Filing at a Glance

Company:	Standard Insurance Company
Product Name:	IDI B170-B170GI
State:	Arkansas
TOI:	H11I Individual Health - Disability Income
Sub-TOI:	H11I.004 Other
Filing Type:	Form/Rate
Date Submitted:	09/23/2010
SERFF Tr Num:	STAN-126741941
SERFF Status:	Closed-Approved-Closed
State Tr Num:	46888
State Status:	Approved-Closed
Co Tr Num:	B170
Implementation Date Requested:	On Approval
Author(s):	Ruth Ansin
Reviewer(s):	Rosalind Minor (primary)
Disposition Date:	01/02/2013
Disposition Status:	Approved-Closed
Implementation Date:	

State Filing Description:

State: *Arkansas* **Filing Company:** *Standard Insurance Company*
TOI/Sub-TOI: *H11I Individual Health - Disability Income/H11I.004 Other*
Product Name: *IDI B170-B170GI*
Project Name/Number: *Platinum/B170-2010*

General Information

Project Name: Platinum
Project Number: B170-2010
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Deemer Date:
Submitted By: Ruth Ansin

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments: Filing simultaneously
Market Type: Individual
Individual Market Type:
Filing Status Changed: 01/02/2013
State Status Changed: 01/02/2013
Created By: Ruth Ansin
Corresponding Filing Tracking Number:

Filing Description:
RE: New Submission / SERFF Trk No. STAN-126741941
Form and Rate Filing – Individual Disability Income Insurance

Dear Sir or Madam:

This submission contains forms and rates for our new individual disability income product. The forms include our primary base policy and a related "guarantee issue" version of the policy, outlines of coverage for each policy, seven riders, four endorsements and four application forms. Once approved and implemented, this product will replace our current disability income product for new business issues of individual disability income coverage. The forms being replaced are noted by form number in the descriptions of the comparable new forms, below. Unless a different date is noted, the policy, rider and endorsement forms being replaced were filed/approved by your office on June 24, 2005. Please note, again, that we are not replacing any policies that are already in force.

Following is a brief description of each form in this submission.

DISABILITY INCOME INSURANCE POLICY
B170(7/10)AR
This policy provides a monthly benefit while the insured is totally disabled in his/her own occupation as a result of injury or sickness, and monthly benefits while the insured is partially disabled, working in his/her own occupation or in another occupation. Upon recovery, the insured may be continue to be eligible for a monthly benefit if he/she experiences a loss of income that is solely due to the injury or sickness that caused the disability from which he/she has just recovered.

Also provided are a Presumptive Disability Benefit with extended (including lifetime) benefit periods; a Rehabilitation Program benefit, a Premium Waiver Benefit, and a Survivor Benefit; and two new benefits, an Automatic Increase Benefit and a Compassionate Disability Benefit. The Automatic Increase Benefit increases the policy's Basic Monthly Benefit by 4%, compounded each year, during a five-year "increase period." The Compassionate Disability Benefit provides a monthly benefit for the Insured's loss of earnings while he/she is caring for a Loved One with a Serious Health Condition. This benefit is limited to a total of six times the Basic Monthly Benefit.

This policy is designed for sale directly to individuals, ages 18-64. It is guaranteed renewable to age 67, at which time the policy ends. Prior to the termination date, premium rates cannot change until after the policy has been in force for three years. After the termination date, the policyowner may request that coverage for Total Disability be continued, on a limited basis, under the terms of the Renewal Option.

DISABILITY INCOME INSURANCE POLICY (GUARANTEE ISSUE VERSION)
B170GI(7/10)AR
This policy form is our “Guarantee Issue” (GI) version of the above policy form, designed for individuals participating in a disability income insurance purchase program sponsored or facilitated by an employer or professional association. The policy provides the same benefit for total disability as the above policy except that, to be considered totally disabled, the insured may not be working in any gainful occupation. The partial disability, recovery, rehabilitation, premium waiver and survivor benefits in this policy are the same as in B170(7/10)AR, above. However, this policy does not include the Automatic Increase or Compassionate Disability benefits. It also does not include a pre-existing conditions exclusion since the basic application for this policy, form 11360(7/10)AR (below), does not include medical questions.

Various riders and endorsements are available in order to adapt this policy to the needs of individuals who wish to purchase more than the basic GI coverage. Those riders and endorsements are described below.

Together, forms B170(7/10)AR and B170GI(7/10)AR will replace our current individual disability income insurance policy, form number B152(5/05)AR.

Note regarding policy form comparisons: Because of significant differences in coverages and extensive non-substantive or cosmetic revisions to clarify language, it is impractical to provide a redline comparison of the current policy form and the new policy forms in this submission. Therefore, we have attached a comparison chart showing the primary differences between the current and new products.

OUTLINES OF COVERAGE
15216(7/10)AR and 15216GI(7/10)AR
These new forms each provide an outline of the coverages included in the above policies. Outline form 15216(7/10)AR describes policy B170(7/10)AR; outline form 15216GI(7/10) describes policy form B170GI(7/10)AR. The appropriate Outline will be provided to the insured/policyowner as required by state laws or regulations. For your information and reference we have included our Acknowledgment of Receipt form, attached to each Outline of Coverage, as confirmation that our forms and processes meet the regulatory receipt requirement.
Upon implementation of the product in this submission, these Outlines of Coverage will replace form 9145(5/05)AR, the Outline used with our current policy, form B152(5/05)AR, which will no longer be marketed.

INDEXED COST OF LIVING BENEFIT RIDER
PR2(7/10)
This rider will be available with both base policy forms in this submission. It provides for annual benefit increases to the disability benefit after the insured has been disabled for one year, based on the average annual change in the consumer price index. The increase is subject to a 3% or 6% cap on the index, depending on which percentage is elected by the policyowner. There are no substantive differences between this form and the previously filed/approved form, PR2(5/05).

FUTURE PURCHASE OPTION RIDER
PR4(7/10)
This rider will be available with both base policy forms in this submission. It is a type of guaranteed insurability benefit, providing for the purchase of additional coverage at specific intervals without requiring medical evidence of insurability. Only financial evidence is required. Other than the change in the minimum amount of purchased coverage from $100 to $200, and the addition of a new provision allowing off-anniversary purchases, this form is substantively the same as the previously filed/approved form, PR4(5/05).

NONCANCELLABLE POLICY RIDER

PR6(7/10)
This rider will be available with both base policy forms in this submission. It changes the policy from guaranteed renewable to noncancelable and guaranteed renewable. Premium rates cannot be changed prior to the policy's termination date. There is only one substantive difference between this new form and our current, previously approved form, PR6(5/05). The previously approved form provides an extended (lifetime) benefit period for Presumptive Disability. That provision has been incorporated into the new base policies, B170(7/10)AR and B170GI(7/10)AR; therefore, it is not included in this new rider.

CATASTROPHIC DISABILITY BENEFIT RIDERS
PR9(7/10) and PR9GI(7/10)
These twin riders pay an additional monthly benefit if the insured is receiving benefits for total disability and also suffering a loss of two or more activities of daily living or has severe cognitive impairment, or is presumptively disabled. Form PR9(7/10) will be used with policy form B170(7/10)AR. Form PR9GI(7/10) is identical, except that it contains terms and definitions applicable to this rider that are not found in the GI version of the base policy with which it will be used, form B170GI(7/10)AR. In substance, these new rider forms are the same as the previously filed/approved form, PR9(5/05).

OWN OCCUPATION RIDER
PR7(7/10)
This rider will be available with the Guarantee Issue version of the base policy, form B170GI(7/10)AR. It changes the policy's definition of total disability to an "own occupation" definition by removing "not engaged in any other gainful occupation." Thus the insured is considered totally disabled if, due to injury or sickness, he is unable to perform the duties of his regular occupation and is under the care of a physician, even though he may be working in another gainful occupation. There are no substantive differences between this form and the previously filed/approved form to be replaced, form number PR7(5/05).

24 MONTH REGULAR OCCUPATION RIDER
PR14(7/10)
This rider will be available with the Guarantee Issue version of the base policy, form B170GI(7/10)AR. It changes the policy's definition of total disability after two years of benefit payments to an "any occupation" definition. Under this definition, the insured is considered totally disabled if he is unable to perform in any occupation for which he is reasonably fitted by education, training or education, and he is not engaged in any gainful occupation, and he is under the care of a physician. This is a brand new form, not replacing any previously filed form.

ERISA CLAIMS PROCEDURES POLICY ENDORSEMENT
12611(7/10)AR
This endorsement replaces the Claims section of the policy to which it is attached. While the policy's claims provisions remain the same, new sections are added to comply with the U.S. Department of Labor laws for ERISA-based cases. This endorsement will be issued primarily with the GI version of the policy, B170GI(7/10)AR. In any other ERISA-based case where the non-GI version of the policy, form B170(7/10)AR, is issued, this endorsement will include language, shown in brackets, pertaining to the Compassionate Disability Benefit which is included in that version of the policy. Other than the bracketed language, there are no substantive differences between this form and the previously filed/approved form, 12611(5/05).

DISABILITY INCOME POLICY LIMITATION FOR MENTAL DISORDER AND/OR SUBSTANCE ABUSE POLICY ENDORSEMENT
12612(7/10)
This endorsement adds a 24-month limitation on benefits for disability caused by mental disorder and/or substance abuse, as defined in the endorsement. This form will be available for issue with the GI version of the policy, B170GI(7/10)AR, as negotiated with the sponsoring employer or association and selected on the application for insurance. The only substantive

difference between this form and the previously filed/approved form to be replaced, form number 12612(5/05), is the removal of the reference to the Diagnostic and Statistical Manual of Mental Disorders and, in its place, the addition of a list of types of "mental disorders."

GUARANTEE ISSUE POLICY EXCLUSION FOR PRE-EXISTING CONDITIONS POLICY ENDORSEMENT
15247(7/10)
This policy endorsement adds a pre-existing conditions exclusion to the GI version of the policy, B170GI(7/10)AR. We will issue this form as deemed necessary for underwriting higher risks, as may be evidenced in the application for insurance. With this endorsement attached to the policy, disability caused by a pre-existing condition is covered after the policy has been in force for 12 months, if the pre-existing condition was disclosed in the application and it is not specifically excluded. If the application does not seek disclosure of pre-existing conditions and a pre-existing condition is not specifically excluded, then disability due to that pre-existing condition will be covered after the first 12 months that the policy is in force.
This is a new form. It does not replace any previously filed form.

POLICY MODIFICATION ENDORSEMENT
15229(7/10)
This new policy endorsement will enable us to offer the basic coverage in policy form B170(7/10)AR to applicants who would by industry standards be considered sub-standard risks or uninsurable. This endorsement changes the policy's definition of Totally Disabled to require that the insured is not working in any other gainful occupation. The endorsement also removes the Compassionate Disability Benefit and Automatic Increase Benefit in their entirety from the base policy. This endorsement will be used only with the non-GI version of the policy, form B170(7/10)AR. The attachment of this endorsement to policy creates a counteroffer for a proposed insured whose application we would otherwise decline.
This is a new form. It does not replace any previously filed form.

Note regarding policy endorsements: Signed acceptance by the policyowner/insured will be required on any of the above endorsement forms that we issue with a policy if they are not elected on the application for insurance.

APPLICATION FOR DISABILITY INSURANCE
DIAPP(7/10)AR
This is a revision of current basic application for individual disability insurance, form number DIAPP(5/05)AR, filed/approved by your office on June 24, 2005. The primary substantive differences between the previous and new versions are:

a) In the Plan Type and Features section (#16): removal of riders or features we will no longer be offering with our disability income policy (namely, supplemental social insurance and residual disability riders). However, we have bracketed the lists in the submitted form in order that there may be some variability in this section should we decide to add or remove items from the lists. Any additions representing new riders or endorsements would be filed with your office, as required, before we would make them available.

b) Simplification of question 18 regarding earned income. Rather than requiring details from business owners, the application simply asks for annual earned income.

c) Addition of a new question (#24) regarding service with armed forces.

d) Addition of a new question (#40a) designed to give our underwriters have an overview of the proposed insured's health before initiating the TeleApp process with our tele-interviewer who will complete the medical information (Part II).

e) Consolidation of some medical questions resulting in fewer questions for the proposed insured to answer.

f) Addition of some specific conditions, including: tuberculosis, restless leg syndrome, sleep apnea or other sleep disorders, hepatitis, cirrhosis, thyroid disorder, borderline diabetes, infertility, sciatica, carpal tunnel syndrome.

g) Addition of a new question, #59c, regarding parole, probation, arrests or charges of any felony or misdemeanor.

This application form will be used with the policies in this submission, as well as with our other individual disability policies, listed below.
Please note that our information practices disclosure notice and authorization to obtain and disclose information (not included in this submission) will continue to be used with all applications as required by federal and state laws.

SHORT FORM APPLICATION FOR DISABILITY INCOME INSURANCE, GI (GUARANTEE ISSUE) PROGRAM
11360(7/10AR
This is a non-medical application form that will be completed by each individual proposed insured in a guarantee issue qualified group. It is substantively the same as our previously filed/approved form to be replaced, form number 11360(5/05), except for the addition of a 180-day time frame in question 18 regarding full-time work. Also, for future use, we have added our current business overhead expense disability product to the Plan Type and Features section (#9) and bracketed the lists in this section in order to have the flexibility of adding or removing products, riders and other options. Any items we add will have been filed/approved by your office prior to our making them available.

APPLICATION FOR DISABILITY INCOME INSURANCE, MULTI-LIFE GUARANTEE ISSUE PROGRAM
15232(7/10)AR
This is a new form, identical to above Short Form Application except that this form includes six health-related questions (#21-26). This application will be used in conjunction with the Short Form Application when a policyowner/ insured wishes to apply for more coverage than is being offered under the non-medically underwritten guarantee issue program.

POLICY INCREASE APPLICATION
11357(7/10)AR
This form is a revision of, and will replace, our current Application to Exercise a Policy Increase Option, form 11357(7/04), filed/approved by your office on August 9, 2004. The revised form includes two significant additions: (a) a checkbox for requesting an “Accelerated Option Date” as provided in the new Future Purchase Option Rider, PR4(7/10), and (b) a checkbox for requesting an additional Automatic Increase Period, as provided in the Automatic Increase Benefit provision of the new policy, form B170(7/10)AR. Other revisions are to clarify instructions to the applicant.

Other products with which application forms will be used: The application forms in this filing will be used not only with the policies in this filing but also with our current individual disability insurance products, as listed below. They will also be used with any new policy forms that we develop and file with your state in the future.

Policy Form No.	Name/Description	Arkansas Approval Date
B123.3(2/99)AR	Business Overhead Expense Disability Insurance Policy	Nov. 12, 1998
B128.3(11/03)AR	Business Buy-Out Expense Disability Insurance Policy	Dec. 10, 2003

The intended market for this product is individuals, ages 18-64, desiring income replacement insurance. Marketing will be done both on an individual basis and by way of employer/association sponsors. The marketing method will be individual solicitation through licensed insurance producers.

These forms are being filed simultaneously in Oregon, our state of domicile.

The attached forms are formatted for 8½ x 11-inch pages. We may also format the same text for pages of other dimensions or for electronic media (e.g. CD-ROM, Internet) if requested by the policyowner. While we may employ type styles, paper or layouts different from the attached forms, we certify and agree that the content of these forms will not change without prior approval from your office. We also certify that, in all cases, the forms will meet or exceed the minimum standards of applicable state insurance form readability requirements.

If you have any questions or require additional information regarding this filing, please feel free to contact me through SERFF, or by phone or email. Thank you.

Sincerely,

Ruth Ansin
Senior Compliance Analyst
Individual Disability Insurance

Email: ruth.ansin@standard.com
Phone: 971-321-8514 / 800-378-2313

Company and Contact

Filing Contact Information

Ruth Ansin, Senior Compliance Analyst
1100 SW Sixth Avenue
P6D
Portland, OR 97204

ransin@standard.com
971-321-8514 [Phone]
971-321-7805 [FAX]

Filing Company Information

Standard Insurance Company
1100 SW 6th Avenue
Portland, OR 97204
(971) 321-6823 ext. [Phone]

CoCode: 69019
Group Code: 1348
Group Name: SIC
FEIN Number: 93-0242990

State of Domicile: Oregon
Company Type: Life Insurance
State ID Number:

Filing Fees

Fee Required?	Yes
Fee Amount:	$1,000.00
Retaliatory?	No
Fee Explanation:	$50 per form (policy, riders, endorsements, applications) x 19 forms = $ 950 +$50 for rate filing $1000 Total
Per Company:	No

Company	Amount	Date Processed	Transaction #
Standard Insurance Company	$1,000.00	09/23/2010	39842962

State: *Arkansas* **Filing Company:** *Standard Insurance Company*
TOI/Sub-TOI: *H11I Individual Health - Disability Income/H11I.004 Other*
Product Name: *IDI B170-B170GI*
Project Name/Number: *Platinum/B170-2010*

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	01/02/2013	01/02/2013
Approved-Closed	Rosalind Minor	10/08/2010	10/08/2010

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Correction Letter Regarding Filing Description	Ruth Ansin	12/27/2012	12/27/2012

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Request to Reopen Filing for Amendment/Correction of Filing Description	Note To Reviewer	Ruth Ansin	12/11/2012	12/11/2012

State: *Arkansas* **Filing Company:** *Standard Insurance Company*
TOI/Sub-TOI: *H11I Individual Health - Disability Income/H11I.004 Other*
Product Name: *IDI B170-B170GI*
Project Name/Number: *Platinum/B170-2010*

Disposition

Disposition Date: 01/02/2013
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 req'd):	Minimum % Change (where req'd):
Standard Insurance Company	0.000%	0.000%		0		%	%

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	Policy Features Comparison Chart	Approved-Closed	Yes
Supporting Document	Correction Letter Regarding Filing Description	Approved-Closed	Yes
Form	Disability Income Insurance Policy	Approved-Closed	Yes
Form	Disability Income Insurance Policy (Guarantee Issue version)	Approved-Closed	Yes
Form	Outline of Coverage for Policy B170(7/10)	Approved-Closed	Yes
Form	Outline of Coverage for Policy B170GI(7/10)	Approved-Closed	Yes
Form	Indexed Cost of Living Benefit Rider	Approved-Closed	Yes
Form	Future Purchase Option Rider	Approved-Closed	Yes
Form	Noncancelable Policy Rider	Approved-Closed	Yes

State: *Arkansas* **Filing Company:** *Standard Insurance Company*
TOI/Sub-TOI: *H11I Individual Health - Disability Income/H11I.004 Other*
Product Name: *IDI B170-B170GI*
Project Name/Number: *Platinum/B170-2010*

Schedule	Schedule Item	Schedule Item Status	Public Access
Form	Own Occupation Rider	Approved-Closed	Yes
Form	Catastrophic Disability Benefit Rider	Approved-Closed	Yes
Form	Catastrophic Disability Benefit Rider (GI version)	Approved-Closed	Yes
Form	24 Month Regular Occupation Rider	Approved-Closed	Yes
Form	ERISA Claims Procedures Policy Endorsement	Approved-Closed	Yes
Form	Policy Limitation for Mental Disorder/Substance Abuse Policy Endorsement	Approved-Closed	Yes
Form	GI Policy Exclusion for Pre-existing Conditions Policy Endorsement	Approved-Closed	Yes
Form	Policy Modification Endorsement	Approved-Closed	Yes
Form	Application for Disability Insurance	Approved-Closed	Yes
Form	Short Form Application for Disability Income Insurance, Guarantee Issue Program	Approved-Closed	Yes
Form	Application for Disability Income Insurance, Mutli-Life Guarantee Issue Program	Approved-Closed	Yes
Form	Application for Policy Increase	Approved-Closed	Yes
Rate	Rate Exhibit	Approved-Closed	Yes

State: *Arkansas* **Filing Company:** *Standard Insurance Company*
TOI/Sub-TOI: *H11I Individual Health - Disability Income/H11I.004 Other*
Product Name: *IDI B170-B170GI*
Project Name/Number: *Platinum/B170-2010*

Disposition

Disposition Date: 10/08/2010
Implementation Date:
Status: Approved-Closed

Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Standard Insurance Company	0.000%	0.000%		0		%	%

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Supporting Document	Policy Features Comparison Chart	Approved-Closed	Yes
Supporting Document	Correction Letter Regarding Filing Description	Approved-Closed	Yes
Form	Disability Income Insurance Policy	Approved-Closed	Yes
Form	Disability Income Insurance Policy (Guarantee Issue version)	Approved-Closed	Yes
Form	Outline of Coverage for Policy B170(7/10)	Approved-Closed	Yes
Form	Outline of Coverage for Policy B170GI(7/10)	Approved-Closed	Yes
Form	Indexed Cost of Living Benefit Rider	Approved-Closed	Yes
Form	Future Purchase Option Rider	Approved-Closed	Yes
Form	Noncancelable Policy Rider	Approved-Closed	Yes

State: *Arkansas* **Filing Company:** *Standard Insurance Company*
TOI/Sub-TOI: *H11I Individual Health - Disability Income/H11I.004 Other*
Product Name: *IDI B170-B170GI*
Project Name/Number: *Platinum/B170-2010*

Schedule	Schedule Item	Schedule Item Status	Public Access
Form	Own Occupation Rider	Approved-Closed	Yes
Form	Catastrophic Disability Benefit Rider	Approved-Closed	Yes
Form	Catastrophic Disability Benefit Rider (GI version)	Approved-Closed	Yes
Form	24 Month Regular Occupation Rider	Approved-Closed	Yes
Form	ERISA Claims Procedures Policy Endorsement	Approved-Closed	Yes
Form	Policy Limitation for Mental Disorder/Substance Abuse Policy Endorsement	Approved-Closed	Yes
Form	GI Policy Exclusion for Pre-existing Conditions Policy Endorsement	Approved-Closed	Yes
Form	Policy Modification Endorsement	Approved-Closed	Yes
Form	Application for Disability Insurance	Approved-Closed	Yes
Form	Short Form Application for Disability Income Insurance, Guarantee Issue Program	Approved-Closed	Yes
Form	Application for Disability Income Insurance, Mutli-Life Guarantee Issue Program	Approved-Closed	Yes
Form	Application for Policy Increase	Approved-Closed	Yes
Rate	Rate Exhibit	Approved-Closed	Yes

State: *Arkansas* **Filing Company:** *Standard Insurance Company*
TOI/Sub-TOI: *H11I Individual Health - Disability Income/H11I.004 Other*
Product Name: *IDI B170-B170GI*
Project Name/Number: *Platinum/B170-2010*

Amendment Letter

Submitted Date: 12/27/2012

Comments:

Thank you for reopening this filing. We are submitting a letter, attached under the Supporting Documents tab, as an amendment to this filing in order to correct statements in the original filing description indicating that the previously approved product would be replaced by the forms/rates in this filing. Please feel free to call or email me if there are any questions.

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Correction Letter Regarding Filing Description
Comments:	
Attachment(s):	
AR_Letter1.pdf	

State:	*Arkansas*	**Filing Company:**	*Standard Insurance Company*
TOI/Sub-TOI:	*H11I Individual Health - Disability Income/H11I.004 Other*		
Product Name:	*IDI B170-B170GI*		
Project Name/Number:	*Platinum/B170-2010*		

Note To Reviewer

Created By:

Ruth Ansin on 12/11/2012 06:16 PM

Last Edited By:

Ruth Ansin

Submitted On:

12/11/2012 06:17 PM

Subject:

Request to Reopen Filing for Amendment/Correction of Filing Description

Comments:

On October 4, 2012, we spoke by phone with Donna, of your office, about our company wishing to resume sale of the product which we stated we were replaciing with the product in this submission. (See cover letter/description.) Donna advised that we should request this filing be reopened, in order that we may submit an amendment letter to say we will continue to sell the prior product. (Both this product and the prior product will be available.)

We are grateful for your assistance and look forward to being able to amend this filing soon.

Thank you most sincerely.

Ruth Ansin
Phone: 971-321-8514
Email: ruth.ansin@standard.com

State: Arkansas **Filing Company:** Standard Insurance Company
TOI/Sub-TOI: H11I Individual Health - Disability Income/H11I.004 Other
Product Name: IDI B170-B170GI
Project Name/Number: Platinum/B170-2010

Form Schedule

Lead Form Number: B170(7/10)

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Approved-Closed 10/08/2010	Disability Income Insurance Policy	B170(7/10)AR	POL	Initial		51.000	B170ar.pdf
2	Approved-Closed 10/08/2010	Disability Income Insurance Policy (Guarantee Issue version)	B170GI(7/10)AR	POL	Initial		51.000	B170GIar.pdf
3	Approved-Closed 10/08/2010	Outline of Coverage for Policy B170(7/10)	15216(7/10)AR	OUT	Initial		51.000	15216ar.pdf
4	Approved-Closed 10/08/2010	Outline of Coverage for Policy B170GI(7/10)	15216GI(7/10)AR	OUT	Initial		51.000	15216GIar.pdf
5	Approved-Closed 10/08/2010	Indexed Cost of Living Benefit Rider	PR2(7/10)	POLA	Initial		55.000	PR2_ICOL.pdf
6	Approved-Closed 10/08/2010	Future Purchase Option Rider	PR4(7/10)	POLA	Initial		56.000	PR4_FPO.pdf
7	Approved-Closed 10/08/2010	Noncancelable Policy Rider	PR6(7/10)	POLA	Initial		58.000	PR6_Noncan.pdf
8	Approved-Closed 10/08/2010	Own Occupation Rider	PR7(7/10)	POLA	Initial		54.000	PR7_OwnOcc.pdf
9	Approved-Closed 10/08/2010	Catastrophic Disability Benefit Rider	PR9(7/10)	POLA	Initial		56.000	PR9.pdf
10	Approved-Closed 10/08/2010	Catastrophic Disability Benefit Rider (GI version)	PR9GI(7/10)	POLA	Initial		50.000	PR9GI.pdf

State: *Arkansas* **Filing Company:** *Standard Insurance Company*
TOI/Sub-TOI: *H11I Individual Health - Disability Income/H11I.004 Other*
Product Name: *IDI B170-B170GI*
Project Name/Number: *Platinum/B170-2010*

Lead Form Number: B170(7/10)

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
11	Approved-Closed 10/08/2010	24 Month Regular Occupation Rider	PR14(7/10)	POLA	Initial		52.000	PR14_RegOcc.pdf
12	Approved-Closed 10/08/2010	ERISA Claims Procedures Policy Endorsement	12611(7/10)	POLA	Initial		50.000	12611_ERISA.pdf
13	Approved-Closed 10/08/2010	Policy Limitation for Mental Disorder/Substance Abuse Policy Endorsement	12612(7/10)	POLA	Initial		46.000	12612_MDSA.pdf
14	Approved-Closed 10/08/2010	GI Policy Exclusion for Pre-existing Conditions Policy Endorsement	15247(7/10)	POLA	Initial		50.000	15247.pdf
15	Approved-Closed 10/08/2010	Policy Modification Endorsement	15229(7/10)	POLA	Initial		57.000	15229_PolicyModification.pdf
16	Approved-Closed 10/08/2010	Application for Disability Insurance	DIAPP(7/10) AR	AEF	Initial		50.000	DIAPPar.pdf
17	Approved-Closed 10/08/2010	Short Form Application for Disability Income Insurance, Guarantee Issue Program	11360(7/10) AR	AEF	Initial		51.000	11360ar.pdf
18	Approved-Closed 10/08/2010	Application for Disability Income Insurance, Mutli-Life Guarantee Issue Program	15232(7/10) AR	AEF	Initial		52.000	15232ar.pdf

State: *Arkansas* **Filing Company:** *Standard Insurance Company*
TOI/Sub-TOI: *H11I Individual Health - Disability Income/H11I.004 Other*
Product Name: *IDI B170-B170GI*
Project Name/Number: *Platinum/B170-2010*

Lead Form Number: B170(7/10)

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
19	Approved-Closed 10/08/2010	Application for Policy Increase	11357(7/10) AR	AEF	Initial		50.000	11357ar.pdf

Form Type Legend:

ADV	Advertising	**AEF**	Application/Enrollment Form
CER	Certificate	**CERA**	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	**FND**	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	**NOC**	Notice of Coverage
OTH	Other	**OUT**	Outline of Coverage
PJK	Policy Jacket	**POL**	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	**SCH**	Schedule Pages

Standard Insurance Company

INSURED:

POLICY NUMBER:

DISABILITY INCOME INSURANCE POLICY

This is a Disability Income Insurance Policy. Standard Insurance Company, a stock life insurance company, issued this policy to the Owner in consideration of the statements made in the application and payment of the premium. A copy of the application is attached to and made part of the policy.

GUARANTEED RENEWABLE TO THE TERMINATION DATE, shown on the Policy Data page. As long as the premium is paid by the end of each grace period, we cannot change any part of the policy, except its premium, until the Termination Date. Before that date we can change the premium only: (1) After the policy is three years old; and (2) If the change applies to all policies with like benefits insuring the same Risk Class. The policy will end on the Termination Date, except as provided by the Renewal Option After The Termination Date provision. See that provision for premium changes that apply if the policy is continued under the Renewal Option.

RENEWAL OPTION AFTER THE TERMINATION DATE: SUBJECT TO CHANGE IN PREMIUM RATES. You may ask us to continue this policy beyond the Termination Date, subject to the terms of the Renewal Option After The Termination Date provision.

RIGHT TO RETURN POLICY. If not satisfied with this policy, the Owner may return it for cancellation within 20 days after receipt by the Owner. The policy must be returned to the sales representative who sold it or to our Home Office. The policy will then be void from the beginning, and any premium paid for it will be refunded to the Owner.

READ THIS POLICY CAREFULLY. It is a legal contract between the Owner and Standard Insurance Company.

IMPORTANT NOTICE. Please read the copy of the application attached to this policy. Carefully check the application and write to STANDARD INSURANCE CO., P.O. BOX 711, PORTLAND, OR 97207 within ten days, if any information shown on it is not correct and complete, or if any past medical history has been left out of the application. This application is a part of the policy and the policy was issued on the basis that answers to all questions and the information shown on the application are correct and complete.

Policy Service office of Standard Insurance Company
Address: PO Box 711, Portland, OR 97207. Telephone: (800) 247-6888

If We at Standard Insurance Company fail to provide you with reasonable and adequate service, you should feel free to contact:

Arkansas Insurance Department, Consumer Services Division
1200 West Third Street, Little Rock, AR 72201-1904
(800) 852-5494 If Calling Inside Arkansas; (501) 371-2640 If Calling Outside Arkansas

Signed at our Home Office
1100 S.W. Sixth Avenue Portland, Oregon 97204
800-247-6888

STANDARD INSURANCE COMPANY

By

J. Greg Ness
President

Holley Y. Franklin
Corporate Secretary

B170(7/10)AR

INDEX

Assignment 21
Benefits
- Automatic Increase 9
- Compassionate Disability 8
- Partial Disability 5
- Premium Waiver Benefit 7
- Presumptive Total Disability 5
- Recovery Benefit 6
- Rehabilitation Program 7
- Survivor Benefit 11
- Total Disability 4

Claims
- Claim Forms 13
- Notice of Claim 13
- Payment of Claims 15
- Proof of Loss 13
- Time of Payment 15

Concurrent Disability 12
DEFINITIONS 22
Exclusions and Limitations 11
General Provisions 20
Grace Period 16
Owner 21
Policy Data 3
Policy Termination 17
Pre-existing Conditions 12
Premiums
- Schedule of 3
- In General 16

Premium Waiver 7
Reinstatement 16
Renewal Option After The Termination Date 18
Time Limit On Certain Defenses 20

JOHN DOE SAMPLE

POLICY DATA

Insured	[JOHN DOE]	[00C9999990]	**Policy Number**
Policy Effective Date	[July 2, 2010]	[35]	**Issue Age**
Owner at Issue	[The Insured]	[Non-Smoker]	**Risk Class**
Termination Date	[July 2, 2042]	[4A]	**Occupation Class**
Benefit Waiting Period	[90 days]	[Male]	**Sex**

PREMIUM SUMMARY

	Annual Premium
Base Policy	$[xxx.xx]
Riders	$[xxx.xx]
Net Annual Premium:	$[x,xxx.xx]{*}

[Mode of Premium Payment: [Special Monthly] **Amount:** $[xx.xx]

There are four premium modes available. The total amount due over a policy year varies by the mode selected. The mode you chose is noted above. The total due over the policy year for this mode and the difference between that total and the net annual premium payment are noted below:

Total of [Special Monthly] Premium Payments: $[x,xxx.xx]

Difference between net annual premium and total [Special Monthly] payments: $[xx.xx]**]**

{*The Net Annual Premium reflects a discount of xx%}

[NONCANCELABLE / GUARANTEED RENEWABLE POLICY]

BASIC POLICY BENEFITS ([To Age 67])

Commencement Date	[91st] day of Disability
Basic Monthly Benefit	$[2,000]
Maximum Benefit Period:	[To July 2, 2042, or 24 months, whichever is longer.]

JOHN DOE SAMPLE

POLICY DATA (CONTINUED)

Insured [JOHN DOE] [00C9999990] **Policy Number**

ADDED BENEFITS

Rider	Amount Of Benefits	Annual Premium Prior to Age 67
[Noncancelable Policy Rider		*]
[Future Purchase Option Rider Option Pool Amount: $1,000.00 Expiration Date: [December 15, 2027]]		$xx.xx **]
[Indexed Cost of Living Rider		*]
[Catastrophic Disability Benefit Rider	$[500.00] Per Month	$xx.xx]

[Total Premium for Riders $xxx.xx]

[* Premium included in base policy premium and any applicable rider premium.]

[** Payable to expiration date.]

If this policy was issued with an increased premium, exclusion or other modification, you may contact us if there are any changes to your health, occupation, avocation or other risk factor that might allow coverage to be continued without the modification. We will review the information you provide plus any other information available to us regarding all risk factors associated with you as of the time of our review. Using our underwriting guidelines then in effect, we reserve the right to offer any change that we think is most appropriate, as well as the right to decline to make any change, regardless of whether the change in risk factor(s) is directly related to the reason for the policy modification.

INTRODUCTION

We agree to pay benefits according to the terms of this policy if you become Disabled while this policy is in force and you give us Proof Of Loss for any benefits for which you submit a claim.

In this policy **you/your** mean the Insured; **we/us/our** mean Standard Insurance Company. Other defined terms have initial capital letters and are defined in the DEFINITIONS section or in the provisions in which they first appear and to which they primarily pertain.

Disability/Disabled means that you are either Totally Disabled or Partially Disabled.

Disability Benefit / Disability Benefits means any benefit payment or payments for Total Disability or Partial Disability that are made under this policy.

BENEFITS FOR DISABILITY

BENEFIT FOR TOTAL DISABILITY

You will be eligible for a Disability Benefit during your Total Disability if you meet the requirements below. The Disability Benefit we will pay each month will equal the Basic Monthly Benefit.

Total Disability/Totally Disabled means that due to your Injury or Sickness:

- you are unable to perform the Substantial And Material Duties of your Own Occupation; and
- you are under the regular care of a Physician appropriate for your Injury or Sickness. This Physician's care requirement will be waived when we receive written proof, satisfactory to us, that further care would be of no benefit to you.

Substantial And Material Duties means the usual duties that are essential to your ability to perform in your Own Occupation.

Own Occupation means the occupation or occupations which you are regularly engaged in at the time your Disability begins.

If you have limited your practice to a professionally recognized specialty in medicine or law, then that specialty will be deemed your Own Occupation.

If you are unemployed at the time Disability begins, then the last occupation in which you worked at least 30 hours per week will be deemed your Own Occupation.

If you are retired at the time Disability begins, then being retired will be deemed your Own Occupation.

BENEFIT FOR PRESUMPTIVE DISABILITY

You will be considered Totally Disabled if you become Presumptively Disabled.

Presumptive Disability/Presumptively Disabled means that you have an Injury or Sickness that prior to the Termination Date results in your total and permanent loss of any of the following:

- Speech.
- Hearing in both ears, not restorable by hearing aids.
- Sight in both eyes which measures at or below 20/200, after reasonable efforts are made to correct your vision using the most advanced, medically acceptable procedures and devices available.
- Use of both hands.
- Use of both feet.
- Use of one hand and one foot.

For Total Disability resulting from Presumptive Disability, we will pay a Disability Benefit equal to the Basic Monthly Benefit regardless of your Monthly Earnings. We will waive the Benefit Waiting Period, and the monthly Disability Benefit for Presumptive Disability will be payable from the date of your loss [until the end of the Maximum Benefit Period.] / [for your lifetime.]

BENEFITS FOR PARTIAL DISABILITY

You will be eligible for a Disability Benefit during your Partial Disability if you are not Totally Disabled and you meet the requirements below.

INITIAL PERIOD OF PARTIAL DISABILITY

The Benefit Waiting Period and the first 6 months that Disability Benefits are payable for Partial Disability is called the **Initial Period**. During the Initial Period, after you have satisfied the Benefit Waiting Period, the Disability Benefit payable each month for Partial Disability will equal the Basic Monthly Benefit, regardless of your Monthly Earnings.

During the Initial Period, **Partial Disability/Partially Disabled** means:

- you are working in your Own Occupation or any other occupation; and
- you are not Totally Disabled; and
- due to your Injury or Sickness, you have a Loss Of Duties, or a Loss Of Time, or a Loss Of Income; and
- you are under the regular care of a Physician appropriate for your Injury or Sickness. This Physician's care requirement will be waived when we receive written proof, satisfactory to us, that further care would be of no benefit to you.

Loss Of Duties means you are able to perform some but not all Substantial And Material Duties. The Substantial And Material Duties which you are unable to perform must account for at least 20% of the time you spent in your Own Occupation prior to the date of Disability.

Loss Of Time means you are able to perform all Substantial And Material Duties but unable to do them for at least 20% of the time you spent in your Own Occupation prior to the date of Disability.

Loss Of Income means that your Monthly Earnings is 80% or less of your Indexed Predisability Earnings.

EXTENDED PARTIAL DISABILITY

After the Initial Period, the definition of **Partial Disability/Partially Disabled** is changed to mean:

- you are working in your Own Occupation or any other occupation; and
- you are not Totally Disabled; and
- due to your Injury or Sickness, you have a Loss Of Income; and
- you are under the regular care of a Physician appropriate for your Injury or Sickness. This Physician's care requirement will be waived when we receive written proof, satisfactory to us, that further care would be of no benefit to you.

Under this definition of Partial Disability, the amount of Disability Benefit payable each month will depend on the amount of your Monthly Earnings.

If your Monthly Earnings is:

- less than 20% of your Indexed Predisability Earnings, the Disability Benefit will equal the Basic Monthly Benefit.
- 20% to 80% of your Indexed Predisability Earnings, the Disability Benefit will equal a portion of the Basic Monthly Benefit. The amount will be determined each month as follows:

$$\frac{\text{your Loss Of Earnings for that month}}{\text{your Indexed Predisability Earnings}} \times \text{the Basic Monthly Benefit}$$

- more than 80% of your Indexed Predisability Earnings, no Disability Benefit is payable.

RECOVERY BENEFIT

Immediately after you have Recovered from your Disability, we will pay a Recovery Benefit if you experience a Loss Of Income and that Loss Of Income is solely the result of the previous Injury or Sickness that caused your Disability. The amount of Recovery Benefit we pay will be determined by the formulas set forth above in the Extended Partial Disability provision. You must be able to demonstrate that your Loss Of Income is solely the result of the previous Injury or Sickness for the Recovery Benefit to be payable. We will periodically review the amount of your Monthly Earnings and the relationship between your Loss Of Income and the Injury or Sickness that caused your Disability.

The Recovery Benefit will no longer be payable on the date that the first of the following events occurs:

- You no longer experience a Loss Of Income;
- Your Loss Of Income is no longer solely the result of the Injury or Sickness that caused your Disability;
- You become Disabled;
- The Maximum Benefit Period ends;
- The policy terminates.

REHABILITATION PROGRAM

While you are Disabled you may participate in a voluntary Rehabilitation Program to help you prepare for your return to full-time work.

Rehabilitation Program means a written program, plan, or course of vocational training or education. A Rehabilitation Program may be proposed by you or us. The terms, conditions, and objectives of the Rehabilitation Program must be accepted by you and approved by us before we will pay for any costs connected with it.

An approved Rehabilitation Program may include our payment of some or all of the expenses you incur in connection with the plan. Such expenses may include workplace, vehicle or home modifications, training and educational expenses, family care expenses, job-related expenses, and/or job search expenses.

We will pay the reasonable costs of a Rehabilitation Program that are not otherwise covered by any other plan, policy, or program. We will periodically review the Rehabilitation Program and your progress; and we will continue to pay the agreed upon costs for as long as we determine that the Rehabilitation Program is meeting the mutually agreed upon objectives.

The Rehabilitation Program is not required by this policy. If you cease to participate in the Rehabilitation Program, we will continue paying any benefits you are eligible to receive.

ADDITIONAL BENEFITS

PREMIUM WAIVER BENEFIT

We will waive all premiums due under this policy while Disability Benefits or Recovery Benefits are payable.

If the Benefit Waiting Period is greater than 90 days, we will waive all premiums due and payable after the 90th day of Continuous Disability, up to the Commencement Date, as long as you remain Continuously Disabled.

After completion of the Benefit Waiting Period, we will refund to the Owner any premium due and paid after the date your Disability began. We will continue to waive all premiums for as long as Disability Benefits or Recovery Benefits are payable for the same claim.

The Owner will resume responsibility for premium payments on the next premium due date after Disability Benefits or Recovery Benefits are no longer payable.

COMPASSIONATE DISABILITY BENEFIT

We will pay a Compassionate Disability Benefit while:

- you are working at least 20% fewer hours in order to care for your Loved One while he or she has a Serious Health Condition which began after the Policy Effective Date and before the Termination Date; and
- your Monthly Earnings is at least 20% less than your Predisability Earnings due to that reduction in hours worked; and
- you are not Disabled; and
- no other benefit is payable under this policy.

Loved One means your parent, child (including an adopted child and stepchild), spouse, Domestic Partner, and child of your Domestic Partner.

Serious Health Condition means that due to your Loved One's Injury or Sickness, he or she:

- is receiving inpatient care in a hospital, hospice or residential medical care facility; or
- requires Substantial Supervision for his or her health or safety due to Severe Cognitive Impairment; or
- is unable to safely and completely perform two or more Activities Of Daily Living without Hands-On Assistance or Standby Assistance due to loss of functional capacity; or
- is terminally ill with a condition that is reasonably expected to result in death within 12 months.

We may require appropriate authorization from your Loved One to obtain information about your Loved One's Serious Health Condition, as well as documentation of your income, as we deem necessary to evaluate your claim.

For a Compassionate Disability Benefit to be payable, the Serious Health Condition must be caused by an Injury or Sickness that first occurs or manifests itself after the Policy Effective Date and before the Termination Date.

A recurrent Serious Health Condition from the same cause or causes, if interrupted by periods of recovery of less than 180 days, will be considered one Serious Health Condition. However, no Compassionate Disability Benefits are payable during any period the Loved One is not experiencing a Serious Health Condition.

You may claim the Compassionate Disability Benefit up to two times while the policy is in force. The maximum amount of Compassionate Disability Benefit we will pay for all claims and all Loved Ones is a total amount equal to six times the Basic Monthly Benefit. Any part of this total amount remaining after the first claim will be available for a second claim.

Only one claim for the Compassionate Disability Benefit will be paid at a time. A new Benefit Waiting Period will be required if a different Loved One experiences a Serious Health Condition or the same Loved One experiences a new Serious Health Condition.

The Compassionate Disability Benefit will begin once the Benefit Waiting Period is met, as measured from the day the Serious Health Condition begins. The amount of Compassionate Disability Benefit we will pay each month will depend on the amount of your Monthly Earnings.

If your Monthly Earnings is:

- less than 20% of your Predisability Earnings, the amount we will pay will equal the Basic Monthly Benefit.
- 20% to 80% of your Predisability Earnings, the amount we will pay will equal a portion of the Basic Monthly Benefit. The amount will be determined each month as follows:

$$\frac{\text{your Predisability Earnings} - \text{your Monthly Earnings}}{\text{your Predisability Earnings}} \times \text{the Basic Monthly Benefit}$$

- more than 80% of your Predisability Earnings, no Compassionate Disability Benefit is payable.

AUTOMATIC INCREASE BENEFIT

This benefit provides for Automatic Increases to the Basic Monthly Benefit, compounded each year during the Increase Period, without evidence of insurability. You are eligible for this benefit if your Issue Age is under age 60.

Automatic Increase means an amount, equal to 4% of the Basic Monthly Benefit, which is added to the Basic Monthly Benefit in effect on each Increase Date occurring during an Increase Period.

Increase Date means a Policy Anniversary during an Increase Period.

Increase Period means a period of five consecutive years during which an Automatic Increase occurs on each Increase Date. The first Increase Period begins on the day after the Policy Effective Date and it ends on the fifth Increase Date.

Any additional Increase Period we approve will begin on:

- the day after the last Increase Period ends; or
- the day after the Policy Anniversary preceding the date we approve the application for the additional Increase Period, if the last Increase Period ended while benefits were payable;

and it will end on the fifth Increase Date that follows.

However, if you are over age 55 at the start of any Increase Period, that Increase Period will be the number of years between the start of the Increase Period and the Increase Date next following your 60th birthday.

EFFECT OF AUTOMATIC INCREASES

An Automatic Increase will occur on each Increase Date. An Automatic Increase will affect benefit amounts that become payable for Disability Benefits, Recovery Benefits, Compassionate Disability Benefits and the Survivor Benefit.

An Automatic Increase will only apply to a Continuous Disability or Serious Health Condition that begins after the Increase Date on which that Automatic Increase took effect.

PREMIUMS FOR AUTOMATIC INCREASES

The premium for each Automatic Increase will be based on our rates in effect for your age and Risk Class on the Increase Date on which the Automatic Increase takes effect. If on an Increase Date premium is being waived under the Premium Waiver Benefit, then premium for an Automatic Increase will be due on the next premium due date after benefits are no longer payable.

REFUSAL AND FORFEITURE OF AUTOMATIC INCREASE BENEFIT

If a new premium resulting from an Automatic Increase is not paid in full when due, we will consider that Automatic Increase as refused.

The Owner may also refuse an Automatic Increase by sending written notice to us at our Home Office. We must receive such notice at least 30 days before the Increase Date on which that Automatic Increase is to occur. Upon our receipt of such notice of refusal, we will cancel that Automatic Increase; and we will refund any premium that was paid for that Automatic Increase.

Refusal of two consecutive Automatic Increases will end the Automatic Increase Benefit and no future Automatic Increases will occur.

ADDITIONAL INCREASE PERIODS

The Owner may seek to renew the Automatic Increase Benefit by applying for an additional Increase Period. We must receive the application within 60 days prior to the end of the current Increase Period. If an Increase Period ends while any benefits are payable under the policy, then the Owner must apply not less than 60 days and not more than 120 days after the last benefit payment.

The application must be in writing. We will require evidence of your income and occupation. We will also require information on other disability income insurance in force or applied for, or for which you are or will become eligible. Approval of your application will be subject to our Issue And Participation Limits, rules and guidelines in effect at the time of your application.

END OF AUTOMATIC INCREASE BENEFIT

The Automatic Increase Benefit ends, and no further Automatic Increases will be allowed, on the earliest of the following dates:

- the last Increase Date in an Increase Period if you do not submit and we do not approve an application for an additional Increase Period;
- the second of two consecutive Increase Dates where Automatic Increases were refused;

- the date we receive your written request to end this benefit;
- the day after the Increase Date next following your 60th birthday;
- the date the policy terminates.

SURVIVOR BENEFIT

We will pay a Survivor Benefit for three months beyond the date of your death if you die while Disability Benefits or Recovery Benefits are being paid under this policy. The amount of each Survivor Benefit will equal the Basic Monthly Benefit. There is no Benefit Waiting Period for the Survivor Benefit.

While this policy is in force the Owner may designate a payee, or change a previously named payee, to receive the Survivor Benefit. The designation or change must be made on a form satisfactory to us. If no payee has been named, or if the named payee is not living at the time of your death, we will pay the Survivor Benefit to the Owner or the Owner's estate.

COSMETIC OR TRANSPLANT SURGERY DISABILITY BENEFIT

We will consider you as Disabled due to Sickness if, more than six months after the Policy Effective Date, you otherwise meet the definition of Disabled as a result of your having surgery to:

- Improve your appearance; or
- Prevent your disfigurement; or
- Transplant part of your body to someone else.

EXCLUSIONS AND LIMITATIONS

EXCLUSIONS FROM COVERAGE

We will not pay benefits for:

- Disability due to War. **War** means any war, declared or undeclared, civil or international; act of war; act incident to war; insurrection; and substantial armed conflict with organized forces of a military nature.
- The first 90 days of your Disability due to pregnancy or childbirth, unless your Disability is due to complications of pregnancy.
- Disability caused or contributed to by your committing or attempting to commit an assault or felony.
- Disability caused or contributed to by your actively participating in a violent disorder or riot. "Actively participating" does not include your being at the scene of a violent disorder or riot while performing your official duties.

- Disability while you are confined for any reason to a penal or correctional institution.
- Intentionally self-inflicted Injury.

BENEFIT WAITING PERIOD LIMITATION

Unless otherwise stated in this policy, for each claim for benefits from the same cause or causes there is a Benefit Waiting Period. No benefits are payable during the Benefit Waiting Period. Benefits start the day after the Benefit Waiting Period ends, on the Commencement Date, if you are Disabled on that date.

Benefit Waiting Period means a period, measured from the first day of your Disability throughout which you must be Disabled before benefits become payable. The Benefit Waiting Period is shown on the Policy Data page.

With respect to the Compassionate Disability Benefit, the Benefit Waiting Period means a period, measured from the first day of your Loved One's Serious Health Condition, throughout which your Loved One must have a Serious Health Condition before a Compassionate Disability Benefit becomes payable.

The days in the Benefit Waiting Period may be consecutive; or they may be interrupted by period(s) of Recovery. However, for any benefit to become payable, the number of days in the Benefit Waiting Period must be reached within a larger period of consecutive days, as follows:

Benefit Waiting Period		Consecutive Days
60 days	*must be reached within*	120 days
90 days		180 days
180 days		360 days
365 days		540 days

Unless otherwise stated, the benefits begin on the Commencement Date and continue, subject to the terms of this policy, until the end of the Maximum Benefit Period.

