

SERFF Tracking Number: CNSC-128470031 State: Arkansas
Filing Company: Washington National Insurance Company State Tracking Number:
Company Tracking Number: WNIC1068
TOI: H07I Individual Health - Specified Disease - Sub-TOI: H07I.001 Critical Illness
Limited Benefit
Product Name: Individual Critical Illness
Project Name/Number: Individual Critical Illness 2/WNIC1068

Filing at a Glance

Company: Washington National Insurance Company

Product Name: Individual Critical Illness SERFF Tr Num: CNSC-128470031 State: Arkansas
TOI: H07I Individual Health - Specified Disease SERFF Status: Closed-Approved- State Tr Num:
- Limited Benefit Closed
Sub-TOI: H07I.001 Critical Illness Co Tr Num: WNIC1068 State Status: Approved-Closed
Filing Type: Form/Rate Reviewer(s): Rosalind Minor
Disposition Date: 06/28/2012
Authors: Beth Blackwell, Stacey Farmer, Michelle Garba, Janet Jones
Date Submitted: 06/28/2012 Disposition Status: Approved-Closed
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: Individual Critical Illness 2 Status of Filing in Domicile: Pending
Project Number: WNIC1068 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: 06/28/2012
State Status Changed: 06/28/2012
Deemer Date: Created By: Beth Blackwell
Submitted By: Janet Jones Corresponding Filing Tracking Number:
Filing Description:
This is a filing for an individual critical illness product. Please see the description of the forms being filed below. This is a new product filing and does not replace any previously approved product.

WNIC1068AR is a critical illness product. This product offers three coverage types which are Cancer, Heart Attack or Stroke, and the combination of Cancer and Heart Attack or Stroke. This product includes a lump sum benefit selection ranging from \$5,000 up to \$100,000, hospitalization, annual care and recurrence. A child benefit is limited to the amount of \$5,000 or \$10,000. The product is guaranteed renewable. Licensed agents will be marketing this product.

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AP-1067AR is the application for this product. This is a simplified issue product. The applicant will be asked to provide information on the application for the type of coverage being applied for. This application will be used for electronic purposes.

This product offers optional riders, which are described below.

R1069AR, is an accidental death and dismemberment rider. This rider provides coverage in the event of accidental death, dismemberment and for certain injuries due to an accident.

R1070AR, is a hospital indemnity rider. This rider provides coverage related to hospitalization, outpatient surgery, skilled care facility, and physician office visits.

R1071AR, is also a hospital indemnity rider. This rider provides coverage related to hospitalization, outpatient surgery and skilled care facility.

R1072, is a radiation and chemotherapy rider. This rider is only available when cancer coverage is purchased under the base product. It provides coverage for radiation and chemotherapy treatments due to cancer.

R1073, is a critical conditions rider. This rider provides a lump sum benefit and hospitalization related to conditions such as Alzheimer's, major organ transplant, blindness, and deafness.

R1077ROPAR is an optional return of premium rider. This rider provides for a return of premiums minus any claims incurred after a specified amount of time.

R1077CV is an optional cash value rider. This rider provides for a percentage of premiums to be returned minus any claims incurred after a specified amount of time or in the event of death.

OC1068AR is the outline of coverage that will be used with this product. The outline of coverage offers a brief description of the coverage.

State Narrative:

Company and Contact

Filing Contact Information

Beth Blackwell, Manager
11815 N. Pennsylvania Street

beth_blackwell@conseco.com
800-888-4918 [Phone] 4721 [Ext]

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Carmel, IN 46032 317-817-2333 [FAX]

Filing Company Information

Washington National Insurance Company CoCode: 70319 State of Domicile: Indiana
 11815 N. Pennsylvania St. Group Code: 233 Company Type: Insurance
 Carmel, IN 46032 Group Name: State ID Number:
 (800) 888-4918 ext. [Phone] FEIN Number: 36-1933760

Filing Fees

Fee Required? Yes
 Fee Amount: \$1,250.00
 Retaliatory? No
 Fee Explanation: Arkansas - \$50 per form

50 x 24 = \$1200

50 per rates = 50

Total \$1,250.00

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Washington National Insurance Company	\$1,250.00	06/28/2012	60489580

SERFF Tracking Number: CNSC-128470031 State: Arkansas
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Disposition

Disposition Date: 06/28/2012

Implementation Date:

Status: Approved-Closed

Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Washington National Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

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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	Statement of Availability	Approved-Closed	Yes
Form	Critical Illness Policy	Approved-Closed	Yes
Form	Definitions Section	Approved-Closed	Yes
Form	Premium Section	Approved-Closed	Yes
Form	Claims Section	Approved-Closed	Yes
Form	General Provision Section	Approved-Closed	Yes
Form	Limitations and Exclusions Section	Approved-Closed	Yes
Form	Benefit Section - Cancer Only	Approved-Closed	Yes
Form	Benefit Section - Heart Attack/Stroke	Approved-Closed	Yes
Form	Benefit Section - Cancer/Heart Attack/Stroke	Approved-Closed	Yes
Form	Accidental Death and Dismemberment Rider	Approved-Closed	Yes
Form	Hospital Indemnity Rider	Approved-Closed	Yes
Form	Hospital Indemnity Rider	Approved-Closed	Yes
Form	Radiation and Chemotherapy Rider	Approved-Closed	Yes
Form	Critical Conditions Rider	Approved-Closed	Yes
Form	Cash Value Rider	Approved-Closed	Yes
Form	Return of Premium Rider	Approved-Closed	Yes
Form	Benefit Schedule - Cancer Only	Approved-Closed	Yes
Form	Benefit Schedule - Heart Attack/Stroke	Approved-Closed	Yes
Form	Benefit Schedule - Cancer/Heart Attack/Stroke	Approved-Closed	Yes
Form	Benefit Schedule - Accidental Death and Dismemberment Rider	Approved-Closed	Yes
Form	Benefit Schedule - Critical Conditions Rider	Approved-Closed	Yes
Form	Policy Schedule	Approved-Closed	Yes
Form	Outline of Coverage	Approved-Closed	Yes
Form	Application	Approved-Closed	Yes

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Rate Rates Approved-Closed Yes

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Form Schedule

Lead Form Number: WNIC1068AR

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 06/28/2012	WNIC1068AR	Policy/Contract	Critical Illness Policy	Initial		50.000	WNIC1068AR.pdf
Approved-Closed 06/28/2012	WNIC1068DAR	Policy/Contract	Definitions Section	Initial		50.000	WNIC1068DAR.pdf
Approved-Closed 06/28/2012	WNIC1068P	Policy/Contract	Premium Section	Initial		50.000	WNIC1068P.pdf
Approved-Closed 06/28/2012	WNIC1068C	Policy/Contract	Claims Section	Initial		50.000	WNIC1068C.pdf

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 Product Name: Individual Critical Illness
 Project Name/Number: Individual Critical Illness 2/WNIC1068

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SERFF Tracking Number:	CNSC-128470031	State:	Arkansas
Filing Company:	Washington National Insurance Company	State Tracking Number:	
Company Tracking Number:	WNIC1068		
TOI:	H071 Individual Health - Specified Disease - Limited Benefit	Sub-TOI:	H071.001 Critical Illness
Product Name:	Individual Critical Illness		
Project Name/Number:	Individual Critical Illness 2/WNIC1068		
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Approved- R1069AR Closed 06/28/2012	Policy/Cont Accidental Death and ract/Fratern Dismemberment al Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	50.000 R1069AR.pdf
Approved- R1070AR Closed 06/28/2012	Policy/Cont Hospital Indemnity ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	50.000 R1070AR.pdf
Approved- R1071AR Closed 06/28/2012	Policy/Cont Hospital Indemnity ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	50.000 R1071AR.pdf
Approved- R1072	Policy/Cont Radiation and	Initial	50.000 R1072.pdf

SERFF Tracking Number:	CNSC-128470031	State:	Arkansas
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Product Name:	Individual Critical Illness		
Project Name/Number:	Individual Critical Illness 2/WNIC1068		
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Approved- BS1068CN	Schedule Benefit Schedule -	Initial	50.000
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06/28/2012

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Approved- BS1073 Schedule Benefit Schedule - Initial 50.000 BS1073.pdf
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Approved- OC1068AR Outline of Outline of Coverage Initial 50.000 OC1068AR.p
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06/28/2012

Approved- AP-1067AR Application/ Application Initial 50.000 AP-
 Closed Enrollment Form 1067AR.pdf

06/28/2012

Washington National Insurance Company
Home Office: 11825 N. Pennsylvania St., Carmel, Indiana 46032-4555
Telephone: 1-800-888-4918

CRITICAL ILLNESS POLICY

**THIS IS A LIMITED BENEFIT POLICY– PLEASE READ CAREFULLY.
THIS POLICY IS GUARANTEED RENEWABLE FOR LIFE.**

THIS IS NOT MEDICARE SUPPLEMENT COVERAGE. If an Insured is eligible for Medicare, please review the “Guide to Health Insurance for People with Medicare”, which is available from the Company.

This Policy (“Policy”) is a legal contract between the Policyowner (shown on the Policy Schedule) and Washington National Insurance Company (the Company). Subject to all the terms and conditions set forth in the Policy, We agree to provide coverage to the Insured against Loss based on the application and in return for Premium payments.

WAITING PERIOD: This Policy contains a 30 day Waiting Period. If an Insured is diagnosed with or treated for any Specified Critical Illness during the first 30 days of coverage under this Policy, no benefits will be provided for Loss resulting from that diagnosed Specified Critical Illness until 12 months after the Insured’s Effective Date of coverage. If an Insured is diagnosed during the first 30 days of coverage, the Insured may elect to void this Policy from its Effective Date and receive a full refund for any Premium paid.

TEN-DAY RIGHT TO RETURN: If for any reason the Policyowner is not satisfied with this Policy, they can send a written request along with the Policy to Our Home Office within 10 days after it is received for a complete refund of Premium and cancellation.

IT IS IMPORTANT that You read the entire Policy, including the application, which is a part of the Policy, and write to Us within 10 days if any information shown in the application is incorrect or incomplete.

GUARANTEED RENEWABILITY PRIVILEGE – PREMIUM CHANGE: This Policy is continuously renewed by the payment of Premiums when due. We reserve the right to change Premium rates upon written notice to the Insured’s last known address at least 31 days before the change is to become effective. We will only change Your premium if We change it for all policies of this form number in Your state of issue on a Class basis. Premium classification is determined by Class and payment method. Your Policy cannot be singled out for a Premium rate change.

This Policy is executed on behalf of Washington National Insurance Company by its President and Secretary at its Home Office in Carmel, Indiana.



Secretary



President

THIS IS A SPECIFIED ILLNESS POLICY WHICH ONLY PROVIDES STATED BENEFITS FOR SPECIFIED ILLNESSES OR OTHER BENEFITS THAT MAY BE ADDED.

POLICY INDEX

Policy Schedule	Attached
Definitions	Section 1
Premiums.....	Section 2
Claim Provisions	Section 3
General Provisions	Section 4
Limitations and Exclusions	Section 5
Benefits	Section 6
Application	Attached
Benefit Schedule(s)	Attached

SECTION 1: DEFINITIONS

When the terms below are used in this Policy, the following definitions apply:

BENEFICIARY(IES): Means the person(s) the Policyowner designate in writing to Us on Your application to receive any benefits which may be payable in the event of Your death.

CALENDAR YEAR: The period beginning January 1st and ending December 31st.

CLASS: Is defined as one or more of the following: age on the Effective Date, the use or non-use of tobacco products, state of issue, and type and level of benefits.

DAY: Means a 24-hour period.

EFFECTIVE DATE: The date shown on the Policy Schedule for all Insureds accepted for coverage. Coverage becomes effective on the latter of: (1) the Effective Date; or (2) the date the first Premium is accepted by Us.

HOSPITAL: A medical facility which:

1. is legally licensed and operated as a hospital, pursuant to law, on an Inpatient basis;
2. provides care of injured and sick people;
3. is supervised by one or more Physicians;
4. provides 24-hour-a-day nursing services supervised by or under a registered graduate nurse (RN); and,
5. provides on-site or prearranged use of x-ray equipment, laboratory and surgical facilities.

A Hospital is not a bed, unit, or facility that functions as a/an:

1. skilled nursing facility;
2. nursing home;
3. extended care facility;
4. convalescent home;
5. rest home, or a home for the aged;
6. sanatorium;
7. rehabilitation center;
8. place primarily providing care for alcoholics or drug addicts; or,
9. facility for the care and treatment of mental disease or mental disorders.

HOSPITAL CONFINED/CONFINEMENT: Confinement as an Inpatient in a Hospital for which room and board charges are made each Day.

IMMEDIATE FAMILY: Your parents, spouse, children, brothers, sisters, grandchildren or grandparents.

INPATIENT: Means a patient who is lodged and fed in a Hospital for which room and board charges are made each Day while receiving treatment.

LOSS: Means a Specified Critical Illness for which We pay benefits under this Policy, excluding any attached rider.

OBSERVATION UNIT: A specified area in a Hospital, apart from an emergency room, where an Insured can be monitored following outpatient surgery or treatment in an emergency room by a Physician. This specified area is supervised by a Physician or Nurse, is staffed and equipped to handle care, and provides care seven (7) days a week 24 hours a day.

PERIOD OF CONFINEMENT: A period which begins at least 30 days after Your Effective Date of coverage, beginning on the first Day of Hospital Confinement and ending on the last Day of Hospital Confinement. If You are re-confined within 30 days, then the later period will be considered a continuation of the prior Period of Confinement. If the beginning of a re-confinement occurs more than 30 days later, We will treat the later Hospital Confinement as a new Period of Confinement.

PHYSICIAN: A person other than You or a member of Your Immediate Family who:

1. is licensed by the state to practice a healing art recognized and condoned by the American Medical Association;
2. performs services which are allowed by that license; and,
3. performs services for which benefits are provided by this Policy.

POLICY: Means the Entire Contract of insurance between the Policyowner and the Company.

POLICYOWNER: Means the person who owns this Policy.

PREMIUM: The amount of money the Policyowner is required to pay Us in return for the coverage provided by this Policy and any attached Rider(s).

PRE-EXISTING CONDITION: Means the existence of symptoms that would cause an ordinarily prudent person to seek diagnosis, care or treatment within a twelve (12) month period preceding the Effective Date of the coverage of the Insured or a condition for which medical advice or treatment was recommended by a Physician or received from a Physician within a twelve (12) month period preceding the Effective Date of coverage. A pre-existing condition can exist even though a diagnosis has not yet been made.

WAITING PERIOD: Means the first 30 days following the Effective Date of the Insured's coverage. No benefits will be paid for a Specified Critical Illness that is diagnosed during the waiting period.

WE, US, OUR, COMPANY: Washington National Insurance Company.

YOU, YOUR, YOURSELF, INSURED: The person(s) named as an Insured on the Policy Schedule.

1. if this is Individual coverage, only the Insured;
2. if this is Individual plus Child(ren) coverage, the Insured and the Insured's children;
3. if this is Individual plus Spouse coverage, the Insured and the Insured's spouse; or,
4. if this is Family coverage, the Insured, Insured's spouse and children

Spouse means the insurable person named as spouse on the application and legally married to the Insured on the Effective Date of this Policy.

Child(ren) means the Insured's and Spouse's natural child, step-child, legally adopted child, child placed with the Insured for adoption, foster child(ren), or court appointed guardianship/order/administrative order of a child, who is:

1. insurable and named on the application;
2. unmarried;
3. chiefly dependent on the Insured or Spouse for support; and,
4. younger than the Limiting Age, which is 26.

Children also includes dependent children, regardless of age, who:

1. are mentally or physically handicapped;
2. became or become handicapped prior to the Limiting Age; and,
3. cannot support themselves because of their handicap.

For handicapped children We must be provided, where possible, with proof of the child's incapacity and dependency after the child reaches the Limiting Age.

A child's insurance will terminate on the date on which that child ceases to meet the above conditions. It is the Policyowner's responsibility to notify Us when a child ceases to meet the above conditions. Our acceptance of Premium after this date is considered as Premium only for the remaining persons who qualify under this Policy.

Newborn children are insured from the moment of birth. Benefits for newborns will be paid for the necessary care and treatment of medically diagnosed congenital defects, birth abnormalities and prematurity. Benefits are not payable for normal, newborn childcare.

A child(ren) placed for adoption, a foster child(ren), or court appointed guardianship of a child(ren) after the Effective Date of this Policy will be covered from the date of placement; Pre-Existing Condition limitations and exclusions will not apply. Coverage on a child for whom adoption proceedings have been filed will terminate on the date such proceedings are terminated and the child is removed from placement.

To add a newborn child, child(ren) placed for adoption, foster child(ren), or court appointed guardianship of a child(ren) the following information will be needed within 31 days of the date of birth or the date of placement:

1. written notice including the child's name and date of birth; and,
2. any additional premium, if required.

SECTION 2: PREMIUMS

PAYMENT OF PREMIUMS: The first Premium is due on the Effective Date of this Policy. Each Premium after the first is due on the last day of the term for which the most recent Premium was paid and must be accepted by Us at Our Home Office.

EXCEPTION: During the time, if any, that it is agreed between You and Us that Premiums will be billed and remitted through payroll deduction or credit union share account deduction, Premium is due in Our Home Office on the due date indicated in the billing provided to the administrator coordinating Premium payments on Your behalf.

This Policy will not be in force until the first Premium is accepted by Us. If We accept a Premium, this Policy will continue in force until the end of the term for which that Premium was due.

The amount of the Premium is shown in the Policy Schedule and is based on Your initial mode of payment. The amount of each Premium after the first is based on Your then current mode of payment and the Premium then being charged for Policies of this form number and Premium classification issued in the same state. If You do not pay Your Premium when due or within the Grace Period, coverage under this Policy will terminate.

GRACE PERIOD: A grace period of 31 days is granted for the payment of each Premium falling due after the first Premium. During this period the Policy will stay in force contingent upon the Premium being received by the end of the grace period. The Policy will terminate on the due date of the unpaid Premium if You do not pay the Premium by the end of the grace period. A grace period is not provided if You send Us notice to terminate the Policy prior to a Premium due date. Termination for any reason will not prejudice a claim for Loss incurred prior to the due date of the unpaid Premium.

REINSTATEMENT: If this Policy terminates because the Premium is not paid by the last day of the grace period, We may allow You to reinstate Your Policy.

If We accept Your Premium and do not require a reinstatement application, this Policy will be reinstated as of 12:00 noon Standard Time at Your place of residence. The Effective Date of coverage will be the date We receive the Premium. If We require a reinstatement application at the time We receive the Premium, We will issue a conditional receipt for the Premium. Upon Our receipt and approval of the reinstatement application, this Policy will be reinstated as of 12:00 noon Standard Time on the date the reinstatement application is approved by Us. If We do not mail written notice of disapproval within 45 days after the date of the conditional receipt, then this Policy will automatically be reinstated as of 12:00 noon Standard Time on the 45th day.

The reinstated Policy will provide benefits only for Loss resulting from a Specified Critical Illness positively diagnosed 10 days or more after the reinstatement date. The reinstated Policy will only provide benefits for other Losses, 10 days or more after the reinstatement date.

We reserve the right to make changes in this Policy before We reinstate it. Any changes will be noted on or attached to the reinstated Policy. In every other way, Your rights and Our rights will be the same as existed immediately prior to termination.

TRANSFER FROM PAYROLL DEDUCTION: If this Policy was issued on a payroll deduction payment method as designated in Your application and if, after at least one Premium payment, Premiums cease to be remitted through a valid payroll group, You may continue Your insurance by remitting Premium through one of Our other payment methods then available.

At the time this Policy is issued, these payment methods include:

1. monthly deduction from a checking or savings account; and,
2. direct bill for an annual or semi-annual premium.

The Premium rate will not be changed because of this transfer.

SECTION 3: CLAIM PROVISIONS

NOTICE OF CLAIM: Written notice of claim must be given to Us within 60 days after the start of a Loss or as soon as reasonably possible. The notice must be sent to Us at Our Home Office. The notice should include the Insured's name and the Policy number.

CLAIM FORMS: When We receive written notice of a claim, We will send forms for filing Proof of Loss. If We do not send these forms within 15 days, You will meet the Proof of Loss requirements by giving Us a written statement of the nature and extent of the Loss within the time stated in the Proof of Loss provision.

PROOF OF LOSS: You must give Us satisfactory written Proof of Loss within 90 days after the Loss for which You are seeking benefits. If it is not reasonably possible to give written Proof of Loss in the time required, We will not reduce or deny benefits for this reason if the Proof of Loss is filed as soon as reasonably possible. However, the Proof of Loss required must be given no later than one year and 90 days from the date proof is otherwise required, unless You were legally incapacitated during that time.

If this Policy provides for periodic payments for continuing Loss, written Proof of Loss must be given to Us within 90 days after the end of each period for which We are liable.

One or more of the following together with Your written statement may be required as Proof of Loss:

1. completed Company claim forms;
2. marriage certificate and death certificate;
3. a Pathologist's report;
4. a Physician's statement;
5. a Physician's certification of the Insured's registration on the active waiting list for organ transplant maintained by the Organ Procurement and Transplantation Network (OPTN).
6. itemized bills for services rendered;
7. Hospital, medical and Physician records;
8. autopsy report;
9. medical and pharmaceutical receipts; and,
10. any additional information that may be necessary.

TIME OF PAYMENT OF CLAIMS: After We receive written Proof of Loss and determine that benefits are payable, We will pay monthly all benefits then due for claims providing a periodic payment. Benefits for any other Loss for which benefits are payable under this Policy will be paid within the applicable legal requirements of the Policy's state of jurisdiction and when We receive written Proof of Loss satisfactory to Us.

PAYMENT OF CLAIMS: Benefits will be paid to the Insured. Any benefits unpaid at the time of the Insured's death will be paid in the following order: (1) the Beneficiary; (2) the surviving person legally married to the Insured at the Insured's death; or (3) the Insured's estate.

PHYSICAL EXAMINATION AND AUTOPSY: We have the right to have You examined as often as reasonably necessary while a claim is pending. We can require an autopsy where not forbidden by law. Either will be done at Our expense.

CLAIM REVIEW: If a claim is denied, We will give You written notice of the reason for denial. You have the right to ask for a review of the claim and provide Us with any additional information that might allow Us to change Our decision.

LEGAL ACTION: No legal action can be taken against Us to receive benefits under this Policy:

1. within 60 days after written Proof of Loss has been furnished, in accordance with the requirements of this Policy; or,
2. more than three years from the time written Proof of Loss is required to be given.

SECTION 4: GENERAL PROVISIONS

ENTIRE CONTRACT: The entire contract of insurance consists of:

1. this Policy;
2. the Policy Schedule;
3. the Benefit Schedule(s);
4. any attached amendments, riders or endorsements; and,
5. the application and any supplemental application(s).

In the absence of fraud, all statements made by the Insured will be considered representations and not warranties. No written statement made by an Insured will be used in any contest unless a copy of the statement is furnished to the Insured, his or her Beneficiary or a personal representative.

POLICY CHANGES: No change to this Policy is valid unless it is in writing, endorsed by one of Our officers, and attached to this Policy. No one else has the authority to change this Policy or to waive any of its provisions.

ADDING ADDITIONAL INSUREDS: You may be able to add a spouse or child(ren) to this Policy as an Insured, subject to the You, Your, Yourself, Insured definition. To do so We must receive: (1) an application for the spouse or child(ren); (2) evidence satisfactory to Us that the person is eligible and insurable; and, (3) payment of any additional Premium for that person. If the application is approved, We will notify You of the date the added person's coverage becomes effective.

CHANGE OF BENEFICIARY: The Policyowner can ask Us to change the Beneficiary at any time. The request must be in writing and the change must be approved by Us. If approved, it will go into effect the day the Policyowner signs the request. The change will not have any bearing on payments made before We approved the request.

TERM: The first term begins at 12:00 noon Standard Time at the Insured's address on the Effective Date shown on the Policy Schedule. The first term ends at 12:00 noon Standard Time on the next following renewal date. Each renewal term begins at 12:00 noon Standard Time on the date the previous term ends. Each renewal term ends at 12:00 noon Standard Time on the date of which Premium is paid. Renewal dates are determined by Your mode of payment which is shown on the Policy Schedule.

CANCELLATION OF INSURANCE: The Policyowner may request cancellation of this Policy at any time. The Policyowner may also cancel any coverage provided to an Insured at any time. The request must be in writing and sent to Us at Our Home Office. Cancellation will become effective on the day We receive the request, or on a later date specified in the request.

Cancellation will not prejudice a claim for Loss incurred prior to cancellation.

REFUND OF UNEARNED PREMIUM: We will return the unearned portion of premium when either written notice of cancellation is received or upon receipt of written proof of death of an Insured. In the event of death, We will return the unearned portion of any Premium paid to the Insured's estate.

CONTINUATION: If the Policyowner dies, the covered spouse may elect to continue insurance. A written request for continuation and the appropriate Premium must be sent to Us within 60 days of the Policyowner's death. The Policy will be terminated if the written request and appropriate Premium are not received by Us within 60 days of the Policyowner's death.

CONVERSION PRIVILEGE: If coverage terminates for reasons other than non-payment of Premium, if coverage of an Insured terminates due to divorce, or a child's insurance terminates due to marriage or reaching the Limiting Age, such Insured may convert to a separate Policy without having to provide Us with evidence of insurability. Obtaining the converted Policy is subject to the following conditions:

1. a request in writing for the converted Policy must be made to Us within 31 days after the coverage under this Policy terminates;
2. the applicable Premium must be paid. This Premium will be based upon the person's age and level of benefits;
3. any benefit amounts paid for a person under this Policy will be applied to benefit limits under the converted Policy; and,
4. the effective date of the converted coverage will be the date coverage terminates under this Policy.

Another 30 day Waiting Period is not required except to the extent that such period has not been met under this Policy.

The new coverage will provide the same benefits as provided in this Policy. All benefits accrued under this Policy will be credited to the new coverage with the exception of any premium returning rider, if included. The new coverage is subject to any limitations or exclusions which applied to this Policy. In addition, any benefit amounts paid under this Policy will be applied to benefit limits under the new coverage.

MISSTATEMENT OF AGE: If any age is misstated in the application, the benefits will be such as the Premium paid would have been if purchased at the correct age. If based on the correct age We would not have issued this Policy, Our only responsibility will be to refund any excess Premium paid.

TIME LIMIT ON CERTAIN DEFENSES: We rely on the statements made in the application when issuing this Policy. After this Policy has been in force for two (2) years, We cannot cancel it or refuse to pay benefits for Losses commencing after such time because of any misstatements in the application, except fraudulent misstatements.

No claim for Loss incurred after twelve (12) months from the date You become covered under this Policy will be reduced or denied because a disease or physical condition, not excluded by name or specific description before the date of Loss, had existed before the Effective Date of Your Policy, subject to SECTION 6, BENEFITS.

CONFORMITY WITH THE STATE STATUTES: Any provision of this Policy which, on its Effective Date, is in conflict with the statutes of the state in which the Policyowner resides on such date is hereby amended to conform to the minimum requirements of such statutes.

CHOICE OF LAW: This insurance Policy and claims arising under it are governed by the laws of the state where this Policy's application has been signed by the Policyowner, exclusive of such state's choice of laws provisions.

SECTION 5: LIMITATIONS AND EXCLUSIONS

We will not pay benefits for Loss contributed to, caused by, or resulting from Your:

Having or being diagnosed with any other disease, sickness or incapacity, unless the disease or condition was caused, complicated or aggravated by the Specified Critical Illness.

Diagnosis of a Specified Critical Illness during the Waiting Period.

Participating or attempting to participate in an illegal act, or working at an illegal job.

Being legally intoxicated, or so intoxicated that mental or physical abilities are seriously impaired, being under the influence of any illegal drugs or being under the influence of any narcotic, unless such narcotic is taken under the direction of and as directed by a Physician.

Injuring or attempting to injure Yourself intentionally, regardless of mental capacity.

Committing or attempting to commit suicide, regardless of mental capacity.

Participating in any sporting event for pay or prize money.

Being exposed to war or any act of war, declared or not, or participating in or contracting with the armed forces (including Coast Guard) of any country or international authority.

Alcoholism, drug abuse or chemical dependency.

PRE-EXISTING CONDITION LIMITATION: No benefits are payable for a Pre-Existing Condition (as defined) during the first twelve (12) months after the Effective Date of coverage for that Insured.

SECTION 6: BENEFITS

Definitions as used in this section:

CANCER: For the purposes of this Policy, means a disease which expresses itself as:

1. a malignant tumor characterized by the uncontrolled growth and spread of malignant cells;
2. the invasion of body tissue by such malignant cells;
3. leukemia; or,
4. Hodgkin's disease.

Cancer is classified as one of three types: Melanoma, Nonmelanoma or Internal Cancer.

Cancer does not include pre-malignant conditions, conditions with malignant potential or pre-leukemic conditions.

CARCINOMA IN-SITU: For the purposes of this Policy, is the earliest form of Cancer which involves only the tissue where it is found and has not invaded the surrounding tissue or organs in the body.

INTERNAL CANCER: For the purposes of this Policy, means any type of Cancer other than Melanoma or Nonmelanoma.

MELANOMA: For the purposes of this Policy, means a type of Skin Cancer that begins in the melanocyte cells.

NONMELANOMA: For the purposes of this Policy, a type of Skin Cancer other than Melanoma that usually, but not exclusively, develops in the basal and squamous cells.

PATHOLOGIST: A Physician, other than You or a member of Your Immediate Family, licensed to practice medicine and certified by the American Board of Pathology or the American Osteopathic College of Pathologists to practice pathological anatomy.

SKIN CANCER: For the purposes of this Policy, means Melanoma and Nonmelanoma skin cancer.

SPECIFIED CRITICAL ILLNESS: Means the category in which the specified critical illness is defined for the purposes of benefit payment under the Policy. Specified critical illness includes the following: Cancer.

ELIGIBILITY: You will be eligible for benefits under this Policy if:

1. You are not diagnosed with or treated for any Specified Critical Illness during the Waiting Period;
2. Your Specified Critical Illness is diagnosed while You are covered by this Policy;
3. You incur a Loss while covered by this Policy;
4. You incur a Loss after the Effective Date of coverage; and,
5. Your Loss is not excluded by name or specific description in this Policy.

For Cancer benefits to be payable, Cancer must be diagnosed in one of the following ways:

Pathological Diagnosis: A pathological diagnosis of Cancer is made from the results of a microscopic study of fixed tissue, fluid or blood samples. This type of diagnosis must be made by a Pathologist certified by the American Board of Pathology or the American Osteopathic College of Pathologists.

Clinical Diagnosis: A clinical diagnosis of Cancer is based on the study of symptoms. We accept a clinical diagnosis only when a pathological diagnosis is medically inappropriate, when there is medical evidence to support the diagnosis and when a Physician is treating You for Cancer.

Other Diagnosis: We accept the pathological interpretation of the histology of skin lesions from dermatologists certified by the American Board of Dermatopathology.

The date of diagnosis is the earlier of the date of clinical diagnosis or the date the specimen used to diagnose Cancer is taken. It is not the date the diagnosis was communicated to You.

LUMP SUM BENEFIT: We will pay the amount shown on the Benefit Schedule when You are diagnosed as having a Specified Critical Illness. We will pay this benefit even when a Specified Critical Illness is not diagnosed until after death. This benefit is not payable for Skin Cancer.

We will pay this benefit as shown on the Benefit Schedule only once per Insured regardless of the number of different occurrences of a Specified Critical Illness. At no time under the Policy can an Insured receive a benefit amount in excess of 100% of the Lump Sum Benefit amount shown on the Benefit Schedule.

SKIN CANCER BENEFIT: We will pay the amount shown on the Benefit Schedule once per Insured when diagnosed with Melanoma and Non-Melanoma Skin Cancer.

INPATIENT HOSPITAL BENEFIT: We will pay the amount shown on the Benefit Schedule per Day for up to three (3) days when You are confined as an Inpatient in a Hospital due to Cancer. This benefit will be calculated based on the number of Days that the Hospital charges You for room and board. Charges for any services provided or charges made for an Insured while in an Observation Unit are not payable under this benefit.

We will pay this benefit for each Day You are charged by a Hospital for room and board. This benefit is limited to three (3) Periods of Confinement per Calendar Year and a lifetime maximum of \$15,000. Periods of Confinement separated by less than 30 days are considered the same Period of Confinement.

If Cancer is first diagnosed while You are Hospital Confined, You will be eligible for benefits retroactively to the date You were admitted to the Hospital, but not for more than 90 days prior to the date of diagnosis. **EXCEPTION:** If Skin Cancer is diagnosed while You are Hospital Confined, You will be eligible for benefits only for the Day(s) You actually received treatment for Skin Cancer.

If Cancer is not diagnosed until after You die, You will be eligible for benefits beginning on the date of admission for a period of continuous Hospital Confinement ending in Your death, but not for more than 90 days prior to the date of Your death.

We will not pay benefits for Hospital Confinements that begin during the first 30 days after Your Effective Date of coverage under this Policy.

ANNUAL CARE BENEFIT: We will pay the amount shown on the Benefit Schedule. This benefit is payable beginning with the first anniversary after the payment of the Lump Sum Benefit and is payable each year on the date of the payment of the Lump Sum Benefit and will not exceed a total of five (5) consecutive annual payments per Insured. The Insured must continue to be under the regular care of a Physician for Cancer. This benefit is not payable for Skin Cancer or Carcinoma In-situ.

RECURRENCE BENEFIT: We will pay the amount shown on the Benefit Schedule for any subsequent diagnosis of Cancer if:

1. the recurrence is diagnosed more than 12 months after any previous diagnosis of Cancer;
2. the Insured has not required or received treatment during the 12 months between the diagnosis for the same Cancer. For the purposes of this Policy, treatment does not include maintenance medications and follow-up visits to the Insured's Physician;
3. the additional diagnosis is made while the Policy is in force; and,
4. Your Loss is not excluded by name or specific description in this Policy.

A recurrence benefit will not be payable for a subsequent diagnosis of Carcinoma In-Situ or Skin Cancer.

SECTION 6: BENEFITS

Definitions as used in this section:

ANGIOPLASTY: For the purposes of this Policy, is the technique of mechanically widening a narrowed or obstructed blood vessel with a balloon-tipped catheter.

CORONARY ARTERY BYPASS SURGERY: For the purposes of this Policy, means undergoing a surgical procedure to bypass a narrowing or blockage of one or more coronary arteries utilizing venous or arterial grafts, but excluding procedure such as, but not limited to, laser relief or non-invasive procedures.

HEART ATTACK: For the purposes of this Policy, means a myocardial infarction. A myocardial infarction occurs when the blood supply to the heart is severely reduced, commonly due to blockage in one of the coronary arteries, resulting in damage to the heart muscle.

SPECIFIED CRITICAL ILLNESS: Means the category in which the specified critical illness is defined for the purposes of benefit payment under the Policy. Specified critical illness includes the following: Heart Attack, Stroke, Coronary Artery Bypass Surgery, Angioplasty, Stent, Transient Ischemic Attack.

STENT: For the purposes of this Policy, means a small mesh tube that is used to treat narrow or weak arteries.

STROKE: For the purposes of this Policy, means a cerebrovascular accident lasting more than 24 hours that causes neurological deficiency. A cerebrovascular accident means a sudden, unexpected interference in brain function resulting from an insufficient supply of blood to part of the brain. Stroke does not mean a head injury, Transient Ischemic Attack, or chronic cerebrovascular insufficiency.

TRANSIENT ISCHEMIC ATTACK (TIA or sometimes referred to as mini stroke): For the purposes of this Policy, means as medically diagnosed by a Physician a transient episode of neurologic dysfunction caused by loss of blood flow (either focal brain, spinal cord or retinal) without acute tissue death and occurring within seventy-two (72) hours of the onset of the symptoms.

ELIGIBILITY: You will be eligible for benefits under this Policy if:

1. You are not diagnosed with or treated for any Specified Critical Illness during the Waiting Period;
2. Your Specified Critical Illness is diagnosed while You are covered by this Policy;
3. You incur a Loss while covered by this Policy;
4. You incur a Loss after the Effective Date of coverage; and,
5. Your Loss is not excluded by name or specific description in this Policy.

For a Heart Attack benefit to be payable the Heart Attack must be positively diagnosed by a Physician through clinical findings with corroboration from electrocardiographic findings or blood enzyme findings. A diagnosis of cardiac arrest is not by itself a positive diagnosis of a Heart Attack.

For a Stroke benefit to be payable the Stroke must be positively diagnosed by a Physician through clinical findings with corroboration from an electroencephalogram, imaging tests or blood flow tests.

For Heart Attack or Stroke, the date of diagnosis is the date of positive diagnosis by a Physician. It is not the date the diagnosis was communicated to You.

In addition to the Limitations and Exclusions listed in this Policy, the following exclusions apply to the benefits:

1. Heart Attack does not include any other disease or injury involving the cardiovascular system.
2. Cardiac arrest not caused by a myocardial infarction is not a Heart Attack.
3. Heart Attacks or Strokes occurring during or as the result of any medical procedures are not covered.

LUMP SUM BENEFIT: We will pay the amount shown on the Benefit Schedule when You are diagnosed as having a Specified Critical Illness. We will pay this benefit even when a Specified Critical Illness is not diagnosed until after death.

The following procedures must be performed as a result of Coronary Artery Disease: Coronary Artery Bypass Surgery, Angioplasty, Stent(s). If You have more than one of the following surgical procedures Coronary Artery Bypass Surgery, Angioplasty, Stent(s) performed at the same time the lump sum amount will only be paid one time for the one with the largest lump sum percentage.

We will pay this benefit as shown on the Benefit Schedule only once per Insured regardless of the number of different occurrences of a Specified Critical Illness. At no time under the Policy can an Insured receive a benefit amount in excess of 100% of the Lump Sum Benefit amount shown on the Benefit Schedule.

INPATIENT HOSPITAL BENEFIT: We will pay the amount shown on the Benefit Schedule per Day for up to three (3) days when You are confined as an Inpatient in a Hospital due to a Heart Attack or Stroke. This benefit will be calculated based on the number of Days that the Hospital charges You for room and board. Charges for any services provided or charges made for an Insured while in an Observation Unit are not payable under this benefit.

We will pay this benefit for each Day You are charged by a Hospital for room and board. This benefit is limited to three (3) Periods of Confinement per Calendar Year and a lifetime maximum of \$15,000. Periods of Confinement separated by less than 30 days are considered the same Period of Confinement.

We will not pay benefits for Hospital Confinements that begin during the first 30 days after Your Effective Date of coverage under this Policy.

ANNUAL CARE BENEFIT: We will pay the amount shown on the Benefit Schedule. This benefit is payable beginning with the first anniversary after the payment of the Lump Sum Benefit and is payable each year on the date of the payment of the Lump Sum Benefit and will not exceed a total of five (5) consecutive annual payments per Insured. The Insured must continue to be under the regular care of a Physician for Heart Attack or Stroke. This benefit is not payable for Coronary Artery Bypass Surgery, Angioplasty, Transient Ischemic Attack or Stent.

RECURRENCE BENEFIT: We will pay the amount shown on the Benefit Schedule for any subsequent diagnosis of a Heart Attack or Stroke if:

1. the recurrence is diagnosed more than 12 months after any previous diagnosis;
2. the Insured has not required or received treatment during the 12 months between the diagnosis for the same Heart Attack or Stroke. For the purposes of this Policy, treatment does not include maintenance medications and follow-up visits to the Insured's Physician;
3. the additional diagnosis is made while the Policy is in force; and,
4. Your Loss is not excluded by name or specific description in this Policy.

A recurrence benefit will not be payable for Coronary Artery Bypass Surgery, Angioplasty, Transient Ischemic Attack or Stent.

SECTION 6: BENEFITS

Definitions as used in this section:

ANGIOPLASTY: For the purposes of this Policy, is the technique of mechanically widening a narrowed or obstructed blood vessel with a balloon-tipped catheter.

CANCER: For the purposes of this Policy, means a disease which expresses itself as:

1. a malignant tumor characterized by the uncontrolled growth and spread of malignant cells;
2. the invasion of body tissue by such malignant cells;
3. leukemia; or,
4. Hodgkin's disease.

Cancer is classified as one of three types: Melanoma, Nonmelanoma or Internal Cancer.

Cancer does not include pre-malignant conditions, conditions with malignant potential or pre-leukemic conditions.

CARCINOMA IN-SITU: For the purposes of this Policy, is the earliest form of Cancer which involves only the tissue where it is found and has not invaded the surrounding tissue or organs in the body.

CORONARY ARTERY BYPASS SURGERY: For the purposes of this Policy, means undergoing a surgical procedure to bypass a narrowing or blockage of one or more coronary arteries utilizing venous or arterial grafts, but excluding procedure such as, but not limited to, laser relief or non-invasive procedures.

HEART ATTACK: For the purposes of this Policy, means a myocardial infarction. A myocardial infarction occurs when the blood supply to the heart is severely reduced, commonly due to blockage in one of the coronary arteries, resulting in damage to the heart muscle.

INTERNAL CANCER: For the purposes of this Policy, means any type of Cancer other than Melanoma or Nonmelanoma.

MELANOMA: For the purposes of this Policy, means a type of Skin Cancer that begins in the melanocyte cells.

NONMELANOMA: For the purposes of this Policy, means a type of Skin Cancer other than Melanoma that usually, but not exclusively, develops in the basal and squamous cells.

PATHOLOGIST: A Physician, other than You or a member of Your Immediate Family, licensed to practice medicine and certified by the American Board of Pathology or the American Osteopathic College of Pathologists to practice pathological anatomy.

SKIN CANCER: For the purposes of this Policy, means Melanoma and Nonmelanoma skin cancer

SPECIFIED CRITICAL ILLNESS: Means the category in which the specified critical illness is defined for the purposes of benefit payment under the Policy. Specified critical illness categories includes the following: Category 1 Cancer; Category 2 Heart Attack, Stroke, Coronary Artery Bypass, Angioplasty, Stent, Transient Ischemic Attack.

STENT: For the purposes of this Policy, means a small mesh tube that is used to treat narrow or weak arteries.

STROKE: For the purposes of this Policy, means a cerebrovascular accident lasting more than 24 hours that causes neurological deficiency. A cerebrovascular accident means a sudden, unexpected interference in brain function resulting from an insufficient supply of blood to part of the brain. Stroke does not mean a head injury, Transient Ischemic Attack or chronic cerebrovascular insufficiency.

TRANSIENT ISCHEMIC ATTACK (TIA or sometimes referred to as mini stroke): For the purposes of this Policy, means as medically diagnosed by a Physician a transient episode of neurologic dysfunction caused by loss of blood flow (either focal brain, spinal cord or retinal) without acute tissue death and occurring within seventy-two (72) hours of the onset of the symptoms.

ELIGIBILITY: You will be eligible for benefits under this Policy if:

1. You are not diagnosed with or treated for any Specified Critical Illness during the Waiting Period;
2. Your Specified Critical Illness is diagnosed while You are covered by this Policy;
3. You incur a Loss while covered by this Policy;
4. You incur a Loss after the Effective Date of coverage; and,
5. Your Loss is not excluded by name or specific description in this Policy.

For Cancer benefits to be payable, Cancer must be diagnosed in one of the following ways:

Pathological Diagnosis: A pathological diagnosis of Cancer is made from the results of a microscopic study of fixed tissue, fluid or blood samples. This type of diagnosis must be made by a Pathologist certified by the American Board of Pathology or the American Osteopathic College of Pathologists.

Clinical Diagnosis: A clinical diagnosis of Cancer is based on the study of symptoms. We accept a clinical diagnosis only when a pathological diagnosis is medically inappropriate, when there is medical evidence to support the diagnosis and when a Physician is treating You for Cancer.

Other Diagnosis: We accept the pathological interpretation of the histology of skin lesions from dermatologists certified by the American Board of Dermatology.

For Cancer, the date of diagnosis is the earlier of the date of clinical diagnosis or the date the specimen used to diagnose Cancer is taken. It is not the date the diagnosis was communicated to You.

For a Heart Attack benefit to be payable the Heart Attack must be positively diagnosed by a Physician through clinical findings with corroboration from electrocardiographic findings or blood enzyme findings. A diagnosis of cardiac arrest is not by itself a positive diagnosis of a Heart Attack.

For a Stroke benefit to be payable the Stroke must be positively diagnosed by a Physician through clinical findings with corroboration from an electroencephalogram, imaging tests or blood flow tests.

For Heart Attack or Stroke, the date of diagnosis is the date of positive diagnosis by a Physician. It is not the date the diagnosis was communicated to You.

In addition to the Limitations and Exclusions listed in this Policy, the following exclusions apply to the benefits:

1. Heart Attack does not include any other disease or injury involving the cardiovascular system.
2. Cardiac arrest not caused by a myocardial infarction is not a Heart Attack.
3. Heart Attacks or Strokes occurring during or as the result of any medical procedures are not covered.

LUMP SUM BENEFIT: We will pay the amount shown on the Benefit Schedule when You are diagnosed as having a Specified Critical Illness. We will pay this benefit even when a Specified Critical Illness is not diagnosed until after death. This benefit is not payable for Skin Cancer.

The following procedures must be performed as a result of Coronary Artery Disease: Coronary Artery Bypass Surgery, Angioplasty, Stent(s). If You have more than one of the following surgical procedures Coronary Artery Bypass Surgery, Angioplasty, Stent(s) performed at the same time the lump sum amount will only be paid one time for the one with the largest lump sum percentage.

We will pay this benefit as shown on the Benefit Schedule only once per Insured per Specified Critical Illness category regardless of the number of different occurrences of a Specified Critical Illness. At no time under the Policy can an Insured receive a Lump Sum Benefit amount in excess of 100% in a Specified Critical Illness category as shown on the Benefit Schedule.

SKIN CANCER BENEFIT: We will pay the amount shown on the Benefit Schedule once per Insured when diagnosed with Melanoma and Non-Melanoma Skin Cancer.

INPATIENT HOSPITAL BENEFIT: We will pay the amount shown on the Benefit Schedule per Day for up to three (3) days when You are confined as an Inpatient in a Hospital due to Cancer, Heart Attack or Stroke. This benefit will be calculated based on the number of Days that the Hospital charges You for room and board. Charges for any services provided or charges made for an Insured while in an Observation Unit are not payable under this benefit.

We will pay this benefit for each Day You are charged by a Hospital for room and board. This benefit is limited to three (3) Periods of Confinement per Calendar Year per Specified Critical Illness category and a lifetime maximum of \$15,000 per Specified Critical Illness category. Periods of Confinement separated by less than 30 days are considered the same Period of Confinement.

If Cancer is first diagnosed while You are Hospital Confined, You will be eligible for benefits retroactively to the date You were admitted to the Hospital, but not for more than 90 days prior to the date of diagnosis. **EXCEPTION:** If Skin Cancer is diagnosed while You are Hospital Confined, You will be eligible for benefits only for the Day(s) You actually received treatment for Skin Cancer.

If Cancer is not diagnosed until after You die, You will be eligible for benefits beginning on the date of admission for a period of continuous Hospital Confinement ending in Your death, but not for more than 90 days prior to the date of Your death.

We will not pay benefits for Hospital Confinements that begin during the first 30 days after Your Effective Date of coverage under this Policy.

ANNUAL CARE BENEFIT: We will pay the amount shown on the Benefit Schedule. This benefit is payable beginning with the first anniversary after the payment of the Lump Sum Benefit and is payable each year on the date of the payment of the Lump Sum Benefit and will not exceed a total of five (5) consecutive annual payments per Insured. The Insured must continue to be under the regular care of a Physician for Cancer, Heart Attack or Stroke. This benefit is not payable for Carcinoma In-Situ, Skin Cancer, Coronary Artery Bypass Surgery, Angioplasty, Transient Ischemic Attack or Stent.

RECURRENCE BENEFIT: We will pay the amount shown on the Benefit Schedule for any subsequent diagnosis of a Heart Attack or Stroke (Category 2), or Cancer (Category 1), if

1. the recurrence is diagnosed more than 12 months after any previous diagnosis of a Specified Critical Illness;
2. the Insured has not required or received treatment during the 12 months between the diagnosis for the same Heart Attack, Stroke or Cancer. For the purposes of this Policy, treatment does not include maintenance medications and follow-up visits to the Insured's Physician;
3. the additional diagnosis is made while the Policy is in force; and,
4. Your Loss is not excluded by name or specific description in this Policy.

A recurrence benefit will not be payable for Carcinoma In-Situ, Skin Cancer, Coronary Artery Bypass Surgery, Angioplasty, Transient Ischemic Attack or Stent.

ACCIDENTAL DEATH AND DISMEMBERMENT RIDER

This Rider is a part of the Policy to which it is attached. That Policy is called "the Policy" in this Rider. This Rider is subject to all of the terms, provisions, definitions and exclusions of the Policy, except as stated in this Rider.

CONSIDERATION – EFFECTIVE DATE

We have issued this Rider in consideration of: (1) the statements made in the application; and (2) the advance payment of the Premium. (EXCEPTION: During the time, if any, that it is agreed between the Policyowner and the Company, that Premiums will be billed and remitted through payroll deduction or credit union share account deduction, the Premium is due on the date indicated in the billing provided to the administrator coordinating Premium payments on the Policyowner's behalf.) This Rider takes effect at the same time and will continue for the same term as the Policy unless a different Rider Effective Date is indicated on the Policy Schedule.

RENEWABILITY – TERMINATION

This Rider is renewable at the same time and under the same terms as the Policy, and is subject to the payment of the Rider Term Premium. The Rider Term Premium is shown in the Policy Schedule. Premium rates for this Rider may be changed in the same way as premium rates for the Policy. This Rider will terminate on the earliest of: (1) the date the Policy terminates; or (2) the end of the last period for which the Rider Term Premium required to keep this Rider in force is paid, subject to the Grace Period in the Policy.

REINSTATEMENT

This Rider may be reinstated subject to the terms of the Policy to which it is attached. The reinstated Rider will provide benefits for Loss resulting from such Accidental Injury as may be sustained after the reinstatement date.

TIME LIMIT ON CERTAIN DEFENSES

We rely on the statements made in the application when issuing this Rider. After this Rider has been in force for You for two years, We cannot cancel it or refuse to pay benefits for Losses commencing after such time because of any misstatements in the application, except fraudulent misstatements. The time limit on certain defenses period is from the Effective Date of the Policy, unless the Rider is added at a later date. If this Rider is added at a later date the time limit on certain defenses is from the Effective Date of this Rider as shown on the Policy Schedule.

DEFINITIONS

When the terms below are used in this Rider, the following definitions apply:

ACCIDENT: Means a sudden, unexpected and unforeseen event.

ACCIDENTAL INJURY: Means all bodily injuries solely caused by and resulting from an Accident. Accidental injury does not include injury as a direct or indirect result of bodily or mental infirmity or disease in any form or medical treatment of any kind.

