80	29.64	26.09	22.67	20.16
37	62.81	54.39	32.37	28.49	24.77	22.02
38	69.45	60.14	35.80	31.50	27.38	24.34
39	77.78	67.36	40.10	35.28	30.67	27.26
40	88.31	76.48	45.52	40.06	34.82	30.96
41	97.60	84.53	50.31	44.27	38.49	34.21
42	108.17	93.67	55.76	49.06	42.65	37.92
43	120.10	104.00	61.90	54.48	47.36	42.09
44	133.21	115.35	68.67	60.43	52.53	46.69
45	148.09	128.24	76.34	67.18	58.40	51.91
46	159.82	138.39	82.38	72.49	63.02	56.01
47	171.65	148.64	88.48	77.86	67.69	60.16
48	183.68	159.07	94.68	83.32	72.43	64.39
49	195.06	168.91	100.54	88.48	76.91	68.37
50	206.22	178.58	106.30	93.55	81.32	72.28
51	216.21	187.23	111.44	98.07	85.26	75.78
52	224.67	194.56	115.81	101.91	88.60	78.75
53	231.17	200.18	119.16	104.86	91.16	81.02
54	237.97	206.07	122.66	107.94	93.83	83.41
55	244.20	211.47	125.88	110.77	96.30	85.60
56	250.14	216.61	128.94	113.46	98.63	87.67
57	256.50	222.12	132.21	116.34	101.15	89.90
58	263.59	228.25	135.87	119.56	103.94	92.39
59	271.30	234.95	139.85	123.07	106.98	95.10
60	279.93	242.41	144.29	126.98	110.39	98.12
61	279.85	242.34	144.25	126.94	110.36	98.09
62	279.85	242.34	144.25	126.94	110.36	98.09
63	279.85	242.34	144.25	126.94	110.36	98.09
64	279.85	242.34	144.25	126.94	110.36	98.09

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1514 (07/11)

Graded Lifetime Indemnity for Total Disability Rider on Individual Disability Income Policy with Four-Year Delayed COLA Rider Attached

Occupation Classes 3 and 3M Unisex Select To Age 65

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	67.65	58.58	34.87	30.68	26.67	23.71
19	67.65	58.58	34.87	30.68	26.67	23.71
20	67.65	58.58	34.87	30.68	26.67	23.71
21	67.65	58.58	34.87	30.68	26.67	23.71
22	67.65	58.58	34.87	30.68	26.67	23.71
23	67.65	58.58	34.87	30.68	26.67	23.71
24	67.65	58.58	34.87	30.68	26.67	23.71
25	67.65	58.58	34.87	30.68	26.67	23.71
26	71.16	61.62	36.68	32.27	28.06	24.94
27	74.52	64.53	38.41	33.80	29.38	26.12
28	77.78	67.36	40.10	35.28	30.67	27.26
29	81.01	70.15	41.76	36.75	31.95	28.39
30	84.39	73.08	43.50	38.28	33.27	29.58
31	88.65	76.77	45.70	40.21	34.96	31.08
32	93.46	80.93	48.17	42.39	36.85	32.76
33	99.03	85.75	51.04	44.92	39.05	34.71
34	105.65	91.50	54.46	47.93	41.66	37.04
35	113.68	98.45	58.60	51.57	44.83	39.85
36	117.75	101.97	60.70	53.41	46.43	41.27
37	123.21	106.69	63.51	55.89	48.58	43.18
38	130.35	112.88	67.19	59.13	51.40	45.69
39	139.61	120.90	71.96	63.33	55.05	48.94
40	151.38	131.10	78.03	68.67	59.70	53.06
41	159.00	137.70	81.96	72.13	62.70	55.74
42	167.15	144.75	86.16	75.82	65.91	58.59
43	175.77	152.21	90.60	79.73	69.31	61.61
44	184.93	160.15	95.33	83.89	72.92	64.83
45	194.69	168.60	100.36	88.32	76.77	68.24
46	198.61	171.99	102.38	90.09	78.32	69.62
47	202.72	175.55	104.49	91.95	79.94	71.05
48	207.06	179.31	106.73	93.92	81.65	72.58
49	211.45	183.12	109.00	95.92	83.39	74.12
50	216.09	187.13	111.38	98.02	85.21	75.74
51	221.35	191.68	114.10	100.41	87.29	77.59
52	226.79	196.39	116.90	102.87	89.43	79.49
53	232.49	201.33	119.84	105.45	91.67	81.49
54	238.40	206.45	122.89	108.14	94.01	83.57
55	244.57	211.79	126.07	110.94	96.45	85.72
56	250.39	216.83	129.07	113.58	98.73	87.76
57	256.73	222.32	132.33	116.45	101.24	89.99
58	263.80	228.44	135.98	119.66	104.02	92.47
59	271.48	235.10	139.94	123.15	107.05	95.16
60	279.93	242.41	144.29	126.98	110.39	98.12

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1514 (07/11)

Graded Lifetime Indemnity for Total Disability Rider on Individual Disability Income Policy with Four-Year Delayed COLA Rider Attached

Occupation Classes 4 and 4M | Unisex Select To Age 65

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	25.02	21.67	12.90	11.36	9.87	8.77
19	25.02	21.67	12.90	11.36	9.87	8.77
20	25.02	21.67	12.90	11.36	9.87	8.77
21	25.02	21.67	12.90	11.36	9.87	8.77
22	25.02	21.67	12.90	11.36	9.87	8.77
23	25.02	21.67	12.90	11.36	9.87	8.77
24	25.02	21.67	12.90	11.36	9.87	8.77
25	25.02	21.67	12.90	11.36	9.87	8.77
26	24.52	21.23	12.63	11.12	9.67	8.58
27	25.01	21.65	12.89	11.35	9.86	8.76
28	25.85	22.39	13.33	11.73	10.20	9.07
29	27.15	23.51	14.00	12.31	10.70	9.51
30	29.01	25.12	14.95	13.15	11.44	10.17
31	31.47	27.24	16.22	14.27	12.40	11.03
32	34.77	30.10	17.92	15.77	13.70	12.19
33	37.52	32.49	19.33	17.01	14.80	13.15
34	41.22	35.70	21.25	18.69	16.26	14.44
35	44.24	38.32	22.81	20.07	17.45	15.51
36	46.08	39.91	23.75	20.90	18.17	16.16
37	48.44	41.95	24.97	21.98	19.10	16.98
38	51.84	44.89	26.72	23.51	20.44	18.17
39	56.39	48.84	29.07	25.58	22.25	19.76
40	62.20	53.87	32.07	28.22	24.53	21.80
41	66.49	57.59	34.27	30.17	26.22	23.31
42	71.95	62.31	37.10	32.64	28.37	25.23
43	79.81	69.11	41.13	36.19	31.47	27.98
44	90.25	78.15	46.52	40.94	35.59	31.63
45	101.38	87.78	52.25	45.98	39.97	35.53
46	109.01	94.40	56.19	49.45	42.99	38.21
47	114.51	99.18	59.03	51.96	45.16	40.14
48	116.82	101.16	60.21	52.98	46.06	40.95
49	119.11	103.14	61.39	54.02	46.96	41.74
50	122.59	106.17	63.19	55.61	48.34	42.98
51	125.83	108.97	64.86	57.08	49.63	44.10
52	129.13	111.82	66.56	58.58	50.93	45.26
53	132.47	114.71	68.28	60.08	52.24	46.43
54	135.99	117.76	70.09	61.69	53.63	47.67
55	139.47	120.78	71.89	63.27	54.99	48.89
56	144.54	125.18	74.51	65.57	56.99	50.67
57	150.35	130.20	77.50	68.19	59.28	52.71
58	156.40	135.43	80.62	70.95	61.67	54.82
59	163.77	141.83	84.42	74.28	64.58	57.41
60	169.40	146.70	87.32	76.84	66.81	59.38
61	169.40	146.70	87.32	76.84	66.81	59.38
62	169.40	146.70	87.32	76.84	66.81	59.38
63	169.40	146.70	87.32	76.84	66.81	59.38
64	169.40	146.70	87.32	76.84	66.81	59.38

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1514 (07/11)

Graded Lifetime Indemnity for Total Disability Rider on Individual Disability Income Policy with Four-Year Delayed COLA Rider Attached

Occupation Classes 4 and 4M | Unisex Select To Age 65

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	40.69	35.23	20.97	18.45	16.05	14.26
19	40.69	35.23	20.97	18.45	16.05	14.26
20	40.69	35.23	20.97	18.45	16.05	14.26
21	40.69	35.23	20.97	18.45	16.05	14.26
22	40.69	35.23	20.97	18.45	16.05	14.26
23	40.69	35.23	20.97	18.45	16.05	14.26
24	40.69	35.23	20.97	18.45	16.05	14.26
25	40.69	35.23	20.97	18.45	16.05	14.26
26	42.95	37.19	22.14	19.49	16.94	15.05
27	45.09	39.06	23.25	20.45	17.78	15.80
28	47.12	40.81	24.29	21.37	18.58	16.52
29	49.14	42.56	25.33	22.29	19.37	17.23
30	51.22	44.36	26.40	23.24	20.21	17.96
31	53.90	46.69	27.79	24.45	21.27	18.90
32	56.91	49.27	29.33	25.81	22.44	19.94
33	60.41	52.31	31.15	27.41	23.83	21.18
34	64.69	56.01	33.34	29.34	25.51	22.67
35	69.93	60.57	36.05	31.72	27.57	24.52
36	72.42	62.72	37.33	32.86	28.55	25.38
37	75.87	65.71	39.11	34.42	29.93	26.59
38	80.60	69.80	41.54	36.56	31.79	28.25
39	86.76	75.14	44.72	39.35	34.21	30.41
40	94.73	82.04	48.84	42.98	37.35	33.20
41	99.51	86.18	51.30	45.13	39.24	34.88
42	104.62	90.60	53.93	47.45	41.25	36.68
43	110.05	95.31	56.73	49.93	43.40	38.57
44	115.84	100.31	59.71	52.54	45.68	40.60
45	121.99	105.64	62.87	55.33	48.10	42.76
46	124.20	107.56	64.02	56.34	48.98	43.54
47	126.57	109.61	65.24	57.41	49.92	44.37
48	129.04	111.73	66.51	58.53	50.89	45.22
49	131.51	113.90	67.80	59.66	51.87	46.10
50	134.13	116.15	69.14	60.85	52.90	47.02
51	137.13	118.75	70.69	62.20	54.07	48.06
52	140.22	121.43	72.28	63.61	55.29	49.14
53	143.44	124.23	73.94	65.06	56.57	50.28
54	146.87	127.18	75.71	66.61	57.92	51.47
55	150.40	130.24	77.53	68.22	59.31	52.72
56	153.38	132.82	79.06	69.57	60.48	53.77
57	156.74	135.74	80.79	71.10	61.81	54.95
58	160.55	139.04	82.75	72.82	63.30	56.28
59	164.77	142.68	84.93	74.74	64.97	57.75
60	169.40	146.70	87.32	76.84	66.81	59.38

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1514 (07/11)

Graded Lifetime Indemnity for Total Disability Rider on Individual Disability Income Policy with Four-Year Delayed COLA Rider Attached

Occupation Classes 5 and 5M | Unisex Select To Age 65

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	19.70	17.07	10.16	8.94	7.77	6.91
19	19.70	17.07	10.16	8.94	7.77	6.91
20	19.70	17.07	10.16	8.94	7.77	6.91
21	19.70	17.07	10.16	8.94	7.77	6.91
22	19.70	17.07	10.16	8.94	7.77	6.91
23	19.70	17.07	10.16	8.94	7.77	6.91
24	19.70	17.07	10.16	8.94	7.77	6.91
25	19.70	17.07	10.16	8.94	7.77	6.91
26	19.31	16.71	9.95	8.75	7.61	6.76
27	19.69	17.05	10.15	8.93	7.76	6.90
28	20.35	17.63	10.49	9.24	8.03	7.14
29	21.37	18.51	11.02	9.69	8.42	7.49
30	22.84	19.78	11.77	10.36	9.01	8.01
31	24.78	21.45	12.77	11.24	9.77	8.68
32	27.37	23.70	14.11	12.41	10.79	9.59
33	29.54	25.58	15.23	13.39	11.65	10.36
34	32.46	28.11	16.73	14.72	12.80	11.38
35	34.84	30.18	17.96	15.80	13.74	12.22
36	36.28	31.42	18.70	16.45	14.31	12.72
37	38.14	33.03	19.66	17.31	15.04	13.37
38	40.82	35.34	21.04	18.51	16.10	14.31
39	44.40	38.45	22.89	20.15	17.51	15.56
40	48.98	42.41	25.25	22.22	19.31	17.17
41	52.35	45.34	26.99	23.75	20.64	18.35
42	56.66	49.06	29.21	25.70	22.34	19.86
43	62.85	54.42	32.39	28.50	24.78	22.03
44	71.06	61.54	36.63	32.23	28.03	24.91
45	79.82	69.12	41.14	36.20	31.47	27.98
46	85.83	74.33	44.24	38.94	33.85	30.09
47	90.17	78.09	46.48	40.91	35.56	31.61
48	91.98	79.66	47.41	41.72	36.27	32.24
49	93.78	81.21	48.34	42.54	36.98	32.87
50	96.53	83.60	49.76	43.79	38.07	33.84
51	99.08	85.80	51.07	44.95	39.08	34.73
52	101.67	88.05	52.41	46.12	40.10	35.64
53	104.31	90.33	53.77	47.31	41.13	36.56
54	107.08	92.72	55.19	48.57	42.22	37.53
55	109.82	95.10	56.61	49.82	43.30	38.49
56	113.81	98.56	58.67	51.63	44.88	39.90
57	118.38	102.52	61.02	53.70	46.68	41.50
58	123.15	106.64	63.48	55.87	48.56	43.16
59	128.95	111.67	66.47	58.49	50.85	45.20
60	133.38	115.51	68.76	60.51	52.60	46.76
61	133.38	115.51	68.76	60.51	52.60	46.76
62	133.38	115.51	68.76	60.51	52.60	46.76
63	133.38	115.51	68.76	60.51	52.60	46.76
64	133.38	115.51	68.76	60.51	52.60	46.76

$30 Policy Fee

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1514 (07/11)

Graded Lifetime Indemnity for Total Disability Rider on Individual Disability Income Policy with Four-Year Delayed COLA Rider Attached

Occupation Classes 5 and 5M | Unisex Select To Age 65

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	32.04	27.74	16.51	14.53	12.63	11.23
19	32.04	27.74	16.51	14.53	12.63	11.23
20	32.04	27.74	16.51	14.53	12.63	11.23
21	32.04	27.74	16.51	14.53	12.63	11.23
22	32.04	27.74	16.51	14.53	12.63	11.23
23	32.04	27.74	16.51	14.53	12.63	11.23
24	32.04	27.74	16.51	14.53	12.63	11.23
25	32.04	27.74	16.51	14.53	12.63	11.23
26	33.82	29.28	17.43	15.35	13.34	11.85
27	35.51	30.75	18.31	16.11	14.00	12.44
28	37.11	32.14	19.13	16.83	14.63	13.01
29	38.70	33.51	19.95	17.55	15.26	13.56
30	40.33	34.93	20.79	18.30	15.91	14.14
31	42.44	36.76	21.88	19.26	16.74	14.88
32	44.81	38.80	23.10	20.32	17.67	15.70
33	47.57	41.19	24.52	21.58	18.76	16.67
34	50.94	44.10	26.25	23.11	20.09	17.85
35	55.06	47.69	28.38	24.98	21.71	19.31
36	57.02	49.38	29.39	25.87	22.48	19.99
37	59.75	51.74	30.80	27.11	23.56	20.94
38	63.46	54.95	32.71	28.79	25.03	22.25
39	68.32	59.16	35.21	30.99	26.94	23.95
40	74.60	64.60	38.45	33.84	29.41	26.15
41	78.36	67.85	40.39	35.54	30.90	27.46
42	82.38	71.34	42.46	37.36	32.48	28.88
43	86.65	75.04	44.67	39.31	34.17	30.37
44	91.21	78.98	47.02	41.37	35.97	31.97
45	96.05	83.18	49.51	43.57	37.88	33.67
46	97.79	84.69	50.41	44.36	38.56	34.28
47	99.66	86.31	51.37	45.20	39.30	34.94
48	101.60	87.98	52.37	46.08	40.07	35.61
49	103.55	89.68	53.38	46.98	40.84	36.30
50	105.61	91.46	54.44	47.91	41.65	37.02
51	107.98	93.51	55.66	48.98	42.58	37.85
52	110.41	95.61	56.92	50.08	43.54	38.70
53	112.95	97.81	58.22	51.23	44.54	39.59
54	115.64	100.14	59.61	52.45	45.60	40.53
55	118.42	102.55	61.04	53.72	46.70	41.51
56	120.77	104.58	62.25	54.78	47.62	42.33
57	123.41	106.88	63.62	55.98	48.67	43.26
58	126.41	109.47	65.16	57.34	49.85	44.31
59	129.74	112.35	66.87	58.85	51.16	45.47
60	133.38	115.51	68.76	60.51	52.60	46.76

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1514 (07/11)

Graded Lifetime Indemnity for Total Disability Rider on Individual Disability Income Policy with Four-Year Delayed COLA Rider Attached

Occupation Classes 6 and 6M | Unisex Select To Age 65

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	15.56	13.48	8.03	7.06	6.14	5.45
19	15.56	13.48	8.03	7.06	6.14	5.45
20	15.56	13.48	8.03	7.06	6.14	5.45
21	15.56	13.48	8.03	7.06	6.14	5.45
22	15.56	13.48	8.03	7.06	6.14	5.45
23	15.56	13.48	8.03	7.06	6.14	5.45
24	15.56	13.48	8.03	7.06	6.14	5.45
25	15.56	13.48	8.03	7.06	6.14	5.45
26	15.26	13.21	7.86	6.91	6.02	5.35
27	15.55	13.46	8.02	7.06	6.13	5.45
28	16.08	13.93	8.29	7.30	6.35	5.64
29	16.89	14.62	8.70	7.65	6.65	5.92
30	18.05	15.62	9.30	8.18	7.12	6.33
31	19.57	16.95	10.09	8.88	7.72	6.86
32	21.62	18.72	11.15	9.81	8.52	7.58
33	23.33	20.21	12.03	10.58	9.21	8.18
34	25.64	22.21	13.22	11.63	10.11	8.99
35	27.52	23.84	14.19	12.48	10.86	9.65
36	28.66	24.82	14.77	13.00	11.31	10.05
37	30.14	26.09	15.53	13.67	11.88	10.56
38	32.24	27.92	16.62	14.62	12.72	11.31
39	35.08	30.37	18.08	15.92	13.84	12.30
40	38.69	33.50	19.95	17.55	15.26	13.56
41	41.36	35.82	21.32	18.76	16.31	14.50
42	44.76	38.76	23.08	20.30	17.65	15.69
43	49.65	43.00	25.59	22.51	19.57	17.40
44	56.14	48.62	28.94	25.46	22.14	19.68
45	63.06	54.61	32.50	28.60	24.86	22.11
46	67.81	58.72	34.96	30.76	26.74	23.77
47	71.23	61.70	36.72	32.31	28.10	24.97
48	72.67	62.92	37.45	32.96	28.66	25.47
49	74.09	64.15	38.19	33.61	29.21	25.97
50	76.26	66.04	39.31	34.59	30.08	26.73
51	78.27	67.79	40.35	35.51	30.87	27.43
52	80.32	69.56	41.40	36.44	31.68	28.16
53	82.40	71.36	42.47	37.37	32.49	28.88
54	84.60	73.25	43.60	38.37	33.35	29.65
55	86.75	75.13	44.72	39.35	34.20	30.41
56	89.91	77.86	46.35	40.79	35.45	31.52
57	93.53	80.99	48.21	42.42	36.88	32.79
58	97.29	84.25	50.14	44.13	38.36	34.10
59	101.87	88.22	52.51	46.20	40.16	35.71
60	105.38	91.26	54.32	47.80	41.55	36.94
61	105.38	91.26	54.32	47.80	41.55	36.94
62	105.38	91.26	54.32	47.80	41.55	36.94
63	105.38	91.26	54.32	47.80	41.55	36.94
64	105.38	91.26	54.32	47.80	41.55	36.94

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1514 (07/11)

Graded Lifetime Indemnity for Total Disability Rider on Individual Disability Income Policy with Four-Year Delayed COLA Rider Attached

Occupation Classes 6 and 6M | Unisex Select To Age 65

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	25.30	21.92	13.05	11.48	9.98	8.87
19	25.30	21.92	13.05	11.48	9.98	8.87
20	25.30	21.92	13.05	11.48	9.98	8.87
21	25.30	21.92	13.05	11.48	9.98	8.87
22	25.30	21.92	13.05	11.48	9.98	8.87
23	25.30	21.92	13.05	11.48	9.98	8.87
24	25.30	21.92	13.05	11.48	9.98	8.87
25	25.30	21.92	13.05	11.48	9.98	8.87
26	26.72	23.14	13.77	12.13	10.53	9.37
27	28.06	24.29	14.46	12.72	11.06	9.83
28	29.31	25.38	15.11	13.30	11.56	10.28
29	30.57	26.47	15.76	13.87	12.05	10.71
30	31.86	27.59	16.42	14.45	12.57	11.17
31	33.53	29.04	17.29	15.22	13.23	11.75
32	35.40	30.65	18.25	16.06	13.96	12.40
33	37.58	32.54	19.37	17.05	14.82	13.17
34	40.24	34.84	20.74	18.26	15.87	14.10
35	43.50	37.67	22.42	19.73	17.15	15.26
36	45.05	39.02	23.23	20.43	17.76	15.79
37	47.20	40.88	24.33	21.41	18.61	16.54
38	50.13	43.41	25.84	22.74	19.77	17.57
39	53.97	46.74	27.82	24.48	21.29	18.92
40	58.93	51.03	30.37	26.73	23.24	20.65
41	61.90	53.61	31.91	28.08	24.41	21.69
42	65.08	56.36	33.54	29.51	25.66	22.81
43	68.46	59.28	35.28	31.06	27.00	24.00
44	72.05	62.40	37.14	32.68	28.41	25.25
45	75.88	65.72	39.11	34.42	29.93	26.60
46	77.26	66.90	39.83	35.05	30.46	27.09
47	78.73	68.18	40.58	35.71	31.05	27.60
48	80.27	69.51	41.37	36.40	31.65	28.14
49	81.80	70.85	42.17	37.12	32.26	28.68
50	83.44	72.25	43.01	37.85	32.91	29.24
51	85.31	73.87	43.97	38.69	33.64	29.90
52	87.23	75.54	44.97	39.57	34.39	30.57
53	89.23	77.27	46.00	40.47	35.18	31.27
54	91.36	79.11	47.09	41.43	36.03	32.02
55	93.56	81.02	48.22	42.44	36.89	32.79
56	95.41	82.63	49.18	43.27	37.62	33.44
57	97.50	84.44	50.26	44.22	38.45	34.17
58	99.87	86.49	51.48	45.30	39.38	35.01
59	102.49	88.75	52.83	46.49	40.42	35.92
60	105.38	91.26	54.32	47.80	41.55	36.94

$30 Policy Fee

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1514 (07/11)

Graded Lifetime Indemnity for Total Disability Rider on Individual Disability Income Policy with Four-Year Delayed COLA Rider Attached

Occupation Classes 3 and 3M | Unisex Select To Age 67

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	40.58	35.15	20.92	18.40	16.00	14.23
19	40.58	35.15	20.92	18.40	16.00	14.23
20	40.58	35.15	20.92	18.40	16.00	14.23
21	40.58	35.15	20.92	18.40	16.00	14.23
22	40.58	35.15	20.92	18.40	16.00	14.23
23	40.58	35.15	20.92	18.40	16.00	14.23
24	40.58	35.15	20.92	18.40	16.00	14.23
25	40.58	35.15	20.92	18.40	16.00	14.23
26	40.58	35.15	20.92	18.40	16.00	14.23
27	40.58	35.15	20.92	18.40	16.00	14.23
28	40.58	35.15	20.92	18.40	16.00	14.23
29	40.58	35.15	20.92	18.40	16.00	14.23
30	40.80	35.32	21.03	18.50	16.09	14.30
31	42.11	36.47	21.71	19.11	16.61	14.76
32	43.95	38.06	22.65	19.93	17.33	15.40
33	46.25	40.05	23.84	20.98	18.24	16.21
34	49.14	42.56	25.33	22.29	19.38	17.23
35	53.76	46.55	27.71	24.38	21.20	18.84
36	57.50	49.80	29.64	26.09	22.67	20.16
37	62.81	54.39	32.37	28.49	24.77	22.02
38	69.45	60.14	35.80	31.50	27.38	24.34
39	77.78	67.36	40.10	35.28	30.67	27.26
40	88.31	76.48	45.52	40.06	34.82	30.96
41	97.60	84.53	50.31	44.27	38.49	34.21
42	108.17	93.67	55.76	49.06	42.65	37.92
43	120.10	104.00	61.90	54.48	47.36	42.09
44	133.21	115.35	68.67	60.43	52.53	46.69
45	148.09	128.24	76.34	67.18	58.40	51.91
46	159.82	138.39	82.38	72.49	63.02	56.01
47	171.65	148.64	88.48	77.86	67.69	60.16
48	183.68	159.07	94.68	83.32	72.43	64.39
49	195.06	168.91	100.54	88.48	76.91	68.37
50	206.22	178.58	106.30	93.55	81.32	72.28
51	216.21	187.23	111.44	98.07	85.26	75.78
52	224.67	194.56	115.81	101.91	88.60	78.75
53	231.17	200.18	119.16	104.86	91.16	81.02
54	237.97	206.07	122.66	107.94	93.83	83.41
55	244.20	211.47	125.88	110.77	96.30	85.60
56	250.14	216.61	128.94	113.46	98.63	87.67
57	256.50	222.12	132.21	116.34	101.15	89.90
58	263.59	228.25	135.87	119.56	103.94	92.39
59	271.30	234.95	139.85	123.07	106.98	95.10
60	279.93	242.41	144.29	126.98	110.39	98.12
61	279.85	242.34	144.25	126.94	110.36	98.09
62	279.85	242.34	144.25	126.94	110.36	98.09
63	279.85	242.34	144.25	126.94	110.36	98.09
64	279.85	242.34	144.25	126.94	110.36	98.09

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1514 (07/11)

Graded Lifetime Indemnity for Total Disability Rider on Individual Disability Income Policy with Four-Year Delayed COLA Rider Attached

Occupation Classes 3 and 3M Unisex Select To Age 67

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	67.65	58.58	34.87	30.68	26.67	23.71
19	67.65	58.58	34.87	30.68	26.67	23.71
20	67.65	58.58	34.87	30.68	26.67	23.71
21	67.65	58.58	34.87	30.68	26.67	23.71
22	67.65	58.58	34.87	30.68	26.67	23.71
23	67.65	58.58	34.87	30.68	26.67	23.71
24	67.65	58.58	34.87	30.68	26.67	23.71
25	67.65	58.58	34.87	30.68	26.67	23.71
26	71.16	61.62	36.68	32.27	28.06	24.94
27	74.52	64.53	38.41	33.80	29.38	26.12
28	77.78	67.36	40.10	35.28	30.67	27.26
29	81.01	70.15	41.76	36.75	31.95	28.39
30	84.39	73.08	43.50	38.28	33.27	29.58
31	88.65	76.77	45.70	40.21	34.96	31.08
32	93.46	80.93	48.17	42.39	36.85	32.76
33	99.03	85.75	51.04	44.92	39.05	34.71
34	105.65	91.50	54.46	47.93	41.66	37.04
35	113.68	98.45	58.60	51.57	44.83	39.85
36	117.75	101.97	60.70	53.41	46.43	41.27
37	123.21	106.69	63.51	55.89	48.58	43.18
38	130.35	112.88	67.19	59.13	51.40	45.69
39	139.61	120.90	71.96	63.33	55.05	48.94
40	151.38	131.10	78.03	68.67	59.70	53.06
41	159.00	137.70	81.96	72.13	62.70	55.74
42	167.15	144.75	86.16	75.82	65.91	58.59
43	175.77	152.21	90.60	79.73	69.31	61.61
44	184.93	160.15	95.33	83.89	72.92	64.83
45	194.69	168.60	100.36	88.32	76.77	68.24
46	198.61	171.99	102.38	90.09	78.32	69.62
47	202.72	175.55	104.49	91.95	79.94	71.05
48	207.06	179.31	106.73	93.92	81.65	72.58
49	211.45	183.12	109.00	95.92	83.39	74.12
50	216.09	187.13	111.38	98.02	85.21	75.74
51	221.35	191.68	114.10	100.41	87.29	77.59
52	226.79	196.39	116.90	102.87	89.43	79.49
53	232.49	201.33	119.84	105.45	91.67	81.49
54	238.40	206.45	122.89	108.14	94.01	83.57
55	244.57	211.79	126.07	110.94	96.45	85.72
56	250.39	216.83	129.07	113.58	98.73	87.76
57	256.73	222.32	132.33	116.45	101.24	89.99
58	263.80	228.44	135.98	119.66	104.02	92.47
59	271.48	235.10	139.94	123.15	107.05	95.16
60	279.93	242.41	144.29	126.98	110.39	98.12

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1514 (07/11)

Graded Lifetime Indemnity for Total Disability Rider on Individual Disability Income Policy with Four-Year Delayed COLA Rider Attached

Occupation Classes 4 and 4M | Unisex Select To Age 67

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	25.02	21.67	12.90	11.36	9.87	8.77
19	25.02	21.67	12.90	11.36	9.87	8.77
20	25.02	21.67	12.90	11.36	9.87	8.77
21	25.02	21.67	12.90	11.36	9.87	8.77
22	25.02	21.67	12.90	11.36	9.87	8.77
23	25.02	21.67	12.90	11.36	9.87	8.77
24	25.02	21.67	12.90	11.36	9.87	8.77
25	25.02	21.67	12.90	11.36	9.87	8.77
26	24.52	21.23	12.63	11.12	9.67	8.58
27	25.01	21.65	12.89	11.35	9.86	8.76
28	25.85	22.39	13.33	11.73	10.20	9.07
29	27.15	23.51	14.00	12.31	10.70	9.51
30	29.01	25.12	14.95	13.15	11.44	10.17
31	31.47	27.24	16.22	14.27	12.40	11.03
32	34.77	30.10	17.92	15.77	13.70	12.19
33	37.52	32.49	19.33	17.01	14.80	13.15
34	41.22	35.70	21.25	18.69	16.26	14.44
35	44.24	38.32	22.81	20.07	17.45	15.51
36	46.08	39.91	23.75	20.90	18.17	16.16
37	48.44	41.95	24.97	21.98	19.10	16.98
38	51.84	44.89	26.72	23.51	20.44	18.17
39	56.39	48.84	29.07	25.58	22.25	19.76
40	62.20	53.87	32.07	28.22	24.53	21.80
41	66.49	57.59	34.27	30.17	26.22	23.31
42	71.95	62.31	37.10	32.64	28.37	25.23
43	79.81	69.11	41.13	36.19	31.47	27.98
44	90.25	78.15	46.52	40.94	35.59	31.63
45	101.38	87.78	52.25	45.98	39.97	35.53
46	109.01	94.40	56.19	49.45	42.99	38.21
47	114.51	99.18	59.03	51.96	45.16	40.14
48	116.82	101.16	60.21	52.98	46.06	40.95
49	119.11	103.14	61.39	54.02	46.96	41.74
50	122.59	106.17	63.19	55.61	48.34	42.98
51	125.83	108.97	64.86	57.08	49.63	44.10
52	129.13	111.82	66.56	58.58	50.93	45.26
53	132.47	114.71	68.28	60.08	52.24	46.43
54	135.99	117.76	70.09	61.69	53.63	47.67
55	139.47	120.78	71.89	63.27	54.99	48.89
56	144.54	125.18	74.51	65.57	56.99	50.67
57	150.35	130.20	77.50	68.19	59.28	52.71
58	156.40	135.43	80.62	70.95	61.67	54.82
59	163.77	141.83	84.42	74.28	64.58	57.41
60	169.40	146.70	87.32	76.84	66.81	59.38
61	169.40	146.70	87.32	76.84	66.81	59.38
62	169.40	146.70	87.32	76.84	66.81	59.38
63	169.40	146.70	87.32	76.84	66.81	59.38
64	169.40	146.70	87.32	76.84	66.81	59.38

$30 Policy Fee

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1514 (07/11)

Graded Lifetime Indemnity for Total Disability Rider on Individual Disability Income Policy with Four-Year Delayed COLA Rider Attached

Occupation Classes 4 and 4M | Unisex Select To Age 67

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	40.69	35.23	20.97	18.45	16.05	14.26
19	40.69	35.23	20.97	18.45	16.05	14.26
20	40.69	35.23	20.97	18.45	16.05	14.26
21	40.69	35.23	20.97	18.45	16.05	14.26
22	40.69	35.23	20.97	18.45	16.05	14.26
23	40.69	35.23	20.97	18.45	16.05	14.26
24	40.69	35.23	20.97	18.45	16.05	14.26
25	40.69	35.23	20.97	18.45	16.05	14.26
26	42.95	37.19	22.14	19.49	16.94	15.05
27	45.09	39.06	23.25	20.45	17.78	15.80
28	47.12	40.81	24.29	21.37	18.58	16.52
29	49.14	42.56	25.33	22.29	19.37	17.23
30	51.22	44.36	26.40	23.24	20.21	17.96
31	53.90	46.69	27.79	24.45	21.27	18.90
32	56.91	49.27	29.33	25.81	22.44	19.94
33	60.41	52.31	31.15	27.41	23.83	21.18
34	64.69	56.01	33.34	29.34	25.51	22.67
35	69.93	60.57	36.05	31.72	27.57	24.52
36	72.42	62.72	37.33	32.86	28.55	25.38
37	75.87	65.71	39.11	34.42	29.93	26.59
38	80.60	69.80	41.54	36.56	31.79	28.25
39	86.76	75.14	44.72	39.35	34.21	30.41
40	94.73	82.04	48.84	42.98	37.35	33.20
41	99.51	86.18	51.30	45.13	39.24	34.88
42	104.62	90.60	53.93	47.45	41.25	36.68
43	110.05	95.31	56.73	49.93	43.40	38.57
44	115.84	100.31	59.71	52.54	45.68	40.60
45	121.99	105.64	62.87	55.33	48.10	42.76
46	124.20	107.56	64.02	56.34	48.98	43.54
47	126.57	109.61	65.24	57.41	49.92	44.37
48	129.04	111.73	66.51	58.53	50.89	45.22
49	131.51	113.90	67.80	59.66	51.87	46.10
50	134.13	116.15	69.14	60.85	52.90	47.02
51	137.13	118.75	70.69	62.20	54.07	48.06
52	140.22	121.43	72.28	63.61	55.29	49.14
53	143.44	124.23	73.94	65.06	56.57	50.28
54	146.87	127.18	75.71	66.61	57.92	51.47
55	150.40	130.24	77.53	68.22	59.31	52.72
56	153.38	132.82	79.06	69.57	60.48	53.77
57	156.74	135.74	80.79	71.10	61.81	54.95
58	160.55	139.04	82.75	72.82	63.30	56.28
59	164.77	142.68	84.93	74.74	64.97	57.75
60	169.40	146.70	87.32	76.84	66.81	59.38

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1514 (07/11)

Graded Lifetime Indemnity for Total Disability Rider on Individual Disability Income Policy with Four-Year Delayed COLA Rider Attached

Occupation Classes 5 and 5M | Unisex Select To Age 67

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	19.70	17.07	10.16	8.94	7.77	6.91
19	19.70	17.07	10.16	8.94	7.77	6.91
20	19.70	17.07	10.16	8.94	7.77	6.91
21	19.70	17.07	10.16	8.94	7.77	6.91
22	19.70	17.07	10.16	8.94	7.77	6.91
23	19.70	17.07	10.16	8.94	7.77	6.91
24	19.70	17.07	10.16	8.94	7.77	6.91
25	19.70	17.07	10.16	8.94	7.77	6.91
26	19.31	16.71	9.95	8.75	7.61	6.76
27	19.69	17.05	10.15	8.93	7.76	6.90
28	20.35	17.63	10.49	9.24	8.03	7.14
29	21.37	18.51	11.02	9.69	8.42	7.49
30	22.84	19.78	11.77	10.36	9.01	8.01
31	24.78	21.45	12.77	11.24	9.77	8.68
32	27.37	23.70	14.11	12.41	10.79	9.59
33	29.54	25.58	15.23	13.39	11.65	10.36
34	32.46	28.11	16.73	14.72	12.80	11.38
35	34.84	30.18	17.96	15.80	13.74	12.22
36	36.28	31.42	18.70	16.45	14.31	12.72
37	38.14	33.03	19.66	17.31	15.04	13.37
38	40.82	35.34	21.04	18.51	16.10	14.31
39	44.40	38.45	22.89	20.15	17.51	15.56
40	48.98	42.41	25.25	22.22	19.31	17.17
41	52.35	45.34	26.99	23.75	20.64	18.35
42	56.66	49.06	29.21	25.70	22.34	19.86
43	62.85	54.42	32.39	28.50	24.78	22.03
44	71.06	61.54	36.63	32.23	28.03	24.91
45	79.82	69.12	41.14	36.20	31.47	27.98
46	85.83	74.33	44.24	38.94	33.85	30.09
47	90.17	78.09	46.48	40.91	35.56	31.61
48	91.98	79.66	47.41	41.72	36.27	32.24
49	93.78	81.21	48.34	42.54	36.98	32.87
50	96.53	83.60	49.76	43.79	38.07	33.84
51	99.08	85.80	51.07	44.95	39.08	34.73
52	101.67	88.05	52.41	46.12	40.10	35.64
53	104.31	90.33	53.77	47.31	41.13	36.56
54	107.08	92.72	55.19	48.57	42.22	37.53
55	109.82	95.10	56.61	49.82	43.30	38.49
56	113.81	98.56	58.67	51.63	44.88	39.90
57	118.38	102.52	61.02	53.70	46.68	41.50
58	123.15	106.64	63.48	55.87	48.56	43.16
59	128.95	111.67	66.47	58.49	50.85	45.20
60	133.38	115.51	68.76	60.51	52.60	46.76
61	133.38	115.51	68.76	60.51	52.60	46.76
62	133.38	115.51	68.76	60.51	52.60	46.76
63	133.38	115.51	68.76	60.51	52.60	46.76
64	133.38	115.51	68.76	60.51	52.60	46.76

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1514 (07/11)

Graded Lifetime Indemnity for Total Disability Rider on Individual Disability Income Policy with Four-Year Delayed COLA Rider Attached

Occupation Classes 5 and 5M | Unisex Select To Age 67

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	32.04	27.74	16.51	14.53	12.63	11.23
19	32.04	27.74	16.51	14.53	12.63	11.23
20	32.04	27.74	16.51	14.53	12.63	11.23
21	32.04	27.74	16.51	14.53	12.63	11.23
22	32.04	27.74	16.51	14.53	12.63	11.23
23	32.04	27.74	16.51	14.53	12.63	11.23
24	32.04	27.74	16.51	14.53	12.63	11.23
25	32.04	27.74	16.51	14.53	12.63	11.23
26	33.82	29.28	17.43	15.35	13.34	11.85
27	35.51	30.75	18.31	16.11	14.00	12.44
28	37.11	32.14	19.13	16.83	14.63	13.01
29	38.70	33.51	19.95	17.55	15.26	13.56
30	40.33	34.93	20.79	18.30	15.91	14.14
31	42.44	36.76	21.88	19.26	16.74	14.88
32	44.81	38.80	23.10	20.32	17.67	15.70
33	47.57	41.19	24.52	21.58	18.76	16.67
34	50.94	44.10	26.25	23.11	20.09	17.85
35	55.06	47.69	28.38	24.98	21.71	19.31
36	57.02	49.38	29.39	25.87	22.48	19.99
37	59.75	51.74	30.80	27.11	23.56	20.94
38	63.46	54.95	32.71	28.79	25.03	22.25
39	68.32	59.16	35.21	30.99	26.94	23.95
40	74.60	64.60	38.45	33.84	29.41	26.15
41	78.36	67.85	40.39	35.54	30.90	27.46
42	82.38	71.34	42.46	37.36	32.48	28.88
43	86.65	75.04	44.67	39.31	34.17	30.37
44	91.21	78.98	47.02	41.37	35.97	31.97
45	96.05	83.18	49.51	43.57	37.88	33.67
46	97.79	84.69	50.41	44.36	38.56	34.28
47	99.66	86.31	51.37	45.20	39.30	34.94
48	101.60	87.98	52.37	46.08	40.07	35.61
49	103.55	89.68	53.38	46.98	40.84	36.30
50	105.61	91.46	54.44	47.91	41.65	37.02
51	107.98	93.51	55.66	48.98	42.58	37.85
52	110.41	95.61	56.92	50.08	43.54	38.70
53	112.95	97.81	58.22	51.23	44.54	39.59
54	115.64	100.14	59.61	52.45	45.60	40.53
55	118.42	102.55	61.04	53.72	46.70	41.51
56	120.77	104.58	62.25	54.78	47.62	42.33
57	123.41	106.88	63.62	55.98	48.67	43.26
58	126.41	109.47	65.16	57.34	49.85	44.31
59	129.74	112.35	66.87	58.85	51.16	45.47
60	133.38	115.51	68.76	60.51	52.60	46.76

$30 Policy Fee

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1514 (07/11)

Graded Lifetime Indemnity for Total Disability Rider on Individual Disability Income Policy with Four-Year Delayed COLA Rider Attached

Occupation Classes 6 and 6M | Unisex Select To Age 67

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	15.56	13.48	8.03	7.06	6.14	5.45
19	15.56	13.48	8.03	7.06	6.14	5.45
20	15.56	13.48	8.03	7.06	6.14	5.45
21	15.56	13.48	8.03	7.06	6.14	5.45
22	15.56	13.48	8.03	7.06	6.14	5.45
23	15.56	13.48	8.03	7.06	6.14	5.45
24	15.56	13.48	8.03	7.06	6.14	5.45
25	15.56	13.48	8.03	7.06	6.14	5.45
26	15.26	13.21	7.86	6.91	6.02	5.35
27	15.55	13.46	8.02	7.06	6.13	5.45
28	16.08	13.93	8.29	7.30	6.35	5.64
29	16.89	14.62	8.70	7.65	6.65	5.92
30	18.05	15.62	9.30	8.18	7.12	6.33
31	19.57	16.95	10.09	8.88	7.72	6.86
32	21.62	18.72	11.15	9.81	8.52	7.58
33	23.33	20.21	12.03	10.58	9.21	8.18
34	25.64	22.21	13.22	11.63	10.11	8.99
35	27.52	23.84	14.19	12.48	10.86	9.65
36	28.66	24.82	14.77	13.00	11.31	10.05
37	30.14	26.09	15.53	13.67	11.88	10.56
38	32.24	27.92	16.62	14.62	12.72	11.31
39	35.08	30.37	18.08	15.92	13.84	12.30
40	38.69	33.50	19.95	17.55	15.26	13.56
41	41.36	35.82	21.32	18.76	16.31	14.50
42	44.76	38.76	23.08	20.30	17.65	15.69
43	49.65	43.00	25.59	22.51	19.57	17.40
44	56.14	48.62	28.94	25.46	22.14	19.68
45	63.06	54.61	32.50	28.60	24.86	22.11
46	67.81	58.72	34.96	30.76	26.74	23.77
47	71.23	61.70	36.72	32.31	28.10	24.97
48	72.67	62.92	37.45	32.96	28.66	25.47
49	74.09	64.15	38.19	33.61	29.21	25.97
50	76.26	66.04	39.31	34.59	30.08	26.73
51	78.27	67.79	40.35	35.51	30.87	27.43
52	80.32	69.56	41.40	36.44	31.68	28.16
53	82.40	71.36	42.47	37.37	32.49	28.88
54	84.60	73.25	43.60	38.37	33.35	29.65
55	86.75	75.13	44.72	39.35	34.20	30.41
56	89.91	77.86	46.35	40.79	35.45	31.52
57	93.53	80.99	48.21	42.42	36.88	32.79
58	97.29	84.25	50.14	44.13	38.36	34.10
59	101.87	88.22	52.51	46.20	40.16	35.71
60	105.38	91.26	54.32	47.80	41.55	36.94
61	105.38	91.26	54.32	47.80	41.55	36.94
62	105.38	91.26	54.32	47.80	41.55	36.94
63	105.38	91.26	54.32	47.80	41.55	36.94
64	105.38	91.26	54.32	47.80	41.55	36.94

$30 Policy Fee

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1514 (07/11)

Graded Lifetime Indemnity for Total Disability Rider on Individual Disability Income Policy with Four-Year Delayed COLA Rider Attached

Occupation Classes 6 and 6M | Unisex Select To Age 67

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	25.30	21.92	13.05	11.48	9.98	8.87
19	25.30	21.92	13.05	11.48	9.98	8.87
20	25.30	21.92	13.05	11.48	9.98	8.87
21	25.30	21.92	13.05	11.48	9.98	8.87
22	25.30	21.92	13.05	11.48	9.98	8.87
23	25.30	21.92	13.05	11.48	9.98	8.87
24	25.30	21.92	13.05	11.48	9.98	8.87
25	25.30	21.92	13.05	11.48	9.98	8.87
26	26.72	23.14	13.77	12.13	10.53	9.37
27	28.06	24.29	14.46	12.72	11.06	9.83
28	29.31	25.38	15.11	13.30	11.56	10.28
29	30.57	26.47	15.76	13.87	12.05	10.71
30	31.86	27.59	16.42	14.45	12.57	11.17
31	33.53	29.04	17.29	15.22	13.23	11.75
32	35.40	30.65	18.25	16.06	13.96	12.40
33	37.58	32.54	19.37	17.05	14.82	13.17
34	40.24	34.84	20.74	18.26	15.87	14.10
35	43.50	37.67	22.42	19.73	17.15	15.26
36	45.05	39.02	23.23	20.43	17.76	15.79
37	47.20	40.88	24.33	21.41	18.61	16.54
38	50.13	43.41	25.84	22.74	19.77	17.57
39	53.97	46.74	27.82	24.48	21.29	18.92
40	58.93	51.03	30.37	26.73	23.24	20.65
41	61.90	53.61	31.91	28.08	24.41	21.69
42	65.08	56.36	33.54	29.51	25.66	22.81
43	68.46	59.28	35.28	31.06	27.00	24.00
44	72.05	62.40	37.14	32.68	28.41	25.25
45	75.88	65.72	39.11	34.42	29.93	26.60
46	77.26	66.90	39.83	35.05	30.46	27.09
47	78.73	68.18	40.58	35.71	31.05	27.60
48	80.27	69.51	41.37	36.40	31.65	28.14
49	81.80	70.85	42.17	37.12	32.26	28.68
50	83.44	72.25	43.01	37.85	32.91	29.24
51	85.31	73.87	43.97	38.69	33.64	29.90
52	87.23	75.54	44.97	39.57	34.39	30.57
53	89.23	77.27	46.00	40.47	35.18	31.27
54	91.36	79.11	47.09	41.43	36.03	32.02
55	93.56	81.02	48.22	42.44	36.89	32.79
56	95.41	82.63	49.18	43.27	37.62	33.44
57	97.50	84.44	50.26	44.22	38.45	34.17
58	99.87	86.49	51.48	45.30	39.38	35.01
59	102.49	88.75	52.83	46.49	40.42	35.92
60	105.38	91.26	54.32	47.80	41.55	36.94

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy

Occupation Classes 3 and 3M — Unisex Select To Age 65

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	7.74	6.71	3.99	3.52	3.05	2.71
19	7.74	6.71	3.99	3.52	3.05	2.71
20	7.74	6.71	3.99	3.52	3.05	2.71
21	7.74	6.71	3.99	3.52	3.05	2.71
22	7.74	6.71	3.99	3.52	3.05	2.71
23	7.74	6.71	3.99	3.52	3.05	2.71
24	7.74	6.71	3.99	3.52	3.05	2.71
25	7.74	6.71	3.99	3.52	3.05	2.71
26	7.80	6.77	4.03	3.53	3.08	2.74
27	7.93	6.86	4.09	3.59	3.13	2.77
28	7.99	6.92	4.12	3.63	3.16	2.80
29	8.11	7.01	4.18	3.67	3.20	2.83
30	8.28	7.17	4.27	3.75	3.27	2.90
31	8.55	7.41	4.41	3.87	3.37	3.00
32	8.87	7.68	4.57	4.03	3.50	3.11
33	9.29	8.05	4.79	4.21	3.66	3.27
34	9.76	8.44	5.03	4.43	3.84	3.42
35	10.30	8.92	5.31	4.66	4.06	3.61
36	10.89	9.42	5.61	4.94	4.30	3.81
37	11.57	10.02	5.96	5.25	4.55	4.06
38	12.28	10.62	6.33	5.56	4.83	4.30
39	13.07	11.33	6.74	5.93	5.16	4.59
40	13.94	12.06	7.18	6.32	5.48	4.88
41	14.88	12.88	7.67	6.75	5.87	5.22
42	15.89	13.75	8.19	7.21	6.27	5.56
43	17.02	14.73	8.77	7.71	6.71	5.96
44	18.19	15.75	9.38	8.25	7.17	6.38
45	19.57	16.95	10.09	8.89	7.71	6.86
46	21.06	18.24	10.85	9.56	8.31	7.38
47	22.59	19.57	11.65	10.25	8.90	7.93
48	24.28	21.03	12.51	11.01	9.57	8.50
49	26.21	22.69	13.50	11.89	10.34	9.18
50	29.42	25.49	15.17	13.36	11.60	10.33
51	33.36	28.89	17.20	15.14	13.16	11.69
52	38.07	32.96	19.62	17.28	15.02	13.35
53	42.51	36.81	21.91	19.29	16.75	14.90
54	46.79	40.52	24.12	21.23	18.44	16.40
55	50.99	44.15	26.28	23.13	20.11	17.87
56	55.25	47.85	28.48	25.07	21.79	19.36
57	60.31	52.23	31.09	27.35	23.78	21.15
58	64.63	55.96	33.31	29.31	25.49	22.65
59	68.21	59.06	35.15	30.94	26.90	23.91
60	72.25	62.57	37.24	32.78	28.49	25.32
61	72.25	62.57	37.24	32.78	28.49	25.32
62	72.25	62.57	37.24	32.78	28.49	25.32
63	72.25	62.57	37.24	32.78	28.49	25.32
64	72.25	62.57	37.24	32.78	28.49	25.32

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy

Occupation Classes 3 and 3M — Unisex Select To Age 65

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	12.12	10.50	6.25	5.50	4.79	4.26
19	12.12	10.50	6.25	5.50	4.79	4.26
20	12.12	10.50	6.25	5.50	4.79	4.26
21	12.12	10.50	6.25	5.50	4.79	4.26
22	12.12	10.50	6.25	5.50	4.79	4.26
23	12.12	10.50	6.25	5.50	4.79	4.26
24	12.12	10.50	6.25	5.50	4.79	4.26
25	12.12	10.50	6.25	5.50	4.79	4.26
26	12.54	10.85	6.46	5.68	4.94	4.40
27	12.99	11.26	6.69	5.88	5.12	4.55
28	13.43	11.63	6.92	6.10	5.29	4.71
29	13.94	12.06	7.18	6.32	5.48	4.88
30	14.46	12.53	7.45	6.55	5.70	5.08
31	15.08	13.07	7.77	6.84	5.95	5.29
32	15.76	13.64	8.13	7.15	6.22	5.51
33	16.52	14.32	8.52	7.50	6.52	5.79
34	17.39	15.07	8.97	7.88	6.86	6.10
35	18.34	15.89	9.45	8.33	7.23	6.44
36	19.37	16.77	9.99	8.78	7.64	6.78
37	20.52	17.78	10.58	9.32	8.10	7.20
38	21.77	18.84	11.22	9.88	8.58	7.62
39	23.10	20.00	11.91	10.47	9.10	8.10
40	24.54	21.26	12.65	11.13	9.68	8.60
41	26.12	22.61	13.46	11.85	10.30	9.15
42	27.81	24.08	14.34	12.61	10.96	9.74
43	29.61	25.64	15.27	13.43	11.68	10.39
44	31.50	27.27	16.24	14.29	12.42	11.04
45	33.54	29.05	17.29	15.22	13.24	11.75
46	35.65	30.86	18.37	16.16	14.06	12.48
47	37.86	32.78	19.51	17.17	14.93	13.27
48	40.17	34.78	20.70	18.22	15.84	14.07
49	42.51	36.81	21.91	19.29	16.75	14.90
50	44.90	38.88	23.15	20.36	17.70	15.73
51	47.06	40.75	24.26	21.34	18.55	16.49
52	49.21	42.63	25.37	22.32	19.40	17.26
53	51.38	44.49	26.48	23.31	20.27	18.01
54	53.53	46.36	27.59	24.28	21.12	18.77
55	55.70	48.22	28.71	25.26	21.96	19.51

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy

Occupation Classes 4 and 4M | Unisex Select To Age 65

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	6.39	5.53	3.30	2.90	2.51	2.24
19	6.39	5.53	3.30	2.90	2.51	2.24
20	6.39	5.53	3.30	2.90	2.51	2.24
21	6.39	5.53	3.30	2.90	2.51	2.24
22	6.39	5.53	3.30	2.90	2.51	2.24
23	6.39	5.53	3.30	2.90	2.51	2.24
24	6.39	5.53	3.30	2.90	2.51	2.24
25	6.39	5.53	3.30	2.90	2.51	2.24
26	6.44	5.58	3.32	2.92	2.54	2.27
27	6.53	5.66	3.37	2.97	2.57	2.29
28	6.58	5.71	3.40	2.99	2.60	2.32
29	6.69	5.78	3.45	3.03	2.64	2.34
30	6.83	5.91	3.52	3.09	2.69	2.39
31	7.05	6.11	3.63	3.20	2.78	2.48
32	7.32	6.34	3.77	3.32	2.89	2.56
33	7.65	6.64	3.95	3.47	3.02	2.69
34	8.05	6.97	4.15	3.64	3.17	2.81
35	8.48	7.36	4.38	3.85	3.35	2.98
36	8.98	7.77	4.62	4.07	3.54	3.15
37	9.54	8.26	4.92	4.33	3.76	3.35
38	10.12	8.76	5.22	4.59	3.99	3.54
39	10.77	9.35	5.55	4.89	4.25	3.78
40	11.49	9.95	5.92	5.21	4.52	4.02
41	12.28	10.62	6.33	5.57	4.84	4.30
42	13.10	11.35	6.75	5.95	5.17	4.59
43	14.03	12.15	7.23	6.37	5.53	4.92
44	15.00	12.99	7.73	6.80	5.91	5.26
45	16.15	13.98	8.33	7.33	6.37	5.66
46	17.36	15.04	8.95	7.88	6.85	6.09
47	18.63	16.15	9.60	8.44	7.35	6.53
48	20.03	17.33	10.33	9.08	7.90	7.02
49	21.61	18.71	11.14	9.81	8.52	7.57
50	24.26	21.02	12.51	11.02	9.56	8.51
51	27.51	23.83	14.19	12.48	10.85	9.64
52	31.39	27.19	16.18	14.25	12.38	11.00
53	35.06	30.35	18.07	15.91	13.82	12.29
54	38.59	33.42	19.89	17.50	15.22	13.53
55	42.06	36.41	21.67	19.08	16.58	14.73
56	45.56	39.45	23.48	20.67	17.97	15.97
57	49.74	43.07	25.64	22.55	19.61	17.43
58	53.30	46.15	27.47	24.18	21.02	18.68
59	56.25	48.71	29.00	25.51	22.18	19.71
60	59.59	51.60	30.72	27.04	23.50	20.88
61	59.59	51.60	30.72	27.04	23.50	20.88
62	59.59	51.60	30.72	27.04	23.50	20.88
63	59.59	51.60	30.72	27.04	23.50	20.88
64	59.59	51.60	30.72	27.04	23.50	20.88