CONCURRENT DISABILITY

When your Disability is caused by more than one Injury or Sickness or from a combination of these, we will pay benefits as if there were only one Injury or Sickness. In no event will you be considered to have more than one Disability at the same time. Once a period of Continuous Disability starts, it will be one period of Continuous Disability no matter what Injury or Sickness, or how many, caused the Disability to start or caused you to remain Disabled.

PRE-EXISTING CONDITIONS

Benefits for a Disability caused or contributed to by a Pre-existing Condition will be payable only if the Pre-existing Condition is fully disclosed in the application and it is not specifically excluded from coverage by amendment or endorsement.

Pre-existing Condition means any mental or physical condition for which, during the 365 days immediately prior to the Policy Effective Date:

- You have consulted a physician or received medical treatment or services; or
- You have undergone diagnostic procedures, including those that are self-administered or self-prescribed; or
- You have taken prescription drugs or medications; or
- A reasonably prudent person would have sought medical advice, care or treatment.

LOSS OF LICENSE

While your Injury or Sickness may result in the loss or restriction of a professional license, occupation license or certification, that loss or restriction, by itself, does not constitute a Disability.

LIMITATION FOR RESIDENCE OUTSIDE THE UNITED STATES AND CANADA

Payment of Disability Benefits is limited to 12 months for each period of continuous Disability while you reside outside of the United States or Canada.

CLAIMS

NOTICE OF CLAIM

You or the Owner, or your authorized personal representative, must send written notice of claim within 30 days after your Disability or your Loved One's Serious Health Condition starts, or as soon as is reasonably possible. Written notice must be given to us at our Home Office or to any of our authorized sales representatives. It must include your name and the Policy Number.

CLAIM FORMS

After we receive written notice of claim, we will provide our claim form(s) to be completed and submitted as part of the required Proof Of Loss. If we do not provide our form(s) within 15 days after we receive written notice of claim, you may submit a letter of claim to our Home Office. The letter must include the date the Disability or Serious Health Condition began, and the cause and nature of the Disability or Serious Health Condition.

PROOF OF LOSS

You are responsible for providing Proof Of Loss. We must receive Proof Of Loss within 90 days after the end of each monthly period for which you claim benefits. If that is not reasonably possible, the claim will not be affected, provided written proof is furnished as soon as is reasonably possible. However, unless you lack legal capacity, we must be given written proof within one year after the 90th day referred to above, for that claim to be valid.

Proof Of Loss means written proof that you are or were Disabled and entitled to benefits under this policy. In addition to the completed claim form(s), or your letter of claim, Proof Of Loss includes proof that:

- You became Disabled while this policy was in force; and
- Your Disability was a Continuous Disability through the Benefit Waiting Period and the Commencement Date; and
- You are or were under the regular care of a Physician appropriate for your Injury or Sickness.

For purposes of the Compassionate Disability Benefit, Proof Of Loss means written proof that, while this policy was in force and continuous through the Benefit Waiting Period, your Loved One had a Serious Health Condition; and you worked reduced hours and had reduced earnings during that Loved One's Serious Health Condition.

Proof Of Loss for any claim may also include any information and documentation we may reasonably require in order to substantiate and evaluate your claim, including but not limited to:

- medical records and physician's notes or statements;
- medical examinations;
- documentation of your prior and current income, including tax returns;
- examination(s) of financial and operational records.

If any required information or documentation is not provided within 45 days after we send our request, your claim may be denied.

Except for medical or financial records examinations, you are responsible for all costs of providing Proof Of Loss.

We will require written authorization for us to obtain the information or documentation we require as Proof Of Loss. We will also require you to submit additional documentation of your claim at your expense at reasonable intervals while you are receiving benefits.

EXAMINATIONS

As part of the required Proof Of Loss, we have the right to require periodic examinations to determine your eligibility for benefits. These examinations will be done at our expense. We will choose examiner(s) appropriate for the evaluation of your claim. Examinations may include but are not limited to:

- independent medical and psychiatric examinations by physicians or specialists;
- functional capacity examinations and occupational and vocational evaluations;
- examinations and analyses of your financial and operational records and those of any business in which you have an interest. Such records may include tax returns, financial statements, billing and expense information, bank statements, cancelled checks or other documents.

We may defer or suspend payment of benefits if you fail to submit to an examination, or if you fail to cooperate with the person conducting the examination. Benefits may be resumed, provided that the required examination occurs within a reasonable time and benefits are otherwise payable.

TIME OF PAYMENT

After we receive satisfactory written Proof Of Loss and all other conditions are met, we will pay benefits under this policy. Any accrued benefits will be paid immediately. Any benefits due thereafter will be paid monthly. For periods of less than one month, we will pay a prorated portion of the monthly benefit for each day benefits are payable. Payment will be subject to our receipt of continued Proof Of Loss.

Once your claim is approved, benefits will continue until the end of the period for which you have provided us with satisfactory written Proof Of Loss, subject to the terms and limits of this policy. We will require you to submit additional Proof Of Loss at reasonable intervals while you are continuing to receive benefits.

PAYMENT OF CLAIMS

We will pay all benefits to the Owner or the Owner's estate, unless the Owner names a payee to receive such benefits. Designation of a payee, or change of a previously named payee, must be in writing and signed by the Owner. At the Owner's request we will provide a form for naming or changing a payee.

We can pay total benefits of up to $1,000 to any relative of the Owner we believe is entitled to them if any benefit is payable to the Owner's estate, or if the Owner or any payee lacks legal capacity to give a valid release.

We will not be liable to anyone to the extent we make payment in good faith.

OVERPAYMENT OF BENEFITS

We have the right to be reimbursed for any overpayment of benefits under this policy. We will notify the Owner promptly upon the discovery of any overpayment. After such notice, any and all overpayments that have not been reimbursed will become a debt due and payable to us. We will withhold the unreimbursed portion of any overpayments from any benefit payments due under the policy, regardless of the payee, until all overpayment amounts are repaid in full.

INVESTIGATION OF YOUR CLAIM

We may conduct an investigation of your claim at any time. We will pay benefits only after we have had a reasonable time to conduct an investigation of your claim, and we have determined that benefits are payable.

REVIEW PROCEDURE

If we deny all or part of your claim, you may request a review. You must make the request within 180 days after receiving notice of the denial.

Your request must be in writing. You may review any non-privileged information that relates to your request for review; and you may send us written comments or other items to support your claim.

We will review your claim promptly after we receive your request for review. We will send you a notice of our decision not more than 60 days after we receive your request. If special circumstances require an extension, we will send the notice of decision to you within 120 days. We will state the reasons for our decision and we will refer you to the relevant parts of the policy.

PREMIUMS, REINSTATEMENT, TERMINATION

PREMIUMS

The premium is the amount we charge at regular intervals to keep this policy in force, and it is shown on the Policy Data page. Before the Termination Date we can change premium rates only: (1) After this policy has been in force for three years; and (2) If the change applies to all policies with like benefits insuring the same Risk Class. Premiums are payable at our Home Office. The initial premium is due on the Policy Effective Date. If the initial premium is not paid, the policy is never in force.

Premiums may be paid on an annual, semi-annual or quarterly basis. Also, the Owner may request a special monthly premium mode, subject to our rules and approval. We may terminate this special mode at any time by writing to the Owner.

The Owner may request a change of premium mode by writing to us. The change is subject to our rules and approval. No change of premium mode will be allowed while you are Disabled or while benefits are payable.

GRACE PERIOD

A 31-day grace period to pay premiums follows the due date of each premium except the initial premium. The policy will continue in force during the grace period. If a premium is not paid by the end of its grace period, the policy will terminate. If you become Disabled during the grace period, we will deduct any due and unpaid premiums from any benefits we pay.

REINSTATEMENT

If this policy ends because a premium is not paid by the end of the grace period, the Owner may request that the policy be reinstated. The request must be made any time within six months after termination.

If our requirements for reinstatement are met, the policy may be reinstated in one of the following ways:

- **Reinstatement Without An Application** – If we receive the required premium and we do not require a reinstatement application, our acceptance of the required premium will reinstate the policy.

- **Application Required; Conditional Receipt Issued** – If we receive the required premium, but we require an application for reinstatement and issue a conditional receipt for the premium tendered, reinstatement is subject to our approval. Reinstatement will be effective on the date we approve the application.

  However, if we disapprove the application, we must mail notice of our disapproval to the Owner within 45 days after the date of the conditional receipt. If we do not mail notice of our disapproval within that time, the policy will be reinstated as of the 45th day.

  The reinstated policy will only cover Disabilities due to:

  - Injury sustained after the Reinstatement Date; or
  - Sickness that began more than ten days after the Reinstatement Date.

  If we require an application for reinstatement, a new period for contesting the policy or a claim will apply to the reinstated policy. See Time Limit On Certain Defenses under GENERAL PROVISIONS. We may add or change provisions or limitations when we reinstate the policy. Except for the provisions that may be added or changed, the Owner's rights and our rights will be the same as before the policy terminated.

POLICY TERMINATION

If a premium is not paid by the end of its grace period, the policy will terminate. This policy will also terminate on the earliest of:

- 12:01 a.m. on the Termination Date shown on the data page, unless this policy is being continued under the Renewal Option After The Termination Date provision.
- The date you are no longer regularly employed for at least 30 hours per week, if this policy is continued under the Renewal Option, unless you are Disabled on that date under the policy terms. If the policy terminates for this reason, we will refund any premium paid for the period beyond the date the policy terminates.
- The date you Recover from your Disability covered by the Renewal Option, if the policy is continued under that Option.
- The date of your death. After we receive notice of your death, we will refund to the Owner or the Owner's estate any premium paid for the period beyond the date of death.

In addition, the Owner may terminate this policy by sending us a written request. Such termination will be effective on the date the request is received at our Home Office, or on the date the Owner requests, subject to our approval. We will refund any premium paid for the period beyond the effective date of the termination.

RENEWAL OPTION AFTER THE TERMINATION DATE

RENEWAL OPTION

The Owner may request that Total Disability coverage under this policy continue beyond the Termination Date. In order for us to consider the request, the following must be true on the Termination Date:

- You remain actively and regularly employed for at least 30 hours per week; and
- You are not Disabled.

If we approve the request and the policy is continued under this Option, you must remain actively and regularly employed for at least 30 hours per week for the policy to remain in force. We have the right to ask you at least once per year for proof satisfactory to us that you are meeting this requirement. In addition, we have the right to ask for this information more often than once per year if we reasonably believe that such information is necessary for this policy to continue under this Option.

You must notify us as soon as is reasonably possible if at any time:

- You no longer remain actively and regularly employed for at least 30 hours per week; or
- You cease employment altogether.

RENEWAL OPTION REQUEST

The Owner may request this Option by writing to us at our Home Office. We must receive the request at least 30 days prior to the Termination Date. The policy must be in force with all due premiums paid on the date we receive the request.

RENEWAL BENEFIT

Under the Renewal Option, only the coverage for Total Disability will continue beyond the policy's Termination Date. All other coverage provided by the policy and all riders and rider benefits ends at 12:01 a.m. on the Termination Date, unless a rider states otherwise. Except as shown below, the same provisions, exceptions, exclusions and limitations in this policy continue to apply if the Renewal Option is elected.

The **Maximum Benefit Period** for a policy continued under this Option is as follows:

For Total Disabilities that begin on or before the Policy Anniversary immediately following your 75th birthday: The Maximum Benefit Period is 24 months.

For Total Disabilities that begin after the Policy Anniversary immediately following your 75th birthday: The Maximum Benefit Period is 12 months.

The policy’s definition of Own Occupation as applied to any Disability covered by this Option is changed to read:

"**Own Occupation** means the occupation or occupations which you are regularly engaged in at the time Disability begins. If you have limited your practice to a professionally recognized specialty in medicine or law, then that specialty will be deemed your Own Occupation."

The policy's definition of Continuous Disability/Continuously Disabled as applied to any Disability covered by this Option is changed to read:

"**Continuous Disability/Continuously Disabled** means the same as Total Disability/Totally Disabled as defined in the policy." Under this Option, payment of benefits will be made for only one Disability. No Disability Benefits are due or payable during any period of Recovery. The policy, this Option and all coverage will end on the date you Recover from your Disability under this Option.

RENEWAL PREMIUM

The premium to continue the policy under the Renewal Option will be different from the premium shown on the Policy Data page. It will be based on the rate in effect for all policies with like benefits insuring the same age and Risk Class as of the Termination Date. We can change the premium rates at any time, but only if we change it for everyone who:

- Has this policy form;
- Has like benefits;
- Is your age; and
- Is in your Risk Class.

We will refund to the Owner any premium paid after the Termination Date, unless the policy is in force under the Renewal Option. Payment or receipt of any premium after the policy ends for any reason will not continue it in force, unless the policy is being continued under the Renewal Option.

END OF RENEWAL OPTION

This Option and policy, and all coverage, will end on the earliest of the following:

- the date you cease being regularly employed at least 30 hours per week, unless you are Disabled on that date under the policy terms;
- the date you Recover from a Disability covered under this Option;
- the date the policy and this Option end under the Policy Termination provision.

GENERAL PROVISIONS

THE CONTRACT

This insurance is provided in consideration of our receipt of: (1) The completed application; and (2) Payment of all required premiums. This policy and all attachments, including any benefits, riders, endorsements and copies of the application and application supplements, make up the whole contract. No one, including our sales representative, has the right to change or waive any part of this policy unless the change is approved in writing by our President and Corporate Secretary.

CONFORMITY WITH STATE LAWS

Any provision in this policy which, on its effective date, conflicts with the laws of the state in which the application was taken, is amended to meet the minimum requirements of such laws.

TIME LIMIT ON CERTAIN DEFENSES

After three years from the latter of the Policy Effective Date or its most recent Reinstatement Date, no misstatements, except fraudulent misstatements, made by you or the Owner in the application for the policy shall be used to rescind the policy or to deny a claim for Disability starting after the end of such three-year period.

No claim for Disability starting after three years from the later of the Policy Effective Date or its most recent Reinstatement Date will be reduced or denied on the ground that a disease or physical condition existed before such date, unless it is specifically excluded by name or specific description, or there was fraudulent misstatement in the application for the policy or for reinstatement.

LEGAL ACTION

Legal action cannot be brought against us until at least 60 days following the date written proof is received by us under Proof Of Loss. Also, legal action may not be brought against us after three years from the date written proof is required under Proof Of Loss.

MISSTATEMENTS

If your Issue Age or sex has been misstated, any benefits will equal those that the premiums paid would have purchased at your correct Issue Age and sex.

NOTICE

Changes, assignments, designations of payees and other requests will not affect us until:

- They have been signed by the Owner;
- We have received them at our Home Office; and
- Where required, we have approved them.

ASSIGNMENT

The Owner may assign this policy at any time while the policy is in force and while you are not Disabled and while no benefits are payable. We will be bound by an assignment only: (1) If it is in writing; and (2) After it is approved at our Home Office. Once approved, it will take effect as of the date the assignment was signed by the Owner. We are not responsible for the validity of an assignment. We will not be liable for any action taken prior to, or for any payment made by us before, our approval of the assignment.

OWNER

The Owner of this policy is the Insured unless:

- A different owner is named on the application; or
- The Owner is changed under the Assignment provision, above.

The Owner may name a successor owner who will become the new owner if the Owner dies before you. If no named successor owner is living when the Owner dies, and if you are not the Owner, the Owner's estate will become the new owner.

DEFINITIONS

Activities Of Daily Living are Bathing; Continence; Dressing; Eating; Toileting; and Transferring, defined as follows:

- **Bathing** means washing oneself with or without the help of adaptive devices. Washing may be in the tub or shower or by sponge bath.
- **Continence** means voluntarily controlling bowel and bladder function; or if incontinent, maintaining a reasonable level of personal hygiene.
- **Dressing** means putting on or removing all items of: clothing and footwear; medically necessary braces; and artificial limbs.
- **Eating** means getting food and fluid into the body. This may be done manually, intravenously or by feeding tube.
- **Toileting** means getting to and from and on and off the toilet, and/or performing related personal hygiene.
- **Transferring** means moving into or out of a bed, a chair or a wheelchair. This may be done with or without adaptive devices.

Basic Monthly Benefit means the amount of monthly benefit as shown on the Policy Data page issued with the policy, or as later changed by endorsement or by a new Policy Data page made part of this policy.

Benefit Waiting Period (See definition under Benefit Waiting Period Limitation in the EXCLUSIONS AND LIMITATIONS section.)

CPI-U means the average Consumer Price Index For All Urban Consumers published by the United States Department of Labor for a given year. If the CPI-U is discontinued or replaced, we may use the new index or a comparable index.

Calendar Year means a year measured inclusively from January 1 to December 31.

Commencement Date means the first day immediately following the completion of the Benefit Waiting Period. For Presumptive Disability the Benefit Waiting Period is waived, and the Commencement Date is the first day of your Presumptive Disability.

Continuous Disability / Continuously Disabled means you are Totally Disabled or Partially Disabled for a continuous period of time. Recurrent periods of Disability from the same cause or causes, if separated by your Recovery of less than 12 full months, are one period of Continuous Disability. If you experience a period of Recovery longer than 12 full months, a new Benefit Waiting Period must be satisfied if you should later become Disabled either from the same cause or causes as the prior Disability, or from a different or unrelated causes. Disability Benefits are not due or payable during any period of Recovery.

Domestic Partner means an individual with whom you have completed an affidavit of declaration of domestic partnership and filed that affidavit for public record if required by law; or a person who is party to a civil union with you as defined by applicable law.

Hands-On Assistance means the physical assistance of another person without which there would be an inability to perform the Activity Of Daily Living in question.

Indexed Predisability Earnings means your Predisability Earnings adjusted by the applicable rate of increase in the CPI-U. During your first year of Disability, Indexed Predisability Earnings is the same as Predisability Earnings. After that, Indexed Predisability Earnings will be adjusted on each anniversary of the date your Disability started. The adjustment rate will be determined as follows:

> The CPI-U for the Calendar Year immediately prior to the anniversary in question, divided by the CPI-U for the Calendar Year immediately prior to the start of your Disability, minus 1.

If there is no increase in the CPI-U, there will be no increase in the Indexed Predisability Earnings for the current year. However, your Indexed Predisability Earnings will never decrease from one year to the next, regardless of changes in the CPI-U.

Injury means an accidental bodily injury which is sustained after the Policy Effective Date and while this policy is in force.

Insured means the insured under this policy as shown on the Policy Data page and as shown as the “Proposed Insured” on the application for insurance.

Issue Age means your age on the Policy Effective Date. The Issue Age is shown on the Policy Data page.

Issue And Participation Limits means the maximum amount of insurance coverage we will issue in relation to your income and Risk Class, taking into account all other disability income coverage in force with us and any other company.

Loss Of Earnings means your Indexed Predisability Earnings less your Monthly Earnings. Loss Of Earnings is determined for each month for which a Disability Benefit, Recovery Benefit or Compassionate Disability Benefit is claimed.

Loved One (See definition under Compassionate Disability Benefit.)

Maximum Benefit Period means the maximum period of time we will pay Disability Benefits for any one Continuous Disability and Recovery Benefits related to that Disability. This period is shown on the Policy Data page. It begins on the Commencement Date. Once the Maximum Benefit Period ends, you will not be eligible for a new Maximum Benefit Period unless:

- you experience 12 full months of Recovery from your prior Disability after the last Disability Benefit or Recovery Benefit is paid;
- the policy remains in force; and
- you have satisfied all other terms of the policy.

Monthly Earnings means all income received by you in the particular month for which you are claiming Disability Benefits or Compassionate Disability Benefits. Monthly Earnings includes all income from any vocational activity of yours, including:

- Salary and fees; and

- Commissions and bonuses; and
- All income from all of those sources of income used to determine Predisability Earnings.

We will subtract from Monthly Earnings all business expenses which you are allowed to deduct for federal income tax purposes. However, we will not deduct any expenses shown on your federal income tax return as IRC Section 179 expenses.

Monthly Earnings does NOT include income from any of the following:

- Rent or royalties;
- Annuities, savings or investments;
- Deferred compensation or retirement plans;
- Disability income insurance policies;
- Your nonvocational activities.

We will use the accounting method used on your federal income tax return for your tax year immediately prior to your tax year in which your Disability or your Loved One's Serious Health Condition began. We will use the same method throughout the duration of the claim. If the cash method is used, we will exclude from Monthly Income that income which is both earned prior to and received after the date your Disability began or your Loved One's Serious Health Condition began.

If you receive any income in a lump sum or on a basis other than monthly, we will prorate that income over the period of time to which it applies. If an appropriate period of time is not provided, we will use what we consider to be a reasonable period, based on the circumstances involved.

Own Occupation (See definition under Benefit For Total Disability.)

Owner means the owner of this policy, as shown on the Policy Data page, unless later changed as allowed under the GENERAL PROVISIONS section. The Owner is shown as "Policyowner" on application forms attached to this policy.

Physician means any licensed medical professional, other than you, the Owner, a member of your household, or any person related to you by blood or marriage, who is practicing and diagnosing within the scope of his or her medical or professional license.

Policy Anniversary means the anniversary of the Policy Effective Date occurring each year the policy remains in force.
Policy Effective Date means the date on which this policy becomes effective. This date is shown on the Policy Data page.

Policy Month means a month measured from the same date in a month as the Policy Effective Date.

Predisability Earnings means the sum of your highest Annual Earnings for any two full tax years within the three full tax years preceding the date your Disability or your Loved One's Serious Health Condition began, divided by 24.

For purposes of this definition, **Annual Earnings** means all individual and business income for

any full tax year used to calculate Predisability Earnings. Annual Earnings includes all income from any vocational activity of yours including:

- Salary and fees;
- Commissions and bonuses; and
- Income reported on your personal and business tax returns.

We can require any proof we consider necessary to establish your Annual Earnings for each full tax year. Such proof may include, but is not limited to complete copies of individual and business federal income tax returns, including W-2's, 1099's, attachments and schedules.

Recover / Recovery / Recovered means you are no longer Disabled from the same cause or causes that caused your most recent Disability.

Reinstatement Date means the date the policy is made effective when reinstated.

Risk Class means the Risk Class for this policy, as shown on the Policy Data page. It also includes the Occupation Class and sex as shown on the Policy Data page.

Serious Health Condition (See definition under Compassionate Disability Benefit.)

Severe Cognitive Impairment means a loss or deterioration in intellectual capacity that is:

- Comparable to and includes Alzheimer's disease and similar forms of irreversible dementia, including dementia resulting from stroke or trauma, or infectious conditions; and
- Measured by clinical evidence and standardized tests approved by us that reliably measure impairment in short-term or long-term memory, orientation as to people, places or time, and deductive or abstract reasoning.

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

Standby Assistance means the presence of another person within arm's reach that is necessary to prevent, by physical intervention, injury while performing the Activity Of Daily Living in question.

Substantial And Material Duties (See definition under Benefit For Total Disability.)

Substantial Supervision means continual supervision by another person that is necessary for protection from threats to health or safety (such as may result from wandering). It may include cueing by verbal prompting or gestures, or other similar demonstrations.

Termination Date means the date the policy ends, as shown on the Policy Data page, unless the policy ends earlier as outlined under the POLICY TERMINATION provision.

THIS IS A DISABILITY INCOME INSURANCE POLICY

Standard Insurance Company

INSURED:

POLICY NUMBER:

DISABILITY INCOME INSURANCE POLICY

This is a Disability Income Insurance Policy. Standard Insurance Company, a stock life insurance company, issued this policy to the Owner in consideration of the statements made in the application and payment of the premium. A copy of the application is attached to and made part of the policy.

GUARANTEED RENEWABLE TO THE TERMINATION DATE, shown on the Policy Data page. As long as the premium is paid by the end of each grace period, we cannot change any part of the policy, except its premium, until the Termination Date. Before that date we can change the premium only: (1) After the policy is three years old; and (2) If the change applies to all policies with like benefits insuring the same Risk Class. The policy will end on the Termination Date, except as provided by the Renewal Option After The Termination Date provision. See that provision for premium changes that apply if the policy is continued under the Renewal Option.

RENEWAL OPTION AFTER THE TERMINATION DATE: SUBJECT TO CHANGE IN PREMIUM RATES. You may ask us to continue this policy beyond the Termination Date, subject to the terms of the Renewal Option After The Termination Date provision.

RIGHT TO RETURN POLICY. If not satisfied with this policy, the Owner may return it for cancellation within 20 days after receipt by the Owner. The policy must be returned to the sales representative who sold it or to our Home Office. The policy will then be void from the beginning, and any premium paid for it will be refunded to the Owner.

READ THIS POLICY CAREFULLY. It is a legal contract between the Owner and Standard Insurance Company.

IMPORTANT NOTICE. Please read the copy of the application attached to this policy. Carefully check the application and write to STANDARD INSURANCE CO., P.O. BOX 711, PORTLAND, OR 97207 within ten days, if any information shown on it is not correct and complete, or if any past medical history has been left out of the application. This application is a part of the policy and the policy was issued on the basis that answers to all questions and the information shown on the application are correct and complete

Policy Service office of Standard Insurance Company
Address: PO Box 711, Portland, OR 97207. Telephone: (800) 247-6888

If We at Standard Insurance Company fail to provide you with
reasonable and adequate service, you should feel free to contact:
Arkansas Insurance Department, Consumer Services Division
1200 West Third Street, Little Rock, AR 72201-1904
(800) 852-5494 If Calling Inside Arkansas; (501) 371-2640 If Calling Outside Arkansas

Signed at our Home Office
1100 S.W. Sixth Avenue Portland, Oregon 97204
800-247-6888

STANDARD INSURANCE COMPANY

By

J. Greg Ness
President

Holley Y. Franklin
Corporate Secretary

B170GI(7/10)AR

INDEX

Assignment 17
Benefits
- Partial Disability 5
- Premium Waiver Benefit 7
- Presumptive Total Disability 5
- Recovery Benefit 6
- Rehabilitation Program 7
- Survivor Benefit 8
- Total Disability 4

Claims
- Claim Forms 10
- Notice of Claim 10
- Payment of Claims 11
- Proof of Loss 10
- Time of Payment 11

Concurrent Disability 9
DEFINITIONS 18
Exclusions and Limitations 8
General Provisions 16
Grace Period 13
Owner 17
Policy Data 3
Policy Termination 13
Premiums
- Schedule of 3
- In General 12

Premium Waiver 7
Reinstatement 13
Renewal Option After The Termination Date 14
Time Limit On Certain Defenses 16

JOHN DOE SAMPLE

POLICY DATA

Insured	[JOHN DOE]	[00C9999990]	**Policy Number**
Policy Effective Date	[July 2, 2010]	[35]	**Issue Age**
Owner at Issue	[The Insured]	[Non-Smoker]	**Risk Class**
Termination Date	[July 2, 2042]	[4A]	**Occupation Class**
Benefit Waiting Period	[90 days]	[Male]	**Sex**

PREMIUM SUMMARY

	Annual Premium
Base Policy	$[xxx.xx]
Riders	$[xxx.xx]
Net Annual Premium:	$[x,xxx.xx]{*}

[Mode of Premium Payment: [Special Monthly] **Amount:** $[xx.xx]

There are four premium modes available. The total amount due over a policy year varies by the mode selected. The mode you chose is noted above. The total due over the policy year for this mode and the difference between that total and the net annual premium payment are noted below:

Total of [Special Monthly] Premium Payments: $[x,xxx.xx]
Difference between net annual premium and total [Special Monthly] payments: $[xx.xx]**]**

{*The Net Annual Premium reflects a discount of xx%}

[NONCANCELABLE / GUARANTEED RENEWABLE POLICY]

BASIC POLICY BENEFITS ([To Age 67])

Commencement Date	[91st] day of Disability
Basic Monthly Benefit	$[2,000]
Maximum Benefit Period:	[Determined by Your age when Disability begins, as follows:

Age	Maximum Benefit Period
60 or younger	To age 67
61	72 months
62	60 months
63	51 months
64	45 months
65	39 months
66	33 months
67	27 months
68	24 months
69	21 months
70	18 months
71	16 months
72	15 months
73	14 months
74	13 months
75 or older	12 months]

JOHN DOE SAMPLE

POLICY DATA (CONTINUED)

Insured [JOHN DOE] [00C9999990] **Policy Number**

ADDED BENEFITS

Riders	Amount Of Benefits	Annual Premium Prior to Age 67
[Noncancelable Policy Rider		*]
[Future Purchase Option Rider Option Pool Amount: $1,000.00 Expiration Date: [December 15, 2027]]		$xx.xx **]
[Indexed Cost of Living Rider		*]
[Catastrophic Disability Benefit Rider	$[500.00] Per Month	$xx.xx]
[Own Occupation Rider		$xx.xx]

OTHER

[Mental Disorder/Substance Abuse Limitation	*]

[Total Premium for Rider and Other $xxx.xx]

[* Premium included in base policy premium and any applicable rider premium.]

[** Payable to expiration date.]

If this policy was issued with an increased premium, exclusion or other modification, you may contact us if there are any changes to your health, occupation, avocation or other risk factor that might allow coverage to be continued without the modification. We will review the information you provide plus any other information available to us regarding all risk factors associated with you as of the time of our review. Using our underwriting guidelines then in effect, we reserve the right to offer any change that we think is most appropriate, as well as the right to decline to make any change, regardless of whether the change in risk factor(s) is directly related to the reason for the policy modification.

INTRODUCTION

We agree to pay benefits according to the terms of this policy if you become Disabled while this policy is in force and you give us Proof Of Loss for any benefits for which you submit a claim.

In this policy **you/your** mean the Insured; **we/us/our** mean Standard Insurance Company. Other defined terms have initial capital letters and are defined in the DEFINITIONS section or in the provisions in which they first appear and to which they primarily pertain.

Disability/Disabled means that you are either Totally Disabled or Partially Disabled.

Disability Benefit / Disability Benefits means any benefit payment or payments for Total Disability or Partial Disability that are made under this policy.

BENEFITS FOR DISABILITY

BENEFIT FOR TOTAL DISABILITY

You will be eligible for a Disability Benefit during your Total Disability if you meet the requirements below. The Disability Benefit we will pay each month will equal the Basic Monthly Benefit.

Total Disability/Totally Disabled means that because of your Injury or Sickness:

- you are unable to perform the Substantial And Material Duties of your Regular Occupation; and
- you are not engaged in any other gainful occupation; and
- you are under the regular care of a Physician appropriate for your Injury or Sickness. This Physician's care requirement will be waived when we receive written proof, satisfactory to us, that further care would be of no benefit to you.

Substantial And Material Duties means the usual duties that are essential to your ability to perform in your Regular Occupation.

Regular Occupation means the occupation or occupations which you are regularly engaged in at the time your Disability begins.

If you have limited your practice to a professionally recognized specialty in medicine or law, then that specialty will be deemed your Regular Occupation.

If you are unemployed at the time Disability begins, then the last occupation in which you worked at least 30 hours per week will be deemed your Regular Occupation.

If you are retired at the time Disability begins, then being retired will be deemed your Regular Occupation.

BENEFIT FOR PRESUMPTIVE DISABILITY

You will be considered Totally Disabled if you become Presumptively Disabled.

Presumptive Disability/Presumptively Disabled means that you have an Injury or Sickness that prior to the Termination Date results in your total and permanent loss of any of the following:

- Speech.
- Hearing in both ears, not restorable by hearing aids.
- Sight in both eyes which measures at or below 20/200, after reasonable efforts are made to correct your vision using the most advanced, medically acceptable procedures and devices available.
- Use of both hands.
- Use of both feet.
- Use of one hand and one foot.

For Total Disability resulting from Presumptive Disability, we will pay a Disability Benefit equal to the Basic Monthly Benefit regardless of your Monthly Earnings. We will waive the Benefit Waiting Period, and the monthly Disability Benefit for Presumptive Disability will be payable from the date of your loss [until the end of the Maximum Benefit Period.] / [for your lifetime.]

BENEFITS FOR PARTIAL DISABILITY

You will be eligible for a Disability Benefit during your Partial Disability if you are not Totally Disabled and you meet the requirements below.

INITIAL PERIOD OF PARTIAL DISABILITY

The Benefit Waiting Period and the first 6 months that Disability Benefits are payable for Partial Disability is called the **Initial Period**. During the Initial Period, after you have satisfied the Benefit Waiting Period, the Disability Benefit payable each month for Partial Disability will equal the Basic Monthly Benefit, regardless of your Monthly Earnings.

During the Initial Period, **Partial Disability/Partially Disabled** means:

- you are working in your Regular Occupation or any other occupation; and
- you are not Totally Disabled; and
- due to your Injury or Sickness, you have a Loss Of Duties, or a Loss Of Time, or a Loss Of Income; and
- you are under the regular care of a Physician appropriate for your Injury or Sickness. This Physician's care requirement will be waived when we receive written proof, satisfactory to us, that further care would be of no benefit to you.

Loss Of Duties means you are able to perform some but not all Substantial And Material Duties. The Substantial And Material Duties which you are unable to perform must account for at least 20% of the time you spent in your Regular Occupation prior to the date of Disability.

Loss Of Time means you are able to perform all Substantial And Material Duties but unable to do them for at least 20% of the time you spent in your Regular Occupation prior to the date of Disability.

Loss Of Income means that your Monthly Earnings is 80% or less of your Indexed Predisability Earnings.

EXTENDED PARTIAL DISABILITY

After the Initial Period, the definition of **Partial Disability/Partially Disabled** is changed to mean:

- you are working in your Regular Occupation or any other occupation; and
- you are not Totally Disabled; and
- due to your Injury or Sickness, you have a Loss Of Income; and
- you are under the regular care of a Physician appropriate for your Injury or Sickness. This Physician's care requirement will be waived when we receive written proof, satisfactory to us, that further care would be of no benefit to you.

Under this definition of Partial Disability, the amount of Disability Benefit payable each month will depend on the amount of your Monthly Earnings.
If your Monthly Earnings is:

- less than 20% of your Indexed Predisability Earnings, the Disability Benefit will equal the Basic Monthly Benefit.
- 20% to 80% of your Indexed Predisability Earnings, the Disability Benefit will equal a portion of the Basic Monthly Benefit. The amount will be determined each month as follows:

$$\frac{\text{your Loss Of Earnings for that month}}{\text{your Indexed Predisability Earnings}} \times \text{the Basic Monthly Benefit}$$

- more than 80% of your Indexed Predisability Earnings, no Disability Benefit is payable.

RECOVERY BENEFIT

Immediately after you have Recovered from your Disability, we will pay a Recovery Benefit if you experience a Loss Of Income and that Loss Of Income is solely the result of the previous Injury or Sickness that caused your Disability. The amount of Recovery Benefit we pay will be determined by the formulas set forth above in the Extended Partial Disability provision. You must be able to demonstrate that your Loss Of Income is solely the result of the previous Injury or Sickness for the Recovery Benefit to be payable. We will periodically review the amount of your Monthly Earnings and the relationship between your Loss Of Income and the Injury or Sickness that caused your Disability.

The Recovery Benefit will no longer be payable on the date that the first of the following events occurs:

- You no longer experience a Loss Of Income;
- Your Loss Of Income is no longer solely the result of the Injury or Sickness that caused your Disability;
- You become Disabled;
- The Maximum Benefit Period ends;
- The policy terminates.

REHABILITATION PROGRAM

While you are Disabled you may participate in a voluntary Rehabilitation Program to help you prepare for your return to full-time work.

Rehabilitation Program means a written program, plan, or course of vocational training or education. A Rehabilitation Program may be proposed by you or us. The terms, conditions, and objectives of the Rehabilitation Program must be accepted by you and approved by us before we will pay for any costs connected with it.

An approved Rehabilitation Program may include our payment of some or all of the expenses you incur in connection with the plan. Such expenses may include workplace, vehicle or home modifications, training and educational expenses, family care expenses, job-related expenses, and/or job search expenses.

We will pay the reasonable costs of a Rehabilitation Program that are not otherwise covered by any other plan, policy, or program. We will periodically review the Rehabilitation Program and your progress; and we will continue to pay the agreed upon costs for as long as we determine that the Rehabilitation Program is meeting the mutually agreed upon objectives.

The Rehabilitation Program is not required by this policy. If you cease to participate in the Rehabilitation Program, we will continue paying any benefits you are eligible to receive.

ADDITIONAL BENEFITS

PREMIUM WAIVER BENEFIT

We will waive all premiums due under this policy while Disability Benefits or Recovery Benefits are payable.

If the Benefit Waiting Period is greater than 90 days, we will waive all premiums due and payable after the 90th day of Continuous Disability, up to the Commencement Date, as long as you remain Continuously Disabled.

After completion of the Benefit Waiting Period, we will refund to the Owner any premium due and paid after the date your Disability began. We will continue to waive all premiums for as long as Disability Benefits or Recovery Benefits are payable for the same claim.

The Owner will resume responsibility for premium payments on the next premium due date after Disability Benefits or Recovery Benefits are no longer payable.

SURVIVOR BENEFIT

We will pay a Survivor Benefit for three months beyond the date of your death if you die while Disability Benefits or Recovery Benefits are being paid under this policy. The amount of each Survivor Benefit will equal the Basic Monthly Benefit. There is no Benefit Waiting Period for the Survivor Benefit.

While this policy is in force the Owner may designate a payee, or change a previously named payee, to receive the Survivor Benefit. The designation or change must be made on a form satisfactory to us. If no payee has been named, or if the named payee is not living at the time of your death, we will pay the Survivor Benefit to the Owner or the Owner's estate.

COSMETIC OR TRANSPLANT SURGERY DISABILITY BENEFIT

We will consider you as Disabled due to Sickness if, more than six months after the Policy Effective Date, you otherwise meet the definition of Disabled as a result of your having surgery to:

- Improve your appearance; or
- Prevent your disfigurement; or
- Transplant part of your body to someone else.

EXCLUSIONS AND LIMITATIONS

EXCLUSIONS FROM COVERAGE

We will not pay benefits for:

- Disability due to War. **War** means any war, declared or undeclared, civil or international; act of war; act incident to war; insurrection; and substantial armed conflict with organized forces of a military nature.
- The first 90 days of your Disability due to pregnancy or childbirth, unless your Disability is due to complications of pregnancy.
- Disability caused or contributed to by your committing or attempting to commit an assault or felony.
- Disability caused or contributed to by your actively participating in a violent disorder or riot. "Actively participating" does not include your being at the scene of a violent disorder or riot while performing your official duties.
- Disability while you are confined for any reason to a penal or correctional institution.
- Intentionally self-inflicted Injury.

BENEFIT WAITING PERIOD LIMITATION

Unless otherwise stated in this policy, for each claim for benefits from the same cause or causes there is a Benefit Waiting Period. No benefits are payable during the Benefit Waiting Period. Disability Benefits start the day after the Benefit Waiting Period ends, on the Commencement Date, if you are Disabled on that date.

Benefit Waiting Period means a period, measured from the first day of your Disability throughout which you must be Disabled before benefits become payable. The Benefit Waiting Period is shown on the Policy Data page.

The days in the Benefit Waiting Period may be consecutive; or they may be interrupted by period(s) of Recovery. However, for any benefit to become payable, the number of days in the Benefit Waiting Period must be reached within a larger period of consecutive days, as follows:

Benefit Waiting Period		Consecutive Days
60 days	*must be reached within*	120 days
90 days		180 days
180 days		360 days
365 days		540 days

Unless otherwise stated, the benefits begin on the Commencement Date and continue, subject to the terms of this policy, until the end of the Maximum Benefit Period.

CONCURRENT DISABILITY

When your Disability is caused by more than one Injury or Sickness or from a combination of these, we will pay benefits as if there were only one Injury or Sickness. In no event will you be considered to have more than one Disability at the same time. Once a period of Continuous Disability starts, it will be one period of Continuous Disability no matter what Injury or Sickness, or how many, caused the Disability to start or caused you to remain Disabled.

LOSS OF LICENSE

While your Injury or Sickness may result in the loss or restriction of a professional license, occupation license or certification, that loss or restriction, by itself, does not constitute a Disability.

LIMITATION FOR RESIDENCE OUTSIDE THE UNITED STATES AND CANADA

Payment of Disability Benefits is limited to 12 months for each period of continuous Disability while you reside outside of the United States or Canada.

CLAIMS

NOTICE OF CLAIM

You or the Owner, or your authorized personal representative, must send written notice of claim within 30 days after your Disability starts, or as soon as is reasonably possible. Written notice must be given to us at our Home Office or to any of our authorized sales representatives. It must include your name and the Policy Number.

CLAIM FORMS

After we receive written notice of claim, we will provide our claim form(s) to be completed and submitted as part of the required Proof Of Loss. If we do not provide our form(s) within 15 days after we receive written notice of claim, you may submit a letter of claim to our Home Office. The letter must include the date the Disability began, and the cause and nature of the Disability.

PROOF OF LOSS

You are responsible for providing Proof Of Loss. We must receive Proof Of Loss within 90 days after the end of each monthly period for which you claim benefits. If that is not reasonably possible, the claim will not be affected, provided written proof is furnished as soon as is reasonably possible. However, unless you lack legal capacity, we must be given written proof within one year after the 90th day referred to above, for that claim to be valid.

Proof Of Loss means written proof that you are or were Disabled and entitled to benefits under this policy. In addition to the completed claim form(s), or your letter of claim, Proof Of Loss includes proof that:

- You became Disabled while this policy was in force; and
- Your Disability was a Continuous Disability through the Benefit Waiting Period and the Commencement Date; and
- You are or were under the regular care of a Physician appropriate for your Injury or Sickness.

Proof Of Loss for any claim may also include any information and documentation we may reasonably require in order to substantiate and evaluate your claim, including but not limited to:

- medical records and physician's notes or statements;
- medical examinations;
- documentation of your prior and current income, including tax returns;
- examination(s) of financial and operational records.

If any required information or documentation is not provided within 45 days after we send our request, your claim may be denied.

Except for medical or financial records examinations, you are responsible for all costs of providing Proof Of Loss.

We will require written authorization for us to obtain the information or documentation we require as Proof Of Loss. We will also require you to submit additional documentation of your claim at your expense at reasonable intervals while you are receiving benefits.

EXAMINATIONS

As part of the required Proof Of Loss, we have the right to require periodic examinations to determine your eligibility for benefits. These examinations will be done at our expense. We will choose examiner(s) appropriate for the evaluation of your claim. Examinations may include but are not limited to:

- independent medical and psychiatric examinations by physicians or specialists;
- functional capacity examinations and occupational and vocational evaluations;
- examinations and analyses of your financial and operational records and those of any business in which you have an interest. Such records may include tax returns, financial statements, billing and expense information, bank statements, cancelled checks or other documents.

We may defer or suspend payment of benefits if you fail to submit to an examination, or if you fail to cooperate with the person conducting the examination. Benefits may be resumed, provided that the required examination occurs within a reasonable time and benefits are otherwise payable.

TIME OF PAYMENT

After we receive satisfactory written Proof Of Loss and all other conditions are met, we will pay benefits under this policy. Any accrued benefits will be paid immediately. Any benefits due thereafter will be paid monthly. For periods of less than one month, we will pay a prorated portion of the monthly benefit for each day benefits are payable. Payment will be subject to our receipt of continued Proof Of Loss.

Once your claim is approved, benefits will continue until the end of the period for which you have provided us with satisfactory written Proof Of Loss, subject to the terms and limits of this policy. We will require you to submit additional Proof Of Loss at reasonable intervals while you are continuing to receive benefits.

PAYMENT OF CLAIMS

We will pay all benefits to the Owner or the Owner's estate, unless the Owner names a payee to receive such benefits. Designation of a payee, or change of a previously named payee, must be in writing and signed by the Owner. At the Owner's request we will provide a form for naming or changing a payee.

We can pay total benefits of up to $1,000 to any relative of the Owner we believe is entitled to them if any benefit is payable to the Owner's estate, or if the Owner or any payee lacks legal capacity to give a valid release.

We will not be liable to anyone to the extent we make payment in good faith.

OVERPAYMENT OF BENEFITS

We have the right to be reimbursed for any overpayment of benefits under this policy. We will notify the Owner promptly upon the discovery of any overpayment. After such notice, any and all overpayments that have not been reimbursed will become a debt due and payable to us. We will withhold the unreimbursed portion of any overpayments from any benefit payments due under the policy, regardless of the payee, until all overpayment amounts are repaid in full.

INVESTIGATION OF YOUR CLAIM

We may conduct an investigation of your claim at any time. We will pay benefits only after we have had a reasonable time to conduct an investigation of your claim, and we have determined that benefits are payable.

REVIEW PROCEDURE

If we deny all or part of your claim, you may request a review. You must make the request within 180 days after receiving notice of the denial.

Your request must be in writing. You may review any non-privileged information that relates to your request for review; and you may send us written comments or other items to support your claim.

We will review your claim promptly after we receive your request for review. We will send you a notice of our decision not more than 60 days after we receive your request. If special circumstances require an extension, we will send the notice of decision to you within 120 days. We will state the reasons for our decision and we will refer you to the relevant parts of the policy.

PREMIUMS, REINSTATEMENT, TERMINATION

PREMIUMS

The premium is the amount we charge at regular intervals to keep this policy in force, and it is shown on the Policy Data page. Before the Termination Date we can change premium rates only: (1) After this policy has been in force for three years; and (2) If the change applies to all policies with like benefits insuring the same Risk Class. Premiums are payable at our Home Office. The initial premium is due on the Policy Effective Date. If the initial premium is not paid, the policy is never in force.

Premiums may be paid on an annual, semi-annual or quarterly basis. Also, the Owner may request a special monthly premium mode, subject to our rules and approval. We may terminate this special mode at any time by writing to the Owner.

The Owner may request a change of premium mode by writing to us. The change is subject to our rules and approval. No change of premium mode will be allowed while you are Disabled or while benefits are payable.

GRACE PERIOD

A 31-day grace period to pay premiums follows the due date of each premium except the initial premium. The policy will continue in force during the grace period. If a premium is not paid by the end of its grace period, the policy will terminate. If you become Disabled during the grace period, we will deduct any due and unpaid premiums from any benefits we pay.

REINSTATEMENT

If this policy ends because a premium is not paid by the end of the grace period, the Owner may request that the policy be reinstated. The request must be made any time within six months after termination.

If our requirements for reinstatement are met, the policy may be reinstated in one of the following ways:

- **Reinstatement Without An Application** – If we receive the required premium and we do not require a reinstatement application, our acceptance of the required premium will reinstate the policy.

- **Application Required; Conditional Receipt Issued** – If we receive the required premium, but we require an application for reinstatement and issue a conditional receipt for the premium tendered, reinstatement is subject to our approval. Reinstatement will be effective on the date we approve the application.

  However, if we disapprove the application, we must mail notice of our disapproval to the Owner within 45 days after the date of the conditional receipt. If we do not mail notice of our disapproval within that time, the policy will be reinstated as of the 45th day.

  The reinstated policy will only cover Disabilities due to:

  - Injury sustained after the Reinstatement Date; or
  - Sickness that began more than ten days after the Reinstatement Date.

  If we require an application for reinstatement, a new period for contesting the policy or a claim will apply to the reinstated policy. See Time Limit On Certain Defenses under GENERAL PROVISIONS. We may add or change provisions or limitations when we reinstate the policy. Except for the provisions that may be added or changed, the Owner's rights and our rights will be the same as before the policy terminated.

POLICY TERMINATION

If a premium is not paid by the end of its grace period, the policy will terminate. This policy will also terminate on the earliest of:

- 12:01 a.m. on the Termination Date shown on the data page, unless this policy is being continued under the Renewal Option After The Termination Date provision.

- The date you are no longer regularly employed for at least 30 hours per week, if this policy is continued under the Renewal Option, unless you are Disabled on that date under the policy terms. If the policy terminates for this reason, we will refund any premium paid for the period beyond the date the policy terminates.
- The date you Recover from your Disability covered by the Renewal Option, if the policy is continued under that Option.
- The date of your death. After we receive notice of your death, we will refund to the Owner or the Owner's estate any premium paid for the period beyond the date of death.

In addition, the Owner may terminate this policy by sending us a written request. Such termination will be effective on the date the request is received at our Home Office, or on the date the Owner requests, subject to our approval. We will refund any premium paid for the period beyond the effective date of the termination.

RENEWAL OPTION AFTER THE TERMINATION DATE

RENEWAL OPTION

The Owner may request that Total Disability coverage under this policy continue beyond the Termination Date. In order for us to consider the request, the following must be true on the Termination Date:

- You remain actively and regularly employed for at least 30 hours per week; and
- You are not Disabled.

If we approve the request and the policy is continued under this Option, you must remain actively and regularly employed for at least 30 hours per week for the policy to remain in force. We have the right to ask you at least once per year for proof satisfactory to us that you are meeting this requirement. In addition, we have the right to ask for this information more often than once per year if we reasonably believe that such information is necessary for this policy to continue under this Option.

You must notify us as soon as is reasonably possible if at any time:

- You no longer remain actively and regularly employed for at least 30 hours per week; or
- You cease employment altogether.

RENEWAL OPTION REQUEST

The Owner may request this Option by writing to us at our Home Office. We must receive the request at least 30 days prior to the Termination Date. The policy must be in force with all due premiums paid on the date we receive the request.

RENEWAL BENEFIT

Under the Renewal Option, only the coverage for Total Disability will continue beyond the policy's Termination Date. All other coverage provided by the policy and all riders and rider benefits ends at 12:01 a.m. on the Termination Date, unless a rider states otherwise. Except as shown below, the same provisions, exceptions, exclusions and limitations in this policy continue to apply if the Renewal Option is elected.

The policy's definition of Regular Occupation as applied to any Disability covered by this Option is changed to read:

> "**Regular Occupation** means the occupation or occupations which you are regularly engaged in at the time Disability begins. If you have limited your practice to a professionally recognized specialty in medicine or law, then that specialty will be deemed your Regular Occupation."

The policy's definition of Continuous Disability/Continuously Disabled as applied to any Disability covered by this Option is changed to read:

> "**Continuous Disability/Continuously Disabled** means the same as Total Disability/Totally Disabled as defined in the policy." Under this Option, payment of benefits will be made for only one Disability. No Disability Benefits are due or payable during any period of Recovery. The policy, this Option and all coverage will end on the date you Recover from your Disability under this Option.

RENEWAL PREMIUM

The premium to continue the policy under the Renewal Option will be different from the premium shown on the Policy Data page. It will be based on the rate in effect for all policies with like benefits insuring the same age and Risk Class as of the Termination Date. We can change the premium rates at any time, but only if we change it for everyone who:

- Has this policy form;
- Has like benefits;
- Is your age; and
- Is in your Risk Class.

We will refund to the Owner any premium paid after the Termination Date, unless the policy is in force under the Renewal Option. Payment or receipt of any premium after the policy ends for any reason will not continue it in force, unless the policy is being continued under the Renewal Option.