COMMON CARRIER: Means:

1. an airline carrier that is licensed by the United States Federal Aviation Administration and operated by a licensed pilot on a regularly scheduled route between established airports; common carrier does not include the chartering of private airplanes or flying on any airlines without schedules;
2. a railroad train that is licensed and operated for passenger service only; or,
3. a boat or ship that is licensed for passenger service and operated on a regularly scheduled route between established ports.

COVERED ACCIDENT: Means an Accidental Injury that occurs while You are insured under this Rider and which is not excluded under the terms of this Rider.

DISMEMBERMENT: Means:

1. finger: the entire finger is permanently cut off at the joint where the finger is attached to the hand.
2. arm: the arm is permanently cut off at or above the elbow joint.
3. hand: the hand is permanently cut off at or above the wrist joint, or the use of the hand is permanently lost.
4. toe: the entire toe is permanently cut off at the joint where the toe is attached to the foot.
5. leg: the leg is permanently cut off at or above the knee joint.
6. foot: the foot is permanently cut off at or above the ankle joint, or the use of the foot is permanently lost.
7. eye: the central visual acuity of that eye becomes irrevocably incapable of being corrected to better than 20/200.

EMERGENCY ROOM: A medical facility in a specified area of a Hospital that is designated for emergency care of Sickness or Accidental Injury. This specified area is supervised and has treatments provided by Physicians, is staffed and equipped to handle emergency care; and provides emergency care seven days a week 24 hours a day.

LOSS: Means a specified event for which a charge is made due to a Covered Accident for which benefits may be payable under this Rider.

MOTORIZED VEHICLE: Means a motorized vehicle which is limited to automobiles, trucks of all sizes, taxis, motor homes, vans and buses, other than a Common Carrier. The vehicle must be licensed by proper authority and authorized to travel on city, state, and federal roads.

PEDESTRIAN: Means an Insured that is not a passenger in a Common Carrier or Motorized Vehicle, but is struck by such a vehicle.

PHYSICIAN'S OFFICE: Means a place where a Physician that is licensed by the state is practicing.

URGENT CARE FACILITY: Means the delivery of ambulatory medical care outside a Hospital Emergency Room on a walk-in basis without a scheduled appointment and which is staffed by a Physician during operating hours.

ELIGIBILITY FOR BENEFITS

You will be eligible for benefits under this Rider if:

1. You have a Covered Accident while You are insured under this Rider;
2. You incur a Loss after the Effective Date of coverage under this Rider;
3. You incur a Loss while You are insured under this Rider; and,
4. Your Loss is not excluded by name or specific description in this Rider.

For the purposes of this Rider, the following limitations and exclusions from the Policy are not applicable: Waiting Period and Pre-Existing Condition Exclusion.

BENEFITS

ACCIDENTAL DEATH: If an Accidental Injury causes an Insured to die within 90 days after the Covered Accident, We will pay one of the lump sum Accidental Death Benefits shown in the Benefit Schedule.

Accidental Death: a Covered Accident that occurs on or after the Effective Date of coverage and while coverage is in force and the Accident is other than defined below. We will pay the amount shown in the Benefit Schedule.

Motorized Vehicle Accident: a Covered Accident that occurs on or after the Effective Date of coverage and while coverage is in force directly involving a Motorized Vehicle. Operators are excluded if they are driving any taxi, intrastate or interstate vehicle for wage, compensation or profit. We will pay the amount shown in the Benefit Schedule.

Pedestrian Accident: a Covered Accident that occurs on or after the Effective Date of coverage and while coverage is in force. These types of Accidents are subject to the Limitations and Exclusions. We will pay the amount shown in the Benefit Schedule.

Common Carrier Accident: a Covered Accident that occurs on or after the Effective Date of coverage and while the coverage is in force directly involving a Common Carrier. These types of Accidents are subject to the Limitations and Exclusions. We will pay the amount shown in the Benefit Schedule.

DISMEMBERMENT: We will pay the appropriate amount shown in the Benefit Schedule if a Covered Accident causes the Dismemberment of a finger, hand, toe, foot, arm, leg or eye within one year after the Covered Accident.

If You lose a finger or toe as a result of a Covered Accident, We will pay the single Loss benefit shown in the Benefit Schedule. If You lose two or more, We will pay the multiple Loss benefit shown in the Benefit Schedule.

If You lose an eye, hand, foot, arm or leg as a result of a Covered Accident, We will pay the single Loss benefit shown in the Benefit Schedule. If You lose two or more, We will pay the multiple Loss benefit shown in the Benefit Schedule.

Any Fracture Benefit for a subsequently dismembered hand, finger, foot or toe resulting from the same Covered Accident will be deducted from the Dismemberment Benefit.

If this benefit is paid and You also die as a result of the same Covered Accident, We will reduce any Death Benefit by the amount We pay under the Dismemberment Benefit.

JOINT REPLACEMENT: We will pay the amount shown in the Benefit Schedule if as part of a Covered Accident You are required to have a hip, knee or shoulder replacement within one year after the Covered Accident.

FRACTURE: A fracture is a break in a bone. Diagnosis must be by a Physician through an x-ray or other medical imaging device.

We will pay the appropriate amount shown in the Benefit Schedule if You fracture a bone as part of a Covered Accident and it is diagnosed and treated by a Physician within 90 days after the Covered Accident.

If the fracture requires a surgical incision to set the bone, We will pay an extra 50% of the amount shown in the Benefit Schedule.

MULTIPLE FRACTURES: If You have more than one fracture as part of a Covered Accident, We will pay the appropriate amount for each fracture; however, We will pay a total of no more than 150% of the benefit amount for the fracture that has the largest dollar value for which You are eligible.

CHIP FRACTURE: A chip fracture is a piece of bone which is completely broken off near a joint. If a Physician diagnoses and treats Your chip fracture without surgery, We will pay only 25% of the amount shown in the Benefit Schedule for the affected bone.

DISLOCATION: A dislocation is a completely separated joint. If You dislocate a joint as part of a Covered Accident, and it is diagnosed and treated by a Physician within 90 days after the Covered Accident, We will pay the appropriate amount shown in the Benefit Schedule.

If the dislocation requires a surgical incision to relocate the joint, We will pay an extra 50% of the amount shown in the Benefit Schedule.

We will pay benefits only for the first complete or partial dislocation of a joint. We will not pay for recurring dislocations of the same joint.

MULTIPLE DISLOCATIONS: If You sustain more than one complete or partial dislocation in any one Covered Accident, We will pay the appropriate amount for each dislocation; however, We will pay a total of no more than 150% of the benefit amount for the dislocated joint that has the largest dollar value for which You are eligible.

PARTIAL DISLOCATION: A partial dislocation is a dislocation in which the joint is not completely separated. If a Physician diagnoses and treats Your Covered Accident as a partial dislocation, We will pay 25% of the amount shown in the Benefit Schedule for the affected joint.

LACERATION: A laceration is a cut in the skin. If You are lacerated as part of a Covered Accident and Your laceration is repaired with sutures by a Physician within 72 hours after the Covered Accident, We will pay the appropriate amount shown in the Benefit Schedule.

MULTIPLE LACERATIONS: If You suffer multiple lacerations as part of a Covered Accident and Your lacerations are repaired with sutures by a Physician within 72 hours after the Covered Accident, We will pay this benefit based on the combined length of all lacerations which require sutures.

INJURIES REQUIRING SURGERY:

EYE INJURY: If You injure Your eye as part of a Covered Accident and eye surgery is performed by a Physician due to a Covered Accident within 90 days after the Covered Accident, We will pay the amount shown in the Benefit Schedule. Eye surgery includes the removal of an object, with or without anesthesia.

TENDON AND LIGAMENT: If You tear, sever or rupture Your tendon or ligament as part of a Covered Accident and have the injured tendon or ligament repaired through surgical incision by a Physician within 90 days after the Covered Accident, We will pay the appropriate amount shown in the Benefit Schedule. The amount paid will be based on the number (single or multiple) of tendons and ligaments repaired.

This benefit is not payable if either the dislocation benefit or fracture benefit is payable due to the same Covered Accident.

RUPTURED DISC: If You rupture a disc in Your spine as part of a Covered Accident, receive treatment for the rupture from a Physician within 60 days after the Covered Accident and have the rupture repaired through surgical incision by a Physician within one year after the Covered Accident, We will pay the appropriate amount shown in the Benefit Schedule. The amount paid will be based on the length of time You have been insured under this Rider on the date Your Covered Accident occurred.

TORN CARTILAGE: If You tear cartilage as part of a Covered Accident, receive treatment for the torn cartilage from a Physician within 60 days after the Covered Accident and have the torn cartilage repaired through surgical incision by a Physician within one year after the Covered Accident, We will pay the appropriate amount shown in the Benefit Schedule. The amount paid will be based on the length of time You have been insured under this Rider on the date Your Covered Accident occurred.

HERNIA: If You suffer a hernia as part of a Covered Accident, receive treatment for the hernia from a Physician within 60 days after the Covered Accident and have the hernia repaired through surgical incision by a Physician within one year after the Covered Accident, We will pay the appropriate amount shown in the Benefit Schedule. The amount paid will be based on the length of time You have been insured under this Rider on the date Your Covered Accident occurred. If Your hernia is a herniated disc, We will pay the ruptured disc benefit in lieu of the hernia benefit.

BURN: If You are burned as part of a Covered Accident and Your burns are treated by a Physician within 72 hours after the Covered Accident, We will pay the burn benefit shown in the Benefit Schedule, provided that, at a minimum:

1. second degree burns cover at least 25% of Your body surface; or,
2. third degree burns cover at least nine square inches of Your body surface.

This benefit is not payable for first degree burns.

EMERGENCY CARE SERVICES: When an Insured is admitted to an Emergency Room or seeks care at an Urgent Care Facility for a Covered Accident We will pay the appropriate amount shown in the Benefit Schedule. Admission to the Emergency Room or care sought at an Urgent Care Facility for a Covered Accident must occur within 24 hours of the Covered Accident. This benefit is payable once per 24 hour period and only once per Covered Accident per Insured.

PHYSICIAN'S OFFICE VISIT BENEFIT: When an Insured visits a Physician's office within 72 hours due to a Covered Accident for which a charge is made We will pay the amount shown in the Benefit Schedule per visit limited to two (2) visits per Covered Accident per Insured.

LIMITATIONS AND EXCLUSIONS

We will not pay benefits for Loss contributed to, caused by, or resulting from Your:

Flying: Operating, learning to operate, serving as a crew member on, or jumping or falling from any aircraft including those which are not motor-driven.

Hazardous Activities: Hang-gliding, bungee jumping, parachuting, sailgliding, parasailing, parakiting or mountaineering.

Racing: As a rider in or driving any motor-driven vehicle in a race, stunt show or speed test, or while testing any vehicle on any racecourse or speedway.

Sickness: Having any disease, bodily or mental illness or degenerative process. We also will not pay benefits for any related medical treatments or diagnostic procedures.

Travel: Being in an Accident which occurs more than 40 miles outside the territorial limits of the United States, or Canada, except under the Accidental Death Benefit.



Secretary

HOSPITAL INDEMNITY RIDER

This Rider is a part of the Policy to which it is attached. That Policy is called "the Policy" in this Rider. This Rider is subject to all of the terms, provisions, definitions and exclusions of the Policy, except as stated in this Rider.

CONSIDERATION – EFFECTIVE DATE

We have issued this Rider in consideration of: (1) the statements made in the application; and (2) the advance payment of the Premium. (EXCEPTION: During the time, if any, that it is agreed between the Policyowner and the Company that Premiums will be billed and remitted through payroll deduction or credit union share account deduction, the Premium is due on the date indicated in the billing provided to the administrator coordinating Premium payments on the Policyowner's behalf.) This Rider takes effect at the same time and will continue for the same term as the Policy unless a different Rider Effective Date is indicated on the Policy Schedule.

RENEWABILITY – TERMINATION

This Rider is renewable at the same time and under the same terms as the Policy, and is subject to the payment of the Rider Term Premium. The Rider Term Premium is shown in the Policy Schedule. Premium rates for this Rider may be changed in the same way as premium rates for the Policy. This Rider will terminate on the earliest of: (1) the date the Policy terminates; or (2) the end of the last period for which the Rider Term Premium required to keep this Rider in force is paid, subject to the Grace Period in the Policy.

REINSTATEMENT

This Rider may be reinstated subject to the terms of the Policy to which it is attached.

TIME LIMIT ON CERTAIN DEFENSES

We rely on the statements made in the application when issuing this Rider. After this Rider has been in force for You for two years, We cannot cancel it or refuse to pay benefits for Losses commencing after such time because of any misstatements in the application, except fraudulent misstatements. The time limit on certain defenses period is from the Effective Date of the Policy, unless the Rider is added at a later date. If this Rider is added at a later date the time limit on certain defenses is from the Effective Date of this Rider as shown on the Policy Schedule.

DEFINITIONS

ACCIDENT: Means a sudden, unexpected and unforeseen event.

ACCIDENTAL INJURY: Means all bodily injuries solely caused by and resulting from an Accident. Accidental injury does not include injury as a direct or indirect result of bodily or mental infirmity or disease in any form or medical treatment of any kind.

CALENDAR YEAR: The period beginning January 1st and ending December 31st.

COVERED ACCIDENT: Means an Accidental Injury that occurs while You are insured under this Rider and which is not excluded under the terms of this Rider.

COVERED SICKNESS: Any Sickness not excluded under the terms of this Rider that occurs while You are insured under this Rider and after the 30 day Waiting Period.

EMERGENCY ROOM: A medical facility in a specified area of a Hospital that is designated for emergency care of Sickness or Accidental Injury. This specified area is supervised and has treatments provided by Physicians, is staffed and equipped to handle emergency care, and provides emergency care seven (7) days a week 24 hours a day.

ELIMINATION PERIOD: Means the first seven (7) days that an Insured is confined in a Skilled Nursing Facility. We will not pay any benefits during this time period.

INTENSIVE CARE UNIT: means a specifically designated facility of a Hospital which:

1. is separate and apart from other Hospital areas;
2. provides highest level of acute medical care;
3. is restricted to critically ill or injured patients;
4. contains special life-saving equipment for the care of critically ill or injured patients; and,
5. has full-time Nurses assigned exclusively to that area.

An Intensive Care Unit is not a/an:

1. progressive care unit;
2. sub-acute Intensive Care Unit;
3. intermediate care unit;
4. private, monitored room;
5. Observation Unit;
6. surgical recovery room; or,
7. room, bed, or ward customarily used for patient confinement.

LOSS: A Covered Accident or Covered Sickness for which a charge is made and for which benefits may be payable under this Rider.

NURSE: A person other than You or a member of Your Immediate Family who is a:

1. licensed practical nurse (L.P.N.);
2. licensed vocational nurse (L.V.N.); or
3. registered graduate nurse (R.N.)

OBSERVATION UNIT: A specified area in a Hospital, apart from an Emergency Room, where an Insured can be monitored following outpatient surgery or treatment in an Emergency Room by a Physician. This specified area is supervised by a Physician or Nurse, is staffed and equipped to handle care, and provides care seven (7) days a week 24 hours a day.

PERIOD OF CONFINEMENT: A period which begins at least 30 days after Your Effective Date of coverage, beginning on the first Day of Hospital Confinement and ending on the last Day of Hospital Confinement. If You are re-confined within 30 days, then the later period will be considered a continuation of the prior Period of Confinement. If the beginning of a re-confinement occurs more than 30 days later, We will treat the later Hospital Confinement as a new Period of Confinement.

PRE-EXISTING CONDITION: Means the existence of symptoms that would cause an ordinarily prudent person to seek diagnosis, care or treatment within a twelve (12) month period preceding the Effective Date of the coverage of the Insured or a condition for which medical advice or treatment was recommended by a Physician or received from a Physician within a twelve (12) month period preceding the Effective Date of coverage. A pre-existing condition can exist even though a diagnosis has not yet been made. If this Rider is added at a later date the pre-existing condition is from the Effective Date of this Rider as shown on the Policy Schedule.

SICKNESS: Means sickness or disease of an Insured that first produces a clear or obvious symptom after the Effective Date of the Rider.

SKILLED NURSING FACILITY: A medical facility which:

1. is legally licensed and operated as a skilled nursing facility;
2. provides skilled nursing care in addition to room and board accommodations;
3. is supervised by a Physician;
4. provides 24-hour-a-day nursing services supervised by or under a registered graduate Nurse (RN); and,
5. maintains permanent medical history records.

A Skilled Nursing Facility is not a bed, unit or facility that functions as a/an:

1. hospice;
2. rest home or a home for the aged;
3. sanatorium;
4. place for the treatment of substance abuse;
5. Insured's home or place of residence;
6. facility used for the care and treatment of mental disease or mental disorders; or,
7. place for custodial or educational care.

SUB-ACUTE INTENSIVE CARE UNIT: means a specifically designated facility of a Hospital which:

1. is separate and apart from other Hospital areas;
2. provides a level of medical care below the highest level of acute medical care available at the Hospital, but above the level of medical care in a regular private or semi-private room or ward;
3. is permanently equipped with telemetry equipment; and,
4. is under constant and continuous observation by specially trained nursing staff assigned exclusively to that area.

A Sub-Acute Intensive Care Unit is not:

1. an observation unit;
2. a bed ward, private or semi-private room with or without monitoring equipment;
3. an emergency room;
4. a surgical recovery room; or,
5. a bone marrow transplant unit.

A Sub-Acute Intensive Care Unit may be referred to by other names such as progressive care, intermediate care or step-down unit.

WAITING PERIOD: Means the first 30 days following the Effective Date of the Insured's coverage under the Rider. If this Rider is added at a later date the Waiting Period is from the Effective Date of this Rider as shown on the Policy Schedule.

ELIGIBILITY FOR BENEFITS

You will be eligible for benefits under this Rider if:

1. Your Covered Sickness begins or Covered Accident occurs while You are insured under this Rider;
2. You incur a Loss for a Covered Accident after the Effective Date of coverage under this Rider;
3. You incur a Loss after the 30-day Waiting Period due to a Covered Sickness; and,
4. Your Loss is not excluded by name or specific description in this Rider.

BENEFITS

INPATIENT HOSPITAL BENEFIT: If an Insured is confined as an Inpatient in a Hospital due to a Covered Accident or Covered Sickness we will pay as follows:

1. \$200 per Day when confined in a regular Hospital room; or,
2. \$400 per Day when confined in an Intensive Care Unit or a Sub-Acute Intensive Care Unit.

We will pay for up to three (3) Days of Inpatient Hospital Confinement. This benefit will be calculated based on the number of Days that the Hospital charges You for room and board.

We will pay this benefit for each Day You are charged by a Hospital for room and board. This benefit is limited to three (3) Periods of Confinement per Calendar Year and a lifetime maximum of \$15,000. Periods of Confinement separated by less than 30 days are considered the same Period of Confinement.

OUTPATIENT SURGICAL BENEFIT: When an Insured has a surgery on an outpatient basis for a Covered Sickness or a Covered Accident We will pay \$200. This benefit is only payable once per Day regardless of the number of outpatient surgical services provided during that outpatient surgery. This benefit is limited to one (1) outpatient surgery per Insured per Calendar Year.

PHYSICIAN'S OFFICE VISIT BENEFIT: We will pay \$75 one (1) time per Calendar Year per Insured for a visit to a Physician's Office for one of the following exams/tests: annual physical exam, mammogram; breast ultrasound; pap smear (lab and procedure); biopsy; flexible sigmoidoscopy; hemocult stool specimen; chest x-ray; CEA (blood test for colon Cancer); CA 125 (blood test for ovarian Cancer); PSA (blood test for prostate Cancer); thermography; colonoscopy; virtual colonoscopy; ThinPrep; stress test on a bicycle or treadmill; fasting blood glucose test; blood test for triglycerides; serum cholesterol test to determine level of HDL and LDL; electrocardiogram (EKG); Carotid Doppler; Echocardiogram; Lipid panel (total cholesterol count).

SKILLED CARE FACILITY BENEFIT: We will pay this benefit if You are confined to a Skilled Nursing Facility by Physician's order due to a Covered Accident or a Covered Sickness following an Inpatient Hospital Confinement. The Insured must be considered disabled. In order to be considered disabled under the benefit the Insured must be unable to perform two or more Activities of Daily Living (ADL).

For the purposes of this Rider "Activities of Daily Living" are: bathing (washing oneself in either a tub or shower, or by sponge bath including the task of getting into and out of the tub or shower); dressing (putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs); eating (feeding oneself by getting food into the body from a receptacle, such as a plate, cup, table, or by a feeding tube or intravenously); toileting (getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene); transferring (moving in and out of a bed, chair or wheelchair); and continence (the ability to maintain control of bowel and bladder function or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene including caring for a catheter or colostomy bag).

After the Elimination Period has been met, We will pay \$200 for each Day up to a maximum of 14 days You are confined. This benefit is limited to 1 Period of Confinement per Calendar Year.

LIMITATIONS AND EXCLUSIONS

We will not pay benefits for Loss contributed to, caused by, or resulting from Your:

Cosmetic/Plastic Surgery: Surgery that is not for the diagnosis or treatment of Covered Sickness or Covered Accident based upon generally accepted medical practice and is not medically necessary. The following procedures are not covered under any circumstances, even if performed for diagnosis or treatment of a Covered Sickness or Covered Accident or medically necessary. Abdominoplasty (tummy tuck); Mammoplasty (breast enlargement); Rhinoplasty (nose job); or Suction Assisted Lipectomy (liposuction). Complications from any Cosmetic/Plastic Surgery are not covered.

Dental Procedures: Treatment for dental care or dental procedures, unless treatment is the result of a Covered Accident.

Elective Surgery: Surgery that is not for the diagnosis or treatment of a Covered Sickness or Covered Accident based upon generally accepted medical practice and is not medically necessary. Gastric Bypass Surgeries are not covered under any circumstances, even if performed for diagnosis or treatment of a Covered Sickness or Covered Accident or medically necessary, voluntary abortion (except where the Insured or the Insured's spouse would be endangered if the fetus were carried to term or where medical complications have arisen from abortion); or sex changes. Complications from any Elective Surgery are not covered.

Flying: Operating, learning to operate, serving as a crew member on or jumping or falling from any aircraft including those which are not motor-driven.

Mental Disorder: Having a behavioral or psychological disorder, disease or syndrome, without demonstrable organic origin.

Newborn Care: We will not pay for a separate charge made for the newborn's stay in a nursery as a result of a normal delivery.

Observation Unit: Any services provided or charges made for an Insured while in an Observation Unit.

Pregnancy: Normal pregnancy that occurs within the first 24 months after the Effective Date of Coverage. Loss due to complications of pregnancy will be paid the same as for any other Covered Sickness. A Cesarean section is not considered a complication of pregnancy.

Pregnancy of a Dependent Child: A pregnancy of a dependent child will not be covered.

Pre-Existing Condition Limitation: No benefits are payable for a Pre-Existing Condition (as defined) during the first twelve (12) months after the Effective Date of coverage for that Insured.

Racing: Riding in or driving any motor-driven vehicle in a race, stunt show or speed test, or while testing any vehicle on any race course or speedway.

Travel/Location: Being more than 40 miles outside the territorial limits of the United States or Canada.

Vision Procedures: Vision exams or vision procedures, unless treatment is the result of a Covered Accident or a Covered Sickness.

A handwritten signature in cursive script that reads "Karl W. Kiliy".

Secretary

HOSPITAL INDEMNITY RIDER

This Rider is a part of the Policy to which it is attached. That Policy is called "the Policy" in this Rider. This Rider is subject to all of the terms, provisions, definitions and exclusions of the Policy, except as stated in this Rider.

CONSIDERATION – EFFECTIVE DATE

We have issued this Rider in consideration of: (1) the statements made in the application; and (2) the advance payment of the Premium. (EXCEPTION: During the time, if any, that it is agreed between the Policyowner and the Company that Premiums will be billed and remitted through payroll deduction or credit union share account deduction, the Premium is due on the date indicated in the billing provided to the administrator coordinating Premium payments on the Policyowner's behalf.) This Rider takes effect at the same time and will continue for the same term as the Policy unless a different Rider Effective Date is indicated on the Policy Schedule.

RENEWABILITY – TERMINATION

This Rider is renewable at the same time and under the same terms as the Policy, and is subject to the payment of the Rider Term Premium. The Rider Term Premium is shown in the Policy Schedule. Premium rates for this Rider may be changed in the same way as premium rates for the Policy. This Rider will terminate on the earliest of: (1) the date the Policy terminates; or (2) the end of the last period for which the Rider Term Premium required to keep this Rider in force is paid, subject to the Grace Period in the Policy.

REINSTATEMENT

This Rider may be reinstated subject to the terms of the Policy to which it is attached.

TIME LIMIT ON CERTAIN DEFENSES

We rely on the statements made in the application when issuing this Rider. After this Rider has been in force for You for two years, We cannot cancel it or refuse to pay benefits for Losses commencing after such time because of any misstatements in the application, except fraudulent misstatements. The time limit on certain defenses period is from the Effective Date of the Policy, unless the Rider is added at a later date. If this Rider is added at a later date the time limit on certain defenses is from the Effective Date of this Rider as shown on the Policy Schedule.

DEFINITIONS

ACCIDENT: Means a sudden, unexpected and unforeseen event.

ACCIDENTAL INJURY: Means all bodily injuries solely caused by and resulting from an Accident. Accidental injury does not include injury as a direct or indirect result of bodily or mental infirmity or disease in any form or medical treatment of any kind.

CALENDAR YEAR: The period beginning January 1st and ending December 31st.

COVERED ACCIDENT: Means an Accidental Injury that occurs while You are insured under this Rider and which is not excluded under the terms of this Rider.

COVERED SICKNESS: Any Sickness not excluded under the terms of this Rider that occurs while You are insured under this Rider and after the 30 day Waiting Period.

EMERGENCY ROOM: A medical facility in a specified area of a Hospital that is designated for emergency care of Sickness or Accidental Injury. This specified area is supervised and has treatments provided by Physicians, is staffed and equipped to handle emergency care, and provides emergency care seven (7) days a week 24 hours a day.

ELIMINATION PERIOD: Means the first seven (7) days that an Insured is confined in a Skilled Nursing Facility. We will not pay any benefits during this time period.

INTENSIVE CARE UNIT: means a specifically designated facility of a Hospital which:

1. is separate and apart from other Hospital areas;
2. provides highest level of acute medical care;
3. is restricted to critically ill or injured patients;
4. contains special life-saving equipment for the care of critically ill or injured patients; and,
5. has full-time Nurses assigned exclusively to that area.

An Intensive Care Unit is not a/an:

1. progressive care unit;
2. sub-acute Intensive Care Unit;
3. intermediate care unit;
4. private, monitored room;
5. Observation Unit;
6. surgical recovery room; or,
7. room, bed, or ward customarily used for patient confinement.

LOSS: A Covered Accident or Covered Sickness for which a charge is made and for which benefits may be payable under this Rider.

NURSE: A person other than You or a member of Your Immediate Family who is a:

1. licensed practical nurse (L.P.N.);
2. licensed vocational nurse (L.V.N.); or
3. registered graduate nurse (R.N.)

OBSERVATION UNIT: A specified area in a Hospital, apart from an Emergency Room, where an Insured can be monitored following outpatient surgery or treatment in an Emergency Room by a Physician. This specified area is supervised by a Physician or Nurse, is staffed and equipped to handle care, and provides care seven (7) days a week 24 hours a day.

PERIOD OF CONFINEMENT: A period which begins at least 30 days after Your Effective Date of coverage, beginning on the first Day of Hospital Confinement and ending on the last Day of Hospital Confinement. If You are re-confined within 30 days, then the later period will be considered a continuation of the prior Period of Confinement. If the beginning of a re-confinement occurs more than 30 days later, We will treat the later Hospital Confinement as a new Period of Confinement.

PRE-EXISTING CONDITION: Means the existence of symptoms that would cause an ordinarily prudent person to seek diagnosis, care or treatment within a twelve (12) month period preceding the Effective Date of the coverage of the Insured or a condition for which medical advice or treatment was recommended by a Physician or received from a Physician within a twelve (12) month period preceding the Effective Date of coverage. A pre-existing condition can exist even though a diagnosis has not yet been made. If this Rider is added at a later date the pre-existing condition is from the Effective Date of this Rider as shown on the Policy Schedule.

SICKNESS: Means sickness or disease of an Insured that first produces a clear or obvious symptom after the Effective Date of the Rider.

SKILLED NURSING FACILITY: A medical facility which:

1. is legally licensed and operated as a skilled nursing facility;
2. provides skilled nursing care in addition to room and board accommodations;
3. is supervised by a Physician;
4. provides 24-hour-a-day nursing services supervised by or under a registered graduate Nurse (RN); and,
5. maintains permanent medical history records.

A Skilled Nursing Facility is not a bed, unit or facility that functions as a/an:

1. hospice;
2. rest home or a home for the aged;
3. sanatorium;
4. place for the treatment of substance abuse;
5. Insured's home or place of residence;
6. facility used for the care and treatment of mental disease or mental disorders; or,
7. place for custodial or educational care.

SUB-ACUTE INTENSIVE CARE UNIT: means a specifically designated facility of a Hospital which:

1. is separate and apart from other Hospital areas;
2. provides a level of medical care below the highest level of acute medical care available at the Hospital, but above the level of medical care in a regular private or semi-private room or ward;
3. is permanently equipped with telemetry equipment; and,
4. is under constant and continuous observation by specially trained nursing staff assigned exclusively to that area.

A Sub-Acute Intensive Care Unit is not:

1. an observation unit;
2. a bed ward, private or semi-private room with or without monitoring equipment;
3. an emergency room;
4. a surgical recovery room; or,
5. a bone marrow transplant unit.

A Sub-Acute Intensive Care Unit may be referred to by other names such as progressive care, intermediate care or step-down unit.

WAITING PERIOD: Means the first 30 days following the Effective Date of the Insured's coverage under the Rider. If this Rider is added at a later date the Waiting Period is from the Effective Date of this Rider as shown on the Policy Schedule.

ELIGIBILITY FOR BENEFITS

You will be eligible for benefits under this Rider if:

1. Your Covered Sickness begins or Covered Accident occurs while You are insured under this Rider;
2. You incur a Loss for a Covered Accident after the Effective Date of coverage under this Rider;
3. You incur a Loss after the 30-day Waiting Period due to a Covered Sickness; and,
4. Your Loss is not excluded by name or specific description in this Rider.

BENEFITS

INPATIENT HOSPITAL BENEFIT: If an Insured is confined as an Inpatient in a Hospital due to a Covered Accident or Covered Sickness we will pay as follows:

1. \$200 per Day when confined in a regular Hospital room; or,
2. \$400 per Day when confined in an Intensive Care Unit or a Sub-Acute Intensive Care Unit.

We will pay for up to three (3) Days of Inpatient Hospital Confinement. This benefit will be calculated based on the number of Days that the Hospital charges You for room and board.

We will pay this benefit for each Day You are charged by a Hospital for room and board. This benefit is limited to three (3) Periods of Confinement per Calendar Year and a lifetime maximum of \$15,000. Periods of Confinement separated by less than 30 days are considered the same Period of Confinement.

OUTPATIENT SURGICAL BENEFIT: When an Insured has a surgery on an outpatient basis for a Covered Sickness or a Covered Accident We will pay \$200. This benefit is only payable once per Day regardless of the number of outpatient surgical services provided during that outpatient surgery. This benefit is limited to one (1) outpatient surgery per Insured per Calendar Year.

SKILLED CARE FACILITY BENEFIT: We will pay this benefit if You are confined to a Skilled Nursing Facility by Physician's order due to a Covered Accident or a Covered Sickness following an Inpatient Hospital Confinement. The Insured must be considered disabled. In order to be considered disabled under the benefit the Insured must be unable to perform two or more Activities of Daily Living (ADL).

For the purposes of this Rider "Activities of Daily Living" are: bathing (washing oneself in either a tub or shower, or by sponge bath including the task of getting into and out of the tub or shower); dressing (putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs); eating (feeding oneself by getting food into the body from a receptacle, such as a plate, cup, table, or by a feeding tube or intravenously); toileting (getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene); transferring (moving in and out of a bed, chair or wheelchair); and continence (the ability to maintain control of bowel and bladder function or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene including caring for a catheter or colostomy bag).

After the Elimination Period has been met, We will pay \$200 for each Day up to a maximum of 14 days You are confined. This benefit is limited to 1 Period of Confinement per Calendar Year.

LIMITATIONS AND EXCLUSIONS

We will not pay benefits for Loss contributed to, caused by, or resulting from Your:

Cosmetic/Plastic Surgery: Surgery that is not for the diagnosis or treatment of Covered Sickness or Covered Accident based upon generally accepted medical practice and is not medically necessary. The following procedures are not covered under any circumstances, even if performed for diagnosis or treatment of a Covered Sickness or Covered Accident or medically necessary. Abdominoplasty (tummy tuck); Mammoplasty (breast enlargement); Rhinoplasty (nose job); or Suction Assisted Lipectomy (liposuction). Complications from any Cosmetic/Plastic Surgery are not covered.

Dental Procedures: Treatment for dental care or dental procedures, unless treatment is the result of a Covered Accident.

Elective Surgery: Surgery that is not for the diagnosis or treatment of a Covered Sickness or Covered Accident based upon generally accepted medical practice and is not medically necessary. Gastric Bypass Surgeries are not covered under any circumstances, even if performed for diagnosis or treatment of a Covered Sickness or Covered Accident or medically necessary, voluntary abortion (except where the Insured or the Insured's spouse would be endangered if the fetus were carried to term or where medical complications have arisen from abortion); or sex changes. Complications from any Elective Surgery are not covered.

Flying: Operating, learning to operate, serving as a crew member on or jumping or falling from any aircraft including those which are not motor-driven.

Mental Disorder: Having a behavioral or psychological disorder, disease or syndrome, without demonstrable organic origin.

Newborn Care: We will not pay for a separate charge made for the newborn's stay in a nursery as a result of a normal delivery.

Observation Unit: Any services provided or charges made for an Insured while in an Observation Unit.

Pregnancy: Normal pregnancy that occurs within the first 24 months after the Effective Date of Coverage. Loss due to complications of pregnancy will be paid the same as for any other Covered Sickness. A Cesarean section is not considered a complication of pregnancy.

Pregnancy of a Dependent Child: A pregnancy of a dependent child will not be covered.

Pre-Existing Condition Limitation: No benefits are payable for a Pre-Existing Condition (as defined) during the first twelve (12) months after the Effective Date of coverage for that Insured.

Racing: Riding in or driving any motor-driven vehicle in a race, stunt show or speed test, or while testing any vehicle on any race course or speedway.

Travel/Location: Being more than 40 miles outside the territorial limits of the United States or Canada.

Vision Procedures: Vision exams or vision procedures, unless treatment is the result of a Covered Accident or a Covered Sickness.

A handwritten signature in black ink that reads "Karl W. Kildig". The signature is written in a cursive style with a large initial 'K'.

Secretary

RADIATION AND CHEMOTHERAPY BENEFIT RIDER

This Rider is a part of the Policy to which it is attached. That Policy is called "the Policy" in this Rider. This Rider is subject to all of the terms, provisions, definitions and exclusions of the Policy, except as stated in this Rider.

CONSIDERATION – EFFECTIVE DATE

We have issued this Rider in consideration of: (1) the statements made in the application; and (2) the advance payment of the Premium. (EXCEPTION: During the time, if any, that it is agreed between the Policyowner and the Company that Premiums will be billed and remitted through payroll deduction or credit union share account deduction, the Premium is due on the date indicated in the billing provided to the administrator coordinating Premium payments on the Policyowner's behalf.) This Rider takes effect at the same time and will continue for the same term as the Policy unless a different Rider Effective Date is indicated on the Policy Schedule.

RENEWABILITY – TERMINATION

This Rider is renewable at the same time and under the same terms as the Policy, and is subject to the payment of the Rider Term Premium. The Rider Term Premium is shown in the Policy Schedule. Premium rates for this Rider may be changed in the same way as premium rates for the Policy. This Rider will terminate on the earliest of: (1) the date the Policy terminates; or (2) the end of the last period for which the Rider Term Premium required to keep this Rider in force is paid, subject to the Grace Period in the Policy.

REINSTATEMENT

This Rider may be reinstated subject to the terms of the Policy to which it is attached.

TIME LIMIT ON CERTAIN DEFENSES

We rely on the statements made in the application when issuing this Rider. After this Rider has been in force for You for two years, We cannot cancel it or refuse to pay benefits for Losses commencing after such time because of any misstatements in the application, except fraudulent misstatements. The time limit on certain defenses period is from the Effective Date of the Policy, unless the Rider is added at a later date. If this Rider is added at a later date the time limit on certain defenses is from the Effective Date of this Rider as shown on the Policy Schedule.

DEFINITIONS

CALENDAR MONTH: The period beginning on the first day of the month and ending on the last day of the same month.

CALENDAR YEAR: The period beginning January 1st and ending December 31st.

DEFINITIVE CANCER TREATMENT: For the purposes of this Rider, means proven medical techniques that destroy Cancer or slow or stop the spread of Cancer. We consider a technique to be proven which at the time of treatment:

1. is fully or investigationally approved for the treatment of Cancer by the U.S. Food and Drug Administration; or,
2. is a generally accepted medical or surgical technique as determined by an Oncologist chosen by the Company.

LOSS: Means a treatment for which a charge is made and for which benefits may be payable under this Rider.

NATIONAL CANCER INSTITUTE: A Cancer treatment or research facility that currently holds a National Cancer Institute (NCI) designation.

ONCOLOGIST: A Physician, other than You or a member of Your Immediate Family, certified to practice in the field of oncology.

PRE-EXISTING CONDITION: Means the existence of symptoms that would cause an ordinarily prudent person to seek diagnosis, care or treatment within a twelve (12) month period preceding the Effective Date of the coverage of the Insured or a condition for which medical advice or treatment was recommended by a Physician or received from a Physician within a twelve (12) month period preceding the Effective Date of coverage. A pre-existing condition can exist even though a diagnosis has not yet been made. If this Rider is added at a later date the pre-existing condition is from the Effective Date of this Rider as shown on the Policy Schedule.

WAITING PERIOD: Means the first 30 days following the Effective Date of the Insured's coverage under the Rider. If this Rider is added at a later date the Waiting Period is from the Effective Date of this Rider as shown on the Policy Schedule.

ELIGIBILITY FOR BENEFITS

You will be eligible for benefits under this Rider if:

1. Your Loss occurs while You are insured under this Rider;
2. You incur a Loss after the Effective Date of coverage under this Rider;
3. You incur a Loss after the 30 day Waiting Period; and,
4. Your Loss is not excluded by name or specific description in this Rider.

BENEFITS

RADIATION AND CHEMOTHERAPY BENEFIT: When an Insured has been diagnosed and is receiving treatment for Cancer and a Physician prescribes radiation or chemical treatments as part of Definitive Cancer Treatment, the Rider will pay benefits as follows.

For Radiation Therapy, We will pay \$200 per Day up to a Calendar Year maximum of \$5,000.

For Injected Chemotherapy, We will pay \$200 per Day for injected therapy up to a Calendar Year maximum of \$5,000. If the Chemotherapy is administered by pump the benefit is payable only on the date the pump is started and on the date of each refill.

For Oral Chemotherapy, We will pay \$300 per Calendar Month with a lifetime maximum of thirty-six (36) months.

At the time of administration all treatments must be fully or investigationally approved for the treatment of Cancer by the U.S. Food and Drug Administration or National Cancer Institute. Treatment may be performed on an outpatient or inpatient basis.

LIMITATIONS AND EXCLUSIONS:

This Rider does not pay for preventive treatments prescribed without a diagnosis of Cancer.

This Rider does not pay for continued maintenance medication for the purposes of keeping Cancer from recurring.

PRE-EXISTING CONDITION LIMITATION: No benefits are payable for a Pre-Existing Condition (as defined) during the first twelve (12) months after the Effective Date of coverage for that Insured.



Secretary

Washington National Insurance Company
Home Office: 11825 N. Pennsylvania St., Carmel, Indiana 46032-4555
Telephone: 1-800-888-4918

CRITICAL CONDITIONS RIDER

This Rider is a part of the Policy to which it is attached. That Policy is called "the Policy" in this Rider. This Rider is subject to all of the terms, provisions, definitions and exclusions of the Policy, except as stated in this Rider.

CONSIDERATION – EFFECTIVE DATE

We have issued this Rider in consideration of: (1) the statements made in the application; and (2) the advance payment of the Premium. (EXCEPTION: During the time, if any, that it is agreed between the Policyowner and the Company that Premiums will be billed and remitted through payroll deduction or credit union share account deduction, the Premium is due on the date indicated in the billing provided to the administrator coordinating Premium payments on the Policyowner's behalf.) This Rider takes effect at the same time and will continue for the same term as the Policy unless a different Rider Effective Date is indicated on the Policy Schedule.

RENEWABILITY – TERMINATION

This Rider is renewable at the same time and under the same terms as the Policy, and is subject to the payment of the Rider Term Premium. The Rider Term Premium is shown in the Policy Schedule. Premium rates for this Rider may be changed in the same way as premium rates for the Policy. This Rider will terminate on the earliest of: (1) the date the Policy terminates; or (2) the end of the last period for which the Rider Term Premium required to keep this Rider in force is paid, subject to the Grace Period in the Policy.

REINSTATEMENT

This Rider may be reinstated subject to the terms of the Policy to which it is attached.

TIME LIMIT ON CERTAIN DEFENSES

We rely on the statements made in the application when issuing this Rider. After this Rider has been in force for You for two years, We cannot cancel it or refuse to pay benefits for Losses commencing after such time because of any misstatements in the application, except fraudulent misstatements. The time limit on certain defenses period is from the Effective Date of the Policy, unless the Rider is added at a later date. If this Rider is added at a later date the time limit on certain defenses is from the Effective Date of this Rider as shown on the Policy Schedule.

DEFINITIONS

ALZHEIMER'S: For the purposes of this Rider, means a progressive, degenerative disorder that attacks the brain's nerve cells, or neurons, resulting in loss of memory, thinking and language skills, and behavioral changes. Alzheimer's must be diagnosed by a Physician.

BLINDNESS: For the purposes of this Rider, means clinically proven irreversible reduction of sight in both eyes that has persisted for a period of at least 180 consecutive days. Sight must be reduced to a corrected visual acuity of less than 20/200 or visual field restriction to 20° or less in both eyes. The Physician making the diagnosis of Blindness must be a board certified ophthalmologist.

COMA: For the purposes of this Rider means as diagnosed by a Physician, is a state of extreme unresponsiveness, in which an individual exhibits no voluntary movement or behavior. Furthermore, in a deep coma, even painful stimuli (actions which, when performed on a healthy individual, result in reactions) are unable to affect any response, and normal reflexes are lost. For the purposes of benefit payment under this Rider, the Insured must be in a Coma for a period of 14 consecutive days. Coma does not include one that is medically induced.

CALENDAR MONTH: The period beginning on the first day of the month and ending on the last day of the same month.

CALENDAR YEAR: The period beginning January 1st and ending December 31st.

DEAFNESS: For the purposes of this Rider, means as diagnosed by a Physician a permanent condition wherein the ability to detect any sound is completely impaired.

DIABETIC AMPUTATION: For the purposes of this Rider, means surgical amputation above the ankle due to Diabetes Mellitus.

DIABETES MELLITUS: For the purposes of this Rider, means a group of metabolic diseases characterized by hyperglycemia resulting from defects in the insulin secretion, insulin action or both as clinically diagnosed by a Physician.

LOSS: Means a Specified Critical Illness for which benefits may be payable under this Rider.

MAJOR ORGAN TRANSPLANT: For the purposes of this Rider, means undergoing surgery to receive a transplant of a human heart, human lung, human liver, human kidney, or human bone marrow as a result of failure of that organ of the Insured.

OBSERVATION UNIT: A specified area in a Hospital, apart from an emergency room, where an Insured can be monitored following outpatient surgery or treatment in an emergency room by a Physician. This specified area is supervised by a Physician or Nurse; is staffed and equipped to handle care; and provides care seven (7) days a week 24 hours a day.

PARALYSIS: For the purposes of this Rider, means as diagnosed by a Physician Loss or impairment of the ability to move a body part as a result of damage to its nerve supply. The Paralysis must be an impairment of two (2) or more limbs and last 90 days or more.

PERIOD OF CONFINEMENT: A period which begins at least 30 days after Your Effective Date of coverage, beginning on the first Day of Hospital Confinement and ending on the last Day of Hospital Confinement. If You are re-confined within 30 days, then the later period will be considered a continuation of the prior Period of Confinement. If the beginning of a re-confinement occurs more than 30 days later, We will treat the later Hospital Confinement as a new Period of Confinement.

PRE-EXISTING CONDITION: Means the existence of symptoms that would cause an ordinarily prudent person to seek diagnosis, care or treatment within a twelve (12) month period preceding the Effective Date of the coverage of the Insured or a condition for which medical advice or treatment was recommended by a Physician or received from a Physician within a twelve (12) month period preceding the Effective Date of coverage. A pre-existing condition can exist even though a diagnosis has not yet been made. If this Rider is added at a later date the pre-existing condition is from the Effective Date of this Rider as shown on the Policy Schedule.

RENAL FAILURE: For the purposes of this Rider, means the end stage renal failure presenting as chronic, irreversible failure of Your kidneys to function. The kidney failure must necessitate regular renal dialysis, hemo-dialysis or peritoneal dialysis (at least weekly); or which results in kidney transplant. For a renal failure benefit to be payable, renal failure must be positively diagnosed by a Physician through clinical findings with corroboration from urine and blood tests, ultrasound, CT scan, MRI or kidney biopsy.

SPECIFIED CRITICAL ILLNESS: Means the category in which the specified critical illness is defined for the purposes of benefit payment under this Rider. Specified critical illness includes the following: Permanent Blindness, Permanent Deafness, Diabetic Amputation, Major Organ Transplant, Coma, Paralysis, Alzheimer's, and End Stage Renal Failure.

WAITING PERIOD: Means the first 30 days following the Effective Date of the Insured's coverage under the Rider. If this Rider is added at a later date the Waiting Period is from the Effective Date of this Rider as shown on the Policy Schedule.

ELIGIBILITY FOR BENEFITS

You will be eligible for benefits under this Rider if:

1. Your Loss occurs while You are insured under this Rider;
2. You incur a Loss after the Effective Date of coverage under this Rider;
3. You incur a Loss after the 30 day Waiting Period; and,
4. Your Loss is not excluded by name or specific description in this Rider.

BENEFITS

LUMP SUM BENEFIT: We will pay the amount shown on the Benefit Schedule when You are diagnosed as having a Specified Critical Illness.

For Major Organ Transplant, we will pay the amount shown in the Benefit Schedule when: (1) an Insured is registered on the active waiting list for organ transplant maintained by the Organ Procurement and Transplantation Network (OPTN); or, (2) when the Insured undergoes a transplant surgery, we will pay the amount shown in the Benefit Schedule.

We will pay this benefit only once per Insured per Specified Critical Illness condition regardless of the number of different occurrences of a Specified Critical Illness. At no time under the Rider can an Insured receive a benefit amount in excess of 100% of the benefit amount shown on the Benefit Schedule.

INPATIENT HOSPITAL BENEFIT: We will pay the amount shown on the Benefit Schedule per Day for up to three (3) days when You are confined as an inpatient in a Hospital due to a Specified Critical Illness. This benefit will be calculated based on the number of Days that the Hospital charges You for room and board. Charges for any services provided or charges made for an Insured while in an Observation Unit are not payable under this benefit.

We will pay this benefit for each Day You are charged by a Hospital for room and board. This benefit is limited to three (3) Periods of Confinement per Calendar Year and a lifetime maximum of \$15,000. Periods of Confinement separated by less than 30 days are considered the same Period of Confinement.

We will not pay benefits for Hospital Confinements that begin during the first 30 days after Your Effective Date of coverage under this Rider.

LIMITATIONS AND EXCLUSIONS:

We will not pay benefits for Loss contributed to, caused by, or resulting from:

Renal Failure caused by a traumatic event, including surgical traumas.

A heart transplant that is not a human heart.

A bone marrow transplant that is not human bone marrow.

If the Insured's Paralysis is related to a Stroke and We have paid a Lump Sum benefit under the Policy; the Lump Sum benefit will not be payable under this Rider.

No benefit is payable for Diabetic Amputations below the ankle. Amputation of a single toe or toes, or any partial foot amputations are not payable.

No benefits are available for an organ donor under this Rider.

PRE-EXISTING CONDITION LIMITATION: No benefits are payable for a Pre-Existing Condition (as defined) during the first twelve (12) months after the Effective Date of coverage for that Insured.



Secretary

CASH VALUE RIDER

This Rider is a part of the policy to which it is attached. That Policy is called "the Policy" in this Rider. This Rider is subject to all of the terms, provisions, definitions and exclusions of the Policy, except as stated in this Rider.

CONSIDERATION – EFFECTIVE DATE

We have issued this Rider in consideration of the advance payment of the Premium. (EXCEPTION: During the time, if any, that it is agreed between the Policyowner and the Company that Premiums will be billed and remitted through payroll deduction or credit union share account deduction, the Premium is due on the date indicated in the billing provided to the administrator coordinating Premium payments on the Policyowner's behalf.) This Rider takes effect at the same time and will continue for the same term as the Policy unless a different Rider Effective Date is indicated on the Policy Schedule.

RENEWABILITY – TERMINATION - REINSTATEMENT

This Rider is renewable at the same time and under the same terms as the Policy, and is subject to the payment of the Rider Term Premium. The Rider Term Premium is shown in the Policy Schedule. Premium rates for this Rider may be changed in the same way as Premium rates for the Policy. If the Premium for the Policy or any Rider changes for any reason, You will be notified of the revised Premium. We will calculate Your benefit based on both the original Premium paid and the revised Premium paid.

This Rider will terminate on the earliest of: (1) the date the Policy terminates; or (2) the end of the last period for which the Rider Term Premium required to keep this Rider in force is paid, subject to the Grace Period in the Policy. If You allow the Policy to terminate prior to the 5th Rider anniversary date and it is later reinstated, then all Maturity Dates will be deferred by the period of time that the Policy was inactive.

CONTINUATION PRIVILEGE

If this is family coverage and You die, Your spouse may elect to continue insurance under the Policy and this Rider by paying the Premium. The benefit will be paid to Your spouse.

BENEFIT ASSIGNMENT NOT ALLOWED

You may not assign the benefits under this Rider.

DEFINITIONS

When the terms below are used in this Rider, the following definitions will apply.

CASH VALUE PERIOD: Means the period of time from the Rider Effective Date to the first Maturity Date, or from any Maturity Date to the next. The Cash Value Period is 25 years. After each Maturity Date, You will automatically begin a new Cash Value Period.

MATURITY DATE: Means the date on which a Cash Value Period ends and You become entitled to the Cash Value Maturity Benefit provided by this Rider.