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy

Occupation Classes 4 and 4M | Unisex Select To Age 65

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	10.00	8.66	5.16	4.53	3.95	3.50
19	10.00	8.66	5.16	4.53	3.95	3.50
20	10.00	8.66	5.16	4.53	3.95	3.50
21	10.00	8.66	5.16	4.53	3.95	3.50
22	10.00	8.66	5.16	4.53	3.95	3.50
23	10.00	8.66	5.16	4.53	3.95	3.50
24	10.00	8.66	5.16	4.53	3.95	3.50
25	10.00	8.66	5.16	4.53	3.95	3.50
26	10.35	8.95	5.33	4.69	4.07	3.62
27	10.71	9.28	5.52	4.85	4.23	3.76
28	11.08	9.59	5.71	5.03	4.37	3.88
29	11.49	9.95	5.92	5.21	4.52	4.02
30	11.93	10.34	6.15	5.41	4.70	4.19
31	12.43	10.77	6.42	5.64	4.90	4.37
32	13.00	11.26	6.70	5.90	5.13	4.55
33	13.63	11.81	7.03	6.19	5.39	4.78
34	14.35	12.42	7.40	6.50	5.66	5.03
35	15.13	13.10	7.79	6.86	5.96	5.31
36	15.98	13.83	8.24	7.25	6.30	5.59
37	16.92	14.66	8.72	7.68	6.67	5.93
38	17.96	15.54	9.26	8.15	7.08	6.29
39	19.05	16.49	9.82	8.63	7.50	6.67
40	20.25	17.52	10.43	9.18	7.98	7.09
41	21.54	18.64	11.10	9.77	8.48	7.54
42	22.93	19.85	11.82	10.40	9.04	8.04
43	24.41	21.15	12.58	11.08	9.63	8.56
44	25.98	22.49	13.39	11.78	10.25	9.10
45	27.66	23.95	14.26	12.54	10.91	9.69
46	29.39	25.44	15.15	13.33	11.59	10.30
47	31.21	27.04	16.10	14.16	12.31	10.94
48	33.13	28.68	17.08	15.03	13.07	11.60
49	35.06	30.35	18.07	15.91	13.82	12.29
50	37.03	32.07	19.09	16.80	14.59	12.98
51	38.81	33.61	20.01	17.60	15.31	13.60
52	40.59	35.15	20.92	18.40	16.01	14.24
53	42.37	36.69	21.84	19.23	16.71	14.85
54	44.14	38.23	22.76	20.03	17.41	15.47
55	45.93	39.77	23.67	20.83	18.11	16.10

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy

Occupation Classes 5 and 5M — Unisex Select To Age 65

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	5.03	4.36	2.59	2.29	1.98	1.76
19	5.03	4.36	2.59	2.29	1.98	1.76
20	5.03	4.36	2.59	2.29	1.98	1.76
21	5.03	4.36	2.59	2.29	1.98	1.76
22	5.03	4.36	2.59	2.29	1.98	1.76
23	5.03	4.36	2.59	2.29	1.98	1.76
24	5.03	4.36	2.59	2.29	1.98	1.76
25	5.03	4.36	2.59	2.29	1.98	1.76
26	5.07	4.40	2.61	2.30	2.00	1.78
27	5.15	4.46	2.65	2.34	2.03	1.80
28	5.19	4.49	2.67	2.36	2.05	1.82
29	5.27	4.55	2.71	2.39	2.08	1.84
30	5.38	4.65	2.77	2.44	2.12	1.88
31	5.55	4.81	2.86	2.51	2.19	1.95
32	5.76	4.99	2.97	2.61	2.28	2.02
33	6.03	5.23	3.11	2.73	2.38	2.12
34	6.34	5.48	3.27	2.87	2.49	2.22
35	6.68	5.79	3.45	3.03	2.63	2.35
36	7.07	6.12	3.64	3.21	2.79	2.48
37	7.51	6.50	3.87	3.41	2.96	2.63
38	7.97	6.90	4.11	3.61	3.14	2.79
39	8.48	7.36	4.38	3.85	3.35	2.98
40	9.05	7.83	4.66	4.10	3.56	3.17
41	9.66	8.37	4.98	4.39	3.81	3.39
42	10.32	8.93	5.32	4.68	4.07	3.61
43	11.05	9.56	5.69	5.01	4.36	3.87
44	11.81	10.23	6.09	5.36	4.65	4.14
45	12.71	11.01	6.55	5.77	5.01	4.46
46	13.67	11.84	7.05	6.21	5.40	4.79
47	14.67	12.71	7.56	6.65	5.78	5.15
48	15.77	13.65	8.13	7.15	6.22	5.52
49	17.02	14.73	8.77	7.72	6.71	5.96
50	19.11	16.55	9.85	8.67	7.53	6.70
51	21.66	18.76	11.17	9.83	8.54	7.59
52	24.72	21.40	12.74	11.22	9.75	8.66
53	27.60	23.90	14.23	12.52	10.88	9.67
54	30.38	26.31	15.66	13.78	11.98	10.65
55	33.12	28.67	17.07	15.02	13.06	11.60
56	35.88	31.07	18.49	16.28	14.15	12.57
57	39.16	33.92	20.19	17.76	15.44	13.73
58	41.97	36.34	21.63	19.04	16.55	14.71
59	44.29	38.35	22.83	20.09	17.46	15.52
60	46.92	40.63	24.19	21.29	18.50	16.44
61	46.92	40.63	24.19	21.29	18.50	16.44
62	46.92	40.63	24.19	21.29	18.50	16.44
63	46.92	40.63	24.19	21.29	18.50	16.44
64	46.92	40.63	24.19	21.29	18.50	16.44

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy

Occupation Classes 5 and 5M — Unisex Select To Age 65

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	7.87	6.82	4.06	3.57	3.11	2.76
19	7.87	6.82	4.06	3.57	3.11	2.76
20	7.87	6.82	4.06	3.57	3.11	2.76
21	7.87	6.82	4.06	3.57	3.11	2.76
22	7.87	6.82	4.06	3.57	3.11	2.76
23	7.87	6.82	4.06	3.57	3.11	2.76
24	7.87	6.82	4.06	3.57	3.11	2.76
25	7.87	6.82	4.06	3.57	3.11	2.76
26	8.15	7.05	4.20	3.69	3.21	2.85
27	8.43	7.31	4.35	3.82	3.33	2.96
28	8.72	7.55	4.49	3.96	3.44	3.06
29	9.05	7.83	4.66	4.10	3.56	3.17
30	9.40	8.14	4.84	4.26	3.70	3.30
31	9.79	8.48	5.05	4.45	3.86	3.44
32	10.24	8.86	5.28	4.64	4.04	3.58
33	10.73	9.30	5.53	4.87	4.24	3.76
34	11.30	9.78	5.82	5.12	4.46	3.96
35	11.91	10.32	6.14	5.41	4.69	4.18
36	12.58	10.89	6.48	5.70	4.96	4.41
37	13.33	11.54	6.87	6.05	5.26	4.67
38	14.14	12.24	7.29	6.42	5.57	4.95
39	15.00	12.99	7.73	6.80	5.91	5.26
40	15.94	13.80	8.22	7.23	6.29	5.58
41	16.96	14.68	8.74	7.69	6.68	5.94
42	18.06	15.63	9.31	8.19	7.12	6.33
43	19.23	16.65	9.91	8.72	7.58	6.74
44	20.45	17.71	10.54	9.28	8.07	7.17
45	21.78	18.86	11.23	9.88	8.59	7.63
46	23.15	20.04	11.93	10.49	9.13	8.11
47	24.58	21.29	12.67	11.15	9.69	8.61
48	26.09	22.58	13.44	11.83	10.29	9.14
49	27.60	23.90	14.23	12.52	10.88	9.67
50	29.16	25.25	15.03	13.23	11.49	10.22
51	30.56	26.46	15.75	13.86	12.05	10.71
52	31.96	27.68	16.47	14.49	12.60	11.21
53	33.36	28.89	17.20	15.14	13.16	11.69
54	34.76	30.11	17.92	15.77	13.71	12.19
55	36.16	31.31	18.64	16.40	14.26	12.67

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy

Occupation Classes 6 and 6M — Unisex Select To Age 65

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	3.97	3.45	2.05	1.80	1.56	1.40
19	3.97	3.45	2.05	1.80	1.56	1.40
20	3.97	3.45	2.05	1.80	1.56	1.40
21	3.97	3.45	2.05	1.80	1.56	1.40
22	3.97	3.45	2.05	1.80	1.56	1.40
23	3.97	3.45	2.05	1.80	1.56	1.40
24	3.97	3.45	2.05	1.80	1.56	1.40
25	3.97	3.45	2.05	1.80	1.56	1.40
26	4.00	3.47	2.07	1.81	1.58	1.41
27	4.07	3.52	2.10	1.84	1.60	1.43
28	4.10	3.55	2.11	1.86	1.62	1.44
29	4.16	3.59	2.14	1.88	1.64	1.46
30	4.25	3.67	2.19	1.92	1.67	1.49
31	4.39	3.80	2.26	1.99	1.73	1.54
32	4.55	3.94	2.35	2.07	1.80	1.59
33	4.76	4.13	2.46	2.16	1.88	1.67
34	5.01	4.34	2.58	2.27	1.97	1.75
35	5.28	4.57	2.72	2.40	2.08	1.85
36	5.58	4.83	2.88	2.53	2.21	1.96
37	5.94	5.14	3.06	2.69	2.34	2.08
38	6.30	5.45	3.25	2.85	2.48	2.21
39	6.70	5.81	3.46	3.04	2.64	2.36
40	7.15	6.19	3.68	3.24	2.81	2.50
41	7.63	6.61	3.93	3.47	3.01	2.67
42	8.15	7.06	4.20	3.70	3.22	2.85
43	8.73	7.55	4.49	3.96	3.45	3.06
44	9.33	8.08	4.81	4.23	3.67	3.27
45	10.04	8.69	5.18	4.56	3.96	3.52
46	10.80	9.36	5.56	4.90	4.27	3.78
47	11.59	10.04	5.98	5.26	4.56	4.07
48	12.45	10.78	6.43	5.64	4.91	4.37
49	13.44	11.64	6.93	6.10	5.31	4.71
50	15.10	13.08	7.78	6.85	5.95	5.30
51	17.12	14.82	8.82	7.76	6.75	6.00
52	19.53	16.91	10.07	8.86	7.70	6.84
53	21.81	18.88	11.24	9.89	8.59	7.64
54	24.01	20.79	12.38	10.89	9.46	8.42
55	26.17	22.65	13.48	11.86	10.32	9.17
56	28.34	24.54	14.61	12.86	11.18	9.93
57	30.94	26.80	15.95	14.03	12.20	10.85
58	33.16	28.71	17.09	15.04	13.08	11.62
59	34.99	30.29	18.04	15.87	13.80	12.27
60	37.07	32.10	19.11	16.82	14.62	12.99
61	37.07	32.10	19.11	16.82	14.62	12.99
62	37.07	32.10	19.11	16.82	14.62	12.99
63	37.07	32.10	19.11	16.82	14.62	12.99
64	37.07	32.10	19.11	16.82	14.62	12.99

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy

Occupation Classes 6 and 6M — Unisex Select To Age 65

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	6.22	5.39	3.21	2.82	2.46	2.18
19	6.22	5.39	3.21	2.82	2.46	2.18
20	6.22	5.39	3.21	2.82	2.46	2.18
21	6.22	5.39	3.21	2.82	2.46	2.18
22	6.22	5.39	3.21	2.82	2.46	2.18
23	6.22	5.39	3.21	2.82	2.46	2.18
24	6.22	5.39	3.21	2.82	2.46	2.18
25	6.22	5.39	3.21	2.82	2.46	2.18
26	6.44	5.56	3.32	2.92	2.53	2.26
27	6.66	5.77	3.44	3.02	2.62	2.34
28	6.89	5.97	3.55	3.13	2.71	2.42
29	7.15	6.19	3.68	3.24	2.81	2.50
30	7.43	6.43	3.82	3.37	2.92	2.60
31	7.73	6.70	3.99	3.51	3.05	2.71
32	8.09	7.00	4.17	3.67	3.19	2.83
33	8.47	7.35	4.38	3.85	3.35	2.97
34	8.92	7.73	4.60	4.04	3.52	3.13
35	9.41	8.15	4.85	4.27	3.70	3.30
36	9.94	8.60	5.12	4.50	3.92	3.48
37	10.52	9.12	5.43	4.78	4.15	3.69
38	11.17	9.66	5.75	5.07	4.41	3.91
39	11.85	10.26	6.11	5.38	4.67	4.15
40	12.59	10.90	6.49	5.71	4.97	4.42
41	13.39	11.60	6.91	6.08	5.28	4.69
42	14.27	12.35	7.36	6.46	5.62	5.00
43	15.19	13.16	7.83	6.89	5.99	5.33
44	16.16	13.99	8.33	7.33	6.38	5.66
45	17.21	14.90	8.87	7.80	6.79	6.03
46	18.29	15.83	9.42	8.29	7.21	6.41
47	19.42	16.82	10.01	8.81	7.65	6.80
48	20.61	17.84	10.62	9.35	8.13	7.22
49	21.81	18.88	11.24	9.89	8.59	7.64
50	23.04	19.95	11.87	10.44	9.08	8.07
51	24.15	20.91	12.44	10.95	9.51	8.46
52	25.25	21.87	13.02	11.45	9.96	8.85
53	26.35	22.82	13.58	11.96	10.40	9.24
54	27.46	23.78	14.16	12.45	10.83	9.62
55	28.57	24.74	14.73	12.96	11.27	10.01

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy

Occupation Classes 3 and 3M — Unisex Select To Age 67

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	8.52	7.38	4.40	3.86	3.36	2.99
19	8.52	7.38	4.40	3.86	3.36	2.99
20	8.52	7.38	4.40	3.86	3.36	2.99
21	8.52	7.38	4.40	3.86	3.36	2.99
22	8.52	7.38	4.40	3.86	3.36	2.99
23	8.52	7.38	4.40	3.86	3.36	2.99
24	8.52	7.38	4.40	3.86	3.36	2.99
25	8.52	7.38	4.40	3.86	3.36	2.99
26	8.61	7.45	4.44	3.90	3.40	3.02
27	8.72	7.56	4.49	3.96	3.45	3.07
28	8.78	7.60	4.52	3.98	3.47	3.08
29	8.90	7.71	4.59	4.04	3.50	3.13
30	9.12	7.88	4.69	4.13	3.59	3.19
31	9.41	8.14	4.85	4.27	3.70	3.30
32	9.79	8.47	5.05	4.44	3.86	3.44
33	10.23	8.86	5.28	4.63	4.04	3.58
34	10.76	9.33	5.55	4.88	4.24	3.78
35	11.36	9.83	5.85	5.16	4.48	3.98
36	12.05	10.42	6.21	5.45	4.74	4.23
37	12.78	11.07	6.58	5.79	5.03	4.48
38	13.57	11.75	7.00	6.16	5.36	4.75
39	14.50	12.54	7.47	6.57	5.72	5.08
40	15.47	13.40	7.97	7.01	6.10	5.43
41	16.52	14.32	8.52	7.50	6.52	5.79
42	17.71	15.34	9.13	8.04	6.98	6.21
43	18.97	16.42	9.77	8.60	7.47	6.64
44	20.35	17.62	10.49	9.23	8.02	7.14
45	21.94	19.01	11.32	9.96	8.66	7.70
46	23.69	20.52	12.22	10.75	9.35	8.31
47	25.55	22.14	13.18	11.58	10.08	8.97
48	27.53	23.85	14.20	12.48	10.85	9.65
49	29.90	25.89	15.41	13.57	11.78	10.47
50	33.80	29.27	17.42	15.34	13.33	11.85
51	38.60	33.42	19.90	17.50	15.22	13.52
52	44.36	38.42	22.87	20.13	17.50	15.55
53	50.00	43.28	25.77	22.67	19.71	17.51
54	55.60	48.14	28.66	25.22	21.93	19.48
55	61.32	53.10	31.60	27.81	24.18	21.49
56	67.53	58.47	34.81	30.63	26.62	23.66
57	75.42	65.31	38.88	34.21	29.75	26.43
58	80.61	69.80	41.55	36.56	31.79	28.25
59	85.01	73.61	43.82	38.56	33.52	29.79
60	89.59	77.59	46.18	40.65	35.32	31.40
61	89.59	77.59	46.18	40.65	35.32	31.40
62	89.59	77.59	46.18	40.65	35.32	31.40
63	89.59	77.59	46.18	40.65	35.32	31.40
64	89.59	77.59	46.18	40.65	35.32	31.40
65	89.59	77.59	46.18	40.65	35.32	31.40
66	89.59	77.59	46.18	40.65	35.32	31.40

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy

Occupation Classes 3 and 3M — Unisex Select To Age 67

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	13.75	11.91	7.09	6.24	5.43	4.82
19	13.75	11.91	7.09	6.24	5.43	4.82
20	13.75	11.91	7.09	6.24	5.43	4.82
21	13.75	11.91	7.09	6.24	5.43	4.82
22	13.75	11.91	7.09	6.24	5.43	4.82
23	13.75	11.91	7.09	6.24	5.43	4.82
24	13.75	11.91	7.09	6.24	5.43	4.82
25	13.75	11.91	7.09	6.24	5.43	4.82
26	14.06	12.17	7.25	6.38	5.53	4.92
27	14.53	12.58	7.48	6.58	5.73	5.09
28	15.11	13.08	7.79	6.86	5.96	5.29
29	15.83	13.70	8.16	7.18	6.24	5.55
30	16.59	14.36	8.55	7.53	6.54	5.81
31	17.42	15.10	8.98	7.90	6.88	6.12
32	18.32	15.86	9.43	8.31	7.23	6.42
33	19.26	16.68	9.93	8.73	7.59	6.75
34	20.30	17.56	10.45	9.21	8.01	7.11
35	21.42	18.54	11.04	9.71	8.44	7.50
36	22.62	19.59	11.66	10.26	8.92	7.93
37	23.95	20.75	12.35	10.87	9.45	8.41
38	25.43	22.03	13.11	11.54	10.03	8.92
39	27.03	23.41	13.94	12.26	10.65	9.48
40	28.79	24.93	14.83	13.05	11.35	10.09
41	30.71	26.59	15.83	13.92	12.11	10.76
42	32.78	28.37	16.89	14.87	12.93	11.48
43	35.02	30.32	18.05	15.89	13.81	12.28
44	37.41	32.40	19.29	16.97	14.76	13.11
45	39.96	34.61	20.60	18.13	15.76	14.01
46	42.67	36.96	22.00	19.36	16.83	14.96
47	45.52	39.42	23.46	20.64	17.95	15.96
48	48.48	41.99	24.99	21.99	19.12	17.00
49	51.52	44.63	26.56	23.37	20.32	18.07
50	54.69	47.35	28.19	24.81	21.56	19.17
51	57.96	50.20	29.88	26.30	22.85	20.32
52	61.29	53.07	31.59	27.79	24.17	21.48
53	64.57	55.91	33.28	29.28	25.46	22.62
54	67.87	58.79	34.99	30.80	26.77	23.80
55	71.17	61.63	36.68	32.27	28.07	24.94

$30 Policy Fee

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy

Occupation Classes 4 and 4M — Unisex Select To Age 67

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	7.03	6.09	3.62	3.18	2.76	2.47
19	7.03	6.09	3.62	3.18	2.76	2.47
20	7.03	6.09	3.62	3.18	2.76	2.47
21	7.03	6.09	3.62	3.18	2.76	2.47
22	7.03	6.09	3.62	3.18	2.76	2.47
23	7.03	6.09	3.62	3.18	2.76	2.47
24	7.03	6.09	3.62	3.18	2.76	2.47
25	7.03	6.09	3.62	3.18	2.76	2.47
26	7.11	6.15	3.66	3.22	2.80	2.48
27	7.19	6.24	3.71	3.27	2.84	2.52
28	7.25	6.28	3.73	3.28	2.85	2.54
29	7.35	6.37	3.78	3.34	2.89	2.57
30	7.51	6.50	3.87	3.41	2.97	2.62
31	7.76	6.71	4.00	3.52	3.06	2.71
32	8.07	6.99	4.16	3.66	3.18	2.83
33	8.43	7.31	4.35	3.82	3.34	2.95
34	8.88	7.69	4.57	4.02	3.49	3.12
35	9.37	8.11	4.83	4.25	3.69	3.28
36	9.93	8.60	5.12	4.50	3.91	3.48
37	10.53	9.13	5.44	4.78	4.15	3.69
38	11.19	9.69	5.77	5.08	4.42	3.92
39	11.96	10.35	6.16	5.42	4.71	4.19
40	12.76	11.05	6.57	5.78	5.03	4.47
41	13.63	11.81	7.03	6.19	5.39	4.78
42	14.61	12.65	7.53	6.62	5.76	5.12
43	15.64	13.54	8.06	7.09	6.16	5.48
44	16.78	14.53	8.65	7.60	6.61	5.88
45	18.10	15.68	9.33	8.21	7.14	6.35
46	19.54	16.92	10.07	8.86	7.71	6.85
47	21.08	18.26	10.86	9.55	8.31	7.40
48	22.71	19.66	11.70	10.30	8.95	7.96
49	24.65	21.34	12.71	11.19	9.72	8.63
50	27.88	24.14	14.37	12.65	10.99	9.77
51	31.84	27.56	16.40	14.43	12.54	11.15
52	36.59	31.68	18.86	16.59	14.43	12.82
53	41.22	35.70	21.25	18.69	16.26	14.44
54	45.86	39.71	23.64	20.80	18.08	16.07
55	50.57	43.79	26.07	22.93	19.94	17.73
56	55.69	48.21	28.70	25.25	21.95	19.51
57	62.20	53.87	32.07	28.22	24.53	21.80
58	66.47	57.56	34.26	30.15	26.22	23.29
59	70.11	60.71	36.14	31.80	27.65	24.57
60	73.88	63.98	38.09	33.52	29.14	25.90
61	73.88	63.98	38.09	33.52	29.14	25.90
62	73.88	63.98	38.09	33.52	29.14	25.90
63	73.88	63.98	38.09	33.52	29.14	25.90
64	73.88	63.98	38.09	33.52	29.14	25.90
65	73.88	63.98	38.09	33.52	29.14	25.90
66	73.88	63.98	38.09	33.52	29.14	25.90

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy

Occupation Classes 4 and 4M — Unisex Select To Age 67

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	11.35	9.82	5.85	5.14	4.47	3.97
19	11.35	9.82	5.85	5.14	4.47	3.97
20	11.35	9.82	5.85	5.14	4.47	3.97
21	11.35	9.82	5.85	5.14	4.47	3.97
22	11.35	9.82	5.85	5.14	4.47	3.97
23	11.35	9.82	5.85	5.14	4.47	3.97
24	11.35	9.82	5.85	5.14	4.47	3.97
25	11.35	9.82	5.85	5.14	4.47	3.97
26	11.59	10.03	5.97	5.26	4.56	4.06
27	11.98	10.38	6.18	5.44	4.73	4.20
28	12.46	10.79	6.43	5.66	4.92	4.37
29	13.05	11.31	6.72	5.92	5.14	4.57
30	13.68	11.84	7.05	6.21	5.40	4.79
31	14.37	12.44	7.41	6.51	5.67	5.04
32	15.10	13.08	7.78	6.85	5.96	5.30
33	15.88	13.75	8.19	7.21	6.26	5.57
34	16.73	14.48	8.62	7.59	6.60	5.86
35	17.66	15.29	9.10	8.01	6.97	6.19
36	18.66	16.16	9.62	8.46	7.36	6.53
37	19.75	17.11	10.19	8.97	7.79	6.93
38	20.97	18.17	10.81	9.51	8.28	7.36
39	22.29	19.31	11.49	10.11	8.79	7.82
40	23.74	20.55	12.24	10.76	9.36	8.33
41	25.32	21.93	13.05	11.48	9.98	8.88
42	27.04	23.39	13.93	12.26	10.66	9.46
43	28.88	25.01	14.89	13.10	11.39	10.12
44	30.86	26.72	15.91	14.00	12.17	10.81
45	32.96	28.54	16.99	14.95	13.00	11.55
46	35.19	30.47	18.15	15.97	13.88	12.34
47	37.54	32.51	19.35	17.03	14.80	13.17
48	39.99	34.63	20.61	18.13	15.77	14.02
49	42.48	36.80	21.90	19.28	16.76	14.90
50	45.09	39.06	23.25	20.45	17.78	15.80
51	47.81	41.40	24.64	21.69	18.85	16.76
52	50.54	43.77	26.05	22.92	19.93	17.71
53	53.24	46.10	27.44	24.16	21.00	18.66
54	55.97	48.48	28.86	25.39	22.08	19.62
55	58.69	50.82	30.25	26.62	23.15	20.57

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy

Occupation Classes 5 and 5M — Unisex Select To Age 67

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	5.53	4.79	2.85	2.50	2.18	1.94
19	5.53	4.79	2.85	2.50	2.18	1.94
20	5.53	4.79	2.85	2.50	2.18	1.94
21	5.53	4.79	2.85	2.50	2.18	1.94
22	5.53	4.79	2.85	2.50	2.18	1.94
23	5.53	4.79	2.85	2.50	2.18	1.94
24	5.53	4.79	2.85	2.50	2.18	1.94
25	5.53	4.79	2.85	2.50	2.18	1.94
26	5.59	4.84	2.88	2.53	2.21	1.96
27	5.66	4.91	2.92	2.57	2.24	1.99
28	5.70	4.94	2.94	2.58	2.25	2.00
29	5.78	5.01	2.98	2.62	2.28	2.03
30	5.92	5.12	3.05	2.68	2.34	2.07
31	6.11	5.29	3.15	2.77	2.41	2.14
32	6.36	5.50	3.28	2.88	2.50	2.23
33	6.64	5.75	3.43	3.01	2.62	2.33
34	6.99	6.06	3.60	3.17	2.75	2.46
35	7.38	6.39	3.80	3.35	2.91	2.58
36	7.82	6.77	4.03	3.54	3.08	2.74
37	8.30	7.19	4.28	3.76	3.27	2.91
38	8.81	7.63	4.54	4.00	3.47	3.09
39	9.41	8.15	4.85	4.27	3.71	3.30
40	10.05	8.70	5.18	4.55	3.96	3.52
41	10.73	9.30	5.53	4.87	4.24	3.76
42	11.50	9.96	5.93	5.22	4.53	4.03
43	12.32	10.66	6.35	5.58	4.85	4.32
44	13.22	11.44	6.81	5.99	5.21	4.63
45	14.25	12.35	7.35	6.46	5.62	5.00
46	15.38	13.33	7.93	6.98	6.07	5.40
47	16.59	14.37	8.55	7.52	6.54	5.82
48	17.88	15.48	9.22	8.11	7.05	6.27
49	19.41	16.81	10.01	8.81	7.65	6.80
50	21.95	19.01	11.32	9.96	8.65	7.69
51	25.07	21.70	12.92	11.37	9.88	8.78
52	28.81	24.95	14.85	13.07	11.37	10.10
53	32.46	28.11	16.73	14.72	12.80	11.38
54	36.11	31.26	18.61	16.37	14.24	12.65
55	39.82	34.48	20.52	18.06	15.70	13.96
56	43.85	37.97	22.60	19.89	17.29	15.36
57	48.98	42.41	25.25	22.22	19.31	17.17
58	52.34	45.32	26.98	23.74	20.64	18.34
59	55.20	47.80	28.45	25.04	21.77	19.34
60	58.17	50.38	29.99	26.39	22.94	20.39
61	58.17	50.38	29.99	26.39	22.94	20.39
62	58.17	50.38	29.99	26.39	22.94	20.39
63	58.17	50.38	29.99	26.39	22.94	20.39
64	58.17	50.38	29.99	26.39	22.94	20.39
65	58.17	50.38	29.99	26.39	22.94	20.39
66	58.17	50.38	29.99	26.39	22.94	20.39

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy

Occupation Classes 5 and 5M — Unisex Select To Age 67

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	8.93	7.73	4.60	4.05	3.52	3.13
19	8.93	7.73	4.60	4.05	3.52	3.13
20	8.93	7.73	4.60	4.05	3.52	3.13
21	8.93	7.73	4.60	4.05	3.52	3.13
22	8.93	7.73	4.60	4.05	3.52	3.13
23	8.93	7.73	4.60	4.05	3.52	3.13
24	8.93	7.73	4.60	4.05	3.52	3.13
25	8.93	7.73	4.60	4.05	3.52	3.13
26	9.13	7.90	4.70	4.14	3.59	3.20
27	9.43	8.17	4.86	4.28	3.72	3.31
28	9.81	8.49	5.06	4.46	3.87	3.44
29	10.28	8.90	5.30	4.66	4.05	3.60
30	10.77	9.33	5.55	4.89	4.25	3.77
31	11.32	9.80	5.83	5.13	4.46	3.97
32	11.89	10.30	6.13	5.40	4.69	4.17
33	12.50	10.83	6.44	5.67	4.93	4.39
34	13.18	11.40	6.79	5.98	5.20	4.61
35	13.91	12.04	7.17	6.31	5.48	4.87
36	14.69	12.72	7.57	6.66	5.79	5.15
37	15.55	13.47	8.02	7.06	6.14	5.45
38	16.51	14.31	8.51	7.49	6.51	5.79
39	17.55	15.21	9.05	7.96	6.92	6.16
40	18.69	16.19	9.63	8.47	7.37	6.55
41	19.94	17.27	10.28	9.04	7.86	6.99
42	21.29	18.42	10.97	9.65	8.40	7.45
43	22.74	19.69	11.72	10.32	8.97	7.97
44	24.29	21.04	12.52	11.02	9.58	8.51
45	25.95	22.47	13.37	11.77	10.24	9.10
46	27.71	24.00	14.29	12.57	10.93	9.71
47	29.56	25.60	15.24	13.40	11.65	10.37
48	31.48	27.26	16.23	14.28	12.41	11.04
49	33.45	28.98	17.25	15.18	13.20	11.73
50	35.51	30.75	18.31	16.11	14.00	12.44
51	37.64	32.60	19.40	17.08	14.84	13.20
52	39.80	34.46	20.51	18.05	15.69	13.95
53	41.93	36.30	21.61	19.02	16.53	14.69
54	44.07	38.17	22.72	20.00	17.38	15.45
55	46.21	40.02	23.82	20.96	18.23	16.20

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy

Occupation Classes 6 and 6M — Unisex Select To Age 67

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	4.38	3.78	2.26	1.98	1.72	1.53
19	4.38	3.78	2.26	1.98	1.72	1.53
20	4.38	3.78	2.26	1.98	1.72	1.53
21	4.38	3.78	2.26	1.98	1.72	1.53
22	4.38	3.78	2.26	1.98	1.72	1.53
23	4.38	3.78	2.26	1.98	1.72	1.53
24	4.38	3.78	2.26	1.98	1.72	1.53
25	4.38	3.78	2.26	1.98	1.72	1.53
26	4.42	3.82	2.28	2.00	1.74	1.54
27	4.47	3.88	2.31	2.03	1.77	1.57
28	4.50	3.90	2.33	2.04	1.77	1.58
29	4.56	3.96	2.36	2.07	1.80	1.60
30	4.67	4.04	2.41	2.12	1.84	1.63
31	4.82	4.18	2.48	2.19	1.90	1.69
32	5.02	4.35	2.58	2.28	1.98	1.76
33	5.25	4.54	2.70	2.38	2.07	1.84
34	5.52	4.78	2.85	2.50	2.18	1.94
35	5.83	5.05	3.00	2.64	2.30	2.04
36	6.18	5.35	3.19	2.80	2.44	2.17
37	6.55	5.68	3.38	2.97	2.58	2.30
38	6.96	6.03	3.59	3.16	2.74	2.44
39	7.43	6.44	3.83	3.37	2.93	2.60
40	7.94	6.87	4.09	3.59	3.13	2.78
41	8.47	7.35	4.38	3.85	3.35	2.97
42	9.09	7.87	4.68	4.12	3.58	3.19
43	9.73	8.42	5.01	4.42	3.83	3.41
44	10.44	9.04	5.39	4.73	4.12	3.66
45	11.26	9.75	5.80	5.11	4.45	3.95
46	12.16	10.52	6.27	5.51	4.79	4.27
47	13.11	11.36	6.76	5.94	5.17	4.60
48	14.13	12.24	7.28	6.41	5.56	4.95
49	15.34	13.28	7.91	6.96	6.05	5.38
50	17.33	15.02	8.94	7.87	6.83	6.08
51	19.80	17.15	10.21	8.98	7.80	6.94
52	22.76	19.71	11.73	10.33	8.98	7.98
53	25.64	22.21	13.22	11.63	10.11	8.99
54	28.52	24.70	14.70	12.94	11.25	10.00
55	31.45	27.24	16.22	14.27	12.40	11.03
56	34.64	30.00	17.86	15.71	13.65	12.14
57	38.69	33.50	19.95	17.55	15.26	13.56
58	41.35	35.81	21.31	18.75	16.31	14.49
59	43.61	37.76	22.47	19.78	17.20	15.29
60	45.96	39.80	23.69	20.85	18.12	16.11
61	45.96	39.80	23.69	20.85	18.12	16.11
62	45.96	39.80	23.69	20.85	18.12	16.11
63	45.96	39.80	23.69	20.85	18.12	16.11
64	45.96	39.80	23.69	20.85	18.12	16.11
65	45.96	39.80	23.69	20.85	18.12	16.11
66	45.96	39.80	23.69	20.85	18.12	16.11

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy

Occupation Classes 6 and 6M — Unisex Select To Age 67

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	7.06	6.11	3.63	3.20	2.78	2.48
19	7.06	6.11	3.63	3.20	2.78	2.48
20	7.06	6.11	3.63	3.20	2.78	2.48
21	7.06	6.11	3.63	3.20	2.78	2.48
22	7.06	6.11	3.63	3.20	2.78	2.48
23	7.06	6.11	3.63	3.20	2.78	2.48
24	7.06	6.11	3.63	3.20	2.78	2.48
25	7.06	6.11	3.63	3.20	2.78	2.48
26	7.21	6.24	3.71	3.27	2.84	2.52
27	7.45	6.45	3.84	3.38	2.94	2.61
28	7.75	6.71	4.00	3.52	3.06	2.71
29	8.12	7.03	4.19	3.68	3.20	2.85
30	8.51	7.37	4.39	3.86	3.36	2.98
31	8.94	7.74	4.60	4.05	3.52	3.14
32	9.40	8.14	4.84	4.27	3.70	3.30
33	9.88	8.55	5.09	4.48	3.89	3.47
34	10.40	9.01	5.37	4.72	4.11	3.64
35	10.99	9.51	5.66	4.98	4.34	3.85
36	11.60	10.05	5.98	5.27	4.57	4.07
37	12.29	10.64	6.34	5.57	4.85	4.31
38	13.05	11.31	6.72	5.92	5.15	4.57
39	13.87	12.01	7.15	6.29	5.46	4.86
40	14.77	12.79	7.61	6.69	5.82	5.18
41	15.75	13.64	8.12	7.14	6.21	5.52
42	16.82	14.55	8.66	7.62	6.63	5.89
43	17.97	15.55	9.26	8.15	7.09	6.30
44	19.20	16.62	9.89	8.70	7.57	6.72
45	20.50	17.75	10.56	9.30	8.09	7.19
46	21.89	18.96	11.29	9.93	8.63	7.67
47	23.35	20.23	12.04	10.59	9.21	8.19
48	24.87	21.54	12.82	11.28	9.81	8.72
49	26.42	22.89	13.62	11.99	10.42	9.27
50	28.06	24.29	14.46	12.72	11.06	9.83
51	29.74	25.75	15.33	13.49	11.72	10.42
52	31.44	27.23	16.21	14.26	12.39	11.02
53	33.13	28.68	17.08	15.03	13.06	11.60
54	34.82	30.16	17.95	15.80	13.73	12.21
55	36.51	31.61	18.82	16.55	14.39	12.79

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with 3% COLA Rider Attached

Occupation Classes 3 and 3M — Unisex Select To Age 65

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	18.40	15.93	9.48	8.34	7.26	6.44
19	18.40	15.93	9.48	8.34	7.26	6.44
20	18.40	15.93	9.48	8.34	7.26	6.44
21	18.40	15.93	9.48	8.34	7.26	6.44
22	18.40	15.93	9.48	8.34	7.26	6.44
23	18.40	15.93	9.48	8.34	7.26	6.44
24	18.40	15.93	9.48	8.34	7.26	6.44
25	18.40	15.93	9.48	8.34	7.26	6.44
26	18.40	15.93	9.48	8.34	7.26	6.44
27	18.40	15.93	9.48	8.34	7.26	6.44
28	18.40	15.93	9.48	8.34	7.26	6.44
29	18.63	16.13	9.60	8.44	7.35	6.52
30	18.94	16.39	9.76	8.58	7.47	6.63
31	19.54	16.92	10.08	8.87	7.71	6.84
32	20.24	17.51	10.42	9.18	7.97	7.09
33	21.06	18.24	10.85	9.56	8.31	7.38
34	22.00	19.06	11.35	9.99	8.67	7.71
35	23.07	19.97	11.89	10.45	9.10	8.08
36	24.28	21.03	12.51	11.01	9.57	8.50
37	25.61	22.19	13.21	11.61	10.09	8.98
38	27.16	23.51	14.00	12.32	10.70	9.51
39	28.79	24.93	14.83	13.05	11.35	10.09
40	30.52	26.43	15.73	13.84	12.03	10.70
41	32.35	28.03	16.68	14.68	12.76	11.35
42	34.27	29.68	17.67	15.55	13.52	12.02
43	36.37	31.50	18.75	16.49	14.35	12.74
44	38.63	33.45	19.91	17.51	15.23	13.54
45	41.06	35.55	21.17	18.61	16.19	14.39
46	43.80	37.94	22.58	19.87	17.28	15.35
47	46.85	40.57	24.15	21.26	18.47	16.42
48	49.97	43.27	25.75	22.65	19.70	17.51
49	53.36	46.21	27.50	24.22	21.04	18.71
50	57.65	49.92	29.71	26.15	22.73	20.21
51	62.46	54.09	32.19	28.34	24.64	21.89
52	67.93	58.84	35.02	30.81	26.79	23.81
53	74.71	64.71	38.51	33.89	29.45	26.20
54	81.02	70.16	41.76	36.74	31.94	28.40
55	86.34	74.76	44.50	39.16	34.05	30.26
56	89.45	77.45	46.10	40.57	35.26	31.34
57	91.95	79.63	47.40	41.71	36.25	32.23
58	94.36	81.70	48.64	42.80	37.20	33.07
59	96.89	83.91	49.95	43.96	38.20	33.97
60	99.88	86.49	51.49	45.31	39.38	35.01
61	86.90	75.25	44.80	39.41	34.27	30.46
62	86.90	75.25	44.80	39.41	34.27	30.46
63	86.90	75.25	44.80	39.41	34.27	30.46
64	86.90	75.25	44.80	39.41	34.27	30.46

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with 3% COLA Rider Attached

Occupation Classes 3 and 3M — Unisex Select To Age 65

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	25.08	21.73	12.93	11.38	9.89	8.80
19	25.08	21.73	12.93	11.38	9.89	8.80
20	25.08	21.73	12.93	11.38	9.89	8.80
21	25.08	21.73	12.93	11.38	9.89	8.80
22	25.08	21.73	12.93	11.38	9.89	8.80
23	25.08	21.73	12.93	11.38	9.89	8.80
24	25.08	21.73	12.93	11.38	9.89	8.80
25	25.08	21.73	12.93	11.38	9.89	8.80
26	26.00	22.52	13.40	11.80	10.25	9.12
27	26.65	23.09	13.74	12.09	10.50	9.35
28	27.22	23.57	14.03	12.35	10.73	9.54
29	27.81	24.08	14.34	12.61	10.96	9.74
30	28.45	24.64	14.66	12.91	11.22	9.97
31	29.28	25.35	15.10	13.28	11.54	10.26
32	30.29	26.23	15.61	13.74	11.94	10.61
33	31.50	27.27	16.24	14.29	12.42	11.04
34	32.89	28.48	16.95	14.93	12.98	11.52
35	34.45	29.84	17.76	15.63	13.58	12.08
36	36.21	31.34	18.66	16.42	14.27	12.68
37	38.10	33.00	19.64	17.28	15.02	13.36
38	40.14	34.76	20.69	18.21	15.83	14.07
39	42.32	36.65	21.82	19.20	16.69	14.83
40	44.61	38.62	22.99	20.24	17.59	15.63
41	47.03	40.72	24.25	21.32	18.54	16.48
42	49.57	42.94	25.55	22.49	19.54	17.38
43	52.26	45.26	26.94	23.71	20.61	18.32
44	55.10	47.72	28.40	24.99	21.73	19.31
45	58.05	50.28	29.93	26.33	22.90	20.35
46	61.16	52.97	31.53	27.75	24.12	21.43
47	64.45	55.82	33.22	29.24	25.41	22.59
48	67.82	58.73	34.96	30.77	26.74	23.77
49	71.31	61.75	36.76	32.35	28.12	24.99
50	74.79	64.78	38.56	33.94	29.50	26.23
51	77.50	67.11	39.95	35.15	30.55	27.17
52	80.18	69.43	41.33	36.37	31.62	28.10
53	82.91	71.79	42.74	37.61	32.69	29.06
54	85.60	74.12	44.12	38.83	33.76	30.01
55	88.29	76.46	45.51	40.06	34.82	30.95

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with 3% COLA Rider Attached

Occupation Classes 4 and 4M | Unisex Select To Age 65

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	15.18	13.14	7.82	6.88	5.99	5.32
19	15.18	13.14	7.82	6.88	5.99	5.32
20	15.18	13.14	7.82	6.88	5.99	5.32
21	15.18	13.14	7.82	6.88	5.99	5.32
22	15.18	13.14	7.82	6.88	5.99	5.32
23	15.18	13.14	7.82	6.88	5.99	5.32
24	15.18	13.14	7.82	6.88	5.99	5.32
25	15.18	13.14	7.82	6.88	5.99	5.32
26	15.18	13.14	7.82	6.88	5.99	5.32
27	15.18	13.14	7.82	6.88	5.99	5.32
28	15.18	13.14	7.82	6.88	5.99	5.32
29	15.36	13.31	7.92	6.97	6.06	5.39
30	15.61	13.51	8.05	7.08	6.16	5.46
31	16.12	13.96	8.31	7.32	6.37	5.64
32	16.68	14.44	8.60	7.57	6.57	5.85
33	17.36	15.04	8.95	7.88	6.85	6.09
34	18.15	15.72	9.36	8.24	7.16	6.37
35	19.03	16.47	9.81	8.62	7.50	6.66
36	20.03	17.33	10.33	9.08	7.90	7.02
37	21.13	18.30	10.89	9.58	8.33	7.41
38	22.39	19.38	11.54	10.16	8.83	7.84
39	23.74	20.55	12.24	10.76	9.36	8.33
40	25.18	21.80	12.98	11.41	9.92	8.83
41	26.68	23.11	13.75	12.11	10.52	9.36
42	28.26	24.48	14.57	12.82	11.15	9.91
43	30.00	25.98	15.46	13.60	11.83	10.51
44	31.86	27.58	16.42	14.44	12.56	11.17
45	33.86	29.32	17.45	15.35	13.36	11.87
46	36.13	31.28	18.62	16.38	14.25	12.66
47	38.64	33.45	19.92	17.52	15.24	13.54
48	41.20	35.68	21.24	18.68	16.25	14.44
49	44.01	38.11	22.68	19.97	17.35	15.42
50	47.54	41.16	24.50	21.56	18.75	16.66
51	51.51	44.61	26.55	23.37	20.31	18.06
52	56.02	48.52	28.88	25.41	22.09	19.64
53	61.61	53.36	31.76	27.95	24.29	21.60
54	66.82	57.87	34.44	30.30	26.34	23.42
55	71.20	61.66	36.70	32.30	28.08	24.96
56	73.76	63.87	38.02	33.45	29.09	25.85
57	75.82	65.67	39.09	34.40	29.90	26.58
58	77.81	67.38	40.10	35.29	30.68	27.27
59	79.90	69.20	41.19	36.24	31.51	28.02
60	82.37	71.33	42.46	37.36	32.47	28.87
61	71.67	62.06	36.94	32.50	28.26	25.12
62	71.67	62.06	36.94	32.50	28.26	25.12
63	71.67	62.06	36.94	32.50	28.26	25.12
64	71.67	62.06	36.94	32.50	28.26	25.12

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with 3% COLA Rider Attached

Occupation Classes 4 and 4M — Unisex Select To Age 65

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	20.68	17.92	10.66	9.38	8.16	7.26
19	20.68	17.92	10.66	9.38	8.16	7.26
20	20.68	17.92	10.66	9.38	8.16	7.26
21	20.68	17.92	10.66	9.38	8.16	7.26
22	20.68	17.92	10.66	9.38	8.16	7.26
23	20.68	17.92	10.66	9.38	8.16	7.26
24	20.68	17.92	10.66	9.38	8.16	7.26
25	20.68	17.92	10.66	9.38	8.16	7.26
26	21.43	18.57	11.05	9.73	8.44	7.51
27	21.98	19.04	11.33	9.97	8.66	7.71
28	22.44	19.43	11.56	10.19	8.85	7.87
29	22.93	19.85	11.82	10.40	9.04	8.04
30	23.46	20.31	12.10	10.65	9.26	8.23
31	24.16	20.91	12.44	10.95	9.51	8.46
32	24.98	21.62	12.87	11.33	9.84	8.75
33	25.98	22.49	13.39	11.78	10.25	9.10
34	27.12	23.48	13.98	12.31	10.70	9.50
35	28.41	24.60	14.65	12.89	11.21	9.96
36	29.86	25.85	15.38	13.54	11.77	10.46
37	31.42	27.21	16.20	14.25	12.38	11.02
38	33.11	28.67	17.06	15.01	13.05	11.60
39	34.91	30.22	17.99	15.83	13.77	12.24
40	36.79	31.85	18.96	16.68	14.51	12.89
41	38.79	33.58	19.99	17.59	15.29	13.59
42	40.88	35.40	21.08	18.54	16.12	14.34
43	43.10	37.33	22.22	19.55	17.00	15.12
44	45.44	39.35	23.42	20.61	17.92	15.93
45	47.88	41.46	24.68	21.71	18.89	16.78
46	50.44	43.68	26.00	22.88	19.89	17.68
47	53.14	46.03	27.39	24.12	20.96	18.63
48	55.93	48.43	28.83	25.37	22.06	19.60
49	58.81	50.93	30.31	26.68	23.19	20.61
50	61.69	53.42	31.80	27.99	24.32	21.62
51	63.90	55.35	32.94	29.00	25.20	22.40
52	66.12	57.26	34.09	30.00	26.08	23.18
53	68.37	59.20	35.24	31.02	26.96	23.97
54	70.59	61.13	36.38	32.03	27.84	24.74
55	72.81	63.05	37.53	33.03	28.72	25.52

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with 3% COLA Rider Attached

Occupation Classes 5 and 5M — Unisex Select To Age 65

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	11.95	10.35	6.16	5.42	4.71	4.19
19	11.95	10.35	6.16	5.42	4.71	4.19
20	11.95	10.35	6.16	5.42	4.71	4.19
21	11.95	10.35	6.16	5.42	4.71	4.19
22	11.95	10.35	6.16	5.42	4.71	4.19
23	11.95	10.35	6.16	5.42	4.71	4.19
24	11.95	10.35	6.16	5.42	4.71	4.19
25	11.95	10.35	6.16	5.42	4.71	4.19
26	11.95	10.35	6.16	5.42	4.71	4.19
27	11.95	10.35	6.16	5.42	4.71	4.19
28	11.95	10.35	6.16	5.42	4.71	4.19
29	12.10	10.47	6.24	5.48	4.77	4.24
30	12.30	10.64	6.34	5.57	4.85	4.31
31	12.69	10.99	6.54	5.76	5.01	4.45
32	13.14	11.38	6.77	5.96	5.18	4.60
33	13.67	11.84	7.05	6.21	5.40	4.79
34	14.29	12.38	7.37	6.48	5.63	5.01
35	14.98	12.97	7.72	6.79	5.91	5.25
36	15.77	13.65	8.13	7.15	6.22	5.52
37	16.63	14.40	8.57	7.54	6.55	5.83
38	17.63	15.27	9.09	8.00	6.95	6.18
39	18.69	16.19	9.63	8.47	7.37	6.55
40	19.82	17.17	10.22	8.99	7.81	6.95
41	21.01	18.20	10.83	9.53	8.29	7.37
42	22.26	19.28	11.47	10.10	8.78	7.80
43	23.62	20.45	12.18	10.71	9.32	8.28
44	25.09	21.72	12.93	11.38	9.89	8.79
45	26.66	23.09	13.74	12.09	10.51	9.35
46	28.44	24.63	14.66	12.90	11.22	9.97
47	30.42	26.34	15.68	13.80	12.00	10.66
48	32.44	28.10	16.72	14.71	12.79	11.38
49	34.65	30.01	17.86	15.72	13.66	12.15
50	37.43	32.41	19.30	16.98	14.76	13.12
51	40.56	35.13	20.91	18.40	16.00	14.22
52	44.11	38.20	22.74	20.01	17.39	15.46
53	48.51	42.02	25.01	22.01	19.13	17.01
54	52.61	45.56	27.12	23.86	20.74	18.44
55	56.06	48.55	28.90	25.43	22.11	19.65
56	58.08	50.29	29.94	26.34	22.90	20.35
57	59.71	51.71	30.78	27.09	23.54	20.93
58	61.27	53.05	31.58	27.79	24.16	21.47
59	62.91	54.49	32.43	28.54	24.81	22.06
60	64.85	56.16	33.43	29.42	25.57	22.73
61	56.43	48.87	29.09	25.59	22.26	19.78
62	56.43	48.87	29.09	25.59	22.26	19.78
63	56.43	48.87	29.09	25.59	22.26	19.78
64	56.43	48.87	29.09	25.59	22.26	19.78

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with 3% COLA Rider Attached

Occupation Classes 5 and 5M — Unisex Select To Age 65

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	16.29	14.11	8.40	7.39	6.43	5.71
19	16.29	14.11	8.40	7.39	6.43	5.71
20	16.29	14.11	8.40	7.39	6.43	5.71
21	16.29	14.11	8.40	7.39	6.43	5.71
22	16.29	14.11	8.40	7.39	6.43	5.71
23	16.29	14.11	8.40	7.39	6.43	5.71
24	16.29	14.11	8.40	7.39	6.43	5.71
25	16.29	14.11	8.40	7.39	6.43	5.71
26	16.88	14.62	8.70	7.66	6.65	5.92
27	17.31	14.99	8.92	7.85	6.82	6.07
28	17.67	15.31	9.11	8.02	6.97	6.20
29	18.06	15.63	9.31	8.19	7.12	6.33
30	18.47	16.00	9.52	8.39	7.29	6.47
31	19.02	16.46	9.80	8.62	7.49	6.66
32	19.67	17.03	10.14	8.92	7.75	6.89
33	20.45	17.71	10.54	9.28	8.07	7.17
34	21.35	18.49	11.01	9.69	8.42	7.48
35	22.37	19.37	11.53	10.15	8.82	7.84
36	23.51	20.35	12.12	10.66	9.27	8.24
37	24.74	21.42	12.75	11.22	9.75	8.67
38	26.07	22.57	13.43	11.82	10.28	9.14
39	27.48	23.80	14.17	12.46	10.84	9.63
40	28.97	25.08	14.93	13.14	11.42	10.15
41	30.54	26.44	15.74	13.85	12.04	10.70
42	32.18	27.88	16.59	14.60	12.69	11.29
43	33.94	29.39	17.49	15.39	13.38	11.90
44	35.78	30.99	18.44	16.23	14.11	12.54
45	37.70	32.65	19.43	17.10	14.87	13.22
46	39.72	34.39	20.47	18.02	15.66	13.92
47	41.85	36.24	21.57	18.99	16.50	14.67
48	44.04	38.13	22.70	19.98	17.36	15.43
49	46.30	40.10	23.87	21.01	18.26	16.23
50	48.57	42.07	25.04	22.04	19.16	17.03
51	50.32	43.58	25.94	22.83	19.84	17.64
52	52.06	45.08	26.84	23.62	20.53	18.25
53	53.84	46.62	27.75	24.42	21.23	18.87
54	55.58	48.13	28.65	25.22	21.92	19.48
55	57.33	49.65	29.55	26.01	22.61	20.10

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with 3% COLA Rider Attached

Occupation Classes 6 and 6M — Unisex Select To Age 65

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	9.44	8.18	4.86	4.28	3.72	3.31
19	9.44	8.18	4.86	4.28	3.72	3.31
20	9.44	8.18	4.86	4.28	3.72	3.31
21	9.44	8.18	4.86	4.28	3.72	3.31
22	9.44	8.18	4.86	4.28	3.72	3.31
23	9.44	8.18	4.86	4.28	3.72	3.31
24	9.44	8.18	4.86	4.28	3.72	3.31
25	9.44	8.18	4.86	4.28	3.72	3.31
26	9.44	8.18	4.86	4.28	3.72	3.31
27	9.44	8.18	4.86	4.28	3.72	3.31
28	9.44	8.18	4.86	4.28	3.72	3.31
29	9.55	8.28	4.93	4.34	3.77	3.35
30	9.71	8.41	5.01	4.41	3.83	3.41
31	10.03	8.68	5.17	4.55	3.96	3.51
32	10.38	8.99	5.35	4.71	4.09	3.63
33	10.80	9.36	5.56	4.90	4.27	3.78
34	11.29	9.78	5.82	5.12	4.46	3.96
35	11.83	10.25	6.10	5.37	4.67	4.15
36	12.45	10.78	6.43	5.64	4.91	4.37
37	13.14	11.38	6.77	5.96	5.18	4.60
38	13.93	12.06	7.18	6.32	5.49	4.88
39	14.77	12.79	7.61	6.69	5.82	5.18
40	15.66	13.56	8.07	7.10	6.17	5.49
41	16.59	14.37	8.55	7.53	6.54	5.82
42	17.58	15.23	9.07	7.98	6.94	6.17
43	18.66	16.16	9.62	8.46	7.36	6.53
44	19.82	17.16	10.22	8.99	7.81	6.95
45	21.06	18.24	10.86	9.55	8.31	7.39
46	22.47	19.46	11.58	10.19	8.86	7.88
47	24.04	20.81	12.38	10.90	9.47	8.42
48	25.63	22.20	13.21	11.62	10.11	8.99
49	27.37	23.70	14.11	12.42	10.79	9.59
50	29.57	25.60	15.25	13.41	11.66	10.37
51	32.05	27.75	16.51	14.54	12.64	11.23
52	34.85	30.19	17.97	15.81	13.74	12.22
53	38.32	33.19	19.76	17.38	15.11	13.43
54	41.56	36.00	21.42	18.85	16.38	14.57
55	44.29	38.35	22.83	20.10	17.46	15.52
56	45.89	39.73	23.65	20.81	18.09	16.08
57	47.16	40.85	24.31	21.39	18.60	16.53
58	48.40	41.92	24.95	21.96	19.09	16.97
59	49.70	43.05	25.62	22.55	19.60	17.42
60	51.23	44.37	26.41	23.25	20.21	17.96
61	44.58	38.60	22.98	20.22	17.58	15.62
62	44.58	38.60	22.98	20.22	17.58	15.62
63	44.58	38.60	22.98	20.22	17.58	15.62
64	44.58	38.60	22.98	20.22	17.58	15.62