END OF RENEWAL OPTION

This Option and policy, and all coverage, will end on the earliest of the following:

- the date you cease being regularly employed at least 30 hours per week, unless you are Disabled on that date under the policy terms;
- the date you Recover from a Disability covered under this Option;
- the date the policy and this Option end under the Policy Termination provision.

GENERAL PROVISIONS

THE CONTRACT

This insurance is provided in consideration of our receipt of: (1) The completed application; and (2) Payment of all required premiums. This policy and all attachments, including any benefits, riders, endorsements and copies of the application and application supplements, make up the whole contract. No one, including our sales representative, has the right to change or waive any part of this policy unless the change is approved in writing by our President and Corporate Secretary.

CONFORMITY WITH STATE LAWS

Any provision in this policy which, on its effective date, conflicts with the laws of the state in which the application was taken, is amended to meet the minimum requirements of such laws.

TIME LIMIT ON CERTAIN DEFENSES

After three years from the latter of the Policy Effective Date or its most recent Reinstatement Date, no misstatements, except fraudulent misstatements, made by you or the Owner in the application for the policy shall be used to rescind the policy or to deny a claim for Disability starting after the end of such three-year period.

No claim for Disability starting after three years from the later of the Policy Effective Date or its most recent Reinstatement Date will be reduced or denied on the ground that a disease or physical condition existed before such date, unless it is specifically excluded by name or specific description, or there was fraudulent misstatement in the application for the policy or for reinstatement.

LEGAL ACTION

Legal action cannot be brought against us until at least 60 days following the date written proof is received by us under Proof Of Loss. Also, legal action may not be brought against us after three years from the date written proof is required under Proof Of Loss.

MISSTATEMENTS

If your Issue Age or sex has been misstated, any benefits will equal those that the premiums paid would have purchased at your correct Issue Age and sex.

NOTICE

Changes, assignments, designations of payees and other requests will not affect us until:

- They have been signed by the Owner;
- We have received them at our Home Office; and
- Where required, we have approved them.

ASSIGNMENT

The Owner may assign this policy at any time while the policy is in force and while you are not Disabled and while no benefits are payable. We will be bound by an assignment only: (1) If it is in writing; and (2) After it is approved at our Home Office. Once approved, it will take effect as of the date the assignment was signed by the Owner. We are not responsible for the validity of an assignment. We will not be liable for any action taken prior to, or for any payment made by us before, our approval of the assignment.

OWNER

The Owner of this policy is the Insured unless:

- A different owner is named on the application; or
- The Owner is changed under the Assignment provision, above.

The Owner may name a successor owner who will become the new owner if the Owner dies before you. If no named successor owner is living when the Owner dies, and if you are not the Owner, the Owner's estate will become the new owner.

DEFINITIONS

Basic Monthly Benefit means the amount of monthly benefit as shown on the Policy Data page issued with the policy, or as later changed by endorsement or by a new Policy Data page made part of this policy.

Benefit Waiting Period (See definition under Benefit Waiting Period Limitation in the EXCLUSIONS AND LIMITATIONS section.)

CPI-U means the average Consumer Price Index For All Urban Consumers published by the United States Department of Labor for a given year. If the CPI-U is discontinued or replaced, we may use the new index or a comparable index.

Calendar Year means a year measured inclusively from January 1 to December 31.

Commencement Date means the first day immediately following the completion of the Benefit Waiting Period. For Presumptive Disability the Benefit Waiting Period is waived, and the Commencement Date is the first day of your Presumptive Disability.

Continuous Disability / Continuously Disabled means you are Totally Disabled or Partially Disabled for a continuous period of time. Recurrent periods of Disability from the same cause or causes, if separated by your Recovery of less than 12 full months, are one period of Continuous Disability. If you experience a period of Recovery longer than 12 full months, a new Benefit Waiting Period must be satisfied if you should later become Disabled either from the same cause or causes as the prior Disability, or from a different or unrelated causes. Disability Benefits are not due or payable during any period of Recovery.

Domestic Partner means an individual with whom you have completed an affidavit of declaration of domestic partnership and filed that affidavit for public record if required by law; or a person who is party to a civil union with you as defined by applicable law.

Indexed Predisability Earnings means your Predisability Earnings adjusted by the applicable rate of increase in the CPI-U. During your first year of Disability, Indexed Predisability Earnings is the same as Predisability Earnings. After that, Indexed Predisability Earnings will be adjusted on each anniversary of the date your Disability started. The adjustment rate will be determined as follows:

> The CPI-U for the Calendar Year immediately prior to the anniversary in question, divided by the CPI-U for the Calendar Year immediately prior to the start of your Disability, minus 1.

If there is no increase in the CPI-U, there will be no increase in the Indexed Predisability Earnings for the current year. However, your Indexed Predisability Earnings will never decrease from one year to the next, regardless of changes in the CPI-U.

Injury means an accidental bodily injury which is sustained after the Policy Effective Date and while this policy is in force.

Insured means the insured under this policy as shown on the Policy Data page and as shown as the “Proposed Insured” on the application for insurance.

Issue Age means your age on the Policy Effective Date. The Issue Age is shown on the Policy Data page.

Issue And Participation Limits means the maximum amount of insurance coverage we will issue in relation to your income and Risk Class, taking into account all other disability income coverage in force with us and any other company.

Loss Of Earnings means your Indexed Predisability Earnings less your Monthly Earnings. Loss Of Earnings is determined for each month for which a Disability Benefit or Recovery Benefit is claimed.

Maximum Benefit Period means the maximum period of time we will pay Disability Benefits for any one Continuous Disability and Recovery Benefits related to that Disability. This period is shown on the Policy Data page. It begins on the Commencement Date. Once the Maximum Benefit Period ends, you will not be eligible for a new Maximum Benefit Period unless:

- you experience 12 full months of Recovery from your prior Disability after the last Disability Benefit or Recovery Benefit is paid;
- the policy remains in force; and
- you have satisfied all other terms of the policy.

Monthly Earnings means all income received by you in the particular month for which you are claiming Disability Benefit. Monthly Earnings includes all income from any vocational activity of yours, including:

- Salary and fees; and
- Commissions and bonuses; and
- All income from all of those sources of income used to determine Predisability Earnings.

We will subtract from Monthly Earnings all business expenses which you are allowed to deduct for federal income tax purposes. However, we will not deduct any expenses shown on your federal income tax return as IRC Section 179 expenses.

Monthly Earnings does NOT include income from any of the following:

- Rent or royalties;
- Annuities, savings or investments;
- Deferred compensation or retirement plans;
- Disability income insurance policies;
- Your nonvocational activities.

We will use the accounting method used on your federal income tax return for your tax year immediately prior to your tax year in which your Disability began. We will use the same method throughout the duration of the claim. If the cash method is used, we will exclude from Monthly Income that income which is both earned prior to and received after the date your Disability began.

If you receive any income in a lump sum or on a basis other than monthly, we will prorate that income over the period of time to which it applies. If an appropriate period of time is not provided, we will use what we consider to be a reasonable period, based on the circumstances involved.

Owner means the owner of this policy, as shown on the Policy Data page, unless later changed as allowed under the GENERAL PROVISIONS section. The Owner is shown as "Policyowner" on application forms attached to this policy.

Physician means any licensed medical professional, other than you, the Owner, a member of your household, or any person related to you by blood or marriage, who is practicing and diagnosing within the scope of his or her medical or professional license.

Policy Anniversary means the anniversary of the Policy Effective Date occurring each year the policy remains in force.

Policy Effective Date means the date on which this policy becomes effective. This date is shown on the Policy Data page.

Policy Month means a month measured from the same date in a month as the Policy Effective Date.

Predisability Earnings means the sum of your highest Annual Earnings for any two full tax years within the three full tax years preceding the date your Disability began, divided by 24.
For purposes of this definition, **Annual Earnings** means all individual and business income for any full tax year used to calculate Predisability Earnings. Annual Earnings includes all income from any vocational activity of yours including:

- Salary and fees; and
- Commissions and bonuses; and
- Income reported on your personal and business tax returns.

We can require any proof we consider necessary to establish your Annual Earnings for each full tax year. Such proof may include, but is not limited to complete copies of individual and business federal income tax returns, including W-2's, 1099's, attachments and schedules.

Recover / Recovery / Recovered means you are no longer Disabled from the same cause or causes that caused your most recent Disability.

Regular Occupation (See definition under Benefit For Total Disability.)

Reinstatement Date means the date the policy is made effective when reinstated.

Risk Class means the Risk Class for this policy, as shown on the Policy Data page. It also includes the Occupation Class and sex as shown on the Policy Data page.

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

Substantial And Material Duties (See definition under Benefit For Total Disability.)

Termination Date means the date the policy ends, as shown on the Policy Data page, unless the policy ends earlier as outlined under the POLICY TERMINATION provision.

THIS IS A DISABILITY INCOME INSURANCE POLICY

STANDARD INSURANCE COMPANY
Home Office: P.O. Box 711, Portland, Oregon 97207
800-247-6888

INSURED: [Name]

POLICY NUMBER: [Number]

INDIVIDUAL DISABILITY INCOME INSURANCE
OUTLINE OF COVERAGE

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 Standard Insurance Company. It is, therefore, important that you READ YOUR POLICY CAREFULLY!

DISABILITY INCOME INSURANCE COVERAGE

This is an individual disability income insurance policy. This category of coverage is designed to provide benefits for Disability resulting from a covered Injury or Sickness, subject to any exclusions and limitations set forth in the policy. Benefits do not cover surgical, hospital, or medical expenses.

Date _____ Sales Producer_____

Address_____

_____

Telephone_____

POLICY BENEFITS

Disability Benefits are the monthly benefit payment(s) for Total Disability or Partial Disability. Benefits begin on the Commencement Date. This is the next day immediately following completion of the the Benefit Waiting Period.

The **Benefit Waiting Period** is the period, measured from the first day of your Disability, throughout which you must be Disabled before Disability Benefits become payable. The Benefit Waiting Period is shown on the Policy Data Page.

The **Maximum Benefit Period** is the maximum period of time we will pay benefits for any one Disability.

Commencement Date:	[Day] Day of Disability
Basic Monthly Benefit:	**$**[Amount]
Maximum Benefit Period:	[Period]

BENEFIT FOR TOTAL DISABILITY – You will be eligible for a Disability Benefit during your Total Disability. The Disability Benefit payable each month will equal the Basic Monthly Benefit.

Total Disability/Totally Disabled means that, due to your Injury or Sickness:

- You are unable to perform the Substantial And Material Duties of your Own Occupation; and
- You are under the regular care of a Physician appropriate for the Injury or Sickness.

Substantial And Material Duties means the usual duties that are essential to your ability to perform in your Own Occupation.

Own Occupation means the occupation or occupations which you are regularly engaged in at the time your Disability begins. If you have limited your practice to a professionally recognized specialty in medicine or law, then that specialty will be deemed your Own Occupation.

BENEFIT FOR PRESUMPTIVE DISABILITY – We will consider you to be Totally Disabled if your Injury or Sickness causes you to totally and permanently lose one of the following: speech; hearing in both ears not restorable by hearing aids; sight in both eyes; use of both hands; use of both feet; or use of one hand and one foot. There is no Benefit Waiting Period if you become Presumptively Disabled.

BENEFITS FOR PARTIAL DISABILITY – If you are not Totally Disabled, you may be eligible for Disability Benefits for your Partial Disability. During the **Initial Period of Partial Disability**, after you have satisfied the Benefit Waiting Period, the Disability Benefit will equal the Basic Monthly Benefit, regardless of your Monthly Earnings. During the **Extended Partial Disability** period, the amount of Disability Benefit will depend on your Monthly Earnings.

For benefits to be payable in each period, you must meet the definition of Partial Disability applicable to that period.

Initial Period of Partial Disability: This is the Benefit Waiting Period and the first six months that Disability Benefits are payable for Partial Disability. During this period, Partial Disability means you are not Totally Disabled and:

- You are working in your Own Occupation or any other occupation; and
- Due to your Injury or Sickness, you have a Loss Of Duties, or a Loss Of Time, or a Loss Of Income; and
- You are under the regular care of a Physician appropriate for the Injury or Sickness. This Physician's care requirement will be waived when we receive written proof, satisfactory to us, that further care would be of no benefit to you.

Loss Of Duties means you are able to perform some but not all Substantial And Material Duties.

Loss of Time means you are able to do all Substantial And Material Duties but unable to do them for at least 20% of the time you spent in your Own Occupation prior to the date of Disability

Loss of Income means that your Monthly Earnings is 80% or less of your Indexed Predisability Earnings.

Extended Partial Disability: After the Initial Period, Partial Disability means you are not Totally Disabled and:

- You are working in your Own Occupation or any other occupation; and
- Due to your Injury or Sickness, you have a Loss Of Income; and
- You are under the regular care of a Physician appropriate for the Injury or Sickness. This Physician's care requirement will be waived when we receive written proof, satisfactory to us, that further care would be of no benefit to you.

During Extended Partial Disability, the amount of Disability Benefit will depend on your Monthly Earnings. If your Monthly Earnings is:

- Less than 20% of your Indexed Predisability Earnings, the Disability Benefit will equal the Basic Monthly Benefit.
- 20% to 80% of your Indexed Predisability Earnings, the Disability Benefit will equal:

$$\frac{\text{your Loss Of Earnings for that month}}{\text{your Indexed Predisability Earnings}} \times \text{the Basic Monthly Benefit}$$

- More than 80% of your Indexed Predisability Earnings, no Disability Benefit is payable.

RECOVERY BENEFIT – Immediately after you have Recovered from your Disability, we will pay a Recovery Benefit if you experience a Loss Of Income and that Loss Of Income is solely the result of the previous Injury or Sickness that caused your Disability. The amount of Recovery Benefit will be determined by the formulas set forth for Extended Partial Disability provision.

The Recovery Benefit will no longer be payable on the date that the first of the following events occurs:

- You no longer experience a Loss Of Income;
- Your Loss Of Income is no longer solely the result of the Injury or Sickness that caused your Disability;
- You become Disabled;
- The Maximum Benefit Period ends;
- The policy terminates.

REHABILITATION PROGRAM – While you are Disabled, you may participate in a Rehabilitation Program to help you prepare for your return to full time work. The program is voluntary. We will pay the reasonable costs of the Program and periodically review your progress. We will continue to pay the agreed upon costs for as long as we determine the Rehabilitation Program is meeting the mutually agreed upon objectives.

PREMIUM WAIVER BENEFIT – We will waive all premiums due under this policy while Disability Benefits or Recovery Benefits are payable. After completion of the Benefit Waiting Period, we will refund to the Owner any premium due and paid after the date your Disability began.

COMPASSIONATE DISABILITY BENEFIT – We will pay a Compassionate Disability Benefit while:

- you are working at least 20% fewer hours in order to care for your Loved One while he or she has a Serious Health Condition; and
- your Monthly Earnings is at least 20% less than your Predisability Earnings due to that reduction in hours worked; and
- you are not Disabled; and
- no other benefit is payable under this policy.

Loved One means your parent, child (including an adopted child and stepchild), spouse, Domestic Partner, and child of your Domestic Partner.

Serious Health Condition means that due to your Loved One's Injury or Sickness, he or she:

- is receiving inpatient care in a hospital, hospice or residential medical care facility; or
- requires Substantial Supervision for his or her health or safety due to Severe Cognitive Impairment; or
- is unable to safely and completely perform two or more Activities Of Daily Living without assistance; or
- is terminally ill with a condition that is reasonably expected to result in death within 12 months.

For a Compassionate Disability Benefit to be payable, the Serious Health Condition must be caused by an Injury or Sickness that first occurs after the Policy Effective Date and before the Termination Date. The Benefit Waiting Period is measured from the day the Serious Health Condition begins. The maximum amount of Compassionate Disability Benefit we will pay for all claims and all Loved Ones is limited to a total amount equal to six times the Basic Monthly Benefit.

The amount of Compassionate Disability Benefit we will pay each month will depend on your Monthly Earnings. If your Monthly Earnings is:

- Less than 20% of your Indexed Predisability Earnings, the benefit amount will equal the Basic Monthly Benefit.
- 20% to 80% of your Predisability Earnings, the benefit amount will equal:

$$\frac{\text{your Predisability Earnings} - \text{your Monthly Earnings}}{\text{your Predisability Earnings}} \times \text{the Basic Monthly Benefit}$$

- More than 80% of your Indexed Predisability Earnings, no Compassionate Disability Benefit is payable.

AUTOMATIC INCREASE BENEFIT – This benefit provides for Automatic Increases to the Basic Monthly Benefit, compounded each year during the Increase Period. You are eligible for this benefit if your Issue Age is under age 60. Evidence of insurability is not required. Each Automatic Increase is an amount equal to 4% of the Basic Monthly Benefit. That amount is added to the Basic Monthly Benefit on each Policy Anniversary during an Increase Period.

An **Increase Period** is a period of five consecutive years during which an Automatic Increase can occur. The first Increase Period begins on the day after the Policy Effective Date and it ends on the fifth Policy Anniversary. The Owner may apply for additional Increase Periods. If you are over age 55 at the start of any Increase Period, that Increase Period will be the number of years between the start of the Increase Period and the Increase Date next following your 60th birthday.

SURVIVOR BENEFIT – If you die while the benefit for Total Disability is being paid, we will pay a benefit to the Owner or the Owner's estate. The benefit will be paid for three months. Each benefit payment will equal the Basic Monthly Benefit.

EXCLUSIONS AND LIMITATIONS

EXCLUSIONS FROM COVERAGE

We will not pay benefits for:

- Disability due to declared or undeclared war; act of war or act incident to war; insurrection or armed conflict with organized forces of a military nature.
- The first 90 days of your Disability due to pregnancy or childbirth, unless your Disability is due to complications of pregnancy.
- Disability caused or contributed to by your: (a) committing or attempting to commit an assault or felony; or (b) actively participating in a violent disorder or riot.
- Disability while you are confined for any reason to a penal or correctional institution.
- Intentionally self-inflicted injury.

PRE-EXISTING CONDITIONS – We will pay benefits for a Disability caused or contributed to by a Pre-existing Condition only if:

- It is fully disclosed on your application; and
- It is not specifically excluded from coverage by amendment or endorsement.

A Pre-existing Condition is any mental or physical condition for which, during the 365 days immediately prior to the Policy Effective Date:

- You have consulted a physician or received medical treatment or services; or
- You have undergone diagnostic procedures, including those that are self-administered or self-prescribed; or
- You have taken prescription drugs or medications; or
- A reasonably prudent person would have sought medical advice, care or treatment.

If during the first three years the policy is in force, we find that any answer in your application is misstated, incorrect or incomplete: we may rescind the policy or deny a claim for Disability starting within the three-year period.

LIMITATION FOR RESIDENCE OUTSIDE THE UNITED STATES AND CANADA – Payment of Disability Benefits is limited to 12 months for each period of continuous Disability while you reside outside of the United States or Canada.

POLICY RENEWABILITY

GUARANTEED RENEWABLE – If all required premiums are paid, the policy is guaranteed renewable to the Termination Date. We cannot change any part of the policy, except its premium, until the Termination Date. We can change the premium rates only: (1) after the policy has been in force for three years; and (2) if the change applies to all policies with like benefits insuring the same Risk Class. The policy ends on the Termination Date, except as provided by the Renewal Option (below). The Termination Date is shown on the Policy Data page.

RENEWAL OPTION – If you are not Disabled, Disability coverage may be continued beyond the Termination Date. Coverage will be for Total Disability only. There will be a limited benefit period. You must be actively and regularly employed for at least 30 hours per week. We may change premium rates.

PREMIUMS – Premiums may be paid under any of these modes: annual, semi-annual, or quarterly. We may allow for payment under a special monthly mode. The special mode premium is paid through your bank. There is a 31-day grace period for all premiums due except the first.

The annual premium for this policy is $[Amount]. {If premiums are payable under a different mode, the premium for that mode is:

[Special Monthly] [Quarterly] [Semi-Annual] $[Amount]}

DEFINITIONS

These definitions apply to both the policy and this outline of coverage. Other terms are defined in the policy.

Disability/Disabled means that you are either Totally Disabled or Partially Disabled.

Indexed Predisability Earnings means your Predisability Earnings adjusted by the applicable rate of increase in the average Consumer Price Index For All Urban Consumers (CPI-U).

Injury means an accidental bodily injury which is sustained after the Policy Effective Date and while this policy is in force.

Owner means the owner of the policy.

Policy Anniversary means the anniversary of the Policy Effective Date occurring each year the policy remains in force.

Predisability Earnings means the sum of your highest Annual Earnings for any two full tax years within the three full tax years preceding the date of your Disability or your Loved One's Serious Health Condition began, divided by 24.

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

Termination Date means the date the policy ends, unless it ended earlier. This date is shown on the Policy Data page.

We/us/our mean Standard Insurance Company.

You/your mean the Insured.

THIS OUTLINE OF COVERAGE IS ONLY A SUMMARY OF THE COVERAGE PROVIDED BY THE POLICY. THIS OUTLINE IS NOT THE CONTRACT AND IS NOT PART OF IT. SEE THE POLICY FOR THE ACTUAL CONTRACT PROVISIONS.

STANDARD INSURANCE COMPANY
Home Office: 1100 SW Sixth Avenue, Portland, Oregon 97204
800-247-6888

ACKNOWLEDGMENT OF RECEIPT

Disability Insurance, Outline Of Coverage

I have received a copy of Standard Insurance Company's Disability Insurance Outline Of Coverage in connection with my application for Disability Insurance.

_____
Name of Applicant

_____ _____
Signature Of Applicant Date Signed

TO SALES REPRESENTATIVE: You must send this signed Acknowledgment Of Receipt to the home office with all Disability Insurance applications.

STANDARD INSURANCE COMPANY
Home Office: P.O. Box 711, Portland, Oregon 97207
800-247-6888

INSURED: [Name]

POLICY NUMBER: [Number]

INDIVIDUAL DISABILITY INCOME INSURANCE
OUTLINE OF COVERAGE

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 Standard Insurance Company. It is, therefore, important that you READ YOUR POLICY CAREFULLY!

DISABILITY INCOME INSURANCE COVERAGE

This is an individual disability income insurance policy. This category of coverage is designed to provide benefits for Disability resulting from a covered Injury or Sickness, subject to any exclusions and limitations set forth in the policy. Benefits do not cover surgical, hospital, or medical expenses.

Date _____ Sales Producer_____

Address_____

_____

Telephone_____

POLICY BENEFITS

Disability Benefits are the monthly benefit payment(s) for Total Disability or Partial Disability. Benefits begin on the Commencement Date. This is the next day immediately following completion of the the Benefit Waiting Period.

The **Benefit Waiting Period** is the period, measured from the first day of your Disability, throughout which you must be Disabled before Disability Benefits become payable. The Benefit Waiting Period is shown on the Policy Data Page.

The **Maximum Benefit Period** is the maximum period of time we will pay benefits for any one Disability.

Commencement Date:	[Day] Day of Disability
Basic Monthly Benefit:	**$**[Amount]
Maximum Benefit Period:	[Period]

BENEFIT FOR TOTAL DISABILITY – You will be eligible for a Disability Benefit during your Total Disability. The Disability Benefit payable each month will equal the Basic Monthly Benefit.

Total Disability/Totally Disabled means that because of your Injury or Sickness:

- you are unable to perform the Substantial And Material Duties of your Regular Occupation; and
- you are not engaged in any other gainful occupation; and
- you are under the regular care of a Physician appropriate for your Injury or Sickness. This Physician's care requirement will be waived when we receive written proof, satisfactory to us, that further care would be of no benefit to you.

Substantial And Material Duties means the usual duties that are essential to your ability to perform in your Regular Occupation.

Regular Occupation means the occupation or occupations which you are regularly engaged in at the time your Disability begins. If you have limited your practice to a professionally recognized specialty in medicine or law, then that specialty will be deemed your Regular Occupation.

BENEFIT FOR PRESUMPTIVE DISABILITY – We will consider you to be Totally Disabled if your Injury or Sickness causes you to totally and permanently lose one of the following: speech; hearing in both ears not restorable by hearing aids; sight in both eyes; use of both hands; use of both feet; or use of one hand and one foot. There is no Benefit Waiting Period if you become Presumptively Disabled.

BENEFITS FOR PARTIAL DISABILITY – If you are not Totally Disabled, you may be eligible for Disability Benefits for your Partial Disability. During the **Initial Period of Partial Disability**, after you have satisfied the Benefit Waiting Period, the Disability Benefit will equal the Basic Monthly Benefit, regardless of your Monthly Earnings. During the **Extended Partial Disability** period, the amount of Disability Benefit will depend on your Monthly Earnings.

For benefits to be payable in each period, you must meet the definition of Partial Disability applicable to that period.

Initial Period of Partial Disability: This is the Benefit Waiting Period and the first six months that Disability Benefits are payable for Partial Disability. During this period, Partial Disability means you are not Totally Disabled and:

- You are working in your Regular Occupation or any other occupation; and
- Due to your Injury or Sickness, you have a Loss Of Duties, or a Loss Of Time, or a Loss Of Income; and
- You are under the regular care of a Physician appropriate for the Injury or Sickness. This Physician's care requirement will be waived when we receive written proof, satisfactory to us, that further care would be of no benefit to you.

Loss Of Duties means you are able to perform some but not all Substantial And Material Duties.

Loss of Time means you are able to perform all Substantial And Material Duties but unable to do them for at least 20% of the time you spent in your Regular Occupation prior to the date of Disability

Loss of Income means that your Monthly Earnings is 80% or less of your Indexed Predisability Earnings.

Extended Partial Disability: After the Initial Period, Partial Disability means you are not Totally Disabled and:

- You are working in your Regular Occupation or any other occupation; and
- Due to your Injury or Sickness, you have a Loss Of Income; and
- You are under the regular care of a Physician appropriate for the Injury or Sickness. This Physician's care requirement will be waived when we receive written proof, satisfactory to us, that further care would be of no benefit to you.

During Extended Partial Disability, the amount of Disability Benefit will depend on your Monthly Earnings. If your Monthly Earnings is:

- Less than 20% of your Indexed Predisability Earnings, the Disability Benefit will equal the Basic Monthly Benefit.
- 20% to 80% of your Indexed Predisability Earnings, the Disability Benefit will equal:

$$\frac{\text{your Loss Of Earnings for that month}}{\text{your Indexed Predisability Earnings}} \times \text{the Basic Monthly Benefit}$$

- More than 80% of your Indexed Predisability Earnings, no Disability Benefit is payable.

RECOVERY BENEFIT – Immediately after you have Recovered from your Disability, we will pay a Recovery Benefit if you experience a Loss Of Income and that Loss Of Income is solely the result of the previous Injury or Sickness that caused your Disability. The amount of Recovery Benefit will be determined by the formulas set forth for Extended Partial Disability provision.

The Recovery Benefit will no longer be payable on the date that the first of the following events occurs:

- You no longer experience a Loss Of Income;

- Your Loss Of Income is no longer solely the result of the Injury or Sickness that caused your Disability;
- You become Disabled;
- The Maximum Benefit Period ends;
- The policy terminates.

REHABILITATION PROGRAM – While you are Disabled, you may participate in a Rehabilitation Program to help you prepare for your return to full time work. The program is voluntary. We will pay the reasonable costs of the Program and periodically review your progress. We will continue to pay the agreed upon costs for as long as we determine the Rehabilitation Program is meeting the mutually agreed upon objectives.

PREMIUM WAIVER BENEFIT – We will waive all premiums due under this policy while Disability Benefits or Recovery Benefits are payable. After completion of the Benefit Waiting Period, we will refund to the Owner any premium due and paid after the date your Disability began.

SURVIVOR BENEFIT – If you die while the benefit for Total Disability is being paid, we will pay a benefit to the Owner or the Owner's estate. The benefit will be paid for three months. Each benefit payment will equal the Basic Monthly Benefit.

EXCLUSIONS AND LIMITATIONS

EXCLUSIONS FROM COVERAGE

We will not pay benefits for:

- Disability due to declared or undeclared war; act of war or act incident to war; insurrection or armed conflict with organized forces of a military nature.
- The first 90 days of your Disability due to pregnancy or childbirth, unless your Disability is due to complications of pregnancy.
- Disability caused or contributed to by your: (a) committing or attempting to commit an assault or felony; or (b) actively participating in a violent disorder or riot.
- Disability while you are confined for any reason to a penal or correctional institution.
- Intentionally self-inflicted injury.

LIMITATION FOR RESIDENCE OUTSIDE THE UNITED STATES AND CANADA – Payment of Disability Benefits is limited to 12 months for each period of continuous Disability while you reside outside of the United States or Canada.

POLICY RENEWABILITY

GUARANTEED RENEWABLE – If all required premiums are paid, the policy is guaranteed renewable to the Termination Date. We cannot change any part of the policy, except its premium, until the Termination Date. We can change the premium rates only: (1) after the policy has been in force for three years; and (2) if the change applies to all policies with like benefits insuring the same Risk Class. The policy ends on the Termination Date, except as provided by the Renewal Option (below). The Termination Date is shown on the Policy Data page.

RENEWAL OPTION – If you are not Disabled, Disability coverage may be continued beyond the Termination Date. Coverage will be for Total Disability only. There will be a limited benefit period. You must be actively and regularly employed for at least 30 hours per week. We may change premium rates.

PREMIUMS – Premiums may be paid under any of these modes: annual, semi-annual, or quarterly. We may allow for payment under a special monthly mode. The special mode premium is paid through your bank. There is a 31-day grace period for all premiums due except the first.

The annual premium for this policy is $[Amount]. {If premiums are payable under a different mode, the premium for that mode is:

[Special Monthly] [Quarterly] [Semi-Annual] $[Amount]}

DEFINITIONS

These definitions apply to both the policy and this outline of coverage. Other terms are defined in the policy.

Disability/Disabled means that you are either Totally Disabled or Partially Disabled.

Indexed Predisability Earnings means your Predisability Earnings adjusted by the applicable rate of increase in the average Consumer Price Index For All Urban Consumers (CPI-U).

Injury means an accidental bodily injury which is sustained after the Policy Effective Date and while this policy is in force.

Owner means the owner of the policy.

Policy Anniversary means the anniversary of the Policy Effective Date occurring each year the policy remains in force.

Predisability Earnings means the sum of your highest Annual Earnings for any two full tax years within the three full tax years preceding the date of your Disability began, divided by 24.

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

Termination Date means the date the policy ends, unless it ended earlier. This date is shown on the Policy Data page.

We/us/our mean Standard Insurance Company.

You/Your mean the Insured under the policy.

THIS OUTLINE OF COVERAGE IS ONLY A SUMMARY OF THE COVERAGE PROVIDED BY THE POLICY. THIS OUTLINE IS NOT THE CONTRACT AND IS NOT PART OF IT. SEE THE POLICY FOR THE ACTUAL CONTRACT PROVISIONS.

STANDARD INSURANCE COMPANY
Home Office: 1100 SW Sixth Avenue, Portland, Oregon 97204
800-247-6888

ACKNOWLEDGMENT OF RECEIPT

Disability Insurance, Outline Of Coverage

I have received a copy of Standard Insurance Company's Disability Insurance Outline Of Coverage in connection with my application for Disability Insurance.

_____
Name of Applicant

_____ _____
Signature Of Applicant Date Signed

TO SALES REPRESENTATIVE: You must send this signed Acknowledgment Of Receipt to the home office with all Disability Insurance applications.

STANDARD INSURANCE COMPANY

INDEXED COST OF LIVING BENEFIT RIDER

DEFINITIONS

Adjustment Rate means the percentage used to determine the Cost of Living Benefit.

Base Amount means, for any month, the total amount of Disability Benefits or Recovery Benefits payable under the policy and any other riders made part of the policy, except this Cost of Living Benefit Rider and the Catastrophic Disability Benefit Rider, for that month.

Change Date means the anniversary of the date your Disability started.

Cost of Living Benefit means the monthly amount we will pay under this rider. We will determine this amount each month you qualify for this benefit.

COST OF LIVING BENEFIT

We will pay the Cost of Living Benefit under this rider during your Continuous Disability and during periods that a Recovery Benefit is payable if:

1. Your Disability began before the policy Termination Date; and
2. Your Disability and any period during which a Recovery Benefit was payable as a result of that same Disability has continued for more than 365 consecutive days; and
3. Disability Benefits or Recovery Benefits, other than those payable under this rider, are payable during the month for which this benefit is claimed.

We will pay the Cost of Living Benefit each month after the first Change Date while Disability Benefits or Recovery Benefits, as described in number 3 above, remain payable. Payment of this benefit will be made according to the terms of the policy and this rider and is in addition to any other payment that may be due under the policy or any other rider made part of the policy. The Cost of Living Benefit for any month is the Base Amount multiplied by the Adjustment Rate in effect for that month.

The Adjustment Rate is determined on each Change Date. The rate is effective on the first of the month following the Change Date, and remains constant for twelve full months following the Change Date. For the first Change Date it is the lesser of: (1) [3%; 6%]; or (2) The CPI-U for the Calendar Year in which your Disability started divided by the CPI-U for the previous Calendar Year, minus 1. For the second and all other Change Dates, if any, it is the lesser of:

- The CPI-U for the Calendar Year immediately prior to the Change Date in question, divided by the CPI-U for the Calendar Year immediately prior to the start of your Disability, minus 1; or
- [1.03^x; 1.06^x] minus 1, where x equals the number of full years you have been Continuously Disabled and/or a Recovery Benefit has been continuously payable as a result of that same Disability.

If the Adjustment Rate in any year should decrease, we will use the Adjustment Rate for the year immediately prior. If the Adjustment Rate on the first Change Date is negative, the Adjustment Rate for that Change Date will equal zero. If Disability Benefits continue beyond the Termination Date for any reason, any Cost of Living Benefit payable after that date will equal the Cost of Living Benefit payable for the month in which the Termination Date falls.

COST OF LIVING BENEFIT PURCHASE OPTION

Within 90 days after Disability Benefits and Recovery Benefits end, and while this policy is in force, the Owner may apply to purchase an increase in the policy's Basic Monthly Benefit.

To qualify for the increase, the following must be true on the date of the application to purchase an increase:

- a Cost of Living Benefit was payable under this rider at the time Disability Benefits and Recovery Benefits ended; and
- you are working at least 30 hours per week.

Evidence of your health is not required.

The Owner may choose to increase the Basic Monthly Benefit by an amount equal to:

- the Cost of Living Benefit at the time Disability Benefits and Recovery Benefits ended; or
- a lower amount not less than $100.

The amount of purchase will be subject to our Issue And Participation Limits and requirements at the time of purchase. After this purchase any amount of increase remaining will not be available for later purchase.

The effective date of the purchased increase is the Policy Anniversary day falling in the next Policy Month starting after Disability Benefits and Recovery Benefits ended. The purchased increase will apply only to benefits resulting from a Disability that begins after the effective date of the purchase.

The premium for the purchase will be based on our rates in effect for your age and Risk Class on the date the increase takes effect.

The Owner's written application for the increase must be received at our Home Office within 90 days after Disability Benefits and Recovery Benefits end. In addition, the required premium for the increase must be received within 31 days after our receipt of the application. The purchase will be in the form of an increase to this policy or a new policy, as determined by us.

GENERAL PROVISIONS

RIDER PREMIUM

The annual premium for this rider is included on the Policy Data page as part of the base policy premium.

RIDER EFFECTIVE DATE

The effective date for this rider is the same as the Policy Effective Date, unless a different effective date has been given to this rider by an endorsement signed by you and the Owner, if different.

TIME LIMIT ON CERTAIN DEFENSES

The policy's Time Limit On Certain Defenses provision will apply to this rider as of the Rider Effective Date.

TERMINATION OF RIDER

This rider will end on the earlier of:

- The policy Termination Date: or
- The date the policy ends for any reason.

In addition, the Owner may terminate this rider by sending us a written request. Such termination will be effective on the date the request is received at our Home Office, or on the date the Owner requests, subject to our approval. Termination of this rider may require termination of other riders.

PART OF POLICY

This rider is part of the policy to which it is attached. All policy terms and conditions will apply to this rider if they have not been changed by this rider; and do not conflict with this rider.

STANDARD INSURANCE COMPANY

By

J. Greg Ness
President

Holley Y. Franklin
Corporate Secretary

STANDARD INSURANCE COMPANY

FUTURE PURCHASE OPTION RIDER

DEFINITIONS

Expiration Date means the date this rider ends. This date is shown on the Policy Data page.

Option Date means a Policy Anniversary occurring on or before this Rider's Expiration Date, and while this rider is in force.

Option Pool Amount means the total amount of increase in your Basic Monthly Benefit that can be purchased under this rider while it is in force. This amount is shown on the Policy Data page.

Option Pool Balance means the Option Pool Amount less the sum of all purchases made under this rider on all prior Option Dates.

BENEFITS

FUTURE PURCHASE BENEFIT

On any Option Date, subject to the limitations below, the Owner may apply for the purchase of up to:

- The full Option Pool Amount, if your age is 44 or under on that Option Date;
- One third of the Option Pool Amount, if your age is 45 through 55 on that Option Date.

No purchase on any Option Date can exceed the Option Pool Balance as of that Option Date. The minimum purchase made under this rider must equal at least $200. If, on any Option Date, the requested purchase will result in an Option Pool Balance of $200 or less, the entire Option Pool Balance may be purchased. However, if at any time the Option Pool Balance is less than $200, any future purchase must equal that remaining amount. Once the entire Option Pool Amount has been purchased this rider ends. (See Termination Of Rider, below.)

You must qualify for each purchase under the requirements outlined below. We will issue additional disability income coverage under this rider to the Owner for the amount applied for, up to the amount you qualify for. The purchase will be in the form of: an increase to this policy; an increase to a policy issued under this rider; or a new policy, as determined by us. Each purchase made under this rider will be effective on its Option Date. However, if you are Disabled, or if Recovery Benefits or Compassionate Disability Benefits are payable on the Option Date, the purchased coverage will not affect those benefit payments. Purchased coverage under this rider will apply only to a Disability or Serious Health Condition that begins after the Option Date on which the increase became effective. A purchased increase will not apply to any recurrent Disability or Serious Health Condition that began prior to that Option Date.

QUALIFYING AND APPLYING FOR THE PURCHASE

The Owner must apply for the purchase in writing, on a form approved by us, within 60 days

before the next Option Date. The amount of purchase applied for, when added to all existing and applied for disability income insurance coverage on you with us, any other insurer, and any government agency, may not exceed our Issue And Participation Limits in effect at the time of the application. We will require income documentation and financial information. Evidence of your health will not be required.

ACCELERATED OPTION DATE

The Owner may request that an Option Date be changed from a Policy Anniversary to another date, called an Accelerated Option Date, if all of the following are true at the time of your request and on the Accelerated Option Date:

- You are the Owner of the policy; and
- You are not Disabled; and
- In the 90 days preceding the date of your request:
  - You experience a loss of employer-paid disability income insurance coverage; or
  - You financially qualify to purchase at least $500 of coverage, even if the remaining Option Pool Balance that is available to you at your attained age is less than $500.

An Accelerated Option Date will be approved no more than once in any 12 consecutive month period.

The minimum amount of coverage that can be purchased on an Accelerated Option Date is the lesser of $500 or the remaining Option Pool Balance that is available to you at your attained age, as outlined under Future Purchase Benefit, above.

We will require you to complete an application form and submit income documentation and evidence of your current occupation. We will also require information on other disability income insurance in force or applied for or for which you are eligible. Approval of your application will be subject to our Issue And Participation Limits, rules and guidelines in effect at the time of your application.

We must receive your application for an Accelerated Option Date at least 60 days before the next Option Date. Any application that we receive less than 60 days before the next Option Date will be considered an application for a purchase on that Option Date.

PREMIUM FOR EACH PURCHASE

The premium for each purchase will be based on the rate for your age on the applicable Option Date. We will figure the rate by using that Risk Class below which is more favorable to you:

- Your Risk Class at the time this rider is issued; or
- Your Risk Class on the applicable Option Date.

The first premium for each purchase must be paid when the purchase is applied for. Payment may be made at our Home Office or to an authorized sales representative.

GENERAL PROVISIONS

RIDER PREMIUM

The annual premium for this rider is shown on the data page. We can change the Rider Premium only:

- After the rider has been in force for three years; and
- If the change applies to all policies with like benefits insuring the same Risk Class.

RIDER EFFECTIVE DATE

The effective date for this rider is the same as the Policy Effective Date, unless a different effective date has been given to this rider by an endorsement signed by you and the Owner, if different.

TIME LIMIT ON CERTAIN DEFENSES

The policy's Time Limit On Certain Defenses provision will apply to this rider as of the Rider Effective Date.

TERMINATION OF RIDER

This rider will end on the earliest of:

- The Expiration Date;
- The date the entire Option Pool Amount has been purchased; or
- The date the policy ends for any reason.

In addition, the Owner may terminate this rider by sending Us a written request. Such termination will be effective on the date the request is received at our Home Office, or on the date the Owner requests, subject to our approval. Termination of this rider may require termination of other riders.

PART OF POLICY

This rider is part of the policy to which it is attached. All policy terms and conditions will apply to this rider if they have not been changed by this rider and do not conflict with this rider.

STANDARD INSURANCE COMPANY

By

J. Greg Ness
President

Holley Y. Franklin
Corporate Secretary

STANDARD INSURANCE COMPANY

NONCANCELABLE POLICY RIDER

This rider changes the policy and all riders made part of the policy from Guaranteed Renewable to Noncancelable and Guaranteed Renewable.

The entire paragraph on the policy face page, starting with "GUARANTEED RENEWABLE TO THE TERMINATION DATE," is replaced with the following:

> NONCANCELABLE AND GUARANTEED RENEWABLE to the Termination Date, shown on the Data Page.
>
> NO CHANGE IN PREMIUM RATES. As long as the premium is paid by the end of each grace period, until the Termination Date, we cannot change: (1) The policy; or (2) Its premium. The policy will end on the Termination Date, except as provided by the RENEWAL OPTION AFTER THE TERMINATION DATE provision. See that provision for premium changes that apply if the policy is continued under the Renewal Option.

The first paragraph of the Premiums provision in the policy under PREMIUMS, REINSTATEMENT, TERMINATION is replaced with the following:

> **PREMIUMS**
>
> The premium is the amount we charge at regular intervals to keep this policy in force and is shown on the Policy Data Page. We cannot change the premium while this policy is in force, prior to the Termination Date. Premiums are payable at our Home Office. The first premium is due on the Policy Effective Date. If the first premium is not paid, the policy is never in force.

On any riders issued with this policy, other than this rider, the Rider Premium provision under PREMIUMS, REINSTATEMENT, TERMINATION is replaced with the following:

> **RIDER PREMIUM**
>
> The annual premium for this rider is shown on the Policy Data page. We cannot change the premium amount.

GENERAL PROVISIONS

RIDER PREMIUM

The annual premium for this rider is included on the Policy Data page as part of the base policy premium.

RIDER EFFECTIVE DATE

The effective date for this rider is the same as the Policy Effective Date, unless a different effective date has been given to this rider by endorsement signed by you and the Owner, if different.

TERMINATION OF RIDER

This rider will end on the Termination Date unless the policy ends for any reason prior to that. In addition, the Owner may terminate this rider by sending us a written request. Such termination will be effective on the date the request is received at our Home Office, or on the date the Owner requests, subject to our approval. Termination of this rider may require termination of other riders.

TIME LIMIT ON CERTAIN DEFENSES

The policy's Time Limit On Certain Defenses provision will apply to this rider as of the effective date of this rider.

PART OF POLICY

This rider is part of the policy to which it is attached. All policy terms and conditions will apply to this rider if they have not been changed by this rider and do not conflict with this rider.

STANDARD INSURANCE COMPANY

By

J. Greg Ness
President

Holley Y. Franklin
Corporate Secretary

STANDARD INSURANCE COMPANY

OWN OCCUPATION RIDER

This rider changes the definition of Total Disability/Totally Disabled in the policy's BENEFIT FOR TOTAL DISABILITY section to read as follows:

Total Disability/Totally Disabled means that due to your Injury or Sickness:

- you are unable to perform the Substantial And Material Duties of your Regular Occupation; and
- you are under the regular care of a Physician appropriate for your Injury or Sickness. This Physician's care requirement will be waived when we receive written proof, satisfactory to us, that further care would be of no benefit to you.

GENERAL PROVISIONS

RIDER PREMIUM

The annual premium for this rider is shown on the Policy Data page. We can change the premium amount only: (1) After the rider has been in force for three years; and (2) If the change applies to all policies with like benefits insuring the same Risk Class.

RIDER EFFECTIVE DATE

The effective date for this rider is the same as the Policy Effective Date, unless a different effective date has been given to this rider by endorsement signed by you and the Owner, if different.

TERMINATION OF RIDER

This rider will end on the Termination Date unless the policy ends for any reason prior to that. In addition, the Owner may terminate this rider by sending us a written request. Such termination will be effective on the date the request is received at our Home Office, or on the date the Owner requests, subject to our approval. Termination of this rider may require termination of other riders.

TIME LIMIT ON CERTAIN DEFENSES

The policy's Time Limit On Certain Defenses provision will apply to this rider as of the Rider Effective Date.

PART OF POLICY

This rider is part of the policy to which it is attached. All policy terms and conditions will apply to this rider if they have not been changed by this rider and do not conflict with this rider.

STANDARD INSURANCE COMPANY

By

J. Greg Ness
President

Holley Y. Franklin
Corporate Secretary

STANDARD INSURANCE COMPANY

CATASTROPHIC DISABILITY BENEFIT RIDER

BENEFIT FOR CATASTROPHIC DISABILITY

You are eligible for a Catastrophic Disability Benefit if:

- You become Catastrophically Disabled while this rider is in force; and
- You continue to be Catastrophically Disabled; and
- Disability Benefits are payable for Total Disability.

Catastrophic Disability / Catastrophically Disabled means that due to your Injury or Sickness:

- You are unable to safely and completely perform two or more Activities Of Daily Living without Hands-On Assistance or Standby Assistance due to loss of functional capacity; or
- You require Substantial Supervision for your health or safety due to Severe Cognitive Impairment; or
- You are Presumptively Disabled.

While you are eligible for a Catastrophic Disability Benefit, this benefit will be paid monthly at the same time Disability Benefits are paid.

The amount of the Catastrophic Disability Benefit is shown on the Policy Data page. Payment of Catastrophic Disability Benefits will be in addition to any other benefit payment that may be due under the policy or any other rider made part of the policy.

GENERAL PROVISIONS

RIDER PREMIUM

The annual premium for this rider is shown on the Policy Data page. We can change the premium amount only: (1) After the rider has been in force for three years; and (2) If the change applies to all policies with like benefits insuring the same Risk Class.

RIDER EFFECTIVE DATE

The effective date for this rider is the same as the Policy Effective Date, unless a different effective date has been given to this rider by endorsement signed by you and the Owner, if different.

TIME LIMIT ON CERTAIN DEFENSES

The policy's Time Limit On Certain Defenses provision will apply to this rider as of the effective date of this rider.

TERMINATION OF RIDER

This rider will end on the Termination Date unless the policy ends for any reason prior to that. In addition, the Owner may terminate this rider by sending us a written request. Such termination will be effective on the date the request is received at our Home Office, or on the date the Owner requests, subject to our approval. Termination of this rider may require termination of other riders.

PART OF POLICY

This rider is part of the policy to which it is attached. All policy terms and conditions will apply to this rider if they have not been changed by this rider and do not conflict with this rider.

STANDARD INSURANCE COMPANY

By

J. Greg Ness President	Holley Y. Franklin Corporate Secretary

STANDARD INSURANCE COMPANY

CATASTROPHIC DISABILITY BENEFIT RIDER

BENEFIT FOR CATASTROPHIC DISABILITY

You are eligible for a Catastrophic Disability Benefit if:

- You become Catastrophically Disabled while this rider is in force; and
- You continue to be Catastrophically Disabled; and
- Disability Benefits are payable for Total Disability.

While you are eligible for a Catastrophic Disability Benefit, this benefit will be paid monthly at the same time Disability Benefits are paid.

The amount of the Catastrophic Disability Benefit is shown on the Policy Data page. Payment of Catastrophic Disability Benefits will be in addition to any other benefit payment that may be due under the policy or any other rider made part of the policy.

Catastrophic Disability / Catastrophically Disabled means that due to your Injury or Sickness:

- You are unable to safely and completely perform two or more Activities Of Daily Living without Hands-On Assistance or Standby Assistance due to loss of functional capacity; or
- You require Substantial Supervision for your health or safety due to Severe Cognitive Impairment; or
- You are Presumptively Disabled.

DEFINITIONS

Activities Of Daily Living are Bathing; Continence; Dressing; Eating; Toileting; and Transferring, defined as follows:

- **Bathing** means washing oneself with or without the help of adaptive devices. Washing may be in the tub or shower or by sponge bath.
- **Continence** means voluntarily controlling bowel and bladder function; or if incontinent, maintaining a reasonable level of personal hygiene.
- **Dressing** means putting on or removing all items of: clothing and footwear; medically necessary braces; and artificial limbs.
- **Eating** means getting food and fluid into the body. This may be done manually, intravenously or by feeding tube.

- **Toileting** means getting to and from and on and off the toilet, and/or performing related personal hygiene.

- **Transferring** means moving into or out of a bed, a chair or a wheelchair. This may be done with or without adaptive devices.

Hands-On Assistance means the physical assistance of another person without which there would be an inability to perform the Activity Of Daily Living in question.

Severe Cognitive Impairment means a loss or deterioration in intellectual capacity that is:

- Comparable to and includes Alzheimer's disease and similar forms of irreversible dementia, including dementia resulting from stroke or trauma, or infectious conditions; and
- Measured by clinical evidence and standardized tests approved by us that reliably measure impairment in short-term or long-term memory, orientation as to people, places or time, and deductive or abstract reasoning.

Standby Assistance means the presence of another person within arm's reach that is necessary to prevent, by physical intervention, injury while performing the Activity Of Daily Living in question.

Substantial Supervision means continual supervision by another person that is necessary for protection from threats to health or safety (such as may result from wandering). It may include cueing by verbal prompting or gestures, or other similar demonstrations.

GENERAL PROVISIONS

RIDER PREMIUM

The annual premium for this rider is shown on the Policy Data page. We can change the premium amount only: (1) After the rider has been in force for three years; and (2) If the change applies to all policies with like benefits insuring the same Risk Class.

RIDER EFFECTIVE DATE

The effective date for this rider is the same as the Policy Effective Date, unless a different effective date has been given to this rider by endorsement signed by you and the Owner, if different.