BENEFITS

CASH VALUE MATURITY BENEFIT: We will pay You this benefit if You keep Your Policy and this Rider in force until a Maturity Date. You do not need to surrender Your Policy and this Rider at a Maturity Date to receive this benefit.

After each Maturity Date, You will automatically begin a new Cash Value Period.

CASH VALUE SURRENDER BENEFIT: Beginning with the 6th year of a Cash Value Period and prior to the Maturity Date, if you:

1. Surrender both this Rider and the Policy;
2. Cancel Your Policy or allow the Policy to terminate; or,
3. Die, and if this is family coverage, and Your spouse does not continue insurance under the Policy.

We will pay this benefit to You, or in the event of Your death, Your spouse, if any, or Your estate.

This Rider and the Policy will cease to be in force as of the date to which the Cash Value Surrender Benefit is calculated and may not be reinstated after this date.

BENEFIT AMOUNT: The benefit amount is equal to the total Premiums paid for the elapsed portion of a Cash Value Period multiplied by the applicable percentage based on the number of completed years during the Cash Value Period, minus any claims incurred during the Cash Value Period. The applicable percentages are listed in the Table of Cash Value Percentages.

For surrenders on other than a Rider anniversary date, we will calculate the appropriate Cash Value Percentage based on the number of complete months the Policy and this Rider has been in force and Premiums have been paid.

TABLE OF CASH VALUE PERCENTAGES

Completed Year(s)	Cash Value Percentage
1	0%
2	0%
3	0%
4	0%
5	0%
6	5%
7	9%
8	12%
9	15%
10	18%
11	21%
12	24%
13	27%
14	30%
15	34%
16	38%
17	42%
18	47%
19	52%
20	58%
21	64%
22	72%
23	80%
24	90%
25	100%



Secretary

RETURN OF PREMIUM RIDER

This Rider is a part of the Policy to which it is attached. That Policy is called "the Policy" in this Rider. This Rider is subject to all of the terms, provisions, definitions and exclusions of the Policy, except as stated in this Rider.

CONSIDERATION – EFFECTIVE DATE

We have issued this Rider in consideration of the advance payment of the Premium. (EXCEPTION: During the time, if any, that it is agreed between the Policyowner and the Company that Premiums will be billed and remitted through payroll deduction or credit union share account deduction, the Premium is due on the date indicated in the billing provided to the administrator coordinating Premium payments on the Policyowner's behalf.) This Rider takes effect at the same time and will continue for the same term as the Policy unless a different Rider Effective Date is indicated on the Policy Schedule.

RENEWABILITY – TERMINATION - REINSTATEMENT

This Rider is renewable at the same time and under the same terms as the Policy, and is subject to the payment of the Rider Term Premium. The Rider Term Premium is shown in the Policy Schedule. Premium rates for this Rider may be changed in the same way as Premium rates for the Policy. If the Premium for the Policy or any Rider changes for any reason, You will be notified of the revised Premium. We will calculate Your Return of Premium Benefit Amount based on both the original Premium paid and the revised Premium paid.

This Rider will terminate on the earliest of: (1) the date the Policy terminates; or (2) the end of the last period for which the Rider Term Premium required to keep this Rider in force is paid, subject to the Grace Period in the Policy. If You allow the Policy to terminate and it is later reinstated, then all Benefit Eligibility Dates will be deferred by the period of time that the Policy was inactive.

CONTINUATION PRIVILEGE

If this is a family policy and You die, Your spouse may elect to continue insurance under the Policy and this Rider by paying the Premium. All Benefit Eligibility Dates will continue to be based on Your age. The Return of Premium Benefit Amount will be paid to Your spouse.

BENEFIT ASSIGNMENT NOT ALLOWED

You may not assign the benefits under this Rider.

DEFINITIONS

When the terms below are used in this Rider, the following definitions will apply.

RETURN OF PREMIUM PERIOD: Means the period of time from the Rider Effective Date to the first Benefit Eligibility Date, or from any Benefit Eligibility Date to the next. After each Benefit Eligibility Date, You will automatically begin a new Return of Premium Period. Based on Your age at the beginning of a Return of Premium Period, the length of the period will be as follows:

1. Beginning at age 55 or under: 20 years.
2. Beginning at age 56 through 65: The number of years from the beginning of the Return of Premium Period to the first anniversary date after You reach age 75.
3. Beginning at age 66 or over: 10 years.

BENEFIT ELIGIBILITY DATE: Means the date on which a Return of Premium Period ends and You become entitled to the benefit provided by this Rider.

BENEFITS

OUR PROMISE TO PAY: We will pay You a Return of Premium Benefit if You keep Your Policy and this Rider in force until a Benefit Eligibility Date. You do not need to surrender Your Policy and this Rider at a Benefit Eligibility Date to receive a Return of Premium Benefit.

After each Benefit Eligibility Date, You will automatically begin a new Return of Premium Period.

RETURN OF PREMIUM BENEFIT AMOUNT:

FOR A RETURN OF PREMIUM PERIOD BEGINNING AT AGE 65 OR UNDER: The benefit amount is equal to the Premiums paid for the insurance provided during the Return of Premium Period, minus any claims incurred during the Return of Premium Period. For other information that may affect this amount, please refer to the Renewability, Termination, Reinstatement Provision in this Rider.

FOR A RETURN OF PREMIUM PERIOD BEGINNING AT AGE 66 OR OVER: The benefit amount is equal to one half of the Premiums paid for the insurance provided during the Return of Premium Period, minus any claims incurred during the Return of Premium Period. For other information that may affect this amount, please refer to the Renewability, Termination, Reinstatement Provision in this Rider.



Secretary

**CRITICAL ILLNESS POLICY
BENEFIT SCHEDULE**

This is a summary of benefits included in your Policy. Please read your entire Policy for further explanations and limitations.

	Policyowner [\$XX,XXX] 100%	Spouse (if covered) [\$XX,XXX] 100%	Child(ren) (if covered) [\$5,000 OR \$10,000] 100%
Lump Sum Benefit			
Cancer	100%	100%	100%
Carcinoma In-Situ	25% limited to one payment	25% limited to one payment	25% limited to one payment
Skin Cancer Benefit	\$300 limited to one payment	\$300 limited to one payment	\$300 limited to one payment
Inpatient Hospital Benefit	\$300 per Day limited to 3 Days, limited to 3 confinements per Calendar Year and a Lifetime Maximum of \$15,000	\$300 per Day limited to 3 Days, limited to 3 confinements per Calendar Year and a Lifetime Maximum of \$15,000	\$300 per Day limited to 3 Days, limited to 3 confinements per Calendar Year and a Lifetime Maximum of \$15,000
Annual Care Benefit	\$75, not to exceed 5 consecutive annual payments	\$75, not to exceed 5 consecutive annual payments	\$75, not to exceed 5 consecutive annual payments
Recurrence Benefit			
Number of Months After the First Diagnosis	Percentage of the Lump Sum Benefit	Percentage of the Lump Sum Benefit	Percentage of the Lump Sum Benefit
13 – 24	10%	10%	10%
25 – 36	20%	20%	20%
37 - 48	30%	30%	30%
49 – 60	40%	40%	40%
61 or more	50%	50%	50%

**CRITICAL ILLNESS POLICY
BENEFIT SCHEDULE**

This is a summary of benefits included in your Policy. Please read your entire Policy for further explanations and limitations.

	Policyowner [\$XX,XXX]	Spouse (if covered) [\$XX,XXX]	Child(ren) (if covered) [\$5,000 OR \$10,000]
Lump Sum Benefit			
Heart Attack	100%	100%	100%
Stroke	100%	100%	100%
Coronary Artery Bypass Surgery	50% limited to one payment	50% limited to one payment	50% limited to one payment
Angioplasty	25% limited to one payment	25% limited to one payment	25% limited to one payment
Stent(s)	25% limited to one payment	25% limited to one payment	25% limited to one payment
Transient Ischemic Attack (TIA)	25% limited to one payment	25% limited to one payment	25% limited to one payment
Inpatient Hospital Benefit			
	\$300 per Day limited to 3 Days, limited to 3 confinements per Calendar Year and a Lifetime Maximum of \$15,000	\$300 per Day limited to 3 Days, limited to 3 confinements per Calendar Year and a Lifetime Maximum of \$15,000	\$300 per Day limited to 3 Days, limited to 3 confinements per Calendar Year and a Lifetime Maximum of \$15,000
Annual Care Benefit			
	\$75, not to exceed 5 consecutive annual payments	\$75, not to exceed 5 consecutive annual payments	\$75, not to exceed 5 consecutive annual payments
Recurrence Benefit			
Number of Months After the First Diagnosis	Percentage of the Lump Sum Benefit	Percentage of the Lump Sum Benefit	Percentage of the Lump Sum Benefit
13 – 24	10%	10%	10%
25 – 36	20%	20%	20%
37 - 48	30%	30%	30%
49 – 60	40%	40%	40%
61 or more	50%	50%	50%

**CRITICAL ILLNESS POLICY
BENEFIT SCHEDULE**

This is a summary of benefits included in your Policy. Please read your entire Policy for further explanations and limitations.

	Policyowner [\$XX,XXX]	Spouse (if covered) [\$XX,XXX]	Child(ren) (if covered) [\$5,000 OR \$10,000]
Lump Sum Benefit			
Specified Critical Illness			
Category 1:			
Cancer	100%	100%	100%
Carcinoma In-Situ	25% limited to one payment	25% limited to one payment	25% limited to one payment
Specified Critical Illness			
Category 2:			
Heart Attack	100%	100%	100%
Stroke	100%	100%	100%
Coronary Artery Bypass Surgery	50% limited to one payment	50% limited to one payment	50% limited to one payment
Angioplasty	25% limited to one payment	25% limited to one payment	25% limited to one payment
Stent(s)	25% limited to one payment	25% limited to one payment	25% limited to one payment
Transient Ischemic Attack (TIA)	25% limited to one payment	25% limited to one payment	25% limited to one payment
Skin Cancer Benefit	\$300 limited to one payment	\$300 limited to one payment	\$300 limited to one payment
Inpatient Hospital Benefit (the limits are per Specified Critical Illness Category)	\$300 per Day limited to 3 Days, limited to 3 confinements per Calendar Year and a Lifetime Maximum of \$15,000	\$300 per Day limited to 3 Days, limited to 3 confinements per Calendar Year and a Lifetime Maximum of \$15,000	\$300 per Day limited to 3 Days, limited to 3 confinements per Calendar Year and a Lifetime Maximum of \$15,000
Annual Care Benefit	\$75, not to exceed 5 consecutive annual payments	\$75, not to exceed 5 consecutive annual payments	\$75, not to exceed 5 consecutive annual payments
Recurrence Benefit (per Specified Critical Illness Category with limitations)			
Number of Months After the First Diagnosis	Percentage of the Lump Sum Benefit	Percentage of the Lump Sum Benefit	Percentage of the Lump Sum Benefit
13 – 24	10%	10%	10%
25 – 36	20%	20%	20%
37 - 48	30%	30%	30%
49 – 60	40%	40%	40%
61 or more	50%	50%	50%

ACCIDENTAL DEATH AND DISMEMBERMENT RIDER BENEFIT SCHEDULE

This is a summary of benefits included in your Rider. Please read your entire Policy and Rider(s) for further explanations and limitations.

	Policyowner	Spouse (if covered)	Child(ren) (if covered)
Accidental Death Benefit			
Accidental Death Motorized Vehicle or Pedestrian Common-Carrier	\$50,000	\$50,000	\$25,000
Dismemberment Benefit			
One finger or toe	\$1,000	\$1,000	\$200
More than one finger and/or toe	\$1,500	\$1,500	\$500
One eye, hand, foot, arm, or leg	\$7,500	\$7,500	\$2,000
More than one eye, hand, foot, arm, or leg	\$25,000	\$25,000	\$5,000
Joint Replacement	\$5,000	\$5,000	\$1,250
Fracture			
Hip or thigh	\$1,200	\$1,200	\$1,200
Vertebrae	\$1,100	\$1,100	\$1,100
Pelvis	\$1,000	\$1,000	\$1,000
Skull (depressed)	\$900	\$900	\$900
Leg	\$800	\$800	\$800
Foot, ankle, or knee cap	\$600	\$600	\$600
Forearm or hand	\$600	\$600	\$600
Lower jaw	\$500	\$500	\$500
Shoulder blade, collar bone, or sternum	\$500	\$500	\$500
Skull (simple)	\$400	\$400	\$400
Upper arm or upper jaw	\$400	\$400	\$400
Facial Bones	\$400	\$400	\$400
Vertebrae processes	\$200	\$200	\$200
Coccyx, rib, finger, toe, or nose	\$200	\$200	\$200
Dislocation			
Hip	\$1,000	\$1,000	\$1,000
Knee (not knee cap)	\$800	\$800	\$800
Shoulder	\$600	\$600	\$600
Foot or ankle	\$500	\$500	\$500
Hand	\$400	\$400	\$400
Lower jaw	\$300	\$300	\$300
Wrist	\$200	\$200	\$200
Elbow	\$200	\$200	\$200
Finger or toe	\$200	\$200	\$200
Laceration			
Combined length: Over 2"	\$100	\$100	\$100

BENEFIT SCHEDULE (continued)

	Policyowner	Spouse(if covered)	Child(ren)(if covered)
Injuries Requiring Surgery			
Eye Injury	\$100	\$100	\$100
	\$300	\$300	\$300
Tendon or ligament:			
Ruptured disc:			
Covered accident occurs:			
During first year you are insured	\$100	\$100	\$100
After first year you are insured	\$300	\$300	\$300
Torn cartilage:			
Covered accident occurs:			
During first year you are insured	\$100	\$100	\$100
After first year you are insured	\$300	\$300	\$300
Hernia:			
Covered accident occurs:			
During the first year you are insured	\$100	\$100	\$100
After first year you are insured	\$300	\$300	\$300
Burn	\$500	\$500	\$500
Emergency Care Services	\$250 per Covered Accident per Insured	\$250 per Covered Accident per Insured	\$250 per Covered Accident per Insured
Physician's Visit	\$30 limit 2 per Covered Accident per Insured	\$30 limit 2 per Covered Accident per Insured	\$30 limit 2 per Covered Accident per Insured

**CRITICAL CONDITIONS RIDER
BENEFIT SCHEDULE**

This is a summary of benefits included in your Rider. Please read your entire Policy and Rider(s) for further explanations and limitations.

	Policyowner [\$XX,XXX]	Spouse (if covered) [\$XX,XXX]	Child(ren) (if covered) [\$5,000 OR \$10,000]
Lump Sum Benefit			
Permanent Blindness	100%	100%	100%
Permanent Deafness	25% limited to one payment	25% limited to one payment	25% limited to one payment
Diabetic Amputation	50% limited to one payment	50% limited to one payment	50% limited to one payment
Major Organ Transplant (when an Insured is registered with the Organ Procurement and Transplantation Network (OPTN))	50%	50%	50%
Major Organ Transplant (when an Insured undergoes transplant surgery)	100%	100%	100%
Coma	100%	100%	100%
Permanent Paralysis	100%	100%	100%
Alzheimer's	50% limited to one payment	50% limited to one payment	50% limited to one payment
End Stage Renal Failure	25% limited to one payment	25% limited to one payment	25% limited to one payment
Inpatient Hospital Benefit	\$300 per Day limited to 3 Days, limited to 3 confinements per Calendar Year and a Lifetime Maximum of \$15,000	\$300 per Day limited to 3 Days, limited to 3 confinements per Calendar Year and a Lifetime Maximum of \$15,000	\$300 per Day limited to 3 Days, limited to 3 confinements per Calendar Year and a Lifetime Maximum of \$15,000

Washington National Insurance Company
 Home Office: 11825 N. Pennsylvania St., Carmel, Indiana 46032-4555
 Telephone: 1-800-888-4918

POLICY SCHEDULE

DO NOT DETACH FROM POLICY AND OR RIDER(S)

POLICYOWNER

[John Doe]
 [123 Main Street]
 [Any City, GA]

**POLICY
 ACCOUNT
 NUMBER**

[XXXXXXXXXX]

**POLICY
 EFFECTIVE
 DATE**

[XX/XX/XXXX]

CLASS	MODE OF PAYMENT	MODAL PREMIUM	ANNUAL PAYMENT
[XXXXXXX]	[MONTHLY]	[\$XXXX.XX]	[\$XXXX.XX]

Effective Date	Description of Coverage	Benefit Amount	Form Number	Payment
[XX/XX/XXXX]	[Critical Illness Coverage Individual Individual plus child(ren) Individual plus spouse Family]	[\$XX,XXX]	[WNIC1068]	[\$XXX.XX]
[XX/XX/XXXX]	[Critical Conditions Rider Individual Individual plus child(ren) Individual plus spouse Family]	[\$XX,XXX]	[R1073]	[\$XXX.XX]
[XX/XX/XXXX]	[Hospital Indemnity Rider Individual Individual plus child(ren) Individual plus spouse Family]		[R1070 or R1071]	[\$XXX.XX]
[XX/XX/XXXX]	[Radiation and Chemotherapy Rider Individual Individual plus child(ren) Individual plus spouse Family]		[R1072]	[\$XXX.XX]
[XX/XX/XXXX]	[Accidental Death and Dismemberment Rider Individual Individual plus child(ren) Individual plus spouse Family]		[R1069]	[\$XXX.XX]
[XX/XX/XXXX]	[Return of Premium/Cash Value Rider]		[R1077ROP/R1077CV]	[\$XXX.XX]

[As a result of the information provided on the application the following individual(s) are not covered for the stated coverage:]

Washington National Insurance Company
Home Office: 11825 N. Pennsylvania St., Carmel, Indiana 46032-4555
Telephone: 1-800-888-4918

**OUTLINE OF COVERAGE
FOR
CRITICAL ILLNESS POLICY**

THE POLICY PROVIDES LIMITED BENEFITS. BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES.

POLICY FORM WNIC1068AR

PLEASE READ YOUR POLICY CAREFULLY: This Outline of Coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**

BENEFITS PROVIDED UNDER THE POLICY:

Please indicate the proposed insured's choice by checking the appropriate box:

<u>Coverage Selection</u>	<u>Lump Sum Benefit Amount</u>	
<input type="checkbox"/> Cancer	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$50,000
<input type="checkbox"/> Heart/Stroke	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$60,000
<input type="checkbox"/> Cancer and Heart/Stroke	<input type="checkbox"/> \$20,000	<input type="checkbox"/> \$70,000
	<input type="checkbox"/> \$30,000	<input type="checkbox"/> \$100,000
	<input type="checkbox"/> \$40,000	

LUMP SUM BENEFIT: The policy pays a lump sum benefit for a diagnosis of a specified critical illness. The lump sum benefit is not payable for skin cancer, any specified critical illness diagnosed or treated before the effective date of the policy or during the waiting period. For cancer coverage, carcinoma in-situ is payable at 25% of the selected lump sum amount. For heart/stroke coverage coronary artery bypass surgery is payable at 50% of the selected lump sum amount and the following are payable at 25%: angioplasty, stent(s), and transient ischemic attack. The lump sum benefit amount payable will not exceed 100%.

SKIN CANCER (not available on heart/stroke coverage): This benefit pays a one time amount of \$300 when an insured is diagnosed with melanoma or non-melanoma skin cancer.

INPATIENT HOSPITAL BENEFIT: This benefit provides for inpatient hospital confinement \$200 per day for up to 3 days. This benefit will be calculated based on the number of days that the hospital charges you for room and board. A "day" means a 24-hour period. This benefit has a limit of 3 periods of confinement per calendar year with a lifetime maximum of \$15,000.

ANNUAL CARE: When you are under the continued care of a physician for a specified critical illness diagnosis, we will pay a \$75 benefit beginning with the first anniversary after the payment of the lump sum benefit and is payable each year on the date of the payment of the lump sum benefit and will not exceed a total of five (5) consecutive annual payments per insured.

RECURRENCE BENEFIT: The policy provides a recurrence benefit for any subsequent diagnosis of cancer or heart/stroke based on the coverage selected, if: the recurrence of the covered condition is diagnosed more than 12 months after any previous diagnosis; no treatment has been required or received treatment during the 12 months between the diagnoses. Treatment does not include maintenance medications and follow-up visits to a Physician. This benefit builds to 50% of the lump sum benefit after 61 months.

<u>Number of Months After the First Diagnosis</u>	<u>Percentage of the Lump Sum Benefit</u>
13 – 24	10%
25 – 36	20%
37 - 48	30%
49 – 60	40%
61 or more	50%

OPTIONAL RIDERS: Please indicate the proposed insured’s choices by checking the appropriate box(es).

CRITICAL CONDITIONS RIDER

This optional rider provides a lump sum benefit and inpatient hospitalization for the following conditions Alzheimer’s, blindness, coma, deafness, diabetic amputation (above the ankle), major organ transplant (human heart, human lung, human liver, human kidney or human bone marrow), paralysis (2 or more limbs and lasting 90 days or more), and end stage renal failure. The lump sum benefit provides benefits as follows. The lump sum benefit payable will not exceed 100%.

<u>Specified Critical Illness</u>	<u>Lump Sum Percentage</u>
Permanent Blindness	100%
Permanent Deafness	25% limited to one payment
Diabetic Amputation	50% limited to one payment
Major Organ Transplant (when an Insured is registered with the Organ Procurement and Transplantation Network (OPTN))	50%
Major Organ Transplant (when an Insured undergoes transplant surgery)	100%
Coma	100%
Permanent Paralysis	100%
Alzheimer’s	50% limited to one payment
End Stage Renal Failure	25% limited to one payment

The rider provides for inpatient hospital confinement \$200 per day for up to 3 days. This benefit will be calculated based on the number of days that the hospital charges you for room and board. A “day” means a 24-hour period. This benefit has a limit of 3 periods of confinement per calendar year with a lifetime maximum of \$15,000.]

HOSPITAL INDEMNITY RIDER

This optional rider provides for inpatient hospital benefits, outpatient surgery, physician’s office visit and skilled care facility benefit following an inpatient hospitalization.

The rider provides for inpatient hospital confinement in a regular hospital room (\$200 per day) or in an intensive care unit (\$400 per day) for up to 3 days. This benefit will be calculated based on the number of days that the hospital charges you for room and board. A “day” means a 24-hour period. This benefit has a limit of 3 periods of confinement per calendar year with a lifetime maximum of \$15,000.

Outpatient surgery is also provided when required due to covered sickness or a covered accident in the amount of \$200. This is limited to 1 outpatient surgery per calendar year.

[Physician's office visit provides \$75 one time per calendar year for the following exams/test: annual physical exam, mammogram; breast ultrasound; pap smear (lab and procedure); biopsy; flexible sigmoidoscopy; hemocult stool specimen; chest x-ray; CEA (blood test for colon Cancer); CA 125 (blood test for ovarian Cancer); PSA (blood test for prostate Cancer); thermography; colonoscopy; virtual colonoscopy; ThinPrep; stress test on a bicycle or treadmill; fasting blood glucose test; blood test for triglycerides; serum cholesterol test to determine level of HDL and LDL; electrocardiogram (EKG); Carotid Doppler; Echocardiogram; Lipid panel (total cholesterol count).]

The rider provides a skilled care facility benefit when an insured is confined to a skilled nursing facility by physician's order due to a covered sickness or a covered accident following an inpatient hospitalization and when considered disabled. In order to be considered disabled under the rider the insured must be unable to perform 2 or more activities of daily living (ADLs) – such as bathing, dressing, eating, and toileting – see the rider for additional information. After an elimination period of 7 days the rider will pay \$200 per day for up to 14 days. There is a limit of 1 period of confinement per calendar year.]

RADIATION AND CHEMOTHERAPY BENEFIT RIDER (only available with cancer coverage)

This optional rider provides benefits for radiation and chemotherapy when cancer has been diagnosed and a physician prescribes radiation or chemical treatments as part of definitive cancer treatment. The rider will pay benefits as follows. For Radiation Therapy, \$200 per day up to a calendar year maximum of \$5,000. For Injected Chemotherapy, \$200 per day up to a calendar year maximum of \$5,000. For Oral Chemotherapy, \$300 per calendar month with a lifetime maximum of 36 months. At the time of administration all treatments must be fully or investigationally approved for the treatment of Cancer by the U.S. Food and Drug Administration or National Cancer Institute. Treatment may be performed on an outpatient or inpatient basis.]

ACCIDENTAL DEATH AND DISMEMBERMENT RIDER

This optional rider provides benefits for accidental injuries. The following is a description of the benefits provided under the rider. The benefit amounts vary based upon the specific injury see the rider and rider schedule for the benefit amount.

If an accidental injury causes death within 90 days of a covered accident, the rider pays a lump sum accidental death benefit related to the following: accidental death, motorized vehicle accident, pedestrian accident, or common carrier.

If a covered accident causes the dismemberment of a finger, hand, toe, foot, arm, leg, or eye within one year after the covered accident the rider pays a benefit.

If a covered accident causes a bone fracture and it is diagnosed and treated by a physician within 90 days after the covered accident, the rider pays a benefit. The rider includes a surgical benefit when a fracture requires a surgical incision.

If you dislocate a joint due to a covered accident and it is diagnosed and treated by a physician within 90 days after the covered accident or the dislocation requires surgical incision to relocate the joint, the rider pays a benefit.

If as part of a covered accident you are lacerated and the laceration is repaired with sutures by a physician within 72 hours after the covered accident, the rider pays a benefit.

INJURIES REQUIRING SURGERY:

If as part of a covered accident you injure your eye and eye surgery is performed due to the covered accident by a physician within 90 days after the covered accident, the rider pays a benefit.

If as part of a covered accident you tear, sever or rupture your tendon or ligament and have the injured tendon or ligament repaired through surgical incision by a physician within 90 days after the covered accident, the rider pays a benefit. If the dislocation or fracture benefit is payable due to the same covered accident this benefit is not payable.

If as part of a covered accident you rupture a disc in your spine and receive treatment for the rupture from a physician within 60 days after the covered accident, and have the rupture repaired through surgical incision by a physician within one year after the covered accident, the rider pays a benefit. The amount payable will be based on the length of time you have been insured under the rider on the date your covered accident occurred.

If as part of a covered accident you tear cartilage and receive treatment for the torn cartilage from a physician within 60 days after the covered accident and have the torn cartilage repaired through surgical incision by a physician within one year after the covered accident, the rider pays a benefit. The amount payable will be based on the length of time you have been insured under the rider on the date your covered accident occurred.

If as part of a covered accident you suffer a hernia and receive treatment for the hernia from a physician within 60 days after the covered accident, and have the hernia repaired through a surgical incision by a physician within one year after the covered accident, the rider pays a benefit. The amount payable will be based on the length of time you have been insured under the rider on the date your covered accident occurred. If your hernia is a herniated disc, we will pay the ruptured disc benefit in lieu of the hernia benefit.

If as part of a covered accident your injury causes paraplegia or quadriplegia which is diagnosed by a physician within 90 days after the covered accident, the rider pays a benefit. If you also die as a result of the same covered accident, we will reduce the accidental death benefit by the amount paid under the paralysis benefit.

If as part of a covered accident you are burned and your burns are treated by a physician within 72 hours after the covered accident, the rider pays a benefit. Benefits are not payable for first degree burns.

The rider provides for emergency care services when an insured due to a covered accident is admitted to an emergency room or seeks care at an urgent care facility within 24 hours of the covered accident. This benefit is payable once within a 24 hour period and once per covered accident per insured.

The rider provides for a physician's office visit when within 72 hours of a covered accident an insured seeks care at a physician's office. This benefit is limited to 2 visits per covered accident per insured.]

LIMITATIONS AND EXCLUSIONS:

The policy will not pay benefits for loss contributed to, caused by, or resulting from your: Having or being diagnosed with any other disease, sickness or incapacity, unless the disease or condition was caused, complicated or aggravated by the specified critical illness. Diagnosis of a specified critical illness during the waiting period. Participating or attempting to participate in an illegal act, or working at an illegal job. Being legally intoxicated, or so intoxicated that mental or physical abilities are seriously impaired, being under the influence of any illegal drugs, or being under the influence of any narcotic, unless such narcotic is taken under the direction of and as directed by a physician. Injuring or attempting to injure yourself intentionally, regardless of mental capacity. Committing or attempting to commit suicide, regardless of mental capacity. Participating in any sporting event for pay or prize money. Being exposed to war or any act of war, declared or not, or participating in or contracting with the armed forces (including Coast Guard) of any country or international authority. Alcoholism, drug abuse, or chemical dependency. No benefits are payable for a pre-existing condition as defined in the policy, during the first 12 months after the effective date of coverage.

[The following limitations and exclusions are in addition to the policy's and apply to the **Critical Conditions Rider**, we will not pay benefits for loss contributed to, caused by, or resulting from: Renal failure caused by a traumatic event, including surgical traumas. A heart transplant that is not a human heart; a bone marrow transplant that is not human bone marrow. If the insured's paralysis is related to a stroke and the policy paid a lump sum benefit, the lump sum benefit will not be payable under the rider. No benefit is payable for diabetic amputations below the ankle. Amputation of a single toe or toes, or any partial foot amputations are not payable. No benefits are available for an organ donor under the rider; coma does not include one that is medically induced.]

[The following limitations and exclusions are in addition to the policy's and apply to the **Hospital Indemnity Rider**, we will not pay benefits for loss contributed to, caused by, or resulting from: Cosmetic/plastic surgery that is not for the diagnosis or treatment of covered sickness or covered accident based upon generally accepted medical practice and is not medically necessary. The following procedures are not covered under any circumstances, even if performed for diagnosis or treatment of a covered sickness or covered accident or medically necessary: abdominoplasty (tummy tuck); mammoplasty (breast enlargement); rhinoplasty (nose job); or suction assisted lipectomy (liposuction). Complications from any cosmetic/plastic surgery are not covered. Treatment for dental care or dental procedures, unless treatment is the result of a covered accident. Elective surgery that is not for the diagnosis or treatment of a covered sickness or covered accident based upon generally accepted medical practice and is not medically necessary: Gastric Bypass surgeries are not covered under any circumstances, even if performed for diagnosis or treatment of a covered sickness or covered accident or medically necessary, voluntary abortion (except where the insured or the insured's spouse would be endangered if the fetus were carried to term or where medical complications have arisen from abortion); or sex changes. Complications from any elective surgery are not covered. Flying including operating, learning to operate, serving as a crew member on or jumping or falling from any aircraft including those which are not motor-driven. Mental Disorder having a behavioral or psychological disorder, disease or syndrome, without demonstrable organic origin. No benefits are payable for a separate charge made for the newborn's stay in a nursery as a result of a normal delivery. No benefits are payable for any services provided or charges made in an Observation Unit. Normal pregnancy that occurs within the first 24 months after the effective date of coverage. Loss due to complications of pregnancy will be paid the same as for any other sickness. A Cesarean section is not considered a complication of pregnancy. A pregnancy of a dependent child will not be covered. Racing including riding in or driving any motor-driven vehicle in a race, stunt show or speed test, or while testing any vehicle on any race course or speedway. Travel/Location while being more than 40 miles outside the territorial limits of the United States or Canada. Vision exams or vision procedures, unless treatment is the result of a covered accident or a covered sickness.]

[The following limitations and exclusions are in addition to the policy's and apply to the **Radiation and Chemotherapy Benefit Rider**. No benefits are payable for preventive treatments prescribed without a diagnosis of Cancer. The rider does not pay for continued maintenance medication for the purposes of keeping cancer from recurring.]

[The following limitations and exclusions are in addition to the policy's and apply to the **Accidental Death and Dismemberment Rider**, we will not pay benefits for loss contributed to, caused by, or resulting from: Flying including operating, learning to operate, serving as a crew member on, or jumping or falling from any aircraft including those which are not motor-driven. Hazardous activities which are hang-gliding, bungee jumping, parachuting, sailgliding, parasailing, parakiting or mountaineering. Racing including as a rider in or driving any motor-driven vehicle in a race, stunt show or speed test, or while testing any vehicle on any racecourse or speedway. Having any disease, bodily or mental illness or degenerative process. We also will not pay benefits for any related medical treatments or diagnostic procedures. While traveling being in an accident which occurs more than 40 miles outside the territorial limits of the United States or Canada, except under the accidental death benefit.]

For any additional details regarding limitations and exclusion refer to the policy and rider(s).

SUMMARY OF CLAIMS DETERMINATION PROCESS:

As provided for in the eligibility for benefits and the limitations and exclusions sections of your policy, the following steps are taken in order to determine eligibility under any claim filed: (1) determine when the claim was incurred, and whether the loss is covered by the policy. This step may require the collection of medical records, a death certificate, autopsy findings from a medical examiner or coroner, and information regarding medical history from physicians, hospitals, other insurance companies, government agencies and medical records copying services; (2) determine if the claim was incurred at a time when your coverage was in force, during the waiting period, or during a lapse in coverage; and (3) determine if any policy exclusions exist for the claim.

RENEWABILITY OF THE POLICY:

The policy is continuously renewed by the payment of premiums when due.

PREMIUM:

Your initial premium depends on the optional benefits you selected. We reserve the right to change premium rates upon written notice at least 31 days before the change is to become effective.

THIS OUTLINE OF COVERAGE IS A BRIEF SUMMARY OF THE BENEFITS PROVIDED. PLEASE CONSULT THE POLICY ITSELF TO DETERMINE GOVERNING CONTRACTUAL PROVISIONS.

PLEASE RETAIN THIS OUTLINE OF COVERAGE FOR YOUR RECORDS.

[BAR CODE]

Application to: Washington National Insurance Company
[Home Office: 11825 N. Pennsylvania St., Carmel, Indiana 46032-4555]

SECTION I GENERAL INFORMATION

Is this a reinstatement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this an upgrade of existing coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you adding a family member (spouse/child)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this a guaranteed conversion?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" to any of the above, provide existing policy number: _____	
Requested Effective Date: _____	

[Please Print Primary Applicant's Name (First, Middle Initial, Last)]

(Applicant) <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yy) and State	Age	Height	Weight
--	------------------------------------	-----	--------	--------

Phone Number Starting with Area Code	Social Security Number
--------------------------------------	------------------------

Spouse's Name(if applying for spouse insurance) (First, Middle Initial, Last)	Height	Weight
---	--------	--------

(Spouse) <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yy) and State	Age	Social Security Number
---	------------------------------------	-----	------------------------

Applicant's Street Address

City State Zip Code

E-mail Address:

Beneficiary's Full Name, Relationship to Primary Applicant and percentage, if applicable:
1. 2.
3. 4.

Dependent Child Coverage (Please print and fill out completely)
(Each Child to be insured must meet policy eligibility requirements)

Name	Child(ren) Relationship to Primary Applicant & Gender	Date of Birth and State (mm/dd/yy)
	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	<input type="checkbox"/> Male <input type="checkbox"/> Female	

Check here if additional space is needed and attach separate sheet.]

SECTION II HEALTH QUESTIONS

[Please answer the question sections below for the insurance type you are applying.

- If you are applying through a guaranteed conversion, ONLY answer questions 1 and 2.
- When applying for the Hospital Indemnity Rider, all sections must be answered (Section II A–E).
- No additional questions are required when applying for the Accident Rider or the Radiation & Chemotherapy Rider.]

Section II A All Insurance applied for:

- | | |
|---|--|
| <p>1. Will this insurance replace any accident and sickness insurance currently in force with us or another company for any person to be insured?
If “Yes,” please complete the “Notice to Applicant” form.</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>2. Has any person proposed for coverage used any tobacco products or any type of nicotine substitute in the past 10 years?</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>3. In the past 10 years, has any person proposed for coverage been treated for or diagnosed by a physician as having Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)?.....
If “Yes” to question 3, the named individual(s) is not eligible for coverage.
Please list individual(s) name: _____

_____</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Section II B Cancer Coverage applied for:

- | | | | | | | | | | | | | | |
|--|--|--------------------------|-----------|--|-----------|-----------|------------------|-------------------|----------|----------|-----------------|---------|--|
| <p>4. Has any person proposed for coverage had within the past 5 years:</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Blood Disorder</td> <td style="width: 50%;">Cancer or any malignancy</td> </tr> <tr> <td>Carcinoma</td> <td>Chronic Obstructive Pulmonary Disease (COPD)</td> </tr> <tr> <td>Cirrhosis</td> <td>Emphysema</td> </tr> <tr> <td>Hepatitis B or C</td> <td>Hodgkin’s Disease</td> </tr> <tr> <td>Leukemia</td> <td>Lymphoma</td> </tr> <tr> <td>Malignant Tumor</td> <td>Sarcoma</td> </tr> </table> | Blood Disorder | Cancer or any malignancy | Carcinoma | Chronic Obstructive Pulmonary Disease (COPD) | Cirrhosis | Emphysema | Hepatitis B or C | Hodgkin’s Disease | Leukemia | Lymphoma | Malignant Tumor | Sarcoma | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Blood Disorder | Cancer or any malignancy | | | | | | | | | | | | |
| Carcinoma | Chronic Obstructive Pulmonary Disease (COPD) | | | | | | | | | | | | |
| Cirrhosis | Emphysema | | | | | | | | | | | | |
| Hepatitis B or C | Hodgkin’s Disease | | | | | | | | | | | | |
| Leukemia | Lymphoma | | | | | | | | | | | | |
| Malignant Tumor | Sarcoma | | | | | | | | | | | | |
| <p>5. Within the last 5 years, has any person proposed for coverage been treated for or diagnosed as having a pre-malignant condition or a condition with malignant potential?
If “Yes” to question 4 or 5, the named individual(s) is not eligible for coverage. Please list individual(s) name: _____

_____</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | |

Section II C Heart Attack and Stroke Coverage applied for:

- | | | | | | | | | | | | | | | | | | | | |
|--|--|----------------|-------------------------------|-----------------------------|------------------------------|-------------------------|------------------|---------------|---------------|-----------------------------|--------------------------|-------------|--------------------------------|-------------------------------------|------------------------|-----------------------------------|------------------------------------|--|--|
| <p>6. Has any person proposed for coverage had within the past 5 years:</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Angina</td> <td style="width: 50%;">Cardiomyopathy</td> </tr> <tr> <td>Congestive heart failure(CHF)</td> <td>Coronary angioplasty(stent)</td> </tr> <tr> <td>Coronary artery disease(CAD)</td> <td>Coronary bypass surgery</td> </tr> <tr> <td>Heart Attack(MI)</td> <td>Heart Disease</td> </tr> <tr> <td>Heart Surgery</td> <td>Peripheral Vascular Disease</td> </tr> <tr> <td>Prescribed Nitroglycerin</td> <td>Stroke(CVA)</td> </tr> <tr> <td>Transient Ischemic Attack(TIA)</td> <td>Uncorrected Congenital Heart Defect</td> </tr> <tr> <td>Vascular Insufficiency</td> <td>Any other Cerebrovascular Disease</td> </tr> <tr> <td>Any other abnormality of the heart</td> <td></td> </tr> </table> | Angina | Cardiomyopathy | Congestive heart failure(CHF) | Coronary angioplasty(stent) | Coronary artery disease(CAD) | Coronary bypass surgery | Heart Attack(MI) | Heart Disease | Heart Surgery | Peripheral Vascular Disease | Prescribed Nitroglycerin | Stroke(CVA) | Transient Ischemic Attack(TIA) | Uncorrected Congenital Heart Defect | Vascular Insufficiency | Any other Cerebrovascular Disease | Any other abnormality of the heart | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Angina | Cardiomyopathy | | | | | | | | | | | | | | | | | | |
| Congestive heart failure(CHF) | Coronary angioplasty(stent) | | | | | | | | | | | | | | | | | | |
| Coronary artery disease(CAD) | Coronary bypass surgery | | | | | | | | | | | | | | | | | | |
| Heart Attack(MI) | Heart Disease | | | | | | | | | | | | | | | | | | |
| Heart Surgery | Peripheral Vascular Disease | | | | | | | | | | | | | | | | | | |
| Prescribed Nitroglycerin | Stroke(CVA) | | | | | | | | | | | | | | | | | | |
| Transient Ischemic Attack(TIA) | Uncorrected Congenital Heart Defect | | | | | | | | | | | | | | | | | | |
| Vascular Insufficiency | Any other Cerebrovascular Disease | | | | | | | | | | | | | | | | | | |
| Any other abnormality of the heart | | | | | | | | | | | | | | | | | | | |
| <p>7. Has any person proposed for coverage had a blood pressure reading in the last 6 months of greater than 150 systolic or 95 diastolic?
If “Yes” to question 6 or 7, the named individual(s) is not eligible for coverage. Please list individual(s) name: _____

_____</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | |

<p>Section II D Critical Conditions Rider applied for:</p> <p>8. Has any person proposed for coverage been treated for or diagnosed by a physician as having any of the following conditions within the past 5 years?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Abnormal Kidney Function</td> <td style="width: 50%;">Alzheimer's Disease</td> </tr> <tr> <td>Cardiomyopathy</td> <td>Chronic Liver Disease</td> </tr> <tr> <td>Diabetes(DM)</td> <td>Heart Valve Replacement</td> </tr> <tr> <td>Kidney Disease</td> <td>Organ Transplant</td> </tr> <tr> <td>Pulmonary Fibrosis</td> <td>Required Dialysis</td> </tr> <tr> <td>Renal Failure or Insufficiency</td> <td></td> </tr> </table> <p>If "Yes" to question 8, the named individual(s) is not eligible for coverage under this rider. Please list individual(s) name: _____</p> <p>_____</p>	Abnormal Kidney Function	Alzheimer's Disease	Cardiomyopathy	Chronic Liver Disease	Diabetes(DM)	Heart Valve Replacement	Kidney Disease	Organ Transplant	Pulmonary Fibrosis	Required Dialysis	Renal Failure or Insufficiency		<input type="checkbox"/> Yes <input type="checkbox"/> No																						
Abnormal Kidney Function	Alzheimer's Disease																																		
Cardiomyopathy	Chronic Liver Disease																																		
Diabetes(DM)	Heart Valve Replacement																																		
Kidney Disease	Organ Transplant																																		
Pulmonary Fibrosis	Required Dialysis																																		
Renal Failure or Insufficiency																																			
<p>Section II E Hospital Indemnity Rider applied for:</p> <p>9. Is any person proposed for coverage currently confined to a hospital or nursing home, or has a physician recommended such confinement?</p> <p>10. In the past 5 years, has any person proposed for coverage been treated for or diagnosed by a physician or had surgery for any of the following conditions:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Atrial Fibrillation</td> <td style="width: 50%;">Carpal Tunnel Syndrome</td> </tr> <tr> <td>Cerebrovascular Accident</td> <td>Chronic Fatigue Syndrome</td> </tr> <tr> <td>Crohns Disease</td> <td>Cystic Fibrosis</td> </tr> <tr> <td>Dementia</td> <td>Drug or Alcohol Abuse</td> </tr> <tr> <td>End Stage Renal Disease</td> <td>Fibromyalgia</td> </tr> <tr> <td>Lupus</td> <td>Multiple Sclerosis</td> </tr> <tr> <td>Muscular Dystrophy</td> <td>Parkinson's Disease</td> </tr> <tr> <td>Psoriatic Arthritis</td> <td>Regional Enteritis/Ileitis</td> </tr> <tr> <td>Rheumatoid Arthritis</td> <td>Rheumatic Fever</td> </tr> <tr> <td>Sciatica</td> <td>Schizophrenia</td> </tr> <tr> <td>Spina Bifida</td> <td>Sickle Cell Anemia</td> </tr> <tr> <td>Ulcerative Colitis</td> <td></td> </tr> </table> <p>11. In the past 24 months, has any person proposed for coverage been confined to a hospital, had outpatient surgery or received medical treatment in an emergency room for any of the following:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Asthma</td> <td style="width: 50%;">Aneurysm</td> </tr> <tr> <td>Chronic Bronchitis</td> <td>Diverticulitis</td> </tr> <tr> <td>Epilepsy/Seizure</td> <td>Gastric Bypass</td> </tr> <tr> <td>Hypertension</td> <td>Joint Replacement</td> </tr> <tr> <td>Mental or Nervous Disorder</td> <td>Pancreatitis</td> </tr> </table> <p>12. Is any person proposed for coverage currently pregnant?</p> <p>If "Yes" to any questions in section II A - E the named individual(s) is not eligible for coverage under this rider. Please list individual(s) name: _____</p> <p>_____</p>	Atrial Fibrillation	Carpal Tunnel Syndrome	Cerebrovascular Accident	Chronic Fatigue Syndrome	Crohns Disease	Cystic Fibrosis	Dementia	Drug or Alcohol Abuse	End Stage Renal Disease	Fibromyalgia	Lupus	Multiple Sclerosis	Muscular Dystrophy	Parkinson's Disease	Psoriatic Arthritis	Regional Enteritis/Ileitis	Rheumatoid Arthritis	Rheumatic Fever	Sciatica	Schizophrenia	Spina Bifida	Sickle Cell Anemia	Ulcerative Colitis		Asthma	Aneurysm	Chronic Bronchitis	Diverticulitis	Epilepsy/Seizure	Gastric Bypass	Hypertension	Joint Replacement	Mental or Nervous Disorder	Pancreatitis	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Atrial Fibrillation	Carpal Tunnel Syndrome																																		
Cerebrovascular Accident	Chronic Fatigue Syndrome																																		
Crohns Disease	Cystic Fibrosis																																		
Dementia	Drug or Alcohol Abuse																																		
End Stage Renal Disease	Fibromyalgia																																		
Lupus	Multiple Sclerosis																																		
Muscular Dystrophy	Parkinson's Disease																																		
Psoriatic Arthritis	Regional Enteritis/Ileitis																																		
Rheumatoid Arthritis	Rheumatic Fever																																		
Sciatica	Schizophrenia																																		
Spina Bifida	Sickle Cell Anemia																																		
Ulcerative Colitis																																			
Asthma	Aneurysm																																		
Chronic Bronchitis	Diverticulitis																																		
Epilepsy/Seizure	Gastric Bypass																																		
Hypertension	Joint Replacement																																		
Mental or Nervous Disorder	Pancreatitis																																		

SECTION III COVERAGE SELECTION

[Please select the base coverage and any optional riders being applied for. The coverage level selection will apply to the base coverage and the Critical Conditions Rider (if applied for). Child coverage is limited to \$5,000 when that is the coverage level applied for and \$10,000 for all other coverage levels.]

[Select Type of Coverage:

- Individual
 Individual plus child(ren)
 Individual plus spouse
 Family

Optional Rider:

- Return of Premium*
 Cash Value*
 None

*Not available with Section 125 or Employer pre-tax contributions

Coverage Level:

- \$5,000 \$50,000
 \$10,000 \$60,000
 \$20,000 \$70,000
 \$30,000 \$100,000
 \$40,000

Base Coverage:

- Cancer
 Heart/Stroke
 Additional Coverage Options:
 Critical Conditions Rider

Premium:

\$ _____
 \$ _____
 \$ _____

- Hospital Indemnity Rider \$ _____
 Radiation and Chemotherapy Rider \$ _____
 (only available for plans with cancer coverage)
 Accidental Death & Dismemberment Rider \$ _____
 Total Premium \$ _____

Current Payroll Bill Options:

- Payroll Deduction
 Frequency:
 9
 10
 12
 13
 24
 26
 52
 Federal Allotment
 Section 125

Current Direct Bill Options:

- Monthly Bank Draft
 Semi-Annual
 Annual
 Draft initial premium payment (an "Authorization to Draft Initial Premium" form must be completed.)
 Check* remitted with application
 *All checks should be payable to: **Washington National Insurance Company**

Other Payment Options:

- Monthly Bank Draft is the only mode available on the following:
 Credit Union
 Account Number: _____
 Employee Non-payroll
 Account Number: _____
 Credit Card Payment: _____

SECTION IV AUTHORIZATION SECTION

Applicant's Statement: I have read or have had read to me, the completed application; all representations are true and complete. I understand that any false statements or misrepresentations in this application may result in loss of insurance if such false statement materially affected either the acceptance of the risk or the hazard assumed by the Company. The agent has no authority to approve the application, change the policy or waive any policy provisions. For ages 65 and above, I have received the booklet containing insurance advice for people eligible for Medicare. Additionally, I acknowledge that I have received an Outline of Coverage. No proposed insured to be covered under this policy is also covered under Title XIX program, such as Medicaid. **No coverage will be effective until all eligibility requirements are met and until the latter of: (1) the Effective Date as shown on the Policy Schedule, if issued; or (2) the date the first premium is accepted by Washington National Insurance Company.**

WARNING: Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Date: _____ Signature of Applicant: _____

Where Signed: _____
(City, State)

SECTION V AGENT'S SECTION

This Section to be Completed by Agent: I hereby certify that I have explained to the applicant all exceptions and limitations pertaining to the insurance applied for, including any concerning pre-existing conditions. I hereby certify that I have truthfully and accurately recorded in this application the information supplied by the applicant. I further certify that I am a licensed agent in the state where this application is being solicited by me and signed by the applicant.

[Did you interview each proposed insured in person, ask all questions and witness the signature?

Yes No

If "No", please check one of the boxes below:

- Application completed over the phone
- Application completed by the applicant and returned via mail
- Other, provide explanation: _____]

Date: _____ Signature of Agent: _____

Printed Name of Agent: _____

Agency: _____ Agent Number: _____

Agent's E-mail address: _____

Agent's Phone Number: _____

Mail to Policyholder

Mail to Agent]

Special Instructions:

SERFF Tracking Number: CNSC-128470031 State: Arkansas
 Filing Company: Washington National Insurance Company State Tracking Number:
 Company Tracking Number: WNIC1068
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.001 Critical Illness
 Product Name: Individual Critical Illness
 Project Name/Number: Individual Critical Illness 2/WNIC1068

Rate Information

Rate data applies to filing.