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with 3% COLA Rider Attached

Occupation Classes 6 and 6M — Unisex Select To Age 65

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	12.87	11.15	6.63	5.83	5.08	4.51
19	12.87	11.15	6.63	5.83	5.08	4.51
20	12.87	11.15	6.63	5.83	5.08	4.51
21	12.87	11.15	6.63	5.83	5.08	4.51
22	12.87	11.15	6.63	5.83	5.08	4.51
23	12.87	11.15	6.63	5.83	5.08	4.51
24	12.87	11.15	6.63	5.83	5.08	4.51
25	12.87	11.15	6.63	5.83	5.08	4.51
26	13.34	11.55	6.87	6.05	5.26	4.67
27	13.67	11.84	7.05	6.20	5.39	4.79
28	13.96	12.09	7.20	6.34	5.50	4.90
29	14.27	12.35	7.36	6.46	5.62	5.00
30	14.59	12.64	7.52	6.62	5.75	5.12
31	15.03	13.01	7.74	6.81	5.92	5.27
32	15.54	13.45	8.01	7.05	6.13	5.45
33	16.16	13.99	8.33	7.33	6.38	5.66
34	16.87	14.61	8.69	7.65	6.65	5.91
35	17.67	15.31	9.11	8.02	6.97	6.20
36	18.57	16.08	9.57	8.42	7.32	6.50
37	19.54	16.93	10.08	8.86	7.70	6.85
38	20.59	17.83	10.61	9.34	8.12	7.22
39	21.71	18.80	11.19	9.85	8.56	7.61
40	22.89	19.81	11.79	10.38	9.03	8.02
41	24.13	20.89	12.43	10.94	9.51	8.45
42	25.42	22.03	13.11	11.53	10.03	8.92
43	26.81	23.23	13.82	12.16	10.57	9.41
44	28.26	24.48	14.57	12.82	11.15	9.91
45	29.78	25.79	15.35	13.50	11.75	10.44
46	31.37	27.17	16.18	14.24	12.38	11.00
47	33.06	28.63	17.04	15.00	13.04	11.59
48	34.79	30.13	17.93	15.78	13.72	12.20
49	36.58	31.68	18.86	16.59	14.42	12.82
50	38.37	33.23	19.78	17.41	15.14	13.45
51	39.76	34.43	20.49	18.04	15.67	13.94
52	41.13	35.62	21.21	18.66	16.22	14.41
53	42.53	36.83	21.92	19.30	16.77	14.91
54	43.91	38.03	22.63	19.92	17.32	15.39
55	45.29	39.22	23.34	20.54	17.86	15.88

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with 3% COLA Rider Attached

Occupation Classes 3 and 3M — Unisex Select To Age 67

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	19.70	17.06	10.16	8.93	7.76	6.91
19	19.70	17.06	10.16	8.93	7.76	6.91
20	19.70	17.06	10.16	8.93	7.76	6.91
21	19.70	17.06	10.16	8.93	7.76	6.91
22	19.70	17.06	10.16	8.93	7.76	6.91
23	19.70	17.06	10.16	8.93	7.76	6.91
24	19.70	17.06	10.16	8.93	7.76	6.91
25	19.70	17.06	10.16	8.93	7.76	6.91
26	19.70	17.06	10.16	8.93	7.76	6.91
27	19.70	17.06	10.16	8.93	7.76	6.91
28	19.70	17.06	10.16	8.93	7.76	6.91
29	19.94	17.26	10.28	9.04	7.87	6.98
30	20.30	17.56	10.45	9.21	8.01	7.11
31	20.95	18.13	10.79	9.49	8.27	7.34
32	21.74	18.83	11.21	9.86	8.56	7.62
33	22.65	19.62	11.68	10.28	8.93	7.94
34	23.66	20.49	12.20	10.73	9.33	8.30
35	24.88	21.54	12.82	11.29	9.80	8.72
36	26.18	22.67	13.49	11.88	10.33	9.18
37	27.66	23.95	14.26	12.54	10.90	9.69
38	29.36	25.43	15.14	13.33	11.58	10.30
39	31.20	27.02	16.09	14.15	12.31	10.93
40	33.17	28.71	17.09	15.03	13.08	11.61
41	35.23	30.51	18.16	15.98	13.89	12.35
42	37.41	32.40	19.29	16.97	14.76	13.11
43	39.78	34.45	20.50	18.05	15.69	13.95
44	42.38	36.70	21.85	19.23	16.71	14.85
45	45.19	39.13	23.29	20.50	17.82	15.84
46	48.42	41.93	24.96	21.97	19.09	16.97
47	51.98	45.01	26.79	23.57	20.49	18.22
48	55.70	48.22	28.71	25.26	21.96	19.51
49	59.81	51.79	30.83	27.13	23.58	20.97
50	65.25	56.50	33.63	29.59	25.74	22.87
51	71.23	61.67	36.71	32.30	28.09	24.96
52	78.09	67.62	40.25	35.41	30.80	27.36
53	86.65	75.04	44.67	39.30	34.16	30.37
54	94.97	82.24	48.96	43.08	37.44	33.28
55	102.48	88.74	52.83	46.48	40.42	35.92
56	107.96	93.49	55.65	48.97	42.57	37.84
57	111.63	96.66	57.54	50.63	44.02	39.12
58	115.44	99.97	59.51	52.37	45.52	40.46
59	118.84	102.91	61.26	53.91	46.87	41.65
60	122.33	105.93	63.05	55.50	48.24	42.87
61	122.33	105.93	63.05	55.50	48.24	42.87
62	122.33	105.93	63.05	55.50	48.24	42.87
63	122.33	105.93	63.05	55.50	48.24	42.87
64	122.33	105.93	63.05	55.50	48.24	42.87
65	122.33	105.93	63.05	55.50	48.24	42.87
66	122.33	105.93	63.05	55.50	48.24	42.87

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with 3% COLA Rider Attached

Occupation Classes 3 and 3M — Unisex Select To Age 67

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	27.98	24.23	14.42	12.68	11.04	9.80
19	27.98	24.23	14.42	12.68	11.04	9.80
20	27.98	24.23	14.42	12.68	11.04	9.80
21	27.98	24.23	14.42	12.68	11.04	9.80
22	27.98	24.23	14.42	12.68	11.04	9.80
23	27.98	24.23	14.42	12.68	11.04	9.80
24	27.98	24.23	14.42	12.68	11.04	9.80
25	27.98	24.23	14.42	12.68	11.04	9.80
26	28.92	25.05	14.91	13.13	11.40	10.14
27	29.73	25.74	15.33	13.47	11.72	10.41
28	30.49	26.40	15.72	13.83	12.03	10.69
29	31.31	27.13	16.15	14.21	12.35	10.98
30	32.27	27.95	16.63	14.63	12.73	11.32
31	33.36	28.89	17.20	15.14	13.16	11.69
32	34.67	30.02	17.87	15.72	13.67	12.15
33	36.14	31.30	18.63	16.39	14.26	12.67
34	37.80	32.73	19.48	17.16	14.91	13.25
35	39.67	34.35	20.44	17.99	15.64	13.90
36	41.73	36.14	21.51	18.94	16.45	14.62
37	43.99	38.09	22.67	19.96	17.35	15.41
38	46.44	40.22	23.94	21.07	18.32	16.29
39	49.06	42.49	25.29	22.26	19.34	17.20
40	51.89	44.93	26.74	23.54	20.46	18.19
41	54.91	47.54	28.29	24.90	21.65	19.24
42	58.11	50.33	29.96	26.36	22.92	20.36
43	61.52	53.27	31.71	27.90	24.26	21.56
44	65.13	56.39	33.57	29.55	25.69	22.82
45	68.97	59.74	35.55	31.28	27.20	24.18
46	73.03	63.24	37.64	33.13	28.80	25.60
47	77.25	66.90	39.82	35.05	30.46	27.08
48	81.68	70.75	42.10	37.07	32.21	28.63
49	86.28	74.73	44.47	39.13	34.03	30.24
50	90.97	78.79	46.90	41.27	35.88	31.90
51	95.34	82.56	49.13	43.23	37.60	33.42
52	99.64	86.29	51.36	45.20	39.29	34.93
53	103.99	90.06	53.61	47.17	41.02	36.45
54	108.31	93.79	55.83	49.13	42.71	37.97
55	112.65	97.55	58.07	51.10	44.43	39.49

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with 3% COLA Rider Attached

Occupation Classes 4 and 4M | Unisex Select To Age 67

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	16.25	14.07	8.38	7.37	6.40	5.69
19	16.25	14.07	8.38	7.37	6.40	5.69
20	16.25	14.07	8.38	7.37	6.40	5.69
21	16.25	14.07	8.38	7.37	6.40	5.69
22	16.25	14.07	8.38	7.37	6.40	5.69
23	16.25	14.07	8.38	7.37	6.40	5.69
24	16.25	14.07	8.38	7.37	6.40	5.69
25	16.25	14.07	8.38	7.37	6.40	5.69
26	16.25	14.07	8.38	7.37	6.40	5.69
27	16.25	14.07	8.38	7.37	6.40	5.69
28	16.25	14.07	8.38	7.37	6.40	5.69
29	16.44	14.24	8.47	7.45	6.48	5.76
30	16.73	14.48	8.62	7.59	6.60	5.86
31	17.28	14.95	8.90	7.83	6.81	6.05
32	17.93	15.52	9.24	8.14	7.07	6.29
33	18.68	16.18	9.63	8.47	7.37	6.55
34	19.51	16.90	10.06	8.85	7.69	6.84
35	20.52	17.77	10.57	9.31	8.09	7.19
36	21.59	18.69	11.13	9.79	8.51	7.57
37	22.81	19.75	11.75	10.35	8.99	8.00
38	24.22	20.97	12.48	10.99	9.55	8.48
39	25.74	22.28	13.27	11.67	10.15	9.02
40	27.34	23.67	14.10	12.39	10.79	9.58
41	29.06	25.16	14.98	13.18	11.45	10.19
42	30.86	26.72	15.91	14.00	12.17	10.81
43	32.80	28.41	16.91	14.89	12.94	11.50
44	34.96	30.26	18.02	15.85	13.78	12.25
45	37.26	32.27	19.22	16.91	14.70	13.07
46	39.94	34.58	20.58	18.12	15.74	14.00
47	42.86	37.12	22.09	19.43	16.90	15.03
48	45.93	39.77	23.67	20.83	18.11	16.10
49	49.32	42.71	25.42	22.36	19.45	17.29
50	53.82	46.60	27.74	24.40	21.23	18.86
51	58.74	50.86	30.27	26.64	23.16	20.58
52	64.40	55.76	33.19	29.21	25.39	22.57
53	71.47	61.88	36.84	32.41	28.18	25.05
54	78.32	67.82	40.37	35.53	30.88	27.44
55	84.52	73.19	43.57	38.33	33.33	29.62
56	89.03	77.10	45.90	40.38	35.11	31.20
57	92.06	79.71	47.45	41.76	36.29	32.26
58	95.20	82.44	49.07	43.18	37.54	33.37
59	98.01	84.87	50.52	44.46	38.65	34.35
60	100.88	87.36	52.00	45.77	39.78	35.35
61	100.88	87.36	52.00	45.77	39.78	35.35
62	100.88	87.36	52.00	45.77	39.78	35.35
63	100.88	87.36	52.00	45.77	39.78	35.35
64	100.88	87.36	52.00	45.77	39.78	35.35
65	100.88	87.36	52.00	45.77	39.78	35.35
66	100.88	87.36	52.00	45.77	39.78	35.35

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with 3% COLA Rider Attached

Occupation Classes 4 and 4M — Unisex Select To Age 67

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	23.07	19.98	11.89	10.46	9.10	8.09
19	23.07	19.98	11.89	10.46	9.10	8.09
20	23.07	19.98	11.89	10.46	9.10	8.09
21	23.07	19.98	11.89	10.46	9.10	8.09
22	23.07	19.98	11.89	10.46	9.10	8.09
23	23.07	19.98	11.89	10.46	9.10	8.09
24	23.07	19.98	11.89	10.46	9.10	8.09
25	23.07	19.98	11.89	10.46	9.10	8.09
26	23.85	20.66	12.30	10.82	9.41	8.37
27	24.52	21.23	12.63	11.12	9.67	8.58
28	25.15	21.78	12.96	11.40	9.92	8.81
29	25.83	22.36	13.32	11.72	10.19	9.05
30	26.62	23.05	13.72	12.07	10.49	9.33
31	27.51	23.83	14.19	12.48	10.85	9.64
32	28.59	24.76	14.73	12.96	11.28	10.02
33	29.81	25.81	15.36	13.51	11.75	10.44
34	31.17	27.00	16.07	14.15	12.30	10.93
35	32.72	28.32	16.86	14.84	12.90	11.46
36	34.41	29.80	17.74	15.61	13.56	12.06
37	36.27	31.40	18.69	16.45	14.31	12.71
38	38.29	33.17	19.74	17.37	15.10	13.42
39	40.46	35.04	20.86	18.35	15.96	14.19
40	42.79	37.06	22.06	19.41	16.87	15.00
41	45.27	39.20	23.33	20.53	17.85	15.87
42	47.93	41.50	24.71	21.74	18.90	16.80
43	50.73	43.93	26.16	23.01	20.01	17.78
44	53.71	46.51	27.69	24.36	21.19	18.82
45	56.88	49.26	29.32	25.80	22.43	19.94
46	60.22	52.15	31.05	27.32	23.75	21.11
47	63.71	55.17	32.84	28.91	25.12	22.33
48	67.37	58.34	34.73	30.56	26.57	23.61
49	71.15	61.62	36.68	32.27	28.07	24.95
50	75.02	64.97	38.68	34.04	29.58	26.30
51	78.62	68.08	40.52	35.66	31.01	27.56
52	82.18	71.16	42.36	37.28	32.40	28.81
53	85.76	74.27	44.20	38.90	33.82	30.07
54	89.32	77.35	46.04	40.52	35.21	31.30
55	92.90	80.46	47.89	42.14	36.64	32.56

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with 3% COLA Rider Attached

Occupation Classes 5 and 5M — Unisex Select To Age 67

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	12.79	11.08	6.59	5.80	5.04	4.48
19	12.79	11.08	6.59	5.80	5.04	4.48
20	12.79	11.08	6.59	5.80	5.04	4.48
21	12.79	11.08	6.59	5.80	5.04	4.48
22	12.79	11.08	6.59	5.80	5.04	4.48
23	12.79	11.08	6.59	5.80	5.04	4.48
24	12.79	11.08	6.59	5.80	5.04	4.48
25	12.79	11.08	6.59	5.80	5.04	4.48
26	12.79	11.08	6.59	5.80	5.04	4.48
27	12.79	11.08	6.59	5.80	5.04	4.48
28	12.79	11.08	6.59	5.80	5.04	4.48
29	12.95	11.21	6.67	5.87	5.11	4.53
30	13.18	11.40	6.79	5.98	5.20	4.61
31	13.60	11.77	7.01	6.17	5.37	4.76
32	14.12	12.23	7.28	6.41	5.56	4.95
33	14.71	12.74	7.58	6.67	5.80	5.16
34	15.36	13.31	7.92	6.97	6.06	5.39
35	16.16	13.99	8.33	7.33	6.37	5.66
36	17.00	14.72	8.76	7.71	6.70	5.96
37	17.96	15.55	9.26	8.15	7.08	6.30
38	19.07	16.51	9.83	8.65	7.52	6.68
39	20.27	17.54	10.44	9.19	7.99	7.10
40	21.53	18.64	11.10	9.76	8.49	7.54
41	22.88	19.81	11.79	10.38	9.02	8.02
42	24.29	21.04	12.52	11.02	9.58	8.51
43	25.83	22.37	13.32	11.72	10.19	9.06
44	27.52	23.83	14.19	12.48	10.85	9.64
45	29.34	25.41	15.13	13.32	11.57	10.29
46	31.44	27.23	16.21	14.27	12.39	11.02
47	33.75	29.22	17.39	15.31	13.31	11.83
48	36.16	31.31	18.64	16.40	14.26	12.67
49	38.84	33.63	20.02	17.61	15.32	13.61
50	42.37	36.69	21.84	19.22	16.71	14.85
51	46.25	40.05	23.84	20.98	18.24	16.21
52	50.71	43.91	26.14	23.00	20.00	17.77
53	56.27	48.73	29.01	25.52	22.19	19.72
54	61.67	53.40	31.79	27.98	24.31	21.61
55	66.55	57.63	34.30	30.19	26.24	23.32
56	70.10	60.71	36.14	31.80	27.64	24.57
57	72.49	62.77	37.36	32.88	28.58	25.40
58	74.96	64.91	38.64	34.01	29.56	26.27
59	77.17	66.83	39.78	35.01	30.43	27.05
60	79.44	68.79	40.95	36.04	31.32	27.84
61	79.44	68.79	40.95	36.04	31.32	27.84
62	79.44	68.79	40.95	36.04	31.32	27.84
63	79.44	68.79	40.95	36.04	31.32	27.84
64	79.44	68.79	40.95	36.04	31.32	27.84
65	79.44	68.79	40.95	36.04	31.32	27.84
66	79.44	68.79	40.95	36.04	31.32	27.84

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with 3% COLA Rider Attached

Occupation Classes 5 and 5M — Unisex Select To Age 67

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	18.17	15.73	9.37	8.24	7.17	6.37
19	18.17	15.73	9.37	8.24	7.17	6.37
20	18.17	15.73	9.37	8.24	7.17	6.37
21	18.17	15.73	9.37	8.24	7.17	6.37
22	18.17	15.73	9.37	8.24	7.17	6.37
23	18.17	15.73	9.37	8.24	7.17	6.37
24	18.17	15.73	9.37	8.24	7.17	6.37
25	18.17	15.73	9.37	8.24	7.17	6.37
26	18.78	16.27	9.68	8.52	7.41	6.58
27	19.31	16.71	9.95	8.75	7.61	6.76
28	19.80	17.15	10.21	8.98	7.81	6.94
29	20.33	17.61	10.48	9.23	8.02	7.13
30	20.96	18.15	10.80	9.50	8.27	7.35
31	21.66	18.76	11.17	9.83	8.54	7.59
32	22.51	19.49	11.60	10.21	8.88	7.89
33	23.47	20.32	12.10	10.64	9.26	8.23
34	24.54	21.26	12.65	11.14	9.68	8.60
35	25.76	22.30	13.28	11.68	10.16	9.03
36	27.10	23.46	13.97	12.30	10.68	9.49
37	28.56	24.73	14.72	12.96	11.27	10.01
38	30.16	26.12	15.54	13.68	11.89	10.57
39	31.86	27.59	16.42	14.45	12.56	11.17
40	33.69	29.18	17.36	15.29	13.29	11.81
41	35.65	30.87	18.37	16.17	14.06	12.49
42	37.74	32.68	19.45	17.12	14.88	13.23
43	39.95	34.59	20.59	18.12	15.75	14.00
44	42.29	36.62	21.80	19.19	16.68	14.82
45	44.79	38.79	23.09	20.31	17.66	15.70
46	47.42	41.07	24.44	21.51	18.70	16.62
47	50.16	43.44	25.86	22.76	19.78	17.58
48	53.04	45.94	27.34	24.07	20.92	18.59
49	56.02	48.52	28.88	25.41	22.10	19.64
50	59.07	51.16	30.45	26.80	23.29	20.71
51	61.90	53.61	31.91	28.08	24.41	21.70
52	64.71	56.03	33.35	29.35	25.51	22.68
53	67.53	58.48	34.81	30.63	26.63	23.67
54	70.33	60.90	36.25	31.91	27.73	24.65
55	73.15	63.35	37.71	33.18	28.85	25.64

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with 3% COLA Rider Attached

Occupation Classes 6 and 6M — Unisex Select To Age 67

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	10.11	8.75	5.21	4.58	3.98	3.54
19	10.11	8.75	5.21	4.58	3.98	3.54
20	10.11	8.75	5.21	4.58	3.98	3.54
21	10.11	8.75	5.21	4.58	3.98	3.54
22	10.11	8.75	5.21	4.58	3.98	3.54
23	10.11	8.75	5.21	4.58	3.98	3.54
24	10.11	8.75	5.21	4.58	3.98	3.54
25	10.11	8.75	5.21	4.58	3.98	3.54
26	10.11	8.75	5.21	4.58	3.98	3.54
27	10.11	8.75	5.21	4.58	3.98	3.54
28	10.11	8.75	5.21	4.58	3.98	3.54
29	10.23	8.85	5.27	4.63	4.04	3.58
30	10.40	9.01	5.37	4.72	4.11	3.64
31	10.74	9.30	5.53	4.87	4.24	3.76
32	11.16	9.66	5.75	5.06	4.40	3.91
33	11.62	10.07	5.99	5.27	4.58	4.08
34	12.14	10.51	6.26	5.50	4.78	4.26
35	12.76	11.05	6.57	5.79	5.03	4.47
36	13.42	11.63	6.92	6.09	5.30	4.71
37	14.19	12.29	7.32	6.44	5.59	4.97
38	15.07	13.05	7.76	6.83	5.94	5.28
39	16.01	13.86	8.25	7.26	6.32	5.60
40	17.01	14.73	8.77	7.71	6.71	5.96
41	18.08	15.65	9.32	8.20	7.13	6.34
42	19.20	16.62	9.89	8.70	7.57	6.72
43	20.40	17.67	10.52	9.26	8.05	7.16
44	21.74	18.83	11.21	9.86	8.57	7.61
45	23.19	20.08	11.95	10.52	9.15	8.13
46	24.84	21.51	12.80	11.27	9.79	8.70
47	26.66	23.09	13.74	12.09	10.51	9.35
48	28.57	24.74	14.73	12.96	11.27	10.01
49	30.68	26.57	15.81	13.91	12.10	10.75
50	33.47	28.99	17.26	15.18	13.21	11.73
51	36.54	31.64	18.83	16.57	14.40	12.80
52	40.06	34.69	20.65	18.17	15.80	14.04
53	44.45	38.49	22.92	20.17	17.52	15.58
54	48.72	42.18	25.12	22.11	19.21	17.08
55	52.57	45.53	27.10	23.85	20.73	18.42
56	55.38	47.96	28.55	25.12	21.84	19.41
57	57.26	49.59	29.51	25.98	22.58	20.07
58	59.22	51.28	30.52	26.87	23.35	20.76
59	60.96	52.80	31.42	27.65	24.04	21.36
60	62.76	54.34	32.34	28.47	24.75	21.99
61	62.76	54.34	32.34	28.47	24.75	21.99
62	62.76	54.34	32.34	28.47	24.75	21.99
63	62.76	54.34	32.34	28.47	24.75	21.99
64	62.76	54.34	32.34	28.47	24.75	21.99
65	62.76	54.34	32.34	28.47	24.75	21.99
66	62.76	54.34	32.34	28.47	24.75	21.99

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with 3% COLA Rider Attached

Occupation Classes 6 and 6M — Unisex Select To Age 67

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	14.36	12.42	7.40	6.50	5.66	5.03
19	14.36	12.42	7.40	6.50	5.66	5.03
20	14.36	12.42	7.40	6.50	5.66	5.03
21	14.36	12.42	7.40	6.50	5.66	5.03
22	14.36	12.42	7.40	6.50	5.66	5.03
23	14.36	12.42	7.40	6.50	5.66	5.03
24	14.36	12.42	7.40	6.50	5.66	5.03
25	14.36	12.42	7.40	6.50	5.66	5.03
26	14.84	12.85	7.65	6.73	5.85	5.20
27	15.26	13.21	7.86	6.91	6.02	5.35
28	15.64	13.54	8.06	7.10	6.17	5.48
29	16.07	13.91	8.29	7.29	6.34	5.63
30	16.55	14.34	8.53	7.50	6.53	5.80
31	17.12	14.82	8.82	7.76	6.75	6.00
32	17.78	15.40	9.17	8.06	7.02	6.24
33	18.54	16.06	9.55	8.41	7.32	6.49
34	19.38	16.79	10.00	8.80	7.65	6.80
35	20.35	17.62	10.48	9.23	8.03	7.13
36	21.40	18.53	11.04	9.71	8.43	7.50
37	22.56	19.53	11.63	10.24	8.90	7.91
38	23.82	20.63	12.28	10.81	9.40	8.36
39	25.17	21.80	12.98	11.41	9.93	8.82
40	26.61	23.05	13.72	12.08	10.49	9.33
41	28.17	24.38	14.51	12.77	11.11	9.87
42	29.81	25.82	15.36	13.52	11.75	10.44
43	31.56	27.32	16.27	14.32	12.44	11.06
44	33.41	28.93	17.23	15.16	13.18	11.71
45	35.38	30.64	18.24	16.05	13.95	12.40
46	37.46	32.44	19.31	17.00	14.77	13.13
47	39.63	34.32	20.42	17.98	15.62	13.89
48	41.91	36.29	21.60	19.01	16.52	14.69
49	44.26	38.33	22.81	20.08	17.45	15.51
50	46.67	40.42	24.06	21.18	18.40	16.36
51	48.91	42.35	25.21	22.18	19.29	17.15
52	51.11	44.26	26.35	23.19	20.16	17.92
53	53.35	46.20	27.50	24.20	21.04	18.70
54	55.56	48.11	28.64	25.21	21.91	19.47
55	57.79	50.04	29.79	26.22	22.79	20.26

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with 6% COLA Rider Attached

Occupation Classes 3 and 3M — Unisex Select To Age 65

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	23.98	20.76	12.37	10.89	9.45	8.41
19	23.98	20.76	12.37	10.89	9.45	8.41
20	23.98	20.76	12.37	10.89	9.45	8.41
21	23.98	20.76	12.37	10.89	9.45	8.41
22	23.98	20.76	12.37	10.89	9.45	8.41
23	23.98	20.76	12.37	10.89	9.45	8.41
24	23.98	20.76	12.37	10.89	9.45	8.41
25	23.98	20.76	12.37	10.89	9.45	8.41
26	23.98	20.76	12.37	10.89	9.45	8.41
27	23.98	20.76	12.37	10.89	9.45	8.41
28	23.98	20.76	12.37	10.89	9.45	8.41
29	24.08	20.86	12.41	10.92	9.49	8.44
30	24.45	21.18	12.61	11.10	9.65	8.56
31	25.02	21.66	12.90	11.35	9.86	8.77
32	25.80	22.33	13.30	11.69	10.17	9.04
33	26.65	23.09	13.74	12.09	10.50	9.35
34	27.69	23.97	14.27	12.56	10.92	9.69
35	28.92	25.05	14.91	13.13	11.40	10.14
36	30.29	26.23	15.61	13.74	11.94	10.61
37	31.82	27.56	16.40	14.43	12.54	11.16
38	33.48	29.00	17.26	15.19	13.21	11.74
39	35.23	30.51	18.16	15.98	13.89	12.35
40	37.15	32.17	19.15	16.85	14.65	13.02
41	39.21	33.97	20.22	17.79	15.46	13.75
42	41.38	35.83	21.32	18.77	16.32	14.50
43	43.63	37.78	22.49	19.79	17.20	15.30
44	46.03	39.86	23.72	20.87	18.15	16.13
45	48.59	42.08	25.05	22.05	19.17	17.03
46	51.70	44.78	26.65	23.45	20.38	18.13
47	54.91	47.54	28.29	24.90	21.65	19.24
48	58.36	50.54	30.08	26.46	23.01	20.46
49	62.40	54.04	32.17	28.31	24.61	21.88
50	67.96	58.87	35.04	30.83	26.80	23.83
51	74.54	64.55	38.42	33.82	29.39	26.14
52	82.75	71.68	42.66	37.53	32.63	29.02
53	87.88	76.09	45.29	39.86	34.65	30.80
54	92.19	79.84	47.52	41.82	36.36	32.32
55	95.40	82.61	49.17	43.27	37.61	33.43
56	96.95	83.96	49.98	43.99	38.23	33.99
57	98.37	85.20	50.71	44.63	38.79	34.48
58	99.84	86.48	51.47	45.29	39.38	35.01
59	101.33	87.75	52.23	45.97	39.96	35.52
60	102.80	89.04	52.99	46.64	40.54	36.05
61	89.48	77.48	46.12	40.58	35.28	31.36
62	89.48	77.48	46.12	40.58	35.28	31.36
63	89.48	77.48	46.12	40.58	35.28	31.36
64	89.48	77.48	46.12	40.58	35.28	31.36

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with 6% COLA Rider Attached

Occupation Classes 3 and 3M — Unisex Select To Age 65

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	30.97	26.82	15.96	14.04	12.22	10.85
19	30.97	26.82	15.96	14.04	12.22	10.85
20	30.97	26.82	15.96	14.04	12.22	10.85
21	30.97	26.82	15.96	14.04	12.22	10.85
22	30.97	26.82	15.96	14.04	12.22	10.85
23	30.97	26.82	15.96	14.04	12.22	10.85
24	30.97	26.82	15.96	14.04	12.22	10.85
25	30.97	26.82	15.96	14.04	12.22	10.85
26	31.97	27.69	16.48	14.50	12.61	11.21
27	32.60	28.22	16.80	14.79	12.85	11.41
28	33.10	28.66	17.06	15.02	13.05	11.60
29	33.60	29.09	17.32	15.25	13.25	11.77
30	34.19	29.61	17.62	15.50	13.47	11.98
31	34.99	30.29	18.04	15.87	13.80	12.26
32	36.03	31.19	18.57	16.34	14.21	12.62
33	37.26	32.27	19.21	16.91	14.70	13.07
34	38.74	33.56	19.97	17.58	15.28	13.58
35	40.43	35.02	20.84	18.34	15.95	14.18
36	42.35	36.68	21.83	19.21	16.69	14.85
37	44.43	38.46	22.90	20.16	17.51	15.56
38	46.64	40.38	24.05	21.17	18.38	16.34
39	49.01	42.44	25.26	22.23	19.33	17.19
40	51.50	44.60	26.54	23.35	20.30	18.05
41	54.09	46.85	27.89	24.54	21.32	18.97
42	56.83	49.20	29.28	25.77	22.41	19.91
43	59.66	51.67	30.75	27.07	23.52	20.92
44	62.62	54.23	32.27	28.40	24.70	21.96
45	65.70	56.89	33.86	29.79	25.90	23.02
46	68.91	59.68	35.52	31.25	27.17	24.15
47	72.25	62.57	37.24	32.78	28.49	25.32
48	75.69	65.54	39.02	34.33	29.85	26.53
49	79.20	68.59	40.83	35.94	31.23	27.76
50	82.72	71.64	42.64	37.52	32.63	29.00
51	85.27	73.83	43.96	38.68	33.62	29.88
52	87.81	76.05	45.26	39.84	34.62	30.78
53	90.40	78.27	46.59	41.00	35.65	31.68
54	92.92	80.49	47.91	42.15	36.65	32.58
55	95.47	82.67	49.21	43.31	37.64	33.46

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with 6% COLA Rider Attached

Occupation Classes 4 and 4M | Unisex Select To Age 65

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	19.78	17.13	10.20	8.98	7.79	6.93
19	19.78	17.13	10.20	8.98	7.79	6.93
20	19.78	17.13	10.20	8.98	7.79	6.93
21	19.78	17.13	10.20	8.98	7.79	6.93
22	19.78	17.13	10.20	8.98	7.79	6.93
23	19.78	17.13	10.20	8.98	7.79	6.93
24	19.78	17.13	10.20	8.98	7.79	6.93
25	19.78	17.13	10.20	8.98	7.79	6.93
26	19.78	17.13	10.20	8.98	7.79	6.93
27	19.78	17.13	10.20	8.98	7.79	6.93
28	19.78	17.13	10.20	8.98	7.79	6.93
29	19.85	17.20	10.24	9.00	7.83	6.97
30	20.17	17.46	10.40	9.16	7.96	7.07
31	20.63	17.87	10.63	9.36	8.14	7.23
32	21.28	18.42	10.96	9.64	8.39	7.45
33	21.98	19.04	11.33	9.97	8.66	7.71
34	22.83	19.76	11.77	10.36	9.00	8.00
35	23.85	20.66	12.30	10.82	9.41	8.37
36	24.98	21.62	12.87	11.33	9.84	8.75
37	26.24	22.73	13.53	11.91	10.35	9.21
38	27.61	23.92	14.24	12.52	10.89	9.68
39	29.06	25.16	14.98	13.18	11.45	10.19
40	30.64	26.53	15.79	13.89	12.08	10.74
41	32.33	28.02	16.67	14.67	12.75	11.35
42	34.13	29.55	17.59	15.47	13.45	11.96
43	35.99	31.16	18.54	16.32	14.19	12.61
44	37.96	32.87	19.56	17.22	14.96	13.31
45	40.07	34.70	20.66	18.18	15.80	14.05
46	42.64	36.93	21.98	19.33	16.81	14.95
47	45.27	39.20	23.33	20.53	17.85	15.87
48	48.13	41.68	24.81	21.83	18.97	16.87
49	51.46	44.57	26.53	23.34	20.30	18.04
50	56.05	48.54	28.89	25.42	22.11	19.65
51	61.47	53.23	31.68	27.89	24.25	21.55
52	68.25	59.10	35.17	30.96	26.91	23.93
53	72.47	62.76	37.35	32.87	28.58	25.39
54	76.03	65.84	39.19	34.49	29.99	26.65
55	78.67	68.12	40.55	35.68	31.02	27.57
56	79.95	69.24	41.21	36.27	31.53	28.03
57	81.12	70.26	41.82	36.80	31.99	28.44
58	82.34	71.31	42.45	37.35	32.47	28.87
59	83.56	72.37	43.07	37.91	32.96	29.29
60	84.78	73.43	43.71	38.46	33.43	29.72
61	73.79	63.89	38.04	33.47	29.10	25.86
62	73.79	63.89	38.04	33.47	29.10	25.86
63	73.79	63.89	38.04	33.47	29.10	25.86
64	73.79	63.89	38.04	33.47	29.10	25.86

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with 6% COLA Rider Attached

Occupation Classes 4 and 4M — Unisex Select To Age 65

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	25.53	22.12	13.17	11.58	10.07	8.95
19	25.53	22.12	13.17	11.58	10.07	8.95
20	25.53	22.12	13.17	11.58	10.07	8.95
21	25.53	22.12	13.17	11.58	10.07	8.95
22	25.53	22.12	13.17	11.58	10.07	8.95
23	25.53	22.12	13.17	11.58	10.07	8.95
24	25.53	22.12	13.17	11.58	10.07	8.95
25	25.53	22.12	13.17	11.58	10.07	8.95
26	26.36	22.83	13.59	11.96	10.40	9.24
27	26.88	23.27	13.86	12.20	10.60	9.41
28	27.29	23.64	14.07	12.38	10.76	9.56
29	27.71	23.99	14.29	12.57	10.93	9.70
30	28.21	24.41	14.53	12.79	11.12	9.88
31	28.86	24.98	14.87	13.09	11.38	10.11
32	29.71	25.72	15.32	13.47	11.72	10.41
33	30.73	26.62	15.84	13.94	12.12	10.77
34	31.95	27.67	16.47	14.49	12.60	11.21
35	33.34	28.88	17.19	15.13	13.15	11.69
36	34.93	30.25	18.01	15.84	13.77	12.25
37	36.64	31.72	18.89	16.62	14.44	12.84
38	38.46	33.30	19.83	17.45	15.17	13.47
39	40.42	35.01	20.83	18.33	15.94	14.17
40	42.47	36.78	21.89	19.27	16.75	14.89
41	44.61	38.64	23.00	20.25	17.59	15.64
42	46.86	40.57	24.16	21.25	18.48	16.42
43	49.20	42.61	25.36	22.31	19.40	17.25
44	51.64	44.72	26.62	23.42	20.36	18.11
45	54.17	46.91	27.93	24.57	21.36	18.99
46	56.83	49.21	29.29	25.78	22.40	19.92
47	59.59	51.60	30.72	27.04	23.50	20.88
48	62.41	54.05	32.18	28.31	24.62	21.88
49	65.32	56.57	33.67	29.63	25.76	22.90
50	68.22	59.08	35.16	30.94	26.91	23.92
51	70.32	60.89	36.24	31.90	27.72	24.64
52	72.42	62.72	37.33	32.86	28.55	25.38
53	74.55	64.55	38.42	33.81	29.39	26.13
54	76.64	66.37	39.50	34.77	30.22	26.87
55	78.73	68.18	40.59	35.72	31.05	27.60

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with 6% COLA Rider Attached

Occupation Classes 5 and 5M — Unisex Select To Age 65

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	15.57	13.48	8.03	7.07	6.14	5.45
19	15.57	13.48	8.03	7.07	6.14	5.45
20	15.57	13.48	8.03	7.07	6.14	5.45
21	15.57	13.48	8.03	7.07	6.14	5.45
22	15.57	13.48	8.03	7.07	6.14	5.45
23	15.57	13.48	8.03	7.07	6.14	5.45
24	15.57	13.48	8.03	7.07	6.14	5.45
25	15.57	13.48	8.03	7.07	6.14	5.45
26	15.57	13.48	8.03	7.07	6.14	5.45
27	15.57	13.48	8.03	7.07	6.14	5.45
28	15.57	13.48	8.03	7.07	6.14	5.45
29	15.63	13.54	8.06	7.09	6.17	5.48
30	15.88	13.75	8.19	7.21	6.27	5.56
31	16.25	14.07	8.38	7.37	6.41	5.69
32	16.75	14.50	8.63	7.59	6.60	5.87
33	17.31	14.99	8.92	7.85	6.82	6.07
34	17.98	15.56	9.27	8.16	7.09	6.30
35	18.78	16.27	9.68	8.52	7.41	6.58
36	19.67	17.03	10.14	8.92	7.75	6.89
37	20.66	17.90	10.65	9.38	8.15	7.25
38	21.74	18.83	11.21	9.86	8.57	7.62
39	22.88	19.81	11.79	10.38	9.02	8.02
40	24.13	20.89	12.43	10.94	9.51	8.45
41	25.46	22.06	13.13	11.55	10.04	8.93
42	26.87	23.27	13.85	12.19	10.59	9.41
43	28.33	24.53	14.60	12.85	11.17	9.93
44	29.89	25.88	15.40	13.55	11.78	10.47
45	31.55	27.32	16.27	14.32	12.44	11.06
46	33.57	29.08	17.31	15.23	13.24	11.77
47	35.65	30.87	18.37	16.17	14.06	12.49
48	37.90	32.82	19.53	17.19	14.94	13.29
49	40.52	35.10	20.89	18.38	15.98	14.21
50	44.13	38.22	22.75	20.02	17.40	15.47
51	48.40	41.92	24.95	21.96	19.09	16.97
52	53.74	46.54	27.70	24.37	21.19	18.84
53	57.06	49.41	29.41	25.88	22.50	20.00
54	59.87	51.85	30.86	27.16	23.61	20.99
55	61.94	53.64	31.93	28.10	24.42	21.71
56	62.95	54.52	32.45	28.56	24.83	22.07
57	63.87	55.32	32.93	28.98	25.19	22.39
58	64.84	56.15	33.42	29.41	25.57	22.73
59	65.80	56.98	33.92	29.85	25.95	23.07
60	66.76	57.82	34.41	30.28	26.32	23.40
61	58.10	50.31	29.95	26.35	22.91	20.36
62	58.10	50.31	29.95	26.35	22.91	20.36
63	58.10	50.31	29.95	26.35	22.91	20.36
64	58.10	50.31	29.95	26.35	22.91	20.36

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with 6% COLA Rider Attached

Occupation Classes 5 and 5M — Unisex Select To Age 65

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	20.11	17.41	10.37	9.12	7.93	7.05
19	20.11	17.41	10.37	9.12	7.93	7.05
20	20.11	17.41	10.37	9.12	7.93	7.05
21	20.11	17.41	10.37	9.12	7.93	7.05
22	20.11	17.41	10.37	9.12	7.93	7.05
23	20.11	17.41	10.37	9.12	7.93	7.05
24	20.11	17.41	10.37	9.12	7.93	7.05
25	20.11	17.41	10.37	9.12	7.93	7.05
26	20.76	17.98	10.70	9.41	8.19	7.28
27	21.17	18.32	10.91	9.60	8.35	7.42
28	21.49	18.61	11.08	9.75	8.47	7.53
29	21.82	18.89	11.25	9.90	8.60	7.64
30	22.21	19.23	11.44	10.07	8.75	7.78
31	22.72	19.67	11.71	10.31	8.96	7.96
32	23.39	20.26	12.06	10.61	9.23	8.20
33	24.20	20.96	12.47	10.98	9.54	8.48
34	25.16	21.79	12.97	11.41	9.92	8.82
35	26.25	22.74	13.53	11.91	10.36	9.21
36	27.50	23.82	14.18	12.47	10.84	9.64
37	28.85	24.98	14.87	13.09	11.38	10.11
38	30.28	26.23	15.61	13.74	11.94	10.61
39	31.83	27.56	16.40	14.43	12.55	11.16
40	33.44	28.96	17.24	15.17	13.19	11.72
41	35.13	30.42	18.11	15.94	13.85	12.32
42	36.90	31.95	19.02	16.73	14.55	12.93
43	38.74	33.55	19.97	17.57	15.28	13.58
44	40.66	35.21	20.96	18.44	16.04	14.26
45	42.66	36.94	21.99	19.34	16.82	14.95
46	44.75	38.75	23.07	20.30	17.64	15.68
47	46.92	40.63	24.19	21.29	18.50	16.44
48	49.14	42.56	25.33	22.29	19.38	17.23
49	51.43	44.54	26.51	23.33	20.29	18.03
50	53.72	46.52	27.69	24.36	21.19	18.83
51	55.37	47.95	28.54	25.12	21.83	19.40
52	57.02	49.38	29.39	25.87	22.48	19.99
53	58.70	50.83	30.25	26.62	23.15	20.57
54	60.34	52.26	31.11	27.37	23.80	21.16
55	61.99	53.69	31.96	28.13	24.44	21.73

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with 6% COLA Rider Attached

Occupation Classes 6 and 6M — Unisex Select To Age 65

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	12.31	10.65	6.35	5.58	4.85	4.31
19	12.31	10.65	6.35	5.58	4.85	4.31
20	12.31	10.65	6.35	5.58	4.85	4.31
21	12.31	10.65	6.35	5.58	4.85	4.31
22	12.31	10.65	6.35	5.58	4.85	4.31
23	12.31	10.65	6.35	5.58	4.85	4.31
24	12.31	10.65	6.35	5.58	4.85	4.31
25	12.31	10.65	6.35	5.58	4.85	4.31
26	12.31	10.65	6.35	5.58	4.85	4.31
27	12.31	10.65	6.35	5.58	4.85	4.31
28	12.31	10.65	6.35	5.58	4.85	4.31
29	12.35	10.70	6.37	5.60	4.87	4.34
30	12.54	10.86	6.46	5.69	4.95	4.40
31	12.83	11.12	6.61	5.82	5.06	4.49
32	13.24	11.45	6.82	6.00	5.22	4.63
33	13.67	11.84	7.05	6.20	5.39	4.79
34	14.21	12.30	7.32	6.44	5.60	4.97
35	14.84	12.85	7.65	6.73	5.85	5.20
36	15.54	13.45	8.01	7.05	6.13	5.45
37	16.33	14.14	8.42	7.41	6.44	5.72
38	17.18	14.88	8.85	7.79	6.77	6.02
39	18.08	15.65	9.32	8.20	7.13	6.34
40	19.06	16.50	9.82	8.64	7.51	6.68
41	20.12	17.42	10.38	9.13	7.93	7.06
42	21.23	18.38	10.94	9.62	8.37	7.43
43	22.38	19.38	11.53	10.15	8.82	7.84
44	23.61	20.44	12.17	10.71	9.31	8.28
45	24.93	21.58	12.85	11.31	9.83	8.73
46	26.52	22.97	13.67	12.03	10.45	9.30
47	28.17	24.38	14.51	12.77	11.11	9.87
48	29.94	25.93	15.43	13.57	11.80	10.49
49	32.01	27.73	16.50	14.52	12.62	11.23
50	34.87	30.20	17.97	15.81	13.75	12.23
51	38.23	33.12	19.71	17.34	15.08	13.40
52	42.45	36.77	21.88	19.26	16.74	14.88
53	45.08	39.04	23.24	20.44	17.78	15.80
54	47.29	40.96	24.37	21.45	18.65	16.58
55	48.94	42.37	25.23	22.20	19.30	17.15
56	49.74	43.07	25.64	22.56	19.61	17.43
57	50.46	43.71	26.02	22.89	19.90	17.69
58	51.22	44.36	26.40	23.24	20.21	17.96
59	51.98	45.02	26.80	23.58	20.50	18.23
60	52.74	45.68	27.19	23.93	20.80	18.49
61	45.91	39.75	23.66	20.82	18.10	16.09
62	45.91	39.75	23.66	20.82	18.10	16.09
63	45.91	39.75	23.66	20.82	18.10	16.09
64	45.91	39.75	23.66	20.82	18.10	16.09

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with 6% COLA Rider Attached

Occupation Classes 6 and 6M — Unisex Select To Age 65

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	15.88	13.76	8.19	7.21	6.27	5.56
19	15.88	13.76	8.19	7.21	6.27	5.56
20	15.88	13.76	8.19	7.21	6.27	5.56
21	15.88	13.76	8.19	7.21	6.27	5.56
22	15.88	13.76	8.19	7.21	6.27	5.56
23	15.88	13.76	8.19	7.21	6.27	5.56
24	15.88	13.76	8.19	7.21	6.27	5.56
25	15.88	13.76	8.19	7.21	6.27	5.56
26	16.40	14.21	8.45	7.43	6.46	5.75
27	16.72	14.47	8.62	7.58	6.59	5.86
28	16.98	14.70	8.75	7.70	6.69	5.95
29	17.24	14.92	8.88	7.82	6.80	6.04
30	17.54	15.19	9.04	7.95	6.91	6.15
31	17.95	15.54	9.26	8.14	7.08	6.29
32	18.48	16.00	9.52	8.39	7.29	6.47
33	19.12	16.55	9.85	8.67	7.54	6.70
34	19.87	17.22	10.25	9.02	7.84	6.97
35	20.74	17.97	10.69	9.41	8.18	7.28
36	21.73	18.82	11.20	9.85	8.56	7.61
37	22.79	19.73	11.75	10.34	8.99	7.99
38	23.93	20.72	12.34	10.86	9.43	8.39
39	25.15	21.77	12.96	11.40	9.92	8.81
40	26.42	22.88	13.61	11.98	10.41	9.26
41	27.75	24.04	14.31	12.59	10.94	9.73
42	29.15	25.24	15.03	13.22	11.49	10.22
43	30.60	26.50	15.77	13.88	12.07	10.73
44	32.13	27.82	16.55	14.57	12.67	11.27
45	33.70	29.18	17.37	15.29	13.29	11.81
46	35.35	30.61	18.23	16.04	13.94	12.38
47	37.07	32.10	19.11	16.82	14.62	12.99
48	38.83	33.62	20.02	17.61	15.32	13.61
49	40.63	35.18	20.95	18.43	16.03	14.25
50	42.44	36.75	21.88	19.25	16.74	14.88
51	43.74	37.88	22.55	19.84	17.25	15.33
52	45.05	39.02	23.23	20.43	17.76	15.79
53	46.37	40.15	23.90	21.03	18.29	16.26
54	47.67	41.28	24.57	21.62	18.80	16.71
55	48.98	42.41	25.25	22.22	19.31	17.17

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with 6% COLA Rider Attached

Occupation Classes 3 and 3M — Unisex Select To Age 67

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	24.90	21.57	12.84	11.30	9.82	8.73
19	24.90	21.57	12.84	11.30	9.82	8.73
20	24.90	21.57	12.84	11.30	9.82	8.73
21	24.90	21.57	12.84	11.30	9.82	8.73
22	24.90	21.57	12.84	11.30	9.82	8.73
23	24.90	21.57	12.84	11.30	9.82	8.73
24	24.90	21.57	12.84	11.30	9.82	8.73
25	24.90	21.57	12.84	11.30	9.82	8.73
26	24.90	21.57	12.84	11.30	9.82	8.73
27	24.90	21.57	12.84	11.30	9.82	8.73
28	24.90	21.57	12.84	11.30	9.82	8.73
29	24.99	21.65	12.88	11.35	9.85	8.77
30	25.52	22.11	13.16	11.57	10.06	8.95
31	26.26	22.75	13.54	11.91	10.36	9.21
32	27.22	23.57	14.03	12.35	10.73	9.54
33	28.31	24.51	14.59	12.84	11.16	9.93
34	29.64	25.66	15.28	13.44	11.69	10.39
35	31.18	27.00	16.07	14.15	12.29	10.93
36	32.92	28.51	16.97	14.93	12.98	11.54
37	34.84	30.18	17.96	15.81	13.74	12.22
38	37.01	32.05	19.08	16.79	14.59	12.98
39	39.30	34.05	20.27	17.84	15.50	13.78
40	41.85	36.24	21.57	18.98	16.49	14.66
41	44.63	38.65	23.01	20.25	17.59	15.64
42	47.58	41.21	24.53	21.59	18.77	16.68
43	50.79	43.99	26.18	23.04	20.04	17.81
44	54.24	46.98	27.96	24.61	21.39	19.01
45	58.08	50.31	29.95	26.34	22.90	20.36
46	62.68	54.27	32.30	28.43	24.71	21.97
47	67.59	58.53	34.84	30.66	26.65	23.69
48	73.09	63.29	37.67	33.15	28.82	25.61
49	79.62	68.95	41.05	36.12	31.39	27.92
50	86.84	75.19	44.76	39.39	34.24	30.43
51	92.92	80.49	47.91	42.15	36.65	32.58
52	99.12	85.83	51.09	44.96	39.10	34.75
53	104.32	90.34	53.78	47.32	41.13	36.56
54	109.12	94.50	56.24	49.49	43.03	38.25
55	114.20	98.88	58.87	51.81	45.04	40.03
56	117.90	102.09	60.77	53.48	46.48	41.31
57	122.81	106.35	63.30	55.71	48.42	43.04
58	126.15	109.24	65.02	57.22	49.75	44.21
59	129.11	111.80	66.55	58.56	50.91	45.25
60	131.26	113.67	67.67	59.54	51.76	46.02
61	131.26	113.67	67.67	59.54	51.76	46.02
62	131.26	113.67	67.67	59.54	51.76	46.02
63	131.26	113.67	67.67	59.54	51.76	46.02
64	131.26	113.67	67.67	59.54	51.76	46.02
65	131.26	113.67	67.67	59.54	51.76	46.02
66	131.26	113.67	67.67	59.54	51.76	46.02

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with 6% COLA Rider Attached

Occupation Classes 3 and 3M — Unisex Select To Age 67

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	34.55	29.91	17.81	15.67	13.63	12.11
19	34.55	29.91	17.81	15.67	13.63	12.11
20	34.55	29.91	17.81	15.67	13.63	12.11
21	34.55	29.91	17.81	15.67	13.63	12.11
22	34.55	29.91	17.81	15.67	13.63	12.11
23	34.55	29.91	17.81	15.67	13.63	12.11
24	34.55	29.91	17.81	15.67	13.63	12.11
25	34.55	29.91	17.81	15.67	13.63	12.11
26	35.58	30.81	18.34	16.15	14.03	12.47
27	36.37	31.50	18.75	16.49	14.35	12.74
28	37.10	32.13	19.12	16.83	14.62	13.01
29	37.89	32.81	19.53	17.19	14.94	13.28
30	38.77	33.57	19.99	17.59	15.30	13.58
31	39.87	34.53	20.55	18.08	15.72	13.98
32	41.19	35.68	21.24	18.69	16.26	14.43
33	42.74	37.02	22.03	19.39	16.85	14.99
34	44.52	38.54	22.95	20.19	17.55	15.59
35	46.56	40.31	24.00	21.12	18.35	16.32
36	48.81	42.26	25.16	22.14	19.24	17.11
37	51.25	44.38	26.42	23.26	20.22	17.96
38	53.96	46.72	27.81	24.47	21.27	18.91
39	56.83	49.20	29.28	25.77	22.41	19.91
40	59.90	51.87	30.88	27.17	23.61	21.00
41	63.15	54.69	32.55	28.65	24.90	22.14
42	66.58	57.66	34.32	30.20	26.25	23.34
43	70.22	60.81	36.19	31.85	27.69	24.61
44	74.03	64.11	38.16	33.59	29.20	25.95
45	78.06	67.60	40.23	35.40	30.78	27.36
46	82.25	71.23	42.40	37.30	32.43	28.83
47	86.63	75.02	44.66	39.30	34.16	30.37
48	91.16	78.94	46.99	41.34	35.95	31.96
49	95.87	83.01	49.41	43.48	37.80	33.60
50	100.59	87.12	51.86	45.63	39.67	35.26
51	104.85	90.80	54.04	47.57	41.34	36.76
52	109.09	94.47	56.23	49.47	43.01	38.23
53	113.34	98.16	58.42	51.41	44.69	39.73
54	117.57	101.81	60.61	53.33	46.36	41.21
55	121.83	105.50	62.80	55.27	48.04	42.71