TIME LIMIT ON CERTAIN DEFENSES

The policy's Time Limit On Certain Defenses provision will apply to this rider as of the effective date of this rider.

TERMINATION OF RIDER

This rider will end on the Termination Date unless the policy ends for any reason prior to that. In addition, the Owner may terminate this rider by sending us a written request. Such termination will be effective on the date the request is received at our Home Office, or on the date the Owner requests, subject to our approval. Termination of this rider may require termination of other riders.

PART OF POLICY

This rider is part of the policy to which it is attached. All policy terms and conditions will apply to this rider if they have not been changed by this rider and do not conflict with this rider.

STANDARD INSURANCE COMPANY

By

J. Greg Ness
President

Holley Y. Franklin
Corporate Secretary

STANDARD INSURANCE COMPANY

24 MONTH REGULAR OCCUPATION RIDER

This rider changes the definition of Total Disability/Totally Disabled in the policy's BENEFIT FOR TOTAL DISABILITY section to read as follows:

Total Disability/Totally Disabled means that due to your Injury or Sickness:

- you are unable to perform the Substantial And Material Duties of Your Regular Occupation; and
- you are not engaged in any other gainful occupation; and
- you are under the regular care of a Physician appropriate for your Injury or Sickness. This Physician's care requirement will be waived when we receive written proof, satisfactory to us, that further care would be of no benefit to you.

After the first 24 months that the Disability Benefit is payable for Total Disability, the definition of Total Disability/Totally Disabled is changed to the following:

Total Disability/Totally Disabled means that due to your Injury or Sickness:

- you are unable to perform in any occupation for which you are reasonably fitted by education, training or experience; and
- you are not engaged in any gainful occupation; and
- you are under the regular care of a Physician appropriate for your Injury or Sickness. This Physician's care requirement will be waived when we receive written proof, satisfactory to us, that further care would be of no benefit to you.

GENERAL PROVISIONS

RIDER EFFECTIVE DATE

The effective date for this rider is the same as the Policy Effective Date, unless a different effective date has been given to this rider by endorsement signed by you and the Owner, if different.

TERMINATION OF RIDER

This rider will end on the Termination Date unless the policy ends for any reason prior to that. In addition, the Owner may terminate this rider by sending us a written request. Such termination will be effective on the date the request is received at our Home Office, or on the date the Owner requests, subject to our approval. Termination of this rider may require termination of other riders.

TIME LIMIT ON CERTAIN DEFENSES

The policy's Time Limit On Certain Defenses provision will apply to this rider as of the Rider Effective Date.

PART OF POLICY

This rider is part of the policy to which it is attached. All policy terms and conditions will apply to this rider if they have not been changed by this rider and do not conflict with this rider.

STANDARD INSURANCE COMPANY

By

J. Greg Ness
President

Holley Y. Franklin
Corporate Secretary

STANDARD INSURANCE COMPANY

ERISA CLAIMS PROCEDURES POLICY ENDORSEMENT

This endorsement is part of the policy shown below.

Insured: [Name] Policy Number: [Number]

Owner: [Owner]

Effective Date of this Endorsement: [Date]

This endorsement includes mandatory claims language for policies covered by requirements of the Employee Retirement Income Security Act ("ERISA").

The policy is amended by completely removing the **CLAIMS** section of the policy and replacing it with the following:

CLAIMS

NOTICE OF CLAIM

You or the Owner, or your authorized personal representative, must send written notice of claim within 30 days after your Disability {or your Loved One's Serious Health Condition} starts, or as soon as is reasonably possible. Written notice must be given to us at our Home Office or to any of our authorized sales representatives. It must include your name and the Policy Number.

CLAIM FORMS

After we receive written notice of claim, we will provide our claim form(s) to be completed and submitted as part of the required Proof Of Loss. If we do not provide our form(s) within 15 days after we receive written notice of claim, you may submit a letter of claim to our Home Office. The letter must include the date the Disability {or Serious Health Condition} began, and the cause and nature of the Disability {or Serious Health Condition}.

PROOF OF LOSS

You are responsible for providing Proof Of Loss. We must receive Proof Of Loss within 90 days after the end of each monthly period for which you claim benefits. If that is not reasonably possible, the claim will not be affected, provided written proof is furnished as soon as is reasonably possible. However, unless you lack legal capacity, we must be given written proof within one year after the 90th day referred to above, for that claim to be valid.

Proof Of Loss means written proof that you are or were Disabled and entitled to benefits under this policy. In addition to the completed claim form(s), or your letter of claim, Proof Of Loss includes proof that:

- You became Disabled while this policy was in force; and

- Your Disability was a Continuous Disability through the Benefit Waiting Period and the Commencement Date; and
- You are or were under the regular care of a Physician appropriate for your Injury or Sickness.

Proof Of Loss for any claim may also include any information and documentation we may reasonably require in order to substantiate and evaluate your claim, including but not limited to:

- medical records and physician's notes or statements;
- medical examinations;
- documentation of your prior and current income, including tax returns;
- examination(s) of financial and operational records.

{For purposes of the Compassionate Disability Benefit, Proof Of Loss means written proof that, while this policy was in force and continuous through the Benefit Waiting Period, your Loved One had a Serious Health Condition; and you worked reduced hours and had reduced earnings during that Loved One's Serious Health Condition.}

If any required information or documentation is not provided within 45 days after we send our request, your claim may be denied.

Except for medical or financial records examinations, you are responsible for all costs of providing Proof Of Loss.

We will require written authorization for us to obtain the information or documentation we require as Proof Of Loss. We will also require you to submit additional documentation of your claim at your expense at reasonable intervals while you are receiving benefits.

EXAMINATIONS

As part of the required Proof Of Loss, we have the right to require periodic examinations to determine your eligibility for benefits. These examinations will be done at our expense. We will choose examiner(s) appropriate for the evaluation of your claim. Examinations may include but are not limited to:

- independent medical and psychiatric examinations by physicians or specialists;
- functional capacity examinations and occupational and vocational evaluations;
- examinations and analyses of your financial and operational records and those of any business in which you have an interest. Such records may include tax returns, financial statements, billing and expense information, bank statements, cancelled checks or other documents.

We may defer or suspend payment of benefits if you fail to submit to an examination, or if you fail to cooperate with the person conducting the examination. Benefits may be resumed, provided that the required examination occurs within a reasonable time and benefits are otherwise payable.

TIME OF PAYMENT

After we receive satisfactory written Proof Of Loss and all other conditions are met, we will pay benefits under this policy. Any accrued benefits will be paid immediately. Any benefits due thereafter will be paid monthly. For periods of less than one month, we will pay a prorated portion of the monthly benefit for each day benefits are payable. Payment will be subject to our receipt of continued Proof Of Loss.

Once your claim is approved, benefits will continue until the end of the period for which you have provided us with satisfactory written Proof Of Loss, subject to the terms and limits of this policy. We will require you to submit additional Proof Of Loss at reasonable intervals while you are continuing to receive benefits.

PAYMENT OF CLAIMS

We will pay all benefits to the Owner or the Owner's estate, unless the Owner names a payee to receive such benefits. Designation of a payee, or change of a previously named payee, must be in writing and signed by the Owner. At the Owner's request we will provide a form for naming or changing a payee.

We can pay total benefits of up to $1,000 to any relative of the Owner we believe is entitled to them if any benefit is payable to the Owner's estate, or if the Owner or any payee lacks legal capacity to give a valid release.

We will not be liable to anyone to the extent we make payment in good faith.

OVERPAYMENT OF BENEFITS

We have the right to be reimbursed for any overpayment of benefits under this policy. We will notify the Owner promptly upon the discovery of any overpayment. After such notice, any and all overpayments that have not been reimbursed will become a debt due and payable to us. We will withhold the unreimbursed portion of any overpayments from any benefit payments due under the policy, regardless of the payee, until all overpayment amounts are repaid in full.

INVESTIGATION OF YOUR CLAIM

We may conduct an investigation of your claim at any time. We will pay benefits only after we have had a reasonable time to conduct an investigation of your claim, and we have determined that benefits are payable.

NOTICE OF DECISION ON CLAIM

We will evaluate your claim promptly after you file it. Within 45 days after we receive your claim we will send you: (1) A written decision on your claim; or (2) A notice that we are extending the period to decide your claim by 30 days. By the end of the extension we will send you: (1) A written decision on your claim; or (2) A notice that we are extending the period to decide your claim for another 30 days.

If we extend the period to decide your claim, we will notify you of the following: (1) The reasons for the extension; (2) When we expect to decide your claim; (3) An explanation of the standards on which entitlement to benefits are based; (4) The unresolved issues; and (5) Any additional information we need to resolve those issues. If we request additional information, you have 45 days to: (1) Provide the information; or (2) Otherwise respond to our request.

If an extension is due to your failure to provide necessary claim information, the extended time period for deciding Your claim will not begin until you: (1) Provide the information; or (2) Otherwise respond. However, if you do not provide the requested information within 45 days, we may decide your claim based on the information we have received.

If we deny any part of your claim, you will receive a written notice of denial containing:

- The reasons for our decision; and
- Reference to the parts of the policy on which our decision is based; and
- A description of any additional information needed to support your claim; and
- Reference to any internal rule or guideline relied upon in making our decision; and
- Information concerning your right to:
  a. A review of our decision; and
  b. Bring a civil action for benefits under section 502(a) of ERISA if your claim is denied on review.

REVIEW PROCEDURE FOR DENIED CLAIMS

If all or part of your claim is denied, you may request a review. You must request a review in writing within 180 days after receiving notice of the denial.

Our review will be subject to the following:

1. The review will not give deference to the initial decision; and
2. The person conducting the review (the Reviewer) will be someone other than the person who denied your claim; and
3. The Reviewer will not be subordinate to the person who denied your claim; and
4. If the denial was based on a medical judgment, the Reviewer will consult with a qualified health care professional other than the person who made the original medical judgment; and
5. The health care professional referenced in number 4 immediately above will not be subordinate to the person who made the original medical judgment.

You may:

- Send us written comments or other items to support your claim; and
- Review and receive copies of any non-privileged information that relates to your request for review. There will be no charge for such copies; and
- Request the names of medical or vocational experts who provided advice to us about your claim.

We will review your claim promptly after we receive your request. Within 45 days after we receive your request for review we will send you: (1) Our written decision; or (2) A notice that we are extending the review period for 45 days. Our review will include any written comments or other items you submit to support your claim.

If our review is extended, we will notify you of the following: (1) The reasons for the extension; (2) When we expect to decide your claim on review; and (3) Any additional information we need to decide your claim.

If we request additional information, you have 45 days to: (1) Provide that information; or (2) Otherwise respond to our request.

If an extension is due to your failure to provide necessary claim review information, the extended time period for claim decision review will not begin until you: (1) Provide the information; or (2) Otherwise respond. However, if you do not provide the requested information within 45 days, we may conclude our review of your claim based on the information we have received.

If we deny any part of your claim on review, you will receive a written notice of our denial. It will contain:

- The reasons for our decision; and
- Reference to the parts of the policy on which our decision is based; and
- Reference to any internal rule or guideline relied upon in making our decision; and
- Information concerning your right to:
  - Review and receive free of charge copies of non-privileged documents and records relevant to your claim; and
  - Bring a civil action for benefits under Section 502(a) of ERISA.

The policy does not provide voluntary alternative dispute resolution options. However, you may contact Your local U.S. Department of Labor Office and Your state insurance regulatory agency for assistance.

ALLOCATION OF AUTHORITY

We have full and exclusive authority to: (1) Control and manage the policy; (2) Administer claims; (3) Interpret the policy; and (4) Resolve all questions arising in the administration, interpretation, and application of the policy.

Our authority includes, but is not limited to:

- The right to resolve all matters when a review has been requested; and
- The right to establish and enforce rules and procedures for the administration of the policy and any claim under it; and
- The right to determine:
  a. Eligibility for insurance;
  b. Entitlement to benefits;

c. The amount of benefits payable; and
d. The sufficiency and amount of information we may reasonably require to determine a, b, or c, above.

Subject to the review procedures of the policy, any decision we make in the exercise of our authority is conclusive and binding. This provision will not restrict any legal right you may have to challenge a claim decision under Section 502(a) of ERISA.

PART OF POLICY

This endorsement is part of the policy to which it is attached. All policy terms and conditions will apply to this endorsement if they have not been changed by this endorsement and do not conflict with this endorsement.

{_____ Signed at _____ on_____
Signature of Proposed Insured City State Date

_____ Signed at _____ on_____
Signature of Owner (If Other than Proposed Insured) City State Date

Sign in duplicate. SIGN ORIGINAL IN THE POLICY. Return signed copy to:

Individual Policy Issue Department
1100 S.W. Sixth Avenue Portland, Oregon 97204
(800) 247-6888}

STANDARD INSURANCE COMPANY

By

J. Greg Ness
President

Holley Y. Franklin
Corporate Secretary

Standard Insurance Company

DISABILITY INCOME POLICY LIMITATION FOR MENTAL DISORDER AND/OR SUBSTANCE ABUSE

POLICY ENDORSEMENT

This endorsement is part of the policy shown below.

Insured: [Name] Policy Number: [Number]

Owner: [Owner]

Effective Date of this Endorsement: [Date]

We, Standard Insurance Company, issue this policy on the express condition or conditions that this policy is changed as noted below.

The following provision is added to the **EXCLUSIONS AND LIMITATIONS** section of the policy:

LIMITATION FOR MENTAL DISORDER AND/OR SUBSTANCE ABUSE

Except as noted below, payment of Disability Benefits and Recovery Benefits is limited to a total of 24 months during your entire lifetime for Disability caused or contributed to by one or both of the following, or by medical or surgical treatment for one or both of the following:

- Mental Disorder; and/or
- Substance Abuse.

This limitation does not apply to any period during which you are confined in a Hospital solely because of a Mental Disorder.

The following provisions are added to the DEFINITIONS section of the policy:

Hospital means a legally operated hospital that: (a) provides full-time medical care and treatment; and (b) is under the direction of a full-time staff of licensed physicians. The following are not Hospitals: rest homes and nursing homes; convalescent homes and homes for the aged; and facilities primarily affording custodial, educational, or rehabilitative care.

Mental Disorder means any abnormality, disorder, disturbance, dysfunction or syndrome that is.

- Mental or emotional;
- behavioral or psychological;
- personality, cognitive, mood or stress-related;

regardless of cause (which may include any biological or biochemical disorder or imbalance of the brain); and regardless of the presence of physical symptoms.

Mental Disorder includes, but is not limited to:

- bipolar affective disorder or organic brain syndrome;
- schizophrenia, psychotic illness or manic depressive illness;
- depression and depressive disorders;
- anxiety and anxiety disorders.

Severe Cognitive Impairment, as defined below, is not a Mental Disorder for purposes of this definition.

Severe Cognitive Impairment means a loss or deterioration in intellectual capacity that is:

- Comparable to and includes: Alzheimer's disease and similar forms of irreversible dementia, including dementia resulting from stroke or trauma, or infectious conditions; and
- Measured by clinical evidence and standardized tests approved by us that reliably measure: impairment in short-term or long-term memory; orientation as to people, places or time; and deductive or abstract reasoning.

Substance Abuse means any:

- Abusive Use of; or
- Dependence on; or
- Intoxication from; or
- Withdrawal from

alcohol or drugs in any form.

"Alcohol or drugs in any form" includes but is not limited to any:

- "Controlled substance" as defined in Schedules I through V of the Federal Act below; and
- "Counterfeit substance" as defined in the same Act.

The Federal Act noted above is: (1) The Federal Controlled Substance Act; or (2) Any successor law in effect as of the date Your Disability starts.

Abusive Use includes the following:

- The excessive use of alcohol; or
- The use of illegal drugs; or
- The use of any drugs short of Dependence.

Abusive Use may occur with or without medical supervision. It includes taking drugs in excess of the prescribed dosage.

Dependence / Dependency means:

- Physical dependence. This is where the body requires a continuing supply of alcohol or drugs to avoid withdrawal symptoms; and/or

- Psychological dependence. This involves a compelling or overwhelming mental desire for the continued use of alcohol or drugs.

This definition of Dependence / Dependency applies: (1) Whether or not the use is under legal or medical supervision; and (2) Whether or not a medical diagnosis of dependence has been made.

GENERAL PROVISIONS

TERMINATION OF ENDORSEMENT

This endorsement will end on the policy Termination Date unless the policy ends for any reason prior to that. In addition, the Owner may ask to terminate this endorsement by sending us a written request. Such termination will be subject to our approval and will be based on our underwriting guidelines then in effect. Termination of this endorsement may require termination of some riders.

PART OF POLICY

This endorsement is part of the policy to which it is attached. All policy terms and conditions will apply to this endorsement if they have not been changed by this endorsement and do not conflict with this endorsement.

{_____ Signed at _____ on_____
Signature of Proposed Insured City State Date

_____ Signed at _____ on_____
Signature of Owner (If Other than Proposed Insured) City State Date

Sign in duplicate. SIGN ORIGINAL IN THE POLICY. Return signed copy to:

Individual Policy Issue Department
1100 S.W. Sixth Avenue Portland, Oregon 97204
(800) 247-6888}

STANDARD INSURANCE COMPANY

By

J. Greg Ness
President

Holley Y. Franklin
Corporate Secretary

STANDARD INSURANCE COMPANY

GUARANTEE ISSUE POLICY EXCLUSION FOR PRE-EXISTING CONDITIONS POLICY ENDORSEMENT

This endorsement is part of the policy shown below.

Insured: [Name] Policy Number: [Number]

Owner: [Owner]

Effective Date of this Endorsement: [Date]

We, Standard Insurance Company, issue this policy on the express condition or conditions that this policy is changed as noted below.

This rider adds the following provision to the EXCLUSIONS AND LIMITATIONS section of the policy. These changes/additions apply as of the Policy Effective Date.

PRE-EXISTING CONDITIONS EXCLUSION

Except as noted below, for Disabilities caused or contributed to by a Pre-existing Condition, we will pay benefits only if, on the date you become Disabled, the policy has been continuously in force for 12 consecutive months.

Pre-existing Condition means any mental or physical condition for which, during the 12 month period ending the day before the Policy Effective Date:

- You have consulted a physician or received medical treatment or services; or
- You have undergone diagnostic procedures, including those that are self-administered or self-prescribed; or
- You have taken prescription drugs or medications; or
- A reasonably prudent person would have sought medical advice, care or treatment.

Benefits for a Disability caused or contributed to by a Pre-existing Condition will be payable only if the Pre-existing Condition is fully disclosed in the application and it is not specifically excluded from coverage by amendment or endorsement.

If the application for this policy does not seek disclosure of pre-existing conditions, and a pre-existing condition is not specifically excluded in the policy or in a policy endorsement, Disability due to that pre-existing condition is excluded for the first 12 months following the Policy Effective Date. After the first 12 months, Disability due to pre-existing condition is covered by this policy.

GENERAL PROVISIONS

TERMINATION OF ENDORSEMENT

This endorsement will end on the policy Termination Date unless the policy ends for any reason prior to that. Termination of this rider may require termination of some riders.

PART OF POLICY

This endorsement is part of the policy to which it is attached. All policy terms and conditions will apply to this endorsement if they have not been changed by this endorsement and do not conflict with this endorsement.

{_____ Signed at _____ on_____
Signature of Proposed Insured City State Date

_____ Signed at _____ on_____
Signature of Owner (If Other than Proposed Insured) City State Date

Sign in duplicate. SIGN ORIGINAL IN THE POLICY. Return signed copy to:

Individual Policy Issue Department
1100 S.W. Sixth Avenue Portland, Oregon 97204
(800) 247-6888}

STANDARD INSURANCE COMPANY

By

J. Greg Ness
President

Holley Y. Franklin
Corporate Secretary

STANDARD INSURANCE COMPANY

POLICY MODIFICATION ENDORSEMENT

Insured: [Name] Policy Number: [Number]

Owner: [Owner]

Effective Date of this Endorsement: [Date]

This endorsement changes the policy's definition of Total Disability/Totally Disabled; and it removes the policy's Automatic Increase Benefit and Compassionate Disability Benefit.

We issue this policy on the express condition that this policy is changed as noted below.

(1) The definition of Total Disability/Totally Disabled in the policy's BENEFIT FOR TOTAL DISABILITY section is changed to read as follows:

Total Disability/Totally Disabled means that due to your Injury or Sickness:

- you are unable to perform the Substantial And Material Duties of your Own Occupation; and
- you are not engaged in any other gainful occupation; and
- you are under the regular care of a Physician appropriate for your Injury or Sickness. This Physician's care requirement will be waived when we receive written proof, satisfactory to us, that further care would be of no benefit to you.

(2) The **Compassionate Disability Benefit** and the **Automatic Increase Benefit** provisions are removed in their entirety from the ADDITIONAL BENEFITS section of the policy. Any and all references and terms applicable to the Compassionate Disability Benefit and the Automatic Increase Benefit in the policy are removed from the policy.

GENERAL PROVISIONS

TERMINATION OF ENDORSEMENT

This endorsement will end on the policy Termination Date unless the policy ends for any reason prior to that.

PART OF POLICY

This endorsement is part of the policy to which it is attached. All policy terms and conditions will apply to this endorsement if they have not been changed by this endorsement and do not conflict with this endorsement.

_____ Signed at _____ on_____
Signature of Proposed Insured City State Date

_____ Signed at _____ on_____
Signature of Owner (If Other than Proposed Insured) City State Date

Sign in duplicate. SIGN ORIGINAL IN THE POLICY. Return signed copy to:

Individual Policy Issue Department
1100 S.W. Sixth Avenue Portland, Oregon 97204
(800) 247-6888

STANDARD INSURANCE COMPANY

By

J. Greg Ness
President

Holley Y. Franklin
Corporate Secretary

Standard Insurance Company
Individual Disability Insurance
1100 SW Sixth Avenue Portland OR 97204-1093

Application for Disability Insurance
Part I

Proposed Insured

1. Full Name (Last, First, Middle) _____ 2. Sex _____ 3. [Social Security Number] _____

4. Home Address _____ City _____ State _____ Zip Code _____

5. Current Primary Occupation _____ 6. Email Address (optional) _____

7. Date of Birth _____ 8. State of Birth _____ 9. Length of US Residence _____ 10. Driver's License No./Issue State _____

11. Phone Numbers HOME( ) WORK( ) OTHER( ) 12. Preferred Place to Call ☐H ☐W ☐OTHER

13. Rates Illustrated as: ☐SMOKER ☐NONSMOKER ☐OTHER
14. Occupation Class: ☐5A ☐4A ☐4P ☐3A ☐3P ☐2A ☐2P ☐A ☐B
15. Premium Mode: ☐EFT (MONTHLY) ☐LIST BILL (MONTHLY) ☐ANNUAL ☐OTHER_____

Insurance Applied For

16. Plan Type & Features:

A. Disability Income
BASIC MONTHLY BENEFIT $_____
BENEFIT WAITING PERIOD _____ DAYS
BENEFIT PERIOD _____
☐ NONCANCELABLE
☐ INDEXED COST OF LIVING: ☐ 3% / ☐ 6%
☐ CATASTROPHIC $_____
☐ FUTURE PURCHASE OPTION
$_____ POOL AMOUNT
☐ PENSION PROTECTION
☐ RETURN OF PREMIUM
☐ LOAN PROTECTION
OTHER_____

B. Business Overhead Expense
(Application Supplement required)
BASE AMOUNT $
WAITING PERIOD _____ DAYS
BENEFIT MULTIPLE _____ MONTHS
☐ RESIDUAL DISABILITY
☐ FUTURE PURCHASE OPTION $_____
OTHER_____

C. Business Buy-Out Expense
(Application Supplement required)
WAITING PERIOD _____ DAYS
AGGREGATE BENEFIT LIMIT $_____
FUNDING METHOD (SELECT AND COMPLETE ONE):
☐ LUMP SUM AMOUNT $_____
☐ MONTHLY AMOUNT $_____
FOR _____ YEARS
☐ DOWN PAYMENT AMOUNT
$_____LUMP SUM; AND
$_____MONTHLY FOR _____ YEARS
☐ FUTURE BUY-OUT EXPENSE RIDER
AGGREGATE BENEFIT LIMIT $_____
FUNDING METHOD (Must be same as base)
(SELECT AND COMPLETE ONE):
☐ LUMP SUM AMOUNT $_____
☐ MONTHLY AMOUNT $_____
☐ DOWN PAYMENT AMOUNT/MO. $_____
☐ EXTENDED BENEFIT OPTION
OTHER_____

Other Insurance Coverage

17. Explain YES answers in the table below. Use **STATUS** and **TYPE** codes provided.
   a. Have you applied for any disability insurance in the last 12 months? ..... ☐YES ☐NO
   b. Will you become eligible for any disability insurance in the next 12 months? ..... ☐YES ☐NO
   c. Is there any other individual or group disability insurance currently in force or pending on you? ..... ☐YES ☐NO

STATUS CODES: NOW IN FORCE WITH STANDARD INSURANCE COMPANY (STANDARD) OR OTHER COMPANY (**N**); PENDING (**P**); APPLIED FOR IN THE LAST 12 MONTHS (**A**); WILL BECOME ELIGIBLE IN THE NEXT 12 MONTHS (**F**).

TYPE CODES: INDIVIDUAL (**I**); SOCIAL SECURITY SUBSTITUTE (**S**); GROUP (**G**); ASSOCIATION (**X**); OVERHEAD EXPENSE (**OE**); OTHER (**O** - EXPLAIN).

COMPANY AND POLICY NUMBER:	STATUS:	TYPE:	MONTHLY AMOUNT:	BENEFIT PERIOD:	WAITING PERIOD:	IF GROUP: WHO PAYS PREMIUM?	IF GROUP: BENEFIT CAP MAXIMUM?	IF GROUP: % OF INCOME:	WILL COVERAGE BE REPLACED OR REDUCED?
									☐YES ☐NO
									☐YES ☐NO
									☐YES ☐NO

Note: By signing the Agreement in Part III, the owner agrees to terminate or reduce the insurance coverage indicated as being replaced or reduced after a Standard policy is delivered. The owner understands that, if that insurance is not terminated or reduced as required by Standard, any policy issued based on this application may be rescinded.

Proposed Insured_____

General, Financial and Avocation Information

18. Your current annual earned income from your current primary Occupation is $_____. For last year it was $_____. "Earned income" means: salary, other compensation for services rendered or commissions. If you are self employed, earned income is after business expenses, but before personal income taxes. Explain any significant fluctuations between years. Do not include any income that is not reported to the IRS. Do not include investment or other unearned income.

19. Complete questions a and b only if the amount of disability coverage currently in force plus the amount applied for exceeds $5,000 per month:
    a. Is unearned income greater than 25% of earned income or $50,000? Unearned income includes: capital gains, interest, dividends, net rental income, pensions, annuities, royalties. ..... ☐YES ☐NO
    b. Is net worth, excluding primary residence, greater than $6,000,000? ..... ☐YES ☐NO

20. Will your employer pay for any part of this requested insurance? .....☐YES ☐NO
    If YES, answer a, b and c. If NO, go to question 21.
    a. What percent of premium will employer pay?_____%
    b. Will employer's contribution be included in your taxable income? ..... ☐YES ☐NO
    c. Will you reimburse employer for any premium? ..... ☐YES ☐NO

21. Are you currently working in your primary occupation at least 30 hours per week? ..... ☐YES ☐NO
    If NO, please explain in REMARKS.

22. Do you own any part of the business where you work? ..... ☐YES ☐NO
    If YES, answer a, b and c. If NO, go to question 23.
    a. Percent owned:_____; years owned:_____.
    b. Number of employees: full-time_____, part-time_____
    c. Business type: ☐C Corp; ☐S Corp; ☐LLC; ☐LLP; ☐Sole Proprietor; ☐Partnership; ☐Other_____

23. Have you ever applied for life, disability or health insurance and had it declined, postponed or withdrawn; or has any such policy issued on you been modified, or rated up or canceled; or has renewal of any such policy been refused?
    If YES, please explain..... ☐YES ☐NO

24. Have you been alerted to, received orders for, or had any indication of an overseas assignment or active service with any armed forces or military unit? ..... ☐YES ☐NO

QUESTION NUMBER:	**REMARKS AREA.** EXPLAIN ALL YES ANSWERS. GIVE ADDITIONAL INFORMATION REGARDING ANY QUESTIONS AND RESPONSES SHOWN ON THIS APPLICATION.

Proposed Insured_____

25. List any professional designation, specialty or degree.

26. Years in Current Primary Occupation

27. Years with Current Employer

28. Current Employer

29. Employer Address City, State Zip Code

30. Type of Business or Industry

31. Job duties and percentage of time spent in each duty

32. Do you perform any of your current primary duties at your place of residence? If YES, explain and give percent of time. ..... ☐YES ☐NO

33. Except for commuting, do you travel for business purposes? If YES, explain the nature of your travel, including whether it is local or long distance; and give the average number of days per month and miles per day. ..... ☐YES ☐NO

34. Do you have any other part-time or full-time occupation or employment? If YES, list your annual earned income from such occupation or employment; and list your duties and the percent of time you spend at each duty. ..... ☐YES ☐NO

35. Do you intend to change any occupations or employers within the next 6 months? If YES, please explain. ..... ☐YES ☐NO

36. When was your last previous application or medical examination for life or disability insurance?
YEAR_____ COMPANY_____ TYPE_____
☐ Check if no prior applications or exams.

37. Have you ever applied for, received or been denied disability benefits from Worker's Compensation, Social Security or any other disability insurance? If YES, please explain. ..... ☐YES ☐NO

38. In the last 5 years have you participated, or do you intend to participate:
   a. As a pilot or student pilot; or as a crew member in any type of aircraft? ..... ☐YES ☐NO
   If YES, complete application supplement.
   b. In parachuting, hang gliding or other aeronautics; in rock climbing, underwater diving or motor sports; or in any other hazardous sport? ..... ☐YES ☐NO
   If YES, complete application supplement.

39. In the last 5 years have you traveled, worked or lived outside the USA or Canada for more than one continuous month; or do you plan to do so in the next 2 years? If YES, please explain. ..... ☐YES ☐NO

40. In the last 5 years have you personally, or has any business owned in whole or in part by you, filed for bankruptcy? If YES, give details. Include whether discharged and date discharged. ..... ☐YES ☐NO

QUESTION NUMBER:	**REMARKS AREA.** EXPLAIN ALL YES ANSWERS. GIVE ADDITIONAL INFORMATION REGARDING ANY QUESTIONS AND RESPONSES SHOWN ON THIS APPLICATION.

If TeleApp complete 40A; then go to Part III. If Traditional process, skip 40A and proceed to Part II.

40A. In the last 5 years have you had, been treated for, or been diagnosed as having: A heart condition; chest pain; stroke; back or neck problem; psychological condition including, but not limited to, counseling from a mental health or substance abuse provider, and/or psychotherapy; cancer; diabetes; alcohol or drug abuse or dependency? .....☐YES ☐NO
If YES, give details in the REMARKS area above. Include date, diagnosis, duration and severity; treatment and results; and include health care provider name(s) and address(es).

Standard Insurance Company
Individual Disability Insurance
1100 SW Sixth Avenue Portland OR 97204-1093

Application for Disability Insurance
Part II

Proposed Insured_____

Medical Information

41. Height ____ FT. ____ IN.
42. Weight ____ LBS.
43. Weight Loss in Last Year _____
44. Explain if more than 10 pounds _____
45. Name of Your Physician or Health Care Facility _____
46. Phone Number ( ) _____
47. Address of Your Physician or Health Care Facility _____ City, State _____ Zip Code _____
48. Date Last Seen _____
49. Reason Seen _____
50. Results _____
51. Treatment or Medication Prescribed _____

52. In the last 10 years have you had, been told you had, been treated or seen by a medical practitioner for, or been diagnosed as having:
    a. Disorder of the eye, ear, nose or throat or skin? ☐YES ☐NO
    b. Anxiety, depression, nervousness or stress; or other mental, emotional or psychiatric disorder? ☐YES ☐NO
    c. Stroke, seizure, paralysis, headaches, dizziness, fainting, restless leg syndrome, mental deficiency; or any other disease or disorder of the brain or nervous system? ..... ☐YES ☐NO
    d. Fibromyalgia, chronic fatigue or chronic fatigue syndrome; or Epstein-Barr virus?..... ☐YES ☐NO
    e. Sleep apnea or other sleep disorder? ..... ☐YES ☐NO
    f. Asthma, bronchitis, emphysema or tuberculosis; or any other disease or disorder of the lungs or respiratory system?..... ☐YES ☐NO
    g. High blood pressure, heart attack or chest pain; heart murmur or irregular heart beat; or any other disease or disorder of the heart or blood vessels?..... ☐YES ☐NO
    h. Hepatitis, colitis, ulcer, cirrhosis, irritable bowel; or any other disease or disorder of the liver, gallbladder, pancreas or digestive tract? ..... ☐YES ☐NO
    i. Diabetes, borderline diabetes, or sugar in the urine; thyroid disorder or any other disease or disorder of the glandular system?..... ☐YES ☐NO
    j. Complications of pregnancy; infertility, or any disorder of the breasts, reproductive or genital organs, kidney, prostate, or urinary systems?... ☐YES ☐NO
    k. Cyst, growth, polyp, tumor, leukemia or cancer? ☐YES ☐NO
    l. Back or neck pain or disc problems; spinal sprain or strain; sciatica, arthritis or carpal tunnel syndrome; or any other disease, disorder or injury of the bones, joints, nerves or muscles? ..... ☐YES ☐NO
53. Are you currently pregnant? ..... ☐YES ☐NO
54. Other than as stated in other answers, have you within the last 5 years:
    a. Been hospitalized or been seen by a physician, chiropractor, counselor, psychiatrist, therapist or other medical practitioner?..... ☐YES ☐NO
    b. Had an EKG or blood test; sleep study or other medical procedure, study or test?..... ☐YES ☐NO
    c. Been advised to have any medical test, surgery or hospitalization that was not completed?..... ☐YES ☐NO

QUESTION NUMBER:	**REMARKS AREA.** EXPLAIN ALL **YES** ANSWERS. GIVE DATE, REASON, DIAGNOSIS, DURATION, SEVERITY, TREATMENT AND RESULTS; AND GIVE NAMES AND ADDRESSES OF ALL PHYSICIANS AND MEDICAL FACILITIES.

Proposed Insured_____

55. In the last 10 years, have you:
    a. Received treatment or sought advice for the use of a controlled substance, drug or alcohol? ..... ☐YES ☐NO
    b. Been told you had, been treated for or been diagnosed as having: any sexually transmitted disease, HIV, AIDS, AIDS-Related Complex or immune system disorder?..... ☐YES ☐NO
    c. Had a positive (unfavorable) HIV or AIDS test? . ☐YES ☐NO
56. Do you now take, or in the last 3 years have you taken, any prescription medicine? ..... ☐YES ☐NO
57. In the last 3 years have you had any symptom or disorder lasting more than 30 days for which you have taken any non-prescription medication or natural or herbal supplement? ..... ☐YES ☐NO
58. In the last 3 years have you had any physical or mental condition or symptom that has not been treated or diagnosed? ..... ☐YES ☐NO
59. In the last 10 years, have you:
    a. Used marijuana, cocaine, barbiturates, amphetamines, narcotics or hallucinogens; or any other controlled or illegal substance? ..... ☐YES ☐NO
    b. Been cited or arrested for driving under the influence of a controlled substance, drug or alcohol?..... ☐YES ☐NO
    c. Been on parole or probation; or been arrested or charged with a felony or a misdemeanor?..... ☐YES ☐NO
60. Do you drink alcoholic beverages? ..... ☐YES ☐NO
    If no, check one:
    ☐ MONTH AND YEAR LAST USED:_____; OR
    ☐ NEVER USED.
    If yes, complete table below:

	AMOUNT PER WEEK		
a. WINE	_____	GLASSES	(glass = 4 oz.)
b. BEER	_____	BOTTLES	(bottle = 12 oz.)
c. LIQUOR	_____	DRINKS	(serving = 1 oz.)

61. Have you used tobacco or nicotine in any form in the last 5 years? ..... ☐YES ☐NO
    If YES, circle types below and complete table.

	HOW LONG	AMT. PER DAY	DATE LAST USED
a. CIGARETTES	_____	_____	_____
b. CIGAR	_____	_____	_____
c. PIPE	_____	_____	_____
d. SMOKELESS	_____	_____	_____
e. GUM, PATCH, OTHER	_____	_____	_____

QUESTION NUMBER:	**REMARKS AREA.** EXPLAIN ALL **YES** ANSWERS. GIVE DATE, REASON, DIAGNOSIS, DURATION, SEVERITY, TREATMENT AND RESULTS; AND GIVE NAMES AND ADDRESSES OF ALL PHYSICIANS AND MEDICAL FACILITIES.

Proposed Insured_____

QUESTION NUMBER:	**REMARKS AREA CONTINUED.**

Standard Insurance Company
Individual Disability Insurance
1100 SW Sixth Avenue Portland OR 97204-1093

Application for Disability Insurance
Part III

Agreement and Signatures

I, THE UNDERSIGNED, UNDERSTAND AND AGREE TO THE FOLLOWING:

In this application, "you" and "your" mean the proposed insured unless otherwise specified.

This application includes Parts I, II and III, and all signed application supplements and amendments. If this is a TELEAPP, this application also includes all questions Standard Insurance Company (Standard) or its representatives will ask the proposed insured, and all answers given in response to those questions, after I sign this form. This application will become part of the policy issued by Standard based on this application.

Standard will rely on the information given in this application in considering the proposed insured's eligibility for insurance and for various premium rates. By obtaining and using this information, or information from other authorized sources, Standard is not giving a medical opinion about the proposed insured's health. I will not rely on any inquiry or decision by Standard as a statement regarding, or evaluation of, the proposed insured's health.

This application will not be effective unless signed and dated by the proposed insured and owner, if different. **No insurance will be in force until: (a) the date a policy has been issued, delivered to and accepted by the owner; and (b) the first full premium is paid while all answers in this application remain true and complete.** The only exceptions are as provided in a Disability Insurance Conditional Receipt, issued at the same time as this application. Premium will be calculated to begin on the Policy Effective Date.

No sales representative, medical examiner, or TELEAPP interviewer is authorized to determine insurability, change any of Standard's requirements, or waive any rights Standard may have. No corrections or amendments to this application will be made without the owner's written consent.

Standard may require that any disability policy(s) listed in answer to Question 17 of Part I be permanently terminated or reduced as a condition of issuing the insurance applied for. Standard will rely on the information in this answer in determining the amount, if any, of disability insurance it will issue. If such insurance is not terminated or reduced as required by Standard, any policy issued and accepted pursuant to this application may be rescinded and considered void from the beginning, and all premiums returned. If any insurance applied for is intended to replace other insurance in force with Standard, the Standard policy being replaced will end the moment the insurance applied for becomes effective.

I have read this application. I understand that if any answers are false, incorrect or untrue, Standard may have the right to deny benefits or rescind my insurance policy. I REPRESENT that: All answers in this application are true and complete and correctly recorded; and that any and all answers I have provided to any Standard representative are recorded in this application. No knowledge of any fact on the part of any sales representative, medical examiner or TELEAPP interviewer shall be considered to be knowledge of Standard unless such fact is stated in the application. I signed this application in the city and state and on the date shown below.

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

_____ Signed at _____ _____ on____/_____/_____
Signature of Proposed Insured — City — State — Date

_____ Signed at _____ _____ on____/_____/_____
Signature of Policyowner (If Other than Proposed Insured) — City — State — Date
If a company is policyowner, signature of authorized representative.

_____ _____
Print Name of Policyowner — Owner's Tax ID Number (If Other than Proposed Insured)
If a company is policyowner, also print title of authorized rep and co. name.

_____ _____
Owner's Address City, State Zip Code — Email Address (optional)

I declare and affirm that: (1) any answers provided to me by the proposed insured have been truly and accurately recorded on this application; and (2) no changes, additions or alterations of any kind have been made to this form after it was signed by the proposed insured and owner, if different.

_____ Signed at _____ _____ on____/_____/_____
Signature of Soliciting Producer — City — State — Date

Standard Insurance Company
Individual Disability Insurance
1100 SW Sixth Avenue Portland OR 97204-1093

Short Form Application for Disability Income Insurance
GI (Guarantee Issue) Program

Proposed Insured

1. Full Name (Last, First, Middle) _____ 2. Sex _____ 3. [Social Security Number] _____

4. Home Address _____ City _____ State _____ Zip Code _____

5. Date of Birth _____ 6. State of Birth _____ 7. Length of US Residence _____ 8. Email (optional) _____

Insurance Applied For

9. Plan Type & Features:

A. Disability Income

BASIC MONTHLY BENEFIT $_____
WAITING PERIOD _____ DAYS
BENEFIT PERIOD _____

- ☐ NONCANCELABLE
- ☐ OWN OCCUPATION
- ☐ 24-MO REGULAR OCCUPATION
- ☐ FUTURE PURCHASE OPTION $_____ POOL AMOUNT
- ☐ CATASTROPHIC $_____
- ☐ INDEXED COST OF LIVING: ☐ 3% / ☐ 6%
- ☐ MENTAL DISORDER/SUBSTANCE ABUSE LIMITATION
- ☐ PRE-EXISTING CONDITIONS EXCLUSION
- ☐ ERISA
- ☐ OTHER_____

B. Business Overhead Expense
(Application Supplement required)

BASE AMOUNT $_____
WAITING PERIOD _____ DAYS
BENEFIT MULTIPLE _____ MONTHS

- ☐ RESIDUAL DISABILITY
- ☐ FUTURE PURCHASE OPTION $_____
- ☐ OTHER_____

10. Occupation Class: _____ (Available classes: 5A, 4A, 4P, 3A, 3P, 2A, 2P, A, B)
11. Premium Mode: _____ List Bill-monthly. (List bill plan number, if known:_____) ☐ Other_____
12. Other Coverage: Explain all YES answers in the table below. Do not include the insurance you are applying for with this application.
    a. Have you applied for any disability insurance in the last 12 months? ..... ☐YES ☐NO
    b. Is there any other individual or group disability insurance currently in force or pending on you?..... ☐YES ☐NO
    c. Have you filed a claim for or received any disability insurance benefits in the last 3 months?..... ☐YES ☐NO
    If YES please explain:_____

COMPANY OR SOURCE:	TYPE OF COVERAGE*	IF GROUP INSURANCE: WHO PAYS PREMIUM?	BENEFIT CAP MAXIMUM?	MONTHLY AMOUNT:	BENEFIT PERIOD:	WAITING PERIOD:	WILL THIS COVERAGE BE REPLACED OR REDUCED?
							☐YES ☐NO
							☐YES ☐NO
							☐YES ☐NO

***USE TYPE CODES:** I - INDIVIDUAL; G - GROUP; X - ASSOCIATION; OE - OVERHEAD EXPENSE; O - OTHER

General Information

13. Current Primary Occupation (Include professional designation, specialty or degree.) _____ 14. Years in Current Primary Occupation _____ 15. Years with Current Employer _____

16. Current Employer _____ 17. Employer Address _____ City, State _____ Zip Code _____

18. For the period of time starting **180 days prior to and including the date of this application:**
    Have you been continuously at work on a full time basis performing all the duties of your occupation without limitation due to an injury or sickness?..... ☐YES ☐NO
    If NO, please explain:_____
19. Have you used tobacco or nicotine in any form in the last 5 years? If yes, circle types below and complete table..... ☐YES ☐NO

	HOW LONG:	AMT PER DAY:	DATE LAST USED:
A. CIGARETTES			
B. CIGAR			
C. PIPE			
D. SMOKELESS			
E. GUM, PATCH, OTHER			

Standard Insurance Company
Individual Disability Insurance
1100 SW Sixth Avenue Portland OR 97204-1093

Short Form Application for Disability Income Insurance
GI (Guarantee Issue) Program

Proposed Insured (print):_____

Agreement

I, THE UNDERSIGNED, AGREE TO THE FOLLOWING: This application includes pages 1 and 2 and all signed application supplements and amendments. In this application, "you" and "your" mean the proposed insured unless otherwise specified. I understand that Standard Insurance Company (Standard) will rely on the information I have provided in this application in considering the proposed insured's eligibility for insurance and for various premium rates. This application will not be effective unless signed and dated by the proposed insured and owner, if different. **No insurance will be in force until: (a) the date a policy has been issued, delivered to and accepted by the owner; and (b) the first full premium is paid while all answers in this application remain true and complete.** The only exceptions are as outlined in a written agreement between Standard and the employer as payor for the policy. Premium will be calculated to begin on the Policy Effective Date. No sales representative is authorized to judge insurability or change any of Standard's requirements. No corrections or amendments to this application may be made without the owner's written consent. We may require that any disability policy listed in answer to Question 12 be permanently terminated or reduced. Standard will rely on the information in this answer in determining the amount, if any, of disability insurance it will issue. If such insurance is not terminated or reduced as required by Standard, any policy issued and accepted pursuant to this application may be rescinded and all premiums returned. If any insurance applied for is intended to replace other insurance in force with Standard, the Standard policy(s) being replaced will end the moment the insurance applied for becomes effective. I have read this application. I understand that if any answers are false, incorrect or untrue, Standard may have the right to deny benefits or rescind my insurance policy. I REPRESENT that: All answers in this application are true and complete and correctly recorded; and that any and all answers I have provided to any Standard representative are recorded in this application. I signed this application in the city and state and on the date shown below.

If Proposed Insured is Owner of the Policy:

Provided there are no corrections or amendments made by Standard to this application, I AUTHORIZE my employer to accept delivery of the policy on my behalf; and I UNDERSTAND AND AGREE that my employer will then deliver the policy to me.

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

_____ Signed at_____ _____ on____/_____/_____
SIGNATURE OF PROPOSED INSURED CITY STATE DATE

If Policyowner is Other Than Proposed Insured:

_____ Signed at_____ _____ on____/_____/_____
SIGNATURE OF POLICYOWNER CITY STATE DATE

_____ _____
PRINT NAME AND TITLE OF POLICYOWNER POLICYOWNER'S TAX ID NUMBER

_____ _____
POLICYOWNER'S ADDRESS CITY, STATE ZIP CODE EMAIL ADDRESS (OPTIONAL)

I declare and affirm that: (1) any answers provided to me by the proposed insured have been truly and accurately recorded on this application; and (2) no changes, additions or alterations of any kind have been made to this form after it was signed by the proposed insured and owner, if different.

_____ Signed at_____ _____ on____/_____/_____
SIGNATURE OF SOLICITING PRODUCER CITY STATE DATE

Standard Insurance Company
Individual Disability Insurance
1100 SW Sixth Avenue Portland OR 97204-1093

Application for Disability Income Insurance
Multi-Life GI (Guarantee Issue) Program

Proposed Insured

1. Full Name (Last, First, Middle) _____ 2. Sex _____ 3. [Social Security Number] _____

4. Home Address _____ City _____ State _____ Zip Code _____

5. Date of Birth _____ 6. State of Birth _____ 7. Length of US Residence _____ 8. Email (optional) _____

Insurance Applied For

9. Plan Type & Features:

A. Disability Income

BASIC MONTHLY BENEFIT $_____
WAITING PERIOD _____ DAYS
BENEFIT PERIOD _____

- ☐ NONCANCELABLE
- ☐ OWN OCCUPATION
- ☐ 24-MO REGULAR OCCUPATION
- ☐ FUTURE PURCHASE OPTION $_____ POOL AMOUNT
- ☐ CATASTROPHIC $_____
- ☐ INDEXED COST OF LIVING: ☐ 3% / ☐ 6%
- ☐ MENTAL DISORDER/SUBSTANCE ABUSE LIMITATION
- ☐ PRE-EXISTING CONDITIONS EXCLUSION
- ☐ ERISA
- ☐ OTHER_____

B. Business Overhead Expense
(Application Supplement required)

BASE AMOUNT $_____
WAITING PERIOD _____ DAYS
BENEFIT MULTIPLE _____ MONTHS

- ☐ RESIDUAL DISABILITY
- ☐ FUTURE PURCHASE OPTION $_____
- ☐ OTHER_____

10. Occupation Class: _____ (Available classes: 5A, 4A, 4P, 3A, 3P, 2A, 2P, A, B)

11. Premium Mode: _____ List Bill-monthly. (List bill plan number, if known:_____) ☐ Other_____

12. Other Coverage: Explain all YES answers in the table below. Do not include the insurance you are applying for with this application.

    a. Have you applied for any disability insurance in the last 12 months? ..... ☐YES ☐NO

    b. Is there any other individual or group disability insurance currently in force or pending on you?..... ☐YES ☐NO

    c. Have you filed a claim for or received any disability insurance benefits in the last 3 months?..... ☐YES ☐NO
    If YES please explain:_____

COMPANY OR SOURCE:	TYPE OF COVERAGE*	IF GROUP INSURANCE: WHO PAYS PREMIUM?	BENEFIT CAP MAXIMUM?	MONTHLY AMOUNT:	BENEFIT PERIOD:	WAITING PERIOD:	WILL THIS COVERAGE BE REPLACED OR REDUCED?
							☐YES ☐NO
							☐YES ☐NO
							☐YES ☐NO

***USE TYPE CODES:** I - INDIVIDUAL; G - GROUP; X - ASSOCIATION; OE - OVERHEAD EXPENSE; O - OTHER

General Information

13. Current Primary Occupation. (Include professional designation, specialty or degree.) _____ 14. Years in Current Primary Occupation _____ 15. Years with Current Employer _____

16. Current Employer _____ 17. Employer Address _____ City, State _____ Zip Code _____

18. For the period of time starting **180 days prior to and including the date of this application:**
Have you been continuously at work on a full time basis performing all the duties of your occupation without limitation due to injury or sickness?..... ☐YES ☐NO
If NO, please explain:_____

Standard Insurance Company
Individual Disability Insurance
1100 SW Sixth Avenue Portland OR 97204-1093

Application for Disability Income Insurance
Multi-Life GI (Guarantee Issue) Program

Proposed Insured (print):_____

Medical Information

19. Have you used tobacco or nicotine in any form in the last 5 years? If YES, circle types below and complete table..... ☐YES ☐NO

	HOW LONG:	AMT PER DAY:	DATE LAST USED:
A. CIGARETTES	_____	_____	_____
B. CIGAR	_____	_____	_____
C. PIPE	_____	_____	_____
D. SMOKELESS	_____	_____	_____
E. GUM, PATCH, OTHER	_____	_____	_____

20. a. What is your height? _____ feet, _____ inches. b. What is your weight? _____ pounds.

For each question, check the box for YES or NO; then circle the conditions that apply to any "YES" answer. Provide details in the DETAILS section.