Filing Method: N/A
Rate Change Type: Neutral
Overall Percentage of Last Rate Revision: 0.000%
Effective Date of Last Rate Revision: 06/28/2012
Filing Method of Last Filing: N/A

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Washington National Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

SERFF Tracking Number: CNSC-128470031 State: Arkansas
 Filing Company: Washington National Insurance Company State Tracking Number:
 Company Tracking Number: WNIC1068
 TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.001 Critical Illness
 Limited Benefit
 Product Name: Individual Critical Illness
 Project Name/Number: Individual Critical Illness 2/WNIC1068

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved-Closed 06/28/2012	Rates	WNIC1068 et al	New		WNIC IC12 Rate Sheets (monthly)_AR.pdf

**Washington National Insurance Company
Individual Critical Illness Policy Form WNIC1068**

**Monthly Premium Rates
Base Only**

Non-Tobacco Users														
\$5,000 Lump Sum Option														
Cancer Only					Heart/Stroke Only					Cancer and Heart/Stroke				
Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 4.50	\$ 5.20	\$ 9.10	\$ 9.70	18-39	\$ 3.60	\$ 4.20	\$ 7.20	\$ 7.80	18-39	\$ 8.10	\$ 9.40	\$ 16.30	\$ 17.50
40-44	\$ 6.40	\$ 7.00	\$ 12.80	\$ 13.40	40-44	\$ 5.40	\$ 6.00	\$ 10.70	\$ 11.30	40-44	\$ 11.70	\$ 13.00	\$ 23.50	\$ 24.70
45-49	\$ 8.50	\$ 9.20	\$ 17.10	\$ 17.70	45-49	\$ 7.30	\$ 7.90	\$ 14.60	\$ 15.20	45-49	\$ 15.90	\$ 17.10	\$ 31.70	\$ 33.00
50-54	\$ 11.10	\$ 11.70	\$ 22.20	\$ 22.90	50-54	\$ 9.50	\$ 10.10	\$ 19.00	\$ 19.60	50-54	\$ 20.60	\$ 21.80	\$ 41.20	\$ 42.40
55-59	\$ 13.90	\$ 14.50	\$ 27.80	\$ 28.40	55-59	\$ 11.60	\$ 12.30	\$ 23.30	\$ 23.90	55-59	\$ 25.50	\$ 26.80	\$ 51.10	\$ 52.30
60-64	\$ 16.80	\$ 17.40	\$ 33.60	\$ 34.20	60-64	\$ 13.80	\$ 14.40	\$ 27.60	\$ 28.20	60-64	\$ 30.60	\$ 31.80	\$ 61.20	\$ 62.40
65-69	\$ 18.80	\$ 19.50	\$ 37.70	\$ 38.30	65-69	\$ 15.60	\$ 16.20	\$ 31.10	\$ 31.70	65-69	\$ 34.40	\$ 35.60	\$ 68.80	\$ 70.00
70-74	\$ 20.90	\$ 21.50	\$ 41.80	\$ 42.40	70-74	\$ 17.80	\$ 18.40	\$ 35.60	\$ 36.30	70-74	\$ 38.70	\$ 40.00	\$ 77.50	\$ 78.70
75-79	\$ 22.70	\$ 23.30	\$ 45.30	\$ 45.90	75-79	\$ 19.80	\$ 20.40	\$ 39.60	\$ 40.20	75-79	\$ 42.40	\$ 43.70	\$ 84.90	\$ 86.10
80-85	\$ 24.10	\$ 24.70	\$ 48.20	\$ 48.80	80-85	\$ 21.30	\$ 21.90	\$ 42.60	\$ 43.30	80-85	\$ 45.40	\$ 46.70	\$ 90.80	\$ 92.10
\$10,000 Lump Sum Option														
Cancer Only					Heart/Stroke Only					Cancer and Heart/Stroke				
Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 8.00	\$ 9.10	\$ 16.10	\$ 17.10	18-39	\$ 6.70	\$ 7.60	\$ 13.40	\$ 14.30	18-39	\$ 14.70	\$ 16.70	\$ 29.50	\$ 31.40
40-44	\$ 11.30	\$ 12.40	\$ 22.70	\$ 23.70	40-44	\$ 9.90	\$ 10.80	\$ 19.80	\$ 20.70	40-44	\$ 21.20	\$ 23.20	\$ 42.40	\$ 44.40
45-49	\$ 15.20	\$ 16.30	\$ 30.50	\$ 31.50	45-49	\$ 13.50	\$ 14.40	\$ 27.00	\$ 27.90	45-49	\$ 28.70	\$ 30.70	\$ 57.50	\$ 59.40
50-54	\$ 19.80	\$ 20.80	\$ 39.60	\$ 40.60	50-54	\$ 17.40	\$ 18.30	\$ 34.80	\$ 35.70	50-54	\$ 37.20	\$ 39.10	\$ 74.40	\$ 76.30
55-59	\$ 24.70	\$ 25.80	\$ 49.40	\$ 50.50	55-59	\$ 21.20	\$ 22.10	\$ 42.40	\$ 43.40	55-59	\$ 45.90	\$ 47.90	\$ 91.90	\$ 93.80
60-64	\$ 29.90	\$ 30.90	\$ 59.70	\$ 60.80	60-64	\$ 25.00	\$ 26.00	\$ 50.10	\$ 51.00	60-64	\$ 54.90	\$ 56.90	\$ 109.80	\$ 111.80
65-69	\$ 33.50	\$ 34.50	\$ 67.00	\$ 68.00	65-69	\$ 28.00	\$ 29.00	\$ 56.00	\$ 57.00	65-69	\$ 61.50	\$ 63.40	\$ 123.00	\$ 124.90
70-74	\$ 36.80	\$ 37.80	\$ 73.50	\$ 74.60	70-74	\$ 31.80	\$ 32.80	\$ 63.70	\$ 64.60	70-74	\$ 68.60	\$ 70.60	\$ 137.20	\$ 139.20
75-79	\$ 39.20	\$ 40.30	\$ 78.50	\$ 79.50	75-79	\$ 35.10	\$ 36.10	\$ 70.20	\$ 71.20	75-79	\$ 74.40	\$ 76.30	\$ 148.70	\$ 150.70
80-85	\$ 41.00	\$ 42.00	\$ 82.00	\$ 83.00	80-85	\$ 37.70	\$ 38.60	\$ 75.40	\$ 76.30	80-85	\$ 78.70	\$ 80.60	\$ 157.40	\$ 159.30
\$20,000 Lump Sum Option														
Cancer Only					Heart/Stroke Only					Cancer and Heart/Stroke				
Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 15.00	\$ 16.10	\$ 30.10	\$ 31.10	18-39	\$ 12.90	\$ 13.80	\$ 25.80	\$ 26.70	18-39	\$ 27.90	\$ 29.90	\$ 55.80	\$ 57.80
40-44	\$ 21.20	\$ 22.20	\$ 42.40	\$ 43.50	40-44	\$ 19.00	\$ 19.90	\$ 37.90	\$ 38.80	40-44	\$ 40.20	\$ 42.10	\$ 80.30	\$ 82.30
45-49	\$ 28.60	\$ 29.70	\$ 57.30	\$ 58.30	45-49	\$ 25.90	\$ 26.80	\$ 51.70	\$ 52.60	45-49	\$ 54.50	\$ 56.40	\$ 109.00	\$ 110.90
50-54	\$ 37.10	\$ 38.10	\$ 74.20	\$ 75.20	50-54	\$ 33.30	\$ 34.20	\$ 66.50	\$ 67.50	50-54	\$ 70.30	\$ 72.30	\$ 140.70	\$ 142.70
55-59	\$ 46.40	\$ 47.40	\$ 92.70	\$ 93.70	55-59	\$ 40.40	\$ 41.30	\$ 80.80	\$ 81.70	55-59	\$ 86.70	\$ 88.70	\$ 173.50	\$ 175.40
60-64	\$ 56.00	\$ 57.10	\$ 112.10	\$ 113.10	60-64	\$ 47.50	\$ 48.40	\$ 95.00	\$ 95.90	60-64	\$ 103.50	\$ 105.50	\$ 207.00	\$ 209.00
65-69	\$ 62.70	\$ 63.80	\$ 125.50	\$ 126.50	65-69	\$ 52.90	\$ 53.90	\$ 105.90	\$ 106.80	65-69	\$ 115.70	\$ 117.60	\$ 231.30	\$ 233.30
70-74	\$ 68.50	\$ 69.50	\$ 137.00	\$ 138.00	70-74	\$ 59.80	\$ 60.80	\$ 119.70	\$ 120.60	70-74	\$ 128.30	\$ 130.30	\$ 256.70	\$ 258.60
75-79	\$ 72.40	\$ 73.40	\$ 144.80	\$ 145.80	75-79	\$ 65.80	\$ 66.70	\$ 131.60	\$ 132.60	75-79	\$ 138.20	\$ 140.20	\$ 276.50	\$ 278.40
80-85	\$ 74.80	\$ 75.80	\$ 149.60	\$ 150.60	80-85	\$ 70.50	\$ 71.40	\$ 140.90	\$ 141.80	80-85	\$ 145.20	\$ 147.20	\$ 290.50	\$ 292.40
\$30,000 Lump Sum Option														
Cancer Only					Heart/Stroke Only					Cancer and Heart/Stroke				
Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 22.00	\$ 23.10	\$ 44.10	\$ 45.10	18-39	\$ 19.10	\$ 20.00	\$ 38.10	\$ 39.00	18-39	\$ 41.10	\$ 43.10	\$ 82.20	\$ 84.20
40-44	\$ 31.10	\$ 32.10	\$ 62.20	\$ 63.20	40-44	\$ 28.00	\$ 29.00	\$ 56.00	\$ 57.00	40-44	\$ 59.10	\$ 61.10	\$ 118.20	\$ 120.20
45-49	\$ 42.00	\$ 43.10	\$ 84.00	\$ 85.10	45-49	\$ 38.20	\$ 39.10	\$ 76.40	\$ 77.40	45-49	\$ 80.20	\$ 82.20	\$ 160.50	\$ 162.40
50-54	\$ 54.40	\$ 55.40	\$ 108.80	\$ 109.80	50-54	\$ 49.10	\$ 50.10	\$ 98.30	\$ 99.20	50-54	\$ 103.50	\$ 105.50	\$ 207.00	\$ 209.00
55-59	\$ 68.00	\$ 69.00	\$ 136.00	\$ 137.00	55-59	\$ 59.50	\$ 60.50	\$ 119.10	\$ 120.00	55-59	\$ 127.50	\$ 129.50	\$ 255.00	\$ 257.00
60-64	\$ 82.20	\$ 83.20	\$ 164.40	\$ 165.40	60-64	\$ 69.90	\$ 70.90	\$ 139.90	\$ 140.80	60-64	\$ 152.10	\$ 154.10	\$ 304.30	\$ 306.20
65-69	\$ 92.00	\$ 93.00	\$ 184.00	\$ 185.00	65-69	\$ 77.90	\$ 78.80	\$ 155.70	\$ 156.70	65-69	\$ 169.80	\$ 171.80	\$ 339.70	\$ 341.70
70-74	\$ 100.20	\$ 101.20	\$ 200.40	\$ 201.50	70-74	\$ 87.90	\$ 88.80	\$ 175.70	\$ 176.60	70-74	\$ 188.10	\$ 190.00	\$ 376.20	\$ 378.10
75-79	\$ 105.60	\$ 106.60	\$ 211.20	\$ 212.20	75-79	\$ 96.50	\$ 97.40	\$ 193.00	\$ 193.90	75-79	\$ 202.10	\$ 204.00	\$ 404.20	\$ 406.10
80-85	\$ 108.60	\$ 109.60	\$ 217.10	\$ 218.20	80-85	\$ 103.20	\$ 104.10	\$ 206.40	\$ 207.30	80-85	\$ 211.80	\$ 213.70	\$ 423.50	\$ 425.50
\$40,000 Lump Sum Option														
Cancer Only					Heart/Stroke Only					Cancer and Heart/Stroke				
Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 29.00	\$ 30.10	\$ 58.10	\$ 59.10	18-39	\$ 25.20	\$ 26.20	\$ 50.50	\$ 51.40	18-39	\$ 54.30	\$ 56.20	\$ 108.60	\$ 110.50
40-44	\$ 41.00	\$ 42.00	\$ 82.00	\$ 83.00	40-44	\$ 37.10	\$ 38.00	\$ 74.20	\$ 75.10	40-44	\$ 78.10	\$ 80.00	\$ 156.10	\$ 158.10
45-49	\$ 55.40	\$ 56.40	\$ 110.80	\$ 111.90	45-49	\$ 50.60	\$ 51.50	\$ 101.10	\$ 102.10	45-49	\$ 106.00	\$ 107.90	\$ 212.00	\$ 213.90
50-54	\$ 71.70	\$ 72.70	\$ 143.40	\$ 144.40	50-54	\$ 65.00	\$ 65.90	\$ 130.00	\$ 130.90	50-54	\$ 136.70	\$ 138.60	\$ 273.40	\$ 275.30
55-59	\$ 89.60	\$ 90.60	\$ 179.20	\$ 180.30	55-59	\$ 78.70	\$ 79.60	\$ 157.40	\$ 158.30	55-59	\$ 168.30	\$ 170.30	\$ 336.60	\$ 338.60
60-64	\$ 108.40	\$ 109.40	\$ 216.70	\$ 217.70	60-64	\$ 92.40	\$ 93.30	\$ 184.80	\$ 185.70	60-64	\$ 200.70	\$ 202.70	\$ 401.50	\$ 403.50
65-69	\$ 121.20	\$ 122.30	\$ 242.50	\$ 243.50	65-69	\$ 102.80	\$ 103.70	\$ 205.60	\$ 206.50	65-69	\$ 224.00	\$ 226.00	\$ 448.10	\$ 450.00
70-74	\$ 131.90	\$ 133.00	\$ 263.90	\$ 264.90	70-74	\$ 115.90	\$ 116.80	\$ 231.80	\$ 232.70	70-74	\$ 247.80	\$ 249.80	\$ 495.60	\$ 497.60
75-79	\$ 138.70	\$ 139.80	\$ 277.50	\$ 278.50	75-79	\$ 127.20	\$ 128.10	\$ 254.40	\$ 255.30	75-79	\$ 265.90	\$ 267.90	\$ 531.90	\$ 533.80
80-85	\$ 142.30	\$ 143.40	\$ 284.70	\$ 285.70	80-85	\$ 136.00	\$ 136.90	\$ 271.90	\$ 272.80	80-85	\$ 278.30	\$ 280.30	\$ 556.60	\$ 558.60
\$50,000 Lump Sum Option														
Cancer Only					Heart/Stroke Only					Cancer and Heart/Stroke				
Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 36.10	\$ 37.10	\$ 72.10	\$ 73.10	18-39	\$ 31.40	\$ 32.30	\$ 62.80	\$ 63.80	18-39	\$ 67.50	\$ 69.40	\$ 134.90	\$ 136.90
40-44	\$ 50.90	\$ 51.90	\$ 101.80	\$ 102.80	40-44	\$ 46.10	\$ 47.10	\$ 92.30	\$ 93.20	40-44	\$ 97.00	\$ 99.00	\$ 194.10	\$ 196.00
45-49	\$ 68.80	\$ 69.80	\$ 137.60	\$ 138.60	45-49	\$ 62.90	\$ 63.90	\$ 125.90	\$ 126.80	45-49	\$ 131.70	\$ 133.70	\$ 263.50	\$ 265.40
50-54	\$ 89.00	\$ 90.00	\$ 178.00	\$ 179.00	50-54	\$ 80.90	\$ 81.80	\$ 161.70	\$ 162.60	50-54	\$ 169.80	\$ 171.80	\$ 339.70	\$ 341.70
55-59	\$ 111.20	\$ 112.30	\$ 222.50	\$ 223.50	55-59	\$ 97.90	\$ 98.80	\$ 195.70	\$ 196.60	55-59	\$ 209.10	\$ 211.00	\$ 418.20	\$ 420.10
60-64	\$ 134.50	\$ 135.50	\$ 269.00	\$ 270.10	60-64	\$ 114.80	\$ 115.80	\$ 229.70	\$ 230.60	60-64	\$ 249.40	\$ 251.30	\$ 498.70	\$ 500.70
65-69	\$ 150.50	\$ 151.50	\$ 301.00	\$ 302.00	65-69	\$ 127.70	\$ 128.60	\$ 255.40	\$ 256.40	65-69	\$ 278.20	\$ 280.20	\$ 556.40	\$ 558.40
70-74	\$ 163.70	\$ 164.70	\$ 327.30	\$ 328.40	70-74	\$ 143.90	\$ 144.80	\$ 287.80	\$ 288.70	70-74	\$ 307.60	\$ 309.50	\$ 615.10	\$ 617.10
75-79	\$ 171.90	\$ 172.90	\$ 343.80	\$ 344.80	75-79	\$ 157.90	\$ 158.80	\$ 315.80	\$ 316.70	75-79	\$ 329.80	\$ 331.80	\$ 659.60	\$ 661.60
80-85	\$ 176.10	\$ 177.20	\$ 352.30	\$ 353.30	80-85	\$ 168.70	\$ 169.60	\$ 337.40	\$ 338.40	80-85	\$ 344.80	\$ 346.80	\$ 689.70	\$ 691.60

**Washington National Insurance Company
Individual Critical Illness Policy Form WNIC1068**

**Monthly Premium Rates
Base Only**

Non-Tobacco Users														
\$60,000 Lump Sum Option														
Cancer Only					Heart/Stroke Only					Cancer and Heart/Stroke				
Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 43.10	\$ 44.10	\$ 86.10	\$ 87.10	18-39	\$ 37.60	\$ 38.50	\$ 75.20	\$ 76.10	18-39	\$ 80.60	\$ 82.60	\$ 161.30	\$ 163.30
40-44	\$ 60.80	\$ 61.80	\$ 121.50	\$ 122.60	40-44	\$ 55.20	\$ 56.10	\$ 110.40	\$ 111.30	40-44	\$ 116.00	\$ 117.90	\$ 232.00	\$ 233.90
45-49	\$ 82.20	\$ 83.20	\$ 164.40	\$ 165.40	45-49	\$ 75.30	\$ 76.20	\$ 150.60	\$ 151.50	45-49	\$ 157.50	\$ 159.40	\$ 315.00	\$ 316.90
50-54	\$ 106.30	\$ 107.30	\$ 212.60	\$ 213.60	50-54	\$ 96.70	\$ 97.60	\$ 193.40	\$ 194.40	50-54	\$ 203.00	\$ 205.00	\$ 406.00	\$ 408.00
55-59	\$ 132.90	\$ 133.90	\$ 265.70	\$ 266.80	55-59	\$ 117.00	\$ 117.90	\$ 234.00	\$ 234.90	55-59	\$ 249.90	\$ 251.80	\$ 499.80	\$ 501.70
60-64	\$ 160.70	\$ 161.70	\$ 321.40	\$ 322.40	60-64	\$ 137.30	\$ 138.20	\$ 274.60	\$ 275.50	60-64	\$ 298.00	\$ 299.90	\$ 596.00	\$ 597.90
65-69	\$ 179.70	\$ 180.80	\$ 359.50	\$ 360.50	65-69	\$ 152.60	\$ 153.60	\$ 305.30	\$ 306.20	65-69	\$ 332.40	\$ 334.30	\$ 664.80	\$ 666.70
70-74	\$ 196.40	\$ 196.40	\$ 390.80	\$ 391.80	70-74	\$ 171.90	\$ 172.80	\$ 343.80	\$ 344.70	70-74	\$ 367.30	\$ 369.30	\$ 734.60	\$ 736.60
75-79	\$ 205.10	\$ 206.10	\$ 410.10	\$ 411.20	75-79	\$ 188.60	\$ 189.50	\$ 377.20	\$ 378.10	75-79	\$ 393.70	\$ 395.60	\$ 787.30	\$ 789.30
80-85	\$ 209.90	\$ 210.90	\$ 419.80	\$ 420.90	80-85	\$ 201.50	\$ 202.40	\$ 402.90	\$ 403.90	80-85	\$ 411.40	\$ 413.30	\$ 822.80	\$ 824.70
\$70,000 Lump Sum Option														
Cancer Only					Heart/Stroke Only					Cancer and Heart/Stroke				
Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 50.10	\$ 51.10	\$ 100.10	\$ 101.10	18-39	\$ 43.80	\$ 44.70	\$ 87.60	\$ 88.50	18-39	\$ 93.80	\$ 95.80	\$ 187.70	\$ 189.60
40-44	\$ 70.70	\$ 71.70	\$ 141.30	\$ 142.30	40-44	\$ 64.30	\$ 65.20	\$ 128.50	\$ 129.50	40-44	\$ 134.90	\$ 136.90	\$ 269.90	\$ 271.80
45-49	\$ 95.60	\$ 96.60	\$ 191.20	\$ 192.20	45-49	\$ 87.70	\$ 88.60	\$ 175.30	\$ 176.20	45-49	\$ 183.20	\$ 185.20	\$ 366.50	\$ 368.40
50-54	\$ 123.60	\$ 124.60	\$ 247.20	\$ 248.20	50-54	\$ 112.60	\$ 113.50	\$ 225.20	\$ 226.10	50-54	\$ 236.20	\$ 238.10	\$ 472.40	\$ 474.30
55-59	\$ 154.50	\$ 155.50	\$ 309.00	\$ 310.00	55-59	\$ 136.20	\$ 137.10	\$ 272.30	\$ 273.30	55-59	\$ 290.70	\$ 292.60	\$ 581.30	\$ 583.30
60-64	\$ 186.80	\$ 187.90	\$ 373.70	\$ 374.70	60-64	\$ 159.80	\$ 160.70	\$ 319.50	\$ 320.40	60-64	\$ 346.60	\$ 348.60	\$ 693.20	\$ 695.10
65-69	\$ 209.00	\$ 210.00	\$ 418.00	\$ 419.00	65-69	\$ 177.60	\$ 178.50	\$ 355.10	\$ 356.10	65-69	\$ 386.60	\$ 388.50	\$ 773.10	\$ 775.10
70-74	\$ 227.10	\$ 228.10	\$ 454.20	\$ 455.30	70-74	\$ 199.90	\$ 200.90	\$ 399.80	\$ 400.80	70-74	\$ 427.00	\$ 429.00	\$ 854.10	\$ 856.00
75-79	\$ 238.20	\$ 239.30	\$ 476.50	\$ 477.50	75-79	\$ 219.30	\$ 220.20	\$ 438.60	\$ 439.50	75-79	\$ 457.50	\$ 459.50	\$ 915.10	\$ 917.00
80-85	\$ 243.70	\$ 244.70	\$ 487.40	\$ 488.40	80-85	\$ 234.20	\$ 235.10	\$ 468.40	\$ 469.40	80-85	\$ 477.90	\$ 479.90	\$ 955.80	\$ 957.80
\$80,000 Lump Sum Option														
Cancer Only					Heart/Stroke Only					Cancer and Heart/Stroke				
Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 57.10	\$ 58.10	\$ 114.10	\$ 115.20	18-39	\$ 50.00	\$ 50.90	\$ 99.90	\$ 100.80	18-39	\$ 107.00	\$ 109.00	\$ 214.00	\$ 216.00
40-44	\$ 80.50	\$ 81.60	\$ 161.10	\$ 162.10	40-44	\$ 73.30	\$ 74.30	\$ 146.70	\$ 147.60	40-44	\$ 153.90	\$ 155.80	\$ 307.80	\$ 309.70
45-49	\$ 109.00	\$ 110.00	\$ 217.90	\$ 219.00	45-49	\$ 100.00	\$ 100.90	\$ 200.00	\$ 201.00	45-49	\$ 209.00	\$ 210.90	\$ 418.00	\$ 419.90
50-54	\$ 140.90	\$ 141.90	\$ 281.80	\$ 282.80	50-54	\$ 128.40	\$ 129.40	\$ 256.90	\$ 257.80	50-54	\$ 269.30	\$ 271.30	\$ 538.70	\$ 540.60
55-59	\$ 176.10	\$ 177.20	\$ 352.30	\$ 353.30	55-59	\$ 155.30	\$ 156.30	\$ 310.60	\$ 311.60	55-59	\$ 331.50	\$ 333.40	\$ 662.90	\$ 664.90
60-64	\$ 213.00	\$ 214.00	\$ 426.00	\$ 427.00	60-64	\$ 182.20	\$ 183.10	\$ 364.40	\$ 365.30	60-64	\$ 395.20	\$ 397.20	\$ 790.40	\$ 792.40
65-69	\$ 238.20	\$ 239.30	\$ 476.50	\$ 477.50	65-69	\$ 202.50	\$ 203.40	\$ 405.00	\$ 405.90	65-69	\$ 440.70	\$ 442.70	\$ 881.50	\$ 883.50
70-74	\$ 258.80	\$ 259.90	\$ 517.70	\$ 518.70	70-74	\$ 227.90	\$ 228.90	\$ 455.90	\$ 456.80	70-74	\$ 486.80	\$ 488.70	\$ 973.60	\$ 975.50
75-79	\$ 271.40	\$ 272.40	\$ 542.80	\$ 543.80	75-79	\$ 250.00	\$ 250.90	\$ 500.00	\$ 500.90	75-79	\$ 521.40	\$ 523.30	\$ 1,042.80	\$ 1,044.70
80-85	\$ 277.50	\$ 278.50	\$ 555.00	\$ 556.00	80-85	\$ 267.00	\$ 267.90	\$ 534.00	\$ 534.90	80-85	\$ 544.50	\$ 546.40	\$ 1,088.90	\$ 1,090.90
\$90,000 Lump Sum Option														
Cancer Only					Heart/Stroke Only					Cancer and Heart/Stroke				
Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 64.10	\$ 65.10	\$ 128.10	\$ 129.20	18-39	\$ 56.10	\$ 57.10	\$ 112.30	\$ 113.20	18-39	\$ 120.20	\$ 122.20	\$ 240.40	\$ 242.40
40-44	\$ 90.40	\$ 91.50	\$ 180.90	\$ 181.90	40-44	\$ 82.40	\$ 83.30	\$ 164.80	\$ 165.70	40-44	\$ 172.80	\$ 174.80	\$ 345.70	\$ 347.60
45-49	\$ 122.40	\$ 123.40	\$ 244.70	\$ 245.80	45-49	\$ 112.40	\$ 113.30	\$ 224.70	\$ 225.70	45-49	\$ 234.70	\$ 236.70	\$ 469.50	\$ 471.40
50-54	\$ 158.20	\$ 159.20	\$ 316.40	\$ 317.40	50-54	\$ 144.30	\$ 145.20	\$ 288.60	\$ 289.50	50-54	\$ 302.50	\$ 304.50	\$ 605.00	\$ 607.00
55-59	\$ 197.80	\$ 198.80	\$ 395.50	\$ 396.60	55-59	\$ 174.50	\$ 175.40	\$ 349.00	\$ 349.90	55-59	\$ 372.20	\$ 374.20	\$ 744.50	\$ 746.40
60-64	\$ 239.20	\$ 240.20	\$ 478.30	\$ 479.40	60-64	\$ 204.70	\$ 205.60	\$ 409.30	\$ 410.20	60-64	\$ 443.80	\$ 445.80	\$ 887.70	\$ 889.60
65-69	\$ 267.50	\$ 268.50	\$ 535.00	\$ 536.00	65-69	\$ 227.40	\$ 228.40	\$ 454.80	\$ 455.80	65-69	\$ 494.90	\$ 496.90	\$ 989.80	\$ 991.80
70-74	\$ 290.60	\$ 291.60	\$ 581.10	\$ 582.20	70-74	\$ 256.00	\$ 256.90	\$ 511.90	\$ 512.80	70-74	\$ 546.50	\$ 548.50	\$ 1,093.00	\$ 1,095.00
75-79	\$ 304.60	\$ 305.60	\$ 609.10	\$ 610.20	75-79	\$ 280.70	\$ 281.60	\$ 561.40	\$ 562.30	75-79	\$ 585.20	\$ 587.20	\$ 1,170.50	\$ 1,172.40
80-85	\$ 311.30	\$ 312.30	\$ 622.50	\$ 623.60	80-85	\$ 299.70	\$ 300.70	\$ 599.50	\$ 600.40	80-85	\$ 611.00	\$ 613.00	\$ 1,222.00	\$ 1,223.90
\$100,000 Lump Sum Option														
Cancer Only					Heart/Stroke Only					Cancer and Heart/Stroke				
Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 71.10	\$ 72.10	\$ 142.10	\$ 143.20	18-39	\$ 62.30	\$ 63.20	\$ 124.60	\$ 125.60	18-39	\$ 133.40	\$ 135.30	\$ 266.80	\$ 268.70
40-44	\$ 100.30	\$ 101.40	\$ 200.60	\$ 201.70	40-44	\$ 91.50	\$ 92.40	\$ 182.90	\$ 183.90	40-44	\$ 191.80	\$ 193.70	\$ 383.60	\$ 385.50
45-49	\$ 135.80	\$ 136.80	\$ 271.50	\$ 272.50	45-49	\$ 124.70	\$ 125.70	\$ 249.50	\$ 250.40	45-49	\$ 260.50	\$ 262.40	\$ 521.00	\$ 522.90
50-54	\$ 175.50	\$ 176.50	\$ 351.00	\$ 352.10	50-54	\$ 160.20	\$ 161.10	\$ 320.30	\$ 321.30	50-54	\$ 335.70	\$ 337.60	\$ 671.40	\$ 673.30
55-59	\$ 219.40	\$ 220.40	\$ 438.80	\$ 439.80	55-59	\$ 193.60	\$ 194.60	\$ 387.30	\$ 388.20	55-59	\$ 413.00	\$ 415.00	\$ 826.10	\$ 828.00
60-64	\$ 265.30	\$ 266.40	\$ 530.70	\$ 531.70	60-64	\$ 227.10	\$ 228.00	\$ 454.20	\$ 455.20	60-64	\$ 492.40	\$ 494.40	\$ 984.90	\$ 986.80
65-69	\$ 296.70	\$ 297.80	\$ 593.50	\$ 594.50	65-69	\$ 252.40	\$ 253.30	\$ 504.70	\$ 505.60	65-69	\$ 549.10	\$ 551.10	\$ 1,098.20	\$ 1,100.10
70-74	\$ 322.30	\$ 323.30	\$ 644.60	\$ 645.60	70-74	\$ 284.00	\$ 284.90	\$ 567.90	\$ 568.90	70-74	\$ 606.30	\$ 608.20	\$ 1,212.50	\$ 1,214.50
75-79	\$ 337.70	\$ 338.80	\$ 675.50	\$ 676.50	75-79	\$ 311.40	\$ 312.30	\$ 622.70	\$ 623.70	75-79	\$ 649.10	\$ 651.10	\$ 1,298.20	\$ 1,300.20
80-85	\$ 345.10	\$ 346.10	\$ 690.10	\$ 691.10	80-85	\$ 332.50	\$ 333.40	\$ 665.00	\$ 665.90	80-85	\$ 677.50	\$ 679.50	\$ 1,355.10	\$ 1,357.00

WNIC1068-Rates-NR-AR

* Total policy premium must be greater than or equal to \$15.00/mo.

**Washington National Insurance Company
Individual Critical Illness Policy Form WNIC1068**

**Monthly Premium Rates
Base Only**

Tobacco Users														
\$5,000 Lump Sum Option														
Cancer Only					Heart/Stroke Only					Cancer and Heart/Stroke				
Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 6.50	\$ 7.10	\$ 13.00	\$ 13.60	18-39	\$ 5.90	\$ 6.50	\$ 11.70	\$ 12.40	18-39	\$ 12.40	\$ 13.60	\$ 24.70	\$ 26.00
40-44	\$ 9.20	\$ 9.80	\$ 18.30	\$ 19.00	40-44	\$ 8.70	\$ 9.30	\$ 17.30	\$ 17.90	40-44	\$ 17.80	\$ 19.10	\$ 35.60	\$ 36.90
45-49	\$ 12.30	\$ 12.90	\$ 24.50	\$ 25.10	45-49	\$ 11.90	\$ 12.60	\$ 23.90	\$ 24.50	45-49	\$ 24.20	\$ 25.40	\$ 48.40	\$ 49.60
50-54	\$ 16.00	\$ 16.60	\$ 31.90	\$ 32.50	50-54	\$ 15.50	\$ 16.10	\$ 30.90	\$ 31.50	50-54	\$ 31.40	\$ 32.70	\$ 62.80	\$ 64.10
55-59	\$ 19.90	\$ 20.50	\$ 39.80	\$ 40.40	55-59	\$ 19.00	\$ 19.60	\$ 37.90	\$ 38.50	55-59	\$ 38.80	\$ 40.10	\$ 77.70	\$ 78.90
60-64	\$ 24.10	\$ 24.70	\$ 48.20	\$ 48.80	60-64	\$ 22.70	\$ 23.30	\$ 45.30	\$ 45.90	60-64	\$ 46.80	\$ 48.00	\$ 93.50	\$ 94.80
65-69	\$ 27.10	\$ 27.70	\$ 54.20	\$ 54.80	65-69	\$ 25.60	\$ 26.30	\$ 51.30	\$ 51.90	65-69	\$ 52.70	\$ 54.00	\$ 105.50	\$ 106.70
70-74	\$ 29.90	\$ 30.50	\$ 59.70	\$ 60.40	70-74	\$ 29.00	\$ 29.70	\$ 58.10	\$ 58.70	70-74	\$ 58.90	\$ 60.20	\$ 117.80	\$ 119.10
75-79	\$ 32.50	\$ 33.20	\$ 65.10	\$ 65.70	75-79	\$ 31.80	\$ 32.40	\$ 63.70	\$ 64.30	75-79	\$ 64.40	\$ 65.60	\$ 128.80	\$ 130.00
80-85	\$ 34.60	\$ 35.20	\$ 69.20	\$ 69.80	80-85	\$ 34.20	\$ 34.80	\$ 68.40	\$ 69.00	80-85	\$ 68.80	\$ 70.00	\$ 137.60	\$ 138.80
\$10,000 Lump Sum Option														
Cancer Only					Heart/Stroke Only					Cancer and Heart/Stroke				
Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 11.70	\$ 12.80	\$ 23.50	\$ 24.50	18-39	\$ 10.90	\$ 11.80	\$ 21.80	\$ 22.80	18-39	\$ 22.70	\$ 24.60	\$ 45.30	\$ 47.30
40-44	\$ 16.60	\$ 17.60	\$ 33.20	\$ 34.20	40-44	\$ 16.20	\$ 17.10	\$ 32.30	\$ 33.30	40-44	\$ 32.80	\$ 34.70	\$ 65.50	\$ 67.50
45-49	\$ 22.10	\$ 23.20	\$ 44.30	\$ 45.30	45-49	\$ 22.20	\$ 23.20	\$ 44.50	\$ 45.40	45-49	\$ 44.40	\$ 46.40	\$ 88.80	\$ 90.70
50-54	\$ 28.70	\$ 29.80	\$ 57.50	\$ 58.50	50-54	\$ 28.50	\$ 29.50	\$ 57.10	\$ 58.00	50-54	\$ 57.30	\$ 59.20	\$ 114.50	\$ 116.50
55-59	\$ 35.80	\$ 36.90	\$ 71.70	\$ 72.70	55-59	\$ 34.90	\$ 35.80	\$ 69.80	\$ 70.80	55-59	\$ 70.80	\$ 72.70	\$ 141.50	\$ 143.50
60-64	\$ 43.40	\$ 44.40	\$ 86.70	\$ 87.80	60-64	\$ 41.50	\$ 42.40	\$ 83.00	\$ 83.90	60-64	\$ 84.90	\$ 86.80	\$ 169.70	\$ 171.70
65-69	\$ 48.70	\$ 49.70	\$ 97.40	\$ 98.50	65-69	\$ 46.80	\$ 47.70	\$ 93.50	\$ 94.50	65-69	\$ 95.50	\$ 97.40	\$ 191.00	\$ 192.90
70-74	\$ 53.30	\$ 54.30	\$ 106.50	\$ 107.50	70-74	\$ 52.50	\$ 53.50	\$ 105.10	\$ 106.00	70-74	\$ 105.80	\$ 107.70	\$ 211.60	\$ 213.50
75-79	\$ 57.10	\$ 58.10	\$ 114.10	\$ 115.20	75-79	\$ 57.20	\$ 58.10	\$ 114.30	\$ 115.30	75-79	\$ 114.20	\$ 116.20	\$ 228.50	\$ 230.40
80-85	\$ 59.50	\$ 60.60	\$ 119.10	\$ 120.10	80-85	\$ 61.10	\$ 62.00	\$ 122.20	\$ 123.10	80-85	\$ 120.60	\$ 122.60	\$ 241.20	\$ 243.20
\$20,000 Lump Sum Option														
Cancer Only					Heart/Stroke Only					Cancer and Heart/Stroke				
Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 22.20	\$ 23.30	\$ 44.50	\$ 45.50	18-39	\$ 21.00	\$ 21.90	\$ 42.00	\$ 43.00	18-39	\$ 43.30	\$ 45.20	\$ 86.50	\$ 88.50
40-44	\$ 31.40	\$ 32.40	\$ 62.80	\$ 63.90	40-44	\$ 31.20	\$ 32.10	\$ 62.40	\$ 63.30	40-44	\$ 62.60	\$ 64.60	\$ 125.20	\$ 127.20
45-49	\$ 41.90	\$ 43.00	\$ 83.80	\$ 84.90	45-49	\$ 42.80	\$ 43.80	\$ 85.70	\$ 86.60	45-49	\$ 84.80	\$ 86.70	\$ 169.50	\$ 171.50
50-54	\$ 54.30	\$ 55.30	\$ 108.60	\$ 109.60	50-54	\$ 54.70	\$ 55.60	\$ 109.40	\$ 110.30	50-54	\$ 109.00	\$ 110.90	\$ 217.90	\$ 219.90
55-59	\$ 67.80	\$ 68.80	\$ 135.50	\$ 136.60	55-59	\$ 66.80	\$ 67.80	\$ 133.70	\$ 134.60	55-59	\$ 134.60	\$ 136.60	\$ 269.20	\$ 271.20
60-64	\$ 81.90	\$ 82.90	\$ 163.80	\$ 164.80	60-64	\$ 79.20	\$ 80.10	\$ 158.40	\$ 159.30	60-64	\$ 161.10	\$ 163.00	\$ 322.20	\$ 324.10
65-69	\$ 92.00	\$ 93.00	\$ 184.00	\$ 185.00	65-69	\$ 89.00	\$ 89.90	\$ 178.00	\$ 178.90	65-69	\$ 181.00	\$ 182.90	\$ 361.90	\$ 363.90
70-74	\$ 100.00	\$ 101.00	\$ 200.00	\$ 201.10	70-74	\$ 99.50	\$ 100.40	\$ 199.00	\$ 199.90	70-74	\$ 199.50	\$ 201.50	\$ 399.00	\$ 401.00
75-79	\$ 106.10	\$ 107.10	\$ 212.20	\$ 213.20	75-79	\$ 107.80	\$ 108.80	\$ 215.70	\$ 216.60	75-79	\$ 213.90	\$ 215.90	\$ 427.90	\$ 429.80
80-85	\$ 109.40	\$ 110.40	\$ 218.80	\$ 219.80	80-85	\$ 114.80	\$ 115.80	\$ 229.70	\$ 230.60	80-85	\$ 224.20	\$ 226.20	\$ 448.50	\$ 450.40
\$30,000 Lump Sum Option														
Cancer Only					Heart/Stroke Only					Cancer and Heart/Stroke				
Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 32.80	\$ 33.80	\$ 65.50	\$ 66.50	18-39	\$ 31.10	\$ 32.00	\$ 62.20	\$ 63.10	18-39	\$ 63.90	\$ 65.80	\$ 127.70	\$ 129.70
40-44	\$ 46.20	\$ 47.30	\$ 92.50	\$ 93.50	40-44	\$ 46.20	\$ 47.20	\$ 92.50	\$ 93.40	40-44	\$ 92.50	\$ 94.50	\$ 185.00	\$ 186.90
45-49	\$ 61.70	\$ 62.70	\$ 123.40	\$ 124.40	45-49	\$ 63.40	\$ 64.40	\$ 126.90	\$ 127.80	45-49	\$ 125.10	\$ 127.10	\$ 250.30	\$ 252.20
50-54	\$ 79.80	\$ 80.90	\$ 159.70	\$ 160.70	50-54	\$ 80.90	\$ 81.80	\$ 161.70	\$ 162.60	50-54	\$ 160.70	\$ 162.60	\$ 321.40	\$ 323.30
55-59	\$ 99.70	\$ 100.70	\$ 199.40	\$ 200.40	55-59	\$ 98.80	\$ 99.70	\$ 197.60	\$ 198.50	55-59	\$ 198.50	\$ 200.40	\$ 397.00	\$ 398.90
60-64	\$ 120.40	\$ 121.40	\$ 240.80	\$ 241.80	60-64	\$ 116.90	\$ 117.80	\$ 233.80	\$ 234.70	60-64	\$ 237.30	\$ 239.30	\$ 474.60	\$ 476.60
65-69	\$ 135.20	\$ 136.30	\$ 270.50	\$ 271.50	65-69	\$ 131.20	\$ 132.10	\$ 262.40	\$ 263.40	65-69	\$ 266.50	\$ 268.40	\$ 532.90	\$ 534.90
70-74	\$ 146.80	\$ 147.80	\$ 293.60	\$ 294.60	70-74	\$ 146.50	\$ 147.40	\$ 292.90	\$ 293.90	70-74	\$ 293.20	\$ 295.20	\$ 586.50	\$ 588.40
75-79	\$ 155.10	\$ 156.10	\$ 310.20	\$ 311.30	75-79	\$ 158.50	\$ 159.40	\$ 317.00	\$ 318.00	75-79	\$ 313.60	\$ 315.60	\$ 627.30	\$ 629.20
80-85	\$ 159.20	\$ 160.30	\$ 318.50	\$ 319.50	80-85	\$ 168.60	\$ 169.50	\$ 337.20	\$ 338.10	80-85	\$ 327.80	\$ 329.80	\$ 655.70	\$ 657.70
\$40,000 Lump Sum Option														
Cancer Only					Heart/Stroke Only					Cancer and Heart/Stroke				
Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 43.30	\$ 44.30	\$ 86.50	\$ 87.60	18-39	\$ 41.20	\$ 42.10	\$ 82.40	\$ 83.30	18-39	\$ 84.50	\$ 86.40	\$ 168.90	\$ 170.90
40-44	\$ 61.10	\$ 62.10	\$ 122.20	\$ 123.20	40-44	\$ 61.30	\$ 62.20	\$ 122.60	\$ 123.50	40-44	\$ 122.40	\$ 124.30	\$ 244.70	\$ 246.70
45-49	\$ 81.50	\$ 82.50	\$ 162.90	\$ 164.00	45-49	\$ 84.00	\$ 85.00	\$ 168.10	\$ 169.00	45-49	\$ 165.50	\$ 167.50	\$ 331.00	\$ 333.00
50-54	\$ 105.40	\$ 106.40	\$ 210.70	\$ 211.80	50-54	\$ 107.00	\$ 107.90	\$ 214.00	\$ 215.00	50-54	\$ 212.40	\$ 214.30	\$ 424.80	\$ 426.70
55-59	\$ 131.60	\$ 132.70	\$ 263.30	\$ 264.30	55-59	\$ 130.70	\$ 131.60	\$ 261.40	\$ 262.30	55-59	\$ 262.30	\$ 264.30	\$ 524.70	\$ 526.60
60-64	\$ 158.90	\$ 160.00	\$ 317.90	\$ 318.90	60-64	\$ 154.60	\$ 155.50	\$ 309.20	\$ 310.10	60-64	\$ 313.50	\$ 315.50	\$ 627.10	\$ 629.00
65-69	\$ 178.50	\$ 179.50	\$ 357.00	\$ 358.00	65-69	\$ 173.50	\$ 174.40	\$ 346.90	\$ 347.80	65-69	\$ 352.00	\$ 353.90	\$ 703.90	\$ 705.90
70-74	\$ 193.50	\$ 194.60	\$ 387.10	\$ 388.10	70-74	\$ 193.40	\$ 194.40	\$ 386.90	\$ 387.80	70-74	\$ 387.00	\$ 388.90	\$ 773.90	\$ 775.90
75-79	\$ 204.10	\$ 205.20	\$ 408.30	\$ 409.30	75-79	\$ 209.20	\$ 210.10	\$ 418.40	\$ 419.30	75-79	\$ 413.30	\$ 415.30	\$ 826.70	\$ 828.60
80-85	\$ 209.10	\$ 210.10	\$ 418.20	\$ 419.20	80-85	\$ 222.40	\$ 223.30	\$ 444.80	\$ 445.70	80-85	\$ 431.50	\$ 433.40	\$ 862.90	\$ 864.90
\$50,000 Lump Sum Option														
Cancer Only					Heart/Stroke Only					Cancer and Heart/Stroke				
Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 53.80	\$ 54.80	\$ 107.50	\$ 108.60	18-39	\$ 51.30	\$ 52.20	\$ 102.60	\$ 103.50	18-39	\$ 105.10	\$ 107.00	\$ 210.10	\$ 212.10
40-44	\$ 75.90	\$ 76.90	\$ 151.80	\$ 152.90	40-44	\$ 76.30	\$ 77.30	\$ 152.60	\$ 153.60	40-44	\$ 152.20	\$ 154.20	\$ 304.50	\$ 306.40
45-49	\$ 101.20	\$ 102.30	\$ 202.50	\$ 203.50	45-49	\$ 104.60	\$ 105.60	\$ 209.30	\$ 210.20	45-49	\$ 205.90	\$ 207.90	\$ 411.80	\$ 413.80
50-54	\$ 130.90	\$ 131.90	\$ 261.80	\$ 262.90	50-54	\$ 133.20	\$ 134.10	\$ 266.40	\$ 267.30	50-54	\$ 264.10	\$ 266.00	\$ 528.20	\$ 530.10
55-59	\$ 163.60	\$ 164.60	\$ 327.10	\$ 328.20	55-59	\$ 162.60	\$ 163.60	\$ 325.30	\$ 326.20	55-59	\$ 326.20	\$ 328.20	\$ 652.40	\$ 654.40
60-64	\$ 197.50	\$ 198.50	\$ 394.90	\$ 395.90	60-64	\$ 192.30	\$ 193.20	\$ 384.60	\$ 385.50	60-64	\$ 389.80	\$ 391.70	\$ 779.50	\$ 781.50
65-69	\$ 221.80	\$ 222.80	\$ 443.50	\$ 444.50	65-69	\$ 215.70	\$ 216.60	\$ 431.40	\$ 432.30	65-69	\$ 437.40	\$ 439.40	\$ 874.90	\$ 876.80
70-74	\$ 240.30	\$ 241.30	\$ 480.60	\$ 481.60	70-74	\$ 240.40	\$ 241.30	\$ 480.80	\$ 481.70	70-74	\$ 480.70	\$ 482.70	\$ 961.40	\$ 963.40
75-79	\$ 253.20	\$ 254.20	\$ 506.30	\$ 507.40	75-79	\$ 259.90	\$ 260.80	\$ 519.70	\$ 520.70	75-79	\$ 513.00	\$ 515.00	\$ 1,026.10	\$ 1,028.00
80-85	\$ 258.90	\$ 260.00	\$ 517.90	\$ 518.90	80-85	\$ 276.10	\$ 277.10	\$ 552.30	\$ 553.20	80-85	\$ 535.10	\$ 537.00	\$ 1,070.20	\$ 1,072.10