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with 6% COLA Rider Attached

Occupation Classes 4 and 4M — Unisex Select To Age 67

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	20.53	17.79	10.58	9.32	8.10	7.21
19	20.53	17.79	10.58	9.32	8.10	7.21
20	20.53	17.79	10.58	9.32	8.10	7.21
21	20.53	17.79	10.58	9.32	8.10	7.21
22	20.53	17.79	10.58	9.32	8.10	7.21
23	20.53	17.79	10.58	9.32	8.10	7.21
24	20.53	17.79	10.58	9.32	8.10	7.21
25	20.53	17.79	10.58	9.32	8.10	7.21
26	20.53	17.79	10.58	9.32	8.10	7.21
27	20.53	17.79	10.58	9.32	8.10	7.21
28	20.53	17.79	10.58	9.32	8.10	7.21
29	20.61	17.85	10.62	9.36	8.12	7.23
30	21.05	18.24	10.85	9.54	8.30	7.38
31	21.66	18.76	11.17	9.82	8.53	7.59
32	22.44	19.43	11.56	10.19	8.85	7.87
33	23.34	20.22	12.03	10.58	9.21	8.19
34	24.44	21.16	12.60	11.09	9.64	8.56
35	25.71	22.27	13.26	11.67	10.14	9.02
36	27.15	23.51	14.00	12.31	10.70	9.51
37	28.73	24.88	14.81	13.04	11.33	10.07
38	30.51	26.43	15.73	13.84	12.03	10.70
39	32.41	28.08	16.71	14.71	12.79	11.37
40	34.51	29.89	17.79	15.65	13.60	12.10
41	36.80	31.87	18.97	16.70	14.51	12.90
42	39.24	33.99	20.23	17.80	15.47	13.75
43	41.88	36.27	21.59	19.00	16.52	14.68
44	44.74	38.74	23.06	20.30	17.64	15.68
45	47.91	41.49	24.69	21.73	18.89	16.80
46	51.69	44.76	26.64	23.45	20.38	18.12
47	55.74	48.27	28.73	25.28	21.98	19.54
48	60.27	52.19	31.07	27.33	23.76	21.13
49	65.66	56.87	33.85	29.79	25.89	23.02
50	71.62	62.01	36.92	32.49	28.23	25.10
51	76.64	66.37	39.50	34.77	30.22	26.87
52	81.73	70.79	42.13	37.08	32.23	28.65
53	86.02	74.50	44.34	39.03	33.92	30.15
54	89.98	77.92	46.38	40.81	35.48	31.54
55	94.17	81.55	48.54	42.72	37.14	33.01
56	97.23	84.19	50.11	44.10	38.33	34.08
57	101.28	87.69	52.20	45.95	39.94	35.49
58	104.03	90.09	53.63	47.18	41.03	36.46
59	106.46	92.20	54.89	48.29	41.99	37.31
60	108.26	93.74	55.80	49.09	42.69	37.95
61	108.26	93.74	55.80	49.09	42.69	37.95
62	108.26	93.74	55.80	49.09	42.69	37.95
63	108.26	93.74	55.80	49.09	42.69	37.95
64	108.26	93.74	55.80	49.09	42.69	37.95
65	108.26	93.74	55.80	49.09	42.69	37.95
66	108.26	93.74	55.80	49.09	42.69	37.95

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with 6% COLA Rider Attached

Occupation Classes 4 and 4M — Unisex Select To Age 67

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	28.49	24.67	14.68	12.93	11.24	9.98
19	28.49	24.67	14.68	12.93	11.24	9.98
20	28.49	24.67	14.68	12.93	11.24	9.98
21	28.49	24.67	14.68	12.93	11.24	9.98
22	28.49	24.67	14.68	12.93	11.24	9.98
23	28.49	24.67	14.68	12.93	11.24	9.98
24	28.49	24.67	14.68	12.93	11.24	9.98
25	28.49	24.67	14.68	12.93	11.24	9.98
26	29.34	25.41	15.13	13.32	11.56	10.29
27	30.00	25.98	15.46	13.60	11.83	10.51
28	30.59	26.49	15.77	13.88	12.06	10.72
29	31.24	27.06	16.11	14.17	12.33	10.95
30	31.98	27.69	16.48	14.51	12.61	11.21
31	32.88	28.48	16.95	14.91	12.96	11.53
32	33.98	29.42	17.51	15.41	13.40	11.91
33	35.24	30.53	18.17	15.99	13.89	12.36
34	36.71	31.79	18.92	16.64	14.47	12.86
35	38.40	33.24	19.79	17.41	15.14	13.45
36	40.24	34.85	20.75	18.26	15.87	14.11
37	42.27	36.60	21.79	19.18	16.67	14.81
38	44.50	38.52	22.93	20.18	17.54	15.59
39	46.86	40.57	24.16	21.25	18.48	16.42
40	49.40	42.78	25.46	22.40	19.47	17.32
41	52.07	45.09	26.84	23.62	20.53	18.26
42	54.91	47.55	28.30	24.91	21.65	19.25
43	57.92	50.14	29.85	26.26	22.83	20.30
44	61.05	52.87	31.47	27.70	24.08	21.40
45	64.37	55.75	33.18	29.20	25.38	22.57
46	67.83	58.74	34.97	30.77	26.74	23.78
47	71.44	61.88	36.83	32.41	28.18	25.05
48	75.17	65.10	38.75	34.10	29.65	26.35
49	79.06	68.46	40.75	35.86	31.17	27.71
50	82.95	71.84	42.76	37.63	32.72	29.09
51	86.47	74.88	44.57	39.22	34.10	30.31
52	89.96	77.90	46.37	40.80	35.47	31.53
53	93.47	80.94	48.18	42.39	36.85	32.77
54	96.96	83.96	49.98	43.98	38.23	33.99
55	100.48	87.00	51.79	45.58	39.62	35.21

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with 6% COLA Rider Attached

Occupation Classes 5 and 5M — Unisex Select To Age 67

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	16.17	14.01	8.34	7.34	6.38	5.67
19	16.17	14.01	8.34	7.34	6.38	5.67
20	16.17	14.01	8.34	7.34	6.38	5.67
21	16.17	14.01	8.34	7.34	6.38	5.67
22	16.17	14.01	8.34	7.34	6.38	5.67
23	16.17	14.01	8.34	7.34	6.38	5.67
24	16.17	14.01	8.34	7.34	6.38	5.67
25	16.17	14.01	8.34	7.34	6.38	5.67
26	16.17	14.01	8.34	7.34	6.38	5.67
27	16.17	14.01	8.34	7.34	6.38	5.67
28	16.17	14.01	8.34	7.34	6.38	5.67
29	16.23	14.06	8.37	7.37	6.40	5.69
30	16.57	14.36	8.54	7.51	6.53	5.81
31	17.06	14.77	8.79	7.73	6.72	5.98
32	17.67	15.31	9.11	8.02	6.97	6.20
33	18.38	15.92	9.47	8.34	7.25	6.44
34	19.25	16.66	9.92	8.73	7.59	6.74
35	20.25	17.53	10.43	9.19	7.98	7.10
36	21.37	18.51	11.02	9.69	8.42	7.49
37	22.62	19.59	11.66	10.27	8.92	7.93
38	24.03	20.81	12.38	10.90	9.47	8.42
39	25.52	22.11	13.16	11.58	10.07	8.95
40	27.18	23.53	14.01	12.33	10.71	9.52
41	28.98	25.10	14.94	13.15	11.42	10.16
42	30.90	26.76	15.93	14.02	12.19	10.83
43	32.98	28.56	17.00	14.96	13.01	11.56
44	35.22	30.50	18.16	15.98	13.89	12.35
45	37.72	32.67	19.44	17.11	14.87	13.23
46	40.70	35.24	20.98	18.46	16.05	14.27
47	43.89	38.01	22.62	19.91	17.31	15.38
48	47.46	41.09	24.46	21.52	18.71	16.63
49	51.70	44.78	26.65	23.45	20.38	18.13
50	56.39	48.83	29.07	25.58	22.24	19.76
51	60.34	52.26	31.11	27.37	23.80	21.16
52	64.36	55.74	33.17	29.20	25.38	22.56
53	67.74	58.66	34.92	30.73	26.71	23.74
54	70.85	61.36	36.52	32.14	27.94	24.84
55	74.15	64.21	38.22	33.64	29.24	25.99
56	76.56	66.29	39.46	34.73	30.19	26.83
57	79.74	69.05	41.10	36.17	31.44	27.95
58	81.91	70.93	42.22	37.15	32.30	28.71
59	83.83	72.60	43.21	38.03	33.06	29.38
60	85.24	73.81	43.94	38.66	33.61	29.88
61	85.24	73.81	43.94	38.66	33.61	29.88
62	85.24	73.81	43.94	38.66	33.61	29.88
63	85.24	73.81	43.94	38.66	33.61	29.88
64	85.24	73.81	43.94	38.66	33.61	29.88
65	85.24	73.81	43.94	38.66	33.61	29.88
66	85.24	73.81	43.94	38.66	33.61	29.88

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with 6% COLA Rider Attached

Occupation Classes 5 and 5M — Unisex Select To Age 67

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	22.43	19.42	11.56	10.18	8.85	7.86
19	22.43	19.42	11.56	10.18	8.85	7.86
20	22.43	19.42	11.56	10.18	8.85	7.86
21	22.43	19.42	11.56	10.18	8.85	7.86
22	22.43	19.42	11.56	10.18	8.85	7.86
23	22.43	19.42	11.56	10.18	8.85	7.86
24	22.43	19.42	11.56	10.18	8.85	7.86
25	22.43	19.42	11.56	10.18	8.85	7.86
26	23.11	20.01	11.91	10.48	9.11	8.10
27	23.62	20.45	12.18	10.71	9.32	8.28
28	24.09	20.86	12.41	10.93	9.49	8.44
29	24.60	21.30	12.68	11.16	9.70	8.62
30	25.18	21.80	12.98	11.42	9.93	8.82
31	25.89	22.42	13.35	11.74	10.21	9.08
32	26.75	23.17	13.79	12.14	10.55	9.38
33	27.75	24.04	14.31	12.59	10.94	9.73
34	28.91	25.03	14.90	13.11	11.39	10.13
35	30.23	26.18	15.58	13.71	11.92	10.59
36	31.69	27.44	16.34	14.37	12.49	11.11
37	33.28	28.82	17.16	15.10	13.13	11.66
38	35.04	30.33	18.06	15.89	13.81	12.28
39	36.90	31.95	19.02	16.73	14.55	12.93
40	38.90	33.68	20.05	17.64	15.34	13.63
41	41.01	35.51	21.14	18.60	16.17	14.37
42	43.23	37.44	22.28	19.61	17.05	15.16
43	45.60	39.48	23.50	20.68	17.98	15.98
44	48.07	41.63	24.78	21.81	18.96	16.85
45	50.69	43.90	26.13	22.99	19.99	17.77
46	53.41	46.25	27.53	24.23	21.06	18.72
47	56.25	48.72	29.00	25.52	22.19	19.72
48	59.19	51.26	30.51	26.85	23.34	20.75
49	62.25	53.91	32.09	28.23	24.54	21.82
50	65.32	56.57	33.67	29.63	25.76	22.90
51	68.08	58.96	35.10	30.89	26.85	23.87
52	70.83	61.34	36.51	32.13	27.93	24.83
53	73.60	63.74	37.94	33.38	29.02	25.80
54	76.35	66.11	39.35	34.63	30.11	26.76
55	79.11	68.51	40.78	35.89	31.19	27.73

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with 6% COLA Rider Attached

Occupation Classes 6 and 6M — Unisex Select To Age 67

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	12.77	11.07	6.58	5.79	5.04	4.48
19	12.77	11.07	6.58	5.79	5.04	4.48
20	12.77	11.07	6.58	5.79	5.04	4.48
21	12.77	11.07	6.58	5.79	5.04	4.48
22	12.77	11.07	6.58	5.79	5.04	4.48
23	12.77	11.07	6.58	5.79	5.04	4.48
24	12.77	11.07	6.58	5.79	5.04	4.48
25	12.77	11.07	6.58	5.79	5.04	4.48
26	12.77	11.07	6.58	5.79	5.04	4.48
27	12.77	11.07	6.58	5.79	5.04	4.48
28	12.77	11.07	6.58	5.79	5.04	4.48
29	12.82	11.11	6.61	5.82	5.05	4.49
30	13.09	11.35	6.75	5.94	5.16	4.59
31	13.47	11.67	6.95	6.11	5.31	4.72
32	13.96	12.09	7.20	6.34	5.50	4.90
33	14.52	12.57	7.48	6.58	5.72	5.09
34	15.21	13.17	7.84	6.90	6.00	5.33
35	16.00	13.85	8.25	7.26	6.31	5.60
36	16.89	14.62	8.70	7.65	6.65	5.92
37	17.87	15.47	9.22	8.11	7.05	6.27
38	18.98	16.44	9.78	8.61	7.48	6.65
39	20.17	17.46	10.40	9.15	7.95	7.07
40	21.47	18.59	11.07	9.74	8.46	7.52
41	22.89	19.83	11.80	10.39	9.03	8.03
42	24.41	21.14	12.58	11.08	9.62	8.55
43	26.05	22.56	13.42	11.82	10.28	9.14
44	27.83	24.10	14.35	12.62	10.97	9.75
45	29.80	25.81	15.36	13.51	11.75	10.44
46	32.16	27.84	16.57	14.58	12.68	11.27
47	34.67	30.03	17.87	15.73	13.67	12.16
48	37.49	32.46	19.32	17.00	14.78	13.14
49	40.84	35.37	21.06	18.53	16.11	14.32
50	44.55	38.57	22.96	20.21	17.56	15.61
51	47.67	41.28	24.57	21.62	18.80	16.71
52	50.85	44.04	26.21	23.07	20.06	17.82
53	53.51	46.34	27.58	24.27	21.10	18.75
54	55.97	48.47	28.85	25.38	22.07	19.62
55	58.58	50.73	30.20	26.57	23.11	20.53
56	60.48	52.37	31.18	27.43	23.85	21.20
57	62.99	54.55	32.47	28.58	24.84	22.08
58	64.71	56.03	33.35	29.35	25.52	22.68
59	66.23	57.35	34.14	30.04	26.12	23.22
60	67.34	58.31	34.71	30.54	26.55	23.60
61	67.34	58.31	34.71	30.54	26.55	23.60
62	67.34	58.31	34.71	30.54	26.55	23.60
63	67.34	58.31	34.71	30.54	26.55	23.60
64	67.34	58.31	34.71	30.54	26.55	23.60
65	67.34	58.31	34.71	30.54	26.55	23.60
66	67.34	58.31	34.71	30.54	26.55	23.60

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with 6% COLA Rider Attached

Occupation Classes 6 and 6M — Unisex Select To Age 67

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	17.72	15.35	9.14	8.04	6.99	6.21
19	17.72	15.35	9.14	8.04	6.99	6.21
20	17.72	15.35	9.14	8.04	6.99	6.21
21	17.72	15.35	9.14	8.04	6.99	6.21
22	17.72	15.35	9.14	8.04	6.99	6.21
23	17.72	15.35	9.14	8.04	6.99	6.21
24	17.72	15.35	9.14	8.04	6.99	6.21
25	17.72	15.35	9.14	8.04	6.99	6.21
26	18.26	15.81	9.41	8.29	7.20	6.40
27	18.66	16.16	9.62	8.46	7.36	6.53
28	19.03	16.48	9.81	8.63	7.50	6.67
29	19.43	16.83	10.02	8.81	7.66	6.81
30	19.89	17.23	10.26	9.03	7.84	6.97
31	20.45	17.71	10.54	9.28	8.06	7.17
32	21.14	18.31	10.89	9.59	8.34	7.41
33	21.92	18.99	11.31	9.95	8.64	7.69
34	22.84	19.77	11.77	10.36	9.00	8.00
35	23.89	20.68	12.31	10.83	9.41	8.37
36	25.04	21.68	12.91	11.36	9.87	8.77
37	26.29	22.77	13.55	11.93	10.38	9.22
38	27.68	23.97	14.27	12.55	10.91	9.70
39	29.15	25.24	15.03	13.22	11.49	10.22
40	30.73	26.61	15.84	13.94	12.12	10.77
41	32.39	28.06	16.70	14.69	12.77	11.36
42	34.16	29.58	17.60	15.49	13.46	11.97
43	36.03	31.19	18.56	16.34	14.21	12.62
44	37.98	32.89	19.57	17.23	14.98	13.32
45	40.05	34.68	20.64	18.16	15.79	14.04
46	42.19	36.54	21.75	19.14	16.63	14.79
47	44.44	38.49	22.91	20.17	17.52	15.58
48	46.76	40.50	24.11	21.21	18.44	16.39
49	49.18	42.59	25.34	22.30	19.38	17.24
50	51.60	44.69	26.60	23.40	20.35	18.09
51	53.79	46.58	27.73	24.40	21.21	18.86
52	55.95	48.46	28.85	25.38	22.07	19.61
53	58.14	50.35	29.97	26.37	22.92	20.38
54	60.31	52.23	31.09	27.35	23.78	21.14
55	62.50	54.12	32.21	28.35	24.64	21.91

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with Four-Year Delayed COLA Rider Attached

Occupation Classes 3 and 3M | Unisex Select To Age 65

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	17.48	15.14	9.01	7.93	6.89	6.13
19	17.48	15.14	9.01	7.93	6.89	6.13
20	17.48	15.14	9.01	7.93	6.89	6.13
21	17.48	15.14	9.01	7.93	6.89	6.13
22	17.48	15.14	9.01	7.93	6.89	6.13
23	17.48	15.14	9.01	7.93	6.89	6.13
24	17.48	15.14	9.01	7.93	6.89	6.13
25	17.48	15.14	9.01	7.93	6.89	6.13
26	17.48	15.14	9.01	7.93	6.89	6.13
27	17.48	15.14	9.01	7.93	6.89	6.13
28	17.48	15.14	9.01	7.93	6.89	6.13
29	17.71	15.34	9.13	8.04	6.98	6.21
30	17.99	15.56	9.27	8.16	7.09	6.30
31	18.57	16.09	9.57	8.43	7.32	6.51
32	19.23	16.65	9.91	8.72	7.57	6.74
33	19.99	17.32	10.31	9.07	7.88	7.01
34	20.92	18.12	10.78	9.48	8.25	7.34
35	21.93	18.98	11.30	9.94	8.64	7.68
36	23.07	19.97	11.89	10.45	9.10	8.08
37	24.34	21.09	12.54	11.04	9.60	8.53
38	25.80	22.33	13.30	11.69	10.17	9.04
39	27.33	23.66	14.09	12.39	10.78	9.57
40	28.99	25.10	14.94	13.14	11.43	10.16
41	30.74	26.62	15.84	13.94	12.12	10.78
42	32.56	28.21	16.79	14.77	12.84	11.41
43	34.58	29.95	17.82	15.69	13.63	12.12
44	36.71	31.79	18.92	16.65	14.46	12.87
45	39.02	33.79	20.11	17.70	15.38	13.67
46	41.62	36.05	21.45	18.88	16.40	14.59
47	44.52	38.54	22.95	20.19	17.55	15.59
48	47.48	41.10	24.47	21.52	18.72	16.63
49	50.70	43.91	26.14	22.99	19.99	17.78
50	54.78	47.43	28.23	24.85	21.60	19.20
51	59.34	51.38	30.58	26.91	23.40	20.80
52	64.54	55.90	33.26	29.27	25.44	22.62
53	70.98	61.47	36.59	32.19	27.99	24.88
54	76.96	66.64	39.67	34.92	30.35	26.97
55	82.02	71.03	42.27	37.20	32.33	28.75
56	84.98	73.60	43.80	38.54	33.51	29.79
57	87.38	75.67	45.04	39.64	34.45	30.63
58	89.64	77.64	46.21	40.66	35.35	31.42
59	92.04	79.70	47.44	41.76	36.30	32.26
60	94.89	82.16	48.91	43.04	37.41	33.25
61	82.56	71.49	42.55	37.44	32.55	28.94
62	82.56	71.49	42.55	37.44	32.55	28.94
63	82.56	71.49	42.55	37.44	32.55	28.94
64	82.56	71.49	42.55	37.44	32.55	28.94

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with Four-Year Delayed COLA Rider Attached

Occupation Classes 3 and 3M — Unisex Select To Age 65

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	23.85	20.64	12.29	10.81	9.41	8.36
19	23.85	20.64	12.29	10.81	9.41	8.36
20	23.85	20.64	12.29	10.81	9.41	8.36
21	23.85	20.64	12.29	10.81	9.41	8.36
22	23.85	20.64	12.29	10.81	9.41	8.36
23	23.85	20.64	12.29	10.81	9.41	8.36
24	23.85	20.64	12.29	10.81	9.41	8.36
25	23.85	20.64	12.29	10.81	9.41	8.36
26	24.70	21.39	12.73	11.21	9.74	8.66
27	25.32	21.93	13.05	11.48	9.99	8.87
28	25.86	22.38	13.33	11.72	10.20	9.06
29	26.40	22.87	13.61	11.98	10.41	9.26
30	27.03	23.41	13.94	12.26	10.65	9.48
31	27.84	24.11	14.35	12.62	10.98	9.76
32	28.79	24.93	14.83	13.05	11.35	10.09
33	29.93	25.92	15.42	13.58	11.80	10.49
34	31.23	27.05	16.10	14.17	12.32	10.95
35	32.75	28.35	16.88	14.85	12.91	11.48
36	34.39	29.79	17.73	15.59	13.57	12.06
37	36.21	31.34	18.66	16.42	14.27	12.68
38	38.13	33.03	19.65	17.29	15.03	13.37
39	40.18	34.81	20.72	18.24	15.86	14.09
40	42.38	36.70	21.85	19.23	16.71	14.85
41	44.69	38.70	23.04	20.28	17.62	15.66
42	47.08	40.79	24.27	21.36	18.57	16.51
43	49.66	43.01	25.60	22.53	19.57	17.41
44	52.35	45.34	26.99	23.75	20.64	18.35
45	55.16	47.77	28.43	25.02	21.76	19.33
46	58.11	50.33	29.96	26.36	22.92	20.36
47	61.23	53.02	31.56	27.78	24.15	21.46
48	64.42	55.79	33.20	29.22	25.40	22.58
49	67.74	58.65	34.92	30.72	26.71	23.74
50	71.07	61.55	36.64	32.24	28.03	24.91
51	73.63	63.76	37.95	33.39	29.03	25.81
52	76.17	65.95	39.26	34.55	30.04	26.70
53	78.76	68.21	40.60	35.72	31.06	27.61
54	81.31	70.41	41.91	36.88	32.07	28.49
55	83.88	72.64	43.23	38.06	33.09	29.39

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with Four-Year Delayed COLA Rider Attached

Occupation Classes 4 and 4M | Unisex Select To Age 65

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	14.42	12.48	7.43	6.53	5.68	5.06
19	14.42	12.48	7.43	6.53	5.68	5.06
20	14.42	12.48	7.43	6.53	5.68	5.06
21	14.42	12.48	7.43	6.53	5.68	5.06
22	14.42	12.48	7.43	6.53	5.68	5.06
23	14.42	12.48	7.43	6.53	5.68	5.06
24	14.42	12.48	7.43	6.53	5.68	5.06
25	14.42	12.48	7.43	6.53	5.68	5.06
26	14.42	12.48	7.43	6.53	5.68	5.06
27	14.42	12.48	7.43	6.53	5.68	5.06
28	14.42	12.48	7.43	6.53	5.68	5.06
29	14.61	12.65	7.53	6.62	5.76	5.12
30	14.84	12.84	7.64	6.72	5.85	5.20
31	15.32	13.27	7.90	6.95	6.04	5.37
32	15.85	13.73	8.18	7.19	6.25	5.55
33	16.48	14.29	8.50	7.48	6.50	5.78
34	17.25	14.94	8.89	7.82	6.80	6.05
35	18.08	15.65	9.32	8.20	7.13	6.34
36	19.03	16.47	9.81	8.62	7.50	6.66
37	20.08	17.38	10.35	9.10	7.92	7.04
38	21.28	18.42	10.96	9.64	8.39	7.45
39	22.54	19.51	11.61	10.23	8.89	7.90
40	23.90	20.69	12.33	10.84	9.43	8.38
41	25.34	21.95	13.07	11.49	10.00	8.89
42	26.86	23.27	13.84	12.19	10.58	9.41
43	28.51	24.69	14.70	12.94	11.24	10.00
44	30.27	26.22	15.60	13.73	11.93	10.61
45	32.18	27.86	16.58	14.59	12.68	11.28
46	34.32	29.72	17.69	15.56	13.53	12.03
47	36.71	31.79	18.92	16.64	14.47	12.86
48	39.15	33.90	20.18	17.75	15.44	13.72
49	41.81	36.21	21.55	18.96	16.48	14.66
50	45.17	39.11	23.28	20.49	17.82	15.83
51	48.94	42.37	25.23	22.20	19.30	17.15
52	53.22	46.09	27.43	24.14	20.99	18.66
53	58.54	50.70	30.18	26.55	23.09	20.52
54	63.47	54.95	32.72	28.79	25.04	22.25
55	67.65	58.58	34.87	30.68	26.67	23.71
56	70.08	60.69	36.13	31.79	27.63	24.57
57	72.05	62.40	37.14	32.69	28.41	25.25
58	73.93	64.02	38.11	33.53	29.16	25.91
59	75.90	65.74	39.12	34.44	29.94	26.60
60	78.25	67.76	40.33	35.49	30.86	27.42
61	68.08	58.95	35.10	30.88	26.84	23.86
62	68.08	58.95	35.10	30.88	26.84	23.86
63	68.08	58.95	35.10	30.88	26.84	23.86
64	68.08	58.95	35.10	30.88	26.84	23.86

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with Four-Year Delayed COLA Rider Attached

Occupation Classes 4 and 4M | Unisex Select To Age 65

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	19.66	17.03	10.14	8.91	7.76	6.89
19	19.66	17.03	10.14	8.91	7.76	6.89
20	19.66	17.03	10.14	8.91	7.76	6.89
21	19.66	17.03	10.14	8.91	7.76	6.89
22	19.66	17.03	10.14	8.91	7.76	6.89
23	19.66	17.03	10.14	8.91	7.76	6.89
24	19.66	17.03	10.14	8.91	7.76	6.89
25	19.66	17.03	10.14	8.91	7.76	6.89
26	20.36	17.64	10.49	9.24	8.04	7.14
27	20.88	18.08	10.76	9.46	8.24	7.32
28	21.32	18.45	10.99	9.67	8.42	7.46
29	21.78	18.86	11.23	9.88	8.58	7.63
30	22.29	19.31	11.49	10.11	8.79	7.82
31	22.96	19.88	11.83	10.41	9.05	8.05
32	23.74	20.55	12.24	10.76	9.36	8.33
33	24.68	21.37	12.72	11.21	9.73	8.65
34	25.76	22.30	13.28	11.68	10.16	9.03
35	27.01	23.38	13.92	12.25	10.65	9.46
36	28.36	24.57	14.62	12.86	11.19	9.95
37	29.86	25.85	15.38	13.54	11.77	10.46
38	31.44	27.23	16.21	14.26	12.39	11.03
39	33.15	28.70	17.09	15.04	13.08	11.61
40	34.96	30.26	18.02	15.85	13.78	12.25
41	36.85	31.91	19.00	16.72	14.53	12.91
42	38.83	33.63	20.02	17.61	15.32	13.61
43	40.95	35.47	21.11	18.58	16.15	14.36
44	43.17	37.39	22.26	19.59	17.03	15.14
45	45.49	39.39	23.45	20.63	17.94	15.94
46	47.93	41.50	24.71	21.74	18.90	16.80
47	50.49	43.73	26.03	22.91	19.92	17.70
48	53.12	46.01	27.38	24.11	20.95	18.62
49	55.87	48.37	28.79	25.33	22.03	19.57
50	58.62	50.76	30.21	26.59	23.11	20.54
51	60.72	52.58	31.29	27.53	23.94	21.29
52	62.82	54.39	32.37	28.49	24.77	22.02
53	64.95	56.25	33.48	29.46	25.61	22.77
54	67.05	58.06	34.56	30.41	26.44	23.50
55	69.18	59.90	35.66	31.38	27.28	24.25

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with Four-Year Delayed COLA Rider Attached

Occupation Classes 5 and 5M | Unisex Select To Age 65

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	11.36	9.83	5.85	5.15	4.47	3.98
19	11.36	9.83	5.85	5.15	4.47	3.98
20	11.36	9.83	5.85	5.15	4.47	3.98
21	11.36	9.83	5.85	5.15	4.47	3.98
22	11.36	9.83	5.85	5.15	4.47	3.98
23	11.36	9.83	5.85	5.15	4.47	3.98
24	11.36	9.83	5.85	5.15	4.47	3.98
25	11.36	9.83	5.85	5.15	4.47	3.98
26	11.36	9.83	5.85	5.15	4.47	3.98
27	11.36	9.83	5.85	5.15	4.47	3.98
28	11.36	9.83	5.85	5.15	4.47	3.98
29	11.50	9.96	5.93	5.22	4.53	4.03
30	11.68	10.11	6.02	5.30	4.60	4.09
31	12.06	10.44	6.22	5.47	4.75	4.23
32	12.48	10.81	6.44	5.66	4.92	4.38
33	12.98	11.25	6.69	5.89	5.12	4.55
34	13.58	11.76	7.00	6.16	5.36	4.76
35	14.24	12.33	7.34	6.45	5.61	4.99
36	14.98	12.97	7.72	6.79	5.91	5.25
37	15.81	13.69	8.15	7.17	6.24	5.54
38	16.75	14.50	8.63	7.59	6.60	5.87
39	17.75	15.36	9.15	8.05	7.00	6.22
40	18.82	16.30	9.70	8.53	7.43	6.59
41	19.96	17.29	10.29	9.05	7.87	7.00
42	21.15	18.32	10.90	9.59	8.34	7.42
43	22.45	19.44	11.57	10.19	8.85	7.87
44	23.84	20.64	12.29	10.81	9.40	8.36
45	25.33	21.94	13.06	11.49	9.99	8.88
46	27.03	23.40	13.93	12.26	10.65	9.47
47	28.91	25.03	14.90	13.11	11.39	10.13
48	30.83	26.69	15.89	13.98	12.16	10.80
49	32.92	28.51	16.97	14.93	12.98	11.54
50	35.57	30.80	18.33	16.14	14.03	12.46
51	38.53	33.36	19.86	17.47	15.20	13.50
52	41.91	36.29	21.60	19.01	16.52	14.69
53	46.09	39.92	23.76	20.91	18.18	16.16
54	49.98	43.27	25.76	22.67	19.71	17.51
55	53.26	46.12	27.45	24.16	21.00	18.67
56	55.18	47.79	28.44	25.03	21.76	19.34
57	56.74	49.13	29.24	25.74	22.37	19.89
58	58.21	50.41	30.01	26.40	22.96	20.40
59	59.77	51.76	30.81	27.12	23.57	20.95
60	61.62	53.35	31.76	27.95	24.29	21.59
61	53.61	46.42	27.63	24.31	21.14	18.79
62	53.61	46.42	27.63	24.31	21.14	18.79
63	53.61	46.42	27.63	24.31	21.14	18.79
64	53.61	46.42	27.63	24.31	21.14	18.79

$30 Policy Fee

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with Four-Year Delayed COLA Rider Attached

Occupation Classes 5 and 5M — Unisex Select To Age 65

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	15.48	13.40	7.98	7.02	6.11	5.43
19	15.48	13.40	7.98	7.02	6.11	5.43
20	15.48	13.40	7.98	7.02	6.11	5.43
21	15.48	13.40	7.98	7.02	6.11	5.43
22	15.48	13.40	7.98	7.02	6.11	5.43
23	15.48	13.40	7.98	7.02	6.11	5.43
24	15.48	13.40	7.98	7.02	6.11	5.43
25	15.48	13.40	7.98	7.02	6.11	5.43
26	16.04	13.89	8.27	7.28	6.33	5.62
27	16.44	14.24	8.47	7.45	6.48	5.76
28	16.79	14.53	8.65	7.61	6.62	5.88
29	17.15	14.85	8.84	7.78	6.76	6.01
30	17.55	15.21	9.05	7.96	6.92	6.16
31	18.08	15.65	9.32	8.20	7.13	6.34
32	18.69	16.19	9.63	8.47	7.37	6.55
33	19.43	16.83	10.02	8.82	7.66	6.81
34	20.29	17.56	10.45	9.20	8.00	7.11
35	21.27	18.41	10.96	9.64	8.39	7.45
36	22.33	19.34	11.51	10.13	8.81	7.83
37	23.51	20.35	12.12	10.66	9.27	8.24
38	24.76	21.44	12.76	11.23	9.76	8.68
39	26.10	22.60	13.45	11.84	10.30	9.15
40	27.52	23.83	14.19	12.48	10.85	9.64
41	29.02	25.13	14.96	13.17	11.44	10.17
42	30.57	26.48	15.76	13.87	12.06	10.72
43	32.24	27.93	16.62	14.63	12.71	11.31
44	34.00	29.44	17.52	15.42	13.40	11.92
45	35.82	31.02	18.46	16.25	14.13	12.55
46	37.74	32.68	19.45	17.12	14.88	13.23
47	39.76	34.43	20.49	18.04	15.68	13.94
48	41.83	36.22	21.56	18.98	16.49	14.66
49	43.99	38.09	22.67	19.95	17.34	15.41
50	46.15	39.97	23.79	20.94	18.20	16.18
51	47.81	41.40	24.64	21.68	18.85	16.76
52	49.46	42.83	25.49	22.43	19.50	17.33
53	51.14	44.29	26.36	23.20	20.17	17.93
54	52.80	45.72	27.22	23.95	20.82	18.50
55	54.47	47.16	28.08	24.71	21.48	19.09

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with Four-Year Delayed COLA Rider Attached

Occupation Classes 6 and 6M | Unisex Select To Age 65

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	8.97	7.76	4.62	4.07	3.53	3.15
19	8.97	7.76	4.62	4.07	3.53	3.15
20	8.97	7.76	4.62	4.07	3.53	3.15
21	8.97	7.76	4.62	4.07	3.53	3.15
22	8.97	7.76	4.62	4.07	3.53	3.15
23	8.97	7.76	4.62	4.07	3.53	3.15
24	8.97	7.76	4.62	4.07	3.53	3.15
25	8.97	7.76	4.62	4.07	3.53	3.15
26	8.97	7.76	4.62	4.07	3.53	3.15
27	8.97	7.76	4.62	4.07	3.53	3.15
28	8.97	7.76	4.62	4.07	3.53	3.15
29	9.09	7.87	4.68	4.12	3.58	3.19
30	9.23	7.99	4.75	4.19	3.63	3.23
31	9.52	8.25	4.91	4.33	3.75	3.34
32	9.86	8.54	5.09	4.47	3.89	3.46
33	10.26	8.88	5.29	4.65	4.04	3.59
34	10.73	9.30	5.53	4.86	4.23	3.76
35	11.25	9.74	5.79	5.10	4.44	3.94
36	11.83	10.25	6.10	5.37	4.67	4.15
37	12.49	10.82	6.44	5.66	4.93	4.38
38	13.24	11.45	6.82	6.00	5.22	4.63
39	14.02	12.14	7.23	6.36	5.53	4.91
40	14.87	12.87	7.66	6.74	5.87	5.21
41	15.77	13.65	8.13	7.15	6.22	5.53
42	16.70	14.47	8.61	7.58	6.58	5.86
43	17.74	15.36	9.15	8.05	6.99	6.22
44	18.83	16.31	9.70	8.54	7.43	6.60
45	20.02	17.33	10.32	9.08	7.89	7.02
46	21.35	18.49	11.01	9.68	8.42	7.48
47	22.84	19.77	11.77	10.36	9.00	8.00
48	24.35	21.09	12.55	11.04	9.60	8.53
49	26.01	22.52	13.40	11.79	10.26	9.12
50	28.10	24.33	14.48	12.75	11.08	9.85
51	30.44	26.35	15.69	13.80	12.01	10.67
52	33.11	28.67	17.07	15.02	13.06	11.60
53	36.41	31.53	18.77	16.51	14.36	12.76
54	39.48	34.18	20.35	17.91	15.57	13.84
55	42.08	36.44	21.69	19.09	16.59	14.75
56	43.59	37.75	22.47	19.77	17.19	15.29
57	44.82	38.82	23.11	20.33	17.67	15.71
58	45.99	39.83	23.70	20.86	18.14	16.12
59	47.21	40.89	24.33	21.42	18.62	16.55
60	48.68	42.14	25.09	22.08	19.20	17.06
61	42.35	36.67	21.83	19.21	16.70	14.84
62	42.35	36.67	21.83	19.21	16.70	14.84
63	42.35	36.67	21.83	19.21	16.70	14.84
64	42.35	36.67	21.83	19.21	16.70	14.84

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with Four-Year Delayed COLA Rider Attached

Occupation Classes 6 and 6M — Unisex Select To Age 65

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	12.24	10.59	6.31	5.54	4.82	4.29
19	12.24	10.59	6.31	5.54	4.82	4.29
20	12.24	10.59	6.31	5.54	4.82	4.29
21	12.24	10.59	6.31	5.54	4.82	4.29
22	12.24	10.59	6.31	5.54	4.82	4.29
23	12.24	10.59	6.31	5.54	4.82	4.29
24	12.24	10.59	6.31	5.54	4.82	4.29
25	12.24	10.59	6.31	5.54	4.82	4.29
26	12.67	10.97	6.53	5.75	5.00	4.45
27	12.99	11.25	6.69	5.89	5.12	4.55
28	13.27	11.48	6.83	6.02	5.24	4.64
29	13.54	11.73	6.98	6.15	5.35	4.75
30	13.87	12.01	7.15	6.29	5.46	4.86
31	14.29	12.37	7.36	6.47	5.63	5.01
32	14.77	12.79	7.61	6.69	5.82	5.18
33	15.35	13.30	7.91	6.97	6.05	5.39
34	16.03	13.87	8.26	7.27	6.32	5.61
35	16.80	14.54	8.66	7.61	6.62	5.89
36	17.64	15.29	9.10	8.00	6.96	6.19
37	18.57	16.08	9.57	8.42	7.32	6.50
38	19.56	16.94	10.08	8.87	7.71	6.86
39	20.61	17.86	10.63	9.36	8.14	7.23
40	21.74	18.83	11.21	9.86	8.57	7.61
41	22.92	19.85	11.82	10.40	9.04	8.03
42	24.16	20.92	12.45	10.96	9.52	8.47
43	25.47	22.07	13.13	11.56	10.04	8.93
44	26.86	23.26	13.84	12.19	10.59	9.41
45	28.29	24.50	14.58	12.83	11.16	9.92
46	29.81	25.82	15.36	13.52	11.75	10.44
47	31.41	27.21	16.19	14.25	12.38	11.01
48	33.05	28.62	17.04	14.99	13.03	11.58
49	34.75	30.09	17.91	15.76	13.70	12.18
50	36.46	31.57	18.79	16.54	14.37	12.78
51	37.77	32.71	19.46	17.13	14.89	13.24
52	39.08	33.84	20.14	17.72	15.40	13.69
53	40.40	34.99	20.83	18.32	15.93	14.17
54	41.71	36.12	21.50	18.92	16.44	14.62
55	43.04	37.26	22.18	19.52	16.97	15.08

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with Four-Year Delayed COLA Rider Attached

Occupation Classes 3 and 3M — Unisex Select To Age 67

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	18.72	16.21	9.65	8.49	7.38	6.55
19	18.72	16.21	9.65	8.49	7.38	6.55
20	18.72	16.21	9.65	8.49	7.38	6.55
21	18.72	16.21	9.65	8.49	7.38	6.55
22	18.72	16.21	9.65	8.49	7.38	6.55
23	18.72	16.21	9.65	8.49	7.38	6.55
24	18.72	16.21	9.65	8.49	7.38	6.55
25	18.72	16.21	9.65	8.49	7.38	6.55
26	18.72	16.21	9.65	8.49	7.38	6.55
27	18.72	16.21	9.65	8.49	7.38	6.55
28	18.72	16.21	9.65	8.49	7.38	6.55
29	18.94	16.39	9.76	8.58	7.47	6.63
30	19.29	16.69	9.94	8.75	7.60	6.75
31	19.91	17.25	10.26	9.03	7.85	6.98
32	20.64	17.88	10.64	9.37	8.14	7.25
33	21.52	18.64	11.10	9.77	8.49	7.54
34	22.47	19.47	11.58	10.20	8.86	7.88
35	23.63	20.46	12.18	10.72	9.32	8.28
36	24.88	21.54	12.82	11.29	9.80	8.72
37	26.26	22.75	13.54	11.91	10.36	9.21
38	27.89	24.15	14.37	12.65	10.99	9.77
39	29.64	25.66	15.28	13.44	11.69	10.39
40	31.50	27.27	16.24	14.29	12.42	11.04
41	33.45	28.97	17.25	15.17	13.19	11.72
42	35.55	30.78	18.32	16.13	14.03	12.45
43	37.80	32.73	19.48	17.16	14.91	13.25
44	40.25	34.85	20.75	18.27	15.87	14.11
45	42.95	37.18	22.14	19.48	16.94	15.05
46	46.00	39.82	23.71	20.86	18.15	16.12
47	49.37	42.75	25.44	22.39	19.47	17.31
48	52.92	45.83	27.27	24.00	20.87	18.55
49	56.83	49.20	29.28	25.77	22.41	19.91
50	61.99	53.68	31.96	28.12	24.44	21.73
51	67.68	58.61	34.89	30.69	26.68	23.72
52	74.19	64.23	38.23	33.65	29.25	26.00
53	82.35	71.31	42.44	37.35	32.47	28.86
54	90.21	78.12	46.50	40.92	35.57	31.62
55	97.36	84.33	50.19	44.16	38.39	34.14
56	102.57	88.82	52.88	46.53	40.45	35.95
57	106.04	91.82	54.66	48.10	41.82	37.17
58	109.68	94.97	56.53	49.75	43.25	38.43
59	112.90	97.77	58.19	51.21	44.52	39.58
60	116.21	100.64	59.90	52.72	45.83	40.74
61	116.21	100.64	59.90	52.72	45.83	40.74
62	116.21	100.64	59.90	52.72	45.83	40.74
63	116.21	100.64	59.90	52.72	45.83	40.74
64	116.21	100.64	59.90	52.72	45.83	40.74
65	116.21	100.64	59.90	52.72	45.83	40.74
66	116.21	100.64	59.90	52.72	45.83	40.74

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with Four-Year Delayed COLA Rider Attached

Occupation Classes 3 and 3M — Unisex Select To Age 67

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	26.59	23.02	13.70	12.06	10.49	9.32
19	26.59	23.02	13.70	12.06	10.49	9.32
20	26.59	23.02	13.70	12.06	10.49	9.32
21	26.59	23.02	13.70	12.06	10.49	9.32
22	26.59	23.02	13.70	12.06	10.49	9.32
23	26.59	23.02	13.70	12.06	10.49	9.32
24	26.59	23.02	13.70	12.06	10.49	9.32
25	26.59	23.02	13.70	12.06	10.49	9.32
26	27.47	23.80	14.17	12.47	10.84	9.63
27	28.25	24.45	14.56	12.81	11.15	9.89
28	28.95	25.08	14.93	13.14	11.41	10.16
29	29.76	25.77	15.34	13.49	11.74	10.42
30	30.64	26.53	15.79	13.90	12.09	10.73
31	31.71	27.46	16.34	14.37	12.50	11.12
32	32.92	28.51	16.97	14.93	12.98	11.54
33	34.33	29.73	17.70	15.58	13.54	12.03
34	35.91	31.11	18.51	16.29	14.17	12.59
35	37.69	32.63	19.42	17.09	14.87	13.21
36	39.64	34.32	20.43	17.98	15.63	13.89
37	41.79	36.19	21.54	18.95	16.48	14.65
38	44.12	38.22	22.75	20.02	17.39	15.47
39	46.61	40.37	24.03	21.15	18.38	16.34
40	49.27	42.67	25.40	22.35	19.42	17.28
41	52.14	45.15	26.88	23.65	20.56	18.28
42	55.22	47.83	28.46	25.05	21.77	19.36
43	58.44	50.62	30.13	26.51	23.05	20.49
44	61.87	53.59	31.90	28.07	24.39	21.69
45	65.51	56.73	33.77	29.71	25.83	22.96
46	69.39	60.08	35.77	31.47	27.36	24.31
47	73.38	63.55	37.83	33.28	28.94	25.72
48	77.62	67.20	40.01	35.20	30.60	27.20
49	81.96	70.97	42.24	37.17	32.32	28.72
50	86.43	74.84	44.55	39.19	34.08	30.29
51	90.57	78.43	46.68	41.09	35.71	31.74
52	94.67	81.99	48.81	42.95	37.33	33.19
53	98.79	85.55	50.93	44.81	38.96	34.62
54	102.89	89.11	53.04	46.68	40.57	36.08
55	107.04	92.69	55.17	48.56	42.21	37.52

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with Four-Year Delayed COLA Rider Attached

Occupation Classes 4 and 4M | Unisex Select To Age 67

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	15.44	13.37	7.96	7.00	6.09	5.41
19	15.44	13.37	7.96	7.00	6.09	5.41
20	15.44	13.37	7.96	7.00	6.09	5.41
21	15.44	13.37	7.96	7.00	6.09	5.41
22	15.44	13.37	7.96	7.00	6.09	5.41
23	15.44	13.37	7.96	7.00	6.09	5.41
24	15.44	13.37	7.96	7.00	6.09	5.41
25	15.44	13.37	7.96	7.00	6.09	5.41
26	15.44	13.37	7.96	7.00	6.09	5.41
27	15.44	13.37	7.96	7.00	6.09	5.41
28	15.44	13.37	7.96	7.00	6.09	5.41
29	15.61	13.51	8.05	7.08	6.16	5.46
30	15.91	13.77	8.20	7.22	6.28	5.57
31	16.42	14.22	8.46	7.44	6.47	5.76
32	17.03	14.75	8.77	7.72	6.71	5.97
33	17.75	15.37	9.16	8.06	7.00	6.23
34	18.53	16.06	9.55	8.42	7.31	6.50
35	19.49	16.87	10.05	8.84	7.68	6.83
36	20.52	17.77	10.57	9.31	8.09	7.19
37	21.66	18.76	11.17	9.82	8.53	7.59
38	23.00	19.92	11.86	10.43	9.07	8.06
39	24.44	21.16	12.60	11.09	9.64	8.56
40	25.98	22.49	13.39	11.78	10.25	9.10
41	27.58	23.89	14.22	12.51	10.88	9.67
42	29.32	25.38	15.12	13.31	11.56	10.28
43	31.17	27.00	16.07	14.15	12.30	10.93
44	33.19	28.74	17.11	15.06	13.09	11.63
45	35.42	30.67	18.26	16.07	13.97	12.40
46	37.94	32.84	19.55	17.20	14.96	13.29
47	40.71	35.25	20.99	18.47	16.06	14.27
48	43.64	37.80	22.49	19.79	17.22	15.31
49	46.86	40.57	24.16	21.25	18.48	16.42
50	51.12	44.27	26.35	23.19	20.16	17.92
51	55.82	48.33	28.77	25.31	22.01	19.56
52	61.18	52.97	31.53	27.75	24.13	21.43
53	67.90	58.81	35.01	30.81	26.78	23.80
54	74.40	64.42	38.35	33.75	29.33	26.08
55	80.29	69.54	41.39	36.42	31.66	28.16
56	84.60	73.25	43.60	38.37	33.35	29.65
57	87.45	75.73	45.07	39.67	34.49	30.65
58	90.45	78.32	46.62	41.03	35.67	31.70
59	93.10	80.64	48.00	42.23	36.71	32.64
60	95.83	82.99	49.40	43.48	37.80	33.59
61	95.83	82.99	49.40	43.48	37.80	33.59
62	95.83	82.99	49.40	43.48	37.80	33.59
63	95.83	82.99	49.40	43.48	37.80	33.59
64	95.83	82.99	49.40	43.48	37.80	33.59
65	95.83	82.99	49.40	43.48	37.80	33.59
66	95.83	82.99	49.40	43.48	37.80	33.59

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with Four-Year Delayed COLA Rider Attached

Occupation Classes 4 and 4M — Unisex Select To Age 67

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	21.93	18.99	11.31	9.95	8.65	7.68
19	21.93	18.99	11.31	9.95	8.65	7.68
20	21.93	18.99	11.31	9.95	8.65	7.68
21	21.93	18.99	11.31	9.95	8.65	7.68
22	21.93	18.99	11.31	9.95	8.65	7.68
23	21.93	18.99	11.31	9.95	8.65	7.68
24	21.93	18.99	11.31	9.95	8.65	7.68
25	21.93	18.99	11.31	9.95	8.65	7.68
26	22.66	19.62	11.68	10.29	8.94	7.95
27	23.29	20.17	12.01	10.56	9.19	8.16
28	23.88	20.68	12.31	10.84	9.41	8.38
29	24.54	21.25	12.65	11.13	9.68	8.60
30	25.27	21.88	13.03	11.46	9.97	8.85
31	26.16	22.64	13.47	11.86	10.31	9.17
32	27.15	23.51	14.00	12.31	10.70	9.51
33	28.31	24.52	14.59	12.85	11.17	9.92
34	29.61	25.65	15.27	13.42	11.68	10.39
35	31.08	26.91	16.02	14.10	12.26	10.89
36	32.69	28.30	16.85	14.82	12.89	11.45
37	34.46	29.85	17.77	15.63	13.59	12.08
38	36.38	31.52	18.76	16.51	14.35	12.76
39	38.43	33.29	19.82	17.43	15.17	13.47
40	40.64	35.19	20.95	18.43	16.02	14.25
41	43.00	37.24	22.17	19.50	16.96	15.08
42	45.54	39.44	23.47	20.66	17.96	15.97
43	48.19	41.74	24.85	21.87	19.01	16.90
44	51.02	44.19	26.30	23.15	20.12	17.89
45	54.02	46.79	27.85	24.50	21.29	18.94
46	57.22	49.55	29.49	25.95	22.57	20.06
47	60.52	52.40	31.19	27.44	23.86	21.21
48	64.01	55.42	32.99	29.03	25.24	22.43
49	67.60	58.53	34.84	30.65	26.65	23.69
50	71.28	61.72	36.74	32.32	28.10	24.98
51	74.69	64.68	38.50	33.89	29.44	26.18
52	78.08	67.62	40.24	35.42	30.79	27.37
53	81.48	70.55	42.00	36.96	32.13	28.55
54	84.85	73.49	43.74	38.50	33.45	29.75
55	88.28	76.45	45.50	40.05	34.82	30.94

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with Four-Year Delayed COLA Rider Attached

Occupation Classes 5 and 5M | Unisex Select To Age 67

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	12.16	10.52	6.27	5.51	4.79	4.26
19	12.16	10.52	6.27	5.51	4.79	4.26
20	12.16	10.52	6.27	5.51	4.79	4.26
21	12.16	10.52	6.27	5.51	4.79	4.26
22	12.16	10.52	6.27	5.51	4.79	4.26
23	12.16	10.52	6.27	5.51	4.79	4.26
24	12.16	10.52	6.27	5.51	4.79	4.26
25	12.16	10.52	6.27	5.51	4.79	4.26
26	12.16	10.52	6.27	5.51	4.79	4.26
27	12.16	10.52	6.27	5.51	4.79	4.26
28	12.16	10.52	6.27	5.51	4.79	4.26
29	12.30	10.64	6.34	5.57	4.85	4.31
30	12.52	10.84	6.45	5.68	4.94	4.39
31	12.93	11.20	6.66	5.86	5.10	4.53
32	13.40	11.61	6.91	6.08	5.29	4.70
33	13.98	12.11	7.21	6.35	5.51	4.90
34	14.59	12.64	7.52	6.62	5.75	5.12
35	15.35	13.29	7.91	6.96	6.05	5.38
36	16.16	13.99	8.33	7.33	6.37	5.66
37	17.06	14.77	8.79	7.73	6.72	5.98
38	18.11	15.68	9.34	8.22	7.14	6.35
39	19.25	16.66	9.92	8.73	7.59	6.74
40	20.45	17.71	10.54	9.28	8.07	7.17
41	21.72	18.81	11.20	9.85	8.56	7.61
42	23.09	19.99	11.90	10.47	9.11	8.09
43	24.54	21.26	12.65	11.14	9.68	8.60
44	26.14	22.63	13.47	11.86	10.31	9.16
45	27.89	24.15	14.37	12.65	11.00	9.77
46	29.87	25.86	15.39	13.54	11.78	10.46
47	32.06	27.76	16.52	14.54	12.64	11.24
48	34.36	29.76	17.71	15.58	13.55	12.05
49	36.90	31.95	19.02	16.73	14.55	12.93
50	40.25	34.86	20.75	18.26	15.87	14.11
51	43.95	38.06	22.65	19.93	17.33	15.40
52	48.17	41.71	24.83	21.85	19.00	16.88
53	53.47	46.30	27.56	24.26	21.09	18.74
54	58.58	50.73	30.20	26.57	23.10	20.53
55	63.22	54.76	32.59	28.68	24.93	22.17
56	66.61	57.68	34.33	30.21	26.26	23.34
57	68.85	59.63	35.49	31.23	27.16	24.14
58	71.22	61.67	36.71	32.30	28.09	24.96
59	73.31	63.49	37.79	33.25	28.91	25.70
60	75.46	65.35	38.90	34.23	29.76	26.45
61	75.46	65.35	38.90	34.23	29.76	26.45
62	75.46	65.35	38.90	34.23	29.76	26.45
63	75.46	65.35	38.90	34.23	29.76	26.45
64	75.46	65.35	38.90	34.23	29.76	26.45
65	75.46	65.35	38.90	34.23	29.76	26.45
66	75.46	65.35	38.90	34.23	29.76	26.45

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with Four-Year Delayed COLA Rider Attached

Occupation Classes 5 and 5M — Unisex Select To Age 67

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	17.27	14.95	8.90	7.83	6.81	6.05
19	17.27	14.95	8.90	7.83	6.81	6.05
20	17.27	14.95	8.90	7.83	6.81	6.05
21	17.27	14.95	8.90	7.83	6.81	6.05
22	17.27	14.95	8.90	7.83	6.81	6.05
23	17.27	14.95	8.90	7.83	6.81	6.05
24	17.27	14.95	8.90	7.83	6.81	6.05
25	17.27	14.95	8.90	7.83	6.81	6.05
26	17.84	15.45	9.20	8.10	7.04	6.26
27	18.34	15.88	9.45	8.32	7.24	6.43
28	18.80	16.29	9.69	8.53	7.42	6.59
29	19.32	16.73	9.96	8.76	7.62	6.77
30	19.90	17.23	10.26	9.03	7.85	6.97
31	20.59	17.83	10.61	9.34	8.12	7.22
32	21.37	18.51	11.02	9.69	8.42	7.49
33	22.29	19.31	11.49	10.12	8.79	7.81
34	23.31	20.20	12.02	10.57	9.20	8.18
35	24.47	21.19	12.61	11.10	9.65	8.57
36	25.74	22.28	13.27	11.67	10.15	9.02
37	27.14	23.50	13.99	12.31	10.70	9.51
38	28.65	24.82	14.77	13.00	11.30	10.05
39	30.26	26.22	15.60	13.73	11.94	10.61
40	32.00	27.71	16.49	14.51	12.61	11.22
41	33.86	29.32	17.45	15.35	13.36	11.87
42	35.86	31.06	18.48	16.27	14.14	12.57
43	37.95	32.87	19.56	17.22	14.97	13.31
44	40.17	34.80	20.71	18.23	15.84	14.09
45	42.54	36.84	21.93	19.30	16.77	14.91
46	45.05	39.02	23.23	20.43	17.77	15.79
47	47.65	41.26	24.56	21.61	18.79	16.70
48	50.40	43.64	25.98	22.86	19.87	17.66
49	53.22	46.08	27.43	24.14	20.99	18.65
50	56.12	48.60	28.93	25.45	22.13	19.67
51	58.81	50.93	30.31	26.68	23.19	20.61
52	61.48	53.24	31.69	27.89	24.25	21.55
53	64.15	55.55	33.07	29.10	25.29	22.48
54	66.82	57.87	34.44	30.31	26.34	23.42
55	69.51	60.19	35.83	31.53	27.41	24.36