21. a. Have you ever been diagnosed or treated by a member of the medical profession for, or been informed that, you have Acquired Immune Deficiency Syndrome (AIDS)?.....☐YES ☐NO
    b. Have you ever tested positive for antibodies to the Human Immunodeficiency Virus (HIV)?.....☐YES ☐NO
22. Have you ever:
    a. Sought, been advised to seek, or received counseling or treatment for the use of alcohol?.....☐YES ☐NO
    b. Used narcotics, cocaine, heroin, hallucinogens, barbiturates, marijuana, or other habit forming drugs; sought or been advised to seek, or received counseling or treatment for, or ever been arrested for the possession or use of prescribed or non-prescribed drugs? .....☐YES ☐NO
23. Other than as indicated above, have you in the last 10 years had, been treated for, or been diagnosed as having: a heart condition, chest pain or stroke; back or neck problem; psychological condition, cancer, diabetes or sleep disorder; or have you been under observation for any disease or disorder? .....☐YES ☐NO
24. Are you presently under observation or treatment; or do you have a physical impairment or deformity; or do you take any prescribed medications?.....☐YES ☐NO
25. Do you need human assistance of any kind to perform everyday activities such as: bathing, dressing or eating, using the toilet or transferring (for example from a chair to a bed); or do you have any memory loss or confusion?.....☐YES ☐NO
26. Do you use any special medical equipment or appliances such as a cane, wheelchair, catheter, oxygen tank, pacemaker or artificial limb? .....☐YES ☐NO

DETAILS:

QUESTION NUMBER	For each "YES" answer and each condition you circled: Give the date, reason, symptoms and diagnosis; the duration and severity; any time away from work; the treatment and the results. Give names and addresses of all physicians and medical facilities.

Standard Insurance Company
Individual Disability Insurance
1100 SW Sixth Avenue Portland OR 97204-1093

Application for Disability Income Insurance
Multi-Life GI (Guarantee Issue) Program

Proposed Insured (print):_____

Agreement

I, THE UNDERSIGNED, AGREE TO THE FOLLOWING: This application includes pages 1,2 and 3 and all signed application supplements and amendments. In this application, "you" and "your" mean the proposed insured unless otherwise specified. I understand that Standard Insurance Company (Standard) will rely on the information I have provided in this application in considering the proposed insured's eligibility for insurance and for various premium rates. This application will not be effective unless signed and dated by the proposed insured and owner, if different. **No insurance will be in force until: (a) the date a policy has been issued, delivered to and accepted by the owner; and (b) the first full premium is paid while all answers in this application remain true and complete.** The only exceptions are as outlined in a written agreement between Standard and the employer as payor for the policy. Premium will be calculated to begin on the policy's Effective Date. No sales representative is authorized to judge insurability or change any of Standard's requirements. No corrections or amendments to this application may be made without the owner's written consent. We may require that any disability policy listed in answer to Question 12 be permanently terminated or reduced. Standard will rely on the information in this answer in determining the amount, if any, of disability insurance it will issue. If such insurance is not terminated or reduced as required by Standard, any policy issued and accepted pursuant to this application may be rescinded and all premiums returned. If any insurance applied for is intended to replace other insurance in force with Standard, the Standard policy(s) being replaced will end the moment the insurance applied for becomes effective. I have read this application. I understand that if any answers are false, incorrect or untrue, Standard may have the right to deny benefits or rescind my insurance policy. I REPRESENT that: All answers in this application are true and complete and correctly recorded; and that any and all answers I have provided to any Standard representative are recorded in this application. I signed this application in the city and state and on the date shown below.

If Proposed Insured is Owner of the Policy:

Provided there are no corrections or amendments made by Standard to this application, I AUTHORIZE my employer to accept delivery of the policy on my behalf; and I UNDERSTAND AND AGREE that my employer will then deliver the policy to me.

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

_____ Signed at_____ _____ on____/_____/_____
SIGNATURE OF PROPOSED INSURED CITY STATE DATE

If Policyowner is Other Than Proposed Insured:

_____ Signed at_____ _____ on____/_____/_____
SIGNATURE OF POLICYOWNER CITY STATE DATE

_____ _____
PRINT NAME AND TITLE OF POLICYOWNER POLICYOWNER'S TAX ID NUMBER

_____ _____
POLICYOWNER'S ADDRESS CITY, STATE ZIP CODE EMAIL ADDRESS (OPTIONAL)

I declare and affirm that: (1) any answers provided to me by the proposed insured have been truly and accurately recorded on this application; and (2) no changes, additions or alterations of any kind have been made to this form after it was signed by the proposed insured and owner, if different.

_____ Signed at_____ _____ on____/_____/_____
SIGNATURE OF SOLICITING PRODUCER CITY STATE DATE

Standard Insurance Company **Application for Policy Increase**

Individual Disability Insurance
1100 SW Sixth Avenue Portland OR 97204-1093

Insured

1. Full Name (Last, First, Middle) _____ 2. Sex _____ 3. [Social Security Number] _____

4. Home Address _____ City _____ State _____ Zip Code _____ 5. Date of Birth _____

6. Phone Numbers HOME ( ) _____ WORK ( ) _____ 7. Email Address (optional) _____

Insurance Applying For and Other Insurance

8. **REQUEST POLICY INCREASE FOR POLICY NUMBER:** _____.
Check 9 or 10 for the type of increase you are requesting. Fill in the required information. Then complete questions 12-18.

9. ☐ **INCREASE PURCHASE OPTION**:
Plan Type and Features: Any policy and rider(s) issued will be those most comparable to the base policy and riders available at the time of the increase. No supplemental social insurance and no increase option riders are available on increase policies. The Waiting/Elimination Period, Benefit Period/Multiple, and premium mode for any increase will be the same as, or the most comparable to, the base policy.

Disability Income
Increase in Basic Monthly Benefit: $_____

Business Buy-Out Expense*
Increase in Aggregate Benefit Limit: $_____

Business Overhead Expense*
Increase in Base Amount: $_____

Other (specify): _____

*Include the appropriate Application Supplement.

☐ ACCELERATED OPTION DATE: Give reason(s):_____

10. ☐ **ADDITIONAL AUTOMATIC INCREASE PERIOD** (Disability Income only).

11. Other than the policy shown in number 8 above: Is there any individual or group disability insurance currently in force or pending on you; or applied for; or for which you are or will become eligible? ..... ☐ YES ☐ NO
If yes, explain in the table below. Use status and type codes. List all individual and group disability policies with any company, including Standard Insurance Company; but do not list the policy shown in number 8 above.

STATUS CODES: NOW IN FORCE (**N**); PENDING (**P**); APPLIED FOR IN THE LAST 12 MONTHS (**A**); WILL BECOME ELIGIBLE IN THE NEXT 12 MONTHS (**F**).
TYPE CODE: INDIVIDUAL (**I**); SOCIAL SECURITY SUBSTITUTE (**S**); GROUP (**G**); ASSOCIATION (**X**); OVERHEAD EXPENSE (**OE**); OTHER (**O** - EXPLAIN.)

COMPANY NAME: IF REPLACEMENT PLEASE GIVE POLICY NUMBER.	STATUS	TYPE	MONTHLY AMOUNT:	BENEFIT PERIOD:	WAITING PERIOD:	IF GROUP: WHO PAYS PREMIUM?	IF GROUP: BENEFIT CAP MAXIMUM?	IF GROUP: % OF INCOME:	WILL COVERAGE BE REPLACED OR REDUCED?
									☐Yes ☐No
									☐Yes ☐No
									☐Yes ☐No

General Information

12. Current Primary Occupation (include professional designation, specialty or degree) _____

13. Current Employer _____ 14. Employer Address _____ City, State _____ Zip Code _____

15. How many hours a week do you work in your primary occupation? _____

16. How much of the premium for this increase will be paid by your employer? ☐ NONE ☐ 100% ☐ OTHER _____%

17. Do you own any part of the business where you work? ☐YES ☐NO If yes, answer a, b and c. If no, go to question 18.
   a. Percent owned: _____ years owned: _____
   b. Number of employees: full time _____ part time _____
   c. Business type: ☐ C-Corp ☐ S-Corp ☐ LLC ☐ LLP ☐ Sole Proprietor ☐ Partnership
   ☐ Other (explain) _____

18. Your current earned income at an annual rate is $_____. For last year it was $_____.
"Earned Income" means: salary, other compensation and commissions. Exclude investment income. If you are self-employed, earned income is after business expenses, but before personal income taxes. Do not include any income that is not reported to the IRS. Please explain any significant fluctuations between years. _____

Standard Insurance Company
Individual Disability Insurance
1100 SW Sixth Avenue Portland OR 97204-1093

Application for Policy Increase

Agreement and Signatures

I, THE UNDERSIGNED, UNDERSTAND AND AGREE TO THE FOLLOWING:

This application includes pages 1 and 2 and all signed application supplements and amendments. In this application, "you" and "your" mean the proposed insured unless otherwise specified.

Standard Insurance Company (Standard) will rely on the information given in this application in considering the Insured's eligibility for insurance and for various premium rates. This application will become part of any policy issued by Standard based on this application. If an increase to an existing policy is issued, this application will become part of that existing policy.

This application will not be effective unless it is signed and dated by the Insured and Owner, if different. **No insurance will be in force unless: (a) a policy, or an increase in coverage to an existing policy, is issued, delivered to and accepted by the Owner; and (b) the first full premium is paid, while all answers in this application remain true and complete.**

No sales representative is authorized: (a) to determine insurability; (b) to change any of Standard's requirements; or (c) to waive any rights Standard may have. No corrections or amendments to this application may be made without the Owner's written consent.

Standard may require that any disability policy(s) listed in answer to Question 11 be permanently terminated or reduced as a condition of issuing the insurance applied for. If such insurance is not terminated or reduced as required by Standard, any policy, or increase in coverage to any existing policy, issued and accepted pursuant to this application may be rescinded. This means it would be considered void from the beginning and all premiums would be returned. Standard will rely on the information given in answer to Question 11 in determining the amount, if any, of disability insurance it will issue. If any insurance applied for is intended to replace other insurance in force with, or administered by, Standard, the policy(s) being replaced will end the moment the insurance applied for becomes effective.

I have read this application. I understand that if any answers are false, incorrect, or untrue, Standard may have the right to deny benefits or rescind my policy and/or any increase in coverage under an existing policy. I REPRESENT that: All answers in this application are true, complete and correctly recorded; and any and all answers I have provided to any Standard representative are recorded in this application. No knowledge of any fact on the part of any sales representative shall be considered to be knowledge of Standard unless such fact is stated in this application. I signed this application in the city and state and on the date shown below.

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

_____ Signed at _____ _____ on____/_____/_____
Signature of Insured — City — State — Date

_____ Signed at _____ _____ on____/_____/_____
Signature of Owner (If Other Than Insured) — City — State — Date
If company owner, signature of authorized representative.

_____ _____
Print Name of Owner — Owner's Tax ID Number (If Other than Insured)
If company owner, also print title of authorized rep. and co. name.

_____ _____
Owner's Address City, State Zip Code — Email Address (optional)

I declare and affirm that: (1) any answers provided to me by the proposed insured have been truly and accurately recorded on this application; and (2) no changes, additions or alterations of any kind have been made to this form after it was signed by the Insured and the Owner, if different.

_____ Signed at _____ _____ on____/_____/_____
Signature of Soliciting Producer — City — State — Date

State: *Arkansas* **Filing Company:** *Standard Insurance Company*
TOI/Sub-TOI: *H11I Individual Health - Disability Income/H11I.004 Other*
Product Name: *IDI B170-B170GI*
Project Name/Number: *Platinum/B170-2010*

Rate Information

Rate data applies to filing.

Filing Method:
Rate Change Type: %
Overall Percentage of Last Rate Revision: %
Effective Date of Last Rate Revision:
Filing Method of Last Filing:

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 req'd):	Minimum % Change (where req'd):
Standard Insurance Company	0.000%	0.000%		0		%	%

State: *Arkansas* **Filing Company:** *Standard Insurance Company*
TOI/Sub-TOI: *H11I Individual Health - Disability Income/H11I.004 Other*
Product Name: *IDI B170-B170GI*
Project Name/Number: *Platinum/B170-2010*

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1	Approved-Closed 10/08/2010	Rate Exhibit	B170(7/10)AR, B170GI(7/10)AR, PR2(7/10), PR4(7/10), PR6(7/10), PR7(7/10), PR9(7/10), PR9GI(7/10), PR14(7/10), 15247(7/10), 12612(7/10), 15229(7/10)	New		RateExhibit_B170-B170GI.pdf

Table of Contents

Standard Insurance Company

Policy Forms B170, B170GI, and Associated Riders

Section	Contents	Pages
	Table of Contents	p. 1
A	Guaranteed Renewable Premium Rates - Base Coverage, Policy Form B170	pp. 2-19
B	Noncancelable Premium Rates - Base Coverage, Policy Form 170 with Policy Rider PR6	pp. 20-37
C	Guaranteed Renewable Premium Rates - Base Coverage, Policy Form B170GI	pp. 38-55
D	Noncancelable Premium Rates - Base Coverage, Policy Form B170GI with Policy Rider PR6	pp. 56-73
E	Guaranteed Renewable Catastrophic Benefit Premium Rates - Policy Rider PR9	pp. 74-91
F	Noncancelable Catastrophic Benefit Premium Rates - Policy Rider PR9 with Policy Rider PR6	pp. 92-109
G	Guaranteed Renewable Catastrophic Benefit Premium Rates - Policy Rider PR9GI	pp. 110-127
H	Noncancelable Catastrophic Benefit Premium Rates - Policy Rider PR9GI with Policy Rider PR6	pp. 128-145
I	Cost of Living Benefit Rider Premium Rates - Policy Rider PR2 on Policy Forms B170 and B170GI	pp. 146-148
J	Future Purchase Option Rider Premium Rates - Policy Rider PR4 on Policy Form B170	p. 149
K	Future Purchase Option Rider Premium Rates - Policy Rider PR4 on Policy Form B170GI	pp. 150-153
L	Own Occupation Rider Premium Rates - Policy Rider PR7	p. 154
M	24 Month Regular Occupation Rider - Policy Rider PR14 on Policy Form B170GI	pp. 155-156
N	24 Month Regular Occupation Rider - Catastrophic Benefit - Policy Riders PR9 and PR14 on Policy Form B170GI	pp. 157-158
O	Renewal Option for Policy Forms B170 and B170GI	pp. 159-163

Policy Form B170

Occupation Class 5A - Base Policy With Guaranteed Renewable Premiums

Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday

Gender Male

	Benefit Period is 2 Years				Benefit Period is 5 Years				Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days				Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365	60	90	180	365	60	90	180	365
18	17.92	13.08	11.99	10.63	21.59	15.76	14.45	12.81	26.18	19.11	17.52	15.53	29.18	21.30	19.53	17.31
19	17.92	13.08	11.99	10.63	21.59	15.76	14.45	12.81	26.18	19.11	17.52	15.53	29.18	21.30	19.53	17.31
20	17.92	13.08	11.99	10.63	21.59	15.76	14.45	12.81	26.18	19.11	17.52	15.53	29.18	21.30	19.53	17.31
21	17.58	12.84	11.76	10.41	21.12	15.42	14.13	12.51	25.66	18.73	17.16	15.20	28.90	21.10	19.33	17.12
22	17.30	12.63	11.56	10.23	20.73	15.13	13.86	12.26	25.23	18.42	16.87	14.93	28.71	20.96	19.19	16.98
23	17.07	12.46	11.40	10.08	20.41	14.90	13.64	12.06	24.91	18.19	16.64	14.72	28.62	20.90	19.12	16.91
24	16.89	12.33	11.28	9.97	20.18	14.73	13.47	11.90	24.69	18.03	16.49	14.57	28.62	20.90	19.11	16.89
25	16.77	12.24	11.19	9.88	20.02	14.62	13.36	11.80	24.57	17.94	16.41	14.49	28.72	20.97	19.17	16.93
26	16.69	12.19	11.14	9.83	19.94	14.56	13.31	11.74	24.56	17.93	16.39	14.46	28.91	21.12	19.29	17.03
27	16.67	12.17	11.12	9.81	19.94	14.56	13.30	11.73	24.64	17.99	16.44	14.50	29.19	21.33	19.48	17.19
28	16.71	12.20	11.14	9.82	20.01	14.62	13.35	11.77	24.83	18.13	16.57	14.61	29.57	21.60	19.73	17.40
29	16.79	12.26	11.20	9.87	20.17	14.73	13.45	11.86	25.12	18.34	16.76	14.77	30.05	21.95	20.05	17.68
30	16.93	12.36	11.29	9.95	20.40	14.90	13.61	11.99	25.51	18.63	17.02	15.00	30.62	22.37	20.43	18.01
31	17.10	12.49	11.41	10.05	20.69	15.11	13.81	12.16	25.98	18.97	17.33	15.28	31.26	22.84	20.86	18.39
32	17.30	12.63	11.54	10.18	21.02	15.36	14.03	12.37	26.50	19.36	17.69	15.60	31.97	23.35	21.34	18.82
33	17.54	12.80	11.71	10.33	21.42	15.64	14.30	12.61	27.11	19.80	18.11	15.97	32.75	23.92	21.88	19.30
34	17.82	13.01	11.91	10.51	21.88	15.98	14.63	12.90	27.81	20.31	18.59	16.41	33.62	24.56	22.47	19.83
35	18.17	13.27	12.14	10.73	22.44	16.39	15.01	13.24	28.63	20.91	19.15	16.91	34.59	25.27	23.13	20.43
36	18.59	13.57	12.43	10.98	23.09	16.87	15.45	13.65	29.57	21.60	19.79	17.48	35.68	26.06	23.88	21.10
37	19.09	13.94	12.77	11.29	23.87	17.43	15.98	14.11	30.67	22.40	20.53	18.14	36.91	26.96	24.71	21.84
38	19.68	14.37	13.17	11.65	24.77	18.09	16.59	14.65	31.93	23.32	21.38	18.89	38.28	27.96	25.64	22.66
39	20.38	14.88	13.64	12.06	25.82	18.86	17.29	15.27	33.37	24.37	22.34	19.74	39.82	29.08	26.67	23.56
40	21.20	15.48	14.19	12.54	27.03	19.74	18.10	15.98	35.01	25.57	23.44	20.70	41.53	30.33	27.81	24.56
41	22.13	16.16	14.82	13.09	28.39	20.73	19.01	16.78	36.92	26.97	24.72	21.82	43.51	31.78	29.14	25.72
42	23.17	16.92	15.52	13.72	29.86	21.81	20.00	17.67	39.13	28.58	26.20	23.14	45.81	33.45	30.67	27.08
43	24.31	17.75	16.29	14.41	31.47	22.98	21.09	18.64	41.58	30.37	27.85	24.60	48.34	35.30	32.37	28.59
44	25.54	18.65	17.12	15.15	33.19	24.24	22.25	19.69	44.21	32.29	29.61	26.17	51.04	37.27	34.18	30.19
45	26.86	19.61	18.00	15.93	35.05	25.59	23.50	20.80	46.96	34.29	31.45	27.80	53.84	39.31	36.05	31.84
46	28.26	20.63	18.94	16.75	37.03	27.04	24.82	21.97	49.76	36.34	33.32	29.44	56.65	41.37	37.92	33.48
47	29.73	21.71	19.91	17.60	39.15	28.58	26.23	23.18	52.58	38.40	35.19	31.05	59.42	43.39	39.75	35.06
48	31.28	22.84	20.93	18.45	41.39	30.22	27.70	24.43	55.33	40.41	37.00	32.59	62.07	45.33	41.49	36.53
49	32.88	24.01	21.97	19.32	43.77	31.96	29.25	25.71	57.97	42.34	38.72	34.02	64.53	47.12	43.08	37.84
50	34.55	25.23	23.04	20.17	46.28	33.79	30.86	27.01	60.44	44.14	40.30	35.28	66.72	48.72	44.48	38.94
51	36.28	26.49	24.14	21.03	48.92	35.72	32.54	28.34	62.78	45.85	41.78	36.42	68.71	50.17	45.72	39.87
52	38.08	27.81	25.28	21.90	51.70	37.75	34.30	29.70	65.09	47.54	43.22	37.50	70.60	51.55	46.89	40.70
53	39.96	29.18	26.45	22.79	54.60	39.87	36.14	31.11	67.36	49.19	44.63	38.52	72.39	52.86	47.97	41.45
54	41.90	30.60	27.67	23.70	57.64	42.09	38.04	32.56	69.60	50.83	46.00	39.49	74.09	54.10	48.98	42.10
55	43.92	32.07	28.92	24.62	60.81	44.40	40.03	34.05	71.79	52.43	47.33	40.39	75.69	55.27	49.92	42.65
56	46.01	33.60	30.21	25.56	64.10	46.81	42.08	35.58	N/A				77.19	56.37	50.77	43.12
57	48.17	35.17	31.54	26.52	67.53	49.31	44.21	37.15					78.60	57.40	51.55	43.49
58	50.40	36.80	32.91	27.50	71.09	51.91	46.42	38.76					79.91	58.36	52.25	43.77
59	52.70	38.49	34.32	28.49	74.78	54.61	48.70	40.41					81.12	59.24	52.87	43.96
60	55.08	40.22	35.77	29.50	78.60	57.40	51.05	42.10					82.24	60.06	53.42	44.05
61	51.18	36.54	32.56	26.93	N/A								N/A			
62	47.28	32.85	29.34	24.37												
63	43.38	29.17	26.13	21.80												
64	39.48	25.49	22.91	19.23												

Apply a 25% Surcharge Factor For Tobacco Users.

Policy Form B170

Occupation Class 5A - Base Policy With Guaranteed Renewable Premiums

Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday

Gender Female

	Benefit Period is 2 Years				Benefit Period is 5 Years				Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days				Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365	60	90	180	365	60	90	180	365
18	26.76	18.68	17.02	14.99	31.52	22.00	20.04	17.65	40.71	28.41	25.89	22.80	49.40	34.48	31.41	27.67
19	26.76	18.68	17.02	14.99	31.52	22.00	20.04	17.65	40.71	28.41	25.89	22.80	49.40	34.48	31.41	27.67
20	26.76	18.68	17.02	14.99	31.52	22.00	20.04	17.65	40.71	28.41	25.89	22.80	49.40	34.48	31.41	27.67
21	26.40	18.43	16.78	14.76	30.98	21.62	19.68	17.32	40.16	28.03	25.52	22.46	49.35	34.44	31.35	27.60
22	26.08	18.21	16.56	14.57	30.52	21.30	19.38	17.04	39.72	27.72	25.23	22.18	49.36	34.46	31.34	27.56
23	25.81	18.02	16.38	14.40	30.15	21.04	19.13	16.81	39.39	27.49	25.00	21.96	49.44	34.51	31.38	27.57
24	25.59	17.86	16.24	14.26	29.85	20.84	18.94	16.63	39.15	27.33	24.84	21.81	49.59	34.61	31.45	27.62
25	25.42	17.75	16.12	14.15	29.64	20.69	18.79	16.50	39.03	27.24	24.75	21.72	49.81	34.76	31.58	27.71
26	25.30	17.66	16.04	14.07	29.51	20.60	18.71	16.41	39.01	27.23	24.73	21.69	50.09	34.96	31.74	27.85
27	25.22	17.61	15.98	14.02	29.47	20.57	18.67	16.37	39.10	27.29	24.78	21.72	50.43	35.20	31.96	28.02
28	25.20	17.59	15.96	14.00	29.50	20.59	18.69	16.38	39.29	27.42	24.90	21.81	50.84	35.49	32.21	28.23
29	25.22	17.60	15.98	14.00	29.62	20.67	18.76	16.44	39.59	27.63	25.08	21.97	51.32	35.82	32.51	28.49
30	25.29	17.65	16.02	14.04	29.82	20.81	18.89	16.55	39.99	27.91	25.34	22.19	51.87	36.20	32.86	28.79
31	25.37	17.71	16.07	14.09	30.07	20.98	19.05	16.69	40.46	28.23	25.64	22.45	52.42	36.58	33.21	29.10
32	25.45	17.76	16.13	14.14	30.34	21.17	19.23	16.85	40.96	28.58	25.97	22.75	52.94	36.94	33.56	29.41
33	25.54	17.82	16.19	14.20	30.66	21.39	19.44	17.05	41.53	28.98	26.34	23.09	53.47	37.31	33.91	29.73
34	25.67	17.91	16.29	14.29	31.06	21.67	19.71	17.29	42.20	29.44	26.78	23.49	54.05	37.71	34.30	30.09
35	25.86	18.04	16.42	14.41	31.56	22.01	20.03	17.58	42.99	30.00	27.30	23.96	54.73	38.18	34.75	30.50
36	26.15	18.24	16.61	14.59	32.18	22.44	20.44	17.95	43.94	30.65	27.92	24.51	55.54	38.74	35.29	30.98
37	26.54	18.51	16.87	14.82	32.94	22.97	20.93	18.39	45.06	31.44	28.65	25.16	56.53	39.43	35.93	31.56
38	27.08	18.88	17.22	15.13	33.88	23.63	21.53	18.92	46.40	32.37	29.51	25.92	57.74	40.27	36.71	32.25
39	27.77	19.37	17.66	15.52	35.00	24.41	22.26	19.55	47.98	33.47	30.52	26.80	59.21	41.30	37.65	33.07
40	28.65	19.98	18.22	16.00	36.35	25.35	23.11	20.29	49.83	34.76	31.69	27.82	60.98	42.53	38.78	34.05
41	29.77	20.76	18.93	16.62	37.97	26.48	24.14	21.19	52.12	36.36	33.15	29.09	63.27	44.13	40.23	35.31
42	31.13	21.71	19.80	17.39	39.88	27.81	25.36	22.26	54.93	38.32	34.93	30.66	66.15	46.14	42.06	36.91
43	32.69	22.80	20.79	18.26	42.01	29.30	26.72	23.47	58.13	40.55	36.96	32.44	69.46	48.45	44.16	38.75
44	34.40	23.99	21.88	19.22	44.33	30.92	28.20	24.78	61.56	42.95	39.14	34.36	73.03	50.94	46.43	40.73
45	36.20	25.25	23.02	20.22	46.77	32.62	29.75	26.15	65.11	45.43	41.39	36.33	76.70	53.50	48.75	42.75
46	38.04	26.54	24.19	21.24	49.29	34.38	31.34	27.54	68.64	47.89	43.62	38.26	80.29	56.01	51.01	44.71
47	39.89	27.83	25.34	22.23	51.83	36.16	32.94	28.91	72.01	50.24	45.74	40.08	83.64	58.35	53.12	46.51
48	41.67	29.07	26.46	23.17	54.34	37.91	34.51	30.23	75.09	52.39	47.66	41.70	86.59	60.41	54.95	48.05
49	43.36	30.25	27.49	24.02	56.78	39.61	36.01	31.47	77.74	54.24	49.29	43.04	88.97	62.07	56.40	49.22
50	44.89	31.32	28.42	24.74	59.08	41.22	37.41	32.57	79.83	55.70	50.55	44.01	90.60	63.21	57.37	49.94
51	46.31	32.31	29.26	25.37	61.29	42.77	38.74	33.58	81.47	56.85	51.51	44.69	91.63	63.93	57.94	50.28
52	47.69	33.28	30.08	25.96	63.50	44.30	40.04	34.54	82.87	57.82	52.30	45.19	92.32	64.41	58.28	50.39
53	49.04	34.22	30.86	26.50	65.69	45.83	41.33	35.47	84.02	58.62	52.92	45.53	92.65	64.64	58.38	50.27
54	50.34	35.13	31.60	26.99	67.87	47.36	42.60	36.36	84.93	59.25	53.37	45.69	92.63	64.63	58.25	49.93
55	51.62	36.02	32.32	27.45	70.04	48.87	43.85	37.21	85.58	59.71	53.65	45.69	92.27	64.37	57.88	49.35
56	52.85	36.88	33.00	27.85	72.20	50.38	45.08	38.01	N/A				91.55	63.87	57.28	48.55
57	54.04	37.71	33.66	28.22	74.35	51.88	46.29	38.78					90.48	63.13	56.45	47.53
58	55.20	38.52	34.28	28.54	76.49	53.37	47.48	39.51					89.06	62.14	55.38	46.27
59	56.33	39.30	34.86	28.81	78.62	54.85	48.66	40.19					87.29	60.90	54.08	44.79
60	57.41	40.06	35.42	29.04	80.74	56.33	49.81	40.84					85.17	59.42	52.54	43.08
61	52.48	36.04	31.93	26.27	N/A								N/A			
62	47.56	32.02	28.44	23.49												
63	42.63	28.00	24.95	20.72												
64	37.70	23.97	21.46	17.94												

Apply a 25% Surcharge Factor For Tobacco Users.

Policy Form B170

Occupation Class 4A - Base Policy With Guaranteed Renewable Premiums

Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday

Gender Male

	Benefit Period is 2 Years				Benefit Period is 5 Years				Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days				Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365	60	90	180	365	60	90	180	365
18	20.60	15.04	13.79	12.21	24.36	17.79	16.31	14.44	29.66	21.66	19.86	17.59	33.82	24.70	22.64	20.06
19	20.60	15.04	13.79	12.21	24.36	17.79	16.31	14.44	29.66	21.66	19.86	17.59	33.82	24.70	22.64	20.06
20	20.60	15.04	13.79	12.21	24.36	17.79	16.31	14.44	29.66	21.66	19.86	17.59	33.82	24.70	22.64	20.06
21	20.21	14.76	13.52	11.96	23.82	17.40	15.94	14.10	29.01	21.18	19.41	17.18	33.48	24.45	22.40	19.83
22	19.89	14.52	13.30	11.76	23.37	17.07	15.63	13.82	28.48	20.79	19.04	16.84	33.26	24.28	22.23	19.66
23	19.62	14.32	13.11	11.59	23.02	16.81	15.38	13.59	28.07	20.50	18.76	16.58	33.14	24.20	22.15	19.57
24	19.42	14.17	12.97	11.45	22.75	16.61	15.20	13.41	27.78	20.29	18.56	16.39	33.14	24.20	22.14	19.55
25	19.27	14.07	12.87	11.36	22.57	16.48	15.07	13.30	27.61	20.16	18.44	16.28	33.26	24.28	22.21	19.60
26	19.19	14.01	12.81	11.30	22.48	16.42	15.01	13.23	27.57	20.13	18.41	16.24	33.48	24.45	22.35	19.71
27	19.17	13.99	12.79	11.28	22.48	16.42	15.00	13.22	27.65	20.19	18.45	16.27	33.82	24.69	22.57	19.90
28	19.21	14.02	12.82	11.30	22.57	16.48	15.06	13.27	27.85	20.33	18.58	16.38	34.28	25.02	22.87	20.16
29	19.31	14.09	12.88	11.36	22.75	16.61	15.18	13.37	28.17	20.57	18.79	16.56	34.84	25.43	23.25	20.48
30	19.47	14.21	12.99	11.45	23.02	16.81	15.36	13.53	28.61	20.89	19.09	16.82	35.52	25.93	23.70	20.88
31	19.67	14.36	13.13	11.57	23.35	17.05	15.58	13.73	29.14	21.28	19.45	17.14	36.29	26.49	24.22	21.34
32	19.91	14.53	13.29	11.72	23.73	17.33	15.84	13.96	29.74	21.72	19.85	17.50	37.13	27.10	24.78	21.85
33	20.18	14.73	13.48	11.89	24.17	17.65	16.15	14.24	30.43	22.22	20.33	17.93	38.06	27.78	25.42	22.42
34	20.51	14.98	13.71	12.10	24.70	18.04	16.51	14.57	31.24	22.81	20.87	18.42	39.09	28.54	26.12	23.06
35	20.92	15.27	13.98	12.35	25.33	18.50	16.94	14.96	32.18	23.50	21.52	19.00	40.26	29.39	26.91	23.77
36	21.40	15.63	14.32	12.65	26.08	19.04	17.45	15.42	33.28	24.30	22.26	19.67	41.56	30.34	27.80	24.56
37	21.98	16.05	14.71	13.00	26.97	19.69	18.05	15.96	34.57	25.24	23.13	20.45	43.02	31.41	28.79	25.45
38	22.68	16.56	15.18	13.41	28.01	20.45	18.75	16.58	36.05	26.33	24.13	21.33	44.66	32.60	29.89	26.43
39	23.49	17.16	15.73	13.90	29.23	21.35	19.57	17.30	37.77	27.58	25.28	22.34	46.49	33.94	31.12	27.51
40	24.44	17.85	16.36	14.45	30.65	22.38	20.52	18.13	39.73	29.01	26.59	23.49	48.53	35.43	32.48	28.70
41	25.51	18.63	17.08	15.08	32.22	23.53	21.57	19.06	42.01	30.67	28.11	24.83	50.87	37.14	34.05	30.08
42	26.68	19.48	17.86	15.79	33.90	24.75	22.71	20.08	44.62	32.58	29.87	26.39	53.55	39.10	35.85	31.67
43	27.94	20.41	18.72	16.56	35.71	26.07	23.93	21.18	47.50	34.68	31.81	28.12	56.50	41.25	37.83	33.43
44	29.31	21.41	19.64	17.39	37.66	27.50	25.25	22.37	50.60	36.94	33.89	29.97	59.64	43.54	39.94	35.30
45	30.79	22.48	20.64	18.28	39.78	29.04	26.68	23.64	53.86	39.32	36.08	31.91	62.90	45.93	42.12	37.23
46	32.38	23.64	21.70	19.21	42.07	30.72	28.21	25.00	57.21	41.77	38.32	33.87	66.21	48.34	44.33	39.16
47	34.08	24.89	22.83	20.19	44.57	32.54	29.87	26.43	60.61	44.25	40.58	35.83	69.50	50.75	46.51	41.04
48	35.90	26.22	24.03	21.20	47.27	34.52	31.65	27.94	63.99	46.72	42.80	37.72	72.70	53.08	48.62	42.82
49	37.85	27.64	25.29	22.24	50.21	36.66	33.56	29.52	67.30	49.14	44.96	39.51	75.73	55.30	50.59	44.44
50	39.92	29.15	26.62	23.31	53.40	38.99	35.61	31.18	70.48	51.46	47.00	41.15	78.53	57.34	52.37	45.85
51	42.11	30.75	28.02	24.41	56.82	41.49	37.80	32.91	73.57	53.72	48.96	42.67	81.15	59.25	54.01	47.09
52	44.43	32.44	29.48	25.54	60.45	44.14	40.10	34.72	76.67	55.98	50.91	44.16	83.70	61.11	55.59	48.25
53	46.86	34.22	31.01	26.71	64.29	46.94	42.54	36.60	79.78	58.25	52.84	45.59	86.18	62.93	57.11	49.32
54	49.40	36.08	32.61	27.92	68.34	49.90	45.09	38.56	82.88	60.52	54.76	46.98	88.59	64.69	58.57	50.31
55	52.07	38.03	34.28	29.17	72.59	53.01	47.77	40.60	85.99	62.79	56.67	48.33	90.93	66.40	59.96	51.21
56	54.85	40.06	36.01	30.45	77.06	56.27	50.57	42.72	N/A				93.20	68.06	61.29	52.02
57	57.75	42.18	37.81	31.78	81.73	59.68	53.49	44.91					95.40	69.67	62.56	52.75
58	60.77	44.38	39.68	33.14	86.61	63.24	56.54	47.19					97.53	71.22	63.76	53.39
59	63.91	46.67	41.62	34.54	91.70	66.96	59.71	49.53					99.60	72.73	64.90	53.95
60	67.16	49.05	43.62	35.98	97.00	70.83	63.00	51.96					101.59	74.19	65.98	54.42
61	63.25	44.96	40.06	33.14	N/A								N/A			
62	59.34	40.88	36.50	30.30												
63	55.43	36.79	32.94	27.47												
64	51.51	32.70	29.37	24.63												

Apply a 25% Surcharge Factor For Tobacco Users.

Policy Form B170

Occupation Class 4A - Base Policy With Guaranteed Renewable Premiums

Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday

Gender Female

	Benefit Period is 2 Years				Benefit Period is 5 Years				Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days				Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365	60	90	180	365	60	90	180	365
18	32.75	22.85	20.83	18.34	37.12	25.90	23.61	20.79	47.58	33.19	30.25	26.64	61.44	42.86	39.07	34.40
19	32.75	22.85	20.83	18.34	37.12	25.90	23.61	20.79	47.58	33.19	30.25	26.64	61.44	42.86	39.07	34.40
20	32.75	22.85	20.83	18.34	37.12	25.90	23.61	20.79	47.58	33.19	30.25	26.64	61.44	42.86	39.07	34.40
21	32.26	22.51	20.51	18.04	36.42	25.41	23.15	20.37	46.76	32.62	29.71	26.14	61.26	42.74	38.93	34.24
22	31.85	22.22	20.23	17.78	35.84	25.00	22.76	20.01	46.09	32.15	29.27	25.73	61.19	42.69	38.86	34.16
23	31.50	21.97	19.99	17.57	35.36	24.67	22.45	19.72	45.58	31.79	28.92	25.41	61.23	42.71	38.86	34.13
24	31.21	21.78	19.81	17.39	34.99	24.41	22.20	19.49	45.21	31.54	28.68	25.18	61.38	42.81	38.93	34.17
25	31.00	21.63	19.66	17.25	34.73	24.23	22.03	19.33	45.00	31.39	28.53	25.04	61.63	42.99	39.08	34.28
26	30.85	21.52	19.56	17.16	34.58	24.12	21.93	19.23	44.94	31.35	28.48	24.98	61.99	43.24	39.29	34.45
27	30.78	21.47	19.51	17.10	34.54	24.09	21.90	19.19	45.03	31.41	28.53	25.02	62.46	43.57	39.58	34.69
28	30.77	21.46	19.50	17.09	34.61	24.14	21.94	19.22	45.28	31.58	28.68	25.14	63.03	43.97	39.94	35.00
29	30.82	21.50	19.53	17.11	34.79	24.27	22.05	19.31	45.67	31.86	28.93	25.35	63.72	44.45	40.37	35.36
30	30.95	21.59	19.61	17.18	35.08	24.47	22.23	19.47	46.22	32.24	29.28	25.65	64.51	45.00	40.87	35.80
31	31.12	21.71	19.72	17.28	35.46	24.73	22.47	19.68	46.89	32.71	29.71	26.03	65.38	45.61	41.43	36.29
32	31.33	21.86	19.86	17.41	35.91	25.05	22.76	19.95	47.67	33.25	30.22	26.48	66.32	46.26	42.04	36.84
33	31.59	22.04	20.04	17.57	36.44	25.42	23.12	20.26	48.58	33.89	30.81	27.01	67.34	46.98	42.71	37.44
34	31.92	22.26	20.25	17.77	37.09	25.87	23.54	20.65	49.64	34.63	31.50	27.63	68.46	47.76	43.44	38.11
35	32.32	22.54	20.52	18.01	37.85	26.41	24.04	21.10	50.85	35.48	32.29	28.35	69.70	48.63	44.26	38.85
36	32.81	22.89	20.84	18.30	38.75	27.03	24.62	21.62	52.25	36.45	33.20	29.16	71.08	49.60	45.16	39.66
37	33.40	23.30	21.23	18.65	39.80	27.77	25.30	22.22	53.85	37.57	34.23	30.08	72.62	50.67	46.15	40.55
38	34.11	23.80	21.69	19.06	41.01	28.61	26.08	22.91	55.67	38.84	35.40	31.11	74.33	51.86	47.26	41.53
39	34.96	24.39	22.23	19.53	42.41	29.59	26.97	23.69	57.73	40.28	36.71	32.26	76.24	53.19	48.48	42.59
40	35.95	25.08	22.86	20.08	44.00	30.70	27.98	24.57	60.04	41.89	38.18	33.53	78.35	54.67	49.82	43.76
41	37.12	25.90	23.60	20.73	45.82	31.97	29.14	25.58	62.80	43.81	39.93	35.05	80.89	56.44	51.43	45.16
42	38.48	26.85	24.47	21.49	47.88	33.40	30.45	26.74	66.08	46.11	42.02	36.89	83.95	58.58	53.38	46.86
43	39.99	27.90	25.44	22.35	50.13	34.98	31.89	28.02	69.77	48.68	44.37	38.95	87.39	60.97	55.56	48.77
44	41.63	29.05	26.48	23.28	52.56	36.67	33.44	29.40	73.71	51.43	46.87	41.15	91.04	63.52	57.88	50.80
45	43.36	30.25	27.59	24.24	55.12	38.46	35.07	30.84	77.77	54.26	49.45	43.41	94.77	66.12	60.23	52.85
46	45.16	31.50	28.72	25.22	57.80	40.32	36.77	32.32	81.82	57.09	52.01	45.63	98.40	68.65	62.52	54.82
47	46.98	32.78	29.86	26.20	60.56	42.25	38.50	33.80	85.71	59.81	54.45	47.72	101.80	71.02	64.65	56.63
48	48.80	34.04	30.99	27.14	63.37	44.20	40.25	35.27	89.32	62.32	56.70	49.62	104.81	73.12	66.51	58.18
49	50.58	35.29	32.08	28.03	66.19	46.18	41.99	36.69	92.50	64.54	58.66	51.21	107.27	74.84	68.01	59.37
50	52.30	36.49	33.12	28.83	69.01	48.14	43.70	38.04	95.11	66.36	60.23	52.43	109.04	76.07	69.05	60.11
51	53.98	37.66	34.12	29.57	71.84	50.12	45.40	39.34	97.27	67.87	61.50	53.34	110.24	76.91	69.71	60.48
52	55.67	38.84	35.11	30.29	74.73	52.13	47.12	40.62	99.19	69.21	62.60	54.07	111.10	77.51	70.13	60.62
53	57.36	40.02	36.09	30.98	77.68	54.19	48.86	41.90	100.87	70.38	63.52	54.62	111.62	77.87	70.33	60.54
54	59.07	41.21	37.08	31.65	80.70	56.29	50.63	43.17	102.30	71.37	64.28	54.99	111.80	78.00	70.29	60.22
55	60.78	42.41	38.05	32.29	83.77	58.44	52.42	44.43	103.49	72.20	64.87	55.19	111.65	77.89	70.03	59.67
56	62.50	43.61	39.02	32.91	86.90	60.62	54.23	45.68	N/A				111.15	77.54	69.53	58.89
57	64.23	44.82	39.99	33.50	90.09	62.85	56.06	46.92					110.31	76.95	68.80	57.89
58	65.97	46.03	40.95	34.07	93.35	65.12	57.92	48.15					109.13	76.13	67.85	56.65
59	67.72	47.25	41.90	34.62	96.66	67.43	59.80	49.38					107.62	75.08	66.66	55.19
60	69.47	48.47	42.85	35.14	100.03	69.78	61.70	50.59					105.76	73.78	65.24	53.49
61	66.14	45.03	39.91	32.86	N/A								N/A			
62	62.82	41.58	36.97	30.58												
63	59.49	38.14	34.03	28.31												
64	56.16	34.69	31.09	26.03												

Apply a 25% Surcharge Factor For Tobacco Users.

Policy Form B170

Occupation Class 4P - Base Policy With Guaranteed Renewable Premiums

Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday

Gender Male

	Benefit Period is 2 Years				Benefit Period is 5 Years				Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days				Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365	60	90	180	365	60	90	180	365
18	18.30	13.36	12.25	10.86	21.62	15.78	14.47	12.82	25.83	18.86	17.29	15.32	31.20	22.78	20.88	18.50
19	18.30	13.36	12.25	10.86	21.62	15.78	14.47	12.82	25.83	18.86	17.29	15.32	31.20	22.78	20.88	18.50
20	18.30	13.36	12.25	10.86	21.62	15.78	14.47	12.82	25.83	18.86	17.29	15.32	31.20	22.78	20.88	18.50
21	18.27	13.34	12.22	10.82	21.51	15.70	14.39	12.73	25.82	18.85	17.27	15.29	31.49	22.99	21.06	18.64
22	18.28	13.35	12.22	10.81	21.46	15.66	14.35	12.69	25.89	18.90	17.31	15.31	31.85	23.25	21.28	18.82
23	18.33	13.38	12.25	10.83	21.48	15.68	14.35	12.68	26.05	19.02	17.40	15.38	32.29	23.57	21.56	19.06
24	18.42	13.44	12.30	10.87	21.56	15.74	14.40	12.72	26.29	19.19	17.55	15.51	32.80	23.95	21.89	19.34
25	18.55	13.54	12.38	10.93	21.71	15.85	14.50	12.79	26.62	19.43	17.76	15.68	33.39	24.37	22.28	19.67
26	18.71	13.66	12.49	11.02	21.93	16.00	14.63	12.91	27.03	19.73	18.03	15.91	34.05	24.86	22.71	20.04
27	18.92	13.81	12.62	11.13	22.21	16.21	14.82	13.07	27.52	20.09	18.36	16.19	34.78	25.39	23.20	20.46
28	19.16	13.99	12.79	11.27	22.55	16.46	15.05	13.26	28.10	20.51	18.74	16.53	35.60	25.98	23.74	20.93
29	19.45	14.19	12.97	11.43	22.96	16.76	15.32	13.50	28.76	21.00	19.18	16.91	36.48	26.63	24.33	21.45
30	19.77	14.43	13.19	11.62	23.44	17.11	15.64	13.78	29.51	21.54	19.68	17.35	37.44	27.33	24.97	22.01
31	20.09	14.67	13.41	11.81	23.93	17.47	15.97	14.07	30.27	22.10	20.19	17.80	38.41	28.04	25.63	22.59
32	20.40	14.89	13.62	12.00	24.41	17.82	16.30	14.36	31.02	22.64	20.70	18.26	39.37	28.74	26.27	23.17
33	20.71	15.11	13.83	12.19	24.90	18.18	16.64	14.67	31.79	23.20	21.22	18.73	40.34	29.45	26.94	23.76
34	21.05	15.36	14.06	12.41	25.46	18.58	17.01	15.01	32.62	23.81	21.79	19.24	41.37	30.20	27.65	24.40
35	21.45	15.65	14.34	12.66	26.10	19.05	17.45	15.41	33.57	24.50	22.44	19.83	42.51	31.03	28.42	25.10
36	21.92	16.00	14.66	12.95	26.86	19.61	17.97	15.87	34.68	25.31	23.20	20.50	43.79	31.96	29.29	25.88
37	22.51	16.43	15.06	13.31	27.77	20.28	18.59	16.43	36.00	26.27	24.09	21.29	45.25	33.03	30.29	26.77
38	23.23	16.95	15.55	13.74	28.88	21.09	19.34	17.09	37.56	27.41	25.14	22.23	46.93	34.26	31.42	27.77
39	24.10	17.59	16.13	14.25	30.21	22.06	20.23	17.87	39.42	28.77	26.38	23.32	48.88	35.68	32.73	28.92
40	25.16	18.36	16.84	14.87	31.80	23.22	21.29	18.80	41.61	30.37	27.85	24.60	51.14	37.33	34.24	30.24
41	26.35	19.23	17.64	15.57	33.56	24.50	22.47	19.84	44.17	32.24	29.56	26.11	53.76	39.24	35.99	31.78
42	27.62	20.16	18.49	16.34	35.39	25.84	23.71	20.96	47.06	34.35	31.51	27.84	56.72	41.41	37.98	33.55
43	28.98	21.15	19.42	17.18	37.35	27.27	25.04	22.17	50.24	36.67	33.65	29.76	59.98	43.79	40.17	35.50
44	30.46	22.24	20.42	18.09	39.47	28.83	26.48	23.47	53.67	39.18	35.96	31.82	63.47	46.33	42.52	37.59
45	32.08	23.42	21.52	19.06	41.80	30.53	28.05	24.89	57.30	41.84	38.40	33.99	67.12	49.01	44.97	39.76
46	33.86	24.72	22.70	20.11	44.38	32.41	29.78	26.41	61.10	44.61	40.94	36.22	70.89	51.76	47.48	41.96
47	35.81	26.15	24.00	21.24	47.25	34.51	31.68	28.07	65.02	47.47	43.54	38.47	74.71	54.55	50.01	44.15
48	37.96	27.72	25.41	22.43	50.45	36.84	33.79	29.86	69.01	50.39	46.17	40.71	78.52	57.33	52.52	46.28
49	40.33	29.45	26.95	23.71	54.03	39.45	36.12	31.79	73.04	53.33	48.80	42.90	82.26	60.06	54.95	48.28
50	42.93	31.35	28.63	25.06	58.02	42.37	38.69	33.88	77.06	56.27	51.39	44.99	85.87	62.70	57.26	50.13
51	45.75	33.41	30.43	26.49	62.39	45.56	41.49	36.12	81.11	59.23	53.97	47.02	89.40	65.28	59.49	51.85
52	48.77	35.61	32.35	27.99	67.08	48.99	44.49	38.48	85.25	62.25	56.59	49.04	92.94	67.87	61.71	53.53
53	51.98	37.96	34.39	29.57	72.09	52.65	47.67	40.98	89.48	65.34	59.25	51.07	96.50	70.46	63.92	55.15
54	55.37	40.44	36.53	31.23	77.42	56.54	51.05	43.61	93.80	68.50	61.95	53.09	100.06	73.07	66.12	56.73
55	58.96	43.05	38.79	32.96	83.07	60.66	54.63	46.38	98.22	71.73	64.70	55.11	103.64	75.68	68.30	58.26
56	62.74	45.81	41.17	34.76	89.04	65.02	58.39	49.27	N/A				107.22	78.30	70.47	59.74
57	66.70	48.71	43.65	36.64	95.32	69.61	62.35	52.30					110.82	80.92	72.63	61.17
58	70.86	51.74	46.26	38.59	101.92	74.43	66.51	55.46					114.42	83.56	74.78	62.56
59	75.21	54.92	48.97	40.62	108.84	79.48	70.85	58.76					118.04	86.20	76.91	63.89
60	79.75	58.23	51.80	42.72	116.08	84.77	75.39	62.18					121.67	88.85	79.03	65.18
61	74.37	52.96	47.19	39.03	N/A								N/A			
62	68.99	47.70	42.58	35.33												
63	63.61	42.43	37.98	31.64												
64	58.23	37.16	33.37	27.95												

Apply a 25% Surcharge Factor For Tobacco Users.