**Washington National Insurance Company
Individual Critical Illness Policy Form WNIC1068**

**Monthly Premium Rates
Base Only**

Tobacco Users														
\$60,000 Lump Sum Option														
Cancer Only					Heart/Stroke Only					Cancer and Heart/Stroke				
Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 64.30	\$ 65.30	\$ 128.50	\$ 129.60	18-39	\$ 61.40	\$ 62.30	\$ 122.80	\$ 123.70	18-39	\$ 125.70	\$ 127.60	\$ 251.30	\$ 253.30
40-44	\$ 90.70	\$ 91.80	\$ 181.50	\$ 182.50	40-44	\$ 91.40	\$ 92.30	\$ 182.70	\$ 183.60	40-44	\$ 182.10	\$ 184.10	\$ 364.20	\$ 366.20
45-49	\$ 121.00	\$ 122.10	\$ 242.10	\$ 243.10	45-49	\$ 125.20	\$ 126.20	\$ 250.50	\$ 251.40	45-49	\$ 246.30	\$ 248.20	\$ 492.50	\$ 494.50
50-54	\$ 156.50	\$ 157.50	\$ 312.90	\$ 313.90	50-54	\$ 159.30	\$ 160.30	\$ 318.70	\$ 319.60	50-54	\$ 315.80	\$ 317.80	\$ 631.60	\$ 633.60
55-59	\$ 195.50	\$ 196.50	\$ 391.00	\$ 392.00	55-59	\$ 194.60	\$ 195.50	\$ 389.10	\$ 390.10	55-59	\$ 390.10	\$ 392.00	\$ 780.10	\$ 782.10
60-64	\$ 236.00	\$ 237.00	\$ 471.90	\$ 473.00	60-64	\$ 230.00	\$ 230.90	\$ 460.00	\$ 460.90	60-64	\$ 466.00	\$ 467.90	\$ 931.90	\$ 933.90
65-69	\$ 265.00	\$ 266.00	\$ 530.00	\$ 531.10	65-69	\$ 257.90	\$ 258.80	\$ 515.80	\$ 516.80	65-69	\$ 522.90	\$ 524.90	\$ 1,045.90	\$ 1,047.80
70-74	\$ 287.10	\$ 288.10	\$ 574.10	\$ 575.20	70-74	\$ 287.40	\$ 288.30	\$ 574.70	\$ 575.70	70-74	\$ 574.40	\$ 576.40	\$ 1,148.90	\$ 1,150.80
75-79	\$ 302.20	\$ 303.20	\$ 604.40	\$ 605.40	75-79	\$ 310.50	\$ 311.50	\$ 621.10	\$ 622.00	75-79	\$ 612.70	\$ 614.70	\$ 1,225.50	\$ 1,227.50
80-85	\$ 308.80	\$ 309.80	\$ 617.60	\$ 618.60	80-85	\$ 329.90	\$ 330.80	\$ 659.80	\$ 660.70	80-85	\$ 638.70	\$ 640.70	\$ 1,277.40	\$ 1,279.40
\$70,000 Lump Sum Option														
Cancer Only					Heart/Stroke Only					Cancer and Heart/Stroke				
Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 74.80	\$ 75.80	\$ 149.60	\$ 150.60	18-39	\$ 71.50	\$ 72.40	\$ 143.00	\$ 143.90	18-39	\$ 146.30	\$ 148.20	\$ 292.50	\$ 294.50
40-44	\$ 105.60	\$ 106.60	\$ 211.20	\$ 212.20	40-44	\$ 106.40	\$ 107.30	\$ 212.80	\$ 213.70	40-44	\$ 212.00	\$ 213.90	\$ 423.90	\$ 425.90
45-49	\$ 140.80	\$ 141.80	\$ 281.60	\$ 282.60	45-49	\$ 145.80	\$ 146.80	\$ 291.70	\$ 292.60	45-49	\$ 286.60	\$ 288.60	\$ 573.30	\$ 575.30
50-54	\$ 182.00	\$ 183.00	\$ 364.00	\$ 365.00	50-54	\$ 185.50	\$ 186.40	\$ 371.00	\$ 371.90	50-54	\$ 367.50	\$ 369.50	\$ 735.00	\$ 737.00
55-59	\$ 227.40	\$ 228.50	\$ 454.80	\$ 455.90	55-59	\$ 226.50	\$ 227.40	\$ 453.00	\$ 453.90	55-59	\$ 453.90	\$ 455.90	\$ 907.80	\$ 909.80
60-64	\$ 274.50	\$ 275.50	\$ 549.00	\$ 550.00	60-64	\$ 267.70	\$ 268.60	\$ 535.40	\$ 536.30	60-64	\$ 542.20	\$ 544.10	\$ 1,084.40	\$ 1,086.30
65-69	\$ 308.30	\$ 309.30	\$ 616.60	\$ 617.60	65-69	\$ 300.10	\$ 301.10	\$ 600.30	\$ 601.20	65-69	\$ 608.40	\$ 610.40	\$ 1,216.80	\$ 1,218.80
70-74	\$ 333.80	\$ 334.90	\$ 667.60	\$ 668.70	70-74	\$ 334.30	\$ 335.30	\$ 668.70	\$ 669.60	70-74	\$ 668.20	\$ 670.10	\$ 1,336.30	\$ 1,338.30
75-79	\$ 351.20	\$ 352.30	\$ 702.50	\$ 703.50	75-79	\$ 361.20	\$ 362.10	\$ 722.40	\$ 723.40	75-79	\$ 712.50	\$ 714.40	\$ 1,424.90	\$ 1,426.90
80-85	\$ 358.60	\$ 359.70	\$ 717.30	\$ 718.30	80-85	\$ 383.70	\$ 384.60	\$ 767.40	\$ 768.30	80-85	\$ 742.30	\$ 744.30	\$ 1,484.60	\$ 1,486.60
\$80,000 Lump Sum Option														
Cancer Only					Heart/Stroke Only					Cancer and Heart/Stroke				
Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 85.30	\$ 86.30	\$ 170.60	\$ 171.60	18-39	\$ 81.60	\$ 82.50	\$ 163.20	\$ 164.10	18-39	\$ 166.90	\$ 168.80	\$ 333.70	\$ 335.70
40-44	\$ 120.40	\$ 121.40	\$ 240.80	\$ 241.80	40-44	\$ 121.40	\$ 122.40	\$ 242.90	\$ 243.80	40-44	\$ 241.80	\$ 243.80	\$ 483.70	\$ 485.60
45-49	\$ 160.60	\$ 161.60	\$ 321.20	\$ 322.20	45-49	\$ 166.40	\$ 167.40	\$ 332.90	\$ 333.80	45-49	\$ 327.00	\$ 329.00	\$ 654.10	\$ 656.00
50-54	\$ 207.50	\$ 208.60	\$ 415.10	\$ 416.10	50-54	\$ 211.70	\$ 212.60	\$ 423.30	\$ 424.30	50-54	\$ 419.20	\$ 421.20	\$ 838.40	\$ 840.40
55-59	\$ 259.40	\$ 260.40	\$ 518.70	\$ 519.70	55-59	\$ 258.40	\$ 259.40	\$ 516.90	\$ 517.80	55-59	\$ 517.80	\$ 519.70	\$ 1,035.60	\$ 1,037.50
60-64	\$ 313.00	\$ 314.00	\$ 626.00	\$ 627.10	60-64	\$ 305.40	\$ 306.30	\$ 610.80	\$ 611.70	60-64	\$ 618.40	\$ 620.40	\$ 1,236.80	\$ 1,238.80
65-69	\$ 351.50	\$ 352.60	\$ 703.10	\$ 704.10	65-69	\$ 342.40	\$ 343.30	\$ 684.70	\$ 685.70	65-69	\$ 693.90	\$ 695.90	\$ 1,387.80	\$ 1,389.80
70-74	\$ 380.60	\$ 381.60	\$ 761.20	\$ 762.20	70-74	\$ 381.30	\$ 382.20	\$ 762.60	\$ 763.50	70-74	\$ 761.90	\$ 763.80	\$ 1,523.80	\$ 1,525.80
75-79	\$ 400.30	\$ 401.30	\$ 800.50	\$ 801.50	75-79	\$ 411.90	\$ 412.80	\$ 823.80	\$ 824.70	75-79	\$ 812.20	\$ 814.10	\$ 1,624.30	\$ 1,626.30
80-85	\$ 408.50	\$ 409.50	\$ 817.00	\$ 818.00	80-85	\$ 437.40	\$ 438.40	\$ 874.90	\$ 875.80	80-85	\$ 845.90	\$ 847.90	\$ 1,691.90	\$ 1,693.80
\$90,000 Lump Sum Option														
Cancer Only					Heart/Stroke Only					Cancer and Heart/Stroke				
Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 95.80	\$ 96.80	\$ 191.60	\$ 192.60	18-39	\$ 91.70	\$ 92.60	\$ 183.30	\$ 184.30	18-39	\$ 187.50	\$ 189.40	\$ 374.90	\$ 376.90
40-44	\$ 135.20	\$ 136.30	\$ 270.50	\$ 271.50	40-44	\$ 136.50	\$ 137.40	\$ 273.00	\$ 273.90	40-44	\$ 271.70	\$ 273.70	\$ 543.40	\$ 545.40
45-49	\$ 180.40	\$ 181.40	\$ 360.70	\$ 361.70	45-49	\$ 187.00	\$ 188.00	\$ 374.10	\$ 375.00	45-49	\$ 367.40	\$ 369.40	\$ 734.80	\$ 736.80
50-54	\$ 233.10	\$ 234.10	\$ 466.20	\$ 467.20	50-54	\$ 237.80	\$ 238.80	\$ 475.70	\$ 476.60	50-54	\$ 470.90	\$ 472.90	\$ 941.80	\$ 943.80
55-59	\$ 291.30	\$ 292.30	\$ 582.60	\$ 583.60	55-59	\$ 290.40	\$ 291.30	\$ 580.70	\$ 581.60	55-59	\$ 581.60	\$ 583.60	\$ 1,163.30	\$ 1,165.20
60-64	\$ 351.50	\$ 352.60	\$ 703.10	\$ 704.10	60-64	\$ 343.10	\$ 344.00	\$ 686.20	\$ 687.10	60-64	\$ 694.60	\$ 696.60	\$ 1,389.30	\$ 1,391.20
65-69	\$ 394.80	\$ 395.80	\$ 789.60	\$ 790.60	65-69	\$ 384.60	\$ 385.50	\$ 769.20	\$ 770.10	65-69	\$ 779.40	\$ 781.40	\$ 1,558.80	\$ 1,560.80
70-74	\$ 427.30	\$ 428.40	\$ 854.70	\$ 855.70	70-74	\$ 428.30	\$ 429.20	\$ 856.50	\$ 857.50	70-74	\$ 855.60	\$ 857.60	\$ 1,711.20	\$ 1,713.20
75-79	\$ 449.30	\$ 450.30	\$ 898.60	\$ 899.60	75-79	\$ 462.60	\$ 463.50	\$ 925.10	\$ 926.10	75-79	\$ 911.90	\$ 913.80	\$ 1,823.70	\$ 1,825.70
80-85	\$ 458.40	\$ 459.40	\$ 916.70	\$ 917.70	80-85	\$ 491.20	\$ 492.10	\$ 982.40	\$ 983.30	80-85	\$ 949.60	\$ 951.50	\$ 1,899.10	\$ 1,901.10
\$100,000 Lump Sum Option														
Cancer Only					Heart/Stroke Only					Cancer and Heart/Stroke				
Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 106.30	\$ 107.30	\$ 212.60	\$ 213.60	18-39	\$ 101.80	\$ 102.70	\$ 203.50	\$ 204.50	18-39	\$ 208.10	\$ 210.00	\$ 416.10	\$ 418.10
40-44	\$ 150.10	\$ 151.10	\$ 300.10	\$ 301.20	40-44	\$ 151.50	\$ 152.40	\$ 303.00	\$ 304.00	40-44	\$ 301.60	\$ 303.50	\$ 603.20	\$ 605.10
45-49	\$ 200.10	\$ 201.20	\$ 400.30	\$ 401.30	45-49	\$ 207.60	\$ 208.60	\$ 415.30	\$ 416.20	45-49	\$ 407.80	\$ 409.70	\$ 815.60	\$ 817.50
50-54	\$ 258.60	\$ 259.70	\$ 517.30	\$ 518.30	50-54	\$ 264.00	\$ 264.90	\$ 528.00	\$ 528.90	50-54	\$ 522.60	\$ 524.60	\$ 1,045.20	\$ 1,047.20
55-59	\$ 323.20	\$ 324.20	\$ 646.40	\$ 647.50	55-59	\$ 322.30	\$ 323.20	\$ 644.60	\$ 645.50	55-59	\$ 645.50	\$ 647.50	\$ 1,291.00	\$ 1,293.00
60-64	\$ 390.10	\$ 391.10	\$ 780.10	\$ 781.20	60-64	\$ 380.80	\$ 381.70	\$ 761.60	\$ 762.50	60-64	\$ 770.90	\$ 772.80	\$ 1,541.70	\$ 1,543.70
65-69	\$ 438.10	\$ 439.10	\$ 876.10	\$ 877.10	65-69	\$ 426.80	\$ 427.80	\$ 853.70	\$ 854.60	65-69	\$ 864.90	\$ 866.80	\$ 1,729.80	\$ 1,731.70
70-74	\$ 474.10	\$ 475.10	\$ 948.20	\$ 949.20	70-74	\$ 475.20	\$ 476.20	\$ 950.50	\$ 951.40	70-74	\$ 949.40	\$ 951.30	\$ 1,898.70	\$ 1,900.70
75-79	\$ 498.30	\$ 499.30	\$ 996.60	\$ 997.70	75-79	\$ 513.20	\$ 514.20	\$ 1,026.50	\$ 1,027.40	75-79	\$ 1,011.60	\$ 1,013.50	\$ 2,023.10	\$ 2,025.10
80-85	\$ 508.20	\$ 509.20	\$ 1,016.40	\$ 1,017.40	80-85	\$ 545.00	\$ 545.90	\$ 1,089.90	\$ 1,090.90	80-85	\$ 1,053.20	\$ 1,055.10	\$ 2,106.40	\$ 2,108.30

WNIC1068-Rates-NR-Tobacco-AR

* Total policy premium must be greater than or equal to \$15.00/mo.

**Washington National Insurance Company
Individual Critical Illness Policy Form WNIC1068**

**Monthly Premium Rates
With Return of Premium**

Non-Tobacco Users														
\$5,000 Lump Sum Option														
Cancer Only					Heart/Stroke Only					Cancer and Heart/Stroke				
Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 7.70	\$ 8.80	\$ 15.50	\$ 16.50	18-39	\$ 6.10	\$ 7.10	\$ 12.20	\$ 13.30	18-39	\$ 13.80	\$ 15.90	\$ 27.70	\$ 29.80
40-44	\$ 10.90	\$ 11.90	\$ 21.80	\$ 22.80	40-44	\$ 9.20	\$ 10.20	\$ 18.20	\$ 19.20	40-44	\$ 20.10	\$ 22.10	\$ 40.00	\$ 42.00
45-49	\$ 14.50	\$ 15.60	\$ 29.10	\$ 30.10	45-49	\$ 12.40	\$ 13.40	\$ 24.80	\$ 25.80	45-49	\$ 26.90	\$ 29.00	\$ 53.90	\$ 55.90
50-54	\$ 18.90	\$ 19.90	\$ 37.70	\$ 38.90	50-54	\$ 16.20	\$ 17.20	\$ 32.30	\$ 33.30	50-54	\$ 35.10	\$ 37.10	\$ 70.00	\$ 72.20
55-59	\$ 23.60	\$ 24.70	\$ 47.30	\$ 48.30	55-59	\$ 19.70	\$ 20.90	\$ 39.60	\$ 40.60	55-59	\$ 43.30	\$ 45.60	\$ 86.90	\$ 88.90
60-64	\$ 28.60	\$ 29.60	\$ 57.10	\$ 58.10	60-64	\$ 23.50	\$ 24.50	\$ 46.90	\$ 47.90	60-64	\$ 52.10	\$ 54.10	\$ 104.00	\$ 106.00
65-69	\$ 32.00	\$ 33.20	\$ 64.10	\$ 65.10	65-69	\$ 26.50	\$ 27.50	\$ 52.90	\$ 53.90	65-69	\$ 58.50	\$ 60.70	\$ 117.00	\$ 119.00
70-74	\$ 35.50	\$ 36.60	\$ 71.10	\$ 72.10	70-74	\$ 30.30	\$ 31.30	\$ 60.50	\$ 61.70	70-74	\$ 65.80	\$ 67.90	\$ 131.60	\$ 133.80
75	\$ 38.60	\$ 39.60	\$ 77.00	\$ 78.00	75	\$ 33.70	\$ 34.70	\$ 67.30	\$ 68.30	75	\$ 72.30	\$ 74.30	\$ 144.30	\$ 146.30
\$10,000 Lump Sum Option														
Cancer Only					Heart/Stroke Only					Cancer and Heart/Stroke				
Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 13.60	\$ 15.50	\$ 27.40	\$ 29.10	18-39	\$ 11.40	\$ 12.90	\$ 22.80	\$ 24.30	18-39	\$ 25.00	\$ 28.40	\$ 50.20	\$ 53.40
40-44	\$ 19.20	\$ 21.10	\$ 38.60	\$ 40.30	40-44	\$ 16.80	\$ 18.40	\$ 33.70	\$ 35.20	40-44	\$ 36.00	\$ 39.50	\$ 72.30	\$ 75.50
45-49	\$ 25.80	\$ 27.70	\$ 51.90	\$ 53.60	45-49	\$ 23.00	\$ 24.50	\$ 45.90	\$ 47.40	45-49	\$ 48.80	\$ 52.20	\$ 97.80	\$ 101.00
50-54	\$ 33.70	\$ 35.40	\$ 67.30	\$ 69.00	50-54	\$ 29.60	\$ 31.10	\$ 59.20	\$ 60.70	50-54	\$ 63.30	\$ 66.50	\$ 126.50	\$ 129.70
55-59	\$ 42.00	\$ 43.90	\$ 84.00	\$ 85.90	55-59	\$ 36.00	\$ 37.60	\$ 72.10	\$ 73.80	55-59	\$ 78.00	\$ 81.50	\$ 156.10	\$ 159.70
60-64	\$ 50.80	\$ 52.50	\$ 101.50	\$ 103.40	60-64	\$ 42.50	\$ 44.20	\$ 85.20	\$ 86.70	60-64	\$ 93.30	\$ 96.70	\$ 186.70	\$ 190.10
65-69	\$ 57.00	\$ 58.70	\$ 113.90	\$ 115.60	65-69	\$ 47.60	\$ 49.10	\$ 95.20	\$ 96.90	65-69	\$ 104.60	\$ 107.80	\$ 209.10	\$ 212.50
70-74	\$ 62.60	\$ 64.30	\$ 125.00	\$ 126.80	70-74	\$ 54.10	\$ 55.80	\$ 108.30	\$ 109.80	70-74	\$ 116.70	\$ 120.10	\$ 233.30	\$ 236.60
75	\$ 66.60	\$ 68.50	\$ 133.50	\$ 135.20	75	\$ 59.70	\$ 61.40	\$ 119.30	\$ 121.00	75	\$ 126.30	\$ 129.90	\$ 252.80	\$ 256.20
\$20,000 Lump Sum Option														
Cancer Only					Heart/Stroke Only					Cancer and Heart/Stroke				
Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 25.50	\$ 27.40	\$ 51.20	\$ 52.90	18-39	\$ 21.90	\$ 23.50	\$ 43.90	\$ 45.40	18-39	\$ 47.40	\$ 50.90	\$ 95.10	\$ 98.30
40-44	\$ 36.00	\$ 37.70	\$ 72.10	\$ 74.00	40-44	\$ 32.30	\$ 33.80	\$ 64.40	\$ 66.00	40-44	\$ 68.30	\$ 71.50	\$ 136.50	\$ 140.00
45-49	\$ 48.60	\$ 50.50	\$ 97.40	\$ 99.10	45-49	\$ 44.00	\$ 45.60	\$ 87.90	\$ 89.40	45-49	\$ 92.60	\$ 96.10	\$ 185.30	\$ 188.50
50-54	\$ 63.10	\$ 64.80	\$ 126.10	\$ 127.80	50-54	\$ 56.60	\$ 58.10	\$ 113.10	\$ 114.80	50-54	\$ 119.70	\$ 122.90	\$ 239.20	\$ 242.60
55-59	\$ 78.90	\$ 80.60	\$ 157.60	\$ 159.30	55-59	\$ 68.70	\$ 70.20	\$ 137.40	\$ 138.90	55-59	\$ 147.60	\$ 150.80	\$ 295.00	\$ 298.20
60-64	\$ 95.20	\$ 97.10	\$ 190.60	\$ 192.30	60-64	\$ 80.80	\$ 82.30	\$ 161.50	\$ 163.00	60-64	\$ 176.00	\$ 179.40	\$ 352.10	\$ 355.30
65-69	\$ 106.60	\$ 108.50	\$ 213.40	\$ 215.10	65-69	\$ 89.90	\$ 91.60	\$ 180.00	\$ 181.60	65-69	\$ 196.50	\$ 200.10	\$ 393.40	\$ 396.70
70-74	\$ 116.50	\$ 118.20	\$ 232.90	\$ 234.60	70-74	\$ 101.70	\$ 103.40	\$ 203.50	\$ 205.00	70-74	\$ 218.20	\$ 221.60	\$ 436.40	\$ 439.60
75	\$ 123.10	\$ 124.80	\$ 246.20	\$ 247.90	75	\$ 111.90	\$ 113.40	\$ 223.70	\$ 225.40	75	\$ 235.00	\$ 238.20	\$ 469.90	\$ 473.30
\$30,000 Lump Sum Option														
Cancer Only					Heart/Stroke Only					Cancer and Heart/Stroke				
Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 37.40	\$ 39.30	\$ 75.00	\$ 76.70	18-39	\$ 32.50	\$ 34.00	\$ 64.80	\$ 66.30	18-39	\$ 69.90	\$ 73.30	\$ 139.80	\$ 143.00
40-44	\$ 52.90	\$ 54.60	\$ 105.70	\$ 107.40	40-44	\$ 47.60	\$ 49.10	\$ 95.20	\$ 96.90	40-44	\$ 100.50	\$ 103.70	\$ 200.90	\$ 204.30
45-49	\$ 71.40	\$ 73.30	\$ 142.80	\$ 144.70	45-49	\$ 64.90	\$ 66.50	\$ 129.90	\$ 131.60	45-49	\$ 136.30	\$ 139.80	\$ 272.70	\$ 276.30
50-54	\$ 92.50	\$ 94.20	\$ 185.00	\$ 186.70	50-54	\$ 83.50	\$ 85.20	\$ 167.10	\$ 168.60	50-54	\$ 176.00	\$ 179.40	\$ 352.10	\$ 355.30
55-59	\$ 115.60	\$ 117.30	\$ 231.20	\$ 232.90	55-59	\$ 101.20	\$ 102.90	\$ 202.50	\$ 204.00	55-59	\$ 216.80	\$ 220.20	\$ 433.70	\$ 436.90
60-64	\$ 139.70	\$ 141.40	\$ 279.50	\$ 281.20	60-64	\$ 118.80	\$ 120.50	\$ 237.80	\$ 239.40	60-64	\$ 258.50	\$ 261.90	\$ 517.30	\$ 520.60
65-69	\$ 156.40	\$ 158.10	\$ 312.80	\$ 314.50	65-69	\$ 132.40	\$ 134.00	\$ 264.70	\$ 266.40	65-69	\$ 288.80	\$ 292.10	\$ 577.50	\$ 580.90
70-74	\$ 170.30	\$ 172.00	\$ 340.70	\$ 342.60	70-74	\$ 149.40	\$ 151.00	\$ 298.70	\$ 300.20	70-74	\$ 319.70	\$ 323.00	\$ 639.40	\$ 642.80
75	\$ 179.50	\$ 181.20	\$ 359.00	\$ 360.70	75	\$ 164.10	\$ 165.60	\$ 328.10	\$ 329.60	75	\$ 343.60	\$ 346.80	\$ 687.10	\$ 690.30
\$40,000 Lump Sum Option														
Cancer Only					Heart/Stroke Only					Cancer and Heart/Stroke				
Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 49.30	\$ 51.20	\$ 98.80	\$ 100.50	18-39	\$ 42.80	\$ 44.50	\$ 85.90	\$ 87.40	18-39	\$ 92.10	\$ 95.70	\$ 184.70	\$ 187.90
40-44	\$ 69.70	\$ 71.40	\$ 139.40	\$ 141.10	40-44	\$ 63.10	\$ 64.60	\$ 126.10	\$ 127.70	40-44	\$ 132.80	\$ 136.00	\$ 265.50	\$ 268.80
45-49	\$ 94.20	\$ 95.90	\$ 188.40	\$ 190.20	45-49	\$ 86.00	\$ 87.60	\$ 171.90	\$ 173.60	45-49	\$ 180.20	\$ 183.50	\$ 360.30	\$ 363.80
50-54	\$ 121.90	\$ 123.60	\$ 243.80	\$ 245.50	50-54	\$ 110.50	\$ 112.00	\$ 221.00	\$ 222.50	50-54	\$ 232.40	\$ 235.60	\$ 464.80	\$ 468.00
55-59	\$ 152.30	\$ 154.00	\$ 304.60	\$ 306.50	55-59	\$ 133.80	\$ 135.30	\$ 267.60	\$ 269.10	55-59	\$ 286.10	\$ 289.30	\$ 572.20	\$ 575.60
60-64	\$ 184.30	\$ 186.00	\$ 368.40	\$ 370.10	60-64	\$ 157.10	\$ 158.60	\$ 314.20	\$ 315.70	60-64	\$ 341.40	\$ 344.60	\$ 682.60	\$ 685.80
65-69	\$ 206.00	\$ 207.90	\$ 412.30	\$ 414.00	65-69	\$ 174.80	\$ 176.30	\$ 349.50	\$ 351.10	65-69	\$ 380.80	\$ 384.20	\$ 761.80	\$ 765.10
70-74	\$ 224.20	\$ 226.10	\$ 448.60	\$ 450.30	70-74	\$ 197.00	\$ 198.60	\$ 394.10	\$ 395.60	70-74	\$ 421.20	\$ 424.70	\$ 842.70	\$ 845.90
75	\$ 235.80	\$ 237.70	\$ 471.80	\$ 473.50	75	\$ 216.20	\$ 217.80	\$ 432.50	\$ 434.00	75	\$ 452.00	\$ 455.50	\$ 904.30	\$ 907.50
\$50,000 Lump Sum Option														
Cancer Only					Heart/Stroke Only					Cancer and Heart/Stroke				
Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 61.40	\$ 63.10	\$ 122.60	\$ 124.30	18-39	\$ 53.40	\$ 54.90	\$ 106.80	\$ 108.60	18-39	\$ 114.80	\$ 118.00	\$ 229.40	\$ 232.80
40-44	\$ 86.50	\$ 88.20	\$ 173.10	\$ 174.80	40-44	\$ 78.40	\$ 80.10	\$ 156.90	\$ 158.40	40-44	\$ 164.90	\$ 168.30	\$ 330.00	\$ 333.20
45-49	\$ 117.00	\$ 118.70	\$ 233.90	\$ 235.60	45-49	\$ 106.90	\$ 108.60	\$ 214.00	\$ 215.60	45-49	\$ 223.90	\$ 227.30	\$ 447.90	\$ 451.20
50-54	\$ 151.30	\$ 153.00	\$ 302.60	\$ 304.30	50-54	\$ 137.50	\$ 139.10	\$ 274.90	\$ 276.40	50-54	\$ 288.80	\$ 292.10	\$ 577.50	\$ 580.70
55-59	\$ 189.00	\$ 190.90	\$ 378.30	\$ 380.00	55-59	\$ 166.40	\$ 168.00	\$ 332.70	\$ 334.20	55-59	\$ 355.40	\$ 358.90	\$ 711.00	\$ 714.20
60-64	\$ 228.70	\$ 230.40	\$ 457.30	\$ 459.00	60-64	\$ 195.20	\$ 196.90	\$ 390.50	\$ 392.00	60-64	\$ 423.90	\$ 427.30	\$ 847.80	\$ 851.20
65-69	\$ 255.90	\$ 257.60	\$ 511.70	\$ 513.40	65-69	\$ 217.10	\$ 218.60	\$ 434.20	\$ 435.90	65-69	\$ 473.00	\$ 476.20	\$ 945.90	\$ 949.30
70-74	\$ 278.30	\$ 280.00	\$ 556.40	\$ 558.30	70-74	\$ 244.60	\$ 246.20	\$ 489.30	\$ 490.80	70-74	\$ 522.90	\$ 526.20	\$ 1,045.70	\$ 1,049.10
75	\$ 292.20	\$ 293.90	\$ 584.50	\$ 586.20	75	\$ 268.40	\$ 270.00	\$ 536.90	\$ 538.40	75	\$ 560.60	\$ 563.90	\$ 1,121.40	\$ 1,124.60

**Washington National Insurance Company
Individual Critical Illness Policy Form WNIC1068**

**Monthly Premium Rates
With Return of Premium**

Non-Tobacco Users														
\$60,000 Lump Sum Option														
Cancer Only					Heart/Stroke Only					Cancer and Heart/Stroke				
Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 73.30	\$ 75.00	\$ 146.40	\$ 148.10	18-39	\$ 63.90	\$ 65.50	\$ 127.80	\$ 129.40	18-39	\$ 137.20	\$ 140.50	\$ 274.20	\$ 277.50
40-44	\$ 103.40	\$ 105.10	\$ 206.60	\$ 208.40	40-44	\$ 93.80	\$ 95.40	\$ 187.70	\$ 189.20	40-44	\$ 197.20	\$ 200.50	\$ 394.30	\$ 397.60
45-49	\$ 139.70	\$ 141.40	\$ 279.50	\$ 281.20	45-49	\$ 128.00	\$ 129.50	\$ 256.00	\$ 257.60	45-49	\$ 267.70	\$ 270.90	\$ 535.50	\$ 538.80
50-54	\$ 180.70	\$ 182.40	\$ 361.40	\$ 363.10	50-54	\$ 164.40	\$ 165.90	\$ 328.80	\$ 330.50	50-54	\$ 345.10	\$ 348.30	\$ 690.20	\$ 693.60
55-59	\$ 225.90	\$ 227.60	\$ 451.70	\$ 453.60	55-59	\$ 198.90	\$ 200.40	\$ 397.80	\$ 399.30	55-59	\$ 424.80	\$ 428.00	\$ 849.50	\$ 852.90
60-64	\$ 273.20	\$ 274.90	\$ 546.40	\$ 548.10	60-64	\$ 233.40	\$ 234.90	\$ 466.80	\$ 468.40	60-64	\$ 506.60	\$ 509.80	\$ 1,013.20	\$ 1,016.50
65-69	\$ 305.50	\$ 307.40	\$ 611.20	\$ 612.90	65-69	\$ 259.40	\$ 261.10	\$ 519.00	\$ 520.50	65-69	\$ 564.90	\$ 568.50	\$ 1,130.20	\$ 1,133.40
70-74	\$ 332.20	\$ 333.90	\$ 664.40	\$ 666.10	70-74	\$ 292.20	\$ 293.80	\$ 584.50	\$ 586.00	70-74	\$ 624.40	\$ 627.70	\$ 1,248.90	\$ 1,252.10
75	\$ 348.70	\$ 350.40	\$ 697.20	\$ 699.00	75	\$ 320.60	\$ 322.20	\$ 641.20	\$ 642.80	75	\$ 669.30	\$ 672.60	\$ 1,338.40	\$ 1,341.80
\$70,000 Lump Sum Option														
Cancer Only					Heart/Stroke Only					Cancer and Heart/Stroke				
Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 85.20	\$ 86.90	\$ 170.20	\$ 171.90	18-39	\$ 74.50	\$ 76.00	\$ 148.90	\$ 150.50	18-39	\$ 159.70	\$ 162.90	\$ 319.10	\$ 322.40
40-44	\$ 120.20	\$ 121.90	\$ 240.20	\$ 241.90	40-44	\$ 109.30	\$ 110.80	\$ 218.50	\$ 220.20	40-44	\$ 229.50	\$ 232.70	\$ 458.70	\$ 462.10
45-49	\$ 162.50	\$ 164.20	\$ 325.00	\$ 326.70	45-49	\$ 149.10	\$ 150.60	\$ 298.00	\$ 299.50	45-49	\$ 311.60	\$ 314.80	\$ 623.00	\$ 626.20
50-54	\$ 210.10	\$ 211.80	\$ 420.20	\$ 421.90	50-54	\$ 191.40	\$ 193.00	\$ 382.80	\$ 384.40	50-54	\$ 401.50	\$ 404.80	\$ 803.00	\$ 806.30
55-59	\$ 262.70	\$ 264.40	\$ 525.30	\$ 527.00	55-59	\$ 231.50	\$ 233.10	\$ 462.90	\$ 464.60	55-59	\$ 494.20	\$ 497.50	\$ 988.20	\$ 991.60
60-64	\$ 317.60	\$ 319.40	\$ 635.30	\$ 637.00	60-64	\$ 271.70	\$ 273.20	\$ 543.20	\$ 544.70	60-64	\$ 589.30	\$ 592.60	\$ 1,178.50	\$ 1,181.70
65-69	\$ 355.30	\$ 357.00	\$ 710.60	\$ 712.30	65-69	\$ 301.90	\$ 303.50	\$ 603.70	\$ 605.40	65-69	\$ 657.20	\$ 660.50	\$ 1,314.30	\$ 1,317.70
70-74	\$ 386.10	\$ 387.80	\$ 772.10	\$ 774.00	70-74	\$ 339.80	\$ 341.50	\$ 679.70	\$ 681.40	70-74	\$ 725.90	\$ 729.30	\$ 1,451.80	\$ 1,455.40
75	\$ 404.90	\$ 406.80	\$ 810.10	\$ 811.80	75	\$ 372.80	\$ 374.30	\$ 745.60	\$ 747.20	75	\$ 777.70	\$ 781.10	\$ 1,555.70	\$ 1,559.00
\$80,000 Lump Sum Option														
Cancer Only					Heart/Stroke Only					Cancer and Heart/Stroke				
Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 97.10	\$ 98.80	\$ 194.00	\$ 195.80	18-39	\$ 85.00	\$ 86.50	\$ 169.80	\$ 171.40	18-39	\$ 182.10	\$ 185.30	\$ 363.80	\$ 367.20
40-44	\$ 136.90	\$ 138.70	\$ 273.90	\$ 275.60	40-44	\$ 124.60	\$ 126.30	\$ 249.40	\$ 250.90	40-44	\$ 261.50	\$ 265.00	\$ 523.30	\$ 526.50
45-49	\$ 185.30	\$ 187.00	\$ 370.40	\$ 372.20	45-49	\$ 170.00	\$ 171.50	\$ 340.00	\$ 341.70	45-49	\$ 355.30	\$ 358.50	\$ 710.40	\$ 714.00
50-54	\$ 239.50	\$ 241.20	\$ 479.10	\$ 480.80	50-54	\$ 218.30	\$ 220.00	\$ 436.70	\$ 438.30	50-54	\$ 457.80	\$ 461.20	\$ 915.80	\$ 919.10
55-59	\$ 299.40	\$ 301.20	\$ 598.90	\$ 600.60	55-59	\$ 264.00	\$ 265.70	\$ 528.00	\$ 529.70	55-59	\$ 563.40	\$ 566.90	\$ 1,126.90	\$ 1,130.30
60-64	\$ 362.10	\$ 363.80	\$ 724.20	\$ 725.90	60-64	\$ 309.70	\$ 311.30	\$ 619.50	\$ 621.00	60-64	\$ 671.80	\$ 675.10	\$ 1,343.70	\$ 1,346.90
65-69	\$ 404.90	\$ 406.80	\$ 810.10	\$ 811.80	65-69	\$ 344.30	\$ 345.80	\$ 688.50	\$ 690.00	65-69	\$ 749.20	\$ 752.60	\$ 1,498.60	\$ 1,501.80
70-74	\$ 440.00	\$ 441.80	\$ 880.10	\$ 881.80	70-74	\$ 387.40	\$ 389.10	\$ 775.00	\$ 776.60	70-74	\$ 827.40	\$ 830.90	\$ 1,655.10	\$ 1,658.40
75	\$ 461.40	\$ 463.10	\$ 922.80	\$ 924.50	75	\$ 425.00	\$ 426.50	\$ 850.00	\$ 851.50	75	\$ 886.40	\$ 889.60	\$ 1,772.80	\$ 1,776.00
\$90,000 Lump Sum Option														
Cancer Only					Heart/Stroke Only					Cancer and Heart/Stroke				
Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 109.00	\$ 110.70	\$ 217.80	\$ 219.60	18-39	\$ 95.40	\$ 97.10	\$ 190.90	\$ 192.40	18-39	\$ 204.40	\$ 207.80	\$ 408.70	\$ 412.00
40-44	\$ 153.70	\$ 155.60	\$ 307.50	\$ 309.20	40-44	\$ 140.10	\$ 141.60	\$ 280.20	\$ 281.70	40-44	\$ 293.80	\$ 297.20	\$ 587.70	\$ 590.90
45-49	\$ 208.10	\$ 209.80	\$ 416.00	\$ 417.90	45-49	\$ 191.10	\$ 192.60	\$ 382.00	\$ 383.70	45-49	\$ 399.20	\$ 402.40	\$ 798.00	\$ 801.60
50-54	\$ 268.90	\$ 270.60	\$ 537.90	\$ 539.60	50-54	\$ 245.30	\$ 246.80	\$ 490.60	\$ 492.20	50-54	\$ 514.20	\$ 517.40	\$ 1,028.50	\$ 1,031.80
55-59	\$ 336.30	\$ 338.00	\$ 672.40	\$ 674.20	55-59	\$ 296.70	\$ 298.20	\$ 593.30	\$ 594.80	55-59	\$ 633.00	\$ 636.20	\$ 1,265.70	\$ 1,269.00
60-64	\$ 406.60	\$ 408.30	\$ 813.10	\$ 815.00	60-64	\$ 348.00	\$ 349.50	\$ 695.80	\$ 697.30	60-64	\$ 754.60	\$ 757.80	\$ 1,508.90	\$ 1,512.30
65-69	\$ 454.80	\$ 456.50	\$ 909.50	\$ 911.20	65-69	\$ 386.60	\$ 388.30	\$ 773.20	\$ 774.90	65-69	\$ 841.40	\$ 844.80	\$ 1,682.70	\$ 1,686.10
70-74	\$ 494.00	\$ 495.70	\$ 987.90	\$ 989.70	70-74	\$ 435.20	\$ 436.70	\$ 870.20	\$ 871.80	70-74	\$ 929.20	\$ 932.40	\$ 1,858.10	\$ 1,861.50
75	\$ 517.80	\$ 519.50	\$ 1,035.50	\$ 1,037.30	75	\$ 477.20	\$ 478.70	\$ 954.40	\$ 955.90	75	\$ 995.00	\$ 998.20	\$ 1,989.90	\$ 1,993.20
\$100,000 Lump Sum Option														
Cancer Only					Heart/Stroke Only					Cancer and Heart/Stroke				
Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 120.90	\$ 122.60	\$ 241.60	\$ 243.40	18-39	\$ 105.90	\$ 107.40	\$ 211.80	\$ 213.50	18-39	\$ 226.80	\$ 230.00	\$ 453.40	\$ 456.90
40-44	\$ 170.50	\$ 172.40	\$ 341.00	\$ 342.90	40-44	\$ 155.60	\$ 157.10	\$ 310.90	\$ 312.60	40-44	\$ 326.10	\$ 329.50	\$ 651.90	\$ 655.50
45-49	\$ 230.90	\$ 232.60	\$ 461.60	\$ 463.30	45-49	\$ 212.00	\$ 213.70	\$ 424.20	\$ 425.70	45-49	\$ 442.90	\$ 446.30	\$ 885.80	\$ 889.00
50-54	\$ 298.40	\$ 300.10	\$ 596.70	\$ 598.60	50-54	\$ 272.30	\$ 273.90	\$ 544.50	\$ 546.20	50-54	\$ 570.70	\$ 574.00	\$ 1,141.20	\$ 1,144.80
55-59	\$ 373.00	\$ 374.70	\$ 746.00	\$ 747.70	55-59	\$ 329.10	\$ 330.80	\$ 658.40	\$ 659.90	55-59	\$ 702.10	\$ 705.50	\$ 1,404.40	\$ 1,407.60
60-64	\$ 451.00	\$ 452.90	\$ 902.20	\$ 903.90	60-64	\$ 386.10	\$ 387.60	\$ 772.10	\$ 773.80	60-64	\$ 837.10	\$ 840.50	\$ 1,674.30	\$ 1,677.70
65-69	\$ 504.40	\$ 506.30	\$ 1,009.00	\$ 1,010.70	65-69	\$ 429.10	\$ 430.60	\$ 858.00	\$ 859.50	65-69	\$ 933.50	\$ 936.90	\$ 1,867.00	\$ 1,870.20
70-74	\$ 547.90	\$ 549.60	\$ 1,095.80	\$ 1,097.50	70-74	\$ 482.80	\$ 484.30	\$ 965.40	\$ 967.10	70-74	\$ 1,030.70	\$ 1,033.90	\$ 2,061.20	\$ 2,064.60
75	\$ 574.10	\$ 576.00	\$ 1,148.40	\$ 1,150.10	75	\$ 529.40	\$ 530.90	\$ 1,058.60	\$ 1,060.30	75	\$ 1,103.50	\$ 1,106.90	\$ 2,207.00	\$ 2,210.40

**Washington National Insurance Company
Individual Critical Illness Policy Form WNIC1068**

**Monthly Premium Rates
With Return of Premium**

Tobacco Users														
\$5,000 Lump Sum Option														
Cancer Only					Heart/Stroke Only					Cancer and Heart/Stroke				
Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 11.10	\$ 12.10	\$ 22.10	\$ 23.10	18-39	\$ 10.00	\$ 11.10	\$ 19.90	\$ 21.10	18-39	\$ 21.10	\$ 23.20	\$ 42.00	\$ 44.20
40-44	\$ 15.60	\$ 16.70	\$ 31.10	\$ 32.30	40-44	\$ 14.80	\$ 15.80	\$ 29.40	\$ 30.40	40-44	\$ 30.40	\$ 32.50	\$ 60.50	\$ 62.70
45-49	\$ 20.90	\$ 21.90	\$ 41.70	\$ 42.70	45-49	\$ 20.20	\$ 21.40	\$ 40.60	\$ 41.70	45-49	\$ 41.10	\$ 43.30	\$ 82.30	\$ 84.40
50-54	\$ 27.20	\$ 28.20	\$ 54.20	\$ 55.30	50-54	\$ 26.40	\$ 27.40	\$ 52.50	\$ 53.60	50-54	\$ 53.60	\$ 55.60	\$ 106.70	\$ 108.90
55-59	\$ 33.80	\$ 34.90	\$ 67.70	\$ 68.70	55-59	\$ 32.30	\$ 33.30	\$ 64.40	\$ 65.50	55-59	\$ 66.10	\$ 68.20	\$ 132.10	\$ 134.20
60-64	\$ 41.00	\$ 42.00	\$ 81.90	\$ 83.00	60-64	\$ 38.60	\$ 39.60	\$ 77.00	\$ 78.00	60-64	\$ 79.60	\$ 81.60	\$ 158.90	\$ 161.00
65-69	\$ 46.10	\$ 47.10	\$ 92.10	\$ 93.20	65-69	\$ 43.50	\$ 44.70	\$ 87.20	\$ 88.20	65-69	\$ 89.60	\$ 91.80	\$ 179.30	\$ 181.40
70-74	\$ 50.80	\$ 51.90	\$ 101.50	\$ 102.70	70-74	\$ 49.30	\$ 50.50	\$ 98.80	\$ 99.80	70-74	\$ 100.10	\$ 102.40	\$ 200.30	\$ 202.50
75	\$ 55.30	\$ 56.40	\$ 110.70	\$ 111.70	75	\$ 54.10	\$ 55.10	\$ 108.30	\$ 109.30	75	\$ 109.40	\$ 111.50	\$ 219.00	\$ 221.00

\$10,000 Lump Sum Option														
Cancer Only					Heart/Stroke Only					Cancer and Heart/Stroke				
Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 19.90	\$ 21.80	\$ 40.00	\$ 41.70	18-39	\$ 18.50	\$ 20.10	\$ 37.10	\$ 38.80	18-39	\$ 38.40	\$ 41.90	\$ 77.10	\$ 80.50
40-44	\$ 28.20	\$ 29.90	\$ 56.40	\$ 58.10	40-44	\$ 27.50	\$ 29.10	\$ 54.90	\$ 56.60	40-44	\$ 55.70	\$ 59.00	\$ 111.30	\$ 114.70
45-49	\$ 37.60	\$ 39.40	\$ 75.30	\$ 77.00	45-49	\$ 37.70	\$ 39.40	\$ 75.70	\$ 77.20	45-49	\$ 75.30	\$ 78.80	\$ 151.00	\$ 154.20
50-54	\$ 48.80	\$ 50.70	\$ 97.80	\$ 99.50	50-54	\$ 48.50	\$ 50.20	\$ 97.10	\$ 98.60	50-54	\$ 97.30	\$ 100.90	\$ 194.90	\$ 198.10
55-59	\$ 60.90	\$ 62.70	\$ 121.90	\$ 123.60	55-59	\$ 59.30	\$ 60.90	\$ 118.70	\$ 120.40	55-59	\$ 120.20	\$ 123.60	\$ 240.60	\$ 244.00
60-64	\$ 73.80	\$ 75.50	\$ 147.40	\$ 149.30	60-64	\$ 70.60	\$ 72.10	\$ 141.10	\$ 142.60	60-64	\$ 144.40	\$ 147.60	\$ 288.50	\$ 291.90
65-69	\$ 82.80	\$ 84.50	\$ 165.60	\$ 167.50	65-69	\$ 79.60	\$ 81.10	\$ 159.00	\$ 160.70	65-69	\$ 162.40	\$ 165.60	\$ 324.60	\$ 328.20
70-74	\$ 90.60	\$ 92.30	\$ 181.10	\$ 182.80	70-74	\$ 89.30	\$ 91.00	\$ 178.70	\$ 180.20	70-74	\$ 179.90	\$ 183.30	\$ 359.80	\$ 363.00
75	\$ 97.10	\$ 98.80	\$ 194.00	\$ 195.80	75	\$ 97.20	\$ 98.80	\$ 194.30	\$ 196.00	75	\$ 194.30	\$ 197.60	\$ 388.30	\$ 391.80

\$20,000 Lump Sum Option														
Cancer Only					Heart/Stroke Only					Cancer and Heart/Stroke				
Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 37.70	\$ 39.60	\$ 75.70	\$ 77.40	18-39	\$ 35.70	\$ 37.20	\$ 71.40	\$ 73.10	18-39	\$ 73.40	\$ 78.80	\$ 147.10	\$ 150.50
40-44	\$ 53.40	\$ 55.10	\$ 106.80	\$ 108.60	40-44	\$ 53.00	\$ 54.60	\$ 106.10	\$ 107.60	40-44	\$ 106.40	\$ 109.70	\$ 212.90	\$ 216.20
45-49	\$ 71.20	\$ 73.10	\$ 142.50	\$ 144.30	45-49	\$ 72.80	\$ 74.50	\$ 145.70	\$ 147.20	45-49	\$ 144.00	\$ 147.60	\$ 288.20	\$ 291.50
50-54	\$ 92.30	\$ 94.00	\$ 184.60	\$ 186.30	50-54	\$ 93.00	\$ 94.50	\$ 186.00	\$ 187.50	50-54	\$ 185.30	\$ 188.50	\$ 370.60	\$ 373.80
55-59	\$ 115.30	\$ 117.00	\$ 230.40	\$ 232.20	55-59	\$ 113.60	\$ 115.30	\$ 227.30	\$ 228.80	55-59	\$ 228.90	\$ 232.30	\$ 457.70	\$ 461.00
60-64	\$ 139.20	\$ 140.90	\$ 278.50	\$ 280.20	60-64	\$ 134.60	\$ 136.20	\$ 269.30	\$ 270.80	60-64	\$ 273.80	\$ 277.10	\$ 547.80	\$ 551.00
65-69	\$ 156.40	\$ 158.10	\$ 312.80	\$ 314.50	65-69	\$ 151.30	\$ 152.80	\$ 302.60	\$ 304.10	65-69	\$ 307.70	\$ 310.90	\$ 615.40	\$ 618.60
70-74	\$ 170.00	\$ 171.70	\$ 340.00	\$ 341.90	70-74	\$ 169.20	\$ 170.70	\$ 338.30	\$ 339.80	70-74	\$ 339.20	\$ 342.40	\$ 678.30	\$ 681.70
75	\$ 180.40	\$ 182.10	\$ 360.70	\$ 362.40	75	\$ 183.30	\$ 185.00	\$ 366.70	\$ 368.20	75	\$ 363.70	\$ 367.10	\$ 727.40	\$ 730.60

\$30,000 Lump Sum Option														
Cancer Only					Heart/Stroke Only					Cancer and Heart/Stroke				
Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 55.80	\$ 57.50	\$ 111.40	\$ 113.10	18-39	\$ 52.90	\$ 54.40	\$ 105.70	\$ 107.30	18-39	\$ 108.70	\$ 111.90	\$ 217.10	\$ 220.40
40-44	\$ 78.50	\$ 80.40	\$ 157.30	\$ 159.00	40-44	\$ 78.50	\$ 80.20	\$ 157.30	\$ 158.80	40-44	\$ 157.00	\$ 160.60	\$ 314.60	\$ 317.80
45-49	\$ 104.90	\$ 106.60	\$ 209.80	\$ 211.50	45-49	\$ 107.80	\$ 109.50	\$ 215.70	\$ 217.30	45-49	\$ 212.70	\$ 216.10	\$ 425.50	\$ 428.80
50-54	\$ 135.70	\$ 137.50	\$ 271.50	\$ 273.20	50-54	\$ 137.50	\$ 139.10	\$ 274.90	\$ 276.40	50-54	\$ 273.20	\$ 276.60	\$ 546.40	\$ 549.60
55-59	\$ 169.50	\$ 171.20	\$ 339.00	\$ 340.70	55-59	\$ 168.00	\$ 169.50	\$ 335.90	\$ 337.50	55-59	\$ 337.50	\$ 340.70	\$ 674.90	\$ 678.20
60-64	\$ 204.70	\$ 206.40	\$ 409.40	\$ 411.10	60-64	\$ 198.70	\$ 200.30	\$ 397.50	\$ 399.00	60-64	\$ 403.40	\$ 406.70	\$ 806.90	\$ 810.10
65-69	\$ 229.80	\$ 231.70	\$ 459.90	\$ 461.60	65-69	\$ 223.00	\$ 224.60	\$ 446.10	\$ 447.80	65-69	\$ 452.80	\$ 456.30	\$ 906.00	\$ 909.40
70-74	\$ 249.60	\$ 251.30	\$ 499.10	\$ 500.80	70-74	\$ 249.10	\$ 250.60	\$ 497.90	\$ 499.60	70-74	\$ 498.70	\$ 501.90	\$ 997.00	\$ 1,000.40
75	\$ 263.70	\$ 265.40	\$ 527.30	\$ 529.20	75	\$ 269.50	\$ 271.00	\$ 538.90	\$ 540.60	75	\$ 533.20	\$ 536.40	\$ 1,066.20	\$ 1,069.80

\$40,000 Lump Sum Option														
Cancer Only					Heart/Stroke Only					Cancer and Heart/Stroke				
Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 73.60	\$ 75.30	\$ 147.10	\$ 148.90	18-39	\$ 70.00	\$ 71.60	\$ 140.10	\$ 141.60	18-39	\$ 143.60	\$ 146.90	\$ 287.20	\$ 290.50
40-44	\$ 103.90	\$ 105.60	\$ 207.70	\$ 209.40	40-44	\$ 104.20	\$ 105.70	\$ 208.40	\$ 210.00	40-44	\$ 208.10	\$ 211.30	\$ 416.10	\$ 419.40
45-49	\$ 138.60	\$ 140.30	\$ 276.90	\$ 278.60	45-49	\$ 142.80	\$ 144.50	\$ 285.80	\$ 287.30	45-49	\$ 281.40	\$ 284.80	\$ 562.70	\$ 566.10
50-54	\$ 179.20	\$ 180.90	\$ 358.20	\$ 360.10	50-54	\$ 181.90	\$ 183.40	\$ 363.80	\$ 365.50	50-54	\$ 361.10	\$ 364.30	\$ 722.00	\$ 725.60
55-59	\$ 223.70	\$ 225.60	\$ 447.60	\$ 449.30	55-59	\$ 222.20	\$ 223.70	\$ 444.40	\$ 445.90	55-59	\$ 445.90	\$ 449.30	\$ 892.00	\$ 895.20
60-64	\$ 270.10	\$ 272.00	\$ 540.40	\$ 542.10	60-64	\$ 262.80	\$ 264.40	\$ 525.60	\$ 527.20	60-64	\$ 532.90	\$ 536.40	\$ 1,066.00	\$ 1,069.30
65-69	\$ 303.50	\$ 305.20	\$ 606.90	\$ 608.60	65-69	\$ 295.00	\$ 296.50	\$ 589.70	\$ 591.30	65-69	\$ 598.50	\$ 601.70	\$ 1,196.60	\$ 1,199.90
70-74	\$ 329.00	\$ 330.80	\$ 658.10	\$ 659.80	70-74	\$ 328.80	\$ 330.50	\$ 657.70	\$ 659.30	70-74	\$ 657.80	\$ 661.30	\$ 1,315.80	\$ 1,319.10
75	\$ 347.00	\$ 348.80	\$ 694.10	\$ 695.80	75	\$ 355.60	\$ 357.20	\$ 711.30	\$ 712.80	75	\$ 702.60	\$ 706.00	\$ 1,405.40	\$ 1,408.60

\$50,000 Lump Sum Option														
Cancer Only					Heart/Stroke Only					Cancer and Heart/Stroke				
Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 91.50	\$ 93.20	\$ 182.80	\$ 184.60	18-39	\$ 87.20	\$ 88.70	\$ 174.40	\$ 176.00	18-39	\$ 178.70	\$ 181.90	\$ 357.20	\$ 360.60
40-44	\$ 129.00	\$ 130.70	\$ 258.10	\$ 259.90	40-44	\$ 129.70	\$ 131.40	\$ 259.40	\$ 261.10	40-44	\$ 258.70	\$ 262.10	\$ 517.50	\$ 521.00
45-49	\$ 172.00	\$ 173.90	\$ 344.30	\$ 346.00	45-49	\$ 177.80	\$ 179.50	\$ 355.80	\$ 357.30	45-49	\$ 349.80	\$ 353.40	\$ 700.10	\$ 703.30
50-54	\$ 222.50	\$ 224.20	\$ 445.10	\$ 446.90	50-54	\$ 228.00	\$ 229.00	\$ 452.90	\$ 454.40	50-54	\$ 448.90	\$ 452.20	\$ 898.00	\$ 901.30
55-59	\$ 278.10	\$ 279.80	\$ 556.10	\$ 557.90	55-59	\$ 276.40	\$ 278.10	\$ 553.00	\$ 554.50	55-59	\$ 554.50	\$ 557.90	\$ 1,109.10	\$ 1,112.40
60-64	\$ 335.80	\$ 337.50	\$ 671.30	\$ 673.00	60-64	\$ 326.90	\$ 328.40	\$ 653.80	\$ 655.40	60-64	\$ 662.70	\$ 665.90	\$ 1,325.10	\$ 1,328.40
65-69	\$ 377.10	\$ 378.80	\$ 754.00	\$ 755.70	65-69	\$ 366.70	\$ 368.20	\$ 733.40	\$ 734.90	65-69	\$ 743.80	\$ 747.00	\$ 1,487.40	\$ 1,490.60
70-74	\$ 408.50	\$ 410.20	\$ 817.00	\$ 818.70	70-74	\$ 408.70	\$ 410.20	\$ 817.40	\$ 818.90	70-74	\$ 817.20	\$ 820.40	\$ 1,634.40	\$ 1,637.60
75	\$ 430.40	\$ 432.10	\$ 860.70	\$ 862.60	75	\$ 441.80	\$ 443.40	\$ 883.50	\$ 885.20	75	\$ 872.20	\$ 875.50	\$ 1,744.20	\$ 1,747.80