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with Four-Year Delayed COLA Rider Attached

Occupation Classes 6 and 6M | Unisex Select To Age 67

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	9.60	8.32	4.95	4.36	3.78	3.37
19	9.60	8.32	4.95	4.36	3.78	3.37
20	9.60	8.32	4.95	4.36	3.78	3.37
21	9.60	8.32	4.95	4.36	3.78	3.37
22	9.60	8.32	4.95	4.36	3.78	3.37
23	9.60	8.32	4.95	4.36	3.78	3.37
24	9.60	8.32	4.95	4.36	3.78	3.37
25	9.60	8.32	4.95	4.36	3.78	3.37
26	9.60	8.32	4.95	4.36	3.78	3.37
27	9.60	8.32	4.95	4.36	3.78	3.37
28	9.60	8.32	4.95	4.36	3.78	3.37
29	9.71	8.41	5.01	4.41	3.83	3.41
30	9.89	8.56	5.10	4.48	3.90	3.47
31	10.22	8.84	5.27	4.63	4.03	3.58
32	10.59	9.18	5.45	4.80	4.18	3.71
33	11.04	9.56	5.69	5.01	4.36	3.87
34	11.52	9.99	5.94	5.24	4.54	4.04
35	12.13	10.49	6.25	5.49	4.78	4.25
36	12.76	11.05	6.57	5.79	5.03	4.47
37	13.47	11.67	6.95	6.11	5.31	4.72
38	14.31	12.38	7.38	6.49	5.64	5.01
39	15.21	13.17	7.84	6.90	6.00	5.33
40	16.16	13.99	8.33	7.33	6.38	5.66
41	17.16	14.86	8.84	7.78	6.76	6.02
42	18.24	15.79	9.41	8.28	7.20	6.39
43	19.38	16.79	10.00	8.80	7.65	6.80
44	20.65	17.88	10.64	9.37	8.14	7.24
45	22.03	19.08	11.36	10.00	8.69	7.72
46	23.59	20.42	12.16	10.70	9.31	8.27
47	25.32	21.93	13.06	11.49	9.99	8.88
48	27.15	23.51	13.99	12.31	10.71	9.51
49	29.15	25.24	15.03	13.22	11.49	10.22
50	31.80	27.54	16.39	14.42	12.53	11.15
51	34.72	30.07	17.90	15.74	13.69	12.17
52	38.06	32.95	19.61	17.27	15.01	13.34
53	42.24	36.58	21.77	19.17	16.66	14.80
54	46.27	40.08	23.86	20.99	18.25	16.22
55	49.95	43.25	25.75	22.66	19.69	17.51
56	52.62	45.57	27.13	23.87	20.75	18.44
57	54.39	47.10	28.04	24.67	21.45	19.07
58	56.26	48.72	29.00	25.52	22.19	19.72
59	57.92	50.15	29.85	26.27	22.84	20.30
60	59.61	51.63	30.73	27.05	23.51	20.90
61	59.61	51.63	30.73	27.05	23.51	20.90
62	59.61	51.63	30.73	27.05	23.51	20.90
63	59.61	51.63	30.73	27.05	23.51	20.90
64	59.61	51.63	30.73	27.05	23.51	20.90
65	59.61	51.63	30.73	27.05	23.51	20.90
66	59.61	51.63	30.73	27.05	23.51	20.90

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with Four-Year Delayed COLA Rider Attached

Occupation Classes 6 and 6M — Unisex Select To Age 67

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	13.64	11.81	7.03	6.19	5.39	4.78
19	13.64	11.81	7.03	6.19	5.39	4.78
20	13.64	11.81	7.03	6.19	5.39	4.78
21	13.64	11.81	7.03	6.19	5.39	4.78
22	13.64	11.81	7.03	6.19	5.39	4.78
23	13.64	11.81	7.03	6.19	5.39	4.78
24	13.64	11.81	7.03	6.19	5.39	4.78
25	13.64	11.81	7.03	6.19	5.39	4.78
26	14.10	12.21	7.27	6.40	5.56	4.94
27	14.49	12.54	7.46	6.57	5.71	5.08
28	14.85	12.87	7.65	6.74	5.86	5.21
29	15.27	13.22	7.87	6.92	6.02	5.35
30	15.72	13.61	8.10	7.13	6.20	5.50
31	16.27	14.09	8.39	7.38	6.42	5.70
32	16.89	14.62	8.70	7.65	6.65	5.92
33	17.61	15.26	9.08	7.99	6.95	6.17
34	18.41	15.96	9.49	8.36	7.27	6.46
35	19.33	16.74	9.96	8.77	7.62	6.77
36	20.33	17.60	10.48	9.22	8.02	7.13
37	21.43	18.56	11.05	9.72	8.45	7.51
38	22.63	19.61	11.67	10.27	8.92	7.94
39	23.91	20.71	12.33	10.85	9.43	8.39
40	25.27	21.89	13.03	11.46	9.96	8.86
41	26.75	23.17	13.79	12.13	10.55	9.38
42	28.32	24.53	14.60	12.85	11.17	9.93
43	29.98	25.97	15.45	13.60	11.82	10.51
44	31.74	27.49	16.36	14.39	12.51	11.13
45	33.61	29.11	17.33	15.25	13.25	11.78
46	35.59	30.82	18.34	16.15	14.04	12.47
47	37.64	32.60	19.40	17.08	14.84	13.20
48	39.82	34.47	20.52	18.06	15.70	13.95
49	42.05	36.40	21.67	19.07	16.58	14.73
50	44.34	38.39	22.85	20.11	17.48	15.54
51	46.46	40.23	23.95	21.08	18.32	16.29
52	48.57	42.07	25.04	22.03	19.16	17.03
53	50.68	43.89	26.13	22.99	19.98	17.76
54	52.79	45.72	27.21	23.95	20.81	18.50
55	54.92	47.55	28.30	24.91	21.66	19.25

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with Residual Rider Attached

Occupation Classes 3 and 3M — Unisex Select To Age 65

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	9.26	8.02	4.77	4.20	3.64	3.25
19	9.26	8.02	4.77	4.20	3.64	3.25
20	9.26	8.02	4.77	4.20	3.64	3.25
21	9.26	8.02	4.77	4.20	3.64	3.25
22	9.26	8.02	4.77	4.20	3.64	3.25
23	9.26	8.02	4.77	4.20	3.64	3.25
24	9.26	8.02	4.77	4.20	3.64	3.25
25	9.26	8.02	4.77	4.20	3.64	3.25
26	9.26	8.02	4.77	4.20	3.64	3.25
27	9.26	8.02	4.77	4.20	3.64	3.25
28	9.26	8.02	4.77	4.20	3.64	3.25
29	9.38	8.13	4.83	4.26	3.70	3.30
30	9.59	8.30	4.94	4.35	3.78	3.36
31	9.85	8.52	5.08	4.46	3.89	3.45
32	10.23	8.86	5.28	4.63	4.04	3.58
33	10.70	9.27	5.51	4.86	4.23	3.75
34	11.24	9.73	5.79	5.09	4.44	3.93
35	11.83	10.25	6.10	5.37	4.66	4.15
36	12.51	10.84	6.44	5.67	4.94	4.40
37	13.22	11.45	6.81	5.99	5.22	4.63
38	14.06	12.17	7.25	6.38	5.53	4.92
39	14.97	12.96	7.71	6.78	5.90	5.25
40	15.92	13.78	8.21	7.21	6.28	5.58
41	16.99	14.70	8.75	7.70	6.69	5.95
42	18.10	15.67	9.33	8.22	7.14	6.35
43	19.37	16.77	9.99	8.78	7.64	6.78
44	20.70	17.93	10.67	9.40	8.17	7.26
45	22.19	19.21	11.43	10.06	8.75	7.77
46	23.81	20.61	12.28	10.79	9.40	8.34
47	25.58	22.16	13.19	11.60	10.09	8.97
48	27.47	23.80	14.17	12.47	10.84	9.63
49	29.51	25.57	15.22	13.38	11.63	10.36
50	33.13	28.69	17.08	15.03	13.07	11.61
51	37.32	32.32	19.24	16.94	14.71	13.08
52	42.35	36.68	21.83	19.21	16.69	14.85
53	47.01	40.71	24.23	21.31	18.54	16.48
54	51.76	44.83	26.68	23.48	20.41	18.15
55	55.76	48.28	28.74	25.29	21.99	19.54
56	60.07	52.01	30.97	27.24	23.69	21.06
57	64.66	55.98	33.32	29.33	25.49	22.65
58	69.39	60.08	35.77	31.47	27.36	24.31
59	73.15	63.35	37.70	33.17	28.85	25.64
60	77.08	66.75	39.73	34.96	30.40	27.02
61	77.08	66.75	39.73	34.96	30.40	27.02
62	77.08	66.75	39.73	34.96	30.40	27.02
63	77.08	66.75	39.73	34.96	30.40	27.02
64	77.08	66.75	39.73	34.96	30.40	27.02

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with Residual Rider Attached

Occupation Classes 3 and 3M — Unisex Select To Age 65

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	13.90	12.05	7.17	6.32	5.48	4.88
19	13.90	12.05	7.17	6.32	5.48	4.88
20	13.90	12.05	7.17	6.32	5.48	4.88
21	13.90	12.05	7.17	6.32	5.48	4.88
22	13.90	12.05	7.17	6.32	5.48	4.88
23	13.90	12.05	7.17	6.32	5.48	4.88
24	13.90	12.05	7.17	6.32	5.48	4.88
25	13.90	12.05	7.17	6.32	5.48	4.88
26	14.40	12.47	7.43	6.54	5.68	5.05
27	14.88	12.88	7.67	6.75	5.87	5.22
28	15.38	13.33	7.93	6.98	6.07	5.40
29	15.92	13.78	8.21	7.21	6.28	5.58
30	16.48	14.27	8.49	7.47	6.49	5.78
31	17.16	14.85	8.84	7.77	6.77	6.01
32	17.90	15.49	9.23	8.11	7.06	6.27
33	18.75	16.24	9.66	8.50	7.40	6.57
34	19.70	17.06	10.16	8.93	7.76	6.91
35	20.73	17.96	10.69	9.41	8.17	7.28
36	21.89	18.95	11.29	9.93	8.63	7.67
37	23.16	20.05	11.94	10.50	9.13	8.11
38	24.54	21.26	12.65	11.13	9.68	8.60
39	26.03	22.53	13.41	11.80	10.26	9.12
40	27.62	23.92	14.24	12.53	10.90	9.68
41	29.33	25.41	15.13	13.31	11.57	10.30
42	31.18	27.00	16.07	14.15	12.29	10.93
43	33.13	28.69	17.08	15.03	13.07	11.61
44	35.20	30.47	18.15	15.96	13.87	12.34
45	37.35	32.35	19.26	16.94	14.73	13.10
46	39.64	34.32	20.43	17.98	15.63	13.89
47	42.01	36.37	21.65	19.06	16.55	14.73
48	44.39	38.45	22.89	20.14	17.50	15.56
49	46.85	40.57	24.15	21.26	18.47	16.42
50	49.30	42.71	25.41	22.36	19.44	17.29
51	51.32	44.44	26.45	23.28	20.24	17.99
52	53.36	46.21	27.50	24.22	21.04	18.71
53	55.37	47.95	28.54	25.11	21.83	19.40
54	57.42	49.72	29.59	26.04	22.64	20.13
55	59.41	51.46	30.63	26.96	23.43	20.83

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with Residual Rider Attached

Occupation Classes 4 and 4M — Unisex Select To Age 65

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	7.63	6.61	3.94	3.46	3.01	2.68
19	7.63	6.61	3.94	3.46	3.01	2.68
20	7.63	6.61	3.94	3.46	3.01	2.68
21	7.63	6.61	3.94	3.46	3.01	2.68
22	7.63	6.61	3.94	3.46	3.01	2.68
23	7.63	6.61	3.94	3.46	3.01	2.68
24	7.63	6.61	3.94	3.46	3.01	2.68
25	7.63	6.61	3.94	3.46	3.01	2.68
26	7.63	6.61	3.94	3.46	3.01	2.68
27	7.63	6.61	3.94	3.46	3.01	2.68
28	7.63	6.61	3.94	3.46	3.01	2.68
29	7.73	6.70	3.99	3.50	3.06	2.71
30	7.91	6.84	4.07	3.58	3.12	2.76
31	8.12	7.03	4.19	3.68	3.21	2.84
32	8.43	7.31	4.35	3.82	3.34	2.95
33	8.83	7.64	4.55	4.01	3.48	3.09
34	9.27	8.02	4.78	4.20	3.66	3.25
35	9.76	8.44	5.03	4.43	3.85	3.42
36	10.33	8.94	5.32	4.67	4.07	3.62
37	10.90	9.44	5.62	4.94	4.30	3.82
38	11.59	10.03	5.97	5.26	4.56	4.06
39	12.35	10.69	6.37	5.59	4.86	4.33
40	13.13	11.37	6.76	5.95	5.18	4.60
41	14.01	12.12	7.22	6.35	5.52	4.90
42	14.92	12.93	7.69	6.78	5.88	5.23
43	15.98	13.83	8.24	7.25	6.30	5.59
44	17.08	14.79	8.80	7.74	6.74	5.99
45	18.30	15.84	9.43	8.30	7.22	6.42
46	19.64	17.00	10.12	8.90	7.74	6.88
47	21.10	18.27	10.88	9.56	8.33	7.40
48	22.66	19.62	11.68	10.29	8.94	7.95
49	24.34	21.09	12.54	11.04	9.59	8.53
50	27.32	23.66	14.08	12.39	10.77	9.58
51	30.78	26.65	15.87	13.97	12.14	10.79
52	34.93	30.25	18.01	15.84	13.77	12.25
53	38.76	33.57	19.98	17.57	15.29	13.59
54	42.69	36.97	22.01	19.36	16.84	14.96
55	45.98	39.82	23.70	20.86	18.13	16.12
56	49.54	42.90	25.53	22.46	19.54	17.36
57	53.32	46.16	27.48	24.19	21.02	18.68
58	57.22	49.55	29.49	25.95	22.57	20.06
59	60.32	52.24	31.10	27.36	23.79	21.15
60	63.57	55.04	32.77	28.83	25.07	22.28
61	63.57	55.04	32.77	28.83	25.07	22.28
62	63.57	55.04	32.77	28.83	25.07	22.28
63	63.57	55.04	32.77	28.83	25.07	22.28
64	63.57	55.04	32.77	28.83	25.07	22.28

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with Residual Rider Attached

Occupation Classes 4 and 4M | Unisex Select To Age 65

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	11.46	9.93	5.91	5.21	4.52	4.02
19	11.46	9.93	5.91	5.21	4.52	4.02
20	11.46	9.93	5.91	5.21	4.52	4.02
21	11.46	9.93	5.91	5.21	4.52	4.02
22	11.46	9.93	5.91	5.21	4.52	4.02
23	11.46	9.93	5.91	5.21	4.52	4.02
24	11.46	9.93	5.91	5.21	4.52	4.02
25	11.46	9.93	5.91	5.21	4.52	4.02
26	11.88	10.29	6.12	5.40	4.69	4.16
27	12.28	10.62	6.33	5.57	4.84	4.30
28	12.68	10.99	6.53	5.76	5.00	4.46
29	13.13	11.37	6.76	5.95	5.18	4.60
30	13.59	11.77	7.00	6.16	5.36	4.76
31	14.15	12.25	7.30	6.42	5.58	4.95
32	14.76	12.77	7.60	6.69	5.82	5.17
33	15.46	13.39	7.97	7.02	6.10	5.42
34	16.25	14.07	8.38	7.37	6.40	5.69
35	17.10	14.81	8.81	7.76	6.74	6.00
36	18.06	15.63	9.31	8.19	7.12	6.33
37	19.10	16.53	9.84	8.66	7.53	6.69
38	20.25	17.52	10.43	9.18	7.98	7.09
39	21.46	18.58	11.07	9.73	8.46	7.51
40	22.78	19.73	11.74	10.34	8.99	7.98
41	24.19	20.96	12.47	10.98	9.54	8.48
42	25.71	22.27	13.26	11.67	10.14	9.02
43	27.32	23.66	14.08	12.39	10.77	9.58
44	29.03	25.14	14.96	13.17	11.44	10.17
45	30.81	26.68	15.88	13.97	12.15	10.80
46	32.69	28.30	16.85	14.82	12.89	11.45
47	34.64	30.00	17.85	15.72	13.65	12.15
48	36.61	31.71	18.87	16.61	14.43	12.84
49	38.64	33.45	19.92	17.52	15.24	13.54
50	40.66	35.21	20.96	18.44	16.03	14.26
51	42.32	36.65	21.81	19.20	16.68	14.84
52	44.01	38.11	22.68	19.97	17.35	15.42
53	45.67	39.54	23.53	20.71	18.01	16.01
54	47.35	41.00	24.40	21.47	18.67	16.59
55	49.00	42.43	25.25	22.23	19.32	17.18

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with Residual Rider Attached

Occupation Classes 5 and 5M — Unisex Select To Age 65

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	6.01	5.21	3.10	2.72	2.37	2.11
19	6.01	5.21	3.10	2.72	2.37	2.11
20	6.01	5.21	3.10	2.72	2.37	2.11
21	6.01	5.21	3.10	2.72	2.37	2.11
22	6.01	5.21	3.10	2.72	2.37	2.11
23	6.01	5.21	3.10	2.72	2.37	2.11
24	6.01	5.21	3.10	2.72	2.37	2.11
25	6.01	5.21	3.10	2.72	2.37	2.11
26	6.01	5.21	3.10	2.72	2.37	2.11
27	6.01	5.21	3.10	2.72	2.37	2.11
28	6.01	5.21	3.10	2.72	2.37	2.11
29	6.09	5.28	3.14	2.76	2.41	2.14
30	6.23	5.39	3.21	2.82	2.46	2.18
31	6.40	5.53	3.30	2.90	2.52	2.24
32	6.64	5.75	3.43	3.01	2.62	2.33
33	6.95	6.02	3.58	3.16	2.74	2.44
34	7.30	6.32	3.76	3.31	2.88	2.55
35	7.68	6.65	3.96	3.48	3.03	2.69
36	8.13	7.04	4.19	3.68	3.21	2.85
37	8.58	7.43	4.43	3.89	3.39	3.01
38	9.13	7.90	4.70	4.14	3.59	3.20
39	9.72	8.42	5.01	4.41	3.83	3.41
40	10.34	8.95	5.33	4.68	4.08	3.62
41	11.03	9.54	5.68	5.00	4.35	3.86
42	11.75	10.18	6.06	5.34	4.63	4.12
43	12.58	10.89	6.48	5.70	4.96	4.41
44	13.44	11.64	6.93	6.10	5.31	4.71
45	14.40	12.47	7.43	6.53	5.68	5.05
46	15.46	13.38	7.97	7.01	6.10	5.42
47	16.61	14.38	8.56	7.53	6.55	5.82
48	17.84	15.45	9.20	8.10	7.04	6.26
49	19.17	16.60	9.88	8.69	7.55	6.72
50	21.51	18.63	11.09	9.76	8.48	7.54
51	24.24	20.99	12.49	11.00	9.55	8.49
52	27.50	23.82	14.18	12.47	10.84	9.64
53	30.52	26.43	15.73	13.84	12.04	10.70
54	33.61	29.11	17.33	15.25	13.26	11.78
55	36.20	31.35	18.66	16.42	14.28	12.69
56	39.01	33.78	20.11	17.69	15.38	13.67
57	41.99	36.35	21.64	19.05	16.55	14.71
58	45.05	39.02	23.23	20.43	17.77	15.79
59	47.50	41.13	24.48	21.54	18.73	16.65
60	50.05	43.34	25.80	22.70	19.74	17.54
61	50.05	43.34	25.80	22.70	19.74	17.54
62	50.05	43.34	25.80	22.70	19.74	17.54
63	50.05	43.34	25.80	22.70	19.74	17.54
64	50.05	43.34	25.80	22.70	19.74	17.54

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with Residual Rider Attached

Occupation Classes 5 and 5M — Unisex Select To Age 65

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	9.03	7.82	4.65	4.10	3.56	3.17
19	9.03	7.82	4.65	4.10	3.56	3.17
20	9.03	7.82	4.65	4.10	3.56	3.17
21	9.03	7.82	4.65	4.10	3.56	3.17
22	9.03	7.82	4.65	4.10	3.56	3.17
23	9.03	7.82	4.65	4.10	3.56	3.17
24	9.03	7.82	4.65	4.10	3.56	3.17
25	9.03	7.82	4.65	4.10	3.56	3.17
26	9.36	8.10	4.82	4.25	3.69	3.28
27	9.66	8.37	4.98	4.39	3.81	3.39
28	9.99	8.65	5.15	4.53	3.94	3.50
29	10.34	8.95	5.33	4.68	4.08	3.62
30	10.70	9.27	5.51	4.85	4.22	3.75
31	11.14	9.64	5.74	5.05	4.40	3.90
32	11.62	10.06	5.99	5.27	4.58	4.07
33	12.18	10.54	6.28	5.52	4.80	4.27
34	12.79	11.08	6.59	5.80	5.04	4.48
35	13.46	11.66	6.94	6.11	5.31	4.72
36	14.22	12.31	7.33	6.44	5.60	4.98
37	15.04	13.02	7.75	6.82	5.93	5.27
38	15.94	13.80	8.22	7.23	6.29	5.58
39	16.90	14.63	8.71	7.66	6.66	5.92
40	17.94	15.53	9.25	8.14	7.08	6.29
41	19.05	16.50	9.82	8.64	7.51	6.68
42	20.25	17.53	10.43	9.19	7.98	7.10
43	21.51	18.63	11.09	9.76	8.48	7.54
44	22.86	19.79	11.78	10.37	9.01	8.01
45	24.26	21.01	12.50	11.00	9.56	8.50
46	25.74	22.28	13.27	11.67	10.15	9.02
47	27.27	23.62	14.06	12.38	10.75	9.56
48	28.83	24.97	14.86	13.08	11.37	10.11
49	30.42	26.34	15.68	13.80	12.00	10.66
50	32.02	27.73	16.50	14.52	12.62	11.23
51	33.32	28.86	17.18	15.12	13.14	11.68
52	34.65	30.01	17.86	15.72	13.66	12.15
53	35.96	31.14	18.53	16.31	14.18	12.60
54	37.28	32.28	19.22	16.91	14.70	13.07
55	38.58	33.41	19.89	17.50	15.22	13.52

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with Residual Rider Attached

Occupation Classes 6 and 6M — Unisex Select To Age 65

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	4.75	4.12	2.45	2.15	1.87	1.66
19	4.75	4.12	2.45	2.15	1.87	1.66
20	4.75	4.12	2.45	2.15	1.87	1.66
21	4.75	4.12	2.45	2.15	1.87	1.66
22	4.75	4.12	2.45	2.15	1.87	1.66
23	4.75	4.12	2.45	2.15	1.87	1.66
24	4.75	4.12	2.45	2.15	1.87	1.66
25	4.75	4.12	2.45	2.15	1.87	1.66
26	4.75	4.12	2.45	2.15	1.87	1.66
27	4.75	4.12	2.45	2.15	1.87	1.66
28	4.75	4.12	2.45	2.15	1.87	1.66
29	4.81	4.17	2.48	2.18	1.90	1.69
30	4.92	4.26	2.53	2.23	1.94	1.72
31	5.05	4.38	2.60	2.29	1.99	1.77
32	5.25	4.54	2.70	2.38	2.07	1.84
33	5.49	4.75	2.83	2.49	2.17	1.92
34	5.76	4.99	2.97	2.61	2.28	2.02
35	6.07	5.26	3.13	2.75	2.40	2.13
36	6.43	5.56	3.31	2.91	2.53	2.26
37	6.78	5.87	3.49	3.07	2.67	2.38
38	7.21	6.24	3.71	3.27	2.84	2.52
39	7.68	6.65	3.96	3.48	3.03	2.69
40	8.17	7.07	4.21	3.70	3.22	2.86
41	8.71	7.54	4.48	3.95	3.44	3.05
42	9.29	8.04	4.78	4.22	3.66	3.26
43	9.94	8.60	5.12	4.50	3.92	3.48
44	10.62	9.20	5.47	4.82	4.19	3.72
45	11.38	9.85	5.87	5.16	4.48	3.99
46	12.22	10.57	6.30	5.53	4.82	4.28
47	13.13	11.37	6.76	5.95	5.18	4.60
48	14.10	12.21	7.27	6.40	5.56	4.94
49	15.14	13.12	7.80	6.87	5.97	5.31
50	17.00	14.72	8.76	7.71	6.70	5.96
51	19.15	16.58	9.87	8.69	7.54	6.71
52	21.73	18.82	11.20	9.85	8.56	7.61
53	24.12	20.88	12.42	10.93	9.51	8.45
54	26.55	23.00	13.69	12.05	10.47	9.31
55	28.60	24.77	14.74	12.98	11.28	10.03
56	30.82	26.68	15.88	13.98	12.16	10.80
57	33.17	28.72	17.10	15.05	13.08	11.62
58	35.59	30.82	18.34	16.15	14.04	12.47
59	37.52	32.49	19.34	17.02	14.80	13.16
60	39.54	34.24	20.38	17.93	15.59	13.86
61	39.54	34.24	20.38	17.93	15.59	13.86
62	39.54	34.24	20.38	17.93	15.59	13.86
63	39.54	34.24	20.38	17.93	15.59	13.86
64	39.54	34.24	20.38	17.93	15.59	13.86

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with Residual Rider Attached

Occupation Classes 6 and 6M — Unisex Select To Age 65

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	7.13	6.18	3.67	3.24	2.81	2.50
19	7.13	6.18	3.67	3.24	2.81	2.50
20	7.13	6.18	3.67	3.24	2.81	2.50
21	7.13	6.18	3.67	3.24	2.81	2.50
22	7.13	6.18	3.67	3.24	2.81	2.50
23	7.13	6.18	3.67	3.24	2.81	2.50
24	7.13	6.18	3.67	3.24	2.81	2.50
25	7.13	6.18	3.67	3.24	2.81	2.50
26	7.40	6.40	3.81	3.36	2.92	2.58
27	7.63	6.61	3.93	3.47	3.01	2.67
28	7.89	6.83	4.07	3.58	3.11	2.77
29	8.17	7.07	4.21	3.70	3.22	2.86
30	8.45	7.32	4.36	3.83	3.34	2.96
31	8.80	7.61	4.53	3.99	3.47	3.08
32	9.18	7.95	4.73	4.16	3.62	3.22
33	9.62	8.33	4.96	4.37	3.79	3.37
34	10.11	8.75	5.21	4.58	3.98	3.54
35	10.63	9.22	5.48	4.82	4.19	3.73
36	11.23	9.72	5.79	5.09	4.43	3.93
37	11.88	10.29	6.13	5.39	4.68	4.16
38	12.59	10.90	6.49	5.71	4.97	4.42
39	13.36	11.56	6.88	6.05	5.27	4.67
40	14.17	12.28	7.31	6.43	5.59	4.97
41	15.05	13.04	7.76	6.83	5.94	5.28
42	16.00	13.85	8.25	7.26	6.31	5.60
43	17.00	14.72	8.76	7.71	6.70	5.96
44	18.06	15.63	9.31	8.19	7.12	6.33
45	19.17	16.59	9.88	8.69	7.55	6.72
46	20.33	17.60	10.48	9.22	8.02	7.13
47	21.54	18.66	11.11	9.78	8.49	7.55
48	22.77	19.72	11.74	10.34	8.98	7.99
49	24.04	20.81	12.38	10.90	9.47	8.42
50	25.29	21.91	13.04	11.47	9.97	8.87
51	26.32	22.80	13.57	11.94	10.38	9.23
52	27.37	23.70	14.11	12.42	10.79	9.59
53	28.40	24.60	14.64	12.88	11.20	9.96
54	29.45	25.50	15.18	13.36	11.61	10.33
55	30.48	26.39	15.71	13.83	12.02	10.68

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with Residual Rider Attached

Occupation Classes 3 and 3M — Unisex Select To Age 67

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	10.26	8.89	5.29	4.65	4.04	3.59
19	10.26	8.89	5.29	4.65	4.04	3.59
20	10.26	8.89	5.29	4.65	4.04	3.59
21	10.26	8.89	5.29	4.65	4.04	3.59
22	10.26	8.89	5.29	4.65	4.04	3.59
23	10.26	8.89	5.29	4.65	4.04	3.59
24	10.26	8.89	5.29	4.65	4.04	3.59
25	10.26	8.89	5.29	4.65	4.04	3.59
26	10.26	8.89	5.29	4.65	4.04	3.59
27	10.26	8.89	5.29	4.65	4.04	3.59
28	10.26	8.89	5.29	4.65	4.04	3.59
29	10.39	9.00	5.36	4.71	4.10	3.64
30	10.61	9.20	5.47	4.82	4.20	3.72
31	10.92	9.45	5.62	4.96	4.30	3.83
32	11.36	9.83	5.85	5.16	4.48	3.98
33	11.89	10.30	6.13	5.40	4.69	4.16
34	12.48	10.81	6.44	5.65	4.92	4.38
35	13.16	11.40	6.78	5.98	5.19	4.62
36	13.90	12.05	7.17	6.32	5.48	4.88
37	14.73	12.76	7.59	6.68	5.81	5.17
38	15.67	13.57	8.08	7.11	6.18	5.48
39	16.68	14.45	8.60	7.56	6.57	5.85
40	17.81	15.41	9.18	8.08	7.03	6.24
41	19.01	16.46	9.80	8.63	7.50	6.66
42	20.32	17.59	10.47	9.23	8.02	7.12
43	21.77	18.84	11.22	9.88	8.58	7.62
44	23.34	20.22	12.03	10.58	9.21	8.19
45	25.08	21.73	12.93	11.38	9.89	8.80
46	27.00	23.38	13.92	12.25	10.64	9.46
47	29.11	25.21	15.00	13.21	11.48	10.20
48	31.37	27.17	16.18	14.24	12.38	10.99
49	33.86	29.33	17.45	15.36	13.36	11.88
50	38.33	33.19	19.76	17.38	15.11	13.43
51	43.48	37.66	22.41	19.73	17.16	15.25
52	49.72	43.06	25.63	22.55	19.60	17.42
53	55.70	48.22	28.71	25.26	21.96	19.51
54	61.92	53.64	31.93	28.10	24.42	21.71
55	67.53	58.47	34.81	30.63	26.62	23.66
56	73.97	64.06	38.13	33.56	29.17	25.94
57	81.40	70.48	41.96	36.93	32.10	28.52
58	86.19	74.65	44.43	39.10	33.99	30.21
59	91.00	78.80	46.92	41.28	35.89	31.90
60	96.13	83.24	49.55	43.60	37.90	33.69
61	96.13	83.24	49.55	43.60	37.90	33.69
62	96.13	83.24	49.55	43.60	37.90	33.69
63	96.13	83.24	49.55	43.60	37.90	33.69
64	96.13	83.24	49.55	43.60	37.90	33.69
65	96.13	83.24	49.55	43.60	37.90	33.69
66	96.13	83.24	49.55	43.60	37.90	33.69

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with Residual Rider Attached

Occupation Classes 3 and 3M — Unisex Select To Age 67

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	15.79	13.67	8.14	7.17	6.24	5.53
19	15.79	13.67	8.14	7.17	6.24	5.53
20	15.79	13.67	8.14	7.17	6.24	5.53
21	15.79	13.67	8.14	7.17	6.24	5.53
22	15.79	13.67	8.14	7.17	6.24	5.53
23	15.79	13.67	8.14	7.17	6.24	5.53
24	15.79	13.67	8.14	7.17	6.24	5.53
25	15.79	13.67	8.14	7.17	6.24	5.53
26	16.15	13.98	8.33	7.32	6.38	5.65
27	16.65	14.42	8.58	7.54	6.57	5.84
28	17.31	14.99	8.92	7.85	6.83	6.07
29	18.07	15.64	9.32	8.21	7.12	6.33
30	18.91	16.37	9.74	8.56	7.45	6.63
31	19.79	17.14	10.20	8.98	7.80	6.94
32	20.80	18.01	10.72	9.43	8.21	7.29
33	21.83	18.91	11.26	9.89	8.61	7.65
34	22.98	19.90	11.85	10.42	9.06	8.05
35	24.23	20.98	12.48	10.99	9.56	8.49
36	25.58	22.16	13.19	11.60	10.09	8.97
37	27.07	23.43	13.95	12.28	10.67	9.48
38	28.69	24.85	14.79	13.02	11.32	10.06
39	30.46	26.37	15.70	13.81	12.02	10.67
40	32.38	28.06	16.69	14.70	12.78	11.36
41	34.48	29.87	17.78	15.64	13.60	12.09
42	36.73	31.82	18.94	16.66	14.48	12.88
43	39.19	33.94	20.21	17.78	15.46	13.74
44	41.79	36.19	21.54	18.95	16.48	14.65
45	44.55	38.57	22.96	20.21	17.56	15.61
46	47.44	41.09	24.45	21.52	18.71	16.63
47	50.46	43.70	26.01	22.89	19.90	17.68
48	53.59	46.41	27.62	24.31	21.13	18.78
49	56.83	49.20	29.28	25.77	22.41	19.91
50	60.07	52.01	30.97	27.24	23.69	21.06
51	63.24	54.77	32.60	28.68	24.94	22.17
52	66.43	57.52	34.24	30.13	26.20	23.28
53	69.60	60.27	35.88	31.57	27.44	24.39
54	72.78	63.02	37.52	33.03	28.71	25.50
55	75.95	65.78	39.15	34.45	29.96	26.62

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with Residual Rider Attached

Occupation Classes 4 and 4M — Unisex Select To Age 67

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	8.46	7.33	4.37	3.83	3.34	2.97
19	8.46	7.33	4.37	3.83	3.34	2.97
20	8.46	7.33	4.37	3.83	3.34	2.97
21	8.46	7.33	4.37	3.83	3.34	2.97
22	8.46	7.33	4.37	3.83	3.34	2.97
23	8.46	7.33	4.37	3.83	3.34	2.97
24	8.46	7.33	4.37	3.83	3.34	2.97
25	8.46	7.33	4.37	3.83	3.34	2.97
26	8.46	7.33	4.37	3.83	3.34	2.97
27	8.46	7.33	4.37	3.83	3.34	2.97
28	8.46	7.33	4.37	3.83	3.34	2.97
29	8.56	7.42	4.42	3.88	3.39	3.01
30	8.75	7.58	4.51	3.97	3.46	3.07
31	9.00	7.79	4.64	4.09	3.54	3.16
32	9.37	8.11	4.83	4.25	3.69	3.28
33	9.81	8.48	5.06	4.46	3.87	3.44
34	10.30	8.91	5.31	4.66	4.06	3.60
35	10.85	9.41	5.59	4.93	4.28	3.81
36	11.46	9.93	5.91	5.21	4.52	4.02
37	12.15	10.52	6.26	5.50	4.79	4.27
38	12.93	11.19	6.66	5.86	5.09	4.52
39	13.75	11.92	7.09	6.24	5.42	4.83
40	14.68	12.71	7.57	6.66	5.79	5.14
41	15.68	13.58	8.09	7.12	6.19	5.49
42	16.76	14.51	8.63	7.60	6.61	5.87
43	17.96	15.54	9.26	8.15	7.08	6.29
44	19.25	16.67	9.92	8.72	7.59	6.75
45	20.68	17.92	10.66	9.38	8.16	7.26
46	22.27	19.29	11.48	10.10	8.77	7.81
47	24.00	20.78	12.38	10.89	9.46	8.42
48	25.88	22.40	13.34	11.74	10.21	9.07
49	27.93	24.19	14.39	12.67	11.02	9.79
50	31.61	27.37	16.30	14.34	12.46	11.08
51	35.86	31.06	18.48	16.27	14.15	12.57
52	41.00	35.50	21.14	18.59	16.17	14.37
53	45.93	39.77	23.67	20.83	18.11	16.10
54	51.07	44.23	26.32	23.18	20.15	17.90
55	55.69	48.21	28.70	25.25	21.95	19.51
56	61.00	52.84	31.44	27.67	24.06	21.38
57	67.13	58.12	34.60	30.45	26.46	23.52
58	71.07	61.56	36.64	32.23	28.03	24.92
59	75.05	64.99	38.69	34.05	29.60	26.30
60	79.27	68.65	40.87	35.96	31.25	27.79
61	79.27	68.65	40.87	35.96	31.25	27.79
62	79.27	68.65	40.87	35.96	31.25	27.79
63	79.27	68.65	40.87	35.96	31.25	27.79
64	79.27	68.65	40.87	35.96	31.25	27.79
65	79.27	68.65	40.87	35.96	31.25	27.79
66	79.27	68.65	40.87	35.96	31.25	27.79

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with Residual Rider Attached

Occupation Classes 4 and 4M | Unisex Select To Age 67

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	13.03	11.28	6.71	5.91	5.14	4.56
19	13.03	11.28	6.71	5.91	5.14	4.56
20	13.03	11.28	6.71	5.91	5.14	4.56
21	13.03	11.28	6.71	5.91	5.14	4.56
22	13.03	11.28	6.71	5.91	5.14	4.56
23	13.03	11.28	6.71	5.91	5.14	4.56
24	13.03	11.28	6.71	5.91	5.14	4.56
25	13.03	11.28	6.71	5.91	5.14	4.56
26	13.32	11.53	6.86	6.04	5.26	4.66
27	13.73	11.89	7.08	6.23	5.42	4.81
28	14.27	12.36	7.36	6.47	5.63	5.00
29	14.90	12.90	7.68	6.76	5.87	5.22
30	15.59	13.50	8.04	7.07	6.15	5.46
31	16.32	14.13	8.42	7.41	6.44	5.72
32	17.15	14.85	8.84	7.78	6.76	6.01
33	18.01	15.59	9.28	8.16	7.11	6.32
34	18.95	16.40	9.77	8.60	7.46	6.64
35	19.98	17.31	10.30	9.07	7.88	7.00
36	21.10	18.27	10.88	9.56	8.33	7.40
37	22.31	19.32	11.50	10.12	8.80	7.82
38	23.66	20.49	12.20	10.74	9.33	8.30
39	25.12	21.75	12.95	11.39	9.91	8.80
40	26.70	23.14	13.77	12.12	10.53	9.37
41	28.44	24.63	14.66	12.90	11.22	9.97
42	30.28	26.24	15.61	13.74	11.95	10.62
43	32.32	27.99	16.66	14.66	12.75	11.33
44	34.46	29.85	17.77	15.63	13.59	12.08
45	36.74	31.81	18.94	16.66	14.48	12.87
46	39.12	33.89	20.17	17.75	15.42	13.72
47	41.62	36.04	21.45	18.87	16.40	14.58
48	44.19	38.27	22.78	20.06	17.42	15.49
49	46.86	40.57	24.16	21.25	18.48	16.42
50	49.54	42.90	25.53	22.46	19.54	17.36
51	52.15	45.16	26.88	23.65	20.57	18.29
52	54.78	47.44	28.23	24.85	21.60	19.20
53	57.40	49.70	29.58	26.04	22.63	20.12
54	60.02	51.98	30.94	27.23	23.67	21.04
55	62.64	54.24	32.28	28.41	24.71	21.95

$30 Policy Fee

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with Residual Rider Attached

Occupation Classes 5 and 5M — Unisex Select To Age 67

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	6.66	5.77	3.44	3.02	2.62	2.34
19	6.66	5.77	3.44	3.02	2.62	2.34
20	6.66	5.77	3.44	3.02	2.62	2.34
21	6.66	5.77	3.44	3.02	2.62	2.34
22	6.66	5.77	3.44	3.02	2.62	2.34
23	6.66	5.77	3.44	3.02	2.62	2.34
24	6.66	5.77	3.44	3.02	2.62	2.34
25	6.66	5.77	3.44	3.02	2.62	2.34
26	6.66	5.77	3.44	3.02	2.62	2.34
27	6.66	5.77	3.44	3.02	2.62	2.34
28	6.66	5.77	3.44	3.02	2.62	2.34
29	6.74	5.84	3.47	3.06	2.66	2.37
30	6.89	5.97	3.55	3.13	2.72	2.42
31	7.09	6.14	3.65	3.22	2.79	2.48
32	7.38	6.39	3.80	3.35	2.91	2.58
33	7.72	6.68	3.98	3.50	3.05	2.70
34	8.11	7.02	4.18	3.67	3.20	2.84
35	8.54	7.41	4.41	3.88	3.37	3.00
36	9.03	7.82	4.65	4.10	3.56	3.17
37	9.56	8.29	4.93	4.34	3.77	3.36
38	10.18	8.81	5.25	4.61	4.01	3.56
39	10.83	9.39	5.58	4.91	4.27	3.80
40	11.56	10.01	5.96	5.25	4.56	4.05
41	12.35	10.69	6.37	5.60	4.87	4.33
42	13.20	11.42	6.80	5.99	5.21	4.62
43	14.14	12.24	7.29	6.42	5.57	4.95
44	15.16	13.13	7.81	6.87	5.98	5.32
45	16.29	14.11	8.40	7.39	6.43	5.71
46	17.53	15.19	9.04	7.95	6.91	6.15
47	18.90	16.36	9.74	8.57	7.45	6.62
48	20.37	17.64	10.50	9.25	8.04	7.14
49	21.99	19.05	11.34	9.98	8.67	7.71
50	24.89	21.55	12.83	11.29	9.81	8.72
51	28.23	24.45	14.55	12.81	11.14	9.90
52	32.28	27.96	16.64	14.64	12.73	11.32
53	36.16	31.31	18.64	16.40	14.26	12.67
54	40.21	34.83	20.73	18.25	15.86	14.10
55	43.85	37.97	22.60	19.89	17.29	15.36
56	48.03	41.60	24.76	21.79	18.94	16.84
57	52.86	45.77	27.24	23.98	20.84	18.52
58	55.96	48.47	28.85	25.38	22.07	19.62
59	59.09	51.17	30.46	26.81	23.30	20.71
60	62.42	54.05	32.18	28.31	24.61	21.88
61	62.42	54.05	32.18	28.31	24.61	21.88
62	62.42	54.05	32.18	28.31	24.61	21.88
63	62.42	54.05	32.18	28.31	24.61	21.88
64	62.42	54.05	32.18	28.31	24.61	21.88
65	62.42	54.05	32.18	28.31	24.61	21.88
66	62.42	54.05	32.18	28.31	24.61	21.88

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with Residual Rider Attached

Occupation Classes 5 and 5M — Unisex Select To Age 67

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	10.26	8.88	5.29	4.65	4.05	3.59
19	10.26	8.88	5.29	4.65	4.05	3.59
20	10.26	8.88	5.29	4.65	4.05	3.59
21	10.26	8.88	5.29	4.65	4.05	3.59
22	10.26	8.88	5.29	4.65	4.05	3.59
23	10.26	8.88	5.29	4.65	4.05	3.59
24	10.26	8.88	5.29	4.65	4.05	3.59
25	10.26	8.88	5.29	4.65	4.05	3.59
26	10.48	9.08	5.41	4.75	4.14	3.67
27	10.81	9.37	5.57	4.90	4.27	3.79
28	11.24	9.73	5.79	5.10	4.44	3.94
29	11.73	10.16	6.05	5.33	4.62	4.11
30	12.28	10.63	6.33	5.56	4.84	4.31
31	12.85	11.13	6.62	5.83	5.07	4.50
32	13.50	11.69	6.96	6.13	5.33	4.73
33	14.18	12.28	7.31	6.43	5.59	4.97
34	14.92	12.92	7.69	6.77	5.88	5.23
35	15.73	13.62	8.11	7.14	6.21	5.51
36	16.61	14.38	8.56	7.53	6.55	5.82
37	17.57	15.22	9.06	7.97	6.93	6.16
38	18.63	16.14	9.60	8.45	7.35	6.53
39	19.78	17.13	10.20	8.97	7.80	6.93
40	21.03	18.22	10.84	9.54	8.30	7.38
41	22.39	19.39	11.54	10.16	8.83	7.85
42	23.85	20.66	12.30	10.82	9.41	8.37
43	25.45	22.04	13.12	11.54	10.04	8.92
44	27.14	23.50	13.99	12.31	10.70	9.51
45	28.93	25.05	14.91	13.12	11.40	10.14
46	30.81	26.68	15.88	13.98	12.15	10.80
47	32.77	28.37	16.89	14.86	12.92	11.48
48	34.80	30.14	17.94	15.79	13.72	12.20
49	36.90	31.95	19.02	16.73	14.55	12.93
50	39.01	33.78	20.11	17.69	15.38	13.67
51	41.07	35.56	21.17	18.62	16.20	14.39
52	43.13	37.35	22.24	19.56	17.01	15.12
53	45.19	39.13	23.29	20.50	17.82	15.84
54	47.26	40.93	24.36	21.44	18.64	16.56
55	49.32	42.71	25.42	22.37	19.45	17.29

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with Residual Rider Attached

Occupation Classes 6 and 6M — Unisex Select To Age 67

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	5.27	4.56	2.71	2.39	2.07	1.84
19	5.27	4.56	2.71	2.39	2.07	1.84
20	5.27	4.56	2.71	2.39	2.07	1.84
21	5.27	4.56	2.71	2.39	2.07	1.84
22	5.27	4.56	2.71	2.39	2.07	1.84
23	5.27	4.56	2.71	2.39	2.07	1.84
24	5.27	4.56	2.71	2.39	2.07	1.84
25	5.27	4.56	2.71	2.39	2.07	1.84
26	5.27	4.56	2.71	2.39	2.07	1.84
27	5.27	4.56	2.71	2.39	2.07	1.84
28	5.27	4.56	2.71	2.39	2.07	1.84
29	5.33	4.61	2.74	2.42	2.11	1.87
30	5.45	4.71	2.81	2.48	2.15	1.91
31	5.60	4.85	2.89	2.54	2.21	1.96
32	5.83	5.05	3.00	2.64	2.30	2.04
33	6.10	5.28	3.15	2.77	2.41	2.14
34	6.41	5.54	3.30	2.90	2.52	2.25
35	6.75	5.85	3.48	3.07	2.66	2.37
36	7.13	6.18	3.67	3.24	2.81	2.50
37	7.55	6.54	3.89	3.43	2.98	2.65
38	8.04	6.96	4.15	3.64	3.17	2.81
39	8.55	7.42	4.42	3.88	3.37	3.00
40	9.14	7.91	4.71	4.15	3.60	3.20
41	9.75	8.44	5.03	4.43	3.85	3.42
42	10.42	9.03	5.38	4.73	4.12	3.65
43	11.17	9.66	5.75	5.07	4.41	3.91
44	11.97	10.38	6.17	5.43	4.72	4.20
45	12.87	11.15	6.63	5.83	5.08	4.51
46	13.85	12.00	7.14	6.28	5.45	4.86
47	14.93	12.93	7.69	6.77	5.89	5.24
48	16.10	13.94	8.30	7.31	6.35	5.64
49	17.37	15.05	8.96	7.88	6.85	6.09
50	19.66	17.03	10.14	8.92	7.75	6.89
51	22.30	19.31	11.49	10.12	8.80	7.82
52	25.50	22.09	13.15	11.56	10.06	8.94
53	28.57	24.74	14.73	12.96	11.27	10.01
54	31.77	27.51	16.37	14.41	12.53	11.14
55	34.64	30.00	17.86	15.71	13.65	12.14
56	37.95	32.87	19.56	17.22	14.96	13.31
57	41.76	36.15	21.52	18.94	16.46	14.63
58	44.21	38.29	22.79	20.06	17.43	15.50
59	46.69	40.43	24.07	21.18	18.41	16.36
60	49.31	42.70	25.42	22.36	19.44	17.29
61	49.31	42.70	25.42	22.36	19.44	17.29
62	49.31	42.70	25.42	22.36	19.44	17.29
63	49.31	42.70	25.42	22.36	19.44	17.29
64	49.31	42.70	25.42	22.36	19.44	17.29
65	49.31	42.70	25.42	22.36	19.44	17.29
66	49.31	42.70	25.42	22.36	19.44	17.29

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with Residual Rider Attached

Occupation Classes 6 and 6M — Unisex Select To Age 67

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	8.10	7.02	4.18	3.67	3.20	2.84
19	8.10	7.02	4.18	3.67	3.20	2.84
20	8.10	7.02	4.18	3.67	3.20	2.84
21	8.10	7.02	4.18	3.67	3.20	2.84
22	8.10	7.02	4.18	3.67	3.20	2.84
23	8.10	7.02	4.18	3.67	3.20	2.84
24	8.10	7.02	4.18	3.67	3.20	2.84
25	8.10	7.02	4.18	3.67	3.20	2.84
26	8.29	7.17	4.27	3.75	3.27	2.90
27	8.54	7.40	4.41	3.87	3.37	3.00
28	8.88	7.69	4.57	4.03	3.50	3.11
29	9.27	8.03	4.78	4.21	3.65	3.25
30	9.70	8.40	5.00	4.40	3.82	3.41
31	10.15	8.79	5.24	4.60	4.00	3.55
32	10.67	9.24	5.49	4.84	4.21	3.74
33	11.20	9.70	5.77	5.08	4.42	3.93
34	11.79	10.21	6.08	5.35	4.64	4.13
35	12.42	10.76	6.41	5.64	4.90	4.36
36	13.13	11.37	6.76	5.95	5.18	4.60
37	13.88	12.02	7.16	6.30	5.47	4.86
38	14.72	12.75	7.58	6.68	5.80	5.16
39	15.62	13.53	8.06	7.09	6.17	5.47
40	16.61	14.39	8.56	7.54	6.55	5.83
41	17.69	15.33	9.12	8.03	6.98	6.20
42	18.84	16.33	9.71	8.54	7.43	6.61
43	20.11	17.41	10.37	9.12	7.93	7.05
44	21.43	18.56	11.05	9.72	8.45	7.51
45	22.85	19.79	11.78	10.37	9.01	8.01
46	24.33	21.08	12.54	11.04	9.59	8.53
47	25.89	22.41	13.35	11.74	10.21	9.07
48	27.49	23.81	14.17	12.47	10.84	9.63
49	29.15	25.24	15.03	13.22	11.49	10.22
50	30.82	26.68	15.88	13.98	12.16	10.80
51	32.44	28.10	16.72	14.71	12.79	11.38
52	34.08	29.51	17.56	15.45	13.43	11.94
53	35.70	30.92	18.40	16.20	14.08	12.51
54	37.33	32.33	19.25	16.94	14.73	13.09
55	38.97	33.74	20.09	17.67	15.36	13.65

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with Residual and 3% COLA Riders Attached

Occupation Classes 3 and 3M | Unisex Select To Age 65

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	21.18	18.34	10.92	9.60	8.36	7.43
19	21.18	18.34	10.92	9.60	8.36	7.43
20	21.18	18.34	10.92	9.60	8.36	7.43
21	21.18	18.34	10.92	9.60	8.36	7.43
22	21.18	18.34	10.92	9.60	8.36	7.43
23	21.18	18.34	10.92	9.60	8.36	7.43
24	21.18	18.34	10.92	9.60	8.36	7.43
25	21.18	18.34	10.92	9.60	8.36	7.43
26	21.18	18.34	10.92	9.60	8.36	7.43
27	21.18	18.34	10.92	9.60	8.36	7.43
28	21.18	18.34	10.92	9.60	8.36	7.43
29	21.45	18.57	11.06	9.73	8.46	7.51
30	21.83	18.91	11.26	9.89	8.61	7.65
31	22.39	19.39	11.54	10.16	8.83	7.85
32	23.19	20.08	11.95	10.52	9.15	8.13
33	24.17	20.93	12.45	10.96	9.53	8.47
34	25.24	21.85	13.01	11.45	9.96	8.84
35	26.43	22.90	13.63	12.00	10.42	9.27
36	27.81	24.08	14.34	12.61	10.96	9.74
37	29.31	25.38	15.11	13.30	11.55	10.28
38	30.91	26.77	15.93	14.03	12.18	10.84
39	32.66	28.28	16.83	14.82	12.88	11.45
40	34.61	29.98	17.84	15.70	13.64	12.14
41	36.68	31.76	18.91	16.63	14.46	12.85
42	38.83	33.63	20.02	17.61	15.31	13.61
43	41.19	35.68	21.24	18.69	16.26	14.43
44	43.74	37.89	22.55	19.85	17.25	15.34
45	46.53	40.29	23.98	21.10	18.34	16.32
46	49.52	42.87	25.52	22.45	19.53	17.35
47	52.77	45.69	27.20	23.94	20.81	18.49
48	56.13	48.62	28.94	25.46	22.14	19.68
49	59.75	51.75	30.80	27.11	23.55	20.95
50	66.46	57.56	34.25	30.15	26.21	23.29
51	73.06	63.27	37.66	33.15	28.82	25.61
52	81.28	70.39	41.90	36.87	32.05	28.49
53	88.91	76.99	45.83	40.32	35.07	31.17
54	91.54	79.28	47.18	41.53	36.11	32.10
55	93.96	81.37	48.44	42.63	37.05	32.93
56	96.39	83.48	49.69	43.73	38.01	33.79
57	99.02	85.76	51.04	44.92	39.05	34.72
58	101.50	87.91	52.32	46.04	40.03	35.58
59	104.09	90.13	53.65	47.21	41.05	36.48
60	106.69	92.39	54.99	48.39	42.07	37.40
61	106.69	92.39	54.99	48.39	42.07	37.40
62	106.69	92.39	54.99	48.39	42.07	37.40
63	106.69	92.39	54.99	48.39	42.07	37.40
64	106.69	92.39	54.99	48.39	42.07	37.40

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with Residual and 3% COLA Riders Attached