Policy Form B170

Occupation Class 4P - Base Policy With Guaranteed Renewable Premiums

Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday

Gender Female

	Benefit Period is 2 Years				Benefit Period is 5 Years				Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days				Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365	60	90	180	365	60	90	180	365
18	29.60	20.65	18.83	16.58	32.46	22.65	20.65	18.18	41.15	28.71	26.18	23.05	57.27	39.96	36.43	32.07
19	29.60	20.65	18.83	16.58	32.46	22.65	20.65	18.18	41.15	28.71	26.18	23.05	57.27	39.96	36.43	32.07
20	29.60	20.65	18.83	16.58	32.46	22.65	20.65	18.18	41.15	28.71	26.18	23.05	57.27	39.96	36.43	32.07
21	29.43	20.53	18.70	16.46	32.25	22.50	20.50	18.03	41.10	28.68	26.13	22.98	57.69	40.26	36.67	32.25
22	29.30	20.44	18.61	16.36	32.12	22.41	20.40	17.93	41.16	28.71	26.14	22.98	58.18	40.60	36.95	32.48
23	29.22	20.39	18.55	16.30	32.06	22.37	20.35	17.88	41.32	28.82	26.22	23.03	58.74	40.99	37.28	32.74
24	29.19	20.36	18.52	16.26	32.09	22.39	20.36	17.87	41.57	29.00	26.37	23.15	59.36	41.42	37.66	33.05
25	29.21	20.38	18.52	16.25	32.20	22.46	20.41	17.91	41.94	29.26	26.59	23.32	60.05	41.90	38.08	33.41
26	29.27	20.42	18.55	16.27	32.38	22.59	20.52	18.00	42.40	29.58	26.87	23.56	60.80	42.43	38.54	33.80
27	29.38	20.50	18.61	16.32	32.64	22.77	20.68	18.13	42.96	29.97	27.22	23.86	61.63	43.00	39.05	34.24
28	29.54	20.61	18.71	16.40	32.98	23.01	20.89	18.31	43.63	30.44	27.64	24.22	62.51	43.62	39.61	34.72
29	29.75	20.75	18.84	16.51	33.40	23.30	21.15	18.54	44.40	30.97	28.13	24.64	63.47	44.29	40.21	35.24
30	30.00	20.93	19.00	16.65	33.90	23.65	21.47	18.81	45.27	31.58	28.68	25.12	64.49	45.00	40.86	35.80
31	30.27	21.12	19.17	16.80	34.43	24.02	21.81	19.11	46.18	32.22	29.26	25.63	65.52	45.72	41.52	36.38
32	30.52	21.30	19.34	16.95	34.98	24.40	22.16	19.43	47.10	32.86	29.86	26.16	66.52	46.41	42.17	36.96
33	30.80	21.49	19.53	17.12	35.56	24.81	22.54	19.77	48.07	33.53	30.49	26.73	67.53	47.12	42.83	37.56
34	31.11	21.71	19.74	17.32	36.21	25.26	22.97	20.15	49.12	34.26	31.17	27.35	68.59	47.86	43.53	38.19
35	31.49	21.97	19.99	17.55	36.96	25.78	23.46	20.60	50.30	35.09	31.95	28.04	69.75	48.67	44.29	38.88
36	31.95	22.29	20.30	17.83	37.84	26.39	24.03	21.11	51.66	36.03	32.82	28.83	71.04	49.57	45.13	39.64
37	32.53	22.69	20.68	18.16	38.87	27.12	24.70	21.70	53.22	37.13	33.84	29.73	72.51	50.59	46.09	40.49
38	33.24	23.19	21.14	18.57	40.09	27.97	25.49	22.40	55.04	38.39	35.00	30.75	74.19	51.76	47.17	41.45
39	34.10	23.79	21.69	19.05	41.53	28.97	26.41	23.20	57.15	39.87	36.35	31.93	76.13	53.11	48.41	42.53
40	35.15	24.52	22.36	19.63	43.22	30.15	27.48	24.13	59.59	41.57	37.90	33.28	78.36	54.67	49.83	43.76
41	36.36	25.37	23.13	20.30	45.11	31.47	28.68	25.18	62.48	43.59	39.74	34.88	81.03	56.53	51.53	45.24
42	37.71	26.30	23.99	21.07	47.14	32.88	29.98	26.34	65.84	45.93	41.88	36.77	84.18	58.73	53.53	46.99
43	39.18	27.33	24.94	21.91	49.33	34.41	31.39	27.60	69.57	48.53	44.26	38.87	87.69	61.18	55.76	48.96
44	40.78	28.45	25.97	22.83	51.69	36.06	32.91	28.96	73.57	51.33	46.81	41.12	91.44	63.79	58.15	51.06
45	42.51	29.66	27.07	23.80	54.24	37.84	34.54	30.40	77.74	54.24	49.46	43.45	95.31	66.49	60.60	53.20
46	44.35	30.95	28.24	24.82	56.99	39.76	36.28	31.93	81.99	57.20	52.15	45.78	99.18	69.20	63.05	55.32
47	46.32	32.32	29.47	25.88	59.95	41.83	38.15	33.54	86.21	60.15	54.80	48.06	102.94	71.82	65.41	57.33
48	48.40	33.77	30.76	26.96	63.15	44.06	40.14	35.21	90.31	63.01	57.36	50.22	106.46	74.28	67.60	59.15
49	50.60	35.30	32.11	28.06	66.59	46.46	42.26	36.95	94.19	65.72	59.75	52.18	109.64	76.49	69.54	60.71
50	52.90	36.91	33.51	29.16	70.29	49.04	44.52	38.75	97.75	68.20	61.91	53.88	112.34	78.38	71.15	61.93
51	55.32	38.60	34.96	30.28	74.24	51.79	46.91	40.61	101.07	70.52	63.89	55.37	114.67	80.01	72.50	62.87
52	57.85	40.36	36.47	31.42	78.41	54.70	49.42	42.55	104.30	72.77	65.80	56.77	116.81	81.50	73.71	63.66
53	60.50	42.21	38.05	32.60	82.80	57.77	52.05	44.56	107.44	74.96	67.63	58.06	118.75	82.85	74.78	64.28
54	63.27	44.15	39.68	33.80	87.43	61.00	54.81	46.64	110.49	77.09	69.38	59.24	120.50	84.07	75.71	64.75
55	66.15	46.16	41.38	35.04	92.27	64.38	57.69	48.79	113.46	79.16	71.05	60.33	122.05	85.16	76.49	65.05
56	69.15	48.25	43.14	36.30	97.35	67.92	60.70	51.02	N/A				123.41	86.11	77.14	65.20
57	72.27	50.43	44.96	37.59	102.64	71.62	63.83	53.32					124.58	86.92	77.64	65.19
58	75.50	52.68	46.84	38.92	108.17	75.47	67.08	55.69					125.55	87.60	78.00	65.02
59	78.85	55.02	48.78	40.27	113.92	79.48	70.46	58.13					126.33	88.14	78.21	64.69
60	82.32	57.44	50.78	41.65	119.89	83.65	73.96	60.65					126.91	88.55	78.29	64.20
61	77.30	52.75	46.74	38.48	N/A								N/A			
62	72.28	48.05	42.71	35.30												
63	67.26	43.36	38.67	32.13												
64	62.24	38.67	34.63	28.96												

Apply a 25% Surcharge Factor For Tobacco Users.

Policy Form B170

Occupation Class 3A - Base Policy With Guaranteed Renewable Premiums

Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday

Gender Male

	Benefit Period is 2 Years				Benefit Period is 5 Years				Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days				Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365	60	90	180	365	60	90	180	365
18	21.63	15.80	14.49	12.83	25.44	18.57	17.03	15.08	31.00	22.63	20.76	18.38	35.66	26.03	23.88	21.14
19	21.63	15.80	14.49	12.83	25.44	18.57	17.03	15.08	31.00	22.63	20.76	18.38	35.66	26.03	23.88	21.14
20	21.63	15.80	14.49	12.83	25.44	18.57	17.03	15.08	31.00	22.63	20.76	18.38	35.66	26.03	23.88	21.14
21	21.20	15.49	14.19	12.56	24.85	18.14	16.62	14.71	30.27	22.10	20.26	17.92	35.26	25.74	23.59	20.87
22	20.84	15.23	13.94	12.33	24.36	17.78	16.29	14.40	29.68	21.67	19.85	17.55	34.98	25.54	23.39	20.67
23	20.55	15.01	13.74	12.14	23.97	17.50	16.02	14.15	29.22	21.33	19.53	17.25	34.83	25.43	23.28	20.56
24	20.33	14.85	13.58	11.99	23.68	17.29	15.81	13.96	28.90	21.10	19.30	17.04	34.81	25.42	23.26	20.52
25	20.18	14.74	13.47	11.89	23.49	17.15	15.68	13.84	28.72	20.96	19.17	16.92	34.93	25.51	23.32	20.57
26	20.09	14.68	13.41	11.83	23.40	17.09	15.61	13.77	28.67	20.93	19.13	16.87	35.17	25.68	23.48	20.69
27	20.08	14.66	13.39	11.81	23.41	17.09	15.62	13.77	28.75	20.99	19.19	16.91	35.54	25.95	23.72	20.90
28	20.13	14.70	13.42	11.83	23.51	17.17	15.69	13.82	28.98	21.16	19.33	17.04	36.04	26.32	24.05	21.18
29	20.25	14.79	13.50	11.90	23.72	17.32	15.82	13.94	29.34	21.42	19.57	17.24	36.66	26.78	24.46	21.55
30	20.44	14.93	13.63	12.01	24.03	17.55	16.03	14.12	29.83	21.78	19.90	17.53	37.42	27.33	24.97	21.99
31	20.67	15.09	13.78	12.15	24.39	17.81	16.27	14.34	30.40	22.20	20.28	17.87	38.25	27.94	25.53	22.49
32	20.91	15.27	13.95	12.30	24.78	18.09	16.54	14.57	31.01	22.64	20.70	18.25	39.13	28.58	26.13	23.02
33	21.19	15.47	14.14	12.47	25.22	18.42	16.84	14.85	31.71	23.15	21.18	18.67	40.10	29.28	26.79	23.61
34	21.53	15.72	14.38	12.69	25.75	18.80	17.21	15.19	32.52	23.75	21.74	19.18	41.18	30.07	27.52	24.28
35	21.95	16.03	14.67	12.96	26.40	19.28	17.66	15.59	33.50	24.46	22.41	19.78	42.41	30.97	28.37	25.04
36	22.48	16.42	15.04	13.29	27.21	19.87	18.21	16.08	34.68	25.33	23.21	20.50	43.83	32.00	29.33	25.90
37	23.14	16.90	15.49	13.69	28.20	20.59	18.88	16.68	36.11	26.37	24.18	21.36	45.47	33.20	30.44	26.90
38	23.95	17.49	16.04	14.18	29.41	21.47	19.69	17.41	37.82	27.62	25.33	22.39	47.37	34.59	31.72	28.03
39	24.94	18.21	16.70	14.76	30.86	22.53	20.67	18.27	39.86	29.11	26.70	23.59	49.57	36.19	33.20	29.33
40	26.12	19.07	17.49	15.45	32.60	23.80	21.83	19.28	42.26	30.86	28.30	24.99	52.09	38.03	34.88	30.80
41	27.49	20.07	18.41	16.26	34.58	25.25	23.16	20.45	45.12	32.95	30.22	26.68	55.07	40.21	36.87	32.55
42	29.01	21.18	19.44	17.18	36.75	26.83	24.62	21.76	48.46	35.39	32.46	28.67	58.55	42.75	39.21	34.62
43	30.69	22.41	20.57	18.20	39.11	28.56	26.22	23.20	52.19	38.11	34.96	30.90	62.43	45.58	41.81	36.93
44	32.52	23.74	21.80	19.30	41.68	30.43	27.95	24.77	56.22	41.05	37.67	33.31	66.58	48.61	44.59	39.41
45	34.48	25.18	23.12	20.48	44.46	32.46	29.82	26.44	60.46	44.15	40.51	35.83	70.91	51.77	47.49	41.97
46	36.58	26.71	24.52	21.71	47.46	34.65	31.83	28.21	64.82	47.33	43.42	38.39	75.30	54.98	50.41	44.54
47	38.81	28.34	26.00	22.99	50.69	37.01	33.96	30.06	69.23	50.55	46.34	40.93	79.65	58.16	53.30	47.04
48	41.15	30.05	27.54	24.30	54.14	39.53	36.24	32.00	73.58	53.73	49.21	43.38	83.86	61.23	56.07	49.39
49	43.62	31.85	29.14	25.63	57.84	42.23	38.65	34.01	77.80	56.81	51.97	45.68	87.81	64.11	58.63	51.53
50	46.19	33.73	30.80	26.97	61.78	45.11	41.19	36.07	81.80	59.73	54.54	47.76	91.39	66.73	60.93	53.36
51	48.88	35.69	32.51	28.32	65.96	48.17	43.87	38.20	85.65	62.54	56.99	49.68	94.70	69.15	63.02	54.96
52	51.69	37.75	34.30	29.71	70.38	51.39	46.68	40.41	89.48	65.33	59.40	51.53	97.90	71.48	65.01	56.44
53	54.63	39.89	36.15	31.14	75.02	54.78	49.62	42.70	93.28	68.12	61.78	53.31	100.98	73.73	66.91	57.80
54	57.68	42.13	38.08	32.60	79.89	58.34	52.71	45.08	97.07	70.88	64.13	55.03	103.95	75.90	68.71	59.04
55	60.87	44.45	40.07	34.10	85.00	62.07	55.92	47.54	100.84	73.64	66.45	56.68	106.81	77.99	70.42	60.16
56	64.17	46.87	42.13	35.63	90.33	65.96	59.27	50.08	N/A				109.55	79.99	72.03	61.16
57	67.61	49.37	44.26	37.20	95.89	70.02	62.76	52.70					112.18	81.92	73.55	62.04
58	71.16	51.97	46.47	38.81	101.68	74.25	66.38	55.40					114.70	83.76	74.98	62.80
59	74.84	54.65	48.74	40.45	107.71	78.65	70.13	58.18					117.11	85.51	76.31	63.44
60	78.64	57.43	51.08	42.13	113.96	83.22	74.02	61.05					119.40	87.19	77.55	63.96
61	73.48	52.37	46.64	38.57	N/A								N/A			
62	68.31	47.30	42.20	35.00												
63	63.15	42.24	37.77	31.44												
64	57.98	37.17	33.33	27.87												

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Form B170															
	Occupation Class 3A - Base Policy With Guaranteed Renewable Premiums															
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday															
Gender	Female															
	Benefit Period is 2 Years				Benefit Period is 5 Years				Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days				Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365	60	90	180	365	60	90	180	365
18	35.28	24.62	22.43	19.75	40.10	27.98	25.50	22.45	51.42	35.88	32.70	28.79	66.15	46.16	42.06	37.04
19	35.28	24.62	22.43	19.75	40.10	27.98	25.50	22.45	51.42	35.88	32.70	28.79	66.15	46.16	42.06	37.04
20	35.28	24.62	22.43	19.75	40.10	27.98	25.50	22.45	51.42	35.88	32.70	28.79	66.15	46.16	42.06	37.04
21	34.66	24.19	22.02	19.38	39.23	27.38	24.93	21.93	50.38	35.16	32.02	28.17	65.76	45.89	41.78	36.76
22	34.14	23.82	21.68	19.06	38.51	26.87	24.46	21.50	49.55	34.57	31.47	27.66	65.53	45.72	41.61	36.58
23	33.71	23.52	21.40	18.80	37.93	26.47	24.08	21.15	48.91	34.12	31.04	27.27	65.46	45.67	41.54	36.49
24	33.38	23.29	21.18	18.59	37.50	26.16	23.79	20.88	48.46	33.81	30.75	26.99	65.55	45.74	41.58	36.50
25	33.14	23.12	21.02	18.44	37.21	25.96	23.59	20.70	48.22	33.64	30.58	26.83	65.80	45.91	41.72	36.61
26	32.99	23.01	20.92	18.34	37.06	25.85	23.49	20.60	48.17	33.61	30.54	26.78	66.21	46.20	41.97	36.81
27	32.94	22.98	20.88	18.30	37.05	25.85	23.48	20.58	48.33	33.71	30.63	26.85	66.79	46.60	42.32	37.10
28	32.98	23.01	20.90	18.32	37.19	25.95	23.56	20.65	48.68	33.96	30.84	27.03	67.52	47.11	42.78	37.49
29	33.12	23.10	20.98	18.39	37.47	26.14	23.74	20.80	49.22	34.34	31.19	27.33	68.41	47.73	43.34	37.98
30	33.35	23.26	21.13	18.51	37.90	26.44	24.01	21.03	49.97	34.86	31.66	27.74	69.47	48.47	44.01	38.56
31	33.67	23.49	21.34	18.69	38.47	26.84	24.38	21.35	50.92	35.52	32.27	28.27	70.70	49.33	44.80	39.25
32	34.09	23.78	21.61	18.94	39.19	27.34	24.84	21.77	52.08	36.33	33.02	28.94	72.13	50.32	45.72	40.07
33	34.60	24.13	21.94	19.24	40.05	27.94	25.40	22.27	53.44	37.28	33.90	29.73	73.73	51.44	46.76	41.00
34	35.20	24.56	22.34	19.59	41.06	28.64	26.05	22.85	55.01	38.37	34.91	30.63	75.49	52.67	47.90	42.03
35	35.90	25.05	22.79	20.01	42.21	29.44	26.80	23.52	56.76	39.60	36.04	31.65	77.41	54.01	49.15	43.14
36	36.70	25.60	23.31	20.47	43.50	30.34	27.63	24.27	58.71	40.96	37.30	32.76	79.47	55.44	50.48	44.33
37	37.58	26.22	23.88	20.98	44.93	31.34	28.55	25.08	60.85	42.45	38.67	33.98	81.66	56.97	51.89	45.59
38	38.57	26.91	24.51	21.54	46.50	32.44	29.56	25.97	63.16	44.06	40.16	35.29	83.96	58.58	53.37	46.89
39	39.65	27.66	25.20	22.14	48.21	33.63	30.66	26.93	65.65	45.80	41.75	36.68	86.37	60.26	54.91	48.24
40	40.82	28.48	25.95	22.79	50.06	34.92	31.83	27.95	68.32	47.66	43.44	38.15	88.87	62.00	56.50	49.62
41	42.10	29.37	26.77	23.50	52.04	36.30	33.09	29.05	71.32	49.76	45.35	39.81	91.65	63.94	58.26	51.15
42	43.50	30.35	27.66	24.29	54.16	37.78	34.45	30.26	74.76	52.15	47.54	41.74	94.83	66.16	60.29	52.92
43	45.00	31.39	28.62	25.15	56.41	39.35	35.89	31.55	78.52	54.78	49.93	43.85	98.28	68.57	62.49	54.85
44	46.59	32.51	29.64	26.06	58.80	41.02	37.42	32.91	82.50	57.56	52.47	46.08	101.90	71.09	64.79	56.87
45	48.28	33.68	30.72	27.01	61.34	42.79	39.04	34.34	86.59	60.41	55.07	48.36	105.55	73.64	67.10	58.89
46	50.05	34.92	31.84	27.98	64.02	44.66	40.74	35.82	90.69	63.27	57.66	50.60	109.13	76.14	69.36	60.83
47	51.90	36.20	33.00	28.97	66.84	46.64	42.52	37.34	94.68	66.06	60.17	52.75	112.51	78.50	71.48	62.62
48	53.81	37.54	34.18	29.95	69.82	48.72	44.37	38.90	98.47	68.70	62.53	54.73	115.58	80.64	73.38	64.19
49	55.78	38.91	35.39	30.93	72.96	50.90	46.30	40.47	101.94	71.12	64.66	56.46	118.22	82.48	74.98	65.45
50	57.80	40.32	36.61	31.87	76.25	53.20	48.30	42.04	104.98	73.24	66.49	57.88	120.30	83.93	76.20	66.33
51	59.88	41.77	37.85	32.80	79.70	55.61	50.37	43.63	107.69	75.13	68.08	59.04	121.93	85.07	77.11	66.89
52	62.03	43.27	39.12	33.73	83.30	58.12	52.52	45.25	110.22	76.90	69.55	60.05	123.29	86.01	77.83	67.25
53	64.25	44.82	40.42	34.67	87.05	60.73	54.75	46.91	112.58	78.54	70.89	60.92	124.37	86.77	78.35	67.40
54	66.53	46.41	41.75	35.61	90.95	63.45	57.05	48.60	114.77	80.07	72.10	61.63	125.17	87.33	78.68	67.36
55	68.89	48.06	43.11	36.55	95.00	66.28	59.43	50.32	116.78	81.47	73.17	62.20	125.70	87.70	78.82	67.11
56	71.31	49.75	44.51	37.50	99.20	69.21	61.89	52.08	N/A				125.96	87.88	78.77	66.66
57	73.81	51.49	45.93	38.45	103.55	72.24	64.42	53.87					125.94	87.86	78.52	66.00
58	76.37	53.28	47.39	39.41	108.05	75.38	67.03	55.69					125.64	87.66	78.09	65.15
59	79.01	55.12	48.88	40.37	112.71	78.63	69.72	57.54					125.07	87.26	77.45	64.09
60	81.71	57.01	50.40	41.33	117.51	81.98	72.49	59.43					124.23	86.67	76.63	62.83
61	76.00	52.00	46.06	37.88	N/A								N/A			
62	70.29	46.98	41.72	34.44												
63	64.58	41.97	37.38	30.99												
64	58.87	36.96	33.03	27.54												

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Form B170															
	Occupation Class 3P - Base Policy With Guaranteed Renewable Premiums															
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday															
Gender	Male															
	Benefit Period is 2 Years				Benefit Period is 5 Years				Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days				Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365	60	90	180	365	60	90	180	365
18	21.24	15.51	14.22	12.59	24.21	17.68	16.21	14.36	28.59	20.88	19.14	16.95	36.69	26.79	24.57	21.76
19	21.24	15.51	14.22	12.59	24.21	17.68	16.21	14.36	28.59	20.88	19.14	16.95	36.69	26.79	24.57	21.76
20	21.24	15.51	14.22	12.59	24.21	17.68	16.21	14.36	28.59	20.88	19.14	16.95	36.69	26.79	24.57	21.76
21	21.21	15.49	14.19	12.55	24.05	17.56	16.09	14.24	28.52	20.83	19.08	16.88	37.01	27.02	24.76	21.91
22	21.25	15.52	14.21	12.56	24.00	17.52	16.04	14.18	28.59	20.88	19.11	16.89	37.47	27.35	25.05	22.14
23	21.35	15.59	14.27	12.60	24.04	17.56	16.07	14.19	28.80	21.03	19.24	16.99	38.06	27.78	25.43	22.45
24	21.52	15.72	14.37	12.68	24.19	17.67	16.16	14.26	29.14	21.28	19.46	17.17	38.78	28.31	25.89	22.85
25	21.76	15.89	14.53	12.81	24.45	17.86	16.32	14.40	29.63	21.63	19.77	17.44	39.64	28.94	26.46	23.33
26	22.06	16.11	14.72	12.98	24.81	18.12	16.56	14.60	30.25	22.08	20.18	17.79	40.63	29.66	27.11	23.90
27	22.42	16.38	14.96	13.19	25.27	18.45	16.86	14.86	31.01	22.64	20.68	18.23	41.75	30.48	27.85	24.55
28	22.86	16.69	15.25	13.44	25.84	18.87	17.24	15.19	31.91	23.30	21.28	18.75	43.01	31.40	28.69	25.28
29	23.36	17.06	15.58	13.73	26.51	19.36	17.68	15.58	32.95	24.05	21.97	19.36	44.40	32.42	29.62	26.09
30	23.92	17.47	15.96	14.06	27.28	19.92	18.20	16.03	34.12	24.91	22.76	20.05	45.93	33.53	30.64	26.99
31	24.49	17.89	16.34	14.40	28.07	20.50	18.73	16.50	35.32	25.78	23.56	20.76	47.49	34.67	31.69	27.92
32	25.04	18.29	16.71	14.74	28.83	21.05	19.25	16.97	36.47	26.63	24.35	21.46	49.03	35.80	32.73	28.85
33	25.59	18.69	17.10	15.08	29.62	21.63	19.78	17.45	37.66	27.50	25.15	22.19	50.62	36.96	33.81	29.82
34	26.20	19.14	17.51	15.46	30.49	22.26	20.38	17.99	38.96	28.45	26.04	22.99	52.31	38.20	34.97	30.86
35	26.91	19.65	17.99	15.90	31.51	23.01	21.07	18.62	40.45	29.54	27.05	23.90	54.19	39.57	36.24	32.01
36	27.74	20.26	18.56	16.41	32.72	23.89	21.89	19.35	42.21	30.82	28.24	24.97	56.31	41.12	37.68	33.30
37	28.75	21.00	19.24	17.02	34.19	24.96	22.89	20.24	44.31	32.36	29.66	26.24	58.74	42.89	39.33	34.77
38	29.96	21.88	20.06	17.75	35.98	26.26	24.08	21.30	46.84	34.21	31.36	27.74	61.55	44.95	41.22	36.44
39	31.43	22.96	21.05	18.61	38.13	27.84	25.53	22.57	49.86	36.42	33.39	29.52	64.80	47.32	43.40	38.36
40	33.19	24.24	22.22	19.64	40.71	29.72	27.25	24.08	53.47	39.05	35.80	31.63	68.56	50.07	45.91	40.56
41	35.24	25.74	23.59	20.85	43.69	31.89	29.24	25.84	57.82	42.23	38.71	34.19	73.05	53.35	48.91	43.20
42	37.54	27.42	25.14	22.23	46.99	34.30	31.47	27.83	62.94	45.96	42.15	37.24	78.33	57.20	52.45	46.33
43	40.07	29.26	26.85	23.76	50.60	36.94	33.91	30.02	68.66	50.14	45.99	40.66	84.20	61.49	56.39	49.82
44	42.80	31.26	28.69	25.41	54.50	39.79	36.54	32.38	74.83	54.64	50.13	44.34	90.49	66.08	60.61	53.56
45	45.72	33.39	30.65	27.15	58.70	42.86	39.36	34.90	81.29	59.36	54.46	48.17	97.01	70.84	64.97	57.41
46	48.80	35.64	32.71	28.96	63.16	46.12	42.35	37.53	87.89	64.18	58.87	52.04	103.58	75.64	69.36	61.25
47	52.01	37.98	34.84	30.81	67.89	49.57	45.50	40.27	94.47	68.98	63.24	55.84	110.02	80.34	73.63	64.95
48	55.34	40.41	37.04	32.67	72.87	53.21	48.78	43.07	100.88	73.66	67.47	59.46	116.15	84.81	77.66	68.39
49	58.76	42.91	39.26	34.52	78.09	57.02	52.19	45.92	106.95	78.09	71.44	62.79	121.77	88.91	81.33	71.44
50	62.24	45.45	41.51	36.34	83.54	61.00	55.71	48.78	112.54	82.17	75.05	65.71	126.71	92.52	84.50	73.98
51	65.81	48.06	43.79	38.14	89.22	65.15	59.35	51.68	117.77	85.99	78.38	68.32	131.12	95.74	87.28	76.11
52	69.50	50.75	46.13	39.96	95.16	69.49	63.14	54.66	122.88	89.72	81.60	70.79	135.28	98.77	89.87	78.02
53	73.32	53.54	48.54	41.81	101.36	74.01	67.07	57.72	127.86	93.36	84.72	73.12	139.17	101.62	92.26	79.70
54	77.25	56.41	51.01	43.68	107.81	78.72	71.14	60.86	132.73	96.91	87.72	75.30	142.82	104.28	94.45	81.17
55	81.31	59.37	53.54	45.57	114.51	83.62	75.36	64.08	137.47	100.37	90.62	77.33	146.21	106.76	96.45	82.42
56	85.49	62.42	56.14	47.49	121.47	88.70	79.73	67.37	N/A				149.34	109.05	98.25	83.44
57	89.79	65.56	58.80	49.43	128.68	93.96	84.24	70.75					152.22	111.15	99.85	84.25
58	94.21	68.79	61.53	51.39	136.15	99.42	88.89	74.20					154.84	113.07	101.26	84.83
59	98.75	72.11	64.32	53.38	143.87	105.06	93.69	77.73					157.21	114.80	102.47	85.20
60	103.41	75.51	67.17	55.39	151.85	110.88	98.63	81.34					159.32	116.34	103.49	85.34
61	99.64	70.50	62.81	51.95	N/A								N/A			
62	95.86	65.48	58.45	48.50												
63	92.09	60.47	54.10	45.06												
64	88.31	55.45	49.74	41.62												

Apply a 25% Surcharge Factor For Tobacco Users.

Policy Form B170

Occupation Class 3P - Base Policy With Guaranteed Renewable Premiums

Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday

Gender Female

	Benefit Period is 2 Years				Benefit Period is 5 Years				Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days				Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365	60	90	180	365	60	90	180	365
18	31.81	22.20	20.23	17.81	34.44	24.03	21.90	19.28	43.37	30.26	27.58	24.29	61.83	43.14	39.32	34.62
19	31.81	22.20	20.23	17.81	34.44	24.03	21.90	19.28	43.37	30.26	27.58	24.29	61.83	43.14	39.32	34.62
20	31.81	22.20	20.23	17.81	34.44	24.03	21.90	19.28	43.37	30.26	27.58	24.29	61.83	43.14	39.32	34.62
21	32.11	22.41	20.41	17.95	34.74	24.23	22.07	19.41	44.00	30.70	27.95	24.59	63.33	44.18	40.24	35.39
22	32.44	22.64	20.60	18.11	35.09	24.48	22.28	19.58	44.70	31.19	28.38	24.95	64.84	45.23	41.16	36.17
23	32.79	22.88	20.81	18.28	35.50	24.76	22.52	19.78	45.48	31.73	28.86	25.35	66.36	46.30	42.11	36.97
24	33.16	23.14	21.04	18.46	35.97	25.09	22.81	20.01	46.34	32.33	29.39	25.79	67.90	47.37	43.06	37.78
25	33.55	23.41	21.28	18.66	36.49	25.45	23.13	20.29	47.27	32.98	29.97	26.29	69.45	48.45	44.03	38.61
26	33.97	23.70	21.53	18.88	37.07	25.86	23.49	20.59	48.28	33.69	30.60	26.83	71.01	49.54	45.00	39.45
27	34.40	24.00	21.80	19.11	37.71	26.30	23.89	20.93	49.37	34.45	31.28	27.42	72.59	50.64	45.99	40.30
28	34.86	24.32	22.09	19.35	38.40	26.78	24.32	21.31	50.54	35.26	32.02	28.05	74.18	51.75	47.00	41.17
29	35.34	24.65	22.39	19.61	39.15	27.31	24.80	21.72	51.78	36.13	32.80	28.74	75.79	52.87	48.01	42.05
30	35.84	25.00	22.71	19.89	39.96	27.87	25.31	22.17	53.10	37.05	33.64	29.47	77.41	54.00	49.04	42.95
31	36.26	25.29	22.98	20.13	40.70	28.38	25.78	22.59	54.32	37.90	34.42	30.16	78.85	55.00	49.96	43.76
32	36.55	25.50	23.17	20.30	41.29	28.80	26.17	22.93	55.34	38.61	35.08	30.75	80.00	55.81	50.71	44.43
33	36.77	25.65	23.33	20.45	41.82	29.17	26.52	23.25	56.28	39.27	35.69	31.30	81.00	56.51	51.37	45.03
34	37.00	25.80	23.48	20.59	42.38	29.56	26.89	23.60	57.25	39.95	36.34	31.89	81.97	57.18	52.01	45.62
35	37.29	26.01	23.68	20.78	43.06	30.03	27.34	24.00	58.39	40.74	37.08	32.56	83.03	57.93	52.72	46.27
36	37.71	26.30	23.96	21.04	43.93	30.65	27.91	24.52	59.79	41.72	37.99	33.38	84.33	58.83	53.57	47.05
37	38.33	26.73	24.36	21.40	45.10	31.46	28.66	25.19	61.59	42.97	39.16	34.41	85.98	59.98	54.65	48.01
38	39.21	27.35	24.93	21.91	46.63	32.53	29.65	26.06	63.90	44.59	40.64	35.72	88.12	61.47	56.02	49.23
39	40.43	28.20	25.71	22.59	48.62	33.92	30.92	27.17	66.84	46.64	42.51	37.36	90.87	63.39	57.78	50.76
40	42.05	29.33	26.74	23.48	51.16	35.69	32.53	28.57	70.53	49.21	44.85	39.39	94.36	65.83	60.00	52.69
41	44.10	30.76	28.05	24.62	54.26	37.85	34.50	30.30	75.23	52.49	47.83	42.00	98.92	69.01	62.89	55.21
42	46.54	32.47	29.60	26.00	57.84	40.35	36.79	32.32	80.97	56.49	51.49	45.21	104.58	72.96	66.49	58.37
43	49.31	34.40	31.37	27.57	61.84	43.14	39.35	34.60	87.50	61.05	55.65	48.87	111.06	77.48	70.62	61.99
44	52.34	36.51	33.31	29.28	66.20	46.18	42.14	37.08	94.59	65.99	60.16	52.84	118.09	82.38	75.08	65.91
45	55.57	38.77	35.36	31.10	70.87	49.44	45.12	39.71	101.98	71.15	64.85	56.96	125.36	87.46	79.70	69.94
46	58.95	41.12	37.50	32.96	75.78	52.87	48.23	42.44	109.44	76.35	69.58	61.08	132.61	92.51	84.28	73.92
47	62.40	43.54	39.68	34.84	80.88	56.42	51.45	45.21	116.73	81.44	74.17	65.04	139.53	97.34	88.64	77.66
48	65.88	45.96	41.85	36.67	86.10	60.07	54.72	47.98	123.60	86.23	78.48	68.70	145.86	101.76	92.59	81.00
49	69.31	48.36	43.97	38.42	91.40	63.76	58.00	50.70	129.82	90.56	82.33	71.90	151.30	105.55	95.94	83.76
50	72.64	50.68	46.00	40.04	96.70	67.46	61.24	53.31	135.13	94.27	85.57	74.49	155.57	108.53	98.52	85.76
51	75.92	52.97	47.97	41.57	102.06	71.20	64.49	55.86	139.74	97.49	88.33	76.59	158.91	110.86	100.47	87.15
52	79.23	55.28	49.96	43.07	107.57	75.04	67.80	58.42	144.02	100.47	90.86	78.44	161.74	112.83	102.08	88.20
53	82.59	57.62	51.95	44.54	113.22	78.99	71.18	60.99	147.96	103.22	93.15	80.04	164.06	114.45	103.34	88.90
54	85.98	59.99	53.94	46.00	119.02	83.03	74.63	63.57	151.57	105.74	95.19	81.38	165.88	115.72	104.25	89.25
55	89.42	62.39	55.95	47.43	124.96	87.18	78.15	66.17	154.84	108.02	97.01	82.46	167.19	116.64	104.82	89.25
56	92.89	64.81	57.97	48.83	131.06	91.43	81.74	68.78	N/A				167.99	117.20	105.05	88.90
57	96.41	67.27	59.99	50.22	137.29	95.79	85.39	71.41					168.29	117.41	104.93	88.21
58	99.96	69.75	62.03	51.57	143.68	100.24	89.12	74.05					168.08	117.27	104.46	87.17
59	103.56	72.25	64.07	52.91	150.21	104.80	92.91	76.70					167.37	116.77	103.65	85.78
60	107.19	74.79	66.12	54.22	156.89	109.46	96.77	79.36					166.15	115.92	102.49	84.04
61	99.93	68.29	60.49	49.74	N/A								N/A			
62	92.67	61.79	54.85	45.27												
63	85.41	55.29	49.22	40.79												
64	78.15	48.79	43.59	36.31												

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Form B170															
	Occupation Class 2A - Base Policy With Guaranteed Renewable Premiums															
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday															
Gender	Male															
	Benefit Period is 2 Years				Benefit Period is 5 Years				Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days				Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365	60	90	180	365	60	90	180	365
18	27.23	22.29	20.21	17.67	31.38	25.68	23.28	20.35	38.44	31.46	28.52	24.94	46.28	37.88	34.35	30.02
19	27.23	22.29	20.21	17.67	31.38	25.68	23.28	20.35	38.44	31.46	28.52	24.94	46.28	37.88	34.35	30.02
20	27.23	22.29	20.21	17.67	31.38	25.68	23.28	20.35	38.44	31.46	28.52	24.94	46.28	37.88	34.35	30.02
21	27.17	22.24	20.15	17.60	31.16	25.50	23.10	20.18	38.14	31.21	28.27	24.70	46.64	38.17	34.59	30.20
22	27.17	22.24	20.13	17.57	31.05	25.41	23.00	20.08	37.98	31.08	28.14	24.56	47.12	38.57	34.92	30.47
23	27.23	22.29	20.17	17.59	31.04	25.41	22.98	20.04	37.98	31.08	28.12	24.52	47.74	39.07	35.35	30.82
24	27.36	22.40	20.25	17.65	31.14	25.49	23.04	20.08	38.12	31.20	28.21	24.59	48.48	39.68	35.87	31.26
25	27.55	22.55	20.38	17.75	31.34	25.65	23.18	20.19	38.42	31.44	28.42	24.75	49.34	40.39	36.50	31.79
26	27.80	22.76	20.56	17.90	31.64	25.90	23.40	20.37	38.87	31.81	28.74	25.02	50.33	41.20	37.22	32.40
27	28.11	23.01	20.78	18.09	32.05	26.24	23.70	20.62	39.47	32.30	29.18	25.39	51.45	42.11	38.03	33.10
28	28.49	23.32	21.06	18.32	32.56	26.66	24.07	20.95	40.22	32.91	29.73	25.86	52.69	43.13	38.95	33.89
29	28.93	23.68	21.38	18.60	33.18	27.16	24.53	21.34	41.12	33.65	30.39	26.44	54.06	44.25	39.96	34.77
30	29.43	24.09	21.75	18.92	33.90	27.75	25.06	21.80	42.17	34.51	31.17	27.11	55.56	45.48	41.07	35.73
31	29.95	24.52	22.14	19.26	34.67	28.38	25.63	22.30	43.30	35.43	32.01	27.85	57.12	46.76	42.23	36.75
32	30.46	24.94	22.53	19.61	35.45	29.02	26.22	22.82	44.47	36.39	32.89	28.62	58.71	48.06	43.43	37.80
33	31.00	25.38	22.94	19.97	36.28	29.70	26.85	23.38	45.72	37.42	33.84	29.46	60.37	49.42	44.68	38.91
34	31.59	25.86	23.39	20.38	37.20	30.45	27.55	24.01	47.11	38.55	34.89	30.40	62.14	50.87	46.02	40.10
35	32.27	26.41	23.90	20.84	38.25	31.32	28.35	24.72	48.68	39.84	36.08	31.45	64.07	52.45	47.48	41.40
36	33.05	27.05	24.50	21.37	39.48	32.32	29.28	25.54	50.48	41.32	37.43	32.65	66.19	54.19	49.08	42.81
37	33.98	27.81	25.20	21.99	40.90	33.49	30.35	26.48	52.56	43.02	38.99	34.03	68.55	56.12	50.85	44.37
38	35.07	28.70	26.02	22.71	42.58	34.86	31.60	27.58	54.97	44.99	40.79	35.60	71.19	58.28	52.83	46.10
39	36.37	29.76	26.98	23.55	44.54	36.46	33.06	28.84	57.75	47.27	42.86	37.40	74.15	60.71	55.04	48.02
40	37.89	31.01	28.11	24.52	46.82	38.33	34.75	30.30	60.96	49.90	45.24	39.45	77.48	63.43	57.50	50.14
41	39.68	32.48	29.44	25.67	49.45	40.48	36.70	31.99	64.80	53.04	48.08	41.92	81.42	66.66	60.42	52.67
42	41.74	34.16	30.97	27.02	52.39	42.89	38.90	33.93	69.33	56.75	51.45	44.86	86.08	70.47	63.88	55.67
43	44.02	36.03	32.67	28.51	55.62	45.53	41.30	36.05	74.40	60.90	55.22	48.15	91.26	74.70	67.72	59.03
44	46.47	38.03	34.50	30.12	59.09	48.37	43.89	38.34	79.83	65.34	59.26	51.68	96.76	79.21	71.81	62.59
45	49.06	40.15	36.42	31.79	62.78	51.39	46.63	40.74	85.46	69.95	63.43	55.32	102.41	83.83	75.99	66.21
46	51.73	42.33	38.39	33.50	66.63	54.54	49.48	43.21	91.13	74.59	67.62	58.94	108.00	88.40	80.11	69.77
47	54.44	44.55	40.39	35.20	70.62	57.80	52.41	45.72	96.67	79.12	71.70	62.42	113.35	92.78	84.04	73.11
48	57.15	46.77	42.36	36.85	74.70	61.15	55.39	48.22	101.92	83.42	75.53	65.65	118.26	96.79	87.61	76.10
49	59.81	48.95	44.28	38.41	78.85	64.54	58.39	50.67	106.72	87.34	79.00	68.49	122.53	100.29	90.69	78.60
50	62.38	51.05	46.10	39.84	83.03	67.96	61.36	53.03	110.89	90.76	81.96	70.83	125.99	103.12	93.12	80.47
51	64.90	53.11	47.86	41.18	87.26	71.42	64.34	55.34	114.58	93.78	84.53	72.77	128.78	105.41	95.03	81.83
52	67.43	55.18	49.62	42.48	91.61	74.98	67.39	57.65	118.03	96.61	86.91	74.48	131.21	107.39	96.64	82.88
53	69.97	57.26	51.37	43.75	96.06	78.63	70.49	59.97	121.25	99.24	89.08	75.98	133.25	109.06	97.95	83.63
54	72.52	59.35	53.11	44.98	100.62	82.36	73.64	62.30	124.22	101.67	91.05	77.26	134.92	110.43	98.95	84.08
55	75.09	61.46	54.84	46.18	105.30	86.19	76.86	64.63	126.96	103.92	92.82	78.32	136.22	111.50	99.66	84.22
56	77.67	63.57	56.57	47.34	110.09	90.11	80.14	66.97	N/A				137.15	112.26	100.07	84.05
57	80.26	65.69	58.29	48.46	114.99	94.12	83.47	69.32					137.70	112.71	100.17	83.58
58	82.86	67.82	60.01	49.55	120.00	98.22	86.87	71.67					137.88	112.85	99.98	82.81
59	85.48	69.97	61.72	50.61	125.12	102.42	90.32	74.03					137.68	112.70	99.49	81.73
60	88.11	72.12	63.42	51.63	130.35	106.70	93.83	76.39					137.11	112.23	98.69	80.35
61	82.45	65.68	57.88	47.27	N/A								N/A			
62	76.79	59.24	52.34	42.91												
63	71.13	52.80	46.80	38.55												
64	65.47	46.35	41.25	34.18												

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Form B170															
	Occupation Class 2A - Base Policy With Guaranteed Renewable Premiums															
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday															
Gender	Female															
	Benefit Period is 2 Years				Benefit Period is 5 Years				Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days				Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365	60	90	180	365	60	90	180	365
18	42.32	32.06	28.94	25.22	46.26	35.04	31.64	27.56	58.42	44.25	39.96	34.81	80.52	60.99	55.07	47.98
19	42.32	32.06	28.94	25.22	46.26	35.04	31.64	27.56	58.42	44.25	39.96	34.81	80.52	60.99	55.07	47.98
20	42.32	32.06	28.94	25.22	46.26	35.04	31.64	27.56	58.42	44.25	39.96	34.81	80.52	60.99	55.07	47.98
21	42.17	31.94	28.82	25.09	45.86	34.73	31.34	27.28	57.99	43.92	39.63	34.49	81.28	61.57	55.55	48.35
22	42.08	31.87	28.73	24.99	45.57	34.52	31.13	27.07	57.73	43.72	39.43	34.29	82.13	62.21	56.09	48.77
23	42.05	31.85	28.70	24.94	45.41	34.40	31.00	26.93	57.64	43.66	39.35	34.19	83.07	62.92	56.70	49.26
24	42.08	31.87	28.71	24.93	45.37	34.36	30.95	26.88	57.73	43.73	39.39	34.20	84.09	63.69	57.37	49.81
25	42.17	31.94	28.76	24.96	45.44	34.42	30.99	26.89	58.00	43.93	39.55	34.32	85.20	64.54	58.11	50.41
26	42.33	32.06	28.85	25.03	45.64	34.57	31.11	26.99	58.44	44.26	39.84	34.55	86.40	65.44	58.91	51.08
27	42.54	32.22	28.99	25.14	45.95	34.80	31.32	27.15	59.05	44.72	40.24	34.89	87.69	66.42	59.77	51.81
28	42.82	32.43	29.18	25.29	46.38	35.13	31.61	27.40	59.84	45.31	40.77	35.34	89.07	67.46	60.70	52.60
29	43.16	32.69	29.41	25.48	46.94	35.55	31.98	27.72	60.80	46.04	41.43	35.89	90.53	68.57	61.69	53.45
30	43.56	32.99	29.68	25.71	47.61	36.06	32.44	28.11	61.93	46.90	42.20	36.56	92.08	69.74	62.75	54.36
31	43.98	33.31	29.97	25.96	48.36	36.63	32.96	28.56	63.19	47.85	43.07	37.31	93.66	70.94	63.84	55.31
32	44.41	33.63	30.27	26.23	49.17	37.24	33.52	29.06	64.54	48.88	44.00	38.14	95.23	72.13	64.93	56.27
33	44.86	33.97	30.59	26.52	50.06	37.92	34.15	29.62	66.02	50.00	45.04	39.06	96.84	73.35	66.06	57.28
34	45.36	34.35	30.95	26.85	51.07	38.68	34.85	30.25	67.67	51.25	46.19	40.08	98.53	74.62	67.24	58.34
35	45.94	34.79	31.37	27.23	52.21	39.54	35.65	30.96	69.51	52.64	47.47	41.23	100.33	75.98	68.51	59.48
36	46.63	35.31	31.85	27.67	53.51	40.53	36.56	31.77	71.58	54.21	48.91	42.50	102.28	77.46	69.88	60.70
37	47.45	35.93	32.43	28.18	55.01	41.66	37.60	32.68	73.92	55.98	50.53	43.92	104.42	79.08	71.37	62.02
38	48.42	36.67	33.11	28.78	56.72	42.96	38.78	33.72	76.55	57.98	52.35	45.51	106.80	80.88	73.02	63.47
39	49.58	37.54	33.91	29.47	58.68	44.44	40.13	34.88	79.52	60.23	54.38	47.27	109.45	82.89	74.85	65.05
40	50.95	38.58	34.84	30.27	60.91	46.13	41.65	36.19	82.85	62.75	56.66	49.23	112.41	85.13	76.87	66.79
41	52.60	39.83	35.97	31.24	63.47	48.07	43.40	37.70	86.84	65.77	59.39	51.58	116.01	87.85	79.32	68.90
42	54.54	41.30	37.30	32.40	66.38	50.27	45.40	39.45	91.62	69.39	62.66	54.41	120.38	91.17	82.31	71.48
43	56.71	42.94	38.79	33.70	69.57	52.69	47.59	41.37	96.98	73.45	66.32	57.60	125.30	94.89	85.67	74.38
44	59.05	44.72	40.40	35.10	72.99	55.28	49.94	43.43	102.69	77.77	70.23	60.98	130.51	98.84	89.22	77.45
45	61.50	46.57	42.07	36.55	76.58	58.00	52.40	45.57	108.55	82.21	74.22	64.43	135.79	102.83	92.81	80.53
46	64.00	48.46	43.77	38.00	80.29	60.80	54.92	47.74	114.33	86.59	78.16	67.81	140.88	106.69	96.26	83.47
47	66.47	50.34	45.44	39.41	84.05	63.65	57.47	49.89	119.83	90.75	81.88	70.96	145.55	110.23	99.41	86.11
48	68.87	52.16	47.04	40.73	87.81	66.50	59.99	51.99	124.83	94.54	85.23	73.76	149.57	113.27	102.09	88.30
49	71.13	53.87	48.53	41.92	91.51	69.30	62.44	53.96	129.12	97.78	88.07	76.05	152.69	115.64	104.13	89.90
50	73.18	55.42	49.85	42.92	95.10	72.02	64.78	55.78	132.47	100.32	90.24	77.70	154.68	117.14	105.36	90.73
51	75.08	56.86	51.05	43.78	98.62	74.69	67.04	57.48	135.07	102.29	91.87	78.83	155.73	117.93	105.93	90.94
52	76.92	58.26	52.20	44.56	102.16	77.37	69.30	59.12	137.24	103.94	93.18	79.64	156.20	118.29	106.08	90.74
53	78.71	59.61	53.29	45.28	105.72	80.06	71.54	60.72	138.99	105.26	94.17	80.14	156.09	118.21	105.81	90.15
54	80.43	60.91	54.33	45.91	109.29	82.77	73.78	62.27	140.30	106.25	94.85	80.33	155.41	117.69	105.13	89.17
55	82.10	62.18	55.31	46.48	112.89	85.49	76.01	63.78	141.19	106.92	95.22	80.21	154.15	116.74	104.04	87.78
56	83.71	63.39	56.24	46.97	116.50	88.23	78.23	65.23	N/A				152.31	115.35	102.52	86.00
57	85.25	64.57	57.11	47.38	120.13	90.98	80.44	66.64					149.89	113.52	100.60	83.82
58	86.74	65.70	57.93	47.73	123.78	93.75	82.64	68.00					146.89	111.25	98.26	81.24
59	88.18	66.78	58.70	48.00	127.45	96.53	84.83	69.31					143.32	108.54	95.50	78.26
60	89.55	67.82	59.41	48.19	131.14	99.32	87.01	70.57					139.17	105.40	92.33	74.89
61	84.12	62.38	54.80	44.62	N/A								N/A			
62	78.68	56.94	50.18	41.05												
63	73.25	51.51	45.57	37.49												
64	67.81	46.07	40.95	33.92												