**Washington National Insurance Company
Individual Critical Illness Policy Form WNIC1068**

**Monthly Premium Rates
With Return of Premium**

Tobacco Users														
\$60,000 Lump Sum Option														
Cancer Only					Heart/Stroke Only					Cancer and Heart/Stroke				
Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 109.30	\$ 111.00	\$ 218.50	\$ 220.30	18-39	\$ 104.40	\$ 105.90	\$ 208.80	\$ 210.30	18-39	\$ 213.70	\$ 216.90	\$ 427.30	\$ 430.60
40-44	\$ 154.20	\$ 156.10	\$ 308.60	\$ 310.30	40-44	\$ 155.40	\$ 156.90	\$ 310.60	\$ 312.10	40-44	\$ 309.60	\$ 313.00	\$ 619.20	\$ 622.40
45-49	\$ 205.70	\$ 207.60	\$ 411.60	\$ 413.30	45-49	\$ 212.80	\$ 214.50	\$ 425.90	\$ 427.40	45-49	\$ 418.50	\$ 422.10	\$ 837.50	\$ 840.70
50-54	\$ 266.10	\$ 267.80	\$ 531.90	\$ 533.60	50-54	\$ 270.80	\$ 272.50	\$ 541.80	\$ 543.30	50-54	\$ 536.90	\$ 540.30	\$ 1,073.70	\$ 1,076.90
55-59	\$ 332.40	\$ 334.10	\$ 664.70	\$ 666.40	55-59	\$ 330.80	\$ 332.40	\$ 661.50	\$ 663.20	55-59	\$ 663.20	\$ 666.50	\$ 1,326.20	\$ 1,329.60
60-64	\$ 401.20	\$ 402.90	\$ 802.20	\$ 804.10	60-64	\$ 391.00	\$ 392.50	\$ 782.00	\$ 783.50	60-64	\$ 792.20	\$ 795.40	\$ 1,584.20	\$ 1,587.60
65-69	\$ 450.50	\$ 452.20	\$ 901.00	\$ 902.90	65-69	\$ 438.40	\$ 440.00	\$ 876.90	\$ 878.60	65-69	\$ 888.90	\$ 892.20	\$ 1,777.90	\$ 1,781.50
70-74	\$ 488.10	\$ 489.80	\$ 976.00	\$ 977.80	70-74	\$ 488.60	\$ 490.10	\$ 977.00	\$ 978.70	70-74	\$ 976.70	\$ 979.90	\$ 1,953.00	\$ 1,956.50
75	\$ 513.70	\$ 515.40	\$ 1,027.50	\$ 1,029.20	75	\$ 527.90	\$ 529.60	\$ 1,055.90	\$ 1,057.40	75	\$ 1,041.60	\$ 1,045.00	\$ 2,083.40	\$ 2,086.60

\$70,000 Lump Sum Option														
Cancer Only					Heart/Stroke Only					Cancer and Heart/Stroke				
Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 127.20	\$ 128.90	\$ 254.30	\$ 256.00	18-39	\$ 121.60	\$ 123.10	\$ 243.10	\$ 244.60	18-39	\$ 248.80	\$ 252.00	\$ 497.40	\$ 500.60
40-44	\$ 179.50	\$ 181.20	\$ 359.00	\$ 360.70	40-44	\$ 180.90	\$ 182.40	\$ 361.80	\$ 363.30	40-44	\$ 360.40	\$ 363.60	\$ 720.80	\$ 724.00
45-49	\$ 239.40	\$ 241.10	\$ 478.70	\$ 480.40	45-49	\$ 247.90	\$ 249.60	\$ 495.90	\$ 497.40	45-49	\$ 487.30	\$ 490.70	\$ 974.60	\$ 977.80
50-54	\$ 309.40	\$ 311.10	\$ 618.80	\$ 620.50	50-54	\$ 315.40	\$ 316.90	\$ 630.70	\$ 632.20	50-54	\$ 624.80	\$ 628.00	\$ 1,249.50	\$ 1,252.70
55-59	\$ 386.60	\$ 388.50	\$ 773.20	\$ 775.00	55-59	\$ 385.10	\$ 386.60	\$ 770.10	\$ 771.60	55-59	\$ 771.70	\$ 775.10	\$ 1,543.30	\$ 1,546.60
60-64	\$ 466.70	\$ 468.40	\$ 933.30	\$ 935.00	60-64	\$ 455.10	\$ 456.60	\$ 910.20	\$ 911.70	60-64	\$ 921.80	\$ 925.00	\$ 1,843.50	\$ 1,846.70
65-69	\$ 524.10	\$ 525.80	\$ 1,048.20	\$ 1,049.90	65-69	\$ 510.20	\$ 511.90	\$ 1,020.50	\$ 1,022.00	65-69	\$ 1,034.30	\$ 1,037.70	\$ 2,068.70	\$ 2,071.90
70-74	\$ 567.50	\$ 569.30	\$ 1,134.90	\$ 1,136.80	70-74	\$ 568.30	\$ 570.00	\$ 1,136.80	\$ 1,138.30	70-74	\$ 1,135.80	\$ 1,139.30	\$ 2,271.70	\$ 2,275.10
75	\$ 597.00	\$ 598.90	\$ 1,194.30	\$ 1,196.00	75	\$ 614.00	\$ 615.60	\$ 1,228.10	\$ 1,229.80	75	\$ 1,211.00	\$ 1,214.50	\$ 2,422.40	\$ 2,425.80

\$80,000 Lump Sum Option														
Cancer Only					Heart/Stroke Only					Cancer and Heart/Stroke				
Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 145.00	\$ 146.70	\$ 290.00	\$ 291.70	18-39	\$ 138.70	\$ 140.30	\$ 277.40	\$ 279.00	18-39	\$ 283.70	\$ 287.00	\$ 567.40	\$ 570.70
40-44	\$ 204.70	\$ 206.40	\$ 409.40	\$ 411.10	40-44	\$ 206.40	\$ 208.10	\$ 412.90	\$ 414.50	40-44	\$ 411.10	\$ 414.50	\$ 822.30	\$ 825.60
45-49	\$ 273.00	\$ 274.70	\$ 546.00	\$ 547.70	45-49	\$ 282.90	\$ 284.60	\$ 565.90	\$ 567.50	45-49	\$ 559.30	\$ 562.70	\$ 1,119.00	\$ 1,122.30
50-54	\$ 352.80	\$ 354.60	\$ 705.70	\$ 707.40	50-54	\$ 359.90	\$ 361.40	\$ 719.60	\$ 721.30	50-54	\$ 712.70	\$ 716.00	\$ 1,425.30	\$ 1,428.70
55-59	\$ 441.00	\$ 442.70	\$ 881.80	\$ 883.50	55-59	\$ 439.30	\$ 441.00	\$ 878.70	\$ 880.30	55-59	\$ 883.70	\$ 887.00	\$ 1,767.50	\$ 1,770.80
60-64	\$ 532.10	\$ 533.80	\$ 1,064.20	\$ 1,066.10	60-64	\$ 519.20	\$ 520.70	\$ 1,038.40	\$ 1,039.90	60-64	\$ 1,051.30	\$ 1,054.50	\$ 2,102.60	\$ 2,106.00
65-69	\$ 597.60	\$ 599.40	\$ 1,195.30	\$ 1,197.00	65-69	\$ 582.10	\$ 583.60	\$ 1,164.00	\$ 1,165.70	65-69	\$ 1,179.70	\$ 1,183.00	\$ 2,359.30	\$ 2,362.70
70-74	\$ 647.00	\$ 648.70	\$ 1,294.00	\$ 1,295.70	70-74	\$ 648.20	\$ 649.70	\$ 1,296.40	\$ 1,298.00	70-74	\$ 1,295.20	\$ 1,298.40	\$ 2,590.40	\$ 2,593.70
75	\$ 680.50	\$ 682.20	\$ 1,360.90	\$ 1,362.60	75	\$ 700.20	\$ 701.80	\$ 1,400.50	\$ 1,402.00	75	\$ 1,380.70	\$ 1,384.00	\$ 2,761.40	\$ 2,764.60

\$90,000 Lump Sum Option														
Cancer Only					Heart/Stroke Only					Cancer and Heart/Stroke				
Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 162.90	\$ 164.60	\$ 325.70	\$ 327.40	18-39	\$ 155.90	\$ 157.40	\$ 311.60	\$ 313.30	18-39	\$ 318.80	\$ 322.00	\$ 637.30	\$ 640.70
40-44	\$ 229.80	\$ 231.70	\$ 459.90	\$ 461.60	40-44	\$ 232.10	\$ 233.60	\$ 464.10	\$ 465.60	40-44	\$ 461.90	\$ 465.30	\$ 924.00	\$ 927.20
45-49	\$ 306.70	\$ 308.40	\$ 613.20	\$ 614.90	45-49	\$ 317.90	\$ 319.60	\$ 636.00	\$ 637.50	45-49	\$ 624.60	\$ 628.00	\$ 1,249.20	\$ 1,252.40
50-54	\$ 396.30	\$ 398.00	\$ 792.50	\$ 794.20	50-54	\$ 404.30	\$ 406.00	\$ 808.70	\$ 810.20	50-54	\$ 800.60	\$ 804.00	\$ 1,601.20	\$ 1,604.40
55-59	\$ 495.20	\$ 496.90	\$ 990.40	\$ 992.10	55-59	\$ 493.70	\$ 495.20	\$ 987.20	\$ 988.70	55-59	\$ 988.90	\$ 992.10	\$ 1,977.60	\$ 1,980.80
60-64	\$ 597.60	\$ 599.40	\$ 1,195.30	\$ 1,197.00	60-64	\$ 583.30	\$ 584.80	\$ 1,166.50	\$ 1,168.10	60-64	\$ 1,180.90	\$ 1,184.20	\$ 2,361.80	\$ 2,365.10
65-69	\$ 671.20	\$ 672.90	\$ 1,342.30	\$ 1,344.00	65-69	\$ 653.80	\$ 655.40	\$ 1,307.60	\$ 1,309.20	65-69	\$ 1,325.00	\$ 1,328.30	\$ 2,649.90	\$ 2,653.20
70-74	\$ 726.40	\$ 728.30	\$ 1,453.00	\$ 1,454.70	70-74	\$ 728.10	\$ 729.60	\$ 1,456.10	\$ 1,457.80	70-74	\$ 1,454.50	\$ 1,457.90	\$ 2,909.10	\$ 2,912.50
75	\$ 763.80	\$ 765.50	\$ 1,527.60	\$ 1,529.30	75	\$ 786.40	\$ 788.00	\$ 1,572.70	\$ 1,574.40	75	\$ 1,550.20	\$ 1,553.50	\$ 3,100.30	\$ 3,103.70

\$100,000 Lump Sum Option														
Cancer Only					Heart/Stroke Only					Cancer and Heart/Stroke				
Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 180.70	\$ 182.40	\$ 361.40	\$ 363.10	18-39	\$ 173.10	\$ 174.60	\$ 346.00	\$ 347.70	18-39	\$ 353.80	\$ 357.00	\$ 707.40	\$ 710.80
40-44	\$ 255.20	\$ 256.90	\$ 510.20	\$ 512.00	40-44	\$ 257.60	\$ 259.10	\$ 515.10	\$ 516.80	40-44	\$ 512.80	\$ 516.00	\$ 1,025.30	\$ 1,028.80
45-49	\$ 340.20	\$ 342.00	\$ 680.50	\$ 682.20	45-49	\$ 352.90	\$ 354.60	\$ 706.00	\$ 707.50	45-49	\$ 693.10	\$ 696.60	\$ 1,386.50	\$ 1,389.70
50-54	\$ 439.60	\$ 441.50	\$ 879.40	\$ 881.10	50-54	\$ 448.80	\$ 450.30	\$ 897.60	\$ 899.10	50-54	\$ 888.40	\$ 891.80	\$ 1,777.00	\$ 1,780.20
55-59	\$ 549.40	\$ 551.10	\$ 1,098.90	\$ 1,100.80	55-59	\$ 547.90	\$ 549.40	\$ 1,095.80	\$ 1,097.40	55-59	\$ 1,097.30	\$ 1,100.50	\$ 2,194.70	\$ 2,198.20
60-64	\$ 663.20	\$ 664.90	\$ 1,326.20	\$ 1,328.00	60-64	\$ 647.40	\$ 648.90	\$ 1,294.70	\$ 1,296.30	60-64	\$ 1,310.60	\$ 1,313.80	\$ 2,620.90	\$ 2,624.30
65-69	\$ 744.80	\$ 746.50	\$ 1,489.40	\$ 1,491.10	65-69	\$ 725.60	\$ 727.30	\$ 1,451.30	\$ 1,452.80	65-69	\$ 1,470.40	\$ 1,473.80	\$ 2,940.70	\$ 2,943.90
70-74	\$ 806.00	\$ 807.70	\$ 1,611.90	\$ 1,613.60	70-74	\$ 807.80	\$ 809.50	\$ 1,615.90	\$ 1,617.40	70-74	\$ 1,613.80	\$ 1,617.20	\$ 3,227.80	\$ 3,231.00
75	\$ 847.10	\$ 848.80	\$ 1,694.20	\$ 1,696.10	75	\$ 872.40	\$ 874.10	\$ 1,745.10	\$ 1,746.60	75	\$ 1,719.50	\$ 1,722.90	\$ 3,439.30	\$ 3,442.70

**Washington National Insurance Company
Individual Critical Illness Policy Form WNIC1068**

**Monthly Premium Rates
With Cash Value**

Non-Tobacco Users														
\$5,000 Lump Sum Option														
Cancer Only					Heart/Stroke Only					Cancer and Heart/Stroke				
Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 7.70	\$ 8.80	\$ 15.50	\$ 16.50	18-39	\$ 6.10	\$ 7.10	\$ 12.20	\$ 13.30	18-39	\$ 13.80	\$ 15.90	\$ 27.70	\$ 29.80
40-44	\$ 10.90	\$ 11.90	\$ 21.80	\$ 22.80	40-44	\$ 9.20	\$ 10.20	\$ 18.20	\$ 19.20	40-44	\$ 20.10	\$ 22.10	\$ 40.00	\$ 42.00
45-49	\$ 14.50	\$ 15.60	\$ 29.10	\$ 30.10	45-49	\$ 12.40	\$ 13.40	\$ 24.80	\$ 25.80	45-49	\$ 26.90	\$ 29.00	\$ 53.90	\$ 55.90
50-54	\$ 18.90	\$ 19.90	\$ 37.70	\$ 38.90	50-54	\$ 16.20	\$ 17.20	\$ 32.30	\$ 33.30	50-54	\$ 35.10	\$ 37.10	\$ 70.00	\$ 72.20
55-59	\$ 23.60	\$ 24.70	\$ 47.30	\$ 48.30	55-59	\$ 19.70	\$ 20.90	\$ 39.60	\$ 40.60	55-59	\$ 43.30	\$ 45.60	\$ 86.90	\$ 88.90
60-64	\$ 28.60	\$ 29.60	\$ 57.10	\$ 58.10	60-64	\$ 23.50	\$ 24.50	\$ 46.90	\$ 47.90	60-64	\$ 52.10	\$ 54.10	\$ 104.00	\$ 106.00
65-69	\$ 32.00	\$ 33.20	\$ 64.10	\$ 65.10	65-69	\$ 26.50	\$ 27.50	\$ 52.90	\$ 53.90	65-69	\$ 58.50	\$ 60.70	\$ 117.00	\$ 119.00
70-74	\$ 35.50	\$ 36.60	\$ 71.10	\$ 72.10	70-74	\$ 30.30	\$ 31.30	\$ 60.50	\$ 61.70	70-74	\$ 65.80	\$ 67.90	\$ 131.60	\$ 133.80
75	\$ 38.60	\$ 39.60	\$ 77.00	\$ 78.00	75	\$ 33.70	\$ 34.70	\$ 67.30	\$ 68.30	75	\$ 72.30	\$ 74.30	\$ 144.30	\$ 146.30
\$10,000 Lump Sum Option														
Cancer Only					Heart/Stroke Only					Cancer and Heart/Stroke				
Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 13.60	\$ 15.50	\$ 27.40	\$ 29.10	18-39	\$ 11.40	\$ 12.90	\$ 22.80	\$ 24.30	18-39	\$ 25.00	\$ 28.40	\$ 50.20	\$ 53.40
40-44	\$ 19.20	\$ 21.10	\$ 38.60	\$ 40.30	40-44	\$ 16.80	\$ 18.40	\$ 33.70	\$ 35.20	40-44	\$ 36.00	\$ 39.50	\$ 72.30	\$ 75.50
45-49	\$ 25.80	\$ 27.70	\$ 51.90	\$ 53.60	45-49	\$ 23.00	\$ 24.50	\$ 45.90	\$ 47.40	45-49	\$ 48.80	\$ 52.20	\$ 97.80	\$ 101.00
50-54	\$ 33.70	\$ 35.40	\$ 67.30	\$ 69.00	50-54	\$ 29.60	\$ 31.10	\$ 59.20	\$ 60.70	50-54	\$ 63.30	\$ 66.50	\$ 126.50	\$ 129.70
55-59	\$ 42.00	\$ 43.90	\$ 84.00	\$ 85.90	55-59	\$ 36.00	\$ 37.60	\$ 72.10	\$ 73.80	55-59	\$ 78.00	\$ 81.50	\$ 156.10	\$ 159.70
60-64	\$ 50.80	\$ 52.50	\$ 101.50	\$ 103.40	60-64	\$ 42.50	\$ 44.20	\$ 85.20	\$ 86.70	60-64	\$ 93.30	\$ 96.70	\$ 186.70	\$ 190.10
65-69	\$ 57.00	\$ 58.70	\$ 113.90	\$ 115.60	65-69	\$ 47.60	\$ 49.10	\$ 95.20	\$ 96.90	65-69	\$ 104.60	\$ 107.80	\$ 209.10	\$ 212.50
70-74	\$ 62.60	\$ 64.30	\$ 125.00	\$ 126.80	70-74	\$ 54.10	\$ 55.80	\$ 108.30	\$ 109.80	70-74	\$ 116.70	\$ 120.10	\$ 233.30	\$ 236.60
75	\$ 66.60	\$ 68.50	\$ 133.50	\$ 135.20	75	\$ 59.70	\$ 61.40	\$ 119.30	\$ 121.00	75	\$ 126.30	\$ 129.90	\$ 252.80	\$ 256.20
\$20,000 Lump Sum Option														
Cancer Only					Heart/Stroke Only					Cancer and Heart/Stroke				
Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 25.50	\$ 27.40	\$ 51.20	\$ 52.90	18-39	\$ 21.90	\$ 23.50	\$ 43.90	\$ 45.40	18-39	\$ 47.40	\$ 50.90	\$ 95.10	\$ 98.30
40-44	\$ 36.00	\$ 37.70	\$ 72.10	\$ 74.00	40-44	\$ 32.30	\$ 33.80	\$ 64.40	\$ 66.00	40-44	\$ 68.30	\$ 71.50	\$ 136.50	\$ 140.00
45-49	\$ 48.60	\$ 50.50	\$ 97.40	\$ 99.10	45-49	\$ 44.00	\$ 45.60	\$ 87.90	\$ 89.40	45-49	\$ 92.60	\$ 96.10	\$ 185.30	\$ 188.50
50-54	\$ 63.10	\$ 64.80	\$ 126.10	\$ 127.80	50-54	\$ 56.60	\$ 58.10	\$ 113.10	\$ 114.80	50-54	\$ 119.70	\$ 122.90	\$ 239.20	\$ 242.60
55-59	\$ 78.90	\$ 80.60	\$ 157.60	\$ 159.30	55-59	\$ 68.70	\$ 70.20	\$ 137.40	\$ 138.90	55-59	\$ 147.60	\$ 150.80	\$ 295.00	\$ 298.20
60-64	\$ 95.20	\$ 97.10	\$ 190.60	\$ 192.30	60-64	\$ 80.80	\$ 82.30	\$ 161.50	\$ 163.00	60-64	\$ 176.00	\$ 179.40	\$ 352.10	\$ 355.30
65-69	\$ 106.60	\$ 108.50	\$ 213.40	\$ 215.10	65-69	\$ 89.90	\$ 91.60	\$ 180.00	\$ 181.60	65-69	\$ 196.50	\$ 200.10	\$ 393.40	\$ 396.70
70-74	\$ 116.50	\$ 118.20	\$ 232.90	\$ 234.60	70-74	\$ 101.70	\$ 103.40	\$ 203.50	\$ 205.00	70-74	\$ 218.20	\$ 221.60	\$ 436.40	\$ 439.60
75	\$ 123.10	\$ 124.80	\$ 246.20	\$ 247.90	75	\$ 111.90	\$ 113.40	\$ 223.70	\$ 225.40	75	\$ 235.00	\$ 238.20	\$ 469.90	\$ 473.30
\$30,000 Lump Sum Option														
Cancer Only					Heart/Stroke Only					Cancer and Heart/Stroke				
Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 37.40	\$ 39.30	\$ 75.00	\$ 76.70	18-39	\$ 32.50	\$ 34.00	\$ 64.80	\$ 66.30	18-39	\$ 69.90	\$ 73.30	\$ 139.80	\$ 143.00
40-44	\$ 52.90	\$ 54.60	\$ 105.70	\$ 107.40	40-44	\$ 47.60	\$ 49.10	\$ 95.20	\$ 96.90	40-44	\$ 100.50	\$ 103.70	\$ 200.90	\$ 204.30
45-49	\$ 71.40	\$ 73.30	\$ 142.80	\$ 144.70	45-49	\$ 64.90	\$ 66.50	\$ 129.90	\$ 131.60	45-49	\$ 136.30	\$ 139.80	\$ 272.70	\$ 276.30
50-54	\$ 92.50	\$ 94.20	\$ 185.00	\$ 186.70	50-54	\$ 83.50	\$ 85.20	\$ 167.10	\$ 168.60	50-54	\$ 176.00	\$ 179.40	\$ 352.10	\$ 355.30
55-59	\$ 115.60	\$ 117.30	\$ 231.20	\$ 232.90	55-59	\$ 101.20	\$ 102.90	\$ 202.50	\$ 204.00	55-59	\$ 216.80	\$ 220.20	\$ 433.70	\$ 436.90
60-64	\$ 139.70	\$ 141.40	\$ 279.50	\$ 281.20	60-64	\$ 118.80	\$ 120.50	\$ 237.80	\$ 239.40	60-64	\$ 258.50	\$ 261.90	\$ 517.30	\$ 520.60
65-69	\$ 156.40	\$ 158.10	\$ 312.80	\$ 314.50	65-69	\$ 132.40	\$ 134.00	\$ 264.70	\$ 266.40	65-69	\$ 288.80	\$ 292.10	\$ 577.50	\$ 580.90
70-74	\$ 170.30	\$ 172.00	\$ 340.70	\$ 342.60	70-74	\$ 149.40	\$ 151.00	\$ 298.70	\$ 300.20	70-74	\$ 319.70	\$ 323.00	\$ 639.40	\$ 642.80
75	\$ 179.50	\$ 181.20	\$ 359.00	\$ 360.70	75	\$ 164.10	\$ 165.60	\$ 328.10	\$ 329.60	75	\$ 343.60	\$ 346.80	\$ 687.10	\$ 690.30
\$40,000 Lump Sum Option														
Cancer Only					Heart/Stroke Only					Cancer and Heart/Stroke				
Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 49.30	\$ 51.20	\$ 98.80	\$ 100.50	18-39	\$ 42.80	\$ 44.50	\$ 85.90	\$ 87.40	18-39	\$ 92.10	\$ 95.70	\$ 184.70	\$ 187.90
40-44	\$ 69.70	\$ 71.40	\$ 139.40	\$ 141.10	40-44	\$ 63.10	\$ 64.60	\$ 126.10	\$ 127.70	40-44	\$ 132.80	\$ 136.00	\$ 265.50	\$ 268.80
45-49	\$ 94.20	\$ 95.90	\$ 188.40	\$ 190.20	45-49	\$ 86.00	\$ 87.60	\$ 171.90	\$ 173.60	45-49	\$ 180.20	\$ 183.50	\$ 360.30	\$ 363.80
50-54	\$ 121.90	\$ 123.60	\$ 243.80	\$ 245.50	50-54	\$ 110.50	\$ 112.00	\$ 221.00	\$ 222.50	50-54	\$ 232.40	\$ 235.60	\$ 464.80	\$ 468.00
55-59	\$ 152.30	\$ 154.00	\$ 304.60	\$ 306.50	55-59	\$ 133.80	\$ 135.30	\$ 267.60	\$ 269.10	55-59	\$ 286.10	\$ 289.30	\$ 572.20	\$ 575.60
60-64	\$ 184.30	\$ 186.00	\$ 368.40	\$ 370.10	60-64	\$ 157.10	\$ 158.60	\$ 314.20	\$ 315.70	60-64	\$ 341.40	\$ 344.60	\$ 682.60	\$ 685.80
65-69	\$ 206.00	\$ 207.90	\$ 412.30	\$ 414.00	65-69	\$ 174.80	\$ 176.30	\$ 349.50	\$ 351.10	65-69	\$ 380.80	\$ 384.20	\$ 761.80	\$ 765.10
70-74	\$ 224.20	\$ 226.10	\$ 448.60	\$ 450.30	70-74	\$ 197.00	\$ 198.60	\$ 394.10	\$ 395.60	70-74	\$ 421.20	\$ 424.70	\$ 842.70	\$ 845.90
75	\$ 235.80	\$ 237.70	\$ 471.80	\$ 473.50	75	\$ 216.20	\$ 217.80	\$ 432.50	\$ 434.00	75	\$ 452.00	\$ 455.50	\$ 904.30	\$ 907.50
\$50,000 Lump Sum Option														
Cancer Only					Heart/Stroke Only					Cancer and Heart/Stroke				
Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 61.40	\$ 63.10	\$ 122.60	\$ 124.30	18-39	\$ 53.40	\$ 54.90	\$ 106.80	\$ 108.50	18-39	\$ 114.80	\$ 118.00	\$ 229.40	\$ 232.80
40-44	\$ 86.50	\$ 88.20	\$ 173.10	\$ 174.80	40-44	\$ 78.40	\$ 80.10	\$ 156.90	\$ 158.40	40-44	\$ 164.90	\$ 168.30	\$ 330.00	\$ 333.20
45-49	\$ 117.00	\$ 118.70	\$ 233.90	\$ 235.60	45-49	\$ 106.90	\$ 108.60	\$ 214.00	\$ 215.60	45-49	\$ 223.90	\$ 227.30	\$ 447.90	\$ 451.20
50-54	\$ 151.30	\$ 153.00	\$ 302.60	\$ 304.30	50-54	\$ 137.50	\$ 139.10	\$ 274.90	\$ 276.40	50-54	\$ 288.80	\$ 292.10	\$ 577.50	\$ 580.70
55-59	\$ 189.00	\$ 190.90	\$ 378.30	\$ 380.00	55-59	\$ 166.40	\$ 168.00	\$ 334.70	\$ 336.20	55-59	\$ 355.40	\$ 358.90	\$ 711.00	\$ 714.20
60-64	\$ 228.70	\$ 230.40	\$ 457.30	\$ 459.20	60-64	\$ 195.20	\$ 196.90	\$ 390.50	\$ 392.00	60-64	\$ 423.90	\$ 427.30	\$ 847.80	\$ 851.20
65-69	\$ 255.90	\$ 257.60	\$ 511.70	\$ 513.40	65-69	\$ 217.10	\$ 218.60	\$ 434.20	\$ 435.90	65-69	\$ 473.00	\$ 476.20	\$ 945.90	\$ 949.30
70-74	\$ 278.30	\$ 280.00	\$ 556.40	\$ 558.30	70-74	\$ 244.60	\$ 246.20	\$ 489.30	\$ 490.80	70-74	\$ 522.90	\$ 526.20	\$ 1,045.70	\$ 1,049.10
75	\$ 292.20	\$ 293.90	\$ 584.50	\$ 586.20	75	\$ 268.40	\$ 270.00	\$ 536.90	\$ 538.40	75	\$ 560.60	\$ 563.90	\$ 1,121.40	\$ 1,124.60

**Washington National Insurance Company
Individual Critical Illness Policy Form WNIC1068**

**Monthly Premium Rates
With Cash Value**

Non-Tobacco Users														
\$60,000 Lump Sum Option														
Cancer Only					Heart/Stroke Only					Cancer and Heart/Stroke				
Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 73.30	\$ 75.00	\$ 146.40	\$ 148.10	18-39	\$ 63.90	\$ 65.50	\$ 127.80	\$ 129.40	18-39	\$ 137.20	\$ 140.50	\$ 274.20	\$ 277.50
40-44	\$ 103.40	\$ 105.10	\$ 206.60	\$ 208.40	40-44	\$ 93.80	\$ 95.40	\$ 187.70	\$ 189.20	40-44	\$ 197.20	\$ 200.50	\$ 394.30	\$ 397.60
45-49	\$ 139.70	\$ 141.40	\$ 279.50	\$ 281.20	45-49	\$ 128.00	\$ 129.50	\$ 256.00	\$ 257.60	45-49	\$ 267.70	\$ 270.90	\$ 535.50	\$ 538.80
50-54	\$ 180.70	\$ 182.40	\$ 361.40	\$ 363.10	50-54	\$ 164.40	\$ 165.90	\$ 328.80	\$ 330.50	50-54	\$ 345.10	\$ 348.30	\$ 690.20	\$ 693.60
55-59	\$ 225.90	\$ 227.60	\$ 451.70	\$ 453.60	55-59	\$ 198.90	\$ 200.40	\$ 397.80	\$ 399.30	55-59	\$ 424.80	\$ 428.00	\$ 849.50	\$ 852.90
60-64	\$ 273.20	\$ 274.90	\$ 546.40	\$ 548.10	60-64	\$ 233.40	\$ 234.90	\$ 466.80	\$ 468.40	60-64	\$ 506.60	\$ 509.80	\$ 1,013.20	\$ 1,016.50
65-69	\$ 305.50	\$ 307.40	\$ 611.20	\$ 612.90	65-69	\$ 259.40	\$ 261.10	\$ 519.00	\$ 520.50	65-69	\$ 564.90	\$ 568.50	\$ 1,130.20	\$ 1,133.40
70-74	\$ 332.20	\$ 333.90	\$ 664.40	\$ 666.10	70-74	\$ 292.20	\$ 293.80	\$ 584.50	\$ 586.00	70-74	\$ 624.40	\$ 627.70	\$ 1,248.90	\$ 1,252.10
75	\$ 348.70	\$ 350.40	\$ 697.20	\$ 699.00	75	\$ 320.60	\$ 322.20	\$ 641.20	\$ 642.80	75	\$ 669.30	\$ 672.60	\$ 1,338.40	\$ 1,341.80
\$70,000 Lump Sum Option														
Cancer Only					Heart/Stroke Only					Cancer and Heart/Stroke				
Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 85.20	\$ 86.90	\$ 170.20	\$ 171.90	18-39	\$ 74.50	\$ 76.00	\$ 148.90	\$ 150.50	18-39	\$ 159.70	\$ 162.90	\$ 319.10	\$ 322.40
40-44	\$ 120.20	\$ 121.90	\$ 240.20	\$ 241.90	40-44	\$ 109.30	\$ 110.80	\$ 218.50	\$ 220.20	40-44	\$ 229.50	\$ 232.70	\$ 458.70	\$ 462.10
45-49	\$ 162.50	\$ 164.20	\$ 325.00	\$ 326.70	45-49	\$ 149.10	\$ 150.60	\$ 298.00	\$ 299.50	45-49	\$ 311.60	\$ 314.80	\$ 623.00	\$ 626.20
50-54	\$ 210.10	\$ 211.80	\$ 420.20	\$ 421.90	50-54	\$ 191.40	\$ 193.00	\$ 382.80	\$ 384.40	50-54	\$ 401.50	\$ 404.80	\$ 803.00	\$ 806.30
55-59	\$ 262.70	\$ 264.40	\$ 525.30	\$ 527.00	55-59	\$ 231.50	\$ 233.10	\$ 462.90	\$ 464.60	55-59	\$ 494.20	\$ 497.50	\$ 988.20	\$ 991.60
60-64	\$ 317.60	\$ 319.40	\$ 635.30	\$ 637.00	60-64	\$ 271.70	\$ 273.20	\$ 543.20	\$ 544.70	60-64	\$ 589.30	\$ 592.60	\$ 1,178.50	\$ 1,181.70
65-69	\$ 355.30	\$ 357.00	\$ 710.60	\$ 712.30	65-69	\$ 301.90	\$ 303.50	\$ 603.70	\$ 605.40	65-69	\$ 657.20	\$ 660.50	\$ 1,314.30	\$ 1,317.70
70-74	\$ 386.10	\$ 387.80	\$ 772.10	\$ 774.00	70-74	\$ 339.80	\$ 341.50	\$ 679.70	\$ 681.40	70-74	\$ 725.90	\$ 729.30	\$ 1,451.80	\$ 1,455.40
75	\$ 404.90	\$ 406.80	\$ 810.10	\$ 811.80	75	\$ 372.80	\$ 374.30	\$ 745.60	\$ 747.20	75	\$ 777.70	\$ 781.10	\$ 1,555.70	\$ 1,559.00
\$80,000 Lump Sum Option														
Cancer Only					Heart/Stroke Only					Cancer and Heart/Stroke				
Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 97.10	\$ 98.80	\$ 194.00	\$ 195.80	18-39	\$ 85.00	\$ 86.50	\$ 169.80	\$ 171.40	18-39	\$ 182.10	\$ 185.30	\$ 363.80	\$ 367.20
40-44	\$ 136.90	\$ 138.70	\$ 273.90	\$ 275.60	40-44	\$ 124.60	\$ 126.30	\$ 249.40	\$ 250.90	40-44	\$ 261.50	\$ 265.00	\$ 523.30	\$ 526.50
45-49	\$ 185.30	\$ 187.00	\$ 370.40	\$ 372.30	45-49	\$ 170.00	\$ 171.50	\$ 340.00	\$ 341.70	45-49	\$ 355.30	\$ 358.50	\$ 710.40	\$ 714.00
50-54	\$ 239.50	\$ 241.20	\$ 479.10	\$ 480.80	50-54	\$ 218.30	\$ 220.00	\$ 436.70	\$ 438.30	50-54	\$ 457.80	\$ 461.20	\$ 915.80	\$ 919.10
55-59	\$ 299.40	\$ 301.20	\$ 598.90	\$ 600.60	55-59	\$ 264.00	\$ 265.70	\$ 528.00	\$ 529.70	55-59	\$ 563.40	\$ 566.90	\$ 1,126.90	\$ 1,130.30
60-64	\$ 362.10	\$ 363.80	\$ 724.20	\$ 725.90	60-64	\$ 309.70	\$ 311.30	\$ 619.50	\$ 621.00	60-64	\$ 671.80	\$ 675.10	\$ 1,343.70	\$ 1,346.90
65-69	\$ 404.90	\$ 406.80	\$ 810.10	\$ 811.80	65-69	\$ 344.30	\$ 345.80	\$ 688.50	\$ 690.00	65-69	\$ 749.20	\$ 752.60	\$ 1,498.60	\$ 1,501.80
70-74	\$ 440.00	\$ 441.80	\$ 880.10	\$ 881.80	70-74	\$ 387.40	\$ 389.10	\$ 775.00	\$ 776.60	70-74	\$ 827.40	\$ 830.90	\$ 1,655.10	\$ 1,658.40
75	\$ 461.40	\$ 463.10	\$ 922.80	\$ 924.50	75	\$ 425.00	\$ 426.50	\$ 850.00	\$ 851.50	75	\$ 886.40	\$ 889.60	\$ 1,772.80	\$ 1,776.00
\$90,000 Lump Sum Option														
Cancer Only					Heart/Stroke Only					Cancer and Heart/Stroke				
Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 109.00	\$ 110.70	\$ 217.80	\$ 219.60	18-39	\$ 95.40	\$ 97.10	\$ 190.90	\$ 192.40	18-39	\$ 204.40	\$ 207.80	\$ 408.70	\$ 412.00
40-44	\$ 153.70	\$ 155.60	\$ 307.50	\$ 309.20	40-44	\$ 140.10	\$ 141.60	\$ 280.20	\$ 281.70	40-44	\$ 293.80	\$ 297.20	\$ 587.70	\$ 590.90
45-49	\$ 208.10	\$ 209.80	\$ 416.00	\$ 417.90	45-49	\$ 191.10	\$ 192.60	\$ 382.00	\$ 383.70	45-49	\$ 399.20	\$ 402.40	\$ 798.00	\$ 801.60
50-54	\$ 268.90	\$ 270.60	\$ 537.90	\$ 539.60	50-54	\$ 245.30	\$ 246.80	\$ 490.60	\$ 492.20	50-54	\$ 514.20	\$ 517.40	\$ 1,028.50	\$ 1,031.80
55-59	\$ 336.30	\$ 338.00	\$ 672.40	\$ 674.20	55-59	\$ 296.70	\$ 298.20	\$ 593.30	\$ 594.80	55-59	\$ 633.00	\$ 636.20	\$ 1,265.70	\$ 1,269.00
60-64	\$ 406.60	\$ 408.30	\$ 813.10	\$ 815.00	60-64	\$ 348.00	\$ 349.50	\$ 695.80	\$ 697.30	60-64	\$ 754.60	\$ 757.80	\$ 1,508.90	\$ 1,512.30
65-69	\$ 454.80	\$ 456.50	\$ 909.50	\$ 911.20	65-69	\$ 386.60	\$ 388.30	\$ 773.20	\$ 774.90	65-69	\$ 841.40	\$ 844.80	\$ 1,682.70	\$ 1,686.10
70-74	\$ 494.00	\$ 495.70	\$ 987.90	\$ 989.70	70-74	\$ 435.20	\$ 436.70	\$ 870.20	\$ 871.80	70-74	\$ 929.20	\$ 932.40	\$ 1,858.10	\$ 1,861.50
75	\$ 517.80	\$ 519.50	\$ 1,035.50	\$ 1,037.30	75	\$ 477.20	\$ 478.70	\$ 954.40	\$ 955.90	75	\$ 995.00	\$ 998.20	\$ 1,989.90	\$ 1,993.20
\$100,000 Lump Sum Option														
Cancer Only					Heart/Stroke Only					Cancer and Heart/Stroke				
Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 120.90	\$ 122.60	\$ 241.60	\$ 243.40	18-39	\$ 105.90	\$ 107.40	\$ 211.80	\$ 213.50	18-39	\$ 226.80	\$ 230.00	\$ 453.40	\$ 456.90
40-44	\$ 170.50	\$ 172.40	\$ 341.00	\$ 342.90	40-44	\$ 155.60	\$ 157.10	\$ 310.90	\$ 312.60	40-44	\$ 326.10	\$ 329.50	\$ 651.90	\$ 655.50
45-49	\$ 230.90	\$ 232.60	\$ 461.60	\$ 463.30	45-49	\$ 212.00	\$ 213.70	\$ 424.20	\$ 425.70	45-49	\$ 442.90	\$ 446.30	\$ 885.80	\$ 889.00
50-54	\$ 298.40	\$ 300.10	\$ 596.70	\$ 598.60	50-54	\$ 272.30	\$ 273.90	\$ 544.50	\$ 546.20	50-54	\$ 570.70	\$ 574.00	\$ 1,141.20	\$ 1,144.80
55-59	\$ 373.00	\$ 374.70	\$ 746.00	\$ 747.70	55-59	\$ 329.10	\$ 330.80	\$ 658.40	\$ 659.90	55-59	\$ 702.10	\$ 705.50	\$ 1,404.40	\$ 1,407.60
60-64	\$ 451.00	\$ 452.90	\$ 902.20	\$ 903.90	60-64	\$ 386.10	\$ 387.60	\$ 772.10	\$ 773.80	60-64	\$ 837.10	\$ 840.50	\$ 1,674.30	\$ 1,677.70
65-69	\$ 504.40	\$ 506.30	\$ 1,009.00	\$ 1,010.70	65-69	\$ 429.10	\$ 430.60	\$ 858.00	\$ 859.50	65-69	\$ 933.50	\$ 936.90	\$ 1,867.00	\$ 1,870.20
70-74	\$ 547.90	\$ 549.60	\$ 1,095.80	\$ 1,097.50	70-74	\$ 482.80	\$ 484.30	\$ 965.40	\$ 967.10	70-74	\$ 1,030.70	\$ 1,033.90	\$ 2,061.20	\$ 2,064.60
75	\$ 574.10	\$ 576.00	\$ 1,148.40	\$ 1,150.10	75	\$ 529.40	\$ 530.90	\$ 1,058.60	\$ 1,060.30	75	\$ 1,103.50	\$ 1,106.90	\$ 2,207.00	\$ 2,210.40

**Washington National Insurance Company
Individual Critical Illness Policy Form WNIC1068**

**Monthly Premium Rates
With Cash Value**

Tobacco Users														
\$5,000 Lump Sum Option														
Cancer Only					Heart/Stroke Only					Cancer and Heart/Stroke				
Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 11.10	\$ 12.10	\$ 22.10	\$ 23.10	18-39	\$ 10.00	\$ 11.10	\$ 19.90	\$ 21.10	18-39	\$ 21.10	\$ 23.20	\$ 42.00	\$ 44.20
40-44	\$ 15.60	\$ 16.70	\$ 31.10	\$ 32.30	40-44	\$ 14.80	\$ 15.80	\$ 29.40	\$ 30.40	40-44	\$ 30.40	\$ 32.50	\$ 60.50	\$ 62.70
45-49	\$ 20.90	\$ 21.90	\$ 41.70	\$ 42.70	45-49	\$ 20.20	\$ 21.40	\$ 40.60	\$ 41.70	45-49	\$ 41.10	\$ 43.30	\$ 82.30	\$ 84.40
50-54	\$ 27.20	\$ 28.20	\$ 54.20	\$ 55.30	50-54	\$ 26.40	\$ 27.40	\$ 52.50	\$ 53.60	50-54	\$ 53.60	\$ 55.60	\$ 106.70	\$ 108.90
55-59	\$ 33.80	\$ 34.90	\$ 67.70	\$ 68.70	55-59	\$ 32.30	\$ 33.30	\$ 64.40	\$ 65.50	55-59	\$ 66.10	\$ 68.20	\$ 132.10	\$ 134.20
60-64	\$ 41.00	\$ 42.00	\$ 81.90	\$ 83.00	60-64	\$ 38.60	\$ 39.60	\$ 77.00	\$ 78.00	60-64	\$ 79.60	\$ 81.60	\$ 158.90	\$ 161.00
65-69	\$ 46.10	\$ 47.10	\$ 92.10	\$ 93.20	65-69	\$ 43.50	\$ 44.70	\$ 87.20	\$ 88.20	65-69	\$ 89.60	\$ 91.60	\$ 179.30	\$ 181.40
70-74	\$ 50.80	\$ 51.90	\$ 101.50	\$ 102.70	70-74	\$ 49.30	\$ 50.50	\$ 98.80	\$ 99.80	70-74	\$ 100.10	\$ 102.40	\$ 200.30	\$ 202.50
75	\$ 55.30	\$ 56.40	\$ 110.70	\$ 111.70	75	\$ 54.10	\$ 55.10	\$ 108.30	\$ 109.30	75	\$ 109.40	\$ 111.50	\$ 219.00	\$ 221.00
\$10,000 Lump Sum Option														
Cancer Only					Heart/Stroke Only					Cancer and Heart/Stroke				
Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 19.90	\$ 21.80	\$ 40.00	\$ 41.70	18-39	\$ 18.50	\$ 20.10	\$ 37.10	\$ 38.80	18-39	\$ 38.40	\$ 41.90	\$ 77.10	\$ 80.50
40-44	\$ 28.20	\$ 29.90	\$ 56.40	\$ 58.10	40-44	\$ 27.50	\$ 29.10	\$ 54.90	\$ 56.60	40-44	\$ 55.70	\$ 59.00	\$ 111.30	\$ 114.70
45-49	\$ 37.60	\$ 39.40	\$ 75.30	\$ 77.00	45-49	\$ 37.70	\$ 39.40	\$ 75.70	\$ 77.20	45-49	\$ 75.30	\$ 78.80	\$ 151.00	\$ 154.20
50-54	\$ 48.80	\$ 50.70	\$ 97.80	\$ 99.50	50-54	\$ 48.50	\$ 50.20	\$ 97.10	\$ 98.60	50-54	\$ 97.30	\$ 100.90	\$ 194.90	\$ 198.10
55-59	\$ 60.90	\$ 62.70	\$ 123.90	\$ 125.60	55-59	\$ 59.30	\$ 60.90	\$ 118.70	\$ 120.40	55-59	\$ 120.20	\$ 123.60	\$ 240.60	\$ 244.00
60-64	\$ 73.80	\$ 75.50	\$ 147.40	\$ 149.30	60-64	\$ 70.80	\$ 72.10	\$ 141.10	\$ 142.60	60-64	\$ 144.40	\$ 147.60	\$ 288.50	\$ 291.90
65-69	\$ 82.80	\$ 84.50	\$ 165.60	\$ 167.50	65-69	\$ 79.80	\$ 81.10	\$ 159.00	\$ 160.70	65-69	\$ 162.40	\$ 165.60	\$ 324.60	\$ 328.20
70-74	\$ 90.60	\$ 92.30	\$ 181.10	\$ 182.80	70-74	\$ 89.30	\$ 91.00	\$ 178.70	\$ 180.20	70-74	\$ 179.90	\$ 183.30	\$ 359.80	\$ 363.00
75	\$ 97.10	\$ 98.80	\$ 194.00	\$ 195.80	75	\$ 97.20	\$ 98.80	\$ 194.30	\$ 196.00	75	\$ 194.30	\$ 197.60	\$ 388.30	\$ 391.80
\$20,000 Lump Sum Option														
Cancer Only					Heart/Stroke Only					Cancer and Heart/Stroke				
Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 37.70	\$ 39.60	\$ 75.70	\$ 77.40	18-39	\$ 35.70	\$ 37.20	\$ 71.40	\$ 73.10	18-39	\$ 73.40	\$ 76.80	\$ 147.10	\$ 150.50
40-44	\$ 53.40	\$ 55.10	\$ 106.80	\$ 108.60	40-44	\$ 53.00	\$ 54.60	\$ 106.10	\$ 107.60	40-44	\$ 106.40	\$ 109.70	\$ 212.90	\$ 216.20
45-49	\$ 71.20	\$ 73.10	\$ 142.50	\$ 144.30	45-49	\$ 72.80	\$ 74.50	\$ 145.70	\$ 147.20	45-49	\$ 144.00	\$ 147.60	\$ 288.20	\$ 291.50
50-54	\$ 92.30	\$ 94.00	\$ 184.60	\$ 186.30	50-54	\$ 93.00	\$ 94.50	\$ 186.00	\$ 187.50	50-54	\$ 185.30	\$ 188.50	\$ 370.60	\$ 373.80
55-59	\$ 115.30	\$ 117.00	\$ 230.40	\$ 232.20	55-59	\$ 113.60	\$ 115.30	\$ 227.30	\$ 228.80	55-59	\$ 228.90	\$ 232.30	\$ 457.70	\$ 461.00
60-64	\$ 139.20	\$ 140.90	\$ 278.50	\$ 280.20	60-64	\$ 134.60	\$ 136.20	\$ 269.30	\$ 270.80	60-64	\$ 273.80	\$ 277.10	\$ 547.80	\$ 551.00
65-69	\$ 156.40	\$ 158.10	\$ 312.80	\$ 314.50	65-69	\$ 151.30	\$ 152.80	\$ 302.60	\$ 304.10	65-69	\$ 307.70	\$ 310.90	\$ 615.40	\$ 618.60
70-74	\$ 170.00	\$ 171.70	\$ 340.00	\$ 341.90	70-74	\$ 169.20	\$ 170.70	\$ 338.30	\$ 339.80	70-74	\$ 339.20	\$ 342.40	\$ 678.30	\$ 681.70
75	\$ 180.40	\$ 182.10	\$ 360.70	\$ 362.40	75	\$ 183.30	\$ 185.00	\$ 366.70	\$ 368.20	75	\$ 363.70	\$ 367.10	\$ 727.40	\$ 730.60
\$30,000 Lump Sum Option														
Cancer Only					Heart/Stroke Only					Cancer and Heart/Stroke				
Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 55.80	\$ 57.50	\$ 111.40	\$ 113.10	18-39	\$ 52.90	\$ 54.40	\$ 105.70	\$ 107.30	18-39	\$ 108.70	\$ 111.90	\$ 217.10	\$ 220.40
40-44	\$ 78.50	\$ 80.40	\$ 157.30	\$ 159.00	40-44	\$ 78.50	\$ 80.20	\$ 157.30	\$ 158.80	40-44	\$ 157.00	\$ 160.60	\$ 314.60	\$ 317.80
45-49	\$ 104.90	\$ 106.60	\$ 209.80	\$ 211.50	45-49	\$ 107.80	\$ 109.50	\$ 215.70	\$ 217.30	45-49	\$ 212.70	\$ 216.10	\$ 425.50	\$ 428.80
50-54	\$ 135.70	\$ 137.50	\$ 271.50	\$ 273.20	50-54	\$ 137.50	\$ 139.10	\$ 274.90	\$ 276.40	50-54	\$ 273.20	\$ 276.60	\$ 546.40	\$ 549.60
55-59	\$ 169.50	\$ 171.20	\$ 339.00	\$ 340.70	55-59	\$ 168.00	\$ 169.50	\$ 335.90	\$ 337.50	55-59	\$ 337.50	\$ 340.70	\$ 674.90	\$ 678.20
60-64	\$ 204.70	\$ 206.40	\$ 409.40	\$ 411.10	60-64	\$ 198.70	\$ 200.30	\$ 397.50	\$ 399.00	60-64	\$ 403.40	\$ 406.70	\$ 806.90	\$ 810.10
65-69	\$ 229.80	\$ 231.70	\$ 459.90	\$ 461.60	65-69	\$ 223.00	\$ 224.60	\$ 446.10	\$ 447.80	65-69	\$ 452.80	\$ 456.30	\$ 906.00	\$ 909.40
70-74	\$ 249.60	\$ 251.30	\$ 499.10	\$ 500.80	70-74	\$ 249.10	\$ 250.60	\$ 497.90	\$ 499.60	70-74	\$ 498.70	\$ 501.90	\$ 997.00	\$ 1,000.40
75	\$ 263.70	\$ 265.40	\$ 527.30	\$ 529.20	75	\$ 269.50	\$ 271.00	\$ 538.90	\$ 540.60	75	\$ 533.20	\$ 536.40	\$ 1,066.20	\$ 1,069.80
\$40,000 Lump Sum Option														
Cancer Only					Heart/Stroke Only					Cancer and Heart/Stroke				
Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 73.60	\$ 75.30	\$ 147.10	\$ 148.90	18-39	\$ 70.00	\$ 71.60	\$ 140.10	\$ 141.60	18-39	\$ 143.60	\$ 146.90	\$ 287.20	\$ 290.50
40-44	\$ 103.90	\$ 105.60	\$ 207.70	\$ 209.40	40-44	\$ 104.20	\$ 105.70	\$ 208.40	\$ 210.00	40-44	\$ 208.10	\$ 211.30	\$ 416.10	\$ 419.40
45-49	\$ 138.60	\$ 140.30	\$ 276.90	\$ 278.80	45-49	\$ 142.80	\$ 144.50	\$ 285.80	\$ 287.30	45-49	\$ 281.40	\$ 284.80	\$ 562.70	\$ 566.10
50-54	\$ 179.20	\$ 180.90	\$ 358.20	\$ 360.10	50-54	\$ 181.90	\$ 183.40	\$ 363.80	\$ 365.50	50-54	\$ 361.10	\$ 364.30	\$ 722.00	\$ 725.60
55-59	\$ 223.70	\$ 225.60	\$ 447.60	\$ 449.30	55-59	\$ 222.20	\$ 223.70	\$ 444.40	\$ 445.90	55-59	\$ 445.90	\$ 449.30	\$ 892.00	\$ 895.20
60-64	\$ 270.10	\$ 272.00	\$ 540.40	\$ 542.10	60-64	\$ 262.80	\$ 264.40	\$ 525.60	\$ 527.20	60-64	\$ 532.90	\$ 536.40	\$ 1,066.00	\$ 1,069.30
65-69	\$ 303.50	\$ 305.20	\$ 606.90	\$ 608.60	65-69	\$ 295.00	\$ 296.50	\$ 589.70	\$ 591.30	65-69	\$ 598.50	\$ 601.70	\$ 1,196.60	\$ 1,199.90
70-74	\$ 329.80	\$ 330.80	\$ 658.10	\$ 659.80	70-74	\$ 328.80	\$ 330.50	\$ 657.70	\$ 659.30	70-74	\$ 657.80	\$ 661.30	\$ 1,315.80	\$ 1,319.10
75	\$ 347.00	\$ 348.80	\$ 694.10	\$ 695.80	75	\$ 355.60	\$ 357.20	\$ 711.30	\$ 712.80	75	\$ 702.60	\$ 706.00	\$ 1,405.40	\$ 1,408.60
\$50,000 Lump Sum Option														
Cancer Only					Heart/Stroke Only					Cancer and Heart/Stroke				
Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 91.50	\$ 93.20	\$ 182.80	\$ 184.60	18-39	\$ 87.20	\$ 88.70	\$ 174.40	\$ 176.00	18-39	\$ 178.70	\$ 181.90	\$ 357.20	\$ 360.60
40-44	\$ 129.00	\$ 130.70	\$ 258.10	\$ 259.90	40-44	\$ 129.70	\$ 131.40	\$ 259.40	\$ 261.10	40-44	\$ 258.70	\$ 262.10	\$ 517.50	\$ 521.00
45-49	\$ 172.00	\$ 173.90	\$ 344.30	\$ 346.00	45-49	\$ 177.80	\$ 179.50	\$ 355.80	\$ 357.30	45-49	\$ 349.80	\$ 353.40	\$ 700.10	\$ 703.30
50-54	\$ 222.50	\$ 224.20	\$ 445.10	\$ 446.90	50-54	\$ 226.40	\$ 228.00	\$ 452.90	\$ 454.40	50-54	\$ 448.90	\$ 452.20	\$ 898.00	\$ 901.30
55-59	\$ 278.10	\$ 279.80	\$ 556.10	\$ 557.90	55-59	\$ 276.40	\$ 278.10	\$ 553.00	\$ 554.50	55-59	\$ 554.50	\$ 557.90	\$ 1,109.10	\$ 1,112.40
60-64	\$ 335.80	\$ 337.50	\$ 671.30	\$ 673.00	60-64	\$ 326.90	\$ 328.40	\$ 653.80	\$ 655.40	60-64	\$ 662.70	\$ 665.90	\$ 1,325.10	\$ 1,328.40
65-69	\$ 377.10	\$ 378.80	\$ 754.00	\$ 755.70	65-69	\$ 366.70	\$ 368.20	\$ 733.40	\$ 734.90	65-69	\$ 743.80	\$ 747.00	\$ 1,487.40	\$ 1,490.60
70-74	\$ 408.50	\$ 410.20	\$ 817.00	\$ 818.70	70-74	\$ 408.70	\$ 410.20	\$ 817.40	\$ 818.90	70-74	\$ 817.20	\$ 820.40	\$ 1,634.40	\$ 1,637.60
75	\$ 430.40	\$ 432.10	\$ 860.70	\$ 862.60	75	\$ 441.80	\$ 443.40	\$ 883.50	\$ 885.20	75	\$ 872.20	\$ 875.50	\$ 1,744.20	\$ 1,747.80