Occupation Classes 3 and 3M | Unisex Select To Age 65

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	28.89	25.02	14.90	13.11	11.39	10.13
19	28.89	25.02	14.90	13.11	11.39	10.13
20	28.89	25.02	14.90	13.11	11.39	10.13
21	28.89	25.02	14.90	13.11	11.39	10.13
22	28.89	25.02	14.90	13.11	11.39	10.13
23	28.89	25.02	14.90	13.11	11.39	10.13
24	28.89	25.02	14.90	13.11	11.39	10.13
25	28.89	25.02	14.90	13.11	11.39	10.13
26	29.96	25.95	15.44	13.58	11.82	10.50
27	30.67	26.56	15.81	13.92	12.09	10.75
28	31.27	27.08	16.12	14.18	12.34	10.96
29	31.85	27.58	16.42	14.45	12.56	11.16
30	32.53	28.18	16.77	14.76	12.84	11.40
31	33.42	28.94	17.23	15.16	13.18	11.71
32	34.52	29.90	17.79	15.66	13.61	12.11
33	35.85	31.04	18.47	16.27	14.14	12.56
34	37.38	32.38	19.28	16.95	14.74	13.11
35	39.13	33.89	20.17	17.75	15.42	13.72
36	41.09	35.58	21.18	18.63	16.21	14.40
37	43.17	37.40	22.26	19.59	17.03	15.14
38	45.43	39.33	23.41	20.61	17.92	15.92
39	47.83	41.42	24.65	21.69	18.86	16.77
40	50.37	43.62	25.97	22.85	19.87	17.65
41	52.99	45.91	27.32	24.05	20.90	18.58
42	55.79	48.30	28.75	25.30	22.00	19.54
43	58.65	50.79	30.23	26.60	23.13	20.55
44	61.70	53.42	31.80	27.99	24.33	21.62
45	64.85	56.16	33.43	29.42	25.58	22.73
46	68.18	59.03	35.15	30.92	26.88	23.89
47	71.61	62.00	36.91	32.47	28.23	25.10
48	75.16	65.08	38.74	34.09	29.64	26.34
49	78.76	68.21	40.60	35.72	31.06	27.61
50	82.38	71.34	42.46	37.37	32.49	28.88
51	84.76	73.41	43.70	38.45	33.42	29.71
52	87.16	75.49	44.93	39.53	34.36	30.55
53	89.53	77.53	46.15	40.62	35.31	31.37
54	91.93	79.60	47.38	41.70	36.25	32.21
55	94.33	81.68	48.62	42.78	37.20	33.07

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with Residual and 3% COLA Riders Attached

Occupation Classes 4 and 4M | Unisex Select To Age 65

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	17.46	15.13	9.00	7.92	6.89	6.12
19	17.46	15.13	9.00	7.92	6.89	6.12
20	17.46	15.13	9.00	7.92	6.89	6.12
21	17.46	15.13	9.00	7.92	6.89	6.12
22	17.46	15.13	9.00	7.92	6.89	6.12
23	17.46	15.13	9.00	7.92	6.89	6.12
24	17.46	15.13	9.00	7.92	6.89	6.12
25	17.46	15.13	9.00	7.92	6.89	6.12
26	17.46	15.13	9.00	7.92	6.89	6.12
27	17.46	15.13	9.00	7.92	6.89	6.12
28	17.46	15.13	9.00	7.92	6.89	6.12
29	17.69	15.32	9.12	8.02	6.98	6.20
30	18.01	15.59	9.28	8.16	7.11	6.32
31	18.47	15.99	9.51	8.38	7.28	6.47
32	19.13	16.56	9.86	8.67	7.54	6.70
33	19.93	17.27	10.28	9.04	7.86	6.99
34	20.81	18.02	10.72	9.44	8.21	7.30
35	21.80	18.89	11.24	9.89	8.60	7.64
36	22.93	19.85	11.82	10.40	9.04	8.04
37	24.18	20.94	12.46	10.96	9.53	8.47
38	25.48	22.08	13.14	11.56	10.05	8.94
39	26.93	23.32	13.88	12.22	10.62	9.44
40	28.54	24.72	14.71	12.95	11.26	10.01
41	30.25	26.19	15.59	13.72	11.93	10.60
42	32.03	27.74	16.51	14.52	12.62	11.23
43	33.98	29.42	17.51	15.41	13.40	11.91
44	36.08	31.24	18.59	16.37	14.22	12.65
45	38.37	33.23	19.78	17.40	15.13	13.45
46	40.84	35.35	21.05	18.52	16.11	14.31
47	43.51	37.68	22.43	19.74	17.17	15.26
48	46.29	40.10	23.86	21.00	18.26	16.24
49	49.27	42.67	25.39	22.35	19.42	17.28
50	54.81	47.46	28.25	24.86	21.61	19.22
51	60.25	52.18	31.06	27.33	23.76	21.13
52	67.02	58.05	34.55	30.40	26.43	23.50
53	73.33	63.50	37.80	33.25	28.92	25.70
54	75.49	65.38	38.92	34.24	29.77	26.46
55	77.49	67.10	39.95	35.15	30.55	27.16
56	79.49	68.83	40.98	36.06	31.34	27.86
57	81.67	70.73	42.09	37.04	32.19	28.63
58	83.71	72.50	43.15	37.97	33.01	29.34
59	85.83	74.33	44.24	38.94	33.85	30.09
60	87.98	76.19	45.35	39.91	34.69	30.84
61	87.98	76.19	45.35	39.91	34.69	30.84
62	87.98	76.19	45.35	39.91	34.69	30.84
63	87.98	76.19	45.35	39.91	34.69	30.84
64	87.98	76.19	45.35	39.91	34.69	30.84

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with Residual and 3% COLA Riders Attached

Occupation Classes 4 and 4M | Unisex Select To Age 65

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	23.83	20.63	12.29	10.81	9.40	8.35
19	23.83	20.63	12.29	10.81	9.40	8.35
20	23.83	20.63	12.29	10.81	9.40	8.35
21	23.83	20.63	12.29	10.81	9.40	8.35
22	23.83	20.63	12.29	10.81	9.40	8.35
23	23.83	20.63	12.29	10.81	9.40	8.35
24	23.83	20.63	12.29	10.81	9.40	8.35
25	23.83	20.63	12.29	10.81	9.40	8.35
26	24.71	21.40	12.74	11.21	9.74	8.66
27	25.29	21.90	13.04	11.48	9.97	8.86
28	25.79	22.33	13.29	11.69	10.17	9.04
29	26.26	22.74	13.54	11.92	10.36	9.21
30	26.83	23.24	13.83	12.17	10.58	9.41
31	27.56	23.86	14.21	12.49	10.86	9.65
32	28.46	24.65	14.67	12.91	11.23	9.98
33	29.56	25.60	15.24	13.41	11.65	10.36
34	30.83	26.70	15.89	13.98	12.16	10.81
35	32.27	27.95	16.63	14.63	12.72	11.32
36	33.89	29.34	17.46	15.36	13.37	11.88
37	35.61	30.84	18.35	16.16	14.05	12.48
38	37.47	32.44	19.31	17.00	14.77	13.13
39	39.44	34.16	20.33	17.89	15.55	13.83
40	41.54	35.97	21.41	18.85	16.38	14.56
41	43.71	37.86	22.53	19.83	17.24	15.33
42	46.01	39.83	23.71	20.87	18.15	16.12
43	48.37	41.88	24.93	21.94	19.08	16.95
44	50.89	44.06	26.23	23.09	20.07	17.83
45	53.49	46.32	27.57	24.26	21.10	18.75
46	56.22	48.68	28.98	25.50	22.17	19.70
47	59.05	51.13	30.44	26.78	23.28	20.69
48	61.98	53.68	31.95	28.12	24.44	21.73
49	64.95	56.25	33.48	29.46	25.61	22.77
50	67.93	58.83	35.02	30.82	26.79	23.81
51	69.90	60.54	36.04	31.71	27.56	24.50
52	71.88	62.25	37.06	32.60	28.34	25.20
53	73.82	63.93	38.06	33.49	29.12	25.88
54	75.81	65.65	39.08	34.38	29.90	26.57
55	77.78	67.37	40.10	35.28	30.68	27.27

$30 Policy Fee

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with Residual and 3% COLA Riders Attached

Occupation Classes 5 and 5M | Unisex Select To Age 65

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	13.75	11.91	7.09	6.24	5.43	4.82
19	13.75	11.91	7.09	6.24	5.43	4.82
20	13.75	11.91	7.09	6.24	5.43	4.82
21	13.75	11.91	7.09	6.24	5.43	4.82
22	13.75	11.91	7.09	6.24	5.43	4.82
23	13.75	11.91	7.09	6.24	5.43	4.82
24	13.75	11.91	7.09	6.24	5.43	4.82
25	13.75	11.91	7.09	6.24	5.43	4.82
26	13.75	11.91	7.09	6.24	5.43	4.82
27	13.75	11.91	7.09	6.24	5.43	4.82
28	13.75	11.91	7.09	6.24	5.43	4.82
29	13.93	12.06	7.18	6.32	5.49	4.88
30	14.18	12.28	7.31	6.43	5.59	4.97
31	14.54	12.59	7.49	6.59	5.73	5.10
32	15.06	13.04	7.76	6.83	5.94	5.28
33	15.69	13.59	8.09	7.12	6.19	5.50
34	16.38	14.19	8.44	7.43	6.46	5.74
35	17.17	14.87	8.85	7.79	6.77	6.02
36	18.06	15.63	9.31	8.19	7.12	6.33
37	19.04	16.48	9.81	8.63	7.50	6.67
38	20.07	17.38	10.35	9.11	7.91	7.04
39	21.21	18.36	10.93	9.62	8.37	7.43
40	22.47	19.46	11.58	10.20	8.86	7.88
41	23.82	20.62	12.28	10.80	9.40	8.35
42	25.22	21.84	13.00	11.43	9.94	8.84
43	26.75	23.17	13.79	12.14	10.55	9.38
44	28.40	24.60	14.64	12.89	11.20	9.96
45	30.21	26.17	15.57	13.70	11.91	10.59
46	32.16	27.84	16.57	14.58	12.68	11.27
47	34.26	29.67	17.66	15.54	13.51	12.01
48	36.45	31.57	18.79	16.53	14.37	12.78
49	38.80	33.60	20.00	17.60	15.30	13.60
50	43.15	37.37	22.25	19.57	17.02	15.13
51	47.44	41.09	24.45	21.52	18.71	16.63
52	52.78	45.71	27.21	23.94	20.81	18.50
53	57.74	50.00	29.76	26.19	22.77	20.24
54	59.44	51.48	30.64	26.97	23.44	20.84
55	61.01	52.84	31.45	27.68	24.06	21.38
56	62.59	54.20	32.26	28.39	24.68	21.94
57	64.30	55.69	33.15	29.17	25.35	22.54
58	65.91	57.08	33.98	29.90	25.99	23.11
59	67.59	58.53	34.84	30.66	26.65	23.69
60	69.28	59.99	35.71	31.42	27.31	24.28
61	69.28	59.99	35.71	31.42	27.31	24.28
62	69.28	59.99	35.71	31.42	27.31	24.28
63	69.28	59.99	35.71	31.42	27.31	24.28
64	69.28	59.99	35.71	31.42	27.31	24.28

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with Residual and 3% COLA Riders Attached

Occupation Classes 5 and 5M — Unisex Select To Age 65

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	18.76	16.25	9.67	8.51	7.40	6.57
19	18.76	16.25	9.67	8.51	7.40	6.57
20	18.76	16.25	9.67	8.51	7.40	6.57
21	18.76	16.25	9.67	8.51	7.40	6.57
22	18.76	16.25	9.67	8.51	7.40	6.57
23	18.76	16.25	9.67	8.51	7.40	6.57
24	18.76	16.25	9.67	8.51	7.40	6.57
25	18.76	16.25	9.67	8.51	7.40	6.57
26	19.45	16.85	10.03	8.82	7.67	6.82
27	19.92	17.25	10.27	9.04	7.85	6.98
28	20.30	17.58	10.46	9.21	8.01	7.12
29	20.68	17.91	10.66	9.39	8.16	7.25
30	21.13	18.30	10.89	9.58	8.34	7.41
31	21.70	18.79	11.19	9.84	8.55	7.60
32	22.41	19.41	11.55	10.17	8.84	7.86
33	23.27	20.16	12.00	10.56	9.18	8.16
34	24.27	21.03	12.51	11.01	9.57	8.51
35	25.41	22.01	13.10	11.52	10.02	8.91
36	26.68	23.11	13.75	12.10	10.52	9.36
37	28.04	24.28	14.45	12.72	11.06	9.83
38	29.50	25.54	15.21	13.38	11.63	10.34
39	31.06	26.90	16.01	14.09	12.25	10.89
40	32.71	28.32	16.86	14.84	12.90	11.46
41	34.41	29.81	17.74	15.61	13.57	12.07
42	36.22	31.36	18.67	16.43	14.29	12.69
43	38.09	32.98	19.63	17.28	15.02	13.35
44	40.07	34.69	20.65	18.18	15.80	14.04
45	42.11	36.47	21.71	19.11	16.61	14.76
46	44.27	38.33	22.82	20.08	17.45	15.51
47	46.50	40.26	23.97	21.09	18.33	16.30
48	48.81	42.26	25.16	22.14	19.25	17.11
49	51.14	44.29	26.36	23.20	20.17	17.93
50	53.49	46.32	27.57	24.26	21.10	18.75
51	55.04	47.67	28.37	24.97	21.70	19.30
52	56.60	49.01	29.18	25.67	22.31	19.84
53	58.13	50.34	29.97	26.37	22.93	20.37
54	59.70	51.69	30.77	27.08	23.54	20.92
55	61.25	53.04	31.57	27.78	24.16	21.47

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with Residual and 3% COLA Riders Attached

Occupation Classes 6 and 6M | Unisex Select To Age 65

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	10.86	9.41	5.60	4.93	4.29	3.81
19	10.86	9.41	5.60	4.93	4.29	3.81
20	10.86	9.41	5.60	4.93	4.29	3.81
21	10.86	9.41	5.60	4.93	4.29	3.81
22	10.86	9.41	5.60	4.93	4.29	3.81
23	10.86	9.41	5.60	4.93	4.29	3.81
24	10.86	9.41	5.60	4.93	4.29	3.81
25	10.86	9.41	5.60	4.93	4.29	3.81
26	10.86	9.41	5.60	4.93	4.29	3.81
27	10.86	9.41	5.60	4.93	4.29	3.81
28	10.86	9.41	5.60	4.93	4.29	3.81
29	11.01	9.52	5.67	4.99	4.34	3.85
30	11.20	9.70	5.77	5.08	4.42	3.93
31	11.49	9.95	5.92	5.21	4.52	4.03
32	11.90	10.30	6.13	5.40	4.69	4.17
33	12.39	10.74	6.39	5.62	4.89	4.35
34	12.94	11.21	6.67	5.87	5.11	4.53
35	13.56	11.75	6.99	6.16	5.35	4.75
36	14.27	12.35	7.36	6.46	5.62	5.00
37	15.04	13.02	7.75	6.82	5.93	5.27
38	15.85	13.73	8.18	7.20	6.25	5.56
39	16.75	14.50	8.63	7.60	6.61	5.87
40	17.75	15.37	9.15	8.06	7.00	6.23
41	18.82	16.30	9.70	8.53	7.43	6.59
42	19.92	17.26	10.27	9.03	7.85	6.98
43	21.14	18.31	10.89	9.59	8.34	7.41
44	22.44	19.43	11.56	10.19	8.84	7.87
45	23.87	20.67	12.31	10.82	9.41	8.37
46	25.40	21.99	13.09	11.52	10.02	8.90
47	27.07	23.44	13.95	12.28	10.67	9.48
48	28.80	24.94	14.84	13.06	11.36	10.10
49	30.65	26.54	15.80	13.91	12.09	10.74
50	34.10	29.52	17.57	15.46	13.44	11.95
51	37.48	32.46	19.31	17.00	14.78	13.14
52	41.69	36.11	21.49	18.91	16.44	14.62
53	45.61	39.50	23.51	20.69	17.99	15.99
54	46.96	40.67	24.21	21.30	18.52	16.46
55	48.20	41.74	24.85	21.87	19.01	16.89
56	49.44	42.82	25.49	22.43	19.49	17.33
57	50.80	44.00	26.19	23.04	20.03	17.81
58	52.07	45.09	26.84	23.62	20.53	18.26
59	53.39	46.23	27.52	24.23	21.06	18.71
60	54.73	47.39	28.22	24.82	21.58	19.19
61	54.73	47.39	28.22	24.82	21.58	19.19
62	54.73	47.39	28.22	24.82	21.58	19.19
63	54.73	47.39	28.22	24.82	21.58	19.19
64	54.73	47.39	28.22	24.82	21.58	19.19

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with Residual and 3% COLA Riders Attached

Occupation Classes 6 and 6M — Unisex Select To Age 65

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	14.82	12.83	7.64	6.72	5.84	5.20
19	14.82	12.83	7.64	6.72	5.84	5.20
20	14.82	12.83	7.64	6.72	5.84	5.20
21	14.82	12.83	7.64	6.72	5.84	5.20
22	14.82	12.83	7.64	6.72	5.84	5.20
23	14.82	12.83	7.64	6.72	5.84	5.20
24	14.82	12.83	7.64	6.72	5.84	5.20
25	14.82	12.83	7.64	6.72	5.84	5.20
26	15.36	13.32	7.92	6.97	6.06	5.39
27	15.73	13.62	8.11	7.14	6.20	5.51
28	16.04	13.89	8.27	7.28	6.33	5.62
29	16.34	14.15	8.42	7.42	6.44	5.72
30	16.69	14.45	8.60	7.57	6.58	5.85
31	17.15	14.84	8.84	7.77	6.76	6.01
32	17.71	15.34	9.13	8.03	6.98	6.21
33	18.38	15.92	9.47	8.35	7.25	6.44
34	19.18	16.61	9.89	8.69	7.56	6.72
35	20.08	17.38	10.35	9.11	7.91	7.04
36	21.08	18.26	10.86	9.55	8.32	7.40
37	22.15	19.19	11.41	10.05	8.73	7.76
38	23.30	20.18	12.01	10.57	9.19	8.17
39	24.53	21.25	12.64	11.13	9.67	8.60
40	25.84	22.37	13.32	11.72	10.19	9.06
41	27.19	23.55	14.02	12.34	10.72	9.53
42	28.62	24.78	14.75	12.98	11.29	10.03
43	30.09	26.05	15.51	13.65	11.86	10.54
44	31.65	27.40	16.32	14.36	12.48	11.09
45	33.27	28.81	17.15	15.10	13.13	11.66
46	34.98	30.28	18.03	15.86	13.79	12.26
47	36.74	31.81	18.94	16.66	14.48	12.87
48	38.56	33.39	19.87	17.48	15.21	13.51
49	40.40	34.99	20.83	18.32	15.93	14.17
50	42.25	36.59	21.78	19.17	16.66	14.81
51	43.48	37.66	22.41	19.72	17.15	15.25
52	44.71	38.72	23.05	20.28	17.63	15.67
53	45.93	39.77	23.67	20.84	18.12	16.10
54	47.16	40.84	24.30	21.39	18.60	16.52
55	48.39	41.91	24.94	21.95	19.09	16.97

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with Residual and 3% COLA Riders Attached

Occupation Classes 3 and 3M | Unisex Select To Age 67

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	22.81	19.74	11.75	10.34	9.00	7.99
19	22.81	19.74	11.75	10.34	9.00	7.99
20	22.81	19.74	11.75	10.34	9.00	7.99
21	22.81	19.74	11.75	10.34	9.00	7.99
22	22.81	19.74	11.75	10.34	9.00	7.99
23	22.81	19.74	11.75	10.34	9.00	7.99
24	22.81	19.74	11.75	10.34	9.00	7.99
25	22.81	19.74	11.75	10.34	9.00	7.99
26	22.81	19.74	11.75	10.34	9.00	7.99
27	22.81	19.74	11.75	10.34	9.00	7.99
28	22.81	19.74	11.75	10.34	9.00	7.99
29	23.10	20.00	11.91	10.47	9.10	8.10
30	23.51	20.36	12.12	10.67	9.27	8.25
31	24.14	20.90	12.44	10.95	9.51	8.46
32	25.02	21.66	12.90	11.35	9.86	8.77
33	26.09	22.59	13.44	11.83	10.30	9.15
34	27.30	23.65	14.07	12.38	10.76	9.57
35	28.69	24.85	14.79	13.02	11.32	10.06
36	30.20	26.15	15.56	13.69	11.91	10.58
37	31.85	27.58	16.42	14.45	12.56	11.16
38	33.63	29.12	17.33	15.27	13.27	11.78
39	35.58	30.81	18.34	16.15	14.03	12.47
40	37.74	32.69	19.45	17.12	14.88	13.24
41	40.11	34.73	20.67	18.19	15.81	14.06
42	42.60	36.88	21.96	19.31	16.80	14.93
43	45.31	39.24	23.35	20.55	17.87	15.89
44	48.24	41.78	24.87	21.88	19.03	16.91
45	51.47	44.56	26.53	23.34	20.30	18.04
46	55.00	47.65	28.35	24.96	21.69	19.29
47	58.87	50.97	30.34	26.70	23.21	20.63
48	62.93	54.51	32.44	28.55	24.82	22.06
49	68.12	58.98	35.12	30.91	26.86	23.88
50	75.64	65.50	38.99	34.30	29.82	26.51
51	83.70	72.48	43.14	37.97	33.01	29.33
52	93.88	81.29	48.39	42.58	37.02	32.90
53	103.70	89.80	53.45	47.03	40.89	36.34
54	110.36	95.56	56.89	50.05	43.51	38.68
55	115.76	100.26	59.68	52.51	45.65	40.58
56	119.06	103.09	61.37	54.00	46.95	41.73
57	122.03	105.68	62.90	55.36	48.11	42.78
58	125.08	108.33	64.48	56.75	49.32	43.85
59	128.24	111.05	66.10	58.18	50.57	44.95
60	131.43	113.83	67.76	59.63	51.84	46.07
61	131.43	113.83	67.76	59.63	51.84	46.07
62	131.43	113.83	67.76	59.63	51.84	46.07
63	131.43	113.83	67.76	59.63	51.84	46.07
64	131.43	113.83	67.76	59.63	51.84	46.07
65	131.43	113.83	67.76	59.63	51.84	46.07
66	131.43	113.83	67.76	59.63	51.84	46.07

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with Residual and 3% COLA Riders Attached

Occupation Classes 3 and 3M | Unisex Select To Age 67

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	32.24	27.92	16.62	14.62	12.71	11.30
19	32.24	27.92	16.62	14.62	12.71	11.30
20	32.24	27.92	16.62	14.62	12.71	11.30
21	32.24	27.92	16.62	14.62	12.71	11.30
22	32.24	27.92	16.62	14.62	12.71	11.30
23	32.24	27.92	16.62	14.62	12.71	11.30
24	32.24	27.92	16.62	14.62	12.71	11.30
25	32.24	27.92	16.62	14.62	12.71	11.30
26	33.32	28.86	17.19	15.13	13.14	11.68
27	34.22	29.64	17.64	15.52	13.49	12.00
28	35.02	30.32	18.05	15.89	13.81	12.28
29	35.91	31.11	18.51	16.29	14.17	12.59
30	36.91	31.97	19.03	16.74	14.56	12.94
31	38.10	33.00	19.64	17.28	15.02	13.36
32	39.49	34.19	20.35	17.92	15.56	13.84
33	41.11	35.60	21.20	18.64	16.21	14.40
34	42.95	37.18	22.14	19.48	16.94	15.05
35	45.05	39.02	23.22	20.43	17.76	15.79
36	47.32	40.99	24.39	21.46	18.66	16.59
37	49.84	43.16	25.69	22.61	19.65	17.47
38	52.55	45.51	27.10	23.85	20.72	18.41
39	55.47	48.02	28.59	25.16	21.86	19.44
40	58.56	50.71	30.19	26.56	23.10	20.52
41	61.87	53.59	31.90	28.07	24.39	21.69
42	65.36	56.61	33.69	29.65	25.78	22.92
43	69.06	59.81	35.60	31.33	27.23	24.22
44	72.93	63.16	37.60	33.09	28.75	25.57
45	77.05	66.72	39.72	34.95	30.38	27.00
46	81.37	70.47	41.95	36.91	32.10	28.52
47	85.86	74.36	44.26	38.96	33.86	30.10
48	90.54	78.40	46.67	41.08	35.71	31.73
49	95.34	82.56	49.13	43.23	37.60	33.42
50	100.15	86.72	51.62	45.43	39.49	35.10
51	104.21	90.24	53.71	47.26	41.09	36.53
52	108.25	93.74	55.80	49.10	42.69	37.95
53	112.28	97.23	57.88	50.93	44.27	39.35
54	116.33	100.73	59.96	52.77	45.88	40.77
55	120.38	104.26	62.05	54.61	47.48	42.20

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with Residual and 3% COLA Riders Attached

Occupation Classes 4 and 4M | Unisex Select To Age 67

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	18.81	16.29	9.69	8.52	7.42	6.58
19	18.81	16.29	9.69	8.52	7.42	6.58
20	18.81	16.29	9.69	8.52	7.42	6.58
21	18.81	16.29	9.69	8.52	7.42	6.58
22	18.81	16.29	9.69	8.52	7.42	6.58
23	18.81	16.29	9.69	8.52	7.42	6.58
24	18.81	16.29	9.69	8.52	7.42	6.58
25	18.81	16.29	9.69	8.52	7.42	6.58
26	18.81	16.29	9.69	8.52	7.42	6.58
27	18.81	16.29	9.69	8.52	7.42	6.58
28	18.81	16.29	9.69	8.52	7.42	6.58
29	19.05	16.49	9.82	8.63	7.50	6.67
30	19.38	16.80	10.00	8.80	7.64	6.80
31	19.90	17.24	10.26	9.03	7.84	6.98
32	20.63	17.87	10.63	9.36	8.14	7.23
33	21.51	18.63	11.09	9.76	8.48	7.54
34	22.52	19.50	11.60	10.21	8.88	7.90
35	23.66	20.49	12.20	10.74	9.33	8.30
36	24.91	21.56	12.84	11.29	9.82	8.72
37	26.26	22.74	13.54	11.92	10.36	9.21
38	27.74	24.02	14.30	12.58	10.94	9.72
39	29.34	25.41	15.13	13.32	11.56	10.29
40	31.12	26.96	16.05	14.12	12.28	10.91
41	33.08	28.64	17.05	15.00	13.04	11.59
42	35.13	30.41	18.11	15.93	13.86	12.31
43	37.36	32.36	19.27	16.95	14.73	13.10
44	39.78	34.45	20.50	18.04	15.69	13.94
45	42.45	36.75	21.88	19.25	16.73	14.87
46	45.36	39.29	23.38	20.58	17.89	15.91
47	48.54	42.04	25.02	22.02	19.14	17.01
48	51.91	44.95	26.76	23.55	20.47	18.20
49	56.17	48.65	28.96	25.48	22.16	19.69
50	62.37	54.01	32.15	28.29	24.59	21.87
51	69.02	59.78	35.58	31.30	27.23	24.19
52	77.43	67.04	39.91	35.12	30.53	27.14
53	85.53	74.05	44.08	38.79	33.72	29.98
54	91.00	78.80	46.91	41.27	35.89	31.90
55	95.47	82.68	49.21	43.30	37.64	33.47
56	98.18	85.02	50.61	44.53	38.71	34.41
57	100.63	87.16	51.88	45.65	39.68	35.28
58	103.15	89.33	53.17	46.80	40.67	36.16
59	105.76	91.58	54.52	47.98	41.71	37.07
60	108.40	93.87	55.88	49.17	42.75	38.00
61	108.40	93.87	55.88	49.17	42.75	38.00
62	108.40	93.87	55.88	49.17	42.75	38.00
63	108.40	93.87	55.88	49.17	42.75	38.00
64	108.40	93.87	55.88	49.17	42.75	38.00
65	108.40	93.87	55.88	49.17	42.75	38.00
66	108.40	93.87	55.88	49.17	42.75	38.00

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with Residual and 3% COLA Riders Attached

Occupation Classes 4 and 4M | Unisex Select To Age 67

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	26.59	23.02	13.70	12.06	10.48	9.32
19	26.59	23.02	13.70	12.06	10.48	9.32
20	26.59	23.02	13.70	12.06	10.48	9.32
21	26.59	23.02	13.70	12.06	10.48	9.32
22	26.59	23.02	13.70	12.06	10.48	9.32
23	26.59	23.02	13.70	12.06	10.48	9.32
24	26.59	23.02	13.70	12.06	10.48	9.32
25	26.59	23.02	13.70	12.06	10.48	9.32
26	27.48	23.80	14.17	12.47	10.84	9.63
27	28.22	24.44	14.54	12.80	11.13	9.89
28	28.88	25.01	14.89	13.10	11.39	10.12
29	29.61	25.65	15.27	13.42	11.68	10.39
30	30.44	26.36	15.69	13.80	12.01	10.67
31	31.42	27.21	16.20	14.25	12.38	11.02
32	32.56	28.21	16.78	14.77	12.84	11.41
33	33.91	29.35	17.47	15.37	13.37	11.88
34	35.42	30.67	18.26	16.07	13.97	12.40
35	37.15	32.18	19.15	16.85	14.65	13.03
36	39.03	33.80	20.12	17.70	15.38	13.68
37	41.10	35.59	21.19	18.64	16.21	14.40
38	43.34	37.53	22.34	19.66	17.09	15.19
39	45.74	39.61	23.57	20.75	18.03	16.03
40	48.29	41.82	24.90	21.90	19.05	16.92
41	51.02	44.19	26.30	23.15	20.12	17.89
42	53.90	46.69	27.79	24.45	21.27	18.90
43	56.95	49.32	29.35	25.84	22.45	19.97
44	60.15	52.09	31.01	27.28	23.71	21.09
45	63.55	55.02	32.75	28.82	25.06	22.27
46	67.10	58.11	34.59	30.44	26.46	23.52
47	70.81	61.32	36.50	32.13	27.93	24.82
48	74.66	64.65	38.48	33.87	29.44	26.17
49	78.62	68.08	40.52	35.66	31.01	27.56
50	82.60	71.52	42.57	37.47	32.56	28.95
51	85.93	74.42	44.29	38.98	33.89	30.13
52	89.27	77.31	46.02	40.50	35.20	31.29
53	92.58	80.18	47.73	42.00	36.51	32.45
54	95.93	83.07	49.45	43.51	37.83	33.62
55	99.28	85.97	51.17	45.04	39.15	34.80

$30 Policy Fee

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with Residual and 3% COLA Riders Attached

Occupation Classes 5 and 5M | Unisex Select To Age 67

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	14.81	12.82	7.63	6.71	5.84	5.19
19	14.81	12.82	7.63	6.71	5.84	5.19
20	14.81	12.82	7.63	6.71	5.84	5.19
21	14.81	12.82	7.63	6.71	5.84	5.19
22	14.81	12.82	7.63	6.71	5.84	5.19
23	14.81	12.82	7.63	6.71	5.84	5.19
24	14.81	12.82	7.63	6.71	5.84	5.19
25	14.81	12.82	7.63	6.71	5.84	5.19
26	14.81	12.82	7.63	6.71	5.84	5.19
27	14.81	12.82	7.63	6.71	5.84	5.19
28	14.81	12.82	7.63	6.71	5.84	5.19
29	15.00	12.99	7.73	6.80	5.91	5.26
30	15.27	13.23	7.87	6.93	6.02	5.36
31	15.67	13.57	8.08	7.11	6.18	5.49
32	16.25	14.07	8.38	7.37	6.41	5.69
33	16.94	14.67	8.73	7.68	6.68	5.94
34	17.73	15.35	9.14	8.04	6.99	6.22
35	18.63	16.14	9.60	8.45	7.35	6.53
36	19.61	16.98	10.11	8.89	7.73	6.87
37	20.68	17.91	10.66	9.39	8.16	7.25
38	21.84	18.91	11.26	9.91	8.61	7.65
39	23.11	20.01	11.91	10.48	9.11	8.10
40	24.50	21.23	12.63	11.12	9.66	8.59
41	26.05	22.55	13.42	11.81	10.27	9.13
42	27.66	23.95	14.26	12.54	10.91	9.69
43	29.42	25.48	15.17	13.35	11.60	10.32
44	31.32	27.13	16.15	14.21	12.36	10.98
45	33.42	28.94	17.23	15.16	13.18	11.71
46	35.72	30.94	18.41	16.21	14.09	12.52
47	38.22	33.10	19.70	17.33	15.07	13.39
48	40.87	35.39	21.07	18.54	16.12	14.33
49	44.23	38.30	22.80	20.07	17.44	15.50
50	49.11	42.53	25.31	22.28	19.36	17.22
51	54.35	47.06	28.02	24.65	21.43	19.05
52	60.96	52.79	31.42	27.65	24.04	21.36
53	67.34	58.31	34.71	30.54	26.55	23.60
54	71.66	62.05	36.94	32.50	28.25	25.12
55	75.17	65.10	38.75	34.10	29.64	26.35
56	77.31	66.94	39.85	35.07	30.48	27.10
57	79.24	68.63	40.85	35.95	31.24	27.78
58	81.22	70.34	41.87	36.85	32.03	28.47
59	83.28	72.11	42.93	37.78	32.84	29.19
60	85.35	73.91	44.00	38.72	33.66	29.92
61	85.35	73.91	44.00	38.72	33.66	29.92
62	85.35	73.91	44.00	38.72	33.66	29.92
63	85.35	73.91	44.00	38.72	33.66	29.92
64	85.35	73.91	44.00	38.72	33.66	29.92
65	85.35	73.91	44.00	38.72	33.66	29.92
66	85.35	73.91	44.00	38.72	33.66	29.92

$30 Policy Fee

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with Residual and 3% COLA Riders Attached

Occupation Classes 5 and 5M — Unisex Select To Age 67

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	20.94	18.13	10.79	9.49	8.26	7.34
19	20.94	18.13	10.79	9.49	8.26	7.34
20	20.94	18.13	10.79	9.49	8.26	7.34
21	20.94	18.13	10.79	9.49	8.26	7.34
22	20.94	18.13	10.79	9.49	8.26	7.34
23	20.94	18.13	10.79	9.49	8.26	7.34
24	20.94	18.13	10.79	9.49	8.26	7.34
25	20.94	18.13	10.79	9.49	8.26	7.34
26	21.64	18.74	11.16	9.82	8.53	7.58
27	22.23	19.25	11.45	10.08	8.76	7.79
28	22.74	19.69	11.72	10.32	8.97	7.97
29	23.31	20.20	12.02	10.57	9.20	8.18
30	23.97	20.76	12.36	10.87	9.45	8.41
31	24.74	21.42	12.75	11.22	9.75	8.67
32	25.64	22.21	13.22	11.63	10.11	8.99
33	26.70	23.12	13.76	12.11	10.52	9.36
34	27.89	24.15	14.37	12.65	11.00	9.77
35	29.25	25.33	15.08	13.27	11.53	10.26
36	30.73	26.61	15.84	13.94	12.12	10.77
37	32.36	28.03	16.68	14.68	12.76	11.35
38	34.13	29.55	17.59	15.48	13.45	11.96
39	36.02	31.19	18.56	16.34	14.20	12.62
40	38.03	32.93	19.60	17.25	15.00	13.33
41	40.17	34.80	20.71	18.23	15.84	14.09
42	42.44	36.76	21.88	19.26	16.74	14.88
43	44.85	38.84	23.12	20.34	17.68	15.72
44	47.36	41.02	24.41	21.48	18.67	16.60
45	50.03	43.32	25.79	22.69	19.73	17.53
46	52.84	45.76	27.23	23.97	20.84	18.52
47	55.76	48.28	28.74	25.29	21.99	19.54
48	58.79	50.91	30.30	26.67	23.19	20.60
49	61.90	53.61	31.91	28.08	24.41	21.70
50	65.03	56.31	33.52	29.50	25.64	22.79
51	67.67	58.60	34.88	30.69	26.68	23.72
52	70.29	60.88	36.23	31.89	27.72	24.64
53	72.90	63.13	37.58	33.07	28.75	25.55
54	75.54	65.41	38.94	34.26	29.79	26.47
55	78.17	67.70	40.29	35.46	30.83	27.40

$30 Policy Fee

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with Residual and 3% COLA Riders Attached

Occupation Classes 6 and 6M | Unisex Select To Age 67

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	11.70	10.13	6.03	5.31	4.61	4.10
19	11.70	10.13	6.03	5.31	4.61	4.10
20	11.70	10.13	6.03	5.31	4.61	4.10
21	11.70	10.13	6.03	5.31	4.61	4.10
22	11.70	10.13	6.03	5.31	4.61	4.10
23	11.70	10.13	6.03	5.31	4.61	4.10
24	11.70	10.13	6.03	5.31	4.61	4.10
25	11.70	10.13	6.03	5.31	4.61	4.10
26	11.70	10.13	6.03	5.31	4.61	4.10
27	11.70	10.13	6.03	5.31	4.61	4.10
28	11.70	10.13	6.03	5.31	4.61	4.10
29	11.85	10.26	6.11	5.38	4.67	4.15
30	12.06	10.44	6.22	5.47	4.75	4.23
31	12.38	10.72	6.39	5.61	4.88	4.34
32	12.83	11.12	6.61	5.82	5.06	4.49
33	13.38	11.59	6.90	6.07	5.28	4.69
34	14.01	12.13	7.22	6.35	5.52	4.91
35	14.72	12.75	7.58	6.68	5.80	5.16
36	15.49	13.41	7.99	7.02	6.11	5.43
37	16.34	14.15	8.42	7.42	6.44	5.72
38	17.26	14.94	8.89	7.83	6.80	6.05
39	18.26	15.81	9.41	8.29	7.20	6.40
40	19.35	16.77	9.98	8.78	7.63	6.79
41	20.57	17.82	10.60	9.33	8.11	7.21
42	21.85	18.92	11.27	9.91	8.62	7.65
43	23.25	20.13	11.98	10.54	9.17	8.15
44	24.75	21.43	12.75	11.23	9.76	8.67
45	26.40	22.86	13.61	11.97	10.40	9.26
46	28.22	24.44	14.54	12.80	11.13	9.89
47	30.20	26.15	15.56	13.69	11.90	10.58
48	32.28	27.96	16.64	14.65	12.73	11.32
49	34.95	30.26	18.01	15.85	13.78	12.25
50	38.80	33.60	20.00	17.60	15.30	13.60
51	42.94	37.18	22.14	19.47	16.93	15.05
52	48.16	41.70	24.82	21.84	18.99	16.88
53	53.20	46.06	27.42	24.13	20.98	18.64
54	56.61	49.02	29.18	25.68	22.32	19.84
55	59.38	51.43	30.61	26.94	23.41	20.82
56	61.07	52.89	31.48	27.70	24.08	21.40
57	62.60	54.21	32.27	28.39	24.68	21.95
58	64.16	55.57	33.08	29.11	25.30	22.49
59	65.79	56.96	33.91	29.85	25.94	23.06
60	67.43	58.39	34.76	30.59	26.59	23.63
61	67.43	58.39	34.76	30.59	26.59	23.63
62	67.43	58.39	34.76	30.59	26.59	23.63
63	67.43	58.39	34.76	30.59	26.59	23.63
64	67.43	58.39	34.76	30.59	26.59	23.63
65	67.43	58.39	34.76	30.59	26.59	23.63
66	67.43	58.39	34.76	30.59	26.59	23.63

$30 Policy Fee

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with Residual and 3% COLA Riders Attached

Occupation Classes 6 and 6M | Unisex Select To Age 67

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	16.54	14.32	8.52	7.50	6.52	5.79
19	16.54	14.32	8.52	7.50	6.52	5.79
20	16.54	14.32	8.52	7.50	6.52	5.79
21	16.54	14.32	8.52	7.50	6.52	5.79
22	16.54	14.32	8.52	7.50	6.52	5.79
23	16.54	14.32	8.52	7.50	6.52	5.79
24	16.54	14.32	8.52	7.50	6.52	5.79
25	16.54	14.32	8.52	7.50	6.52	5.79
26	17.10	14.80	8.81	7.76	6.74	5.99
27	17.56	15.21	9.05	7.96	6.92	6.16
28	17.97	15.55	9.26	8.15	7.09	6.30
29	18.41	15.96	9.49	8.36	7.27	6.46
30	18.94	16.40	9.76	8.58	7.46	6.64
31	19.54	16.93	10.08	8.86	7.70	6.85
32	20.26	17.54	10.44	9.19	7.99	7.10
33	21.10	18.27	10.87	9.56	8.32	7.40
34	22.03	19.08	11.36	10.00	8.69	7.72
35	23.11	20.02	11.91	10.48	9.11	8.10
36	24.27	21.03	12.51	11.01	9.57	8.51
37	25.57	22.14	13.18	11.60	10.08	8.96
38	26.96	23.34	13.90	12.24	10.63	9.44
39	28.45	24.64	14.66	12.91	11.22	9.97
40	30.04	26.02	15.48	13.62	11.85	10.52
41	31.74	27.49	16.36	14.39	12.51	11.13
42	33.53	29.04	17.29	15.22	13.23	11.75
43	35.43	30.68	18.27	16.07	13.97	12.42
44	37.41	32.40	19.29	16.97	14.75	13.12
45	39.53	34.22	20.37	17.93	15.58	13.85
46	41.74	36.14	21.51	18.94	16.46	14.63
47	44.05	38.14	22.70	19.98	17.37	15.43
48	46.44	40.21	23.94	21.07	18.32	16.28
49	48.91	42.35	25.21	22.18	19.29	17.15
50	51.38	44.49	26.48	23.30	20.26	18.01
51	53.46	46.29	27.55	24.25	21.08	18.74
52	55.53	48.09	28.62	25.20	21.90	19.46
53	57.60	49.88	29.69	26.13	22.71	20.19
54	59.68	51.68	30.76	27.07	23.53	20.91
55	61.76	53.48	31.83	28.02	24.35	21.65

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with Residual and 6% COLA Riders Attached

Occupation Classes 3 and 3M | Unisex Select To Age 65

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	27.62	23.92	14.24	12.53	10.90	9.68
19	27.62	23.92	14.24	12.53	10.90	9.68
20	27.62	23.92	14.24	12.53	10.90	9.68
21	27.62	23.92	14.24	12.53	10.90	9.68
22	27.62	23.92	14.24	12.53	10.90	9.68
23	27.62	23.92	14.24	12.53	10.90	9.68
24	27.62	23.92	14.24	12.53	10.90	9.68
25	27.62	23.92	14.24	12.53	10.90	9.68
26	27.62	23.92	14.24	12.53	10.90	9.68
27	27.62	23.92	14.24	12.53	10.90	9.68
28	27.62	23.92	14.24	12.53	10.90	9.68
29	27.75	24.03	14.31	12.58	10.95	9.73
30	28.19	24.41	14.53	12.79	11.12	9.88
31	28.79	24.93	14.83	13.05	11.35	10.09
32	29.58	25.61	15.25	13.41	11.66	10.37
33	30.55	26.45	15.75	13.86	12.05	10.70
34	31.74	27.49	16.35	14.39	12.51	11.13
35	33.13	28.69	17.08	15.03	13.07	11.61
36	34.64	29.99	17.85	15.70	13.66	12.14
37	36.31	31.45	18.72	16.48	14.32	12.73
38	38.13	33.03	19.65	17.29	15.03	13.37
39	40.06	34.69	20.64	18.18	15.79	14.04
40	42.23	36.57	21.77	19.17	16.65	14.80
41	44.49	38.53	22.93	20.19	17.55	15.59
42	46.85	40.57	24.15	21.26	18.47	16.42
43	49.40	42.78	25.46	22.41	19.48	17.32
44	52.08	45.09	26.85	23.63	20.53	18.25
45	55.03	47.66	28.37	24.98	21.71	19.29
46	58.21	50.40	30.01	26.40	22.96	20.40
47	61.61	53.34	31.76	27.95	24.28	21.59
48	65.10	56.38	33.56	29.53	25.67	22.82
49	68.78	59.55	35.45	31.19	27.13	24.11
50	76.11	65.90	39.22	34.52	30.01	26.68
51	83.00	71.87	42.78	37.64	32.73	29.09
52	91.59	79.33	47.21	41.55	36.12	32.11
53	96.72	83.76	49.86	43.88	38.14	33.91
54	99.41	86.08	51.24	45.09	39.19	34.84
55	101.66	88.03	52.40	46.12	40.09	35.63
56	103.26	89.42	53.22	46.84	40.72	36.19
57	104.91	90.85	54.07	47.58	41.36	36.77
58	106.47	92.21	54.89	48.30	41.99	37.32
59	108.05	93.56	55.70	49.01	42.61	37.87
60	109.85	95.14	56.63	49.83	43.31	38.51
61	109.85	95.14	56.63	49.83	43.31	38.51
62	109.85	95.14	56.63	49.83	43.31	38.51
63	109.85	95.14	56.63	49.83	43.31	38.51
64	109.85	95.14	56.63	49.83	43.31	38.51

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with Residual and 6% COLA Riders Attached

Occupation Classes 3 and 3M | Unisex Select To Age 65

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	35.68	30.89	18.38	16.18	14.07	12.50
19	35.68	30.89	18.38	16.18	14.07	12.50
20	35.68	30.89	18.38	16.18	14.07	12.50
21	35.68	30.89	18.38	16.18	14.07	12.50
22	35.68	30.89	18.38	16.18	14.07	12.50
23	35.68	30.89	18.38	16.18	14.07	12.50
24	35.68	30.89	18.38	16.18	14.07	12.50
25	35.68	30.89	18.38	16.18	14.07	12.50
26	36.82	31.90	18.98	16.71	14.51	12.91
27	37.50	32.47	19.33	17.02	14.79	13.14
28	38.01	32.92	19.59	17.25	14.99	13.33
29	38.48	33.32	19.84	17.45	15.17	13.49
30	39.11	33.86	20.16	17.73	15.41	13.70
31	39.93	34.58	20.58	18.12	15.75	14.00
32	41.03	35.52	21.15	18.61	16.18	14.37
33	42.38	36.70	21.85	19.23	16.71	14.85
34	44.05	38.14	22.70	19.97	17.36	15.44
35	45.94	39.78	23.68	20.84	18.12	16.10
36	48.04	41.59	24.76	21.79	18.94	16.83
37	50.34	43.59	25.95	22.84	19.85	17.64
38	52.80	45.72	27.22	23.95	20.83	18.51
39	55.40	47.98	28.55	25.13	21.85	19.42
40	58.11	50.33	29.96	26.36	22.92	20.36
41	60.95	52.78	31.42	27.66	24.05	21.36
42	63.91	55.34	32.95	29.00	25.21	22.39
43	66.96	57.99	34.52	30.37	26.40	23.48
44	70.10	60.71	36.14	31.80	27.64	24.57
45	73.38	63.55	37.83	33.28	28.94	25.72
46	76.77	66.49	39.58	34.82	30.27	26.91
47	80.30	69.54	41.39	36.42	31.67	28.15
48	83.88	72.64	43.23	38.06	33.09	29.39
49	87.52	75.78	45.11	39.70	34.52	30.67
50	91.10	78.88	46.96	41.31	35.92	31.93
51	93.29	80.78	48.08	42.32	36.79	32.70
52	95.47	82.67	49.21	43.31	37.64	33.46
53	97.63	84.56	50.33	44.29	38.50	34.22
54	99.83	86.45	51.46	45.28	39.36	34.99
55	102.01	88.34	52.58	46.27	40.22	35.75

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with Residual and 6% COLA Riders Attached

Occupation Classes 4 and 4M | Unisex Select To Age 65

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	22.78	19.73	11.74	10.34	8.99	7.98
19	22.78	19.73	11.74	10.34	8.99	7.98
20	22.78	19.73	11.74	10.34	8.99	7.98
21	22.78	19.73	11.74	10.34	8.99	7.98
22	22.78	19.73	11.74	10.34	8.99	7.98
23	22.78	19.73	11.74	10.34	8.99	7.98
24	22.78	19.73	11.74	10.34	8.99	7.98
25	22.78	19.73	11.74	10.34	8.99	7.98
26	22.78	19.73	11.74	10.34	8.99	7.98
27	22.78	19.73	11.74	10.34	8.99	7.98
28	22.78	19.73	11.74	10.34	8.99	7.98
29	22.88	19.82	11.79	10.38	9.03	8.02
30	23.25	20.13	11.98	10.55	9.17	8.15
31	23.74	20.55	12.24	10.76	9.36	8.33
32	24.39	21.13	12.57	11.07	9.62	8.55
33	25.20	21.81	12.99	11.42	9.93	8.83
34	26.18	22.67	13.49	11.87	10.33	9.18
35	27.32	23.66	14.08	12.39	10.77	9.58
36	28.56	24.73	14.72	12.95	11.27	10.01
37	29.95	25.94	15.44	13.59	11.81	10.49
38	31.44	27.23	16.21	14.26	12.39	11.03
39	33.03	28.60	17.03	14.99	13.03	11.58
40	34.83	30.17	17.96	15.80	13.73	12.21
41	36.69	31.77	18.91	16.64	14.47	12.86
42	38.64	33.45	19.92	17.52	15.24	13.54
43	40.74	35.28	21.00	18.48	16.07	14.29
44	42.95	37.19	22.14	19.49	16.94	15.05
45	45.39	39.30	23.39	20.59	17.90	15.91
46	48.01	41.57	24.74	21.78	18.94	16.82
47	50.81	44.00	26.19	23.05	20.03	17.80
48	53.69	46.49	27.67	24.35	21.18	18.82
49	56.72	49.11	29.23	25.72	22.36	19.88
50	62.77	54.35	32.35	28.46	24.74	22.01
51	68.45	59.27	35.28	31.05	27.00	23.99
52	75.54	65.42	38.94	34.26	29.79	26.48
53	79.76	69.07	41.11	36.18	31.46	27.96
54	81.97	70.98	42.25	37.19	32.32	28.73
55	83.83	72.60	43.21	38.04	33.06	29.38
56	85.16	73.75	43.90	38.62	33.58	29.85
57	86.52	74.92	44.60	39.24	34.12	30.32
58	87.81	76.04	45.26	39.83	34.63	30.78
59	89.10	77.16	45.93	40.42	35.15	31.23
60	90.59	78.46	46.70	41.09	35.72	31.76
61	90.59	78.46	46.70	41.09	35.72	31.76
62	90.59	78.46	46.70	41.09	35.72	31.76
63	90.59	78.46	46.70	41.09	35.72	31.76
64	90.59	78.46	46.70	41.09	35.72	31.76

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with Residual and 6% COLA Riders Attached

Occupation Classes 4 and 4M | Unisex Select To Age 65

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	29.42	25.47	15.17	13.34	11.60	10.31
19	29.42	25.47	15.17	13.34	11.60	10.31
20	29.42	25.47	15.17	13.34	11.60	10.31
21	29.42	25.47	15.17	13.34	11.60	10.31
22	29.42	25.47	15.17	13.34	11.60	10.31
23	29.42	25.47	15.17	13.34	11.60	10.31
24	29.42	25.47	15.17	13.34	11.60	10.31
25	29.42	25.47	15.17	13.34	11.60	10.31
26	30.36	26.30	15.65	13.78	11.97	10.65
27	30.93	26.78	15.94	14.03	12.20	10.84
28	31.34	27.15	16.16	14.22	12.36	10.99
29	31.73	27.48	16.35	14.39	12.51	11.13
30	32.25	27.93	16.62	14.62	12.71	11.31
31	32.93	28.51	16.98	14.94	12.99	11.54
32	33.84	29.29	17.43	15.35	13.34	11.86
33	34.96	30.26	18.02	15.85	13.78	12.25
34	36.32	31.46	18.72	16.47	14.33	12.74
35	37.89	32.80	19.52	17.19	14.94	13.28
36	39.62	34.30	20.41	17.97	15.61	13.88
37	41.52	35.95	21.40	18.83	16.37	14.54
38	43.54	37.71	22.44	19.75	17.18	15.27
39	45.69	39.57	23.55	20.72	18.02	16.02
40	47.93	41.50	24.71	21.74	18.90	16.80
41	50.26	43.53	25.91	22.81	19.83	17.61
42	52.71	45.64	27.17	23.92	20.78	18.47
43	55.22	47.83	28.46	25.05	21.78	19.36
44	57.81	50.06	29.80	26.23	22.80	20.27
45	60.52	52.40	31.19	27.44	23.86	21.21
46	63.32	54.83	32.64	28.72	24.97	22.20
47	66.22	57.34	34.14	30.04	26.12	23.21
48	69.18	59.90	35.66	31.38	27.28	24.25
49	72.17	62.50	37.20	32.74	28.46	25.29
50	75.12	65.05	38.73	34.08	29.62	26.32
51	76.93	66.63	39.66	34.91	30.34	26.97
52	78.73	68.18	40.59	35.72	31.05	27.60
53	80.52	69.73	41.50	36.52	31.75	28.22
54	82.33	71.29	42.43	37.34	32.46	28.86
55	84.13	72.84	43.36	38.15	33.17	29.48

$30 Policy Fee

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with Residual and 6% COLA Riders Attached

Occupation Classes 5 and 5M | Unisex Select To Age 65

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	17.94	15.53	9.25	8.14	7.08	6.29
19	17.94	15.53	9.25	8.14	7.08	6.29
20	17.94	15.53	9.25	8.14	7.08	6.29
21	17.94	15.53	9.25	8.14	7.08	6.29
22	17.94	15.53	9.25	8.14	7.08	6.29
23	17.94	15.53	9.25	8.14	7.08	6.29
24	17.94	15.53	9.25	8.14	7.08	6.29
25	17.94	15.53	9.25	8.14	7.08	6.29
26	17.94	15.53	9.25	8.14	7.08	6.29
27	17.94	15.53	9.25	8.14	7.08	6.29
28	17.94	15.53	9.25	8.14	7.08	6.29
29	18.02	15.60	9.29	8.17	7.11	6.32
30	18.31	15.85	9.43	8.31	7.22	6.42
31	18.69	16.19	9.63	8.47	7.37	6.55
32	19.21	16.63	9.90	8.71	7.57	6.73
33	19.84	17.18	10.23	9.00	7.82	6.95
34	20.61	17.85	10.62	9.35	8.13	7.23
35	21.51	18.63	11.09	9.76	8.48	7.54
36	22.49	19.47	11.59	10.20	8.87	7.88
37	23.58	20.42	12.16	10.70	9.30	8.27
38	24.76	21.44	12.76	11.23	9.76	8.68
39	26.01	22.52	13.40	11.80	10.26	9.12
40	27.42	23.75	14.14	12.44	10.81	9.61
41	28.89	25.02	14.89	13.11	11.39	10.13
42	30.42	26.34	15.68	13.80	12.00	10.66
43	32.08	27.78	16.53	14.55	12.65	11.25
44	33.82	29.28	17.43	15.35	13.34	11.85
45	35.74	30.95	18.42	16.22	14.10	12.52
46	37.80	32.73	19.48	17.15	14.91	13.25
47	40.01	34.64	20.62	18.15	15.77	14.02
48	42.27	36.61	21.79	19.18	16.67	14.82
49	44.66	38.67	23.02	20.26	17.61	15.65
50	49.42	42.80	25.47	22.41	19.48	17.33
51	53.90	46.67	27.78	24.44	21.26	18.89
52	59.48	51.51	30.66	26.98	23.45	20.85
53	62.81	54.39	32.37	28.49	24.77	22.02
54	64.55	55.90	33.27	29.28	25.45	22.62
55	66.01	57.16	34.03	29.95	26.03	23.14
56	67.05	58.06	34.56	30.41	26.44	23.50
57	68.12	58.99	35.12	30.90	26.86	23.88
58	69.14	59.88	35.64	31.36	27.26	24.24
59	70.16	60.76	36.16	31.83	27.67	24.59
60	71.33	61.78	36.77	32.35	28.13	25.01
61	71.33	61.78	36.77	32.35	28.13	25.01
62	71.33	61.78	36.77	32.35	28.13	25.01
63	71.33	61.78	36.77	32.35	28.13	25.01
64	71.33	61.78	36.77	32.35	28.13	25.01