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Form B170															
	Occupation Class 2P - Base Policy With Guaranteed Renewable Premiums															
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday															
Gender	Male															
	Benefit Period is 2 Years				Benefit Period is 5 Years				Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days				Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365	60	90	180	365	60	90	180	365
18	23.64	19.35	17.54	15.33	26.51	21.70	19.68	17.19	31.01	25.39	23.02	20.11	41.40	33.89	30.72	26.85
19	23.64	19.35	17.54	15.33	26.51	21.70	19.68	17.19	31.01	25.39	23.02	20.11	41.40	33.89	30.72	26.85
20	23.64	19.35	17.54	15.33	26.51	21.70	19.68	17.19	31.01	25.39	23.02	20.11	41.40	33.89	30.72	26.85
21	23.94	19.60	17.75	15.50	26.69	21.85	19.80	17.28	31.40	25.71	23.29	20.33	42.41	34.71	31.44	27.45
22	24.28	19.88	17.99	15.70	26.95	22.06	19.98	17.42	31.90	26.11	23.64	20.61	43.49	35.60	32.22	28.11
23	24.65	20.18	18.26	15.92	27.29	22.33	20.21	17.61	32.49	26.60	24.06	20.97	44.66	36.55	33.06	28.82
24	25.06	20.52	18.55	16.16	27.69	22.67	20.50	17.85	33.19	27.17	24.57	21.40	45.90	37.57	33.96	29.58
25	25.51	20.88	18.87	16.43	28.17	23.06	20.85	18.14	34.00	27.83	25.15	21.90	47.22	38.65	34.92	30.41
26	25.98	21.27	19.22	16.73	28.73	23.52	21.25	18.49	34.90	28.57	25.81	22.46	48.61	39.79	35.94	31.28
27	26.50	21.69	19.60	17.05	29.36	24.03	21.71	18.88	35.91	29.39	26.55	23.10	50.09	41.00	37.02	32.22
28	27.05	22.14	20.00	17.40	30.06	24.61	22.23	19.33	37.02	30.30	27.37	23.81	51.64	42.27	38.17	33.21
29	27.63	22.62	20.43	17.77	30.84	25.24	22.80	19.82	38.23	31.29	28.27	24.58	53.27	43.60	39.37	34.25
30	28.25	23.13	20.89	18.17	31.69	25.94	23.43	20.37	39.55	32.37	29.24	25.43	54.98	45.00	40.64	35.35
31	28.83	23.61	21.33	18.55	32.52	26.62	24.04	20.91	40.83	33.42	30.20	26.27	56.64	46.36	41.88	36.43
32	29.34	24.02	21.71	18.89	33.26	27.22	24.60	21.41	42.01	34.38	31.08	27.05	58.20	47.63	43.04	37.46
33	29.81	24.41	22.07	19.22	33.99	27.82	25.16	21.90	43.17	35.33	31.96	27.83	59.72	48.88	44.19	38.48
34	30.31	24.81	22.45	19.56	34.77	28.46	25.75	22.43	44.40	36.34	32.89	28.66	61.29	50.16	45.38	39.55
35	30.87	25.27	22.88	19.95	35.67	29.20	26.43	23.04	45.80	37.49	33.94	29.60	62.99	51.56	46.67	40.69
36	31.55	25.83	23.40	20.40	36.75	30.08	27.25	23.77	47.45	38.84	35.18	30.69	64.91	53.13	48.12	41.98
37	32.39	26.52	24.03	20.97	38.09	31.18	28.25	24.66	49.44	40.47	36.67	32.00	67.12	54.94	49.78	43.44
38	33.44	27.38	24.82	21.66	39.74	32.54	29.49	25.74	51.86	42.45	38.48	33.58	69.72	57.06	51.72	45.13
39	34.76	28.45	25.80	22.50	41.78	34.21	31.00	27.06	54.80	44.86	40.67	35.48	72.77	59.56	53.99	47.10
40	36.38	29.78	27.00	23.54	44.28	36.25	32.85	28.65	58.36	47.77	43.30	37.75	76.36	62.50	56.65	49.40
41	38.29	31.34	28.42	24.77	47.18	38.62	35.00	30.52	62.68	51.31	46.50	40.53	80.69	66.04	59.86	52.18
42	40.43	33.10	30.02	26.18	50.37	41.24	37.39	32.64	67.76	55.46	50.28	43.84	85.78	70.21	63.64	55.48
43	42.79	35.03	31.78	27.75	53.87	44.10	40.01	34.96	73.45	60.12	54.52	47.56	91.45	74.85	67.86	59.18
44	45.35	37.12	33.69	29.44	57.67	47.21	42.85	37.48	79.59	65.14	59.09	51.57	97.53	79.83	72.39	63.13
45	48.10	39.36	35.73	31.23	61.76	50.56	45.90	40.17	86.02	70.41	63.87	55.75	103.85	85.00	77.07	67.21
46	51.01	41.75	37.89	33.11	66.15	54.15	49.16	43.00	92.61	75.80	68.74	59.97	110.22	90.21	81.78	71.28
47	54.08	44.26	40.15	35.04	70.82	57.97	52.60	45.95	99.19	81.18	73.59	64.13	116.48	95.33	86.38	75.21
48	57.30	46.90	42.50	37.01	75.79	62.04	56.23	49.00	105.62	86.44	78.29	68.09	122.44	100.21	90.73	78.86
49	60.64	49.63	44.91	38.98	81.04	66.34	60.03	52.12	111.73	91.45	82.71	71.75	127.93	104.71	94.70	82.11
50	64.10	52.46	47.37	40.94	86.58	70.87	63.99	55.30	117.38	96.07	86.75	74.97	132.78	108.68	98.14	84.81
51	67.68	55.39	49.90	42.90	92.41	75.64	68.12	58.55	122.70	100.42	90.50	77.86	137.13	112.24	101.17	87.08
52	71.41	58.44	52.52	44.91	98.52	80.64	72.44	61.90	127.90	104.68	94.13	80.61	141.25	115.61	104.00	89.12
53	75.29	61.62	55.23	46.96	104.93	85.89	76.95	65.36	133.01	108.86	97.66	83.20	145.13	118.79	106.62	90.93
54	79.31	64.91	58.02	49.05	111.62	91.37	81.63	68.92	138.00	112.95	101.08	85.64	148.78	121.77	109.05	92.51
55	83.48	68.32	60.91	51.17	118.61	97.08	86.51	72.59	142.89	116.95	104.39	87.93	152.19	124.57	111.27	93.85
56	87.80	71.86	63.89	53.34	125.88	103.04	91.57	76.36	N/A				155.37	127.17	113.28	94.97
57	92.26	75.51	66.95	55.55	133.45	109.23	96.81	80.24					158.31	129.58	115.09	95.85
58	96.87	79.29	70.11	57.80	141.31	115.66	102.24	84.23					161.02	131.79	116.70	96.51
59	101.63	83.18	73.36	60.10	149.45	122.33	107.86	88.32					163.49	133.82	118.11	96.93
60	106.54	87.20	76.69	62.43	157.89	129.23	113.66	92.52					165.73	135.65	119.31	97.12
61	106.32	83.11	73.28	59.90	N/A								N/A			
62	106.10	79.02	69.88	57.37												
63	105.89	74.93	66.47	54.84												
64	105.67	70.83	63.06	52.31												

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Form B170															
	Occupation Class 2P - Base Policy With Guaranteed Renewable Premiums															
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday															
Gender	Female															
	Benefit Period is 2 Years				Benefit Period is 5 Years				Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days				Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365	60	90	180	365	60	90	180	365
18	34.58	26.19	23.65	20.60	36.84	27.90	25.20	21.95	46.05	34.88	31.50	27.43	67.52	51.13	46.18	40.22
19	34.58	26.19	23.65	20.60	36.84	27.90	25.20	21.95	46.05	34.88	31.50	27.43	67.52	51.13	46.18	40.22
20	34.58	26.19	23.65	20.60	36.84	27.90	25.20	21.95	46.05	34.88	31.50	27.43	67.52	51.13	46.18	40.22
21	35.24	26.69	24.08	20.95	37.49	28.40	25.62	22.30	47.15	35.71	32.23	28.03	69.84	52.89	47.72	41.52
22	35.90	27.19	24.51	21.31	38.19	28.92	26.08	22.68	48.32	36.60	33.00	28.68	72.13	54.62	49.25	42.81
23	36.57	27.69	24.95	21.68	38.93	29.49	26.57	23.09	49.55	37.53	33.82	29.37	74.40	56.34	50.77	44.10
24	37.23	28.20	25.40	22.05	39.72	30.08	27.09	23.52	50.85	38.51	34.68	30.10	76.65	58.05	52.28	45.38
25	37.91	28.71	25.85	22.43	40.55	30.71	27.65	23.99	52.21	39.54	35.60	30.88	78.87	59.73	53.78	46.66
26	38.58	29.22	26.30	22.81	41.42	31.38	28.24	24.49	53.64	40.62	36.56	31.70	81.07	61.40	55.26	47.92
27	39.27	29.74	26.76	23.20	42.34	32.07	28.86	25.02	55.13	41.75	37.57	32.56	83.25	63.05	56.73	49.19
28	39.95	30.25	27.22	23.59	43.30	32.80	29.51	25.58	56.68	42.93	38.63	33.47	85.41	64.69	58.20	50.44
29	40.64	30.78	27.69	23.99	44.31	33.56	30.19	26.17	58.30	44.15	39.73	34.42	87.54	66.30	59.65	51.70
30	41.33	31.30	28.16	24.40	45.36	34.36	30.91	26.79	59.99	45.43	40.88	35.42	89.65	67.90	61.09	52.94
31	41.91	31.74	28.56	24.75	46.31	35.08	31.56	27.36	61.53	46.60	41.94	36.35	91.52	69.31	62.37	54.06
32	42.31	32.05	28.85	25.00	47.06	35.65	32.09	27.83	62.83	47.58	42.84	37.14	93.01	70.45	63.42	54.98
33	42.62	32.28	29.07	25.21	47.73	36.16	32.56	28.25	64.00	48.47	43.66	37.88	94.29	71.41	64.32	55.79
34	42.90	32.49	29.28	25.41	48.41	36.67	33.04	28.69	65.19	49.37	44.50	38.63	95.50	72.33	65.18	56.57
35	43.24	32.75	29.53	25.64	49.20	37.27	33.60	29.19	66.54	50.39	45.45	39.48	96.78	73.30	66.09	57.40
36	43.71	33.10	29.86	25.95	50.20	38.03	34.30	29.82	68.18	51.63	46.59	40.50	98.28	74.44	67.15	58.35
37	44.39	33.62	30.34	26.37	51.51	39.02	35.22	30.62	70.25	53.20	48.03	41.76	100.16	75.86	68.46	59.51
38	45.36	34.35	31.02	26.96	53.23	40.32	36.40	31.65	72.89	55.20	49.85	43.35	102.56	77.67	70.13	60.96
39	46.69	35.36	31.93	27.75	55.46	42.01	37.93	32.98	76.23	57.73	52.14	45.33	105.62	79.99	72.23	62.79
40	48.46	36.70	33.14	28.79	58.30	44.16	39.87	34.64	80.41	60.90	54.99	47.78	109.50	82.93	74.88	65.06
41	50.73	38.42	34.69	30.13	61.80	46.81	42.26	36.71	85.77	64.96	58.65	50.94	114.58	86.78	78.34	68.04
42	53.44	40.47	36.55	31.76	65.87	49.89	45.06	39.16	92.34	69.94	63.15	54.84	120.91	91.57	82.67	71.79
43	56.52	42.81	38.67	33.61	70.44	53.35	48.20	41.92	99.83	75.61	68.28	59.31	128.16	97.06	87.63	76.09
44	59.89	45.36	40.98	35.64	75.42	57.12	51.62	44.92	107.94	81.75	73.83	64.14	135.99	102.99	92.98	80.73
45	63.46	48.07	43.43	37.77	80.71	61.13	55.25	48.08	116.38	88.14	79.59	69.13	144.07	109.11	98.49	85.48
46	67.17	50.87	45.95	39.94	86.23	65.31	59.02	51.34	124.84	94.55	85.35	74.09	152.06	115.17	103.92	90.14
47	70.92	53.72	48.49	42.10	91.90	69.61	62.86	54.62	133.02	100.75	90.90	78.82	159.63	120.89	109.04	94.48
48	74.64	56.54	50.99	44.19	97.63	73.94	66.72	57.85	140.64	106.52	96.03	83.13	166.43	126.05	113.61	98.29
49	78.25	59.27	53.39	46.14	103.33	78.26	70.52	60.96	147.38	111.63	100.53	86.83	172.13	130.37	117.39	101.35
50	81.67	61.86	55.63	47.90	108.92	82.49	74.19	63.88	152.96	115.85	104.19	89.71	176.40	133.60	120.15	103.45
51	84.97	64.36	57.76	49.51	114.46	86.69	77.79	66.66	157.62	119.38	107.18	91.94	179.52	135.96	122.09	104.77
52	88.26	66.85	59.86	51.07	120.09	90.95	81.43	69.42	161.80	122.55	109.82	93.81	181.98	137.83	123.55	105.62
53	91.54	69.34	61.95	52.57	125.81	95.28	85.10	72.15	165.52	125.36	112.11	95.33	183.80	139.20	124.54	106.02
54	94.82	71.82	64.01	54.02	131.62	99.68	88.80	74.86	168.76	127.82	114.04	96.49	184.96	140.09	125.06	105.96
55	98.10	74.30	66.05	55.42	137.51	104.14	92.53	77.54	171.53	129.92	115.63	97.30	185.48	140.48	125.12	105.44
56	101.37	76.78	68.06	56.75	143.49	108.67	96.29	80.20	N/A				185.34	140.38	124.69	104.46
57	104.64	79.25	70.06	58.04	149.55	113.27	100.08	82.83					184.56	139.78	123.80	103.02
58	107.90	81.72	72.03	59.27	155.71	117.93	103.91	85.44					183.12	138.70	122.44	101.13
59	111.16	84.19	73.98	60.45	161.95	122.66	107.76	88.02					181.04	137.12	120.61	98.77
60	114.41	86.65	75.91	61.57	168.28	127.45	111.65	90.57					178.30	135.05	118.30	95.96
61	108.09	79.80	70.08	57.03	N/A								N/A			
62	101.77	72.95	64.24	52.50												
63	95.46	66.10	58.41	47.96												
64	89.14	59.25	52.57	43.42												

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Form B170															
	Occupation Class A - Base Policy With Guaranteed Renewable Premiums															
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday															
Gender	Male															
	Benefit Period is 2 Years				Benefit Period is 5 Years				Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days				Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365	60	90	180	365	60	90	180	365
18	30.91	26.63	22.72	20.41	35.21	30.34	25.88	23.25	42.82	36.90	31.47	28.27	56.45	48.64	41.49	37.28
19	30.91	26.63	22.72	20.41	35.21	30.34	25.88	23.25	42.82	36.90	31.47	28.27	56.45	48.64	41.49	37.28
20	30.91	26.63	22.72	20.41	35.21	30.34	25.88	23.25	42.82	36.90	31.47	28.27	56.45	48.64	41.49	37.28
21	31.31	26.98	23.00	20.64	35.49	30.58	26.06	23.39	43.26	37.28	31.76	28.51	57.98	49.96	42.58	38.21
22	31.76	27.36	23.31	20.90	35.85	30.89	26.31	23.59	43.81	37.76	32.15	28.83	59.57	51.33	43.71	39.19
23	32.24	27.78	23.65	21.19	36.29	31.27	26.62	23.85	44.49	38.34	32.62	29.23	61.21	52.75	44.89	40.22
24	32.76	28.22	24.02	21.51	36.82	31.73	26.99	24.17	45.29	39.02	33.19	29.72	62.92	54.22	46.12	41.29
25	33.31	28.70	24.41	21.85	37.43	32.26	27.43	24.55	46.20	39.81	33.85	30.29	64.69	55.74	47.39	42.41
26	33.91	29.21	24.84	22.22	38.13	32.86	27.93	24.99	47.24	40.71	34.60	30.94	66.51	57.31	48.71	43.58
27	34.54	29.76	25.30	22.62	38.91	33.54	28.50	25.49	48.39	41.70	35.44	31.68	68.39	58.93	50.08	44.79
28	35.21	30.34	25.79	23.05	39.78	34.29	29.13	26.04	49.67	42.80	36.37	32.51	70.34	60.61	51.50	46.05
29	35.91	30.95	26.30	23.51	40.73	35.11	29.83	26.66	51.06	44.00	37.39	33.42	72.34	62.33	52.97	47.35
30	36.66	31.59	26.85	24.00	41.77	36.00	30.59	27.34	52.58	45.31	38.50	34.41	74.40	64.11	54.48	48.70
31	37.37	32.20	27.37	24.47	42.79	36.88	31.34	28.02	54.08	46.61	39.61	35.41	76.39	65.82	55.95	50.02
32	37.99	32.74	27.84	24.90	43.74	37.70	32.05	28.66	55.50	47.83	40.66	36.37	78.23	67.41	57.32	51.27
33	38.58	33.25	28.29	25.31	44.69	38.51	32.76	29.32	56.92	49.05	41.73	37.34	80.02	68.95	58.66	52.50
34	39.20	33.78	28.75	25.74	45.70	39.38	33.52	30.02	58.43	50.35	42.86	38.38	81.84	70.52	60.03	53.75
35	39.89	34.37	29.27	26.23	46.84	40.36	34.38	30.80	60.12	51.80	44.12	39.54	83.77	72.18	61.48	55.09
36	40.70	35.07	29.88	26.79	48.17	41.51	35.38	31.71	62.07	53.49	45.58	40.87	85.91	74.03	63.09	56.56
37	41.68	35.91	30.62	27.46	49.76	42.88	36.56	32.79	64.39	55.48	47.30	42.43	88.34	76.12	64.90	58.20
38	42.89	36.96	31.52	28.27	51.69	44.54	37.99	34.07	67.14	57.85	49.34	44.26	91.15	78.55	66.99	60.08
39	44.38	38.24	32.62	29.25	54.00	46.54	39.69	35.59	70.42	60.68	51.76	46.42	94.43	81.37	69.41	62.25
40	46.20	39.81	33.95	30.43	56.78	48.93	41.73	37.40	74.33	64.05	54.62	48.96	98.27	84.68	72.22	64.74
41	48.37	41.68	35.55	31.86	60.02	51.73	44.11	39.53	79.09	68.15	58.11	52.07	102.94	88.70	75.64	67.78
42	50.87	43.83	37.39	33.52	63.67	54.87	46.81	41.97	84.74	73.02	62.28	55.81	108.50	93.50	79.74	71.45
43	53.63	46.22	39.43	35.37	67.68	58.32	49.77	44.66	91.08	78.49	66.95	60.01	114.72	98.87	84.32	75.55
44	56.62	48.79	41.64	37.36	72.00	62.05	52.97	47.56	97.90	84.37	71.97	64.53	121.38	104.60	89.21	79.94
45	59.79	51.52	43.97	39.46	76.61	66.02	56.36	50.62	105.00	90.49	77.19	69.20	128.23	110.51	94.23	84.42
46	63.08	54.37	46.38	41.61	81.45	70.19	59.92	53.79	112.17	96.67	82.44	73.87	135.04	116.38	99.21	88.82
47	66.47	57.29	48.85	43.77	86.48	74.53	63.58	57.02	119.21	102.74	87.57	78.38	141.58	122.02	103.97	92.98
48	69.89	60.24	51.32	45.89	91.68	79.01	67.34	60.26	125.91	108.51	92.42	82.57	147.61	127.22	108.32	96.72
49	73.31	63.18	53.75	47.93	96.98	83.58	71.13	63.45	132.06	113.82	96.83	86.29	152.91	131.79	112.09	99.87
50	76.67	66.08	56.12	49.85	102.36	88.22	74.93	66.56	137.47	118.48	100.64	89.39	157.24	135.52	115.11	102.25
51	80.02	68.96	58.45	51.68	107.85	92.95	78.77	69.62	142.30	122.64	103.98	91.99	160.79	138.58	117.52	104.01
52	83.42	71.90	60.79	53.48	113.50	97.82	82.70	72.71	146.86	126.57	107.10	94.33	163.92	141.28	119.58	105.41
53	86.88	74.88	63.16	55.27	119.32	102.84	86.72	75.82	151.14	130.26	109.98	96.40	166.62	143.60	121.30	106.45
54	90.39	77.90	65.55	57.03	125.32	108.00	90.84	78.95	155.16	133.73	112.64	98.21	168.89	145.56	122.68	107.12
55	93.95	80.97	67.96	58.78	131.48	113.31	95.05	82.12	158.91	136.95	115.07	99.76	170.74	147.16	123.72	107.43
56	97.57	84.09	70.38	60.50	137.81	118.77	99.36	85.31	N/A				172.16	148.38	124.42	107.38
57	101.25	87.26	72.83	62.20	144.30	124.37	103.76	88.52					173.16	149.24	124.77	106.97
58	104.98	90.47	75.30	63.88	150.97	130.11	108.25	91.77					173.73	149.72	124.78	106.20
59	108.76	93.73	77.78	65.54	157.81	136.00	112.84	95.04					173.87	149.85	124.45	105.07
60	112.60	97.04	80.29	67.18	164.81	142.04	117.52	98.33					173.59	149.60	123.78	103.57
61	108.26	90.22	75.12	62.95	N/A								N/A			
62	103.92	83.41	69.95	58.71												
63	99.58	76.59	64.79	54.48												
64	95.24	69.77	59.62	50.25												

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Form B170															
	Occupation Class A - Base Policy With Guaranteed Renewable Premiums															
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday															
Gender	Female															
	Benefit Period is 2 Years				Benefit Period is 5 Years				Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days				Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365	60	90	180	365	60	90	180	365
18	46.19	38.35	33.60	29.49	49.92	41.45	36.32	31.88	62.42	51.83	45.41	39.86	95.93	79.65	69.79	61.25
19	46.19	38.35	33.60	29.49	49.92	41.45	36.32	31.88	62.42	51.83	45.41	39.86	95.93	79.65	69.79	61.25
20	46.19	38.35	33.60	29.49	49.92	41.45	36.32	31.88	62.42	51.83	45.41	39.86	95.93	79.65	69.79	61.25
21	47.16	39.16	34.28	30.05	50.67	42.07	36.83	32.30	63.74	52.92	46.33	40.62	99.40	82.53	72.25	63.34
22	48.11	39.94	34.94	30.61	51.46	42.72	37.38	32.74	65.13	54.08	47.31	41.44	102.78	85.34	74.65	65.38
23	49.03	40.71	35.59	31.15	52.29	43.41	37.96	33.22	66.58	55.29	48.34	42.30	106.07	88.06	76.99	67.37
24	49.92	41.45	36.22	31.68	53.16	44.13	38.57	33.74	68.11	56.55	49.42	43.22	109.26	90.71	79.27	69.32
25	50.80	42.18	36.84	32.21	54.07	44.89	39.22	34.28	69.70	57.87	50.56	44.19	112.36	93.29	81.49	71.22
26	51.65	42.88	37.45	32.72	55.02	45.68	39.89	34.85	71.37	59.25	51.75	45.20	115.37	95.78	83.64	73.07
27	52.47	43.57	38.04	33.22	56.01	46.50	40.60	35.46	73.10	60.69	52.99	46.27	118.28	98.20	85.74	74.88
28	53.27	44.23	38.61	33.71	57.04	47.35	41.35	36.10	74.90	62.18	54.29	47.39	121.10	100.54	87.77	76.64
29	54.05	44.88	39.17	34.20	58.12	48.25	42.12	36.77	76.76	63.73	55.64	48.57	123.83	102.80	89.75	78.35
30	54.80	45.50	39.72	34.67	59.23	49.17	42.93	37.47	78.70	65.34	57.05	49.79	126.46	104.99	91.66	80.01
31	55.39	45.99	40.15	35.05	60.22	49.99	43.66	38.11	80.53	66.86	58.39	50.96	128.81	106.94	93.38	81.52
32	55.73	46.27	40.41	35.29	61.01	50.65	44.24	38.63	82.15	68.20	59.59	52.03	130.77	108.57	94.83	82.81
33	55.92	46.43	40.57	35.44	61.69	51.21	44.76	39.11	83.69	69.48	60.73	53.06	132.46	109.97	96.11	83.97
34	56.05	46.54	40.69	35.57	62.37	51.78	45.28	39.59	85.25	70.78	61.90	54.12	134.02	111.27	97.29	85.05
35	56.22	46.68	40.84	35.72	63.17	52.45	45.89	40.15	86.96	72.20	63.18	55.27	135.57	112.56	98.48	86.13
36	56.53	46.94	41.08	35.96	64.19	53.29	46.66	40.84	88.94	73.84	64.65	56.59	137.24	113.94	99.74	87.29
37	57.07	47.38	41.49	36.33	65.53	54.41	47.66	41.73	91.29	75.79	66.39	58.14	139.16	115.54	101.19	88.58
38	57.92	48.09	42.13	36.90	67.31	55.89	48.97	42.89	94.15	78.16	68.49	59.98	141.46	117.44	102.89	90.09
39	59.20	49.15	43.07	37.72	69.63	57.81	50.66	44.36	97.62	81.05	71.03	62.19	144.25	119.76	104.95	91.89
40	60.99	50.64	44.37	38.84	72.60	60.28	52.82	46.23	101.83	84.54	74.08	64.84	147.68	122.61	107.44	94.04
41	63.43	52.66	46.14	40.38	76.36	63.41	55.56	48.61	107.15	88.96	77.94	68.19	152.13	126.30	110.67	96.83
42	66.48	55.20	48.37	42.33	80.89	67.17	58.86	51.51	113.67	94.37	82.69	72.34	157.68	130.91	114.70	100.33
43	70.02	58.14	50.94	44.59	86.03	71.43	62.61	54.82	121.08	100.52	88.08	77.06	164.00	136.16	119.29	104.33
44	73.89	61.35	53.76	47.07	91.62	76.08	66.69	58.41	129.06	107.15	93.88	82.13	170.76	141.78	124.19	108.59
45	77.96	64.73	56.72	49.65	97.51	80.96	70.97	62.15	137.28	113.97	99.84	87.32	177.64	147.49	129.17	112.90
46	82.09	68.16	59.71	52.23	103.53	85.96	75.33	65.94	145.43	120.74	105.74	92.43	184.30	153.02	133.97	117.01
47	86.14	71.52	62.62	54.72	109.52	90.94	79.65	69.65	153.19	127.19	111.33	97.21	190.41	158.10	138.34	120.72
48	89.96	74.69	65.34	57.01	115.34	95.76	83.81	73.15	160.25	133.04	116.37	101.47	195.65	162.44	142.05	123.78
49	93.41	77.56	67.78	58.99	120.82	100.31	87.68	76.34	166.27	138.05	120.63	104.96	199.68	165.79	144.85	125.98
50	96.35	80.00	69.81	60.57	125.80	104.45	91.15	79.08	170.96	141.94	123.87	107.47	202.17	167.86	146.49	127.09
51	98.90	82.12	71.53	61.83	130.42	108.28	94.32	81.48	174.57	144.93	126.28	109.19	203.40	168.88	147.18	127.30
52	101.28	84.09	73.11	62.92	134.91	112.01	97.36	83.73	177.57	147.43	128.23	110.44	203.87	169.27	147.28	126.94
53	103.47	85.91	74.53	63.84	139.28	115.64	100.28	85.81	179.98	149.43	129.71	111.23	203.56	169.02	146.80	126.02
54	105.49	87.59	75.81	64.60	143.51	119.15	103.08	87.73	181.78	150.93	130.73	111.56	202.50	168.13	145.73	124.54
55	107.33	89.11	76.94	65.19	147.62	122.56	105.76	89.49	182.98	151.92	131.28	111.43	200.66	166.61	144.07	122.49
56	108.98	90.49	77.92	65.62	151.60	125.87	108.32	91.09	N/A				198.06	164.44	141.84	119.88
57	110.46	91.72	78.75	65.87	155.46	129.07	110.76	92.53					194.69	161.65	139.01	116.71
58	111.76	92.80	79.43	65.97	159.19	132.16	113.07	93.81					190.55	158.21	135.60	112.97
59	112.89	93.73	79.96	65.89	162.79	135.15	115.27	94.93					185.65	154.14	131.61	108.67
60	113.83	94.51	80.34	65.65	166.26	138.03	117.34	95.89					179.98	149.43	127.03	103.81
61	115.61	92.22	78.77	64.73	N/A								N/A			
62	117.39	89.93	77.19	63.80												
63	119.18	87.64	75.62	62.88												
64	120.96	85.34	74.05	61.95												

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Form B170															
	Occupation Class B - Base Policy With Guaranteed Renewable Premiums															
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday															
Gender	Male															
	Benefit Period is 2 Years				Benefit Period is 5 Years				Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days				Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365	60	90	180	365	60	90	180	365
18	37.40	32.22	27.49	24.70	42.60	36.71	31.31	28.13	N/A				N/A			
19	37.40	32.22	27.49	24.70	42.60	36.71	31.31	28.13								
20	37.40	32.22	27.49	24.70	42.60	36.71	31.31	28.13								
21	38.24	32.95	28.09	25.21	43.33	37.34	31.83	28.56								
22	39.11	33.70	28.71	25.74	44.15	38.04	32.40	29.05								
23	40.02	34.48	29.35	26.30	45.05	38.82	33.04	29.61								
24	40.96	35.29	30.03	26.89	46.04	39.68	33.75	30.22								
25	41.93	36.13	30.73	27.50	47.12	40.61	34.53	30.90								
26	42.94	37.00	31.46	28.14	48.29	41.62	35.38	31.64								
27	43.98	37.89	32.21	28.81	49.55	42.71	36.29	32.45								
28	45.05	38.82	33.00	29.50	50.91	43.87	37.28	33.33								
29	46.16	39.77	33.80	30.22	52.35	45.12	38.34	34.27								
30	47.29	40.75	34.64	30.96	53.88	46.44	39.46	35.27								
31	48.34	41.66	35.41	31.66	55.36	47.71	40.55	36.25								
32	49.25	42.44	36.09	32.27	56.70	48.87	41.55	37.16								
33	50.08	43.15	36.71	32.85	58.00	49.99	42.52	38.05								
34	50.90	43.86	37.34	33.43	59.34	51.14	43.53	38.98								
35	51.80	44.64	38.02	34.06	60.83	52.42	44.65	40.01								
36	52.85	45.54	38.81	34.79	62.55	53.91	45.94	41.19								
37	54.12	46.63	39.76	35.65	64.62	55.68	47.48	42.58								
38	55.69	47.99	40.93	36.70	67.11	57.84	49.33	44.24								
39	57.65	49.67	42.37	37.99	70.14	60.45	51.56	46.23								
40	60.06	51.75	44.14	39.56	73.81	63.61	54.25	48.62								
41	62.97	54.26	46.27	41.47	78.13	67.33	57.42	51.46								
42	66.31	57.15	48.74	43.69	83.00	71.53	61.02	54.71								
43	70.04	60.35	51.49	46.19	88.38	76.16	65.00	58.32								
44	74.07	63.83	54.47	48.88	94.19	81.18	69.30	62.22								
45	78.36	67.53	57.63	51.72	100.40	86.53	73.87	66.35								
46	82.83	71.38	60.90	54.63	106.94	92.16	78.67	70.63								
47	87.42	75.34	64.24	57.56	113.74	98.02	83.62	74.99								
48	92.06	79.34	67.59	60.45	120.75	104.07	88.69	79.36								
49	96.68	83.32	70.89	63.21	127.90	110.23	93.80	83.68								
50	101.20	87.23	74.08	65.80	135.12	116.45	98.91	87.86								
51	105.69	91.10	77.20	68.26	142.45	122.78	104.04	91.96								
52	110.25	95.02	80.35	70.68	150.00	129.28	109.29	96.09								
53	114.86	98.99	83.51	73.07	157.76	135.97	114.65	100.24								
54	119.53	103.02	86.68	75.42	165.72	142.83	120.13	104.41								
55	124.25	107.09	89.87	77.73	173.88	149.86	125.71	108.60								
56	129.03	111.20	93.07	80.00	182.23	157.06	131.39	112.81								
57	133.86	115.37	96.29	82.24	190.78	164.43	137.18	117.04								
58	138.74	119.57	99.51	84.43	199.52	171.96	143.06	121.28								
59	143.66	123.81	102.74	86.57	208.45	179.65	149.05	125.53								
60	148.63	128.09	105.98	88.68	217.55	187.49	155.13	129.80								
61	138.97	116.55	96.92	81.20	N/A											
62	129.32	105.00	87.87	73.71												
63	119.66	93.46	78.81	66.23												
64	110.00	81.91	69.75	58.74												

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Form B170															
	Occupation Class B - Base Policy With Guaranteed Renewable Premiums															
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday															
Gender	Female															
	Benefit Period is 2 Years				Benefit Period is 5 Years				Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days				Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365	60	90	180	365	60	90	180	365
18	60.05	49.86	43.68	38.34	64.90	53.89	47.22	41.44	N/A				N/A			
19	60.05	49.86	43.68	38.34	64.90	53.89	47.22	41.44								
20	60.05	49.86	43.68	38.34	64.90	53.89	47.22	41.44								
21	61.65	51.19	44.81	39.29	66.24	55.00	48.15	42.22								
22	63.21	52.48	45.91	40.22	67.61	56.14	49.12	43.03								
23	64.73	53.74	46.99	41.13	69.03	57.31	50.11	43.86								
24	66.20	54.96	48.03	42.01	70.49	58.52	51.14	44.73								
25	67.62	56.15	49.05	42.87	71.98	59.75	52.20	45.63								
26	69.00	57.29	50.03	43.71	73.51	61.02	53.30	46.56								
27	70.32	58.39	50.98	44.53	75.07	62.32	54.42	47.53								
28	71.60	59.45	51.90	45.31	76.67	63.64	55.57	48.52								
29	72.82	60.46	52.78	46.07	78.30	65.00	56.75	49.54								
30	73.98	61.43	53.62	46.80	79.96	66.38	57.96	50.58								
31	74.88	62.17	54.28	47.39	81.42	67.59	59.02	51.52								
32	75.40	62.60	54.68	47.75	82.54	68.53	59.86	52.27								
33	75.67	62.83	54.90	47.97	83.49	69.31	60.58	52.92								
34	75.84	62.97	55.06	48.13	84.40	70.07	61.28	53.57								
35	76.04	63.14	55.23	48.31	85.44	70.93	62.07	54.30								
36	76.41	63.44	55.53	48.60	86.76	72.04	63.07	55.20								
37	77.09	64.00	56.05	49.08	88.53	73.50	64.38	56.37								
38	78.21	64.93	56.89	49.82	90.88	75.46	66.12	57.90								
39	79.91	66.35	58.14	50.91	93.99	78.04	68.39	59.88								
40	82.34	68.36	59.90	52.43	98.01	81.38	71.31	62.41								
41	85.66	71.12	62.32	54.53	103.14	85.64	75.03	65.65								
42	89.84	74.59	65.36	57.20	109.32	90.77	79.54	69.62								
43	94.68	78.61	68.89	60.30	116.34	96.60	84.67	74.13								
44	100.00	83.03	72.76	63.69	123.99	102.95	90.25	79.04								
45	105.59	87.67	76.82	67.24	132.06	109.65	96.11	84.18								
46	111.28	92.40	80.94	70.80	140.33	116.52	102.11	89.38								
47	116.86	97.03	84.95	74.24	148.59	123.37	108.06	94.49								
48	122.15	101.42	88.73	77.41	156.61	130.03	113.80	99.33								
49	126.94	105.40	92.10	80.17	164.18	136.32	119.15	103.74								
50	131.04	108.80	94.94	82.38	171.09	142.05	123.96	107.55								
51	134.61	111.76	97.36	84.15	177.50	147.38	128.36	110.90								
52	137.94	114.53	99.57	85.69	183.75	152.56	132.60	114.03								
53	141.03	117.10	101.59	87.02	189.83	157.61	136.68	116.96								
54	143.89	119.47	103.41	88.11	195.75	162.52	140.60	119.66								
55	146.50	121.64	105.02	88.99	201.50	167.30	144.37	122.15								
56	148.87	123.61	106.43	89.63	207.09	171.94	147.97	124.43								
57	151.00	125.38	107.65	90.05	212.51	176.44	151.41	126.49								
58	152.89	126.94	108.66	90.24	217.77	180.80	154.68	128.33								
59	154.54	128.31	109.46	90.21	222.86	185.02	157.80	129.96								
60	155.95	129.48	110.07	89.94	227.78	189.10	160.76	131.37								
61	152.43	122.48	104.52	85.80	N/A											
62	148.91	115.47	98.97	81.65												
63	145.40	108.47	93.42	77.51												
64	141.88	101.47	87.87	73.37												

Apply a 25% Surcharge Factor For Tobacco Users.

Policy Form B170

Occupation Class 5A - Base Policy With Policy Rider PR6 - Guaranteed Renewable and Noncancelable Premiums

Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday

Gender Male

	Benefit Period is 2 Years				Benefit Period is 5 Years				Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days				Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365	60	90	180	365	60	90	180	365
18	20.91	15.27	14.00	12.40	24.94	18.20	16.70	14.79	30.29	22.11	20.28	17.96	34.31	25.05	22.97	20.35
19	20.91	15.27	14.00	12.40	24.94	18.20	16.70	14.79	30.29	22.11	20.28	17.96	34.31	25.05	22.97	20.35
20	20.91	15.27	14.00	12.40	24.94	18.20	16.70	14.79	30.29	22.11	20.28	17.96	34.31	25.05	22.97	20.35
21	20.48	14.95	13.70	12.13	24.34	17.76	16.29	14.41	29.59	21.60	19.80	17.52	33.90	24.75	22.68	20.07
22	20.12	14.69	13.45	11.89	23.85	17.40	15.95	14.10	29.03	21.19	19.41	17.16	33.61	24.54	22.47	19.87
23	19.83	14.48	13.25	11.71	23.45	17.11	15.67	13.85	28.61	20.88	19.12	16.89	33.46	24.43	22.35	19.75
24	19.61	14.32	13.09	11.56	23.16	16.90	15.47	13.66	28.32	20.67	18.91	16.70	33.44	24.41	22.33	19.71
25	19.46	14.21	12.99	11.46	22.98	16.76	15.34	13.54	28.16	20.56	18.80	16.59	33.54	24.49	22.39	19.76
26	19.38	14.15	12.93	11.40	22.89	16.70	15.27	13.47	28.14	20.54	18.78	16.56	33.78	24.66	22.54	19.88
27	19.37	14.14	12.92	11.39	22.91	16.71	15.28	13.47	28.25	20.62	18.85	16.62	34.15	24.93	22.78	20.08
28	19.43	14.19	12.96	11.42	23.02	16.80	15.36	13.54	28.50	20.81	19.02	16.75	34.65	25.29	23.11	20.36
29	19.56	14.28	13.05	11.49	23.25	16.96	15.50	13.66	28.89	21.09	19.27	16.98	35.27	25.75	23.52	20.73
30	19.76	14.43	13.18	11.61	23.57	17.20	15.72	13.85	29.41	21.47	19.62	17.28	36.03	26.30	24.03	21.17
31	20.04	14.63	13.37	11.77	24.00	17.51	16.01	14.11	30.07	21.95	20.07	17.67	36.94	26.96	24.64	21.71
32	20.39	14.89	13.60	11.99	24.54	17.91	16.38	14.43	30.88	22.54	20.61	18.16	38.01	27.74	25.36	22.36
33	20.81	15.20	13.89	12.25	25.18	18.38	16.81	14.83	31.83	23.24	21.26	18.74	39.22	28.63	26.19	23.10
34	21.30	15.56	14.23	12.56	25.93	18.93	17.32	15.29	32.91	24.03	21.99	19.41	40.57	29.62	27.11	23.92
35	21.87	15.97	14.62	12.91	26.77	19.55	17.90	15.81	34.13	24.92	22.82	20.15	42.04	30.70	28.11	24.82
36	22.50	16.43	15.05	13.29	27.72	20.24	18.54	16.38	35.48	25.91	23.73	20.97	43.62	31.85	29.18	25.78
37	23.19	16.94	15.52	13.72	28.76	21.00	19.25	17.01	36.94	26.98	24.73	21.85	45.30	33.08	30.32	26.79
38	23.95	17.49	16.03	14.17	29.90	21.83	20.02	17.69	38.53	28.14	25.80	22.80	47.05	34.36	31.50	27.84
39	24.77	18.09	16.58	14.66	31.12	22.73	20.84	18.42	40.24	29.38	26.94	23.81	48.88	35.70	32.73	28.92
40	25.65	18.73	17.17	15.17	32.44	23.69	21.72	19.19	42.05	30.71	28.15	24.87	50.76	37.07	33.99	30.02
41	26.59	19.42	17.80	15.72	33.84	24.71	22.66	20.01	44.06	32.18	29.50	26.05	52.81	38.56	35.36	31.22
42	27.60	20.16	18.48	16.33	35.32	25.79	23.65	20.90	46.33	33.84	31.02	27.40	55.09	40.23	36.89	32.57
43	28.68	20.94	19.21	16.98	36.88	26.93	24.71	21.85	48.80	35.64	32.68	28.87	57.55	42.03	38.54	34.03
44	29.81	21.77	19.98	17.67	38.54	28.15	25.83	22.86	51.41	37.55	34.43	30.42	60.11	43.90	40.26	35.55
45	31.02	22.65	20.78	18.38	40.29	29.43	27.01	23.90	54.10	39.51	36.23	32.01	62.72	45.81	42.00	37.09
46	32.28	23.57	21.63	19.12	42.15	30.79	28.25	24.99	56.81	41.50	38.04	33.59	65.31	47.70	43.72	38.58
47	33.60	24.54	22.50	19.87	44.12	32.23	29.55	26.12	59.49	43.45	39.81	35.12	67.81	49.52	45.37	40.00
48	34.98	25.55	23.40	20.63	46.21	33.75	30.92	27.27	62.08	45.35	41.51	36.56	70.15	51.23	46.90	41.29
49	36.41	26.59	24.33	21.38	48.42	35.36	32.35	28.45	64.52	47.13	43.10	37.86	72.28	52.79	48.27	42.39
50	37.90	27.68	25.28	22.13	50.76	37.07	33.85	29.64	66.76	48.76	44.52	38.98	74.12	54.13	49.43	43.28
51	39.44	28.81	26.25	22.87	53.22	38.87	35.41	30.85	68.84	50.28	45.82	39.96	75.73	55.31	50.42	43.98
52	41.04	29.98	27.25	23.63	55.80	40.75	37.04	32.10	70.84	51.74	47.06	40.85	77.21	56.39	51.31	44.57
53	42.70	31.19	28.29	24.39	58.49	42.71	38.72	33.37	72.78	53.15	48.24	41.67	78.56	57.37	52.09	45.04
54	44.42	32.44	29.35	25.16	61.30	44.76	40.47	34.68	74.64	54.51	49.35	42.41	79.78	58.26	52.78	45.40
55	46.20	33.73	30.44	25.94	64.22	46.89	42.29	36.01	76.43	55.82	50.41	43.07	80.87	59.05	53.36	45.65
56	48.03	35.07	31.56	26.73	67.25	49.11	44.17	37.38	N/A				81.82	59.74	53.85	45.78
57	49.92	36.45	32.71	27.53	70.40	51.40	46.11	38.78					82.64	60.34	54.23	45.80
58	51.87	37.87	33.88	28.33	73.67	53.79	48.11	40.20					83.33	60.84	54.51	45.70
59	53.88	39.33	35.09	29.15	77.05	56.25	50.18	41.66					83.89	61.25	54.69	45.49
60	55.94	40.84	36.33	29.97	80.54	58.80	52.31	43.15					84.32	61.56	54.77	45.17
61	51.18	36.54	32.56	26.93	N/A								N/A			
62	47.28	32.85	29.34	24.37												
63	43.38	29.17	26.13	21.80												
64	39.48	25.49	22.91	19.23												

Apply a 25% Surcharge Factor For Tobacco Users.

Policy Form B170

Occupation Class 5A - Base Policy With Policy Rider PR6 - Guaranteed Renewable and Noncancelable Premiums

Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday

Gender Female

	Benefit Period is 2 Years				Benefit Period is 5 Years				Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days				Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365	60	90	180	365	60	90	180	365
18	31.31	21.85	19.91	17.53	36.45	25.43	23.18	20.41	46.89	32.71	29.82	26.25	58.24	40.63	37.04	32.61
19	31.31	21.85	19.91	17.53	36.45	25.43	23.18	20.41	46.89	32.71	29.82	26.25	58.24	40.63	37.04	32.61
20	31.31	21.85	19.91	17.53	36.45	25.43	23.18	20.41	46.89	32.71	29.82	26.25	58.24	40.63	37.04	32.61
21	30.87	21.54	19.62	17.26	35.80	24.98	22.75	20.02	46.21	32.24	29.37	25.83	58.15	40.57	36.95	32.50
22	30.49	21.28	19.37	17.02	35.25	24.60	22.39	19.68	45.66	31.86	29.00	25.49	58.14	40.56	36.92	32.45
23	30.17	21.05	19.15	16.82	34.80	24.28	22.09	19.41	45.24	31.56	28.72	25.22	58.22	40.62	36.95	32.45
24	29.91	20.87	18.98	16.66	34.45	24.04	21.86	19.19	44.96	31.36	28.52	25.03	58.38	40.73	37.03	32.51
25	29.71	20.73	18.84	16.53	34.20	23.87	21.69	19.03	44.80	31.25	28.41	24.92	58.63	40.91	37.17	32.61
26	29.57	20.63	18.75	16.44	34.05	23.76	21.59	18.93	44.77	31.23	28.38	24.88	58.97	41.14	37.37	32.77
27	29.48	20.57	18.69	16.38	34.00	23.72	21.55	18.89	44.87	31.30	28.43	24.92	59.39	41.43	37.63	32.99
28	29.46	20.55	18.67	16.36	34.05	23.76	21.57	18.90	45.10	31.47	28.57	25.04	59.89	41.79	37.94	33.25
29	29.50	20.57	18.69	16.37	34.19	23.86	21.66	18.98	45.46	31.72	28.80	25.23	60.48	42.20	38.31	33.57
30	29.59	20.64	18.75	16.42	34.44	24.03	21.82	19.11	45.95	32.06	29.11	25.50	61.16	42.67	38.74	33.94
31	29.72	20.73	18.83	16.49	34.76	24.26	22.03	19.29	46.55	32.48	29.49	25.84	61.89	43.18	39.21	34.35
32	29.87	20.84	18.94	16.59	35.16	24.53	22.28	19.52	47.24	32.96	29.94	26.24	62.64	43.70	39.70	34.79
33	30.06	20.97	19.07	16.71	35.63	24.86	22.59	19.81	48.03	33.51	30.46	26.71	63.45	44.27	40.23	35.28
34	30.31	21.14	19.23	16.86	36.19	25.25	22.96	20.15	48.96	34.16	31.06	27.25	64.34	44.89	40.82	35.81
35	30.62	21.36	19.44	17.06	36.87	25.72	23.41	20.55	50.02	34.90	31.75	27.88	65.33	45.58	41.47	36.40
36	31.02	21.64	19.71	17.30	37.66	26.28	23.92	21.02	51.24	35.75	32.55	28.59	66.44	46.35	42.20	37.06
37	31.52	21.99	20.03	17.59	38.60	26.93	24.53	21.56	52.63	36.72	33.44	29.39	67.70	47.23	43.02	37.80
38	32.14	22.42	20.43	17.95	39.68	27.68	25.23	22.17	54.21	37.82	34.46	30.29	69.14	48.23	43.95	38.62
39	32.90	22.95	20.92	18.37	40.93	28.55	26.02	22.87	56.00	39.06	35.60	31.29	70.77	49.38	45.00	39.54
40	33.80	23.58	21.49	18.87	42.36	29.55	26.93	23.66	58.00	40.46	36.87	32.39	72.63	50.67	46.18	40.56
41	34.92	24.36	22.20	19.49	44.04	30.72	28.00	24.59	60.43	42.16	38.41	33.73	74.95	52.29	47.65	41.83
42	36.27	25.31	23.06	20.25	46.00	32.09	29.25	25.69	63.40	44.22	40.30	35.38	77.84	54.30	49.49	43.43
43	37.81	26.38	24.05	21.11	48.19	33.61	30.64	26.92	66.74	46.56	42.42	37.24	81.13	56.60	51.57	45.26
44	39.48	27.55	25.11	22.05	50.54	35.25	32.14	28.24	70.32	49.05	44.69	39.23	84.64	59.05	53.80	47.19
45	41.23	28.76	26.22	23.02	53.00	36.97	33.70	29.61	73.98	51.60	47.01	41.25	88.20	61.53	56.05	49.15
46	43.00	30.00	27.34	23.99	55.50	38.72	35.29	30.99	77.57	54.11	49.28	43.21	91.64	63.93	58.22	51.01
47	44.74	31.21	28.43	24.92	58.00	40.46	36.86	32.33	80.95	56.47	51.41	45.03	94.78	66.12	60.19	52.68
48	46.40	32.37	29.46	25.78	60.43	42.16	38.38	33.60	83.97	58.57	53.29	46.60	97.45	67.98	61.84	54.05
49	47.92	33.43	30.39	26.54	62.74	43.77	39.80	34.75	86.47	60.32	54.83	47.85	99.47	69.39	63.07	55.02
50	49.25	34.36	31.19	27.15	64.87	45.25	41.08	35.75	88.32	61.61	55.93	48.68	100.67	70.23	63.76	55.49
51	50.44	35.19	31.89	27.65	66.86	46.64	42.26	36.63	89.63	62.52	56.67	49.16	101.20	70.60	64.01	55.54
52	51.56	35.97	32.53	28.09	68.81	48.00	43.40	37.45	90.62	63.22	57.21	49.44	101.31	70.68	63.98	55.32
53	52.62	36.71	33.13	28.47	70.71	49.32	44.50	38.20	91.31	63.69	57.53	49.51	101.01	70.47	63.68	54.85
54	53.61	37.40	33.67	28.78	72.56	50.61	45.56	38.90	91.68	63.95	57.64	49.37	100.29	69.97	63.10	54.11
55	54.54	38.05	34.17	29.04	74.37	51.87	46.57	39.54	91.73	63.99	57.54	49.02	99.17	69.18	62.25	53.11
56	55.40	38.65	34.61	29.24	76.12	53.10	47.54	40.11	N/A				97.62	68.10	61.12	51.84
57	56.20	39.20	35.01	29.38	77.84	54.29	48.47	40.63					95.67	66.74	59.72	50.32
58	56.93	39.72	35.36	29.46	79.50	55.46	49.36	41.09					93.29	65.08	58.04	48.53
59	57.60	40.18	35.65	29.48	81.12	56.58	50.21	41.48					90.51	63.14	56.09	46.47
60	58.20	40.60	35.90	29.44	82.69	57.68	51.01	41.82					87.31	60.91	53.86	44.16
61	52.48	36.04	31.93	26.27	N/A								N/A			
62	47.56	32.02	28.44	23.49												
63	42.63	28.00	24.95	20.72												
64	37.70	23.97	21.46	17.94												

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Form B170															
	Occupation Class 4A - Base Policy With Policy Rider PR6 - Guaranteed Renewable and Noncancelable Premiums															
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday															
Gender	Male															
	Benefit Period is 2 Years				Benefit Period is 5 Years				Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days				Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365	60	90	180	365	60	90	180	365
18	23.90	17.44	16.00	14.17	27.96	20.41	18.72	16.58	34.02	24.84	22.78	20.17	39.57	28.89	26.50	23.46
19	23.90	17.44	16.00	14.17	27.96	20.41	18.72	16.58	34.02	24.84	22.78	20.17	39.57	28.89	26.50	23.46
20	23.90	17.44	16.00	14.17	27.96	20.41	18.72	16.58	34.02	24.84	22.78	20.17	39.57	28.89	26.50	23.46
21	23.40	17.08	15.66	13.86	27.28	19.92	18.25	16.15	33.18	24.22	22.20	19.64	39.08	28.53	26.15	23.13
22	22.99	16.77	15.37	13.59	26.72	19.51	17.86	15.80	32.50	23.73	21.73	19.21	38.74	28.28	25.90	22.90
23	22.65	16.53	15.14	13.38	26.27	19.18	17.56	15.52	31.97	23.34	21.36	18.88	38.55	28.14	25.76	22.76
24	22.40	16.35	14.96	13.21	25.94	18.94	17.33	15.30	31.61	23.08	21.11	18.64	38.52	28.12	25.72	22.71
25	22.23	16.22	14.84	13.10	25.73	18.79	17.18	15.16	31.41	22.93	20.96	18.50	38.64	28.21	25.79	22.76
26	22.14	16.15	14.77	13.03	25.64	18.72	17.11	15.09	31.36	22.89	20.92	18.46	38.91	28.41	25.96	22.90
27	22.13	16.15	14.76	13.02	25.66	18.73	17.12	15.10	31.47	22.97	20.99	18.51	39.34	28.72	26.24	23.14
28	22.20	16.20	14.80	13.05	25.80	18.83	17.20	15.17	31.75	23.17	21.17	18.67	39.93	29.14	26.63	23.47
29	22.35	16.31	14.90	13.14	26.05	19.02	17.37	15.31	32.18	23.49	21.46	18.91	40.66	29.68	27.12	23.90
30	22.58	16.48	15.06	13.27	26.42	19.29	17.62	15.53	32.77	23.92	21.85	19.26	41.55	30.33	27.71	24.42
31	22.88	16.70	15.26	13.45	26.89	19.63	17.93	15.81	33.49	24.45	22.34	19.69	42.58	31.08	28.41	25.03
32	23.24	16.97	15.51	13.67	27.44	20.03	18.31	16.14	34.34	25.06	22.91	20.20	43.75	31.94	29.20	25.74
33	23.67	17.28	15.81	13.94	28.08	20.50	18.75	16.54	35.32	25.78	23.58	20.80	45.07	32.90	30.10	26.55
34	24.18	17.65	16.16	14.26	28.84	21.06	19.27	17.01	36.45	26.61	24.35	21.50	46.54	33.98	31.10	27.44
35	24.78	18.09	16.57	14.63	29.73	21.70	19.88	17.55	37.75	27.56	25.24	22.30	48.17	35.16	32.20	28.44
36	25.47	18.60	17.04	15.05	30.75	22.45	20.58	18.18	39.24	28.65	26.26	23.20	49.96	36.47	33.42	29.52
37	26.27	19.18	17.58	15.53	31.93	23.31	21.38	18.89	40.94	29.89	27.40	24.22	51.92	37.90	34.75	30.70
38	27.17	19.84	18.19	16.07	33.28	24.30	22.29	19.70	42.86	31.29	28.70	25.37	54.05	39.47	36.19	31.98
39	28.20	20.59	18.89	16.68	34.81	25.42	23.31	20.60	45.02	32.87	30.15	26.64	56.38	41.16	37.75	33.35
40	29.36	21.44	19.66	17.36	36.54	26.68	24.47	21.61	47.43	34.63	31.76	28.05	58.89	43.00	39.43	34.82
41	30.67	22.40	20.54	18.13	38.48	28.09	25.77	22.75	50.25	36.69	33.64	29.70	61.77	45.10	41.35	36.51
42	32.13	23.47	21.52	19.01	40.61	29.66	27.20	24.03	53.53	39.09	35.85	31.65	65.11	47.54	43.59	38.48
43	33.73	24.64	22.60	19.97	42.93	31.35	28.77	25.44	57.18	41.75	38.29	33.83	68.78	50.23	46.05	40.66
44	35.45	25.89	23.75	21.00	45.42	33.17	30.45	26.93	61.07	44.60	40.91	36.14	72.67	53.07	48.66	42.97
45	37.26	27.22	24.97	22.08	48.06	35.10	32.22	28.51	65.11	47.55	43.61	38.53	76.65	55.98	51.32	45.31
46	39.15	28.60	26.23	23.19	50.84	37.13	34.08	30.14	69.19	50.53	46.33	40.91	80.61	58.87	53.96	47.61
47	41.10	30.02	27.52	24.30	53.75	39.25	36.00	31.81	73.20	53.46	48.99	43.21	84.42	61.66	56.48	49.79
48	43.09	31.47	28.82	25.41	56.76	41.46	37.98	33.49	77.03	56.25	51.51	45.36	87.96	64.24	58.80	51.76
49	45.09	32.94	30.13	26.48	59.87	43.72	40.00	35.17	80.57	58.84	53.81	47.27	91.11	66.54	60.85	53.43
50	47.10	34.40	31.41	27.50	63.05	46.05	42.05	36.81	83.72	61.14	55.83	48.88	93.75	68.47	62.52	54.74
51	49.12	35.88	32.69	28.49	66.33	48.44	44.13	38.44	86.57	63.22	57.62	50.24	95.98	70.10	63.90	55.74
52	51.19	37.39	33.99	29.47	69.72	50.92	46.28	40.10	89.27	65.19	59.30	51.48	97.98	71.56	65.11	56.56
53	53.31	38.93	35.30	30.45	73.22	53.47	48.48	41.77	91.83	67.06	60.86	52.58	99.75	72.85	66.15	57.20
54	55.46	40.50	36.64	31.42	76.83	56.11	50.74	43.46	94.25	68.82	62.32	53.56	101.30	73.97	67.02	57.67
55	57.67	42.11	37.99	32.39	80.57	58.83	53.06	45.18	96.52	70.48	63.66	54.40	102.61	74.93	67.72	57.95
56	59.92	43.75	39.37	33.35	84.41	61.64	55.43	46.91	N/A				103.70	75.72	68.25	58.05
57	62.21	45.42	40.76	34.31	88.37	64.52	57.87	48.67					104.56	76.34	68.61	57.97
58	64.55	47.13	42.17	35.27	92.44	67.49	60.37	50.45					105.19	76.80	68.80	57.71
59	66.94	48.87	43.60	36.22	96.62	70.55	62.93	52.24					105.59	77.09	68.83	57.27
60	69.37	50.64	45.05	37.16	100.92	73.68	65.54	54.06					105.76	77.21	68.68	56.65
61	63.25	44.96	40.06	33.14	N/A								N/A			
62	59.34	40.88	36.50	30.30												
63	55.43	36.79	32.94	27.47												
64	51.51	32.70	29.37	24.63												

Apply a 25% Surcharge Factor For Tobacco Users.