**Washington National Insurance Company
Individual Critical Illness Policy Form WNIC1068**

**Monthly Premium Rates
With Cash Value**

Tobacco Users														
\$60,000 Lump Sum Option														
Cancer Only					Heart/Stroke Only					Cancer and Heart/Stroke				
Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 109.30	\$ 111.00	\$ 218.50	\$ 220.30	18-39	\$ 104.40	\$ 105.90	\$ 208.80	\$ 210.30	18-39	\$ 213.70	\$ 216.90	\$ 427.30	\$ 430.60
40-44	\$ 154.20	\$ 156.10	\$ 308.60	\$ 310.30	40-44	\$ 155.40	\$ 156.90	\$ 310.60	\$ 312.10	40-44	\$ 309.60	\$ 313.00	\$ 619.20	\$ 622.40
45-49	\$ 205.70	\$ 207.60	\$ 411.60	\$ 413.30	45-49	\$ 212.80	\$ 214.50	\$ 425.90	\$ 427.40	45-49	\$ 418.50	\$ 422.10	\$ 837.50	\$ 840.70
50-54	\$ 266.10	\$ 267.80	\$ 531.90	\$ 533.60	50-54	\$ 270.80	\$ 272.50	\$ 541.80	\$ 543.30	50-54	\$ 536.90	\$ 540.30	\$ 1,073.70	\$ 1,076.90
55-59	\$ 332.40	\$ 334.10	\$ 664.70	\$ 666.40	55-59	\$ 330.80	\$ 332.40	\$ 661.50	\$ 663.20	55-59	\$ 663.20	\$ 666.50	\$ 1,326.20	\$ 1,329.60
60-64	\$ 401.20	\$ 402.90	\$ 802.20	\$ 804.10	60-64	\$ 391.00	\$ 392.50	\$ 782.00	\$ 783.50	60-64	\$ 792.20	\$ 795.40	\$ 1,584.20	\$ 1,587.60
65-69	\$ 450.50	\$ 452.20	\$ 901.00	\$ 902.90	65-69	\$ 438.40	\$ 440.00	\$ 876.90	\$ 878.60	65-69	\$ 888.90	\$ 892.20	\$ 1,777.90	\$ 1,781.50
70-74	\$ 488.10	\$ 489.80	\$ 976.00	\$ 977.80	70-74	\$ 488.60	\$ 490.10	\$ 977.00	\$ 978.70	70-74	\$ 976.70	\$ 979.90	\$ 1,953.00	\$ 1,956.50
75	\$ 513.70	\$ 515.40	\$ 1,027.50	\$ 1,029.20	75	\$ 527.90	\$ 529.60	\$ 1,055.90	\$ 1,057.40	75	\$ 1,041.60	\$ 1,045.00	\$ 2,083.40	\$ 2,086.60
\$70,000 Lump Sum Option														
Cancer Only					Heart/Stroke Only					Cancer and Heart/Stroke				
Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 127.20	\$ 128.90	\$ 254.30	\$ 256.00	18-39	\$ 121.60	\$ 123.10	\$ 243.10	\$ 244.60	18-39	\$ 248.80	\$ 252.00	\$ 497.40	\$ 500.60
40-44	\$ 179.50	\$ 181.20	\$ 359.00	\$ 360.70	40-44	\$ 180.90	\$ 182.40	\$ 361.80	\$ 363.30	40-44	\$ 360.40	\$ 363.60	\$ 720.80	\$ 724.00
45-49	\$ 239.40	\$ 241.10	\$ 478.70	\$ 480.40	45-49	\$ 247.90	\$ 249.60	\$ 495.90	\$ 497.40	45-49	\$ 487.30	\$ 490.70	\$ 974.60	\$ 977.80
50-54	\$ 309.40	\$ 311.10	\$ 618.80	\$ 620.50	50-54	\$ 315.40	\$ 316.90	\$ 630.70	\$ 632.20	50-54	\$ 624.80	\$ 628.00	\$ 1,249.50	\$ 1,252.70
55-59	\$ 386.60	\$ 388.50	\$ 773.20	\$ 775.00	55-59	\$ 385.10	\$ 386.60	\$ 770.10	\$ 771.60	55-59	\$ 771.70	\$ 775.10	\$ 1,543.30	\$ 1,546.60
60-64	\$ 466.70	\$ 468.40	\$ 933.30	\$ 935.00	60-64	\$ 455.10	\$ 456.60	\$ 910.20	\$ 911.70	60-64	\$ 921.80	\$ 925.00	\$ 1,843.50	\$ 1,846.70
65-69	\$ 524.10	\$ 525.80	\$ 1,048.20	\$ 1,049.90	65-69	\$ 510.20	\$ 511.90	\$ 1,020.50	\$ 1,022.00	65-69	\$ 1,034.30	\$ 1,037.70	\$ 2,068.70	\$ 2,071.90
70-74	\$ 567.50	\$ 569.30	\$ 1,134.90	\$ 1,136.60	70-74	\$ 568.30	\$ 570.00	\$ 1,136.80	\$ 1,138.30	70-74	\$ 1,135.80	\$ 1,139.30	\$ 2,271.70	\$ 2,275.10
75	\$ 597.00	\$ 598.90	\$ 1,194.30	\$ 1,196.00	75	\$ 614.00	\$ 615.60	\$ 1,228.10	\$ 1,229.80	75	\$ 1,211.00	\$ 1,214.50	\$ 2,422.40	\$ 2,425.80
\$80,000 Lump Sum Option														
Cancer Only					Heart/Stroke Only					Cancer and Heart/Stroke				
Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 145.00	\$ 146.70	\$ 290.00	\$ 291.70	18-39	\$ 138.70	\$ 140.30	\$ 277.40	\$ 279.00	18-39	\$ 283.70	\$ 287.00	\$ 567.40	\$ 570.70
40-44	\$ 204.70	\$ 206.40	\$ 409.40	\$ 411.10	40-44	\$ 206.40	\$ 208.10	\$ 412.90	\$ 414.50	40-44	\$ 411.10	\$ 414.50	\$ 822.30	\$ 825.60
45-49	\$ 273.00	\$ 274.70	\$ 546.00	\$ 547.70	45-49	\$ 282.90	\$ 284.60	\$ 565.90	\$ 567.50	45-49	\$ 555.90	\$ 559.30	\$ 1,111.90	\$ 1,115.20
50-54	\$ 352.80	\$ 354.60	\$ 705.70	\$ 707.40	50-54	\$ 359.90	\$ 361.40	\$ 719.60	\$ 721.30	50-54	\$ 712.70	\$ 716.00	\$ 1,425.30	\$ 1,428.70
55-59	\$ 441.00	\$ 442.70	\$ 881.80	\$ 883.50	55-59	\$ 439.30	\$ 441.00	\$ 878.70	\$ 880.30	55-59	\$ 880.30	\$ 883.70	\$ 1,760.50	\$ 1,763.80
60-64	\$ 532.10	\$ 533.80	\$ 1,064.20	\$ 1,066.10	60-64	\$ 519.20	\$ 520.70	\$ 1,038.40	\$ 1,039.90	60-64	\$ 1,051.30	\$ 1,054.50	\$ 2,102.60	\$ 2,106.00
65-69	\$ 597.60	\$ 599.40	\$ 1,195.30	\$ 1,197.00	65-69	\$ 582.10	\$ 583.60	\$ 1,164.00	\$ 1,165.70	65-69	\$ 1,179.70	\$ 1,183.00	\$ 2,359.30	\$ 2,362.70
70-74	\$ 647.00	\$ 648.70	\$ 1,294.00	\$ 1,295.70	70-74	\$ 648.20	\$ 649.70	\$ 1,296.40	\$ 1,298.00	70-74	\$ 1,295.20	\$ 1,298.40	\$ 2,590.40	\$ 2,593.70
75	\$ 680.50	\$ 682.20	\$ 1,360.90	\$ 1,362.60	75	\$ 700.20	\$ 701.80	\$ 1,400.50	\$ 1,402.00	75	\$ 1,380.70	\$ 1,384.00	\$ 2,761.40	\$ 2,764.60
\$90,000 Lump Sum Option														
Cancer Only					Heart/Stroke Only					Cancer and Heart/Stroke				
Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 162.90	\$ 164.60	\$ 325.70	\$ 327.40	18-39	\$ 155.90	\$ 157.40	\$ 311.60	\$ 313.30	18-39	\$ 318.80	\$ 322.00	\$ 637.30	\$ 640.70
40-44	\$ 229.80	\$ 231.70	\$ 459.90	\$ 461.60	40-44	\$ 232.10	\$ 233.60	\$ 464.10	\$ 465.60	40-44	\$ 461.90	\$ 465.30	\$ 924.00	\$ 927.20
45-49	\$ 306.70	\$ 308.40	\$ 613.20	\$ 614.90	45-49	\$ 317.90	\$ 319.60	\$ 636.00	\$ 637.50	45-49	\$ 624.60	\$ 628.00	\$ 1,249.20	\$ 1,252.40
50-54	\$ 396.30	\$ 398.00	\$ 792.50	\$ 794.20	50-54	\$ 404.30	\$ 406.00	\$ 808.70	\$ 810.20	50-54	\$ 800.60	\$ 804.00	\$ 1,601.20	\$ 1,604.40
55-59	\$ 495.20	\$ 496.90	\$ 990.40	\$ 992.10	55-59	\$ 493.70	\$ 495.20	\$ 987.20	\$ 988.70	55-59	\$ 988.90	\$ 992.10	\$ 1,977.60	\$ 1,980.80
60-64	\$ 597.60	\$ 599.40	\$ 1,195.30	\$ 1,197.00	60-64	\$ 583.30	\$ 584.80	\$ 1,166.50	\$ 1,168.10	60-64	\$ 1,180.90	\$ 1,184.20	\$ 2,361.80	\$ 2,365.10
65-69	\$ 671.20	\$ 672.90	\$ 1,342.30	\$ 1,344.00	65-69	\$ 653.80	\$ 655.40	\$ 1,307.60	\$ 1,309.20	65-69	\$ 1,325.00	\$ 1,328.30	\$ 2,649.90	\$ 2,653.20
70-74	\$ 726.40	\$ 728.30	\$ 1,453.00	\$ 1,454.70	70-74	\$ 728.10	\$ 729.60	\$ 1,456.10	\$ 1,457.80	70-74	\$ 1,454.50	\$ 1,457.90	\$ 2,909.10	\$ 2,912.50
75	\$ 763.80	\$ 765.50	\$ 1,527.60	\$ 1,529.30	75	\$ 786.40	\$ 788.00	\$ 1,572.70	\$ 1,574.40	75	\$ 1,550.20	\$ 1,553.50	\$ 3,100.30	\$ 3,103.70
\$100,000 Lump Sum Option														
Cancer Only					Heart/Stroke Only					Cancer and Heart/Stroke				
Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family	Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 180.70	\$ 182.40	\$ 361.40	\$ 363.10	18-39	\$ 173.10	\$ 174.60	\$ 346.00	\$ 347.70	18-39	\$ 353.80	\$ 357.00	\$ 707.40	\$ 710.80
40-44	\$ 255.20	\$ 256.90	\$ 510.20	\$ 512.00	40-44	\$ 257.60	\$ 259.10	\$ 515.10	\$ 516.80	40-44	\$ 512.80	\$ 516.00	\$ 1,025.30	\$ 1,028.80
45-49	\$ 340.20	\$ 342.00	\$ 680.50	\$ 682.20	45-49	\$ 352.90	\$ 354.60	\$ 706.00	\$ 707.50	45-49	\$ 693.10	\$ 696.60	\$ 1,386.50	\$ 1,389.70
50-54	\$ 439.60	\$ 441.50	\$ 879.40	\$ 881.10	50-54	\$ 448.80	\$ 450.30	\$ 897.60	\$ 899.10	50-54	\$ 888.40	\$ 891.80	\$ 1,777.00	\$ 1,780.20
55-59	\$ 549.40	\$ 551.10	\$ 1,098.90	\$ 1,100.80	55-59	\$ 547.90	\$ 549.40	\$ 1,095.80	\$ 1,097.40	55-59	\$ 1,097.30	\$ 1,100.50	\$ 2,194.70	\$ 2,198.20
60-64	\$ 663.20	\$ 664.90	\$ 1,326.20	\$ 1,328.00	60-64	\$ 647.40	\$ 648.90	\$ 1,294.70	\$ 1,296.30	60-64	\$ 1,310.60	\$ 1,313.80	\$ 2,620.90	\$ 2,624.30
65-69	\$ 744.80	\$ 746.50	\$ 1,489.40	\$ 1,491.10	65-69	\$ 725.60	\$ 727.30	\$ 1,451.30	\$ 1,452.80	65-69	\$ 1,470.40	\$ 1,473.80	\$ 2,940.70	\$ 2,943.90
70-74	\$ 806.00	\$ 807.70	\$ 1,611.90	\$ 1,613.60	70-74	\$ 807.80	\$ 809.50	\$ 1,615.90	\$ 1,617.40	70-74	\$ 1,613.80	\$ 1,617.20	\$ 3,227.80	\$ 3,231.00
75	\$ 847.10	\$ 848.80	\$ 1,694.20	\$ 1,696.10	75	\$ 872.40	\$ 874.10	\$ 1,745.10	\$ 1,746.60	75	\$ 1,719.50	\$ 1,722.90	\$ 3,439.30	\$ 3,442.70

**Washington National Insurance Company
Individual Critical Illness Policy Form WNIC1068**

**Riders - R1069, R1070, R1071, R1072
Monthly Premium Rates
Base Only**

Non-Tobacco Users				
Accident Rider R1069				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 8.10	\$ 11.70	\$ 11.30	\$ 15.00
40-44	\$ 8.10	\$ 11.70	\$ 11.30	\$ 15.00
45-49	\$ 8.10	\$ 11.80	\$ 11.40	\$ 15.10
50-54	\$ 8.30	\$ 12.00	\$ 11.70	\$ 15.30
55-59	\$ 8.60	\$ 12.30	\$ 12.10	\$ 15.70
60-64	\$ 9.10	\$ 12.70	\$ 12.70	\$ 16.40
65-69	\$ 9.50	\$ 13.20	\$ 13.30	\$ 17.00
70-74	\$ 10.30	\$ 14.00	\$ 14.50	\$ 18.10
75-79	\$ 11.20	\$ 14.90	\$ 15.70	\$ 19.40
80-85	\$ 12.20	\$ 15.80	\$ 17.10	\$ 20.80

Hospital Indemnity Rider R1070				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 15.30	\$ 23.20	\$ 30.60	\$ 38.50
40-44	\$ 16.60	\$ 24.50	\$ 32.20	\$ 41.10
45-49	\$ 19.00	\$ 26.90	\$ 38.00	\$ 45.90
50-54	\$ 22.00	\$ 29.90	\$ 44.00	\$ 51.90
55-59	\$ 26.10	\$ 34.00	\$ 52.20	\$ 60.10
60-64	\$ 31.80	\$ 39.70	\$ 63.60	\$ 71.50
65-69	\$ 37.90	\$ 45.80	\$ 75.80	\$ 83.70
70-74	\$ 46.80	\$ 54.70	\$ 93.60	\$ 101.50
75-79	\$ 56.90	\$ 64.80	\$ 113.80	\$ 121.70
80-85	\$ 69.00	\$ 76.90	\$ 138.00	\$ 145.90

Hospital Indemnity Rider R1071				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 10.10	\$ 15.00	\$ 20.20	\$ 25.10
40-44	\$ 11.30	\$ 16.20	\$ 22.60	\$ 27.50
45-49	\$ 13.60	\$ 18.50	\$ 27.20	\$ 32.10
50-54	\$ 16.40	\$ 21.30	\$ 32.80	\$ 37.70
55-59	\$ 20.10	\$ 25.00	\$ 40.20	\$ 45.10
60-64	\$ 25.20	\$ 30.10	\$ 50.40	\$ 55.30
65-69	\$ 30.90	\$ 35.80	\$ 61.80	\$ 66.70
70-74	\$ 39.40	\$ 44.30	\$ 78.80	\$ 83.70
75-79	\$ 49.40	\$ 54.30	\$ 98.80	\$ 103.70
80-85	\$ 61.50	\$ 66.40	\$ 123.00	\$ 127.90

Radiation and Chemotherapy Rider R1072				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 2.50	\$ 3.10	\$ 4.90	\$ 5.60
40-44	\$ 3.40	\$ 4.00	\$ 6.80	\$ 7.40
45-49	\$ 4.50	\$ 5.20	\$ 9.10	\$ 9.70
50-54	\$ 5.60	\$ 6.20	\$ 11.10	\$ 11.70
55-59	\$ 6.60	\$ 7.20	\$ 13.20	\$ 13.80
60-64	\$ 7.60	\$ 8.20	\$ 15.20	\$ 15.90
65-69	\$ 7.90	\$ 8.50	\$ 15.90	\$ 16.50
70-74	\$ 8.80	\$ 9.40	\$ 17.50	\$ 18.10
75-79	\$ 9.50	\$ 10.10	\$ 19.00	\$ 19.60
80-85	\$ 9.90	\$ 10.50	\$ 19.80	\$ 20.40

Tobacco Users				
Accident Rider R1069				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 8.10	\$ 11.70	\$ 11.30	\$ 15.00
40-44	\$ 8.10	\$ 11.70	\$ 11.30	\$ 15.00
45-49	\$ 8.10	\$ 11.80	\$ 11.40	\$ 15.10
50-54	\$ 8.30	\$ 12.00	\$ 11.70	\$ 15.30
55-59	\$ 8.60	\$ 12.30	\$ 12.10	\$ 15.70
60-64	\$ 9.10	\$ 12.70	\$ 12.70	\$ 16.40
65-69	\$ 9.50	\$ 13.20	\$ 13.30	\$ 17.00
70-74	\$ 10.30	\$ 14.00	\$ 14.50	\$ 18.10
75-79	\$ 11.20	\$ 14.90	\$ 15.70	\$ 19.40
80-85	\$ 12.20	\$ 15.80	\$ 17.10	\$ 20.80

Hospital Indemnity Rider R1070				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 22.60	\$ 30.50	\$ 45.20	\$ 53.10
40-44	\$ 24.50	\$ 32.40	\$ 49.00	\$ 56.90
45-49	\$ 28.10	\$ 36.00	\$ 56.20	\$ 64.10
50-54	\$ 32.60	\$ 40.50	\$ 65.20	\$ 73.10
55-59	\$ 38.60	\$ 46.50	\$ 77.20	\$ 85.10
60-64	\$ 47.00	\$ 54.90	\$ 94.00	\$ 101.90
65-69	\$ 56.00	\$ 63.90	\$ 112.00	\$ 119.90
70-74	\$ 69.10	\$ 77.00	\$ 138.20	\$ 146.10
75-79	\$ 84.10	\$ 92.00	\$ 168.20	\$ 176.10
80-85	\$ 102.00	\$ 109.90	\$ 204.00	\$ 211.90

Hospital Indemnity Rider R1071				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 14.90	\$ 19.80	\$ 29.80	\$ 34.70
40-44	\$ 16.80	\$ 21.70	\$ 33.60	\$ 38.50
45-49	\$ 20.10	\$ 25.00	\$ 40.20	\$ 45.10
50-54	\$ 24.30	\$ 29.20	\$ 48.60	\$ 53.50
55-59	\$ 29.60	\$ 34.50	\$ 59.20	\$ 64.10
60-64	\$ 37.20	\$ 42.10	\$ 74.40	\$ 79.30
65-69	\$ 45.60	\$ 50.50	\$ 91.20	\$ 96.10
70-74	\$ 58.30	\$ 63.20	\$ 116.60	\$ 121.50
75-79	\$ 73.00	\$ 77.90	\$ 146.00	\$ 150.90
80-85	\$ 90.80	\$ 95.70	\$ 181.60	\$ 186.50

Radiation and Chemotherapy Rider R1072				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 3.70	\$ 4.30	\$ 7.40	\$ 8.00
40-44	\$ 5.00	\$ 5.70	\$ 10.10	\$ 10.70
45-49	\$ 6.60	\$ 7.20	\$ 13.20	\$ 13.80
50-54	\$ 8.10	\$ 8.80	\$ 16.30	\$ 16.90
55-59	\$ 9.70	\$ 10.30	\$ 19.40	\$ 20.00
60-64	\$ 11.20	\$ 11.80	\$ 22.50	\$ 23.10
65-69	\$ 11.70	\$ 12.40	\$ 23.50	\$ 24.10
70-74	\$ 13.00	\$ 13.60	\$ 26.00	\$ 26.60
75-79	\$ 14.00	\$ 14.60	\$ 28.00	\$ 28.60
80-85	\$ 14.60	\$ 15.20	\$ 29.30	\$ 29.90

**Washington National Insurance Company
Individual Critical Illness Policy Form WNIC1068**

**Riders - R1069, R1070, R1071, R1072
Monthly Premium Rates
With Return of Premium**

Non-Tobacco Users				
Accident Rider R1069				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 13.80	\$ 19.90	\$ 19.20	\$ 25.50
40-44	\$ 13.80	\$ 19.90	\$ 19.20	\$ 25.50
45-49	\$ 13.80	\$ 20.10	\$ 19.40	\$ 25.70
50-54	\$ 14.10	\$ 20.40	\$ 19.90	\$ 26.00
55-59	\$ 14.60	\$ 20.90	\$ 20.60	\$ 26.70
60-64	\$ 15.50	\$ 21.60	\$ 21.60	\$ 27.90
65-69	\$ 16.20	\$ 22.40	\$ 22.60	\$ 28.90
70-74	\$ 17.50	\$ 23.80	\$ 24.70	\$ 30.80
75	\$ 19.00	\$ 25.30	\$ 26.70	\$ 33.00
Hospital Indemnity Rider R1070				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 26.00	\$ 39.40	\$ 52.00	\$ 65.50
40-44	\$ 28.20	\$ 41.70	\$ 56.40	\$ 69.90
45-49	\$ 32.30	\$ 45.70	\$ 64.60	\$ 78.00
50-54	\$ 37.40	\$ 50.80	\$ 74.80	\$ 88.20
55-59	\$ 44.40	\$ 57.80	\$ 88.70	\$ 102.20
60-64	\$ 54.10	\$ 67.50	\$ 108.10	\$ 121.60
65-69	\$ 64.40	\$ 77.90	\$ 128.90	\$ 142.30
70-74	\$ 79.60	\$ 93.00	\$ 159.10	\$ 172.60
75	\$ 96.70	\$ 110.20	\$ 193.50	\$ 206.90
Hospital Indemnity Rider R1071				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 17.20	\$ 25.50	\$ 34.30	\$ 42.70
40-44	\$ 19.20	\$ 27.50	\$ 38.40	\$ 46.80
45-49	\$ 23.10	\$ 31.50	\$ 46.20	\$ 54.60
50-54	\$ 27.90	\$ 36.20	\$ 55.80	\$ 64.10
55-59	\$ 34.20	\$ 42.50	\$ 68.30	\$ 76.70
60-64	\$ 42.80	\$ 51.20	\$ 85.70	\$ 94.00
65-69	\$ 52.50	\$ 60.90	\$ 105.10	\$ 113.40
70-74	\$ 67.00	\$ 75.30	\$ 134.00	\$ 142.30
75	\$ 84.00	\$ 92.30	\$ 168.00	\$ 176.30
Radiation and Chemotherapy Rider R1072				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 4.30	\$ 5.30	\$ 8.30	\$ 9.50
40-44	\$ 5.80	\$ 6.80	\$ 11.60	\$ 12.60
45-49	\$ 7.70	\$ 8.80	\$ 15.50	\$ 16.50
50-54	\$ 9.50	\$ 10.50	\$ 18.90	\$ 19.90
55-59	\$ 11.20	\$ 12.20	\$ 22.40	\$ 23.50
60-64	\$ 12.90	\$ 13.90	\$ 25.80	\$ 27.00
65-69	\$ 13.40	\$ 14.50	\$ 27.00	\$ 28.10
70-74	\$ 15.00	\$ 16.00	\$ 29.80	\$ 30.80
75	\$ 16.20	\$ 17.20	\$ 32.30	\$ 33.30

Tobacco Users				
Accident Rider R1069				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 13.80	\$ 19.90	\$ 19.20	\$ 25.50
40-44	\$ 13.80	\$ 19.90	\$ 19.20	\$ 25.50
45-49	\$ 13.80	\$ 20.10	\$ 19.40	\$ 25.70
50-54	\$ 14.10	\$ 20.40	\$ 19.90	\$ 26.00
55-59	\$ 14.60	\$ 20.90	\$ 20.60	\$ 26.70
60-64	\$ 15.50	\$ 21.60	\$ 21.60	\$ 27.90
65-69	\$ 16.20	\$ 22.40	\$ 22.60	\$ 28.90
70-74	\$ 17.50	\$ 23.80	\$ 24.70	\$ 30.80
75	\$ 19.00	\$ 25.30	\$ 26.70	\$ 33.00
Hospital Indemnity Rider R1070				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 38.40	\$ 51.90	\$ 78.80	\$ 90.30
40-44	\$ 41.70	\$ 55.10	\$ 83.30	\$ 96.70
45-49	\$ 47.80	\$ 61.20	\$ 95.50	\$ 109.00
50-54	\$ 55.40	\$ 68.90	\$ 110.80	\$ 124.30
55-59	\$ 65.60	\$ 79.10	\$ 131.20	\$ 144.70
60-64	\$ 79.90	\$ 93.30	\$ 159.80	\$ 173.20
65-69	\$ 95.20	\$ 108.60	\$ 190.40	\$ 203.80
70-74	\$ 117.50	\$ 130.90	\$ 234.90	\$ 248.40
75	\$ 143.00	\$ 156.40	\$ 285.90	\$ 299.40
Hospital Indemnity Rider R1071				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 25.30	\$ 33.70	\$ 50.70	\$ 59.00
40-44	\$ 28.60	\$ 36.90	\$ 57.10	\$ 65.50
45-49	\$ 34.20	\$ 42.50	\$ 68.30	\$ 76.70
50-54	\$ 41.30	\$ 49.60	\$ 82.60	\$ 91.00
55-59	\$ 50.30	\$ 58.70	\$ 100.60	\$ 109.00
60-64	\$ 63.20	\$ 71.60	\$ 126.50	\$ 134.80
65-69	\$ 77.50	\$ 85.90	\$ 155.00	\$ 163.40
70-74	\$ 99.10	\$ 107.40	\$ 198.20	\$ 206.60
75	\$ 124.10	\$ 132.40	\$ 248.20	\$ 256.50
Radiation and Chemotherapy Rider R1072				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 6.30	\$ 7.30	\$ 12.60	\$ 13.60
40-44	\$ 8.50	\$ 9.70	\$ 17.20	\$ 18.20
45-49	\$ 11.20	\$ 12.20	\$ 22.40	\$ 23.50
50-54	\$ 13.80	\$ 15.00	\$ 27.70	\$ 28.70
55-59	\$ 16.50	\$ 17.50	\$ 33.00	\$ 34.00
60-64	\$ 19.00	\$ 20.10	\$ 38.30	\$ 39.30
65-69	\$ 19.90	\$ 21.10	\$ 40.00	\$ 41.00
70-74	\$ 22.10	\$ 23.10	\$ 44.20	\$ 45.20
75	\$ 23.80	\$ 24.80	\$ 47.60	\$ 48.60

**Washington National Insurance Company
Individual Critical Illness Policy Form WNIC1068**

**Riders - R1069, R1070, R1071, R1072
Monthly Premium Rates
With Cash Value**

Non-Tobacco Users				
Accident Rider R1069				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 13.80	\$ 19.90	\$ 19.20	\$ 25.50
40-44	\$ 13.80	\$ 19.90	\$ 19.20	\$ 25.50
45-49	\$ 13.80	\$ 20.10	\$ 19.40	\$ 25.70
50-54	\$ 14.10	\$ 20.40	\$ 19.90	\$ 26.00
55-59	\$ 14.60	\$ 20.90	\$ 20.60	\$ 26.70
60-64	\$ 15.50	\$ 21.60	\$ 21.60	\$ 27.90
65-69	\$ 16.20	\$ 22.40	\$ 22.60	\$ 28.90
70-74	\$ 17.50	\$ 23.80	\$ 24.70	\$ 30.80
75	\$ 19.00	\$ 25.30	\$ 26.70	\$ 33.00
Hospital Indemnity Rider R1070				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 26.00	\$ 39.40	\$ 52.00	\$ 65.50
40-44	\$ 28.20	\$ 41.70	\$ 56.40	\$ 69.90
45-49	\$ 32.30	\$ 45.70	\$ 64.60	\$ 78.00
50-54	\$ 37.40	\$ 50.80	\$ 74.80	\$ 88.20
55-59	\$ 44.40	\$ 57.80	\$ 88.70	\$ 102.20
60-64	\$ 54.10	\$ 67.50	\$ 108.10	\$ 121.60
65-69	\$ 64.40	\$ 77.90	\$ 128.90	\$ 142.30
70-74	\$ 79.60	\$ 93.00	\$ 159.10	\$ 172.60
75	\$ 96.70	\$ 110.20	\$ 193.50	\$ 206.90
Hospital Indemnity Rider R1071				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 17.20	\$ 25.50	\$ 34.30	\$ 42.70
40-44	\$ 19.20	\$ 27.50	\$ 38.40	\$ 46.80
45-49	\$ 23.10	\$ 31.50	\$ 46.20	\$ 54.60
50-54	\$ 27.90	\$ 36.20	\$ 55.80	\$ 64.10
55-59	\$ 34.20	\$ 42.50	\$ 68.30	\$ 76.70
60-64	\$ 42.80	\$ 51.20	\$ 85.70	\$ 94.00
65-69	\$ 52.50	\$ 60.90	\$ 105.10	\$ 113.40
70-74	\$ 67.00	\$ 75.30	\$ 134.00	\$ 142.30
75	\$ 84.00	\$ 92.30	\$ 168.00	\$ 176.30
Radiation and Chemotherapy Rider R1072				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 4.30	\$ 5.30	\$ 8.30	\$ 9.50
40-44	\$ 5.80	\$ 6.80	\$ 11.60	\$ 12.60
45-49	\$ 7.70	\$ 8.80	\$ 15.50	\$ 16.50
50-54	\$ 9.50	\$ 10.50	\$ 18.90	\$ 19.90
55-59	\$ 11.20	\$ 12.20	\$ 22.40	\$ 23.50
60-64	\$ 12.90	\$ 13.90	\$ 25.80	\$ 27.00
65-69	\$ 13.40	\$ 14.50	\$ 27.00	\$ 28.10
70-74	\$ 15.00	\$ 16.00	\$ 29.80	\$ 30.80
75	\$ 16.20	\$ 17.20	\$ 32.30	\$ 33.30

Tobacco Users				
Accident Rider R1069				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 13.80	\$ 19.90	\$ 19.20	\$ 25.50
40-44	\$ 13.80	\$ 19.90	\$ 19.20	\$ 25.50
45-49	\$ 13.80	\$ 20.10	\$ 19.40	\$ 25.70
50-54	\$ 14.10	\$ 20.40	\$ 19.90	\$ 26.00
55-59	\$ 14.60	\$ 20.90	\$ 20.60	\$ 26.70
60-64	\$ 15.50	\$ 21.60	\$ 21.60	\$ 27.90
65-69	\$ 16.20	\$ 22.40	\$ 22.60	\$ 28.90
70-74	\$ 17.50	\$ 23.80	\$ 24.70	\$ 30.80
75	\$ 19.00	\$ 25.30	\$ 26.70	\$ 33.00
Hospital Indemnity Rider R1070				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 38.40	\$ 51.90	\$ 78.80	\$ 90.30
40-44	\$ 41.70	\$ 55.10	\$ 83.30	\$ 96.70
45-49	\$ 47.80	\$ 61.20	\$ 95.50	\$ 109.00
50-54	\$ 55.40	\$ 68.90	\$ 110.80	\$ 124.30
55-59	\$ 65.60	\$ 79.10	\$ 131.20	\$ 144.70
60-64	\$ 79.90	\$ 93.30	\$ 159.80	\$ 173.20
65-69	\$ 95.20	\$ 108.60	\$ 190.40	\$ 203.80
70-74	\$ 117.50	\$ 130.90	\$ 234.90	\$ 248.40
75	\$ 143.00	\$ 156.40	\$ 285.90	\$ 299.40
Hospital Indemnity Rider R1071				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 25.30	\$ 33.70	\$ 50.70	\$ 59.00
40-44	\$ 28.60	\$ 36.90	\$ 57.10	\$ 65.50
45-49	\$ 34.20	\$ 42.50	\$ 68.30	\$ 76.70
50-54	\$ 41.30	\$ 49.60	\$ 82.60	\$ 91.00
55-59	\$ 50.30	\$ 58.70	\$ 100.60	\$ 109.00
60-64	\$ 63.20	\$ 71.60	\$ 126.50	\$ 134.80
65-69	\$ 77.50	\$ 85.90	\$ 155.00	\$ 163.40
70-74	\$ 99.10	\$ 107.40	\$ 198.20	\$ 206.60
75	\$ 124.10	\$ 132.40	\$ 248.20	\$ 256.50
Radiation and Chemotherapy Rider R1072				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 6.30	\$ 7.30	\$ 12.60	\$ 13.60
40-44	\$ 8.50	\$ 9.70	\$ 17.20	\$ 18.20
45-49	\$ 11.20	\$ 12.20	\$ 22.40	\$ 23.50
50-54	\$ 13.80	\$ 15.00	\$ 27.70	\$ 28.70
55-59	\$ 16.50	\$ 17.50	\$ 33.00	\$ 34.00
60-64	\$ 19.00	\$ 20.10	\$ 38.30	\$ 39.30
65-69	\$ 19.90	\$ 21.10	\$ 40.00	\$ 41.00
70-74	\$ 22.10	\$ 23.10	\$ 44.20	\$ 45.20
75	\$ 23.80	\$ 24.80	\$ 47.60	\$ 48.60

**Washington National Insurance Company
Individual Critical Illness Policy Form WN1068**

**Critical Conditions Rider - R1073
Monthly Premiums Rates
Base Only**

Non-Tobacco Users				
\$5,000 Lump Sum Option				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 1.10	\$ 1.80	\$ 2.30	\$ 2.90
40-44	\$ 1.50	\$ 2.20	\$ 3.10	\$ 3.70
45-49	\$ 2.00	\$ 2.60	\$ 3.90	\$ 4.50
50-54	\$ 2.60	\$ 3.20	\$ 5.20	\$ 5.80
55-59	\$ 3.30	\$ 3.90	\$ 6.60	\$ 7.20
60-64	\$ 4.10	\$ 4.70	\$ 8.20	\$ 8.90
65-69	\$ 4.90	\$ 5.60	\$ 9.90	\$ 10.50
70-74	\$ 7.50	\$ 8.10	\$ 15.00	\$ 15.70
75-79	\$ 10.40	\$ 11.00	\$ 20.80	\$ 21.40
80-85	\$ 12.50	\$ 13.10	\$ 24.90	\$ 25.50
\$10,000 Lump Sum Option				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 1.80	\$ 2.80	\$ 3.50	\$ 4.50
40-44	\$ 2.40	\$ 3.40	\$ 4.70	\$ 5.80
45-49	\$ 3.00	\$ 4.00	\$ 6.00	\$ 7.00
50-54	\$ 4.00	\$ 5.00	\$ 8.00	\$ 9.10
55-59	\$ 5.20	\$ 6.20	\$ 10.30	\$ 11.30
60-64	\$ 6.40	\$ 7.40	\$ 12.80	\$ 13.80
65-69	\$ 7.70	\$ 8.80	\$ 15.50	\$ 16.50
70-74	\$ 11.90	\$ 13.00	\$ 23.90	\$ 24.90
75-79	\$ 16.60	\$ 17.60	\$ 33.20	\$ 34.20
80-85	\$ 20.00	\$ 21.00	\$ 40.00	\$ 41.00
\$20,000 Lump Sum Option				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 3.00	\$ 4.00	\$ 6.00	\$ 7.00
40-44	\$ 4.00	\$ 5.00	\$ 8.00	\$ 9.10
45-49	\$ 5.00	\$ 6.10	\$ 10.10	\$ 11.10
50-54	\$ 6.90	\$ 7.90	\$ 13.80	\$ 14.80
55-59	\$ 8.90	\$ 9.90	\$ 17.70	\$ 18.70
60-64	\$ 10.90	\$ 11.90	\$ 21.80	\$ 22.90
65-69	\$ 13.30	\$ 14.30	\$ 26.60	\$ 27.60
70-74	\$ 20.80	\$ 21.80	\$ 41.60	\$ 42.60
75-79	\$ 28.90	\$ 30.00	\$ 57.90	\$ 58.90
80-85	\$ 35.00	\$ 36.10	\$ 70.00	\$ 71.10
\$30,000 Lump Sum Option				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 4.20	\$ 5.30	\$ 8.40	\$ 9.50
40-44	\$ 5.70	\$ 6.70	\$ 11.30	\$ 12.40
45-49	\$ 7.10	\$ 8.10	\$ 14.20	\$ 15.20
50-54	\$ 9.80	\$ 10.80	\$ 19.60	\$ 20.60
55-59	\$ 12.60	\$ 13.60	\$ 25.10	\$ 26.20
60-64	\$ 15.50	\$ 16.50	\$ 30.90	\$ 31.90
65-69	\$ 18.80	\$ 19.90	\$ 37.70	\$ 38.70
70-74	\$ 29.70	\$ 30.70	\$ 59.30	\$ 60.40
75-79	\$ 41.30	\$ 42.30	\$ 82.60	\$ 83.60
80-85	\$ 50.10	\$ 51.10	\$ 100.10	\$ 101.10
\$40,000 Lump Sum Option				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 5.50	\$ 6.50	\$ 10.90	\$ 11.90
40-44	\$ 7.30	\$ 8.30	\$ 14.60	\$ 15.70
45-49	\$ 9.20	\$ 10.20	\$ 18.30	\$ 19.40
50-54	\$ 12.70	\$ 13.70	\$ 25.30	\$ 26.40
55-59	\$ 16.30	\$ 17.30	\$ 32.50	\$ 33.60
60-64	\$ 20.00	\$ 21.00	\$ 40.00	\$ 41.00
65-69	\$ 24.40	\$ 25.40	\$ 48.80	\$ 49.90
70-74	\$ 38.50	\$ 39.60	\$ 77.00	\$ 78.10
75-79	\$ 53.70	\$ 54.70	\$ 107.30	\$ 108.40
80-85	\$ 65.10	\$ 66.10	\$ 130.20	\$ 131.20
\$50,000 Lump Sum Option				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 6.70	\$ 7.70	\$ 13.40	\$ 14.40
40-44	\$ 9.00	\$ 10.00	\$ 17.90	\$ 19.00
45-49	\$ 11.20	\$ 12.30	\$ 22.50	\$ 23.50
50-54	\$ 15.60	\$ 16.60	\$ 31.10	\$ 32.10
55-59	\$ 20.00	\$ 21.00	\$ 40.00	\$ 41.00
60-64	\$ 24.50	\$ 25.50	\$ 49.00	\$ 50.10
65-69	\$ 30.00	\$ 31.00	\$ 59.90	\$ 61.00
70-74	\$ 47.40	\$ 48.40	\$ 94.80	\$ 95.80
75-79	\$ 66.00	\$ 67.10	\$ 132.00	\$ 133.10
80-85	\$ 80.10	\$ 81.20	\$ 160.30	\$ 161.30

Tobacco Users				
\$5,000 Lump Sum Option				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 1.30	\$ 2.00	\$ 2.70	\$ 3.30
40-44	\$ 1.80	\$ 2.40	\$ 3.50	\$ 4.10
45-49	\$ 2.40	\$ 3.00	\$ 4.70	\$ 5.40
50-54	\$ 3.10	\$ 3.70	\$ 6.20	\$ 6.80
55-59	\$ 3.80	\$ 4.40	\$ 7.60	\$ 8.20
60-64	\$ 4.60	\$ 5.30	\$ 9.30	\$ 9.90
65-69	\$ 5.40	\$ 6.00	\$ 10.70	\$ 11.30
70-74	\$ 8.00	\$ 8.70	\$ 16.10	\$ 16.70
75-79	\$ 10.90	\$ 11.50	\$ 21.80	\$ 22.50
80-85	\$ 12.90	\$ 13.50	\$ 25.80	\$ 26.40
\$10,000 Lump Sum Option				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 2.10	\$ 3.10	\$ 4.10	\$ 5.20
40-44	\$ 2.70	\$ 3.70	\$ 5.40	\$ 6.40
45-49	\$ 3.60	\$ 4.60	\$ 7.20	\$ 8.20
50-54	\$ 4.70	\$ 5.80	\$ 9.50	\$ 10.50
55-59	\$ 5.90	\$ 6.90	\$ 11.70	\$ 12.80
60-64	\$ 7.20	\$ 8.20	\$ 14.40	\$ 15.50
65-69	\$ 8.30	\$ 9.40	\$ 16.70	\$ 17.70
70-74	\$ 12.70	\$ 13.70	\$ 25.30	\$ 26.40
75-79	\$ 17.30	\$ 18.30	\$ 34.60	\$ 35.60
80-85	\$ 20.50	\$ 21.50	\$ 41.00	\$ 42.00
\$20,000 Lump Sum Option				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 3.50	\$ 4.50	\$ 7.00	\$ 8.00
40-44	\$ 4.50	\$ 5.60	\$ 9.10	\$ 10.10
45-49	\$ 6.10	\$ 7.10	\$ 12.20	\$ 13.20
50-54	\$ 8.00	\$ 9.10	\$ 16.10	\$ 17.10
55-59	\$ 10.00	\$ 11.00	\$ 20.00	\$ 21.00
60-64	\$ 12.40	\$ 13.40	\$ 24.70	\$ 25.80
65-69	\$ 14.30	\$ 15.30	\$ 28.60	\$ 29.70
70-74	\$ 21.90	\$ 23.00	\$ 43.90	\$ 44.90
75-79	\$ 30.10	\$ 31.10	\$ 60.20	\$ 61.20
80-85	\$ 35.70	\$ 36.80	\$ 71.50	\$ 72.50
\$30,000 Lump Sum Option				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 4.90	\$ 6.00	\$ 9.90	\$ 10.90
40-44	\$ 6.40	\$ 7.40	\$ 12.80	\$ 13.80
45-49	\$ 8.50	\$ 9.60	\$ 17.10	\$ 18.10
50-54	\$ 11.30	\$ 12.40	\$ 22.70	\$ 23.70
55-59	\$ 14.10	\$ 15.10	\$ 28.20	\$ 29.30
60-64	\$ 17.50	\$ 18.50	\$ 35.00	\$ 36.10
65-69	\$ 20.30	\$ 21.30	\$ 40.60	\$ 41.60
70-74	\$ 31.20	\$ 32.20	\$ 62.40	\$ 63.40
75-79	\$ 42.80	\$ 43.90	\$ 85.70	\$ 86.70
80-85	\$ 51.00	\$ 52.00	\$ 102.00	\$ 103.00
\$40,000 Lump Sum Option				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 6.40	\$ 7.40	\$ 12.80	\$ 13.80
40-44	\$ 8.20	\$ 9.30	\$ 16.50	\$ 17.50
45-49	\$ 11.00	\$ 12.10	\$ 22.00	\$ 23.10
50-54	\$ 14.60	\$ 15.70	\$ 29.30	\$ 30.30
55-59	\$ 18.20	\$ 19.30	\$ 36.50	\$ 37.50
60-64	\$ 22.70	\$ 23.70	\$ 45.30	\$ 46.40
65-69	\$ 26.30	\$ 27.30	\$ 52.50	\$ 53.60
70-74	\$ 40.50	\$ 41.50	\$ 81.00	\$ 82.00
75-79	\$ 55.60	\$ 56.70	\$ 111.20	\$ 112.30
80-85	\$ 66.20	\$ 67.30	\$ 132.50	\$ 133.50
\$50,000 Lump Sum Option				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 7.80	\$ 8.90	\$ 15.70	\$ 16.70
40-44	\$ 10.10	\$ 11.10	\$ 20.20	\$ 21.20
45-49	\$ 13.50	\$ 14.50	\$ 27.00	\$ 28.00
50-54	\$ 17.90	\$ 19.00	\$ 35.80	\$ 36.90
55-59	\$ 22.40	\$ 23.40	\$ 44.70	\$ 45.70
60-64	\$ 27.80	\$ 28.80	\$ 55.60	\$ 56.70
65-69	\$ 32.20	\$ 33.30	\$ 64.50	\$ 65.50
70-74	\$ 49.70	\$ 50.80	\$ 95.50	\$ 100.50
75-79	\$ 68.40	\$ 69.40	\$ 136.80	\$ 137.80
80-85	\$ 81.50	\$ 82.50	\$ 162.90	\$ 164.00