$30 Policy Fee

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with Residual and 6% COLA Riders Attached

Occupation Classes 5 and 5M | Unisex Select To Age 65

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	23.17	20.06	11.94	10.50	9.14	8.12
19	23.17	20.06	11.94	10.50	9.14	8.12
20	23.17	20.06	11.94	10.50	9.14	8.12
21	23.17	20.06	11.94	10.50	9.14	8.12
22	23.17	20.06	11.94	10.50	9.14	8.12
23	23.17	20.06	11.94	10.50	9.14	8.12
24	23.17	20.06	11.94	10.50	9.14	8.12
25	23.17	20.06	11.94	10.50	9.14	8.12
26	23.91	20.71	12.33	10.85	9.42	8.39
27	24.35	21.09	12.55	11.05	9.60	8.53
28	24.68	21.37	12.72	11.20	9.73	8.65
29	24.99	21.64	12.88	11.34	9.85	8.76
30	25.39	21.99	13.09	11.51	10.01	8.90
31	25.93	22.45	13.37	11.76	10.23	9.09
32	26.64	23.07	13.73	12.09	10.50	9.34
33	27.52	23.83	14.19	12.48	10.85	9.64
34	28.60	24.77	14.74	12.97	11.28	10.03
35	29.83	25.83	15.37	13.53	11.76	10.45
36	31.19	27.01	16.08	14.15	12.30	10.93
37	32.69	28.30	16.85	14.83	12.89	11.45
38	34.28	29.69	17.67	15.55	13.52	12.02
39	35.98	31.16	18.54	16.32	14.19	12.61
40	37.74	32.68	19.45	17.12	14.88	13.23
41	39.58	34.27	20.40	17.96	15.61	13.87
42	41.50	35.94	21.39	18.83	16.36	14.54
43	43.48	37.66	22.41	19.72	17.15	15.25
44	45.52	39.42	23.46	20.65	17.95	15.96
45	47.65	41.26	24.56	21.61	18.79	16.70
46	49.86	43.17	25.70	22.61	19.66	17.47
47	52.14	45.15	26.88	23.65	20.56	18.28
48	54.47	47.16	28.08	24.71	21.48	19.09
49	56.83	49.21	29.29	25.78	22.41	19.92
50	59.15	51.22	30.49	26.83	23.32	20.73
51	60.58	52.46	31.22	27.48	23.89	21.24
52	61.99	53.69	31.96	28.13	24.44	21.73
53	63.40	54.91	32.68	28.76	25.00	22.23
54	64.83	56.13	33.41	29.40	25.56	22.72
55	66.24	57.36	34.15	30.05	26.12	23.22

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with Residual and 6% COLA Riders Attached

Occupation Classes 6 and 6M | Unisex Select To Age 65

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	14.17	12.28	7.31	6.43	5.59	4.97
19	14.17	12.28	7.31	6.43	5.59	4.97
20	14.17	12.28	7.31	6.43	5.59	4.97
21	14.17	12.28	7.31	6.43	5.59	4.97
22	14.17	12.28	7.31	6.43	5.59	4.97
23	14.17	12.28	7.31	6.43	5.59	4.97
24	14.17	12.28	7.31	6.43	5.59	4.97
25	14.17	12.28	7.31	6.43	5.59	4.97
26	14.17	12.28	7.31	6.43	5.59	4.97
27	14.17	12.28	7.31	6.43	5.59	4.97
28	14.17	12.28	7.31	6.43	5.59	4.97
29	14.24	12.33	7.34	6.45	5.61	4.99
30	14.46	12.52	7.45	6.56	5.70	5.07
31	14.77	12.79	7.61	6.69	5.82	5.18
32	15.18	13.14	7.82	6.88	5.98	5.32
33	15.67	13.57	8.08	7.11	6.18	5.49
34	16.29	14.10	8.40	7.39	6.43	5.71
35	17.00	14.72	8.76	7.71	6.70	5.96
36	17.77	15.38	9.16	8.06	7.01	6.23
37	18.63	16.14	9.60	8.45	7.35	6.53
38	19.56	16.94	10.08	8.87	7.71	6.86
39	20.54	17.79	10.59	9.33	8.10	7.21
40	21.66	18.76	11.17	9.83	8.54	7.59
41	22.82	19.76	11.76	10.36	9.00	8.00
42	24.04	20.81	12.38	10.90	9.47	8.42
43	25.34	21.95	13.06	11.49	10.00	8.88
44	26.72	23.14	13.77	12.13	10.53	9.37
45	28.23	24.45	14.55	12.81	11.14	9.89
46	29.86	25.86	15.39	13.54	11.78	10.46
47	31.60	27.36	16.30	14.34	12.45	11.08
48	33.39	28.92	17.22	15.15	13.17	11.71
49	35.28	30.55	18.19	16.00	13.91	12.37
50	39.05	33.81	20.13	17.71	15.39	13.69
51	42.58	36.87	21.95	19.31	16.79	14.92
52	46.99	40.69	24.23	21.31	18.53	16.47
53	49.62	42.97	25.57	22.51	19.57	17.39
54	50.99	44.15	26.28	23.14	20.11	17.87
55	52.15	45.15	26.88	23.66	20.56	18.28
56	52.97	45.87	27.30	24.03	20.89	18.56
57	53.82	46.61	27.74	24.41	21.22	18.86
58	54.62	47.30	28.16	24.78	21.54	19.15
59	55.43	48.00	28.57	25.15	21.86	19.42
60	56.35	48.81	29.05	25.56	22.22	19.76
61	56.35	48.81	29.05	25.56	22.22	19.76
62	56.35	48.81	29.05	25.56	22.22	19.76
63	56.35	48.81	29.05	25.56	22.22	19.76
64	56.35	48.81	29.05	25.56	22.22	19.76

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with Residual and 6% COLA Riders Attached

Occupation Classes 6 and 6M | Unisex Select To Age 65

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	18.31	15.85	9.43	8.30	7.22	6.42
19	18.31	15.85	9.43	8.30	7.22	6.42
20	18.31	15.85	9.43	8.30	7.22	6.42
21	18.31	15.85	9.43	8.30	7.22	6.42
22	18.31	15.85	9.43	8.30	7.22	6.42
23	18.31	15.85	9.43	8.30	7.22	6.42
24	18.31	15.85	9.43	8.30	7.22	6.42
25	18.31	15.85	9.43	8.30	7.22	6.42
26	18.89	16.36	9.74	8.57	7.44	6.62
27	19.24	16.66	9.92	8.73	7.58	6.74
28	19.49	16.89	10.05	8.84	7.69	6.83
29	19.74	17.10	10.18	8.96	7.78	6.92
30	20.06	17.37	10.34	9.10	7.91	7.03
31	20.48	17.74	10.56	9.30	8.08	7.18
32	21.05	18.23	10.85	9.55	8.30	7.38
33	21.74	18.83	11.21	9.86	8.57	7.61
34	22.59	19.57	11.64	10.25	8.91	7.92
35	23.56	20.40	12.15	10.69	9.30	8.26
36	24.64	21.33	12.70	11.18	9.71	8.63
37	25.83	22.36	13.32	11.71	10.19	9.05
38	27.09	23.45	13.96	12.29	10.68	9.49
39	28.42	24.61	14.65	12.89	11.21	9.96
40	29.81	25.82	15.36	13.52	11.75	10.44
41	31.26	27.08	16.12	14.19	12.34	10.96
42	32.79	28.39	16.90	14.88	12.93	11.49
43	34.35	29.75	17.71	15.58	13.54	12.05
44	35.96	31.15	18.53	16.32	14.18	12.60
45	37.64	32.60	19.40	17.08	14.84	13.20
46	39.38	34.11	20.30	17.86	15.53	13.80
47	41.19	35.67	21.24	18.68	16.25	14.43
48	43.04	37.26	22.18	19.52	16.97	15.08
49	44.90	38.88	23.15	20.36	17.71	15.73
50	46.73	40.46	24.09	21.20	18.42	16.37
51	47.86	41.44	24.67	21.71	18.87	16.78
52	48.98	42.41	25.25	22.22	19.31	17.17
53	50.08	43.37	25.82	22.72	19.75	17.56
54	51.21	44.34	26.39	23.23	20.20	17.95
55	52.33	45.31	26.98	23.74	20.63	18.34

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with Residual and 6% COLA Riders Attached

Occupation Classes 3 and 3M | Unisex Select To Age 67

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	28.99	25.10	14.94	13.14	11.43	10.16
19	28.99	25.10	14.94	13.14	11.43	10.16
20	28.99	25.10	14.94	13.14	11.43	10.16
21	28.99	25.10	14.94	13.14	11.43	10.16
22	28.99	25.10	14.94	13.14	11.43	10.16
23	28.99	25.10	14.94	13.14	11.43	10.16
24	28.99	25.10	14.94	13.14	11.43	10.16
25	28.99	25.10	14.94	13.14	11.43	10.16
26	28.99	25.10	14.94	13.14	11.43	10.16
27	28.99	25.10	14.94	13.14	11.43	10.16
28	28.99	25.10	14.94	13.14	11.43	10.16
29	29.11	25.21	15.00	13.21	11.48	10.20
30	29.73	25.74	15.33	13.47	11.72	10.41
31	30.52	26.43	15.73	13.84	12.03	10.70
32	31.56	27.33	16.27	14.32	12.44	11.07
33	32.80	28.40	16.91	14.88	12.93	11.49
34	34.33	29.73	17.70	15.58	13.54	12.03
35	36.09	31.25	18.60	16.37	14.23	12.65
36	38.04	32.93	19.60	17.26	15.00	13.33
37	40.17	34.78	20.70	18.22	15.84	14.07
38	42.60	36.88	21.96	19.31	16.80	14.93
39	45.15	39.11	23.28	20.49	17.81	15.83
40	48.07	41.62	24.78	21.80	18.95	16.85
41	51.16	44.30	26.37	23.21	20.17	17.93
42	54.47	47.18	28.09	24.71	21.48	19.11
43	58.11	50.33	29.96	26.36	22.92	20.36
44	62.08	53.76	32.00	28.16	24.48	21.76
45	66.46	57.56	34.25	30.15	26.21	23.29
46	71.34	61.78	36.77	32.36	28.13	25.01
47	76.66	66.40	39.52	34.78	30.23	26.88
48	82.41	71.35	42.47	37.38	32.49	28.88
49	88.67	76.79	45.71	40.22	34.96	31.09
50	94.83	82.11	48.88	43.01	37.40	33.23
51	99.91	86.53	51.50	45.32	39.39	35.02
52	104.82	90.77	54.03	47.55	41.33	36.74
53	109.55	94.87	56.47	49.70	43.20	38.40
54	114.97	99.55	59.26	52.15	45.34	40.29
55	121.27	105.02	62.51	55.00	47.83	42.51
56	126.26	109.35	65.08	57.28	49.80	44.26
57	131.23	113.64	67.65	59.54	51.75	46.00
58	135.20	117.08	69.69	61.32	53.31	47.38
59	137.56	119.14	70.91	62.40	54.24	48.22
60	140.17	121.38	72.25	63.58	55.27	49.13
61	140.17	121.38	72.25	63.58	55.27	49.13
62	140.17	121.38	72.25	63.58	55.27	49.13
63	140.17	121.38	72.25	63.58	55.27	49.13
64	140.17	121.38	72.25	63.58	55.27	49.13
65	140.17	121.38	72.25	63.58	55.27	49.13
66	140.17	121.38	72.25	63.58	55.27	49.13

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with Residual and 6% COLA Riders Attached

Occupation Classes 3 and 3M | Unisex Select To Age 67

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	39.81	34.47	20.52	18.05	15.70	13.95
19	39.81	34.47	20.52	18.05	15.70	13.95
20	39.81	34.47	20.52	18.05	15.70	13.95
21	39.81	34.47	20.52	18.05	15.70	13.95
22	39.81	34.47	20.52	18.05	15.70	13.95
23	39.81	34.47	20.52	18.05	15.70	13.95
24	39.81	34.47	20.52	18.05	15.70	13.95
25	39.81	34.47	20.52	18.05	15.70	13.95
26	41.00	35.49	21.13	18.60	16.16	14.36
27	41.85	36.24	21.57	18.98	16.49	14.66
28	42.63	36.91	21.97	19.33	16.80	14.94
29	43.42	37.60	22.38	19.70	17.12	15.22
30	44.33	38.39	22.85	20.11	17.48	15.53
31	45.52	39.42	23.46	20.64	17.95	15.96
32	46.95	40.65	24.20	21.29	18.51	16.45
33	48.62	42.10	25.07	22.06	19.18	17.05
34	50.60	43.82	26.09	22.96	19.96	17.73
35	52.86	45.77	27.24	23.98	20.84	18.52
36	55.37	47.95	28.54	25.11	21.83	19.40
37	58.08	50.31	29.95	26.34	22.90	20.36
38	61.07	52.89	31.48	27.70	24.09	21.40
39	64.25	55.63	33.12	29.14	25.33	22.52
40	67.62	58.55	34.85	30.67	26.66	23.69
41	71.17	61.63	36.68	32.27	28.07	24.94
42	74.88	64.85	38.60	33.97	29.53	26.25
43	78.79	68.24	40.62	35.74	31.08	27.62
44	82.91	71.79	42.74	37.61	32.69	29.06
45	87.19	75.52	44.95	39.55	34.38	30.57
46	91.65	79.37	47.24	41.58	36.14	32.13
47	96.28	83.37	49.63	43.67	37.97	33.74
48	101.04	87.50	52.08	45.83	39.84	35.41
49	105.88	91.69	54.58	48.02	41.76	37.11
50	110.76	95.93	57.09	50.25	43.68	38.83
51	114.63	99.28	59.09	52.00	45.20	40.18
52	118.52	102.63	61.09	53.76	46.73	41.55
53	122.39	105.99	63.09	55.51	48.27	42.91
54	126.26	109.35	65.08	57.28	49.80	44.26
55	130.14	112.70	67.08	59.03	51.32	45.62

$30 Policy Fee

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with Residual and 6% COLA Riders Attached

Occupation Classes 4 and 4M | Unisex Select To Age 67

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	23.90	20.69	12.33	10.84	9.43	8.38
19	23.90	20.69	12.33	10.84	9.43	8.38
20	23.90	20.69	12.33	10.84	9.43	8.38
21	23.90	20.69	12.33	10.84	9.43	8.38
22	23.90	20.69	12.33	10.84	9.43	8.38
23	23.90	20.69	12.33	10.84	9.43	8.38
24	23.90	20.69	12.33	10.84	9.43	8.38
25	23.90	20.69	12.33	10.84	9.43	8.38
26	23.90	20.69	12.33	10.84	9.43	8.38
27	23.90	20.69	12.33	10.84	9.43	8.38
28	23.90	20.69	12.33	10.84	9.43	8.38
29	24.00	20.78	12.38	10.89	9.46	8.42
30	24.52	21.23	12.63	11.12	9.67	8.58
31	25.18	21.80	12.98	11.41	9.92	8.83
32	26.03	22.54	13.41	11.81	10.26	9.13
33	27.05	23.42	13.94	12.28	10.66	9.48
34	28.31	24.52	14.59	12.85	11.17	9.92
35	29.76	25.78	15.34	13.50	11.73	10.43
36	31.37	27.16	16.17	14.24	12.38	10.99
37	33.13	28.68	17.08	15.03	13.07	11.60
38	35.13	30.41	18.11	15.93	13.86	12.31
39	37.24	32.25	19.20	16.90	14.68	13.05
40	39.64	34.32	20.43	17.98	15.63	13.89
41	42.19	36.54	21.75	19.14	16.63	14.79
42	44.93	38.92	23.16	20.38	17.71	15.75
43	47.93	41.50	24.71	21.74	18.90	16.80
44	51.19	44.33	26.39	23.23	20.20	17.94
45	54.81	47.46	28.25	24.86	21.61	19.22
46	58.83	50.95	30.32	26.69	23.20	20.62
47	63.22	54.76	32.59	28.68	24.93	22.17
48	67.95	58.85	35.03	30.83	26.79	23.81
49	73.12	63.33	37.69	33.17	28.83	25.64
50	78.20	67.72	40.31	35.47	30.84	27.41
51	82.39	71.35	42.47	37.38	32.49	28.88
52	86.44	74.86	44.56	39.21	34.09	30.30
53	90.35	78.24	46.57	40.99	35.63	31.67
54	94.81	82.10	48.87	43.02	37.39	33.23
55	100.01	86.61	51.55	45.36	39.44	35.06
56	104.13	90.17	53.68	47.23	41.07	36.50
57	108.23	93.72	55.79	49.09	42.67	37.94
58	111.49	96.54	57.47	50.57	43.97	39.08
59	113.44	98.25	58.48	51.46	44.74	39.77
60	115.59	100.11	59.59	52.43	45.58	40.52
61	115.59	100.11	59.59	52.43	45.58	40.52
62	115.59	100.11	59.59	52.43	45.58	40.52
63	115.59	100.11	59.59	52.43	45.58	40.52
64	115.59	100.11	59.59	52.43	45.58	40.52
65	115.59	100.11	59.59	52.43	45.58	40.52
66	115.59	100.11	59.59	52.43	45.58	40.52

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with Residual and 6% COLA Riders Attached

Occupation Classes 4 and 4M | Unisex Select To Age 67

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	32.83	28.42	16.92	14.89	12.95	11.50
19	32.83	28.42	16.92	14.89	12.95	11.50
20	32.83	28.42	16.92	14.89	12.95	11.50
21	32.83	28.42	16.92	14.89	12.95	11.50
22	32.83	28.42	16.92	14.89	12.95	11.50
23	32.83	28.42	16.92	14.89	12.95	11.50
24	32.83	28.42	16.92	14.89	12.95	11.50
25	32.83	28.42	16.92	14.89	12.95	11.50
26	33.81	29.27	17.42	15.34	13.33	11.84
27	34.51	29.89	17.79	15.65	13.60	12.10
28	35.15	30.44	18.12	15.94	13.86	12.33
29	35.81	31.01	18.45	16.25	14.12	12.54
30	36.56	31.66	18.85	16.58	14.42	12.81
31	37.54	32.51	19.35	17.03	14.80	13.17
32	38.71	33.52	19.95	17.56	15.27	13.56
33	40.10	34.73	20.67	18.20	15.82	14.06
34	41.73	36.14	21.51	18.94	16.45	14.62
35	43.59	37.75	22.46	19.78	17.19	15.28
36	45.67	39.54	23.53	20.71	18.01	16.01
37	47.91	41.49	24.69	21.73	18.89	16.80
38	50.37	43.62	25.97	22.85	19.87	17.65
39	52.98	45.88	27.30	24.03	20.90	18.57
40	55.76	48.28	28.74	25.29	21.99	19.54
41	58.69	50.82	30.25	26.62	23.15	20.57
42	61.76	53.49	31.84	28.02	24.35	21.65
43	64.97	56.28	33.49	29.47	25.62	22.78
44	68.37	59.20	35.24	31.02	26.96	23.97
45	71.90	62.27	37.07	32.61	28.35	25.21
46	75.59	65.46	38.97	34.28	29.81	26.49
47	79.40	68.75	40.93	36.01	31.30	27.83
48	83.32	72.16	42.95	37.80	32.86	29.21
49	87.32	75.62	45.02	39.61	34.44	30.60
50	91.35	79.11	47.08	41.44	36.03	32.03
51	94.54	81.87	48.74	42.89	37.28	33.15
52	97.74	84.65	50.38	44.33	38.54	34.26
53	100.94	87.41	52.02	45.78	39.81	35.38
54	104.13	90.17	53.68	47.23	41.07	36.50
55	107.33	92.94	55.32	48.68	42.32	37.62

$30 Policy Fee

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with Residual and 6% COLA Riders Attached

Occupation Classes 5 and 5M | Unisex Select To Age 67

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	18.82	16.30	9.70	8.53	7.43	6.59
19	18.82	16.30	9.70	8.53	7.43	6.59
20	18.82	16.30	9.70	8.53	7.43	6.59
21	18.82	16.30	9.70	8.53	7.43	6.59
22	18.82	16.30	9.70	8.53	7.43	6.59
23	18.82	16.30	9.70	8.53	7.43	6.59
24	18.82	16.30	9.70	8.53	7.43	6.59
25	18.82	16.30	9.70	8.53	7.43	6.59
26	18.82	16.30	9.70	8.53	7.43	6.59
27	18.82	16.30	9.70	8.53	7.43	6.59
28	18.82	16.30	9.70	8.53	7.43	6.59
29	18.90	16.36	9.74	8.57	7.45	6.62
30	19.31	16.71	9.95	8.75	7.61	6.76
31	19.82	17.17	10.22	8.99	7.81	6.95
32	20.49	17.75	10.56	9.30	8.08	7.19
33	21.29	18.44	10.98	9.66	8.40	7.46
34	22.29	19.31	11.49	10.12	8.79	7.81
35	23.43	20.30	12.08	10.63	9.24	8.22
36	24.70	21.38	12.73	11.21	9.74	8.65
37	26.09	22.58	13.44	11.83	10.29	9.14
38	27.66	23.95	14.26	12.54	10.91	9.69
39	29.32	25.39	15.12	13.31	11.56	10.28
40	31.21	27.03	16.09	14.16	12.31	10.94
41	33.22	28.77	17.13	15.07	13.10	11.64
42	35.37	30.64	18.24	16.05	13.95	12.40
43	37.74	32.68	19.45	17.12	14.88	13.23
44	40.31	34.91	20.78	18.29	15.90	14.13
45	43.15	37.37	22.25	19.57	17.02	15.13
46	46.32	40.11	23.88	21.02	18.27	16.24
47	49.78	43.11	25.66	22.58	19.63	17.45
48	53.51	46.33	27.58	24.27	21.10	18.75
49	57.58	49.87	29.68	26.12	22.70	20.19
50	61.58	53.32	31.74	27.93	24.28	21.58
51	64.87	56.18	33.44	29.43	25.58	22.74
52	68.06	58.94	35.09	30.88	26.84	23.86
53	71.14	61.61	36.67	32.27	28.06	24.94
54	74.66	64.65	38.48	33.87	29.44	26.17
55	78.74	68.19	40.59	35.72	31.06	27.60
56	81.99	71.00	42.26	37.19	32.33	28.74
57	85.22	73.79	43.93	38.66	33.60	29.87
58	87.79	76.02	45.25	39.82	34.62	30.77
59	89.33	77.36	46.04	40.52	35.22	31.31
60	91.02	78.82	46.92	41.28	35.89	31.91
61	91.02	78.82	46.92	41.28	35.89	31.91
62	91.02	78.82	46.92	41.28	35.89	31.91
63	91.02	78.82	46.92	41.28	35.89	31.91
64	91.02	78.82	46.92	41.28	35.89	31.91
65	91.02	78.82	46.92	41.28	35.89	31.91
66	91.02	78.82	46.92	41.28	35.89	31.91

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with Residual and 6% COLA Riders Attached

Occupation Classes 5 and 5M | Unisex Select To Age 67

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	25.85	22.38	13.33	11.72	10.20	9.06
19	25.85	22.38	13.33	11.72	10.20	9.06
20	25.85	22.38	13.33	11.72	10.20	9.06
21	25.85	22.38	13.33	11.72	10.20	9.06
22	25.85	22.38	13.33	11.72	10.20	9.06
23	25.85	22.38	13.33	11.72	10.20	9.06
24	25.85	22.38	13.33	11.72	10.20	9.06
25	25.85	22.38	13.33	11.72	10.20	9.06
26	26.62	23.05	13.72	12.08	10.49	9.33
27	27.18	23.53	14.01	12.33	10.71	9.52
28	27.68	23.97	14.27	12.55	10.91	9.70
29	28.20	24.41	14.53	12.79	11.12	9.88
30	28.79	24.93	14.84	13.06	11.36	10.09
31	29.56	25.60	15.24	13.40	11.65	10.37
32	30.48	26.39	15.71	13.83	12.02	10.68
33	31.57	27.34	16.28	14.33	12.45	11.07
34	32.86	28.45	16.94	14.91	12.96	11.51
35	34.32	29.72	17.69	15.57	13.53	12.03
36	35.96	31.14	18.53	16.31	14.18	12.60
37	37.72	32.67	19.44	17.11	14.87	13.23
38	39.66	34.34	20.44	17.99	15.64	13.90
39	41.72	36.13	21.50	18.92	16.45	14.62
40	43.91	38.02	22.63	19.92	17.32	15.38
41	46.21	40.02	23.82	20.96	18.23	16.20
42	48.63	42.11	25.07	22.06	19.18	17.05
43	51.16	44.31	26.37	23.21	20.18	17.94
44	53.84	46.62	27.75	24.42	21.23	18.87
45	56.62	49.03	29.19	25.68	22.32	19.85
46	59.52	51.54	30.68	27.00	23.47	20.86
47	62.52	54.13	32.22	28.35	24.65	21.91
48	65.61	56.82	33.82	29.76	25.87	23.00
49	68.76	59.54	35.44	31.19	27.12	24.10
50	71.92	62.29	37.08	32.63	28.36	25.22
51	74.44	64.47	38.37	33.77	29.35	26.10
52	76.96	66.65	39.67	34.91	30.34	26.98
53	79.48	68.82	40.97	36.05	31.34	27.86
54	81.99	71.00	42.26	37.19	32.33	28.74
55	84.51	73.18	43.56	38.33	33.32	29.62

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with Residual and 6% COLA Riders Attached

Occupation Classes 6 and 6M | Unisex Select To Age 67

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	14.87	12.87	7.66	6.74	5.87	5.21
19	14.87	12.87	7.66	6.74	5.87	5.21
20	14.87	12.87	7.66	6.74	5.87	5.21
21	14.87	12.87	7.66	6.74	5.87	5.21
22	14.87	12.87	7.66	6.74	5.87	5.21
23	14.87	12.87	7.66	6.74	5.87	5.21
24	14.87	12.87	7.66	6.74	5.87	5.21
25	14.87	12.87	7.66	6.74	5.87	5.21
26	14.87	12.87	7.66	6.74	5.87	5.21
27	14.87	12.87	7.66	6.74	5.87	5.21
28	14.87	12.87	7.66	6.74	5.87	5.21
29	14.93	12.93	7.69	6.77	5.89	5.24
30	15.26	13.21	7.86	6.91	6.02	5.35
31	15.66	13.56	8.07	7.10	6.17	5.49
32	16.19	14.02	8.35	7.35	6.39	5.68
33	16.82	14.57	8.67	7.63	6.63	5.90
34	17.61	15.26	9.08	7.99	6.95	6.17
35	18.51	16.04	9.54	8.40	7.30	6.49
36	19.51	16.89	10.06	8.85	7.69	6.83
37	20.61	17.84	10.62	9.35	8.13	7.22
38	21.85	18.92	11.27	9.91	8.62	7.65
39	23.17	20.06	11.94	10.51	9.14	8.12
40	24.66	21.35	12.71	11.19	9.72	8.64
41	26.24	22.73	13.53	11.90	10.35	9.20
42	27.95	24.21	14.40	12.68	11.02	9.80
43	29.81	25.82	15.36	13.52	11.75	10.44
44	31.85	27.58	16.41	14.44	12.56	11.16
45	34.10	29.52	17.57	15.46	13.44	11.95
46	36.59	31.69	18.86	16.60	14.43	12.83
47	39.32	34.06	20.28	17.84	15.51	13.79
48	42.27	36.60	21.79	19.18	16.66	14.81
49	45.49	39.39	23.44	20.63	17.93	15.95
50	48.65	42.12	25.08	22.07	19.19	17.05
51	51.25	44.38	26.42	23.26	20.21	17.97
52	53.77	46.57	27.72	24.39	21.21	18.85
53	56.20	48.67	28.97	25.49	22.17	19.70
54	58.97	51.07	30.40	26.76	23.26	20.67
55	62.21	53.88	32.07	28.22	24.53	21.81
56	64.78	56.09	33.39	29.38	25.54	22.70
57	67.32	58.30	34.70	30.54	26.54	23.59
58	69.36	60.05	35.75	31.45	27.35	24.30
59	70.57	61.11	36.37	32.01	27.83	24.74
60	71.90	62.27	37.07	32.61	28.35	25.21
61	71.90	62.27	37.07	32.61	28.35	25.21
62	71.90	62.27	37.07	32.61	28.35	25.21
63	71.90	62.27	37.07	32.61	28.35	25.21
64	71.90	62.27	37.07	32.61	28.35	25.21
65	71.90	62.27	37.07	32.61	28.35	25.21
66	71.90	62.27	37.07	32.61	28.35	25.21

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with Residual and 6% COLA Riders Attached

Occupation Classes 6 and 6M — Unisex Select To Age 67

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	20.42	17.68	10.52	9.26	8.06	7.16
19	20.42	17.68	10.52	9.26	8.06	7.16
20	20.42	17.68	10.52	9.26	8.06	7.16
21	20.42	17.68	10.52	9.26	8.06	7.16
22	20.42	17.68	10.52	9.26	8.06	7.16
23	20.42	17.68	10.52	9.26	8.06	7.16
24	20.42	17.68	10.52	9.26	8.06	7.16
25	20.42	17.68	10.52	9.26	8.06	7.16
26	21.03	18.21	10.84	9.54	8.29	7.37
27	21.47	18.59	11.07	9.74	8.46	7.52
28	21.87	18.94	11.27	9.92	8.62	7.66
29	22.28	19.29	11.48	10.11	8.78	7.80
30	22.74	19.69	11.72	10.32	8.97	7.97
31	23.35	20.23	12.04	10.59	9.21	8.19
32	24.08	20.85	12.41	10.93	9.49	8.43
33	24.94	21.60	12.86	11.32	9.84	8.74
34	25.96	22.47	13.38	11.78	10.24	9.10
35	27.12	23.48	13.98	12.31	10.69	9.50
36	28.40	24.60	14.64	12.88	11.20	9.96
37	29.80	25.81	15.36	13.51	11.75	10.44
38	31.33	27.14	16.15	14.21	12.36	10.98
39	32.96	28.54	16.99	14.95	13.00	11.55
40	34.69	30.04	17.88	15.73	13.68	12.16
41	36.51	31.61	18.82	16.55	14.39	12.79
42	38.41	33.27	19.80	17.42	15.15	13.46
43	40.42	35.01	20.84	18.33	15.94	14.17
44	42.53	36.83	21.92	19.30	16.77	14.91
45	44.73	38.74	23.06	20.29	17.63	15.68
46	47.02	40.72	24.24	21.32	18.54	16.48
47	49.39	42.77	25.45	22.40	19.47	17.31
48	51.83	44.89	26.72	23.51	20.43	18.17
49	54.32	47.03	28.00	24.64	21.42	19.04
50	56.82	49.21	29.29	25.78	22.40	19.92
51	58.81	50.93	30.31	26.68	23.19	20.61
52	60.80	52.65	31.34	27.58	23.97	21.31
53	62.79	54.37	32.36	28.47	24.76	22.01
54	64.78	56.09	33.39	29.38	25.54	22.70
55	66.76	57.82	34.41	30.28	26.32	23.40

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with Residual and Four-Year Delayed COLA Rider Attached

Occupation Classes 3 and 3M | Unisex Select To Age 65

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	20.14	17.44	10.39	9.13	7.94	7.06
19	20.14	17.44	10.39	9.13	7.94	7.06
20	20.14	17.44	10.39	9.13	7.94	7.06
21	20.14	17.44	10.39	9.13	7.94	7.06
22	20.14	17.44	10.39	9.13	7.94	7.06
23	20.14	17.44	10.39	9.13	7.94	7.06
24	20.14	17.44	10.39	9.13	7.94	7.06
25	20.14	17.44	10.39	9.13	7.94	7.06
26	20.14	17.44	10.39	9.13	7.94	7.06
27	20.14	17.44	10.39	9.13	7.94	7.06
28	20.14	17.44	10.39	9.13	7.94	7.06
29	20.38	17.65	10.50	9.24	8.04	7.15
30	20.73	17.96	10.69	9.41	8.17	7.28
31	21.27	18.41	10.96	9.65	8.39	7.45
32	22.00	19.06	11.35	9.99	8.67	7.71
33	22.95	19.88	11.83	10.41	9.06	8.05
34	23.95	20.75	12.35	10.87	9.45	8.41
35	25.11	21.74	12.94	11.39	9.89	8.80
36	26.40	22.87	13.61	11.98	10.41	9.26
37	27.84	24.11	14.35	12.62	10.98	9.76
38	29.36	25.43	15.14	13.33	11.58	10.30
39	31.03	26.86	15.99	14.07	12.23	10.87
40	32.86	28.45	16.94	14.91	12.96	11.51
41	34.84	30.18	17.96	15.81	13.74	12.22
42	36.91	31.97	19.03	16.74	14.56	12.94
43	39.16	33.91	20.19	17.76	15.44	13.72
44	41.56	35.98	21.42	18.84	16.39	14.56
45	44.18	38.26	22.78	20.05	17.42	15.49
46	47.06	40.75	24.26	21.34	18.55	16.49
47	50.13	43.42	25.84	22.75	19.77	17.58
48	53.36	46.21	27.50	24.22	21.04	18.71
49	56.76	49.15	29.25	25.75	22.38	19.90
50	63.15	54.69	32.55	28.65	24.90	22.14
51	69.39	60.08	35.77	31.47	27.36	24.31
52	77.22	66.86	39.81	35.04	30.44	27.07
53	84.48	73.15	43.54	38.31	33.31	29.61
54	86.99	75.33	44.84	39.46	34.30	30.49
55	89.27	77.30	46.02	40.49	35.20	31.28
56	91.57	79.30	47.20	41.53	36.11	32.10
57	94.08	81.48	48.50	42.67	37.10	32.98
58	96.42	83.51	49.70	43.74	38.03	33.80
59	98.87	85.63	50.97	44.86	38.99	34.65
60	101.33	87.75	52.23	45.97	39.96	35.52
61	101.33	87.75	52.23	45.97	39.96	35.52
62	101.33	87.75	52.23	45.97	39.96	35.52
63	101.33	87.75	52.23	45.97	39.96	35.52
64	101.33	87.75	52.23	45.97	39.96	35.52

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with Residual and Four-Year Delayed COLA Rider Attached

Occupation Classes 3 and 3M | Unisex Select To Age 65

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	27.44	23.77	14.15	12.45	10.82	9.62
19	27.44	23.77	14.15	12.45	10.82	9.62
20	27.44	23.77	14.15	12.45	10.82	9.62
21	27.44	23.77	14.15	12.45	10.82	9.62
22	27.44	23.77	14.15	12.45	10.82	9.62
23	27.44	23.77	14.15	12.45	10.82	9.62
24	27.44	23.77	14.15	12.45	10.82	9.62
25	27.44	23.77	14.15	12.45	10.82	9.62
26	28.45	24.64	14.66	12.91	11.22	9.97
27	29.14	25.24	15.02	13.22	11.49	10.22
28	29.70	25.72	15.31	13.47	11.71	10.41
29	30.26	26.21	15.59	13.72	11.94	10.61
30	30.91	26.77	15.93	14.03	12.18	10.84
31	31.77	27.50	16.37	14.40	12.53	11.13
32	32.80	28.40	16.91	14.88	12.93	11.49
33	34.05	29.48	17.55	15.44	13.43	11.94
34	35.52	30.77	18.32	16.12	14.01	12.45
35	37.18	32.19	19.17	16.86	14.66	13.04
36	39.05	33.82	20.13	17.71	15.39	13.69
37	41.03	35.52	21.15	18.61	16.18	14.37
38	43.14	37.37	22.25	19.57	17.02	15.13
39	45.43	39.33	23.41	20.61	17.92	15.92
40	47.86	41.44	24.67	21.71	18.88	16.77
41	50.34	43.59	25.95	22.84	19.85	17.64
42	52.99	45.91	27.32	24.05	20.90	18.58
43	55.73	48.25	28.72	25.27	21.97	19.53
44	58.62	50.77	30.21	26.59	23.12	20.55
45	61.61	53.34	31.76	27.95	24.28	21.59
46	64.78	56.09	33.39	29.38	25.54	22.70
47	68.02	58.91	35.07	30.86	26.83	23.85
48	71.40	61.84	36.81	32.38	28.16	25.04
49	74.82	64.80	38.57	33.94	29.50	26.23
50	78.26	67.77	40.34	35.49	30.86	27.42
51	80.55	69.76	41.51	36.53	31.76	28.23
52	82.81	71.72	42.69	37.57	32.66	29.03
53	85.06	73.67	43.85	38.59	33.54	29.82
54	87.35	75.64	45.03	39.62	34.44	30.61
55	89.61	77.61	46.19	40.65	35.34	31.40

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with Residual and Four-Year Delayed COLA Rider Attached

Occupation Classes 4 and 4M | Unisex Select To Age 65

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	16.61	14.38	8.56	7.53	6.55	5.82
19	16.61	14.38	8.56	7.53	6.55	5.82
20	16.61	14.38	8.56	7.53	6.55	5.82
21	16.61	14.38	8.56	7.53	6.55	5.82
22	16.61	14.38	8.56	7.53	6.55	5.82
23	16.61	14.38	8.56	7.53	6.55	5.82
24	16.61	14.38	8.56	7.53	6.55	5.82
25	16.61	14.38	8.56	7.53	6.55	5.82
26	16.61	14.38	8.56	7.53	6.55	5.82
27	16.61	14.38	8.56	7.53	6.55	5.82
28	16.61	14.38	8.56	7.53	6.55	5.82
29	16.81	14.56	8.66	7.62	6.62	5.90
30	17.10	14.81	8.81	7.76	6.74	6.00
31	17.54	15.19	9.04	7.96	6.92	6.15
32	18.15	15.72	9.36	8.24	7.16	6.37
33	18.92	16.39	9.76	8.58	7.46	6.64
34	19.75	17.11	10.19	8.97	7.79	6.93
35	20.71	17.93	10.67	9.40	8.16	7.26
36	21.78	18.86	11.23	9.88	8.58	7.63
37	22.96	19.88	11.83	10.41	9.05	8.05
38	24.22	20.97	12.48	10.99	9.55	8.48
39	25.58	22.16	13.19	11.60	10.09	8.97
40	27.10	23.46	13.97	12.30	10.69	9.49
41	28.73	24.88	14.81	13.04	11.33	10.07
42	30.44	26.36	15.69	13.80	12.01	10.67
43	32.30	27.96	16.64	14.65	12.74	11.32
44	34.27	29.67	17.66	15.54	13.51	12.01
45	36.43	31.56	18.78	16.53	14.37	12.77
46	38.81	33.61	20.01	17.60	15.31	13.60
47	41.34	35.81	21.31	18.76	16.31	14.49
48	44.01	38.11	22.68	19.97	17.35	15.42
49	46.81	40.53	24.13	21.24	18.45	16.40
50	52.07	45.09	26.84	23.62	20.53	18.26
51	57.22	49.55	29.49	25.95	22.57	20.06
52	63.69	55.14	32.83	28.89	25.11	22.31
53	69.67	60.32	35.91	31.60	27.47	24.41
54	71.75	62.12	36.98	32.54	28.29	25.15
55	73.62	63.75	37.95	33.39	29.03	25.80
56	75.52	65.39	38.93	34.24	29.77	26.46
57	77.59	67.19	40.00	35.19	30.59	27.20
58	79.51	68.86	40.99	36.08	31.35	27.88
59	81.54	70.61	42.04	36.99	32.15	28.58
60	83.56	72.37	43.07	37.91	32.96	29.29
61	83.56	72.37	43.07	37.91	32.96	29.29
62	83.56	72.37	43.07	37.91	32.96	29.29
63	83.56	72.37	43.07	37.91	32.96	29.29
64	83.56	72.37	43.07	37.91	32.96	29.29

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with Residual and Four-Year Delayed COLA Rider Attached

Occupation Classes 4 and 4M | Unisex Select To Age 65

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	22.63	19.60	11.67	10.28	8.93	7.93
19	22.63	19.60	11.67	10.28	8.93	7.93
20	22.63	19.60	11.67	10.28	8.93	7.93
21	22.63	19.60	11.67	10.28	8.93	7.93
22	22.63	19.60	11.67	10.28	8.93	7.93
23	22.63	19.60	11.67	10.28	8.93	7.93
24	22.63	19.60	11.67	10.28	8.93	7.93
25	22.63	19.60	11.67	10.28	8.93	7.93
26	23.46	20.31	12.10	10.65	9.26	8.23
27	24.03	20.81	12.38	10.90	9.48	8.42
28	24.49	21.21	12.62	11.12	9.65	8.58
29	24.96	21.61	12.86	11.32	9.84	8.75
30	25.48	22.08	13.14	11.56	10.05	8.94
31	26.21	22.68	13.50	11.88	10.34	9.18
32	27.05	23.42	13.94	12.28	10.66	9.48
33	28.08	24.31	14.47	12.74	11.08	9.84
34	29.29	25.37	15.10	13.29	11.55	10.28
35	30.67	26.55	15.80	13.91	12.10	10.75
36	32.19	27.89	16.59	14.61	12.70	11.29
37	33.84	29.29	17.43	15.35	13.34	11.86
38	35.58	30.82	18.34	16.15	14.03	12.47
39	37.47	32.44	19.31	17.00	14.77	13.13
40	39.47	34.17	20.34	17.90	15.56	13.83
41	41.52	35.95	21.40	18.83	16.37	14.54
42	43.71	37.86	22.53	19.83	17.24	15.33
43	45.96	39.80	23.69	20.85	18.12	16.11
44	48.34	41.87	24.92	21.93	19.06	16.95
45	50.81	44.00	26.19	23.05	20.03	17.80
46	53.42	46.25	27.53	24.23	21.06	18.72
47	56.10	48.58	28.92	25.44	22.13	19.66
48	58.88	50.99	30.35	26.70	23.23	20.64
49	61.71	53.44	31.81	27.99	24.32	21.62
50	64.54	55.89	33.26	29.27	25.44	22.62
51	66.42	57.52	34.23	30.13	26.19	23.28
52	68.30	59.14	35.20	30.98	26.93	23.94
53	70.14	60.76	36.16	31.82	27.66	24.59
54	72.03	62.37	37.13	32.68	28.40	25.25
55	73.90	63.99	38.10	33.52	29.15	25.90

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with Residual and Four-Year Delayed COLA Rider Attached

Occupation Classes 5 and 5M | Unisex Select To Age 65

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	13.08	11.33	6.74	5.93	5.16	4.58
19	13.08	11.33	6.74	5.93	5.16	4.58
20	13.08	11.33	6.74	5.93	5.16	4.58
21	13.08	11.33	6.74	5.93	5.16	4.58
22	13.08	11.33	6.74	5.93	5.16	4.58
23	13.08	11.33	6.74	5.93	5.16	4.58
24	13.08	11.33	6.74	5.93	5.16	4.58
25	13.08	11.33	6.74	5.93	5.16	4.58
26	13.08	11.33	6.74	5.93	5.16	4.58
27	13.08	11.33	6.74	5.93	5.16	4.58
28	13.08	11.33	6.74	5.93	5.16	4.58
29	13.24	11.46	6.82	6.00	5.22	4.64
30	13.46	11.66	6.94	6.11	5.31	4.72
31	13.81	11.96	7.12	6.27	5.45	4.84
32	14.29	12.38	7.37	6.48	5.63	5.01
33	14.90	12.91	7.68	6.76	5.88	5.23
34	15.55	13.47	8.02	7.06	6.14	5.45
35	16.31	14.12	8.41	7.40	6.43	5.71
36	17.15	14.85	8.84	7.78	6.76	6.01
37	18.08	15.65	9.32	8.20	7.13	6.34
38	19.07	16.51	9.83	8.65	7.52	6.68
39	20.15	17.44	10.39	9.14	7.94	7.06
40	21.33	18.47	11.00	9.68	8.42	7.47
41	22.62	19.59	11.66	10.27	8.92	7.93
42	23.97	20.76	12.36	10.87	9.45	8.41
43	25.43	22.02	13.11	11.53	10.03	8.91
44	26.99	23.36	13.91	12.24	10.64	9.45
45	28.69	24.85	14.79	13.02	11.32	10.06
46	30.56	26.46	15.75	13.86	12.05	10.71
47	32.55	28.20	16.78	14.77	12.84	11.41
48	34.65	30.01	17.86	15.72	13.66	12.15
49	36.86	31.92	19.00	16.72	14.53	12.92
50	41.01	35.51	21.14	18.60	16.17	14.37
51	45.05	39.02	23.23	20.43	17.77	15.79
52	50.14	43.42	25.85	22.75	19.77	17.57
53	54.86	47.50	28.27	24.88	21.63	19.23
54	56.49	48.92	29.12	25.62	22.28	19.80
55	57.96	50.19	29.88	26.29	22.86	20.31
56	59.46	51.49	30.65	26.97	23.44	20.84
57	61.09	52.91	31.49	27.71	24.09	21.41
58	62.61	54.22	32.27	28.40	24.69	21.95
59	64.20	55.60	33.10	29.13	25.31	22.50
60	65.80	56.98	33.92	29.85	25.95	23.07
61	65.80	56.98	33.92	29.85	25.95	23.07
62	65.80	56.98	33.92	29.85	25.95	23.07
63	65.80	56.98	33.92	29.85	25.95	23.07
64	65.80	56.98	33.92	29.85	25.95	23.07

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with Residual and Four-Year Delayed COLA Rider Attached

Occupation Classes 5 and 5M | Unisex Select To Age 65

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	17.82	15.43	9.19	8.09	7.03	6.25
19	17.82	15.43	9.19	8.09	7.03	6.25
20	17.82	15.43	9.19	8.09	7.03	6.25
21	17.82	15.43	9.19	8.09	7.03	6.25
22	17.82	15.43	9.19	8.09	7.03	6.25
23	17.82	15.43	9.19	8.09	7.03	6.25
24	17.82	15.43	9.19	8.09	7.03	6.25
25	17.82	15.43	9.19	8.09	7.03	6.25
26	18.47	16.00	9.52	8.39	7.29	6.47
27	18.92	16.38	9.75	8.58	7.46	6.63
28	19.29	16.70	9.94	8.75	7.60	6.76
29	19.65	17.02	10.13	8.91	7.75	6.89
30	20.07	17.38	10.35	9.11	7.91	7.04
31	20.63	17.86	10.63	9.36	8.14	7.23
32	21.29	18.44	10.98	9.66	8.40	7.46
33	22.11	19.15	11.39	10.03	8.72	7.75
34	23.07	19.98	11.89	10.46	9.10	8.09
35	24.15	20.91	12.44	10.95	9.52	8.46
36	25.35	21.96	13.07	11.50	10.00	8.89
37	26.64	23.07	13.73	12.09	10.50	9.34
38	28.02	24.26	14.44	12.71	11.05	9.82
39	29.50	25.54	15.21	13.38	11.63	10.34
40	31.08	26.91	16.02	14.10	12.26	10.89
41	32.69	28.30	16.85	14.83	12.89	11.45
42	34.41	29.81	17.74	15.61	13.57	12.07
43	36.18	31.33	18.65	16.41	14.27	12.68
44	38.07	32.97	19.62	17.27	15.01	13.35
45	40.01	34.64	20.62	18.15	15.77	14.02
46	42.07	36.42	21.68	19.08	16.58	14.74
47	44.17	38.25	22.77	20.04	17.42	15.48
48	46.36	40.15	23.90	21.03	18.29	16.26
49	48.59	42.08	25.05	22.04	19.16	17.03
50	50.82	44.01	26.20	23.05	20.04	17.81
51	52.30	45.29	26.96	23.72	20.62	18.33
52	53.78	46.57	27.72	24.39	21.21	18.85
53	55.23	47.84	28.47	25.06	21.78	19.36
54	56.72	49.11	29.23	25.73	22.36	19.88
55	58.19	50.39	30.00	26.39	22.95	20.39

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with Residual and Four-Year Delayed COLA Rider Attached

Occupation Classes 6 and 6M | Unisex Select To Age 65

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	10.34	8.95	5.33	4.68	4.08	3.62
19	10.34	8.95	5.33	4.68	4.08	3.62
20	10.34	8.95	5.33	4.68	4.08	3.62
21	10.34	8.95	5.33	4.68	4.08	3.62
22	10.34	8.95	5.33	4.68	4.08	3.62
23	10.34	8.95	5.33	4.68	4.08	3.62
24	10.34	8.95	5.33	4.68	4.08	3.62
25	10.34	8.95	5.33	4.68	4.08	3.62
26	10.34	8.95	5.33	4.68	4.08	3.62
27	10.34	8.95	5.33	4.68	4.08	3.62
28	10.34	8.95	5.33	4.68	4.08	3.62
29	10.45	9.06	5.39	4.74	4.12	3.67
30	10.63	9.22	5.48	4.82	4.19	3.73
31	10.91	9.44	5.62	4.95	4.31	3.82
32	11.29	9.78	5.82	5.12	4.46	3.96
33	11.77	10.20	6.07	5.35	4.64	4.13
34	12.29	10.64	6.34	5.57	4.85	4.31
35	12.88	11.16	6.64	5.84	5.08	4.51
36	13.54	11.73	6.98	6.15	5.35	4.75
37	14.29	12.37	7.36	6.47	5.63	5.01
38	15.07	13.05	7.76	6.83	5.94	5.28
39	15.92	13.78	8.21	7.22	6.28	5.57
40	16.85	14.59	8.69	7.65	6.65	5.90
41	17.87	15.47	9.22	8.11	7.05	6.27
42	18.94	16.40	9.76	8.58	7.46	6.64
43	20.10	17.39	10.36	9.11	7.92	7.04
44	21.32	18.45	10.99	9.66	8.41	7.46
45	22.66	19.63	11.68	10.29	8.94	7.95
46	24.15	20.91	12.44	10.95	9.51	8.46
47	25.72	22.28	13.26	11.67	10.15	9.02
48	27.37	23.70	14.11	12.42	10.79	9.59
49	29.12	25.22	15.01	13.21	11.48	10.21
50	32.39	28.06	16.70	14.69	12.77	11.36
51	35.59	30.82	18.34	16.15	14.04	12.47
52	39.61	34.30	20.42	17.97	15.62	13.88
53	43.33	37.52	22.33	19.65	17.09	15.19
54	44.63	38.64	23.00	20.25	17.60	15.64
55	45.79	39.65	23.60	20.77	18.06	16.05
56	46.98	40.68	24.22	21.30	18.52	16.46
57	48.26	41.80	24.88	21.89	19.03	16.92
58	49.46	42.84	25.49	22.44	19.50	17.33
59	50.72	43.93	26.15	23.01	20.00	17.78
60	51.98	45.02	26.80	23.58	20.50	18.23
61	51.98	45.02	26.80	23.58	20.50	18.23
62	51.98	45.02	26.80	23.58	20.50	18.23
63	51.98	45.02	26.80	23.58	20.50	18.23
64	51.98	45.02	26.80	23.58	20.50	18.23

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with Residual and Four-Year Delayed COLA Rider Attached

Occupation Classes 6 and 6M | Unisex Select To Age 65

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	14.08	12.20	7.26	6.39	5.55	4.93
19	14.08	12.20	7.26	6.39	5.55	4.93
20	14.08	12.20	7.26	6.39	5.55	4.93
21	14.08	12.20	7.26	6.39	5.55	4.93
22	14.08	12.20	7.26	6.39	5.55	4.93
23	14.08	12.20	7.26	6.39	5.55	4.93
24	14.08	12.20	7.26	6.39	5.55	4.93
25	14.08	12.20	7.26	6.39	5.55	4.93
26	14.59	12.64	7.52	6.62	5.75	5.12
27	14.95	12.94	7.70	6.78	5.90	5.24
28	15.24	13.20	7.85	6.91	6.01	5.35
29	15.52	13.44	8.00	7.04	6.13	5.45
30	15.85	13.73	8.18	7.20	6.25	5.56
31	16.30	14.11	8.40	7.40	6.43	5.71
32	16.82	14.57	8.67	7.63	6.63	5.90
33	17.46	15.13	9.00	7.92	6.89	6.13
34	18.23	15.78	9.40	8.27	7.19	6.39
35	19.08	16.51	9.83	8.65	7.52	6.68
36	20.03	17.34	10.33	9.09	7.90	7.02
37	21.05	18.23	10.85	9.55	8.30	7.38
38	22.14	19.17	11.41	10.04	8.73	7.76
39	23.30	20.18	12.01	10.57	9.19	8.17
40	24.55	21.26	12.65	11.14	9.68	8.60
41	25.83	22.36	13.32	11.71	10.19	9.05
42	27.19	23.55	14.02	12.34	10.72	9.53
43	28.58	24.75	14.73	12.97	11.27	10.02
44	30.08	26.05	15.50	13.64	11.86	10.54
45	31.60	27.36	16.30	14.34	12.45	11.08
46	33.23	28.77	17.13	15.07	13.10	11.64
47	34.90	30.22	17.99	15.83	13.76	12.24
48	36.63	31.72	18.88	16.61	14.44	12.84
49	38.38	33.24	19.79	17.41	15.14	13.45
50	40.14	34.77	20.69	18.21	15.83	14.07
51	41.32	35.78	21.29	18.74	16.30	14.48
52	42.48	36.79	21.90	19.28	16.75	14.89
53	43.63	37.79	22.49	19.79	17.21	15.30
54	44.81	38.80	23.10	20.32	17.67	15.70
55	45.98	39.81	23.70	20.85	18.13	16.11

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with Residual and Four-Year Delayed COLA Rider Attached

Occupation Classes 3 and 3M | Unisex Select To Age 67

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	21.65	18.75	11.16	9.82	8.53	7.59
19	21.65	18.75	11.16	9.82	8.53	7.59
20	21.65	18.75	11.16	9.82	8.53	7.59
21	21.65	18.75	11.16	9.82	8.53	7.59
22	21.65	18.75	11.16	9.82	8.53	7.59
23	21.65	18.75	11.16	9.82	8.53	7.59
24	21.65	18.75	11.16	9.82	8.53	7.59
25	21.65	18.75	11.16	9.82	8.53	7.59
26	21.65	18.75	11.16	9.82	8.53	7.59
27	21.65	18.75	11.16	9.82	8.53	7.59
28	21.65	18.75	11.16	9.82	8.53	7.59
29	21.94	19.01	11.32	9.96	8.66	7.70
30	22.33	19.33	11.51	10.13	8.81	7.82
31	22.93	19.85	11.82	10.40	9.04	8.04
32	23.78	20.60	12.26	10.79	9.38	8.34
33	24.79	21.46	12.78	11.24	9.77	8.69
34	25.94	22.45	13.37	11.77	10.23	9.09
35	27.27	23.61	14.06	12.37	10.75	9.56
36	28.69	24.85	14.79	13.02	11.32	10.06
37	30.26	26.21	15.59	13.72	11.94	10.61
38	31.94	27.66	16.46	14.48	12.59	11.19
39	33.80	29.27	17.42	15.34	13.33	11.85
40	35.85	31.04	18.47	16.27	14.14	12.56
41	38.10	33.00	19.64	17.28	15.02	13.36
42	40.46	35.04	20.86	18.35	15.96	14.18
43	43.04	37.26	22.19	19.51	16.97	15.08
44	45.82	39.67	23.61	20.78	18.07	16.06
45	48.90	42.34	25.21	22.19	19.29	17.14
46	52.26	45.26	26.94	23.71	20.61	18.32
47	55.94	48.44	28.83	25.37	22.06	19.60
48	59.81	51.79	30.83	27.13	23.58	20.97
49	64.72	56.04	33.36	29.35	25.52	22.69
50	71.83	62.22	37.04	32.60	28.32	25.19
51	79.54	68.88	41.00	36.08	31.36	27.89
52	89.17	77.22	45.97	40.45	35.15	31.25
53	98.51	85.32	50.79	44.69	38.85	34.53
54	104.82	90.77	54.03	47.55	41.33	36.74
55	109.97	95.23	56.69	49.89	43.36	38.54
56	113.11	97.94	58.30	51.30	44.60	39.64
57	115.95	100.41	59.77	52.60	45.72	40.65
58	118.84	102.91	61.26	53.91	46.87	41.65
59	121.83	105.50	62.80	55.27	48.04	42.71
60	124.88	108.14	64.37	56.64	49.24	43.77
61	124.88	108.14	64.37	56.64	49.24	43.77
62	124.88	108.14	64.37	56.64	49.24	43.77
63	124.88	108.14	64.37	56.64	49.24	43.77
64	124.88	108.14	64.37	56.64	49.24	43.77
65	124.88	108.14	64.37	56.64	49.24	43.77
66	124.88	108.14	64.37	56.64	49.24	43.77