**Washington National Insurance Company
Individual Critical Illness Policy Form WNIC1068**

**Critical Conditions Rider - R1073
Monthly Premiums Rates
Base Only**

Non-Tobacco Users				
\$60,000 Lump Sum Option				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 7.90	\$ 9.00	\$ 15.90	\$ 16.90
40-44	\$ 10.60	\$ 11.60	\$ 21.20	\$ 22.20
45-49	\$ 13.30	\$ 14.30	\$ 26.60	\$ 27.60
50-54	\$ 18.40	\$ 19.50	\$ 36.90	\$ 37.90
55-59	\$ 23.70	\$ 24.70	\$ 47.40	\$ 48.40
60-64	\$ 29.00	\$ 30.10	\$ 58.10	\$ 59.10
65-69	\$ 35.50	\$ 36.60	\$ 71.10	\$ 72.10
70-74	\$ 56.20	\$ 57.30	\$ 112.50	\$ 113.50
75-79	\$ 78.40	\$ 79.40	\$ 156.80	\$ 157.80
80-85	\$ 95.20	\$ 96.20	\$ 190.30	\$ 191.40
\$70,000 Lump Sum Option				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 9.20	\$ 10.20	\$ 18.30	\$ 19.40
40-44	\$ 12.30	\$ 13.30	\$ 24.50	\$ 25.50
45-49	\$ 15.30	\$ 16.40	\$ 30.70	\$ 31.70
50-54	\$ 21.30	\$ 22.40	\$ 42.60	\$ 43.70
55-59	\$ 27.40	\$ 28.40	\$ 54.80	\$ 55.80
60-64	\$ 33.60	\$ 34.60	\$ 67.20	\$ 68.20
65-69	\$ 41.10	\$ 42.10	\$ 82.20	\$ 83.20
70-74	\$ 65.10	\$ 66.10	\$ 130.20	\$ 131.20
75-79	\$ 90.70	\$ 91.80	\$ 181.50	\$ 182.50
80-85	\$ 110.20	\$ 111.20	\$ 220.40	\$ 221.50
\$80,000 Lump Sum Option				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 10.40	\$ 11.40	\$ 20.80	\$ 21.80
40-44	\$ 13.90	\$ 14.90	\$ 27.80	\$ 28.80
45-49	\$ 17.40	\$ 18.40	\$ 34.80	\$ 35.80
50-54	\$ 24.20	\$ 25.20	\$ 48.40	\$ 49.40
55-59	\$ 31.10	\$ 32.10	\$ 62.20	\$ 63.20
60-64	\$ 38.10	\$ 39.10	\$ 76.20	\$ 77.30
65-69	\$ 46.70	\$ 47.70	\$ 93.30	\$ 94.30
70-74	\$ 74.00	\$ 75.00	\$ 147.90	\$ 148.90
75-79	\$ 103.10	\$ 104.10	\$ 206.20	\$ 207.20
80-85	\$ 125.20	\$ 126.30	\$ 250.50	\$ 251.50
\$90,000 Lump Sum Option				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 11.60	\$ 12.70	\$ 23.30	\$ 24.30
40-44	\$ 15.60	\$ 16.60	\$ 31.10	\$ 32.10
45-49	\$ 19.50	\$ 20.50	\$ 38.90	\$ 40.00
50-54	\$ 27.10	\$ 28.10	\$ 54.20	\$ 55.20
55-59	\$ 34.80	\$ 35.80	\$ 69.60	\$ 70.70
60-64	\$ 42.60	\$ 43.70	\$ 85.30	\$ 86.30
65-69	\$ 52.20	\$ 53.30	\$ 104.40	\$ 105.50
70-74	\$ 82.80	\$ 83.80	\$ 165.60	\$ 166.70
75-79	\$ 115.50	\$ 116.50	\$ 230.90	\$ 232.00
80-85	\$ 140.30	\$ 141.30	\$ 280.60	\$ 281.60
\$100,000 Lump Sum Option				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 12.90	\$ 13.90	\$ 25.80	\$ 26.80
40-44	\$ 17.20	\$ 18.20	\$ 34.40	\$ 35.40
45-49	\$ 21.50	\$ 22.60	\$ 43.10	\$ 44.10
50-54	\$ 30.00	\$ 31.00	\$ 59.90	\$ 61.00
55-59	\$ 38.50	\$ 39.60	\$ 77.00	\$ 78.10
60-64	\$ 47.20	\$ 48.20	\$ 94.30	\$ 95.40
65-69	\$ 57.80	\$ 58.80	\$ 115.60	\$ 116.60
70-74	\$ 91.70	\$ 92.70	\$ 183.30	\$ 184.40
75-79	\$ 127.80	\$ 128.90	\$ 256.60	\$ 257.70
80-85	\$ 155.30	\$ 156.40	\$ 310.60	\$ 311.70

Tobacco Users				
\$60,000 Lump Sum Option				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 9.30	\$ 10.30	\$ 18.50	\$ 19.60
40-44	\$ 11.90	\$ 13.00	\$ 23.90	\$ 24.90
45-49	\$ 16.00	\$ 17.00	\$ 31.90	\$ 33.00
50-54	\$ 21.20	\$ 22.20	\$ 42.40	\$ 43.50
55-59	\$ 26.50	\$ 27.50	\$ 52.90	\$ 54.00
60-64	\$ 33.00	\$ 34.00	\$ 65.90	\$ 67.00
65-69	\$ 38.20	\$ 39.20	\$ 76.90	\$ 77.50
70-74	\$ 59.00	\$ 60.00	\$ 118.00	\$ 119.10
75-79	\$ 81.20	\$ 82.20	\$ 162.30	\$ 163.40
80-85	\$ 96.70	\$ 97.70	\$ 193.40	\$ 194.50
\$70,000 Lump Sum Option				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 10.70	\$ 11.70	\$ 21.40	\$ 22.50
40-44	\$ 13.80	\$ 14.80	\$ 27.60	\$ 28.60
45-49	\$ 18.40	\$ 19.50	\$ 36.90	\$ 37.90
50-54	\$ 24.50	\$ 25.50	\$ 49.00	\$ 50.10
55-59	\$ 30.60	\$ 31.60	\$ 61.20	\$ 62.20
60-64	\$ 38.10	\$ 39.10	\$ 76.20	\$ 77.30
65-69	\$ 44.20	\$ 45.20	\$ 88.40	\$ 89.40
70-74	\$ 68.30	\$ 69.30	\$ 136.60	\$ 137.60
75-79	\$ 93.90	\$ 95.00	\$ 187.90	\$ 188.90
80-85	\$ 112.00	\$ 113.00	\$ 223.90	\$ 225.00
\$80,000 Lump Sum Option				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 12.20	\$ 13.20	\$ 24.30	\$ 25.30
40-44	\$ 15.70	\$ 16.70	\$ 31.30	\$ 32.30
45-49	\$ 20.90	\$ 21.90	\$ 41.80	\$ 42.80
50-54	\$ 27.80	\$ 28.80	\$ 55.60	\$ 56.70
55-59	\$ 34.70	\$ 35.70	\$ 69.40	\$ 70.50
60-64	\$ 43.30	\$ 44.30	\$ 86.50	\$ 87.60
65-69	\$ 50.20	\$ 51.20	\$ 100.30	\$ 101.40
70-74	\$ 77.60	\$ 78.60	\$ 155.10	\$ 156.10
75-79	\$ 106.70	\$ 107.70	\$ 213.40	\$ 214.40
80-85	\$ 127.20	\$ 128.20	\$ 254.40	\$ 255.40
\$90,000 Lump Sum Option				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 13.60	\$ 14.60	\$ 27.20	\$ 28.20
40-44	\$ 17.50	\$ 18.50	\$ 35.00	\$ 36.10
45-49	\$ 23.40	\$ 24.40	\$ 46.80	\$ 47.80
50-54	\$ 31.10	\$ 32.10	\$ 62.20	\$ 63.20
55-59	\$ 38.80	\$ 39.90	\$ 77.70	\$ 78.70
60-64	\$ 48.40	\$ 49.40	\$ 96.80	\$ 97.90
65-69	\$ 56.10	\$ 57.20	\$ 112.30	\$ 113.30
70-74	\$ 86.80	\$ 87.90	\$ 173.70	\$ 174.70
75-79	\$ 119.50	\$ 120.50	\$ 239.00	\$ 240.00
80-85	\$ 142.40	\$ 143.50	\$ 284.90	\$ 285.90
\$100,000 Lump Sum Option				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 15.00	\$ 16.10	\$ 30.10	\$ 31.10
40-44	\$ 19.40	\$ 20.40	\$ 38.70	\$ 39.80
45-49	\$ 25.90	\$ 26.90	\$ 51.70	\$ 52.70
50-54	\$ 34.40	\$ 35.40	\$ 68.80	\$ 69.80
55-59	\$ 43.00	\$ 44.00	\$ 86.90	\$ 87.90
60-64	\$ 53.60	\$ 54.60	\$ 107.10	\$ 108.20
65-69	\$ 62.10	\$ 63.10	\$ 124.20	\$ 125.20
70-74	\$ 96.10	\$ 97.10	\$ 192.20	\$ 193.20
75-79	\$ 132.30	\$ 133.30	\$ 264.50	\$ 265.50
80-85	\$ 157.70	\$ 158.70	\$ 315.40	\$ 316.40

**Washington National Insurance Company
Individual Critical Illness Policy Form WN1068**

**Critical Conditions Rider - R1073
Monthly Premiums Rates
With Return Of Premium**

Non-Tobacco Users				
\$5,000 Lump Sum Option				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 1.90	\$ 3.10	\$ 3.90	\$ 4.90
40-44	\$ 2.60	\$ 3.70	\$ 5.30	\$ 6.30
45-49	\$ 3.40	\$ 4.40	\$ 6.60	\$ 7.70
50-54	\$ 4.40	\$ 5.40	\$ 8.80	\$ 9.90
55-59	\$ 5.60	\$ 6.60	\$ 11.20	\$ 12.20
60-64	\$ 7.00	\$ 8.00	\$ 13.90	\$ 15.10
65-69	\$ 8.30	\$ 9.50	\$ 16.80	\$ 17.90
70-74	\$ 12.80	\$ 13.80	\$ 25.50	\$ 26.70
75	\$ 17.70	\$ 18.70	\$ 35.40	\$ 36.40
\$10,000 Lump Sum Option				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 3.10	\$ 4.80	\$ 6.00	\$ 7.70
40-44	\$ 4.10	\$ 5.80	\$ 8.00	\$ 9.90
45-49	\$ 5.10	\$ 6.80	\$ 10.20	\$ 11.90
50-54	\$ 6.80	\$ 8.50	\$ 13.60	\$ 15.50
55-59	\$ 8.80	\$ 10.50	\$ 17.50	\$ 19.20
60-64	\$ 10.90	\$ 12.60	\$ 21.80	\$ 23.50
65-69	\$ 13.10	\$ 15.00	\$ 26.40	\$ 28.10
70-74	\$ 20.20	\$ 22.10	\$ 40.60	\$ 42.30
75	\$ 28.20	\$ 29.90	\$ 56.40	\$ 58.10
\$20,000 Lump Sum Option				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 5.10	\$ 6.80	\$ 10.20	\$ 11.90
40-44	\$ 6.80	\$ 8.50	\$ 13.60	\$ 15.50
45-49	\$ 8.50	\$ 10.40	\$ 17.20	\$ 18.90
50-54	\$ 11.70	\$ 13.40	\$ 23.50	\$ 25.20
55-59	\$ 15.10	\$ 16.80	\$ 30.10	\$ 31.80
60-64	\$ 18.50	\$ 20.20	\$ 37.10	\$ 38.90
65-69	\$ 22.60	\$ 24.30	\$ 45.20	\$ 46.90
70-74	\$ 35.40	\$ 37.10	\$ 70.70	\$ 72.40
75	\$ 49.10	\$ 51.00	\$ 98.40	\$ 100.10
\$30,000 Lump Sum Option				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 7.10	\$ 9.00	\$ 14.30	\$ 16.20
40-44	\$ 9.70	\$ 11.40	\$ 19.20	\$ 21.10
45-49	\$ 12.10	\$ 13.80	\$ 24.10	\$ 25.80
50-54	\$ 16.70	\$ 18.40	\$ 33.30	\$ 35.00
55-59	\$ 21.40	\$ 23.10	\$ 42.70	\$ 44.50
60-64	\$ 26.40	\$ 28.10	\$ 52.50	\$ 54.20
65-69	\$ 32.00	\$ 33.80	\$ 64.10	\$ 65.80
70-74	\$ 50.50	\$ 52.20	\$ 100.80	\$ 102.70
75	\$ 70.20	\$ 71.90	\$ 140.40	\$ 142.10
\$40,000 Lump Sum Option				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 9.40	\$ 11.10	\$ 18.50	\$ 20.20
40-44	\$ 12.40	\$ 14.10	\$ 24.80	\$ 26.70
45-49	\$ 15.60	\$ 17.30	\$ 31.10	\$ 33.00
50-54	\$ 21.60	\$ 23.30	\$ 43.00	\$ 44.90
55-59	\$ 27.70	\$ 29.40	\$ 55.30	\$ 57.10
60-64	\$ 34.00	\$ 35.70	\$ 68.00	\$ 69.70
65-69	\$ 41.50	\$ 43.20	\$ 83.00	\$ 84.80
70-74	\$ 65.50	\$ 67.30	\$ 130.90	\$ 132.80
75	\$ 91.30	\$ 93.00	\$ 182.40	\$ 184.30
\$50,000 Lump Sum Option				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 11.40	\$ 13.10	\$ 22.80	\$ 24.50
40-44	\$ 15.30	\$ 17.00	\$ 30.40	\$ 32.30
45-49	\$ 19.00	\$ 20.90	\$ 38.30	\$ 40.00
50-54	\$ 26.50	\$ 28.20	\$ 52.90	\$ 54.60
55-59	\$ 34.00	\$ 35.70	\$ 68.00	\$ 69.70
60-64	\$ 41.70	\$ 43.40	\$ 83.30	\$ 85.20
65-69	\$ 51.00	\$ 52.70	\$ 101.80	\$ 103.70
70-74	\$ 80.60	\$ 82.30	\$ 161.20	\$ 162.90
75	\$ 112.20	\$ 114.10	\$ 224.40	\$ 226.30

Tobacco Users				
\$5,000 Lump Sum Option				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 2.20	\$ 3.40	\$ 4.60	\$ 5.60
40-44	\$ 3.10	\$ 4.10	\$ 6.00	\$ 7.00
45-49	\$ 4.10	\$ 5.10	\$ 8.00	\$ 9.20
50-54	\$ 5.30	\$ 6.30	\$ 10.50	\$ 11.60
55-59	\$ 6.50	\$ 7.50	\$ 12.90	\$ 13.90
60-64	\$ 7.80	\$ 9.00	\$ 15.80	\$ 16.80
65-69	\$ 9.20	\$ 10.20	\$ 18.20	\$ 19.20
70-74	\$ 13.60	\$ 14.80	\$ 27.40	\$ 28.40
75	\$ 18.50	\$ 19.60	\$ 37.10	\$ 38.30
\$10,000 Lump Sum Option				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 3.60	\$ 5.30	\$ 7.00	\$ 8.80
40-44	\$ 4.60	\$ 6.30	\$ 9.20	\$ 10.90
45-49	\$ 6.10	\$ 7.80	\$ 12.20	\$ 13.90
50-54	\$ 8.00	\$ 9.90	\$ 16.20	\$ 17.90
55-59	\$ 10.00	\$ 11.70	\$ 19.90	\$ 21.80
60-64	\$ 12.20	\$ 13.90	\$ 24.50	\$ 26.40
65-69	\$ 14.10	\$ 16.00	\$ 28.40	\$ 30.10
70-74	\$ 21.60	\$ 23.30	\$ 43.00	\$ 44.90
75	\$ 29.40	\$ 31.10	\$ 58.80	\$ 60.50
\$20,000 Lump Sum Option				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 6.00	\$ 7.70	\$ 11.90	\$ 13.60
40-44	\$ 7.70	\$ 9.50	\$ 15.50	\$ 17.20
45-49	\$ 10.40	\$ 12.10	\$ 20.70	\$ 22.40
50-54	\$ 13.60	\$ 15.50	\$ 27.40	\$ 29.10
55-59	\$ 17.00	\$ 18.70	\$ 34.00	\$ 35.70
60-64	\$ 21.10	\$ 22.80	\$ 42.00	\$ 43.90
65-69	\$ 24.30	\$ 26.00	\$ 48.60	\$ 50.50
70-74	\$ 37.20	\$ 39.10	\$ 74.60	\$ 76.30
75	\$ 51.20	\$ 52.90	\$ 102.30	\$ 104.00
\$30,000 Lump Sum Option				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 8.30	\$ 10.20	\$ 16.80	\$ 18.50
40-44	\$ 10.90	\$ 12.60	\$ 21.80	\$ 23.50
45-49	\$ 14.50	\$ 16.30	\$ 29.10	\$ 30.80
50-54	\$ 19.20	\$ 21.10	\$ 38.60	\$ 40.30
55-59	\$ 24.00	\$ 25.70	\$ 47.90	\$ 49.80
60-64	\$ 29.80	\$ 31.50	\$ 59.50	\$ 61.40
65-69	\$ 34.50	\$ 36.20	\$ 69.00	\$ 70.70
70-74	\$ 53.00	\$ 54.70	\$ 106.10	\$ 107.80
75	\$ 72.80	\$ 74.60	\$ 145.70	\$ 147.40
\$40,000 Lump Sum Option				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 10.90	\$ 12.60	\$ 21.80	\$ 23.50
40-44	\$ 13.90	\$ 15.80	\$ 28.10	\$ 29.80
45-49	\$ 18.70	\$ 20.60	\$ 37.40	\$ 39.30
50-54	\$ 24.80	\$ 26.70	\$ 49.80	\$ 51.50
55-59	\$ 30.90	\$ 32.80	\$ 62.10	\$ 63.80
60-64	\$ 38.60	\$ 40.30	\$ 77.00	\$ 78.90
65-69	\$ 44.70	\$ 46.40	\$ 89.30	\$ 91.10
70-74	\$ 68.90	\$ 70.60	\$ 137.70	\$ 139.40
75	\$ 94.50	\$ 96.40	\$ 189.00	\$ 190.90
\$50,000 Lump Sum Option				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 13.30	\$ 15.10	\$ 26.70	\$ 28.40
40-44	\$ 17.20	\$ 18.90	\$ 34.30	\$ 36.00
45-49	\$ 23.00	\$ 24.70	\$ 45.90	\$ 47.60
50-54	\$ 30.40	\$ 32.30	\$ 60.90	\$ 62.70
55-59	\$ 38.10	\$ 39.80	\$ 76.00	\$ 77.70
60-64	\$ 47.30	\$ 49.00	\$ 94.50	\$ 96.40
65-69	\$ 54.70	\$ 56.60	\$ 109.70	\$ 111.40
70-74	\$ 84.50	\$ 86.40	\$ 169.20	\$ 170.90
75	\$ 116.30	\$ 118.00	\$ 232.60	\$ 234.30

**Washington National Insurance Company
Individual Critical Illness Policy Form WNIC1068**

**Critical Conditions Rider - R1073
Monthly Premiums Rates
With Return Of Premium**

Non-Tobacco Users				
\$60,000 Lump Sum Option				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 13.40	\$ 15.30	\$ 27.00	\$ 28.70
40-44	\$ 18.00	\$ 19.70	\$ 36.00	\$ 37.70
45-49	\$ 22.60	\$ 24.30	\$ 45.20	\$ 46.90
50-54	\$ 31.30	\$ 33.20	\$ 62.70	\$ 64.40
55-59	\$ 40.30	\$ 42.00	\$ 80.60	\$ 82.30
60-64	\$ 49.30	\$ 51.20	\$ 98.80	\$ 100.50
65-69	\$ 60.40	\$ 62.20	\$ 120.90	\$ 122.60
70-74	\$ 95.50	\$ 97.40	\$ 191.30	\$ 193.00
75	\$ 133.30	\$ 135.00	\$ 266.60	\$ 268.30
\$70,000 Lump Sum Option				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 15.60	\$ 17.30	\$ 31.10	\$ 33.00
40-44	\$ 20.90	\$ 22.60	\$ 41.70	\$ 43.40
45-49	\$ 26.00	\$ 27.90	\$ 52.20	\$ 53.90
50-54	\$ 36.20	\$ 38.10	\$ 72.40	\$ 74.30
55-59	\$ 46.60	\$ 48.30	\$ 93.20	\$ 94.90
60-64	\$ 57.10	\$ 58.80	\$ 114.20	\$ 115.90
65-69	\$ 69.90	\$ 71.60	\$ 139.70	\$ 141.40
70-74	\$ 110.70	\$ 112.40	\$ 221.30	\$ 223.00
75	\$ 154.20	\$ 156.10	\$ 308.60	\$ 310.30
\$80,000 Lump Sum Option				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 17.70	\$ 19.40	\$ 35.40	\$ 37.10
40-44	\$ 23.60	\$ 25.30	\$ 47.30	\$ 49.00
45-49	\$ 29.60	\$ 31.30	\$ 59.20	\$ 60.90
50-54	\$ 41.10	\$ 42.80	\$ 82.30	\$ 84.00
55-59	\$ 52.90	\$ 54.60	\$ 105.70	\$ 107.40
60-64	\$ 64.80	\$ 66.50	\$ 129.50	\$ 131.40
65-69	\$ 79.40	\$ 81.10	\$ 158.60	\$ 160.30
70-74	\$ 125.80	\$ 127.50	\$ 251.40	\$ 253.10
75	\$ 175.30	\$ 177.00	\$ 350.50	\$ 352.20
\$90,000 Lump Sum Option				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 19.70	\$ 21.60	\$ 39.60	\$ 41.30
40-44	\$ 26.50	\$ 28.20	\$ 52.90	\$ 54.60
45-49	\$ 33.20	\$ 34.90	\$ 66.10	\$ 68.00
50-54	\$ 46.10	\$ 47.80	\$ 92.10	\$ 93.80
55-59	\$ 59.20	\$ 60.90	\$ 118.30	\$ 120.20
60-64	\$ 72.40	\$ 74.30	\$ 145.00	\$ 146.70
65-69	\$ 88.70	\$ 90.60	\$ 177.50	\$ 179.40
70-74	\$ 140.80	\$ 142.50	\$ 281.50	\$ 283.40
75	\$ 196.40	\$ 198.10	\$ 392.50	\$ 394.40
\$100,000 Lump Sum Option				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 21.90	\$ 23.60	\$ 43.90	\$ 45.60
40-44	\$ 29.20	\$ 30.90	\$ 58.50	\$ 60.20
45-49	\$ 36.60	\$ 38.40	\$ 73.30	\$ 75.00
50-54	\$ 51.00	\$ 52.70	\$ 101.80	\$ 103.70
55-59	\$ 65.50	\$ 67.30	\$ 130.90	\$ 132.80
60-64	\$ 80.20	\$ 81.90	\$ 160.30	\$ 162.20
65-69	\$ 98.30	\$ 100.00	\$ 196.50	\$ 198.20
70-74	\$ 155.90	\$ 157.60	\$ 311.60	\$ 313.50
75	\$ 217.30	\$ 219.10	\$ 434.50	\$ 436.40

Tobacco Users				
\$60,000 Lump Sum Option				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 15.80	\$ 17.50	\$ 31.50	\$ 33.30
40-44	\$ 20.20	\$ 22.10	\$ 40.60	\$ 42.30
45-49	\$ 27.20	\$ 28.90	\$ 54.20	\$ 56.10
50-54	\$ 36.00	\$ 37.70	\$ 72.10	\$ 74.00
55-59	\$ 45.10	\$ 46.80	\$ 89.90	\$ 91.80
60-64	\$ 56.10	\$ 57.80	\$ 112.00	\$ 113.90
65-69	\$ 64.90	\$ 66.60	\$ 129.90	\$ 131.80
70-74	\$ 100.30	\$ 102.00	\$ 200.60	\$ 202.50
75	\$ 138.00	\$ 139.70	\$ 275.90	\$ 277.80
\$70,000 Lump Sum Option				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 18.20	\$ 19.90	\$ 36.40	\$ 38.30
40-44	\$ 23.50	\$ 25.20	\$ 46.90	\$ 48.60
45-49	\$ 31.30	\$ 33.20	\$ 62.70	\$ 64.40
50-54	\$ 41.70	\$ 43.40	\$ 83.30	\$ 85.20
55-59	\$ 52.00	\$ 53.70	\$ 104.00	\$ 105.70
60-64	\$ 64.80	\$ 66.50	\$ 129.50	\$ 131.40
65-69	\$ 75.10	\$ 76.80	\$ 150.30	\$ 152.00
70-74	\$ 116.10	\$ 117.80	\$ 232.20	\$ 233.90
75	\$ 159.60	\$ 161.50	\$ 319.40	\$ 321.10
\$80,000 Lump Sum Option				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 20.70	\$ 22.40	\$ 41.30	\$ 43.00
40-44	\$ 26.70	\$ 28.40	\$ 53.20	\$ 54.90
45-49	\$ 35.50	\$ 37.20	\$ 71.10	\$ 72.80
50-54	\$ 47.30	\$ 49.00	\$ 94.50	\$ 96.40
55-59	\$ 59.00	\$ 60.70	\$ 118.00	\$ 119.90
60-64	\$ 73.60	\$ 75.30	\$ 147.10	\$ 148.90
65-69	\$ 85.30	\$ 87.00	\$ 170.50	\$ 172.40
70-74	\$ 131.90	\$ 133.60	\$ 263.70	\$ 265.40
75	\$ 181.40	\$ 183.10	\$ 362.80	\$ 364.50
\$90,000 Lump Sum Option				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 23.10	\$ 24.80	\$ 46.20	\$ 47.90
40-44	\$ 29.80	\$ 31.50	\$ 59.50	\$ 61.40
45-49	\$ 39.80	\$ 41.50	\$ 79.60	\$ 81.30
50-54	\$ 52.90	\$ 54.60	\$ 105.70	\$ 107.40
55-59	\$ 66.00	\$ 67.80	\$ 132.10	\$ 133.80
60-64	\$ 82.30	\$ 84.00	\$ 164.60	\$ 166.40
65-69	\$ 95.40	\$ 97.20	\$ 190.90	\$ 192.60
70-74	\$ 147.60	\$ 149.40	\$ 295.30	\$ 297.00
75	\$ 203.20	\$ 204.90	\$ 406.30	\$ 408.00
\$100,000 Lump Sum Option				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 25.50	\$ 27.40	\$ 51.20	\$ 52.90
40-44	\$ 33.00	\$ 34.70	\$ 65.80	\$ 67.70
45-49	\$ 44.00	\$ 45.70	\$ 87.90	\$ 89.60
50-54	\$ 58.50	\$ 60.20	\$ 117.00	\$ 118.70
55-59	\$ 73.10	\$ 74.80	\$ 146.00	\$ 147.70
60-64	\$ 91.10	\$ 92.80	\$ 182.10	\$ 183.90
65-69	\$ 105.60	\$ 107.30	\$ 211.10	\$ 212.80
70-74	\$ 163.40	\$ 165.10	\$ 326.70	\$ 328.40
75	\$ 224.90	\$ 226.60	\$ 449.70	\$ 451.40

**Washington National Insurance Company
Individual Critical Illness Policy Form WNIC1068**

**Critical Conditions Rider - R1073
Monthly Premiums Rates
With Cash Value**

Non-Tobacco Users				
\$5,000 Lump Sum Option				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 1.90	\$ 3.10	\$ 3.90	\$ 4.90
40-44	\$ 2.60	\$ 3.70	\$ 5.30	\$ 6.30
45-49	\$ 3.40	\$ 4.40	\$ 6.60	\$ 7.70
50-54	\$ 4.40	\$ 5.40	\$ 8.80	\$ 9.90
55-59	\$ 5.60	\$ 6.60	\$ 11.20	\$ 12.20
60-64	\$ 7.00	\$ 8.00	\$ 13.90	\$ 15.10
65-69	\$ 8.30	\$ 9.50	\$ 16.80	\$ 17.90
70-74	\$ 12.80	\$ 13.80	\$ 25.50	\$ 26.70
75	\$ 17.70	\$ 18.70	\$ 35.40	\$ 36.40
\$10,000 Lump Sum Option				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 3.10	\$ 4.80	\$ 6.00	\$ 7.70
40-44	\$ 4.10	\$ 5.80	\$ 8.00	\$ 9.90
45-49	\$ 5.10	\$ 6.80	\$ 10.20	\$ 11.90
50-54	\$ 6.80	\$ 8.50	\$ 13.60	\$ 15.50
55-59	\$ 8.80	\$ 10.50	\$ 17.50	\$ 19.20
60-64	\$ 10.90	\$ 12.60	\$ 21.80	\$ 23.50
65-69	\$ 13.10	\$ 15.00	\$ 26.40	\$ 28.10
70-74	\$ 20.20	\$ 22.10	\$ 40.60	\$ 42.30
75	\$ 28.20	\$ 29.90	\$ 56.40	\$ 58.10
\$20,000 Lump Sum Option				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 5.10	\$ 6.80	\$ 10.20	\$ 11.90
40-44	\$ 6.80	\$ 8.50	\$ 13.60	\$ 15.50
45-49	\$ 8.50	\$ 10.40	\$ 17.20	\$ 18.90
50-54	\$ 11.70	\$ 13.40	\$ 23.50	\$ 25.20
55-59	\$ 15.10	\$ 16.80	\$ 30.10	\$ 31.80
60-64	\$ 18.50	\$ 20.20	\$ 37.10	\$ 38.90
65-69	\$ 22.60	\$ 24.30	\$ 45.20	\$ 46.90
70-74	\$ 35.40	\$ 37.10	\$ 70.70	\$ 72.40
75	\$ 49.10	\$ 51.00	\$ 98.40	\$ 100.10
\$30,000 Lump Sum Option				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 7.10	\$ 9.00	\$ 14.30	\$ 16.20
40-44	\$ 9.70	\$ 11.40	\$ 19.20	\$ 21.10
45-49	\$ 12.10	\$ 13.80	\$ 24.10	\$ 25.80
50-54	\$ 16.70	\$ 18.40	\$ 33.30	\$ 35.00
55-59	\$ 21.40	\$ 23.10	\$ 42.70	\$ 44.50
60-64	\$ 26.40	\$ 28.10	\$ 52.50	\$ 54.20
65-69	\$ 32.00	\$ 33.80	\$ 64.10	\$ 65.80
70-74	\$ 50.50	\$ 52.20	\$ 100.80	\$ 102.70
75	\$ 70.20	\$ 71.90	\$ 140.40	\$ 142.10
\$40,000 Lump Sum Option				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 9.40	\$ 11.10	\$ 18.50	\$ 20.20
40-44	\$ 12.40	\$ 14.10	\$ 24.80	\$ 26.70
45-49	\$ 15.60	\$ 17.30	\$ 31.10	\$ 33.00
50-54	\$ 21.60	\$ 23.30	\$ 43.00	\$ 44.90
55-59	\$ 27.70	\$ 29.40	\$ 55.30	\$ 57.10
60-64	\$ 34.00	\$ 35.70	\$ 68.00	\$ 69.70
65-69	\$ 41.50	\$ 43.20	\$ 83.00	\$ 84.80
70-74	\$ 65.50	\$ 67.30	\$ 130.90	\$ 132.80
75	\$ 91.30	\$ 93.00	\$ 182.40	\$ 184.30
\$50,000 Lump Sum Option				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 11.40	\$ 13.10	\$ 22.80	\$ 24.50
40-44	\$ 15.30	\$ 17.00	\$ 30.40	\$ 32.30
45-49	\$ 19.00	\$ 20.90	\$ 38.30	\$ 40.00
50-54	\$ 26.50	\$ 28.20	\$ 52.90	\$ 54.60
55-59	\$ 34.00	\$ 35.70	\$ 68.00	\$ 69.70
60-64	\$ 41.70	\$ 43.40	\$ 83.30	\$ 85.20
65-69	\$ 51.00	\$ 52.70	\$ 101.80	\$ 103.70
70-74	\$ 80.60	\$ 82.30	\$ 161.20	\$ 162.90
75	\$ 112.20	\$ 114.10	\$ 224.40	\$ 226.30

Tobacco Users				
\$5,000 Lump Sum Option				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 2.20	\$ 3.40	\$ 4.60	\$ 5.60
40-44	\$ 3.10	\$ 4.10	\$ 6.00	\$ 7.00
45-49	\$ 4.10	\$ 5.10	\$ 8.00	\$ 9.20
50-54	\$ 5.30	\$ 6.30	\$ 10.50	\$ 11.60
55-59	\$ 6.50	\$ 7.50	\$ 12.90	\$ 13.90
60-64	\$ 7.80	\$ 9.00	\$ 15.80	\$ 16.80
65-69	\$ 9.20	\$ 10.20	\$ 18.20	\$ 19.20
70-74	\$ 13.60	\$ 14.80	\$ 27.40	\$ 28.40
75	\$ 18.50	\$ 19.60	\$ 37.10	\$ 38.30
\$10,000 Lump Sum Option				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 3.60	\$ 5.30	\$ 7.00	\$ 8.80
40-44	\$ 4.60	\$ 6.30	\$ 9.20	\$ 10.90
45-49	\$ 6.10	\$ 7.80	\$ 12.20	\$ 13.90
50-54	\$ 8.00	\$ 9.90	\$ 16.20	\$ 17.90
55-59	\$ 10.00	\$ 11.70	\$ 19.90	\$ 21.80
60-64	\$ 12.20	\$ 13.90	\$ 24.50	\$ 26.40
65-69	\$ 14.10	\$ 16.00	\$ 28.40	\$ 30.10
70-74	\$ 21.60	\$ 23.30	\$ 43.00	\$ 44.90
75	\$ 29.40	\$ 31.10	\$ 58.80	\$ 60.50
\$20,000 Lump Sum Option				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 6.00	\$ 7.70	\$ 11.90	\$ 13.60
40-44	\$ 7.70	\$ 9.50	\$ 15.50	\$ 17.20
45-49	\$ 10.40	\$ 12.10	\$ 20.70	\$ 22.40
50-54	\$ 13.60	\$ 15.50	\$ 27.40	\$ 29.10
55-59	\$ 17.00	\$ 18.70	\$ 34.00	\$ 35.70
60-64	\$ 21.10	\$ 22.80	\$ 42.00	\$ 43.90
65-69	\$ 24.30	\$ 26.00	\$ 48.60	\$ 50.50
70-74	\$ 37.20	\$ 39.10	\$ 74.60	\$ 76.30
75	\$ 51.20	\$ 52.90	\$ 102.30	\$ 104.00
\$30,000 Lump Sum Option				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 8.30	\$ 10.20	\$ 16.80	\$ 18.50
40-44	\$ 10.90	\$ 12.60	\$ 21.80	\$ 23.50
45-49	\$ 14.50	\$ 16.30	\$ 29.10	\$ 30.80
50-54	\$ 19.20	\$ 21.10	\$ 38.60	\$ 40.30
55-59	\$ 24.00	\$ 25.70	\$ 47.90	\$ 49.80
60-64	\$ 29.80	\$ 31.50	\$ 59.50	\$ 61.40
65-69	\$ 34.50	\$ 36.20	\$ 69.00	\$ 70.70
70-74	\$ 53.00	\$ 54.70	\$ 106.10	\$ 107.80
75	\$ 72.80	\$ 74.60	\$ 145.70	\$ 147.40
\$40,000 Lump Sum Option				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 10.90	\$ 12.60	\$ 21.80	\$ 23.50
40-44	\$ 13.90	\$ 15.80	\$ 28.10	\$ 29.80
45-49	\$ 18.70	\$ 20.60	\$ 37.40	\$ 39.30
50-54	\$ 24.80	\$ 26.70	\$ 49.80	\$ 51.50
55-59	\$ 30.90	\$ 32.80	\$ 62.10	\$ 63.80
60-64	\$ 38.60	\$ 40.30	\$ 77.00	\$ 78.90
65-69	\$ 44.70	\$ 46.40	\$ 89.30	\$ 91.10
70-74	\$ 68.90	\$ 70.60	\$ 137.70	\$ 139.40
75	\$ 94.50	\$ 96.40	\$ 189.00	\$ 190.90
\$50,000 Lump Sum Option				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 13.30	\$ 15.10	\$ 26.70	\$ 28.40
40-44	\$ 17.20	\$ 18.90	\$ 34.30	\$ 36.00
45-49	\$ 23.00	\$ 24.70	\$ 45.90	\$ 47.60
50-54	\$ 30.40	\$ 32.30	\$ 60.90	\$ 62.70
55-59	\$ 38.10	\$ 39.80	\$ 76.00	\$ 77.70
60-64	\$ 47.30	\$ 49.00	\$ 94.50	\$ 96.40
65-69	\$ 54.70	\$ 56.60	\$ 109.70	\$ 111.40
70-74	\$ 84.50	\$ 86.40	\$ 169.20	\$ 170.90
75	\$ 116.30	\$ 118.00	\$ 232.60	\$ 234.30

**Washington National Insurance Company
Individual Critical Illness Policy Form WNIC1068**

**Critical Conditions Rider - R1073
Monthly Premiums Rates
With Cash Value**

Non-Tobacco Users				
\$60,000 Lump Sum Option				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 13.40	\$ 15.30	\$ 27.00	\$ 28.70
40-44	\$ 18.00	\$ 19.70	\$ 36.00	\$ 37.70
45-49	\$ 22.60	\$ 24.30	\$ 45.20	\$ 46.90
50-54	\$ 31.30	\$ 33.20	\$ 62.70	\$ 64.40
55-59	\$ 40.30	\$ 42.00	\$ 80.60	\$ 82.30
60-64	\$ 49.30	\$ 51.20	\$ 98.80	\$ 100.50
65-69	\$ 60.40	\$ 62.20	\$ 120.90	\$ 122.60
70-74	\$ 95.50	\$ 97.40	\$ 191.30	\$ 193.00
75	\$ 133.30	\$ 135.00	\$ 266.60	\$ 268.30
\$70,000 Lump Sum Option				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 15.60	\$ 17.30	\$ 31.10	\$ 33.00
40-44	\$ 20.90	\$ 22.60	\$ 41.70	\$ 43.40
45-49	\$ 26.00	\$ 27.90	\$ 52.20	\$ 53.90
50-54	\$ 36.20	\$ 38.10	\$ 72.40	\$ 74.30
55-59	\$ 46.60	\$ 48.30	\$ 93.20	\$ 94.90
60-64	\$ 57.10	\$ 58.80	\$ 114.20	\$ 115.90
65-69	\$ 69.90	\$ 71.60	\$ 139.70	\$ 141.40
70-74	\$ 110.70	\$ 112.40	\$ 221.30	\$ 223.00
75	\$ 154.20	\$ 156.10	\$ 308.60	\$ 310.30
\$80,000 Lump Sum Option				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 17.70	\$ 19.40	\$ 35.40	\$ 37.10
40-44	\$ 23.60	\$ 25.30	\$ 47.30	\$ 49.00
45-49	\$ 29.60	\$ 31.30	\$ 59.20	\$ 60.90
50-54	\$ 41.10	\$ 42.80	\$ 82.30	\$ 84.00
55-59	\$ 52.90	\$ 54.60	\$ 105.70	\$ 107.40
60-64	\$ 64.80	\$ 66.50	\$ 129.50	\$ 131.40
65-69	\$ 79.40	\$ 81.10	\$ 158.60	\$ 160.30
70-74	\$ 125.80	\$ 127.50	\$ 251.40	\$ 253.10
75	\$ 175.30	\$ 177.00	\$ 350.50	\$ 352.20
\$90,000 Lump Sum Option				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 19.70	\$ 21.60	\$ 39.60	\$ 41.30
40-44	\$ 26.50	\$ 28.20	\$ 52.90	\$ 54.60
45-49	\$ 33.20	\$ 34.90	\$ 66.10	\$ 68.00
50-54	\$ 46.10	\$ 47.80	\$ 92.10	\$ 93.80
55-59	\$ 59.20	\$ 60.90	\$ 118.30	\$ 120.20
60-64	\$ 72.40	\$ 74.30	\$ 145.00	\$ 146.70
65-69	\$ 88.70	\$ 90.60	\$ 177.50	\$ 179.40
70-74	\$ 140.80	\$ 142.50	\$ 281.50	\$ 283.40
75	\$ 196.40	\$ 198.10	\$ 392.50	\$ 394.40
\$100,000 Lump Sum Option				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 21.90	\$ 23.60	\$ 43.90	\$ 45.60
40-44	\$ 29.20	\$ 30.90	\$ 58.50	\$ 60.20
45-49	\$ 36.60	\$ 38.40	\$ 73.30	\$ 75.00
50-54	\$ 51.00	\$ 52.70	\$ 101.80	\$ 103.70
55-59	\$ 65.50	\$ 67.30	\$ 130.90	\$ 132.80
60-64	\$ 80.20	\$ 81.90	\$ 160.30	\$ 162.20
65-69	\$ 98.30	\$ 100.00	\$ 196.50	\$ 198.20
70-74	\$ 155.90	\$ 157.60	\$ 311.60	\$ 313.50
75	\$ 217.30	\$ 219.10	\$ 434.50	\$ 436.40

Tobacco Users				
\$60,000 Lump Sum Option				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 15.80	\$ 17.50	\$ 31.50	\$ 33.30
40-44	\$ 20.20	\$ 22.10	\$ 40.60	\$ 42.30
45-49	\$ 27.20	\$ 28.90	\$ 54.20	\$ 56.10
50-54	\$ 36.00	\$ 37.70	\$ 72.10	\$ 74.00
55-59	\$ 45.10	\$ 46.80	\$ 89.90	\$ 91.80
60-64	\$ 56.10	\$ 57.80	\$ 112.00	\$ 113.90
65-69	\$ 64.90	\$ 66.60	\$ 129.90	\$ 131.80
70-74	\$ 100.30	\$ 102.00	\$ 200.60	\$ 202.50
75	\$ 138.00	\$ 139.70	\$ 275.90	\$ 277.80
\$70,000 Lump Sum Option				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 18.20	\$ 19.90	\$ 36.40	\$ 38.30
40-44	\$ 23.50	\$ 25.20	\$ 46.90	\$ 48.60
45-49	\$ 31.30	\$ 33.20	\$ 62.70	\$ 64.40
50-54	\$ 41.70	\$ 43.40	\$ 83.30	\$ 85.20
55-59	\$ 52.00	\$ 53.70	\$ 104.00	\$ 105.70
60-64	\$ 64.80	\$ 66.50	\$ 129.50	\$ 131.40
65-69	\$ 75.10	\$ 76.80	\$ 150.30	\$ 152.00
70-74	\$ 116.10	\$ 117.80	\$ 232.20	\$ 233.90
75	\$ 159.60	\$ 161.50	\$ 319.40	\$ 321.10
\$80,000 Lump Sum Option				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 20.70	\$ 22.40	\$ 41.30	\$ 43.00
40-44	\$ 26.70	\$ 28.40	\$ 53.20	\$ 54.90
45-49	\$ 35.50	\$ 37.20	\$ 71.10	\$ 72.80
50-54	\$ 47.30	\$ 49.00	\$ 94.50	\$ 96.40
55-59	\$ 59.00	\$ 60.70	\$ 118.00	\$ 119.90
60-64	\$ 73.60	\$ 75.30	\$ 147.10	\$ 148.90
65-69	\$ 85.30	\$ 87.00	\$ 170.50	\$ 172.40
70-74	\$ 131.90	\$ 133.60	\$ 263.70	\$ 265.40
75	\$ 181.40	\$ 183.10	\$ 362.80	\$ 364.50
\$90,000 Lump Sum Option				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 23.10	\$ 24.80	\$ 46.20	\$ 47.90
40-44	\$ 29.80	\$ 31.50	\$ 59.50	\$ 61.40
45-49	\$ 39.80	\$ 41.50	\$ 79.60	\$ 81.30
50-54	\$ 52.90	\$ 54.60	\$ 105.70	\$ 107.40
55-59	\$ 66.00	\$ 67.80	\$ 132.10	\$ 133.80
60-64	\$ 82.30	\$ 84.00	\$ 164.60	\$ 166.40
65-69	\$ 95.40	\$ 97.20	\$ 190.90	\$ 192.60
70-74	\$ 147.60	\$ 149.40	\$ 295.30	\$ 297.00
75	\$ 203.20	\$ 204.90	\$ 406.30	\$ 408.00
\$100,000 Lump Sum Option				
Issue Age	Individual	Single Parent	Individual & Spouse	Family
18-39	\$ 25.50	\$ 27.40	\$ 51.20	\$ 52.90
40-44	\$ 33.00	\$ 34.70	\$ 65.80	\$ 67.70
45-49	\$ 44.00	\$ 45.70	\$ 87.90	\$ 89.60
50-54	\$ 58.50	\$ 60.20	\$ 117.00	\$ 118.70
55-59	\$ 73.10	\$ 74.80	\$ 146.00	\$ 147.70
60-64	\$ 91.10	\$ 92.80	\$ 182.10	\$ 183.90
65-69	\$ 105.60	\$ 107.30	\$ 211.10	\$ 212.80
70-74	\$ 163.40	\$ 165.10	\$ 326.70	\$ 328.40
75	\$ 224.90	\$ 226.60	\$ 449.70	\$ 451.40

SERFF Tracking Number: CNSC-128470031 State: Arkansas
 Filing Company: Washington National Insurance Company State Tracking Number:
 Company Tracking Number: WNIC1068
 TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.001 Critical Illness
 Limited Benefit
 Product Name: Individual Critical Illness
 Project Name/Number: Individual Critical Illness 2/WNIC1068

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	06/28/2012
Comments:		
Attachment: Flesch Certification.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application	Approved-Closed	06/28/2012
Bypass Reason: Filing a new applicaiton which is attached to the Forms Schedule tab.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Health - Actuarial Justification	Approved-Closed	06/28/2012
Comments:		
Attachments: ICI2 Actl Memo Standard.pdf ICI2 Benefit Summary.pdf		

	Item Status:	Status Date:
Satisfied - Item: Outline of Coverage	Approved-Closed	06/28/2012
Comments: See Forms Tab Schedule		

	Item Status:	Status Date:
Satisfied - Item: Statement of Availability	Approved-Closed	06/28/2012
Comments:		

FLESCH CERTIFICATION

I hereby certify that the following forms(s) has (have) the following readability score(s) as calculated by the Flesch Reading Ease Test and that this (these) form(s) meet(s) the reading ease requirements as required by law.

FORM NUMBER	FLESCH SCORE
Policy:	50
WNIC1068AR - Critical Illness Policy	
WNIC1068D - Definitions Section	
WNIC1068P - Premium Section	
WNIC1068C - Claim Provisions Section	
WNIC1068GP - General Provisions Section	
WNIC1069LEAR - Limitations and Exclusions Section	
WNIC1068CNAR - Benefits (Cancer) Section	
WNIC1068HS - Benefits (Heart/Stroke) Section	
WNIC1068CHAR - Benefits (Cancer/Heart/Stroke) Section	
Optional Riders:	
R1069AR - Accidental Death and Dismemberment Rider	50
R1070AR - Hospital Indemnity Rider	50
R1071AR - Hospital Indemnity Rider	50
R1072AR - Radiation and Chemotherapy Benefit Rider	50
R1073 - Critical Conditions Rider	50
R1077CV - Cash Value Rider	50
R1077ROPAR - Return of Premium Rider	50
Application:	
AP-1067AR - Application	50
Schedules:	
BS1068CH - Critical Illness Benefit Schedule	50
BS1068CN - Critical Illness Benefit Schedule	50
BS1068HS - Critical Illness Benefit Schedule	50
BS1069 - Accidental Death and Dismemberment Benefit Schedule	50
BS1073 - Critical Conditions Rider Benefit Schedule	50
SCHEDULE-ICI2 - Policy Schedule	
Outline of Coverage:	
OC1068AR - Outline of Coverage	50



Mathias E. Brown
Sr. Director and Assistant Secretary, Product Approval and Compliance
Date 6/13/2012

Arkansas
Statement of Variability

Date: 6/18/2012

WNIC1068AR:

This contract has been set up in sections with each section having its own form number. The sections are as follows and will be included in each contract: WNIC1068AR - Critical Illness Policy; WNIC1068DAR - Definitions Section; WNIC1068P - Premium Section; WNIC1068C - Claim Provisions Section; WNIC1068GP - General Provisions Section; WNIC1069LEAR - Limitations and Exclusions Section. The text of each section will not change.

The contract has been set up with section 6 benefits as variable. This section will be system generated according to the applicant's application choices, for example, if an applicant chooses the cancer only product, then section 6 benefits (section number WNIC1068CNAR) for cancer only coverage will print. The sections in the contract are represented as follows: WNIC1068CNAR cancer only coverage; WNIC1068HS heart/stroke; WNIC1068CHAR all of these. The text of these sections will not change. The variability of these sections is only to produce the proper choice as made by the applicant on the application.

Schedules:

The following schedules BS1068CN, BS1068HS, BS1068CH are variable in the lump sum benefit amount. The lump sum benefit amount will be system generated according to the applicant's application benefit amount selection. The child amount will be \$5,000 when the policyowner's selection is \$5,000. The child amount will be \$10,000 for any other selection. When spouse or child coverage is not selected the benefit amount column will display "n/a".

AP-1067AR, application.

Section 1, general information is being filed as variable. The information in this section will either appear or not appear.

Section 2, health questions. The instruction area is being filed as variable to allow the instruction to be amended as necessary. This area will only include instructions to the applicants and does not contain any questions.

Section 3, coverage selection. This section is being filed as variable to allow the flexibility to include or remove the various selections and payment modes.

Section 5, agent information. This section is being filed as variable to include additional questions to the agent.

The bar code information at the top of the application is also being filed as variable. The bar code will contain the company information only and is used for internal processing.

Policy Schedule:

The policy schedule displays the coverage issued under the contract. The following fields are being filed as variable and will be populated based upon the application choices: Mode of Payment and Modal Premium. The Annual Premium will display based upon all selections. The Payment field will be based upon the modal premium for each selection. Class will be either tobacco or non-tobacco based upon the application questions answer. The Effective Date will be based upon the date of the coverage issuance. The Description of Coverage will contain the title of the coverage choice as well as the coverage type (Individual; Individual plus child(ren); Individual plus spouse; or Family). The Benefit Amount will range from \$10,000 up to \$100,000 based upon the benefit amount selected. The Children's benefit will be displayed on the Benefit Schedule attached to the policy. The form number of the product will be displayed in the form number column.

The following statement will only be included when there is an excluded individual under the coverage "As a result of the information provided on the application the following individual(s) are not covered for the stated coverage:". The individual name will appear with the description of the coverage that the individual is excluded from. For example, As a result of the information provided on the application the following individual(s) are not covered for the stated coverage: Jane Doe is excluded from coverage under the Hospital Indemnity Rider, R1070".

OC1068AR, outline of coverage.

The optional rider descriptions have been bracketed to allow for removal of the description if the optional rider will not be offered. The description will not change.