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with Residual and Four-Year Delayed COLA Rider Attached

Occupation Classes 3 and 3M | Unisex Select To Age 67

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	30.64	26.53	15.79	13.90	12.09	10.73
19	30.64	26.53	15.79	13.90	12.09	10.73
20	30.64	26.53	15.79	13.90	12.09	10.73
21	30.64	26.53	15.79	13.90	12.09	10.73
22	30.64	26.53	15.79	13.90	12.09	10.73
23	30.64	26.53	15.79	13.90	12.09	10.73
24	30.64	26.53	15.79	13.90	12.09	10.73
25	30.64	26.53	15.79	13.90	12.09	10.73
26	31.68	27.42	16.33	14.36	12.48	11.10
27	32.50	28.15	16.75	14.74	12.82	11.39
28	33.28	28.82	17.16	15.10	13.13	11.66
29	34.11	29.53	17.58	15.47	13.44	11.95
30	35.09	30.37	18.08	15.92	13.83	12.29
31	36.21	31.34	18.66	16.42	14.27	12.68
32	37.50	32.47	19.33	17.02	14.79	13.14
33	39.08	33.83	20.14	17.71	15.41	13.69
34	40.79	35.32	21.03	18.51	16.09	14.31
35	42.80	37.07	22.06	19.40	16.88	15.00
36	44.96	38.94	23.18	20.40	17.73	15.76
37	47.35	41.02	24.41	21.48	18.68	16.60
38	49.94	43.23	25.74	22.64	19.68	17.50
39	52.68	45.62	27.16	23.89	20.76	18.46
40	55.63	48.17	28.68	25.24	21.94	19.50
41	58.78	50.90	30.29	26.66	23.18	20.60
42	62.11	53.79	32.02	28.18	24.50	21.77
43	65.61	56.81	33.82	29.76	25.87	22.99
44	69.29	60.00	35.72	31.43	27.32	24.28
45	73.21	63.39	37.74	33.20	28.86	25.66
46	77.28	66.93	39.84	35.05	30.47	27.10
47	81.59	70.64	42.05	37.01	32.17	28.59
48	86.02	74.48	44.33	39.02	33.93	30.15
49	90.57	78.43	46.68	41.09	35.71	31.74
50	95.15	82.41	49.04	43.16	37.52	33.36
51	98.99	85.72	51.02	44.90	39.03	34.70
52	102.83	89.05	53.01	46.65	40.55	36.05
53	106.66	92.36	54.97	48.37	42.07	37.38
54	110.50	95.68	56.95	50.13	43.57	38.73
55	114.37	99.05	58.95	51.89	45.09	40.10

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with Residual and Four-Year Delayed COLA Rider Attached

Occupation Classes 4 and 4M | Unisex Select To Age 67

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	17.85	15.46	9.21	8.10	7.04	6.26
19	17.85	15.46	9.21	8.10	7.04	6.26
20	17.85	15.46	9.21	8.10	7.04	6.26
21	17.85	15.46	9.21	8.10	7.04	6.26
22	17.85	15.46	9.21	8.10	7.04	6.26
23	17.85	15.46	9.21	8.10	7.04	6.26
24	17.85	15.46	9.21	8.10	7.04	6.26
25	17.85	15.46	9.21	8.10	7.04	6.26
26	17.85	15.46	9.21	8.10	7.04	6.26
27	17.85	15.46	9.21	8.10	7.04	6.26
28	17.85	15.46	9.21	8.10	7.04	6.26
29	18.10	15.68	9.33	8.21	7.14	6.35
30	18.42	15.94	9.49	8.35	7.27	6.45
31	18.91	16.37	9.74	8.57	7.45	6.62
32	19.61	16.99	10.11	8.90	7.73	6.88
33	20.44	17.70	10.53	9.27	8.06	7.17
34	21.38	18.52	11.03	9.70	8.43	7.49
35	22.49	19.47	11.59	10.20	8.86	7.88
36	23.66	20.49	12.20	10.74	9.33	8.30
37	24.96	21.61	12.86	11.32	9.84	8.75
38	26.34	22.81	13.58	11.95	10.39	9.23
39	27.88	24.14	14.37	12.65	10.99	9.77
40	29.56	25.60	15.24	13.41	11.65	10.36
41	31.42	27.21	16.20	14.25	12.38	11.02
42	33.37	28.89	17.20	15.14	13.17	11.69
43	35.49	30.73	18.30	16.10	14.00	12.43
44	37.78	32.72	19.47	17.14	14.90	13.24
45	40.32	34.92	20.78	18.30	15.91	14.13
46	43.10	37.33	22.22	19.55	17.00	15.12
47	46.13	39.95	23.78	20.92	18.20	16.17
48	49.32	42.71	25.42	22.36	19.45	17.29
49	53.37	46.22	27.51	24.21	21.05	18.71
50	59.24	51.31	30.54	26.88	23.36	20.77
51	65.60	56.81	33.81	29.75	25.86	23.00
52	73.54	63.69	37.91	33.35	29.00	25.78
53	81.25	70.36	41.88	36.85	32.04	28.48
54	86.44	74.86	44.56	39.21	34.09	30.30
55	90.69	78.53	46.75	41.13	35.76	31.79
56	93.28	80.76	48.07	42.31	36.78	32.69
57	95.61	82.80	49.28	43.38	37.71	33.52
58	98.01	84.87	50.52	44.46	38.65	34.35
59	100.48	87.00	51.79	45.58	39.62	35.21
60	102.99	89.18	53.08	46.71	40.61	36.10
61	102.99	89.18	53.08	46.71	40.61	36.10
62	102.99	89.18	53.08	46.71	40.61	36.10
63	102.99	89.18	53.08	46.71	40.61	36.10
64	102.99	89.18	53.08	46.71	40.61	36.10
65	102.99	89.18	53.08	46.71	40.61	36.10
66	102.99	89.18	53.08	46.71	40.61	36.10

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with Residual and Four-Year Delayed COLA Rider Attached

Occupation Classes 4 and 4M | Unisex Select To Age 67

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	25.27	21.88	13.03	11.46	9.97	8.85
19	25.27	21.88	13.03	11.46	9.97	8.85
20	25.27	21.88	13.03	11.46	9.97	8.85
21	25.27	21.88	13.03	11.46	9.97	8.85
22	25.27	21.88	13.03	11.46	9.97	8.85
23	25.27	21.88	13.03	11.46	9.97	8.85
24	25.27	21.88	13.03	11.46	9.97	8.85
25	25.27	21.88	13.03	11.46	9.97	8.85
26	26.13	22.62	13.46	11.84	10.30	9.16
27	26.81	23.21	13.82	12.16	10.57	9.40
28	27.44	23.76	14.15	12.44	10.82	9.62
29	28.13	24.35	14.49	12.76	11.09	9.86
30	28.93	25.05	14.91	13.13	11.40	10.14
31	29.86	25.85	15.38	13.54	11.77	10.46
32	30.93	26.78	15.94	14.03	12.20	10.84
33	32.22	27.90	16.61	14.61	12.71	11.29
34	33.63	29.14	17.33	15.27	13.27	11.79
35	35.29	30.56	18.20	16.01	13.92	12.38
36	37.08	32.12	19.11	16.82	14.62	13.00
37	39.06	33.82	20.13	17.71	15.40	13.69
38	41.17	35.66	21.23	18.67	16.24	14.43
39	43.44	37.62	22.39	19.70	17.13	15.23
40	45.88	39.73	23.65	20.81	18.10	16.08
41	48.47	41.97	24.98	21.99	19.11	16.99
42	51.22	44.36	26.40	23.24	20.21	17.96
43	54.10	46.85	27.89	24.54	21.33	18.96
44	57.14	49.49	29.46	25.93	22.53	20.03
45	60.38	52.28	31.12	27.38	23.80	21.16
46	63.74	55.19	32.86	28.91	25.14	22.34
47	67.28	58.25	34.68	30.51	26.53	23.57
48	70.93	61.42	36.56	32.18	27.98	24.86
49	74.69	64.68	38.50	33.89	29.44	26.18
50	78.47	67.95	40.45	35.59	30.94	27.51
51	81.64	70.70	42.08	37.03	32.18	28.62
52	84.80	73.44	43.72	38.47	33.44	29.72
53	87.96	76.17	45.34	39.90	34.69	30.83
54	91.13	78.91	46.98	41.34	35.94	31.94
55	94.33	81.68	48.62	42.79	37.19	33.07

$30 Policy Fee

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with Residual and Four-Year Delayed COLA Rider Attached

Occupation Classes 5 and 5M | Unisex Select To Age 67

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	14.06	12.18	7.25	6.38	5.54	4.93
19	14.06	12.18	7.25	6.38	5.54	4.93
20	14.06	12.18	7.25	6.38	5.54	4.93
21	14.06	12.18	7.25	6.38	5.54	4.93
22	14.06	12.18	7.25	6.38	5.54	4.93
23	14.06	12.18	7.25	6.38	5.54	4.93
24	14.06	12.18	7.25	6.38	5.54	4.93
25	14.06	12.18	7.25	6.38	5.54	4.93
26	14.06	12.18	7.25	6.38	5.54	4.93
27	14.06	12.18	7.25	6.38	5.54	4.93
28	14.06	12.18	7.25	6.38	5.54	4.93
29	14.25	12.35	7.35	6.46	5.62	5.00
30	14.50	12.55	7.47	6.57	5.72	5.08
31	14.89	12.89	7.67	6.75	5.87	5.22
32	15.44	13.37	7.96	7.01	6.09	5.42
33	16.10	13.94	8.30	7.30	6.35	5.64
34	16.84	14.58	8.68	7.64	6.64	5.90
35	17.71	15.34	9.13	8.03	6.98	6.21
36	18.63	16.14	9.60	8.45	7.35	6.53
37	19.65	17.02	10.13	8.91	7.75	6.89
38	20.74	17.96	10.69	9.41	8.18	7.27
39	21.95	19.01	11.32	9.96	8.65	7.69
40	23.27	20.16	12.00	10.56	9.18	8.16
41	24.74	21.42	12.75	11.22	9.75	8.67
42	26.27	22.75	13.54	11.92	10.37	9.21
43	27.95	24.20	14.40	12.67	11.02	9.79
44	29.75	25.76	15.34	13.49	11.73	10.42
45	31.75	27.49	16.36	14.40	12.52	11.13
46	33.94	29.39	17.49	15.39	13.38	11.90
47	36.32	31.45	18.72	16.47	14.33	12.73
48	38.84	33.63	20.02	17.61	15.32	13.61
49	42.03	36.39	21.66	19.06	16.57	14.73
50	46.65	40.40	24.05	21.17	18.39	16.35
51	51.65	44.73	26.62	23.42	20.36	18.11
52	57.91	50.14	29.85	26.26	22.83	20.30
53	63.97	55.40	32.98	29.02	25.23	22.42
54	68.06	58.94	35.09	30.88	26.84	23.86
55	71.41	61.84	36.81	32.39	28.16	25.03
56	73.45	63.60	37.86	33.31	28.96	25.74
57	75.29	65.20	38.81	34.16	29.69	26.39
58	77.17	66.83	39.78	35.01	30.43	27.05
59	79.11	68.51	40.78	35.89	31.19	27.73
60	81.09	70.22	41.80	36.78	31.98	28.42
61	81.09	70.22	41.80	36.78	31.98	28.42
62	81.09	70.22	41.80	36.78	31.98	28.42
63	81.09	70.22	41.80	36.78	31.98	28.42
64	81.09	70.22	41.80	36.78	31.98	28.42
65	81.09	70.22	41.80	36.78	31.98	28.42
66	81.09	70.22	41.80	36.78	31.98	28.42

$30 Policy Fee

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with Residual and Four-Year Delayed COLA Rider Attached

Occupation Classes 5 and 5M | Unisex Select To Age 67

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	19.90	17.23	10.26	9.03	7.85	6.97
19	19.90	17.23	10.26	9.03	7.85	6.97
20	19.90	17.23	10.26	9.03	7.85	6.97
21	19.90	17.23	10.26	9.03	7.85	6.97
22	19.90	17.23	10.26	9.03	7.85	6.97
23	19.90	17.23	10.26	9.03	7.85	6.97
24	19.90	17.23	10.26	9.03	7.85	6.97
25	19.90	17.23	10.26	9.03	7.85	6.97
26	20.57	17.81	10.60	9.33	8.11	7.21
27	21.11	18.28	10.88	9.57	8.33	7.40
28	21.61	18.71	11.14	9.80	8.52	7.57
29	22.15	19.18	11.41	10.05	8.73	7.76
30	22.78	19.72	11.74	10.34	8.98	7.98
31	23.51	20.35	12.12	10.66	9.27	8.24
32	24.35	21.09	12.55	11.05	9.60	8.53
33	25.37	21.97	13.08	11.50	10.01	8.89
34	26.48	22.94	13.65	12.02	10.44	9.29
35	27.79	24.07	14.33	12.60	10.96	9.74
36	29.20	25.28	15.05	13.25	11.51	10.24
37	30.75	26.63	15.85	13.95	12.13	10.78
38	32.42	28.08	16.71	14.70	12.78	11.37
39	34.20	29.62	17.63	15.51	13.48	11.99
40	36.13	31.28	18.62	16.38	14.25	12.66
41	38.16	33.05	19.67	17.32	15.05	13.37
42	40.33	34.93	20.79	18.30	15.91	14.14
43	42.60	36.89	21.96	19.32	16.80	14.93
44	45.00	38.97	23.20	20.41	17.74	15.77
45	47.54	41.16	24.50	21.56	18.74	16.66
46	50.18	43.46	25.87	22.76	19.79	17.59
47	52.97	45.87	27.30	24.03	20.89	18.56
48	55.86	48.36	28.79	25.33	22.03	19.57
49	58.81	50.93	30.31	26.68	23.19	20.61
50	61.79	53.51	31.85	28.03	24.36	21.66
51	64.28	55.67	33.14	29.16	25.34	22.53
52	66.78	57.83	34.42	30.29	26.33	23.40
53	69.26	59.97	35.70	31.41	27.31	24.27
54	71.76	62.13	36.99	32.55	28.29	25.15
55	74.27	64.32	38.28	33.69	29.28	26.04

$30 Policy Fee

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Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with Residual and Four-Year Delayed COLA Rider Attached

Occupation Classes 6 and 6M | Unisex Select To Age 67

Graded Annual Premiums per $100 MI

Attained Age	Elimination Period					
	30	60	90	180	360	720
18	11.11	9.62	5.72	5.04	4.38	3.89
19	11.11	9.62	5.72	5.04	4.38	3.89
20	11.11	9.62	5.72	5.04	4.38	3.89
21	11.11	9.62	5.72	5.04	4.38	3.89
22	11.11	9.62	5.72	5.04	4.38	3.89
23	11.11	9.62	5.72	5.04	4.38	3.89
24	11.11	9.62	5.72	5.04	4.38	3.89
25	11.11	9.62	5.72	5.04	4.38	3.89
26	11.11	9.62	5.72	5.04	4.38	3.89
27	11.11	9.62	5.72	5.04	4.38	3.89
28	11.11	9.62	5.72	5.04	4.38	3.89
29	11.26	9.75	5.80	5.11	4.45	3.95
30	11.45	9.92	5.90	5.20	4.52	4.01
31	11.76	10.19	6.06	5.34	4.63	4.12
32	12.20	10.56	6.29	5.53	4.81	4.28
33	12.72	11.01	6.55	5.76	5.01	4.46
34	13.31	11.52	6.86	6.04	5.25	4.66
35	13.99	12.12	7.21	6.35	5.51	4.90
36	14.72	12.75	7.58	6.68	5.80	5.16
37	15.52	13.44	8.00	7.04	6.13	5.45
38	16.38	14.19	8.44	7.43	6.46	5.74
39	17.33	15.02	8.94	7.87	6.83	6.08
40	18.38	15.92	9.47	8.35	7.25	6.44
41	19.54	16.93	10.08	8.86	7.70	6.85
42	20.76	17.97	10.70	9.41	8.19	7.28
43	22.08	19.12	11.38	10.01	8.70	7.73
44	23.50	20.35	12.12	10.66	9.27	8.24
45	25.09	21.72	12.93	11.38	9.89	8.79
46	26.81	23.23	13.82	12.16	10.57	9.41
47	28.70	24.85	14.79	13.02	11.32	10.06
48	30.68	26.57	15.81	13.91	12.10	10.75
49	33.20	28.75	17.12	15.06	13.09	11.64
50	36.85	31.92	19.00	16.72	14.53	12.92
51	40.80	35.33	21.03	18.50	16.09	14.31
52	45.75	39.61	23.58	20.75	18.04	16.04
53	50.54	43.77	26.05	22.92	19.93	17.71
54	53.77	46.57	27.72	24.39	21.21	18.85
55	56.41	48.85	29.08	25.59	22.25	19.77
56	58.02	50.24	29.91	26.31	22.88	20.33
57	59.48	51.51	30.66	26.99	23.45	20.85
58	60.96	52.80	31.42	27.65	24.04	21.36
59	62.50	54.12	32.21	28.35	24.64	21.91
60	64.06	55.47	33.02	29.06	25.26	22.45
61	64.06	55.47	33.02	29.06	25.26	22.45
62	64.06	55.47	33.02	29.06	25.26	22.45
63	64.06	55.47	33.02	29.06	25.26	22.45
64	64.06	55.47	33.02	29.06	25.26	22.45
65	64.06	55.47	33.02	29.06	25.26	22.45
66	64.06	55.47	33.02	29.06	25.26	22.45

$30 Policy Fee

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

Berkshire Life Insurance Company of America
Pittsfield, Massachusetts

Policy Form 1516 (07/11)

Lump Sum Disability Benefit Rider on Individual Disability Income Policy with Residual and Four-Year Delayed COLA Rider Attached

Occupation Classes 6 and 6M | Unisex Select To Age 67

Level Annual Premiums per $100 MI

Issue Age	Elimination Period					
	30	60	90	180	360	720
18	15.72	13.61	8.10	7.13	6.20	5.50
19	15.72	13.61	8.10	7.13	6.20	5.50
20	15.72	13.61	8.10	7.13	6.20	5.50
21	15.72	13.61	8.10	7.13	6.20	5.50
22	15.72	13.61	8.10	7.13	6.20	5.50
23	15.72	13.61	8.10	7.13	6.20	5.50
24	15.72	13.61	8.10	7.13	6.20	5.50
25	15.72	13.61	8.10	7.13	6.20	5.50
26	16.26	14.07	8.38	7.37	6.41	5.69
27	16.67	14.43	8.59	7.56	6.57	5.84
28	17.08	14.78	8.80	7.74	6.73	5.98
29	17.49	15.15	9.02	7.94	6.90	6.13
30	18.00	15.58	9.28	8.17	7.10	6.31
31	18.57	16.08	9.57	8.42	7.32	6.50
32	19.24	16.66	9.92	8.73	7.58	6.74
33	20.05	17.35	10.34	9.09	7.91	7.02
34	20.92	18.12	10.78	9.49	8.25	7.34
35	21.96	19.01	11.32	9.96	8.66	7.69
36	23.07	19.98	11.89	10.46	9.10	8.09
37	24.29	21.04	12.52	11.02	9.58	8.51
38	25.61	22.18	13.21	11.61	10.10	8.98
39	27.02	23.40	13.93	12.26	10.65	9.47
40	28.54	24.71	14.71	12.94	11.26	10.00
41	30.15	26.11	15.54	13.68	11.89	10.56
42	31.86	27.59	16.42	14.45	12.57	11.17
43	33.65	29.15	17.34	15.27	13.28	11.79
44	35.55	30.78	18.32	16.13	14.02	12.45
45	37.56	32.52	19.35	17.04	14.80	13.17
46	39.65	34.33	20.43	17.98	15.63	13.90
47	41.85	36.23	21.57	18.98	16.50	14.66
48	44.12	38.20	22.74	20.02	17.40	15.46
49	46.46	40.23	23.95	21.08	18.32	16.29
50	48.81	42.27	25.16	22.14	19.25	17.12
51	50.78	43.98	26.18	23.04	20.02	17.80
52	52.76	45.68	27.20	23.93	20.80	18.49
53	54.72	47.38	28.21	24.82	21.58	19.18
54	56.69	49.08	29.21	25.72	22.35	19.87
55	58.68	50.82	30.24	26.61	23.14	20.57

The 720-day EP is not available in: AR, CT, DE, ID, IA, NJ, PA, SC, TX, UT, VT, VA, WA, WV. A 360-day EP is not available with a 2-yr benefit period in: AR, CT, DE, ID, NJ, PA, SC, TX, UT, VT, VA, WA, WV.

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

The premium for this rider will reduce on an original age basis as options are exercised.

The annual premium for each $100 of option monthly indemnity will be 100% of the annual premium, without policy fee, that would be required to purchase the same amount of indemnity under the base policy plus 100% of the annual premium for any attached riders.

CALCULATION OF CLASS OF RISK PREMIUMS

Select class of risk premium rates are shown in the rate manual. To calculate premiums for other classes of risk, multiply the premium rate for each coverage by the following factors:

Class of Risk	Factor
Preferred	0.95
Select	1.00
Standard	1.30

CALCULATION OF MODAL PREMIUMS

Mode	Factor
Annual	1.000000
Semi-Annual	0.515000
Quarterly	0.262650
Monthly	0.085833
Guard-o-matic	0.083333

The modal premium is the modal factor times the premium and rounded to the nearest cent.

SERFF Tracking Number:	*GARD-126953602*	*State:*	*Arkansas*
Filing Company:	*Berkshire Life Insurance Company of America*	*State Tracking Number:*	*47676*
Company Tracking Number:	*2011-1500*		
TOI:	*H11I Individual Health - Disability Income*	*Sub-TOI:*	*H11I.007 Long Term - Related to marketing with employer or association groups*
Product Name:	*Provider Plus 2011-1500*		
Project Name/Number:	*/*		

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	01/12/2011

Comments:

Attachment:

1500 Flesch Score.pdf

		Item Status:	Status Date:
Satisfied - Item:	Application	Approved-Closed	01/12/2011

Comments:

Application DI-2011 is filed concurrently in File # GARD-126966307.

		Item Status:	Status Date:
Satisfied - Item:	Outline of Coverage	Approved-Closed	01/12/2011

Comments:

Attachment:

TUOC _07-11_.pdf

		Item Status:	Status Date:
Satisfied - Item:	1500 Red Lined Forms	Approved-Closed	01/12/2011

Comments:

Attachments:

1504 _07-11_.pdf
1512 _07-11_.pdf
1513 _07-11_.pdf
1504-A _07-11_.pdf
1512-A _07-11_.pdf
1513-A _07-11_.pdf

BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA
700 South Street
Pittsfield MA 01201

CERTIFICATION

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

Form Number	Sentences	Words	Syllables	Flesch Score
1504 (07/11)	14	444	707	54.9
1505 (07/11)	53	1667	2581	50.7
1512 (07/11)	26	712	1116	56.2
1513 (07/11)	14	467	711	59.3
1514 (07/11)	15	746	1216	50.5
1516 (07/11)	13	377	609	52.3
1504-A (07/11)	18	621	976	51.2
1511-A (07/11)	14	573	883	51.6
1511-A-FIO (07/11)	10	399	630	50.1
1512-A (07/11)	30	889	1396	52.7
1513-A (07/11)	18	644	1002	51.2

December 6, 2010

Donna K. Owens, Officer
Director of Product Development

Berkshire Life Insurance Company of America
700 South Street • Pittsfield, Massachusetts 01201
1-800-819-2468

DISABILITY INCOME PROTECTION COVERAGE
REQUIRED OUTLINE OF COVERAGE

Policy Form 1500

1. READ YOUR POLICY CAREFULLY – This outline provides a very brief description of Your Policy. This is not the insurance contract and only the actual provisions will control. The Policy itself sets forth in detail the rights and obligations of both You and Your insurance company. It is, therefore, important that YOU READ YOUR POLICY CAREFULLY.

2. DISABILITY INCOME PROTECTION – Policies of this category are designed to provide, to persons insured, Coverage for Disabilities resulting from a covered Injury or Sickness, subject to any limitations set forth in the Policy. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

3. BENEFITS OF THE POLICY – The Policy provides benefits for Total Disability.

   $_____ Monthly Indemnity will be paid each month while You are Totally Disabled.

   Benefits will start at the end of an Elimination Period of _____.

   Your Benefit Period is _____.

   Total Disability Definition – The definition of Total Disability that applies to the Policy is checked below:

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

   You will be Totally Disabled even if You are Gainfully Employed in another occupation so long as, solely due to Injury or Sickness, You are not able to work in Your Occupation.

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

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

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

   You will be Totally Disabled even if You are Gainfully Employed in another occupation so long as, solely due to Injury or Sickness, You are not able to work in Your Occupation.

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

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

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

If You have limited Your Occupation to the performance of the material and substantial duties of a single medical specialty or to a single dental specialty, We will deem that specialty to be Your Occupation.

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

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

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

OPTIONAL BENEFITS – You have applied for those optional benefits checked below. There is a separate premium charge for each added benefit.

☐ Social Insurance Substitute Rider 1501 (All classes) – This rider provides a benefit for Disability when the benefits that You may be receiving from any social insurance plan do not equal or exceed the SIS Maximum Monthly Indemnity.

Your SIS Maximum Monthly Indemnity is $_____ per month.

The SIS benefit each month is equal to the SIS Maximum Monthly Indemnity less any benefits You are receiving from a social insurance plan. Social insurance benefits include benefits for disability from workers' compensation or occupational disease law or for disability or retirement from Social Security.

This benefit will be added to the Monthly Indemnity of the Policy in each month when such indemnity is payable for Disability.

This rider terminates on the earlier of the Expiration Date or the date You retire under the Social Security Act.

☐ Residual Disability Benefit Rider 1502 (Classes 6, 6M, 5, 5M, 4, 4M, 3 and 3M) – This rider provides reduced Monthly Indemnity when You are Residually Disabled.

Residual Disability means that You are Gainfully Employed and are not Totally Disabled under the terms of the Policy; but solely because of Injury or Sickness, Your Loss of Income is at least 15% of Your Prior Income.

The rider has the same Elimination Period as Your Policy.

For each month of the first 12 months that You are eligible for a Residual Disability benefit in the same claim, the policy will pay a Loss of Income Indemnity. The Loss of Income Indemnity is equal to Your Loss of Income less any individual disability insurance benefits You are receiving, or that You are eligible to receive from Berkshire Life Insurance Company of America and all other insurance companies on policies that are in force before the effective date of this rider. The Loss of Income Indemnity will not exceed your Monthly Indemnity. If you continue to be Residually Disabled after the Loss of Income Indemnity has been paid for 12 months, the policy pays a Residual Indemnity.

Your Residual Indemnity is based on the following formula:

$$\text{Residual Indemnity} = \frac{\text{Loss of Income}}{\text{Prior Income}} \times \text{Monthly Indemnity}$$

If You have a Social Insurance Substitute Rider, an Automatic Benefit Enhancement Rider, or an Additional Monthly Benefit Rider, any Monthly Benefits provided by these riders will be added to the Monthly Indemnity of this formula.

You may be Totally or Residually Disabled to satisfy the Elimination Period of the Policy or rider and to meet the conditions for waiver of premium.

You may not renew this rider after the Expiration Date.

☐ 3% Compound Cost Of Living Adjustment Rider 1504 (Classes 6, 6M, 5, 5M, 4, 4M, 3 and 3M) – This rider provides on the anniversary of a claim, while benefits are payable, a 3% adjustment in Monthly Indemnity that will be applicable to benefits paid for the next 12 months.

If You have a Social Insurance Substitute Rider, an Automatic Benefit Enhancement Rider, or an Additional Monthly Benefit Rider, any Monthly Benefits provided by these riders will be adjusted in the same manner.

You may not renew this rider after the Expiration Date.

☐ Future Increase Option Rider 1505 (Classes 6, 6M, 5, 5M, 4, 4M, 3 and 3M) – This rider gives You the right to apply for additional disability income insurance in future years despite any change in Your health or occupation. Your Option Date each year is the Policy Anniversary until You are Age 55.

This rider includes a Special Option Date that may be used once while this rider is in effect if You lose Your Group Long-Term Disability Coverage and it is not subsequently replaced.

Your total Future Increase Option is $_____.

Until You are Age 45, You may apply for all or part of the remaining Total Increase Option on any one Option Date. On or after Age 45, You may apply for up to one-third of the remaining Total Increase Option, or the remaining Total Increase Option if it is less than $1,000, on any Option Date.

Each Increase Policy applied for during an Option Period or a Special Option Period will be underwritten to determine the maximum amount of Monthly Indemnity, if any, available to You. You must provide evidence of Your Income, employment and all other disability insurance with any insurer that is in force, which You have applied for, or for which You are eligible. We may require additional evidence of financial insurability, as necessary. You do not have to provide evidence of Your medical insurability or occupation.

This rider expires after You are Age 55 or, if earlier, when You use Your last Increase Option.

☐ Automatic Benefit Enhancement Rider 1506 (Classes 6, 6M, 5, 5M, 4, 4M, 3 and 3M) – This rider provides for an Automatic Increase of 4% in the Monthly Indemnity of the Policy on each of five consecutive Policy Anniversaries.

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

- another five Automatic Increases; or
- the number of Automatic Increases between your attained Age and Age 60, whichever is less; or
- the number of Automatic Increases which will not cause the Monthly Indemnity to exceed the maximum amount of allowable Monthly Indemnity, if any, available to You based on Our underwriting rules in effect at the time You apply for rider renewal.

If You apply to renew this rider, You must provide evidence of Your medical insurability, Income, occupation, employment and other insurance in force, applied for, or for which You are eligible. We may require additional evidence of financial insurability to renew this rider.

Your application to renew this rider will be underwritten in accordance with Our underwriting rules in effect at the time You apply for renewal to determine if You are eligible to renew this rider.

If benefits have been paid by Us under the Policy, You are not eligible to renew this rider.

This rider is renewable at five-year intervals but not past Age 60.

☐ Partial Disability Benefit Rider 1507 (Classes 2, 2M, 1 and 1M) – This rider provides one-half of the Monthly Indemnity when You are Partially Disabled after a period of Total Disability.

The Partial Indemnity of this rider is payable for six months or, if earlier, the end of the Benefit Period.

You must be Totally Disabled for the length of the Elimination Period before You become Partially Disabled.

Partial Disability means that You are Gainfully Employed but, because of Injury or Sickness:

– You are able to perform one or more but not all of the material and substantial duties of Your Occupation; or
– You are unable to perform the material and substantial duties of Your Occupation for more than one-half of the time normally required.

You may not renew this rider after the Expiration Date.

☐ Unemployment Waiver of Premium Rider 1509 (All classes) – Under this rider, We will waive the premiums of the Policy if You become unemployed and receive unemployment compensation for at least 60 consecutive days.

We will waive the premiums for a 12-month period beginning on the date You become unemployed even if You return to work.

Premiums may not be waived for a subsequent Unemployment Period until 48 months have elapsed from the end of the previous Unemployment Period.

You may not renew this rider after You are Age 60.

☐ Catastrophic Disability Benefit Rider 1510 (Classes 6, 6M, 5, 5M, 4, 4M, 3 and 3M) – This rider provides a Catastrophic Disability Benefit if You are Catastrophically Disabled.

Catastrophically Disabled means that due to Injury or Sickness You are: unable to perform two or more of the Activities of Daily Living without Human Standby Assistance; or You are Cognitively Impaired; or You are Irrecoverably Disabled. The Activities of Daily Living are Bathing, Dressing, Eating, Transferring, Toileting and Continence.

$_____ Catastrophic Disability Monthly Benefit will be paid at the end of each month while You are Catastrophically Disabled. Benefits will start at the end of an Elimination Period of _____.

Cognitive Impairment means You have suffered a severe deterioration or loss in Your cognitive capacity which requires Substantial Supervision to protect You or others from threats to health and safety. Substantial Supervision means continual supervision by another person that may include physical assistance, cueing by verbal prompting, gestures, or other similar demonstrations. The Cognitive Impairment must result from Injury, Sickness, Alzheimer's disease, senility or irreversible dementia, and must be supported by reliable clinical evidence and standardized tests that reliably measure Your impairment in short- or long-term memory; Your orientation as to person (such as who You are), place (such as Your location), and time (such as day, date and year); and deductive or abstract reasoning.

Irrecoverably Disabled means that, even if You are Gainfully Employed, Injury or Sickness results in Your total, complete and irrecoverable loss of: the sight in both eyes; or hearing in both ears; or speech; or the use of both hands, both feet, or one hand and one foot, in their entirety.

Maximum Monthly Catastrophic Disability Indemnity is equal to two times the Catastrophic Disability Indemnity shown in the Schedule Page.

☐ 6% Maximum Cost Of Living Adjustment Rider 1512 (Classes 6, 6M, 5, 5M, 4, 4M, 3 and 3M) – This rider adjusts the Monthly Indemnity of Your Policy at the end of each 12 months in a continuous claim to reflect any changes in the cost of living.

We will adjust Your Monthly Indemnity based on changes in the Consumer Price Index for All Urban Consumers (CPI-U) from the start of claim. If You have a Social Insurance Substitute Rider, an Automatic Benefit Enhancement Rider, or an Additional Monthly Benefit Rider, any Monthly Benefits provided by these riders will be adjusted in the same manner.

Your Monthly Indemnity may vary from year to year as the CPI-U rises or falls in relation to the Original Index Month. The adjustment to the Monthly Indemnity will never be less than what a 3% compound rate would provide or more than a 6% compound rate would provide.

You may not renew this rider after the Expiration Date.

☐ Four-Year Delayed Cost Of Living Adjustment Rider 1513 (Classes 6, 6M, 5, 5M, 4, 4M, 3 and 3M) – This rider provides, starting on the fourth anniversary of a claim while benefits are payable, a 3% adjustment in Monthly Indemnity that will be applicable to benefits paid for the next 12 months.

If You have a Social Insurance Substitute Rider, an Automatic Benefit Enhancement Rider, or an Additional Monthly Benefit Rider, any Monthly Benefits provided by these riders will be adjusted in the same manner.

You may not renew this rider after the Expiration Date.

☐ Graded Lifetime Indemnity for Total Disability Rider 1514 (Classes 6, 6M, 5, 5M, 4, 4M, 3 and 3M) – This rider provides lifetime benefits if You become Totally Disabled before Age 65 and remain continuously Totally disabled in the same claim after the Expiration Date. The Lifetime Indemnity percentage is based on Your Age when the continuous Total Disability begins. For each year after Age 45, the percentage decreases by 5%.

You may not renew this rider after You attain Age 65 and are not Totally Disabled.

☐ Retirement Protection Plus Disability Benefit Rider 1515 (Classes 6, 6M, 5, 5M, 4, 4M, 3 and 3M) – This rider provides an RPP Monthly Indemnity benefit payable to an irrevocable trust if You are Totally Disabled and not Gainfully Employed.

$_____ RPP Monthly Indemnity will be paid at the end of each month while You are Totally Disabled and not Gainfully Employed.

Benefits will start at the end of an Elimination Period of _____

You may not renew this rider after Age 65.

☐ Lump Sum Disability Benefit Rider 1516 (Classes 6, 6M, 5, 5M, 4, 4M, 3 and 3M) – This rider provides a lump sum benefit at the later of the Expiration Date of the Policy or the end of the Benefit Period if Disabled. The Lump Sum Benefit Amount will only be paid if the Policy and this rider are in force on the Expiration Date of the Policy, and if the sum of Contributing Payments is equal to or greater than the Qualifying Amount. The Lump Sum Benefit Amount is equal to the sum of Contributing Payments multiplied by 35%.

Contributing Payments are any Total Disability benefits and/or Residual Disability benefits paid under the Policy until the later of the Expiration Date or the end of the Benefit Period if Disabled.

Your Qualifying Amount is $.

You may not renew this rider after the Expiration Date.

4. EXCLUSIONS AND LIMITATIONS OF THE POLICY – We will not pay benefits for any Disability:

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

LIMITATION WHILE OUTSIDE THE UNITED STATES OR CANADA-You must be living full time in the 50 states which comprise the United States of America, the District of Columbia or Canada in order to receive benefits under the Policy, except for incidental travel or vacation; otherwise, benefits will cease. Incidental travel or vacation means being outside of the 50 states which comprise the United States of America, the

District of Columbia or Canada for less than 60 days in a 12-month period. You may not recover benefits that have ceased pursuant to this limitation.

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

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

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

Pre-existing Condition means a physical or mental condition:

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

MENTAL AND/OR SUBSTANCE-RELATED DISORDERS LIMITATION – Benefits for any Disability due to a Mental and/or Substance-Related Disorder will be paid for a period not longer than the Maximum Benefit Period for Mental and/or Substance-Related Disorders as shown in the Schedule Page of the Policy.

After the Maximum Benefit Period for Mental and/or Substance-Related Disorders and subject to the Policy provisions, We will only pay benefits while You are continuously confined in a Hospital for treatment of a Disability due to a Mental and/or Substance-Related Disorder, and You are under the regular medical care of a Physician.

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

5. RENEWABILITY OF THE POLICY – You may renew the Policy at the end of each Premium Term until the Expiration Date. During that time, We cannot change the premium or cancel the Policy.

   After the Expiration Date, You may renew the Policy at the end of each Premium Term as long as You are not Disabled and You are Gainfully Employed Full Time for at least ten months each year and the premium is paid on time.

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

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

3% COMPOUND COST OF LIVING ADJUSTMENT RIDER

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

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

DEFINITIONS

Cost of Living Adjustment Factor
The Cost of Living Adjustment Factor is 1.03.

Incremental Monthly Indemnity
Incremental Monthly Indemnity means the difference between the adjusted Monthly Indemnity in effect on the last Review Date before Your claim ends and the Monthly Indemnity as shown in the Schedule Page.

Review Date
Review Date means the recurrence each year of the date on which You were first Disabled in the same claim.

PROVISIONS RELATING TO COST OF LIVING ADJUSTMENT

Adjustment of the Monthly Indemnity
On the Review Date while benefits are payable, We will adjust the Monthly Indemnity on a compound interest basis as follows: We will determine Your adjusted Monthly Indemnity for the next 12 months by multiplying the Monthly Indemnity in effect immediately prior to the Review Date by the Cost of Living Adjustment Factor.

If You are no longer Disabled and We are no longer paying benefits under the Policy, We will increase the Monthly Indemnity of the Policy by the Incremental Monthly Indemnity, if any, determined on the last Review Date, if:

- ~~You have not attained Age 60; and~~ Your Disability ends prior to the Expiration Date; and
- the Incremental Monthly Indemnity is at least $200.

There will be no extra premium charge for the Incremental Monthly Indemnity until the Expiration Date.

Adjusted Monthly Indemnity After the Expiration Date
At the time You first renew the Policy after the Expiration Date, You may choose one of the following amounts of Monthly Indemnity for any claim for Total Disability that begins after that date:

- the Monthly Indemnity shown in the Schedule Page; or
- the increased indemnity, if any, last created by this rider.

We will base Your premium after the Expiration Date on the amount of Monthly Indemnity You select. You must meet all the conditions in the Policy for renewal after the Expiration Date.

Premium and Renewal
The premium for this rider is shown in the Schedule Page. You may not renew this rider after the Expiration Date.

TERMINATION

Termination of Cost of Living Adjustment
We will adjust the Monthly Indemnity on each Review Date until the first of the following events occurs:

- benefits are no longer being paid under the Policy for Your Disability; or
- the Benefit Period ends; or
- this rider terminates.

Berkshire Life Insurance Company of America

Secretary

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

6% MAXIMUM COST OF LIVING ADJUSTMENT RIDER

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

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

DEFINITIONS

Cost of Living Adjustment Factor
Cost of Living Adjustment Factor is determined by dividing the CPI-U for the Current Index Month by the CPI-U for the Original Index Month. The Cost of Living Adjustment Factor will never be less than 1.00.

CPI-U
CPI-U means the Consumer Price Index for All Urban Consumers, or any later replacement for it, as published by the Bureau of Labor Statistics of the United States Department of Labor.

Current Index Month
Current Index Month means the anniversary of the Original Index Month immediately preceding the Review Date.

Incremental Monthly Indemnity
Incremental Monthly Indemnity means the difference between the adjusted Monthly Indemnity in effect on the last Review Date before Your claim ends and the Monthly Indemnity as shown in the Schedule Page.

Maximum Increase Percent
Maximum Increase Percent is the compounded percentage rate that is used to determine the maximum amount of adjusted Monthly Indemnity for which You are eligible. The Maximum Increase Percent is 6.00%.

Minimum Increase Percent
Minimum Increase Percent is the compounded percentage rate that is used to determine the minimum amount of adjusted Monthly Indemnity for which You are eligible. The Minimum Increase Percent is 3.00%.

Original Index Month
Original Index Month means the calendar month 90 days before the date on which You were first Disabled in the same claim.

Review Date
Review Date means the recurrence each year of the date on which You were first Disabled in the same claim.

PROVISIONS RELATING TO COST OF LIVING ADJUSTMENT

Cost of Living Adjustment
On the Review Date while benefits are payable, We will adjust the Monthly Indemnity for the next 12 months to reflect any changes in cost of living since the start of claim. We will compute the adjusted Monthly Indemnity by multiplying the Monthly Indemnity by the Cost of Living Adjustment Factor. The adjusted Monthly Indemnity will apply to the 12-month period that follows the Review Date while You remain Disabled in the same claim.

Any adjustment to the Monthly Indemnity may vary from year to year as the CPI-U rises or falls in relation to the Original Index Month. The adjustment to the Monthly Indemnity will never be:

- more than the amount We would pay if the CPI-U had risen each year exactly by the Maximum Increase Percent; or

- less than the amount We would pay if the CPI-U had risen each year exactly by the Minimum Increase Percent.

If You are no longer Disabled and We are no longer paying benefits under the Policy, We will increase the Monthly Indemnity of the Policy by the Incremental Monthly Indemnity, if any, determined on the last Review Date, if:

- ~~You have not attained Age 60; and~~ Your Disability ends prior to the Expiration Date; and
- the Incremental Monthly Indemnity is at least $200.

There will be no extra premium charge for the Incremental Monthly Indemnity until the Expiration Date.

Adjusted Monthly Indemnity After the Expiration Date
At the time You first renew the Policy after the Expiration Date, You may choose one of the following amounts of Monthly Indemnity for any claim for Total Disability that begins after that date:

- the Monthly Indemnity shown in the Schedule Page; or
- the increased indemnity, if any, last created by this rider.

We will base Your premium after the Expiration Date on the amount of Monthly Indemnity You select. You must meet all the conditions in the Policy for renewal after the Expiration Date.

Premium and Renewal
The premium for this rider is shown in the Schedule Page. You may not renew this rider after the Expiration Date.

TERMINATION

Termination of Cost of Living Adjustment
We will adjust the Monthly Indemnity on each Review Date until the first of the following events occurs:

- benefits are no longer being paid under the Policy for Your Disability; or
- the Benefit Period ends; or
- this rider terminates.

Berkshire Life Insurance Company of America

Secretary

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

FOUR-YEAR DELAYED COST OF LIVING ADJUSTMENT RIDER

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

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

DEFINITIONS

Cost of Living Adjustment Factor
The Cost of Living Adjustment Factor is 1.03.

Incremental Monthly Indemnity
Incremental Monthly Indemnity means the difference between the adjusted Monthly Indemnity in effect on the last Review Date before Your claim ends and the Monthly Indemnity as shown in the Schedule Page.

Review Date
The first Review Date will be on the fourth anniversary of the date You were first Disabled in the same claim, Thereafter, the Review Date means the recurrence each year of the date on which You were first Disabled in the same claim.

PROVISIONS RELATING TO COST OF LIVING ADJUSTMENT

Adjustment of the Monthly Indemnity
On the Review Date while benefits are payable, We will adjust the Monthly Indemnity on a compound interest basis as follows: We will determine Your adjusted Monthly Indemnity for the next 12 months by multiplying the Monthly Indemnity in effect immediately prior to the Review Date by the Cost of Living Adjustment Factor.

If You are no longer Disabled and We are no longer paying benefits under the Policy, We will increase the Monthly Indemnity of the Policy by the Incremental Monthly Indemnity, if any, determined on the last Review Date, if:

- ~~You have not attained Age 60; and~~ Your Disability ends prior to the Expiration Date; and
- the Incremental Monthly Indemnity is at least $200.

There will be no extra premium charge for the Incremental Monthly Indemnity until the Expiration Date.

Adjusted Monthly Indemnity After the Expiration Date
At the time You first renew the Policy after the Expiration Date, You may choose one of the following amounts of Monthly Indemnity for any claim for Total Disability that begins after that date:

- the Monthly Indemnity shown in the Schedule Page; or
- the increased indemnity, if any, last created by this rider.

We will base Your premium after the Expiration Date on the amount of Monthly Indemnity You select. You must meet all the conditions in the Policy for renewal after the Expiration Date.

Premium and Renewal
The premium for this rider is shown in the Schedule Page. You may not renew this rider after the Expiration Date.

TERMINATION

Termination of Cost of Living Adjustment
We will adjust the Monthly Indemnity on each Review Date until the first of the following events occurs:

- benefits are no longer being paid under the Policy for Your Disability; or
- the Benefit Period ends; or
- this rider terminates.

Berkshire Life Insurance Company of America

Secretary

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

3% COMPOUND COST OF LIVING ADJUSTMENT RIDER

As of the Effective Date shown below, this rider is attached to the Policy. All provisions of the Policy apply to this rider and remain the same except where We change them by this rider.

Policy Number:

Insured:

Effective Date of this rider:

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

DEFINITIONS

Cost of Living Adjustment Factor
The Cost of Living Adjustment Factor is 1.03.

Incremental Monthly Indemnity
Incremental Monthly Indemnity means the difference between the adjusted Monthly Indemnity in effect on the last Review Date before Your claim ends and the Monthly Indemnity as shown in the Schedule Page.

Review Date
Review Date means the recurrence each year of the date on which You were first Disabled in the same claim.

PROVISIONS RELATING TO COST OF LIVING ADJUSTMENT

Adjustment of the Monthly Indemnity
On the Review Date while benefits are payable, We will adjust the Monthly Indemnity on a compound interest basis as follows: We will determine Your adjusted Monthly Indemnity for the next 12 months by multiplying the Monthly Indemnity in effect immediately prior to the Review Date by the Cost of Living Adjustment Factor.

If You are no longer Disabled and We are no longer paying benefits under the Policy, We will increase the Monthly Indemnity of the Policy by the Incremental Monthly Indemnity, if any, determined on the last Review Date, if:

- ~~You have not attained Age 60; and~~ Your Disability ends prior to the Expiration Date; and
- the Incremental Monthly Indemnity is at least $200.

There will be no extra premium charge for the Incremental Monthly Indemnity until the Expiration Date.

Adjusted Monthly Indemnity After the Expiration Date
At the time You first renew the Policy after the Expiration Date, You may choose one of the following amounts of Monthly Indemnity for any claim for Total Disability that begins after that date:

- the Monthly Indemnity shown in the Schedule Page; or
- the increased indemnity, if any, last created by this rider.

We will base Your premium after the Expiration Date on the amount of Monthly Indemnity You select. You must meet all the conditions in the Policy for renewal after the Expiration Date.

Premium and Renewal
The premium for this rider is shown in the Schedule Page. You may not renew this rider after the Expiration Date.

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

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

TERMINATION

Termination of Cost of Living Adjustment
We will adjust the Monthly Indemnity on each Review Date until the first of the following events occurs:

- benefits are no longer being paid under the Policy for Your Disability; or
- the Benefit Period ends; or
- this rider terminates.

Berkshire Life Insurance Company of America

Secretary

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

6% MAXIMUM COST OF LIVING ADJUSTMENT RIDER

As of the Effective Date shown below, this rider is attached to the Policy. All provisions of the Policy apply to this rider and remain the same except where We change them by this rider.

Policy Number:

Insured:

Effective Date of this rider:

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

DEFINITIONS

Cost of Living Adjustment Factor
Cost of Living Adjustment Factor is determined by dividing the CPI-U for the Current Index Month by the CPI-U for the Original Index Month. The Cost of Living Adjustment Factor will never be less than 1.00.

CPI-U
CPI-U means the Consumer Price Index for All Urban Consumers, or any later replacement for it, as published by the Bureau of Labor Statistics of the United States Department of Labor.

Current Index Month
Current Index Month means the anniversary of the Original Index Month immediately preceding the Review Date.

Incremental Monthly Indemnity
Incremental Monthly Indemnity means the difference between the adjusted Monthly Indemnity in effect on the last Review Date before Your claim ends and the Monthly Indemnity as shown in the Schedule Page.

Maximum Increase Percent
Maximum Increase Percent is the compounded percentage rate that is used to determine the maximum amount of adjusted Monthly Indemnity for which You are eligible. The Maximum Increase Percent is 6.00%.

Minimum Increase Percent
Minimum Increase Percent is the compounded percentage rate that is used to determine the minimum amount of adjusted Monthly Indemnity for which You are eligible. The Minimum Increase Percent is 3.00%.

Original Index Month
Original Index Month means the calendar month 90 days before the date on which You were first Disabled in the same claim.

Review Date
Review Date means the recurrence each year of the date on which You were first Disabled in the same claim.

PROVISIONS RELATING TO COST OF LIVING ADJUSTMENT

Cost of Living Adjustment
On the Review Date while benefits are payable, We will adjust the Monthly Indemnity for the next 12 months to reflect any changes in cost of living since the start of claim. We will compute the adjusted Monthly Indemnity by multiplying the Monthly Indemnity by the Cost of Living Adjustment Factor. The adjusted Monthly Indemnity will apply to the 12-month period that follows the Review Date while You remain Disabled in the same claim.

Any adjustment to the Monthly Indemnity may vary from year to year as the CPI-U rises or falls in relation to the Original Index Month. The adjustment to the Monthly Indemnity will never be:

- more than the amount We would pay if the CPI-U had risen each year exactly by the Maximum Increase Percent; or
- less than the amount We would pay if the CPI-U had risen each year exactly by the Minimum Increase Percent.

If You are no longer Disabled and We are no longer paying benefits under the Policy, We will increase the Monthly Indemnity of the Policy by the Incremental Monthly Indemnity, if any, determined on the last Review Date, if:

- ~~You have not attained Age 60; and~~ Your Disability ends prior to the Expiration Date; and
- the Incremental Monthly Indemnity is at least $200.

There will be no extra premium charge for the Incremental Monthly Indemnity until the Expiration Date.

Adjusted Monthly Indemnity After the Expiration Date
At the time You first renew the Policy after the Expiration Date, You may choose one of the following amounts of Monthly Indemnity for any claim for Total Disability that begins after that date:

- the Monthly Indemnity shown in the Schedule Page; or
- the increased indemnity, if any, last created by this rider.

We will base Your premium after the Expiration Date on the amount of Monthly Indemnity You select. You must meet all the conditions in the Policy for renewal after the Expiration Date.

Premium and Renewal
The premium for this rider is shown in the Schedule Page. You may not renew this rider after the Expiration Date.

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

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

TERMINATION

Termination of Cost of Living Adjustment
We will adjust the Monthly Indemnity on each Review Date until the first of the following events occurs:

- benefits are no longer being paid under the Policy for Your Disability; or
- the Benefit Period ends; or
- this rider terminates.

Berkshire Life Insurance Company of America

Secretary

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

FOUR-YEAR DELAYED COST OF LIVING ADJUSTMENT RIDER

As of the Effective Date shown below, this rider is attached to the Policy. All provisions of the Policy apply to this rider and remain the same except where We change them by this rider.

Policy Number:

Insured:

Effective Date of this rider:

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

DEFINITIONS

Cost of Living Adjustment Factor
The Cost of Living Adjustment Factor is 1.03.

Incremental Monthly Indemnity
Incremental Monthly Indemnity means the difference between the adjusted Monthly Indemnity in effect on the last Review Date before Your claim ends and the Monthly Indemnity as shown in the Schedule Page.

Review Date
The first Review Date will be on the fourth anniversary of the date You were first Disabled in the same claim, Thereafter, the Review Date means the recurrence each year of the date on which You were first Disabled in the same claim.

PROVISIONS RELATING TO COST OF LIVING ADJUSTMENT

Adjustment of the Monthly Indemnity
On the Review Date while benefits are payable, We will adjust the Monthly Indemnity on a compound interest basis as follows: We will determine Your adjusted Monthly Indemnity for the next 12 months by multiplying the Monthly Indemnity in effect immediately prior to the Review Date by the Cost of Living Adjustment Factor.

If You are no longer Disabled and We are no longer paying benefits under the Policy, We will increase the Monthly Indemnity of the Policy by the Incremental Monthly Indemnity, if any, determined on the last Review Date, if:

- ~~You have not attained Age 60; and~~ Your Disability ends prior to the Expiration Date; and
- the Incremental Monthly Indemnity is at least $200.

There will be no extra premium charge for the Incremental Monthly Indemnity until the Expiration Date.

Adjusted Monthly Indemnity After the Expiration Date
At the time You first renew the Policy after the Expiration Date, You may choose one of the following amounts of Monthly Indemnity for any claim for Total Disability that begins after that date:

- the Monthly Indemnity shown in the Schedule Page; or
- the increased indemnity, if any, last created by this rider.

We will base Your premium after the Expiration Date on the amount of Monthly Indemnity You select. You must meet all the conditions in the Policy for renewal after the Expiration Date.

Premium and Renewal
The premium for this rider is shown in the Schedule Page. You may not renew this rider after the Expiration Date.

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

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

TERMINATION

Termination of Cost of Living Adjustment
We will adjust the Monthly Indemnity on each Review Date until the first of the following events occurs:

- benefits are no longer being paid under the Policy for Your Disability; or
- the Benefit Period ends; or
- this rider terminates.

Berkshire Life Insurance Company of America

Secretary