Policy Form B170

Occupation Class 4A - Base Policy With Policy Rider PR6 - Guaranteed Renewable and Noncancelable Premiums

Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday

Gender Female

	Benefit Period is 2 Years				Benefit Period is 5 Years				Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days				Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365	60	90	180	365	60	90	180	365
18	38.97	27.19	24.78	21.82	43.71	30.50	27.80	24.48	55.62	38.80	35.37	31.15	73.71	51.43	46.88	41.28
19	38.97	27.19	24.78	21.82	43.71	30.50	27.80	24.48	55.62	38.80	35.37	31.15	73.71	51.43	46.88	41.28
20	38.97	27.19	24.78	21.82	43.71	30.50	27.80	24.48	55.62	38.80	35.37	31.15	73.71	51.43	46.88	41.28
21	38.22	26.66	24.28	21.36	42.67	29.77	27.12	23.86	54.38	37.93	34.56	30.41	73.10	51.01	46.46	40.87
22	37.58	26.22	23.87	20.98	41.80	29.17	26.55	23.34	53.38	37.24	33.90	29.80	72.71	50.74	46.18	40.59
23	37.07	25.86	23.53	20.66	41.12	28.69	26.10	22.93	52.63	36.72	33.40	29.35	72.54	50.62	46.05	40.44
24	36.67	25.58	23.26	20.42	40.61	28.34	25.77	22.62	52.13	36.37	33.07	29.03	72.58	50.65	46.05	40.41
25	36.40	25.39	23.08	20.25	40.28	28.11	25.55	22.41	51.87	36.19	32.89	28.85	72.84	50.83	46.20	40.52
26	36.25	25.28	22.97	20.14	40.13	28.00	25.44	22.31	51.85	36.18	32.87	28.82	73.32	51.16	46.48	40.74
27	36.21	25.26	22.95	20.11	40.15	28.02	25.45	22.31	52.08	36.34	33.00	28.93	74.01	51.64	46.91	41.10
28	36.30	25.32	23.00	20.15	40.36	28.16	25.58	22.41	52.56	36.67	33.30	29.17	74.92	52.28	47.48	41.59
29	36.50	25.46	23.12	20.25	40.74	28.43	25.82	22.61	53.28	37.17	33.76	29.57	76.05	53.06	48.19	42.20
30	36.83	25.69	23.33	20.43	41.30	28.82	26.17	22.92	54.25	37.85	34.37	30.10	77.39	54.00	49.04	42.94
31	37.31	26.02	23.64	20.70	42.07	29.36	26.67	23.36	55.52	38.73	35.18	30.81	79.04	55.15	50.09	43.87
32	37.95	26.47	24.05	21.07	43.09	30.06	27.31	23.93	57.11	39.85	36.21	31.72	81.04	56.54	51.38	45.01
33	38.74	27.02	24.56	21.53	44.31	30.92	28.10	24.64	59.00	41.17	37.42	32.81	83.33	58.14	52.86	46.33
34	39.66	27.66	25.16	22.07	45.71	31.90	29.01	25.45	61.15	42.66	38.81	34.04	85.86	59.91	54.49	47.79
35	40.68	28.38	25.82	22.66	47.28	32.99	30.02	26.36	63.52	44.32	40.33	35.41	88.57	61.80	56.24	49.35
36	41.79	29.15	26.54	23.31	48.99	34.18	31.12	27.34	66.07	46.10	41.98	36.87	91.39	63.77	58.06	50.98
37	42.97	29.97	27.30	23.98	50.81	35.45	32.29	28.37	68.78	47.98	43.71	38.41	94.28	65.78	59.92	52.63
38	44.19	30.83	28.09	24.68	52.71	36.78	33.51	29.45	71.59	49.95	45.52	40.00	97.17	67.80	61.77	54.27
39	45.44	31.70	28.88	25.38	54.68	38.15	34.77	30.55	74.49	51.97	47.36	41.62	100.00	69.77	63.58	55.86
40	46.69	32.57	29.68	26.07	56.69	39.55	36.04	31.66	77.43	54.02	49.23	43.24	102.72	71.67	65.31	57.36
41	48.01	33.49	30.52	26.80	58.81	41.03	37.39	32.84	80.67	56.28	51.29	45.03	105.60	73.68	67.13	58.94
42	49.46	34.50	31.44	27.61	61.12	42.64	38.86	34.13	84.41	58.88	53.66	47.10	108.85	75.94	69.19	60.73
43	51.00	35.58	32.42	28.48	63.57	44.35	40.43	35.52	88.47	61.72	56.24	49.37	112.32	78.36	71.39	62.65
44	52.60	36.70	33.45	29.38	66.14	46.14	42.06	36.96	92.71	64.68	58.94	51.72	115.86	80.83	73.64	64.60
45	54.24	37.84	34.48	30.28	68.77	47.98	43.74	38.43	96.98	67.65	61.64	54.07	119.32	83.24	75.82	66.48
46	55.88	38.98	35.51	31.17	71.44	49.84	45.42	39.89	101.11	70.53	64.25	56.33	122.56	85.50	77.85	68.22
47	57.48	40.10	36.52	32.02	74.10	51.69	47.10	41.31	104.96	73.21	66.66	58.38	125.41	87.49	79.63	69.71
48	59.02	41.17	37.47	32.80	76.72	53.52	48.72	42.67	108.36	75.59	68.77	60.14	127.74	89.11	81.05	70.86
49	60.46	42.18	38.34	33.49	79.26	55.30	50.28	43.92	111.16	77.54	70.49	61.52	129.39	90.26	82.03	71.58
50	61.78	43.10	39.12	34.06	81.69	56.99	51.74	45.04	113.21	78.97	71.70	62.41	130.21	90.83	82.46	71.78
51	63.00	43.95	39.82	34.54	84.03	58.62	53.12	46.05	114.64	79.96	72.49	62.90	130.33	90.91	82.42	71.54
52	64.16	44.76	40.48	34.95	86.34	60.24	54.47	47.01	115.67	80.69	73.02	63.12	129.97	90.66	82.07	70.99
53	65.27	45.54	41.09	35.31	88.63	61.83	55.79	47.90	116.31	81.14	73.29	63.09	129.13	90.07	81.39	70.13
54	66.33	46.27	41.66	35.62	90.88	63.41	57.07	48.74	116.56	81.31	73.29	62.80	127.81	89.16	80.40	68.97
55	67.33	46.97	42.18	35.86	93.11	64.96	58.32	49.51	116.42	81.22	73.03	62.24	126.01	87.90	79.09	67.50
56	68.28	47.64	42.66	36.04	95.31	66.49	59.53	50.23	N/A				123.74	86.32	77.46	65.73
57	69.18	48.26	43.10	36.17	97.48	68.01	60.71	50.89					120.98	84.40	75.51	63.65
58	70.02	48.85	43.49	36.23	99.62	69.50	61.85	51.49					117.75	82.15	73.25	61.26
59	70.81	49.40	43.84	36.24	101.73	70.98	62.96	52.03					114.04	79.56	70.66	58.57
60	71.55	49.92	44.14	36.19	103.81	72.43	64.04	52.51					109.85	76.64	67.76	55.57
61	66.14	45.03	39.91	32.86	N/A								N/A			
62	62.82	41.58	36.97	30.58												
63	59.49	38.14	34.03	28.31												
64	56.16	34.69	31.09	26.03												

Apply a 25% Surcharge Factor For Tobacco Users.

Policy Form B170

Occupation Class 4P - Base Policy With Policy Rider PR6 - Guaranteed Renewable and Noncancelable Premiums

Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday

Gender Male

	Benefit Period is 2 Years				Benefit Period is 5 Years				Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days				Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365	60	90	180	365	60	90	180	365
18	21.33	15.57	14.28	12.65	24.99	18.24	16.73	14.81	29.74	21.71	19.91	17.63	36.53	26.67	24.46	21.66
19	21.33	15.57	14.28	12.65	24.99	18.24	16.73	14.81	29.74	21.71	19.91	17.63	36.53	26.67	24.46	21.66
20	21.33	15.57	14.28	12.65	24.99	18.24	16.73	14.81	29.74	21.71	19.91	17.63	36.53	26.67	24.46	21.66
21	21.02	15.34	14.06	12.44	24.50	17.88	16.39	14.49	29.25	21.36	19.57	17.31	36.29	26.50	24.28	21.48
22	20.81	15.19	13.91	12.30	24.16	17.63	16.15	14.27	28.97	21.15	19.36	17.12	36.27	26.48	24.25	21.43
23	20.71	15.12	13.84	12.22	23.97	17.50	16.02	14.14	28.88	21.09	19.29	17.04	36.47	26.62	24.36	21.52
24	20.72	15.13	13.83	12.21	23.94	17.48	15.99	14.11	29.00	21.18	19.36	17.09	36.87	26.92	24.61	21.73
25	20.84	15.22	13.91	12.27	24.07	17.57	16.07	14.17	29.32	21.41	19.56	17.26	37.50	27.38	25.02	22.08
26	21.06	15.38	14.05	12.39	24.35	17.78	16.25	14.32	29.84	21.79	19.90	17.55	38.33	27.99	25.57	22.55
27	21.39	15.62	14.27	12.58	24.78	18.09	16.53	14.57	30.56	22.32	20.38	17.97	39.39	28.76	26.26	23.16
28	21.83	15.94	14.56	12.83	25.37	18.52	16.92	14.91	31.48	22.99	20.99	18.50	40.65	29.68	27.11	23.89
29	22.38	16.34	14.92	13.15	26.11	19.06	17.42	15.34	32.61	23.81	21.74	19.16	42.13	30.76	28.10	24.76
30	23.03	16.82	15.36	13.53	27.01	19.72	18.02	15.87	33.93	24.78	22.63	19.94	43.83	32.00	29.23	25.76
31	23.79	17.38	15.87	13.98	28.05	20.48	18.72	16.49	35.44	25.88	23.64	20.84	45.76	33.41	30.53	26.91
32	24.66	18.01	16.46	14.51	29.23	21.34	19.52	17.20	37.13	27.11	24.78	21.85	47.93	34.99	31.99	28.21
33	25.63	18.72	17.12	15.10	30.56	22.31	20.42	18.01	39.00	28.48	26.05	22.99	50.33	36.75	33.62	29.66
34	26.71	19.51	17.85	15.76	32.04	23.39	21.42	18.91	41.07	29.99	27.46	24.24	52.96	38.66	35.39	31.25
35	27.90	20.38	18.66	16.48	33.68	24.59	22.53	19.90	43.35	31.66	29.00	25.62	55.78	40.73	37.31	32.96
36	29.20	21.32	19.54	17.26	35.48	25.90	23.74	20.99	45.85	33.48	30.69	27.12	58.81	42.94	39.35	34.78
37	30.61	22.35	20.49	18.11	37.46	27.34	25.08	22.17	48.58	35.47	32.53	28.76	62.01	45.28	41.51	36.70
38	32.13	23.46	21.51	19.01	39.61	28.92	26.52	23.45	51.55	37.63	34.52	30.52	65.38	47.74	43.79	38.71
39	33.75	24.64	22.60	19.97	41.95	30.62	28.09	24.83	54.76	39.98	36.68	32.42	68.91	50.32	46.15	40.79
40	35.49	25.91	23.76	20.99	44.48	32.47	29.78	26.31	58.24	42.52	39.00	34.45	72.59	53.00	48.61	42.94
41	37.37	27.28	25.02	22.10	47.23	34.48	31.62	27.93	62.18	45.39	41.63	36.76	76.65	55.96	51.32	45.32
42	39.41	28.77	26.39	23.32	50.20	36.64	33.62	29.71	66.67	48.68	44.65	39.43	81.24	59.31	54.40	48.03
43	41.59	30.37	27.86	24.63	53.37	38.96	35.76	31.62	71.59	52.27	47.95	42.35	86.20	62.94	57.72	50.97
44	43.89	32.05	29.41	26.00	56.73	41.41	38.02	33.64	76.79	56.07	51.43	45.44	91.39	66.73	61.20	54.04
45	46.29	33.79	31.01	27.42	60.25	43.98	40.38	35.74	82.14	59.97	55.01	48.59	96.65	70.57	64.71	57.13
46	48.75	35.59	32.66	28.87	63.91	46.66	42.82	37.88	87.49	63.88	58.58	51.71	101.83	74.35	68.16	60.14
47	51.26	37.43	34.33	30.30	67.69	49.42	45.33	40.06	92.70	67.69	62.04	54.71	106.78	77.96	71.44	62.96
48	53.81	39.28	36.00	31.72	71.57	52.25	47.89	42.22	97.64	71.30	65.29	57.48	111.34	81.30	74.43	65.50
49	56.35	41.14	37.65	33.08	75.53	55.15	50.47	44.36	102.17	74.60	68.24	59.93	115.36	84.23	77.04	67.65
50	58.88	42.99	39.27	34.37	79.55	58.08	53.05	46.44	106.15	77.51	70.79	61.97	118.70	86.67	79.16	69.30
51	61.41	44.84	40.87	35.61	83.64	61.07	55.66	48.48	109.69	80.10	73.02	63.67	121.47	88.69	80.87	70.55
52	63.97	46.71	42.48	36.83	87.85	64.14	58.31	50.53	113.01	82.52	75.08	65.18	123.91	90.47	82.34	71.54
53	66.57	48.61	44.10	38.03	92.15	67.28	61.02	52.59	116.10	84.78	76.96	66.50	126.01	92.01	83.57	72.28
54	69.20	50.53	45.73	39.21	96.57	70.51	63.78	54.65	118.96	86.87	78.68	67.62	127.78	93.30	84.55	72.76
55	71.87	52.48	47.36	40.37	101.09	73.81	66.59	56.71	121.60	88.79	80.22	68.56	129.22	94.35	85.29	73.00
56	74.57	54.45	49.01	41.52	105.72	77.19	69.45	58.78	N/A				130.32	95.16	85.79	72.98
57	77.31	56.45	50.66	42.65	110.45	80.65	72.36	60.86					131.09	95.72	86.04	72.70
58	80.08	58.48	52.33	43.76	115.30	84.18	75.32	62.94					131.52	96.03	86.05	72.18
59	82.89	60.53	54.00	44.85	120.24	87.80	78.33	65.03					131.62	96.10	85.81	71.40
60	85.73	62.60	55.68	45.92	125.30	91.49	81.39	67.12					131.38	95.93	85.33	70.37
61	74.37	52.96	47.19	39.03	N/A								N/A			
62	68.99	47.70	42.58	35.33												
63	63.61	42.43	37.98	31.64												
64	58.23	37.16	33.37	27.95												

Apply a 25% Surcharge Factor For Tobacco Users.

Policy Form B170

Occupation Class 4P - Base Policy With Policy Rider PR6 - Guaranteed Renewable and Noncancelable Premiums

Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday

Gender Female

	Benefit Period is 2 Years				Benefit Period is 5 Years				Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days				Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365	60	90	180	365	60	90	180	365
18	32.17	22.45	20.46	18.01	34.93	24.37	22.21	19.56	44.04	30.73	28.01	24.66	62.48	43.58	39.73	34.98
19	32.17	22.45	20.46	18.01	34.93	24.37	22.21	19.56	44.04	30.73	28.01	24.66	62.48	43.58	39.73	34.98
20	32.17	22.45	20.46	18.01	34.93	24.37	22.21	19.56	44.04	30.73	28.01	24.66	62.48	43.58	39.73	34.98
21	31.69	22.12	20.14	17.72	34.32	23.95	21.81	19.19	43.45	30.32	27.61	24.29	62.27	43.44	39.57	34.80
22	31.36	21.88	19.91	17.50	33.91	23.66	21.53	18.93	43.13	30.09	27.39	24.07	62.34	43.49	39.58	34.78
23	31.16	21.74	19.78	17.37	33.69	23.51	21.38	18.78	43.07	30.05	27.33	24.00	62.67	43.72	39.77	34.92
24	31.10	21.70	19.73	17.31	33.67	23.49	21.35	18.75	43.28	30.19	27.44	24.09	63.28	44.15	40.13	35.22
25	31.18	21.75	19.77	17.34	33.84	23.61	21.45	18.82	43.74	30.52	27.73	24.32	64.16	44.76	40.67	35.67
26	31.40	21.90	19.90	17.45	34.21	23.87	21.67	19.01	44.48	31.03	28.18	24.71	65.31	45.56	41.39	36.28
27	31.75	22.15	20.13	17.63	34.77	24.26	22.03	19.31	45.47	31.72	28.81	25.25	66.73	46.56	42.28	37.05
28	32.25	22.50	20.44	17.90	35.53	24.79	22.50	19.72	46.73	32.60	29.60	25.94	68.42	47.74	43.35	37.98
29	32.89	22.94	20.84	18.25	36.48	25.45	23.10	20.24	48.25	33.66	30.57	26.78	70.39	49.11	44.59	39.06
30	33.66	23.48	21.33	18.68	37.62	26.25	23.83	20.88	50.04	34.91	31.70	27.77	72.62	50.67	46.01	40.30
31	34.60	24.14	21.93	19.21	38.98	27.20	24.70	21.64	52.12	36.36	33.03	28.94	75.21	52.48	47.66	41.75
32	35.72	24.92	22.65	19.84	40.57	28.31	25.72	22.55	54.50	38.02	34.56	30.29	78.21	54.57	49.58	43.46
33	36.99	25.81	23.47	20.58	42.37	29.56	26.88	23.57	57.18	39.89	36.27	31.82	81.55	56.90	51.73	45.36
34	38.42	26.80	24.39	21.40	44.37	30.96	28.16	24.72	60.12	41.95	38.17	33.50	85.18	59.44	54.07	47.44
35	39.97	27.89	25.39	22.29	46.56	32.48	29.57	25.97	63.32	44.18	40.22	35.32	89.05	62.13	56.55	49.65
36	41.63	29.05	26.46	23.24	48.91	34.13	31.08	27.31	66.74	46.57	42.42	37.27	93.09	64.95	59.15	51.96
37	43.38	30.27	27.58	24.23	51.43	35.88	32.70	28.73	70.39	49.11	44.75	39.33	97.25	67.86	61.82	54.32
38	45.22	31.55	28.76	25.27	54.09	37.73	34.40	30.23	74.22	51.79	47.21	41.49	101.47	70.81	64.52	56.70
39	47.11	32.87	29.96	26.32	56.87	39.68	36.17	31.78	78.24	54.59	49.76	43.73	105.70	73.76	67.22	59.06
40	49.04	34.22	31.19	27.39	59.77	41.70	38.01	33.38	82.41	57.50	52.41	46.03	109.88	76.67	69.87	61.37
41	51.10	35.66	32.50	28.53	62.88	43.87	39.99	35.11	87.07	60.75	55.37	48.61	114.38	79.81	72.72	63.85
42	53.36	37.23	33.94	29.80	66.27	46.24	42.15	37.01	92.44	64.49	58.78	51.59	119.46	83.35	75.95	66.67
43	55.77	38.91	35.47	31.15	69.89	48.76	44.46	39.06	98.28	68.57	62.49	54.85	124.92	87.15	79.41	69.69
44	58.27	40.65	37.06	32.55	73.67	51.40	46.87	41.19	104.40	72.84	66.38	58.26	130.52	91.06	82.97	72.79
45	60.82	42.43	38.68	33.97	77.56	54.11	49.35	43.36	110.58	77.15	70.29	61.67	136.07	94.93	86.47	75.83
46	63.38	44.22	40.30	35.37	81.51	56.86	51.84	45.53	116.60	81.35	74.10	64.98	141.33	98.60	89.79	78.69
47	65.89	45.96	41.87	36.72	85.45	59.61	54.32	47.66	122.27	85.30	77.66	68.03	146.10	101.93	92.78	81.22
48	68.30	47.65	43.37	37.97	89.32	62.31	56.73	49.69	127.35	88.85	80.83	70.70	150.16	104.76	95.29	83.31
49	70.57	49.23	44.76	39.09	93.08	64.93	59.05	51.58	131.65	91.84	83.48	72.87	153.30	106.94	97.20	84.82
50	72.65	50.68	46.01	40.05	96.66	67.43	61.22	53.29	134.94	94.14	85.46	74.39	155.29	108.33	98.35	85.61
51	74.58	52.03	47.15	40.88	100.11	69.84	63.28	54.85	137.41	95.86	86.89	75.38	156.32	109.05	98.87	85.80
52	76.43	53.32	48.22	41.62	103.52	72.22	65.30	56.33	139.37	97.23	87.98	76.04	156.71	109.32	98.96	85.58
53	78.20	54.55	49.23	42.29	106.89	74.56	67.26	57.74	140.83	98.25	88.73	76.36	156.46	109.15	98.62	84.96
54	79.89	55.73	50.17	42.87	110.21	76.88	69.19	59.06	141.78	98.91	89.13	76.35	155.58	108.53	97.87	83.93
55	81.51	56.86	51.06	43.38	113.49	79.17	71.06	60.31	142.22	99.22	89.20	76.00	154.05	107.47	96.69	82.49
56	83.04	57.93	51.88	43.81	116.73	81.43	72.89	61.48	N/A				151.89	105.96	95.08	80.65
57	84.50	58.95	52.64	44.15	119.92	83.66	74.66	62.57					149.09	104.00	93.05	78.40
58	85.88	59.91	53.33	44.42	123.07	85.85	76.40	63.58					145.65	101.60	90.60	75.75
59	87.18	60.82	53.96	44.60	126.18	88.02	78.08	64.51					141.57	98.76	87.72	72.69
60	88.40	61.67	54.53	44.71	129.24	90.16	79.72	65.37					136.85	95.47	84.42	69.22
61	77.30	52.75	46.74	38.48	N/A								N/A			
62	72.28	48.05	42.71	35.30												
63	67.26	43.36	38.67	32.13												
64	62.24	38.67	34.63	28.96												

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Form B170															
	Occupation Class 3A - Base Policy With Policy Rider PR6 - Guaranteed Renewable and Noncancelable Premiums															
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday															
Gender	Male															
	Benefit Period is 2 Years				Benefit Period is 5 Years				Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days				Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365	60	90	180	365	60	90	180	365
18	25.38	18.53	16.99	15.05	29.51	21.55	19.76	17.50	35.93	26.24	24.06	21.30	42.17	30.79	28.24	25.00
19	25.38	18.53	16.99	15.05	29.51	21.55	19.76	17.50	35.93	26.24	24.06	21.30	42.17	30.79	28.24	25.00
20	25.38	18.53	16.99	15.05	29.51	21.55	19.76	17.50	35.93	26.24	24.06	21.30	42.17	30.79	28.24	25.00
21	24.66	18.00	16.49	14.60	28.55	20.85	19.10	16.91	34.71	25.35	23.23	20.55	41.25	30.11	27.60	24.41
22	24.06	17.57	16.09	14.23	27.77	20.27	18.57	16.42	33.73	24.63	22.55	19.94	40.57	29.62	27.13	23.98
23	23.60	17.23	15.77	13.94	27.16	19.83	18.15	16.04	32.99	24.08	22.05	19.47	40.15	29.31	26.84	23.70
24	23.27	16.98	15.54	13.72	26.73	19.52	17.85	15.77	32.49	23.72	21.70	19.15	39.99	29.19	26.71	23.57
25	23.06	16.83	15.39	13.59	26.48	19.34	17.68	15.61	32.23	23.53	21.52	18.98	40.07	29.25	26.76	23.60
26	22.99	16.78	15.34	13.53	26.41	19.28	17.62	15.55	32.21	23.51	21.50	18.95	40.41	29.50	26.97	23.78
27	23.04	16.82	15.37	13.56	26.52	19.36	17.69	15.60	32.44	23.68	21.64	19.07	41.00	29.93	27.36	24.11
28	23.23	16.95	15.49	13.66	26.80	19.57	17.88	15.76	32.90	24.02	21.95	19.34	41.85	30.55	27.92	24.60
29	23.54	17.18	15.70	13.84	27.26	19.90	18.18	16.03	33.60	24.53	22.42	19.75	42.94	31.35	28.65	25.24
30	23.99	17.51	16.00	14.10	27.90	20.37	18.61	16.40	34.55	25.22	23.05	20.30	44.29	32.33	29.55	26.03
31	24.59	17.95	16.40	14.46	28.73	20.98	19.17	16.90	35.76	26.10	23.86	21.02	45.95	33.54	30.67	27.02
32	25.35	18.50	16.92	14.91	29.77	21.74	19.88	17.52	37.25	27.19	24.87	21.92	47.96	35.01	32.02	28.23
33	26.26	19.17	17.53	15.47	31.01	22.64	20.71	18.27	39.00	28.47	26.05	22.97	50.28	36.71	33.59	29.62
34	27.30	19.93	18.24	16.10	32.42	23.67	21.67	19.13	40.99	29.93	27.40	24.18	52.86	38.59	35.33	31.18
35	28.46	20.78	19.03	16.81	34.01	24.83	22.75	20.09	43.22	31.56	28.91	25.53	55.67	40.65	37.23	32.88
36	29.73	21.71	19.89	17.57	35.75	26.11	23.93	21.14	45.66	33.35	30.56	27.00	58.66	42.83	39.25	34.68
37	31.09	22.70	20.81	18.39	37.64	27.49	25.20	22.27	48.30	35.28	32.34	28.58	61.80	45.12	41.37	36.56
38	32.53	23.75	21.78	19.25	39.67	28.96	26.56	23.47	51.12	37.34	34.23	30.26	65.04	47.49	43.55	38.49
39	34.03	24.85	22.79	20.14	41.81	30.53	28.00	24.74	54.10	39.52	36.24	32.02	68.34	49.90	45.76	40.44
40	35.58	25.98	23.82	21.04	44.07	32.18	29.51	26.06	57.24	41.81	38.33	33.85	71.66	52.33	47.98	42.38
41	37.20	27.16	24.90	21.99	46.44	33.91	31.10	27.46	60.69	44.33	40.64	35.88	75.20	54.92	50.35	44.46
42	38.90	28.41	26.05	23.01	48.94	35.74	32.78	28.96	64.57	47.16	43.24	38.18	79.12	57.78	52.97	46.77
43	40.70	29.72	27.26	24.10	51.58	37.67	34.56	30.56	68.77	50.23	46.06	40.68	83.30	60.83	55.78	49.25
44	42.58	31.09	28.53	25.23	54.35	39.69	36.43	32.23	73.19	53.45	49.02	43.31	87.64	63.99	58.68	51.82
45	44.54	32.52	29.85	26.39	57.27	41.82	38.39	33.97	77.73	56.77	52.06	45.99	92.02	67.19	61.61	54.39
46	46.57	34.01	31.20	27.58	60.33	44.05	40.43	35.77	82.29	60.09	55.10	48.65	96.33	70.34	64.48	56.89
47	48.67	35.54	32.59	28.78	63.53	46.39	42.55	37.61	86.76	63.36	58.06	51.21	100.46	73.36	67.21	59.25
48	50.84	37.12	34.01	29.97	66.89	48.84	44.76	39.47	91.04	66.48	60.88	53.61	104.31	76.16	69.74	61.37
49	53.06	38.74	35.45	31.15	70.39	51.40	47.04	41.35	95.04	69.40	63.48	55.76	107.76	78.68	71.97	63.19
50	55.33	40.40	36.90	32.30	74.06	54.08	49.39	43.24	98.64	72.03	65.78	57.59	110.70	80.83	73.83	64.63
51	57.66	42.10	38.37	33.43	77.88	56.87	51.82	45.14	101.94	74.44	67.85	59.16	113.23	82.68	75.39	65.75
52	60.05	43.85	39.87	34.57	81.85	59.77	54.33	47.07	105.08	76.73	69.80	60.59	115.50	84.34	76.76	66.67
53	62.51	45.64	41.41	35.70	85.97	62.77	56.92	49.04	108.07	78.91	71.63	61.88	117.53	85.82	77.94	67.39
54	65.04	47.49	42.97	36.83	90.23	65.89	59.58	51.04	110.90	80.98	73.34	63.02	119.30	87.11	78.94	67.91
55	67.62	49.38	44.56	37.97	94.65	69.11	62.33	53.07	113.59	82.94	74.92	64.01	120.83	88.23	79.75	68.23
56	70.28	51.31	46.18	39.11	99.22	72.45	65.16	55.14	N/A				122.10	89.16	80.37	68.34
57	72.99	53.30	47.83	40.25	103.93	75.89	68.07	57.24					123.13	89.91	80.81	68.26
58	75.77	55.33	49.51	41.39	108.79	79.44	71.06	59.37					123.90	90.48	81.06	67.97
59	78.62	57.41	51.22	42.53	113.81	83.10	74.13	61.53					124.43	90.86	81.12	67.49
60	81.53	59.53	52.96	43.67	118.97	86.87	77.28	63.73					124.70	91.06	81.00	66.80
61	73.48	52.37	46.64	38.57	N/A								N/A			
62	68.31	47.30	42.20	35.00												
63	63.15	42.24	37.77	31.44												
64	57.98	37.17	33.33	27.87												

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Form B170															
	Occupation Class 3A - Base Policy With Policy Rider PR6 - Guaranteed Renewable and Noncancelable Premiums															
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday															
Gender	Female															
	Benefit Period is 2 Years				Benefit Period is 5 Years				Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days				Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365	60	90	180	365	60	90	180	365
18	44.18	30.82	28.09	24.74	49.62	34.62	31.55	27.79	63.21	44.10	40.20	35.40	83.45	58.22	53.07	46.73
19	44.18	30.82	28.09	24.74	49.62	34.62	31.55	27.79	63.21	44.10	40.20	35.40	83.45	58.22	53.07	46.73
20	44.18	30.82	28.09	24.74	49.62	34.62	31.55	27.79	63.21	44.10	40.20	35.40	83.45	58.22	53.07	46.73
21	43.31	30.21	27.52	24.22	48.42	33.78	30.77	27.08	61.78	43.10	39.26	34.54	82.73	57.72	52.57	46.25
22	42.58	29.70	27.04	23.77	47.43	33.09	30.12	26.49	60.63	42.29	38.51	33.85	82.27	57.39	52.24	45.92
23	41.99	29.29	26.65	23.41	46.64	32.54	29.60	26.01	59.76	41.69	37.93	33.32	82.06	57.24	52.08	45.74
24	41.53	28.98	26.35	23.13	46.06	32.13	29.22	25.66	59.18	41.28	37.54	32.96	82.10	57.27	52.07	45.71
25	41.22	28.76	26.14	22.94	45.69	31.87	28.97	25.42	58.88	41.07	37.34	32.76	82.39	57.47	52.24	45.82
26	41.05	28.64	26.02	22.82	45.52	31.75	28.85	25.30	58.87	41.06	37.32	32.72	82.94	57.85	52.56	46.09
27	41.01	28.62	25.99	22.79	45.55	31.78	28.86	25.31	59.14	41.25	37.48	32.85	83.73	58.41	53.06	46.50
28	41.12	28.69	26.05	22.83	45.80	31.95	29.01	25.43	59.69	41.63	37.82	33.14	84.78	59.14	53.71	47.06
29	41.37	28.86	26.21	22.96	46.25	32.26	29.29	25.67	60.53	42.22	38.35	33.59	86.09	60.05	54.53	47.77
30	41.75	29.13	26.45	23.17	46.90	32.72	29.71	26.03	61.65	43.00	39.06	34.21	87.64	61.13	55.52	48.63
31	42.32	29.53	26.81	23.49	47.81	33.36	30.29	26.54	63.13	44.03	40.01	35.04	89.56	62.47	56.75	49.71
32	43.09	30.06	27.31	23.93	49.02	34.20	31.07	27.23	65.01	45.35	41.22	36.12	91.92	64.12	58.27	51.06
33	44.04	30.73	27.93	24.49	50.47	35.21	32.01	28.07	67.25	46.91	42.65	37.40	94.63	66.01	60.02	52.62
34	45.14	31.49	28.64	25.13	52.14	36.38	33.09	29.03	69.78	48.68	44.29	38.86	97.62	68.10	61.95	54.35
35	46.36	32.34	29.43	25.84	54.00	37.68	34.29	30.10	72.57	50.63	46.08	40.46	100.81	70.33	64.01	56.19
36	47.67	33.26	30.28	26.59	56.00	39.07	35.58	31.25	75.55	52.71	48.00	42.16	104.13	72.65	66.15	58.10
37	49.05	34.22	31.17	27.38	58.11	40.55	36.94	32.46	78.69	54.90	50.01	43.95	107.49	74.99	68.32	60.02
38	50.46	35.20	32.08	28.19	60.31	42.08	38.34	33.70	81.92	57.16	52.08	45.77	110.81	77.31	70.45	61.91
39	51.87	36.19	32.98	28.98	62.54	43.64	39.77	34.94	85.20	59.44	54.17	47.60	114.02	79.56	72.51	63.71
40	53.27	37.16	33.87	29.75	64.78	45.20	41.19	36.18	88.47	61.73	56.25	49.41	117.05	81.67	74.43	65.38
41	54.69	38.15	34.77	30.54	67.08	46.80	42.65	37.45	91.99	64.19	58.49	51.36	120.15	83.83	76.39	67.08
42	56.20	39.20	35.73	31.38	69.50	48.49	44.19	38.82	95.96	66.96	61.01	53.56	123.55	86.21	78.55	68.96
43	57.76	40.29	36.73	32.27	72.03	50.25	45.81	40.25	100.23	69.94	63.73	55.95	127.13	88.70	80.82	70.94
44	59.38	41.42	37.77	33.18	74.65	52.08	47.48	41.73	104.67	73.03	66.54	58.41	130.74	91.21	83.10	72.92
45	61.04	42.58	38.82	34.09	77.35	53.97	49.20	43.24	109.12	76.13	69.37	60.87	134.25	93.66	85.32	74.84
46	62.71	43.74	39.87	35.00	80.12	55.89	50.95	44.75	113.46	79.15	72.10	63.23	137.54	95.95	87.38	76.59
47	64.38	44.91	40.91	35.88	82.93	57.86	52.71	46.25	117.53	81.99	74.65	65.40	140.46	97.99	89.19	78.10
48	66.04	46.07	41.93	36.71	85.79	59.85	54.48	47.72	121.20	84.55	76.93	67.29	142.89	99.69	90.67	79.29
49	67.67	47.20	42.92	37.49	88.66	61.85	56.24	49.13	124.32	86.73	78.84	68.82	144.70	100.94	91.74	80.06
50	69.26	48.31	43.86	38.18	91.54	63.86	57.97	50.46	126.76	88.43	80.28	69.88	145.74	101.67	92.29	80.34
51	70.81	49.39	44.76	38.81	94.44	65.88	59.69	51.73	128.63	89.74	81.34	70.56	146.14	101.95	92.41	80.20
52	72.36	50.47	45.64	39.40	97.38	67.94	61.41	52.98	130.15	90.79	82.15	70.99	146.08	101.91	92.23	79.75
53	73.90	51.55	46.51	39.95	100.36	70.02	63.15	54.19	131.31	91.60	82.72	71.17	145.58	101.56	91.74	79.01
54	75.42	52.61	47.36	40.46	103.38	72.12	64.89	55.38	132.11	92.16	83.05	71.10	144.63	100.89	90.95	77.97
55	76.94	53.68	48.19	40.93	106.45	74.26	66.64	56.54	132.56	92.48	83.13	70.79	143.23	99.91	89.86	76.64
56	78.46	54.73	49.00	41.36	109.55	76.43	68.39	57.66	N/A				141.37	98.62	88.47	75.00
57	79.96	55.78	49.79	41.75	112.69	78.62	70.16	58.77					139.07	97.02	86.77	73.07
58	81.45	56.83	50.57	42.11	115.88	80.85	71.93	59.84					136.32	95.10	84.77	70.84
59	82.94	57.87	51.33	42.42	119.10	83.10	73.70	60.88					133.12	92.87	82.47	68.31
60	84.42	58.90	52.07	42.70	122.37	85.38	75.49	61.90					129.47	90.32	79.86	65.48
61	76.00	52.00	46.06	37.88	N/A								N/A			
62	70.29	46.98	41.72	34.44												
63	64.58	41.97	37.38	30.99												
64	58.87	36.96	33.03	27.54												

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Form B170															
	Occupation Class 3P - Base Policy With Policy Rider PR6 - Guaranteed Renewable and Noncancelable Premiums															
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday															
Gender	Male															
	Benefit Period is 2 Years				Benefit Period is 5 Years				Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days				Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365	60	90	180	365	60	90	180	365
18	24.20	17.67	16.20	14.35	27.31	19.94	18.29	16.20	32.12	23.45	21.51	19.05	42.02	30.68	28.13	24.92
19	24.20	17.67	16.20	14.35	27.31	19.94	18.29	16.20	32.12	23.45	21.51	19.05	42.02	30.68	28.13	24.92
20	24.20	17.67	16.20	14.35	27.31	19.94	18.29	16.20	32.12	23.45	21.51	19.05	42.02	30.68	28.13	24.92
21	24.14	17.63	16.15	14.29	27.07	19.77	18.12	16.03	31.96	23.33	21.38	18.92	42.30	30.88	28.29	25.04
22	24.18	17.65	16.16	14.29	26.99	19.70	18.04	15.95	32.00	23.36	21.39	18.91	42.79	31.24	28.60	25.28
23	24.32	17.76	16.25	14.35	27.05	19.75	18.07	15.96	32.24	23.54	21.54	19.02	43.49	31.75	29.05	25.66
24	24.56	17.93	16.40	14.48	27.27	19.91	18.21	16.07	32.69	23.86	21.83	19.26	44.39	32.41	29.64	26.16
25	24.90	18.18	16.62	14.66	27.63	20.17	18.44	16.27	33.33	24.34	22.25	19.62	45.51	33.22	30.37	26.79
26	25.34	18.50	16.91	14.91	28.15	20.55	18.78	16.56	34.18	24.95	22.81	20.10	46.83	34.19	31.25	27.54
27	25.87	18.89	17.26	15.22	28.81	21.03	19.22	16.94	35.23	25.72	23.51	20.71	48.36	35.31	32.26	28.43
28	26.51	19.36	17.69	15.59	29.63	21.63	19.76	17.41	36.49	26.64	24.34	21.44	50.10	36.58	33.42	29.44
29	27.25	19.90	18.18	16.02	30.59	22.33	20.40	17.97	37.94	27.70	25.31	22.29	52.05	38.00	34.72	30.58
30	28.09	20.51	18.74	16.51	31.71	23.15	21.15	18.63	39.60	28.91	26.42	23.27	54.20	39.57	36.16	31.85
31	29.01	21.18	19.36	17.06	32.94	24.05	21.98	19.36	41.41	30.23	27.63	24.34	56.55	41.29	37.74	33.25
32	30.00	21.90	20.03	17.65	34.26	25.01	22.87	20.16	43.33	31.63	28.93	25.50	59.09	43.14	39.45	34.77
33	31.07	22.68	20.75	18.30	35.69	26.06	23.84	21.03	45.40	33.15	30.33	26.76	61.83	45.14	41.30	36.43
34	32.23	23.53	21.54	19.01	37.27	27.21	24.91	21.98	47.67	34.80	31.87	28.13	64.77	47.29	43.29	38.21
35	33.51	24.46	22.41	19.79	39.01	28.48	26.09	23.04	50.16	36.62	33.55	29.64	67.92	49.59	45.43	40.12
36	34.91	25.48	23.36	20.64	40.95	29.90	27.40	24.21	52.92	38.63	35.42	31.30	71.30	52.06	47.71	42.16
37	36.44	26.60	24.39	21.56	43.11	31.47	28.86	25.51	55.97	40.86	37.47	33.13	74.91	54.69	50.14	44.32
38	38.12	27.83	25.52	22.56	45.51	33.23	30.47	26.94	59.36	43.34	39.75	35.14	78.76	57.50	52.73	46.61
39	39.96	29.17	26.75	23.64	48.18	35.18	32.27	28.51	63.13	46.08	42.27	37.36	82.85	60.49	55.47	49.03
40	41.97	30.64	28.10	24.82	51.15	37.35	34.25	30.25	67.30	49.13	45.06	39.80	87.20	63.67	58.38	51.57
41	44.18	32.25	29.58	26.12	54.42	39.74	36.44	32.18	72.10	52.64	48.27	42.62	92.07	67.22	61.63	54.42
42	46.57	34.00	31.19	27.55	57.95	42.32	38.82	34.30	77.62	56.67	51.97	45.89	97.59	71.26	65.33	57.69
43	49.14	35.88	32.92	29.10	61.74	45.08	41.37	36.59	83.68	61.09	56.04	49.51	103.59	75.64	69.35	61.25
44	51.85	37.86	34.75	30.73	65.77	48.03	44.09	39.02	90.12	65.80	60.36	53.34	109.88	80.23	73.57	64.98
45	54.70	39.94	36.66	32.43	70.03	51.14	46.95	41.57	96.77	70.66	64.81	57.27	116.29	84.92	77.86	68.75
46	57.66	42.10	38.63	34.16	74.51	54.40	49.94	44.20	103.47	75.55	69.28	61.18	122.63	89.55	82.08	72.44
47	60.70	44.32	40.65	35.91	79.18	57.81	53.04	46.89	110.05	80.36	73.65	64.97	128.74	94.01	86.13	75.93
48	63.82	46.60	42.70	37.64	84.03	61.36	56.23	49.61	116.33	84.95	77.79	68.51	134.42	98.15	89.86	79.09
49	66.99	48.91	44.76	39.34	89.06	65.03	59.51	52.33	122.16	89.21	81.60	71.67	139.49	101.86	93.16	81.81
50	70.19	51.25	46.81	40.98	94.25	68.82	62.85	55.03	127.37	93.01	84.94	74.36	143.79	105.00	95.89	83.95
51	73.44	53.62	48.87	42.58	99.61	72.73	66.27	57.73	132.09	96.46	87.92	76.66	147.45	107.67	98.17	85.62
52	76.76	56.05	50.96	44.18	105.15	76.78	69.78	60.46	136.58	99.74	90.73	78.75	150.75	110.08	100.17	87.01
53	80.16	58.53	53.09	45.77	110.89	80.97	73.40	63.23	140.84	102.84	93.35	80.63	153.69	112.23	101.91	88.12
54	83.64	61.07	55.25	47.36	116.81	85.30	77.12	66.05	144.86	105.78	95.78	82.30	156.26	114.11	103.38	88.94
55	87.20	63.67	57.44	48.95	122.93	89.76	80.94	68.90	148.65	108.55	98.04	83.75	158.48	115.72	104.59	89.48
56	90.83	66.32	59.67	50.54	129.23	94.37	84.86	71.79	N/A				160.32	117.07	105.52	89.73
57	94.54	69.03	61.94	52.12	135.73	99.11	88.89	74.73					161.81	118.16	106.19	89.70
58	98.32	71.79	64.23	53.70	142.42	104.00	93.01	77.70					162.93	118.98	106.59	89.38
59	102.19	74.61	66.56	55.28	149.29	109.02	97.23	80.71					163.69	119.53	106.72	88.78
60	106.13	77.49	68.93	56.85	156.36	114.18	101.56	83.76					164.09	119.82	106.58	87.90
61	99.64	70.50	62.81	51.95	N/A								N/A			
62	95.86	65.48	58.45	48.50												
63	92.09	60.47	54.10	45.06												
64	88.31	55.45	49.74	41.62												

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Form B170															
	Occupation Class 3P - Base Policy With Policy Rider PR6 - Guaranteed Renewable and Noncancelable Premiums															
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday															
Gender	Female															
	Benefit Period is 2 Years				Benefit Period is 5 Years				Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days				Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365	60	90	180	365	60	90	180	365
18	35.60	24.84	22.64	19.93	38.15	26.62	24.26	21.36	47.79	33.35	30.40	26.76	69.41	48.43	44.15	38.87
19	35.60	24.84	22.64	19.93	38.15	26.62	24.26	21.36	47.79	33.35	30.40	26.76	69.41	48.43	44.15	38.87
20	35.60	24.84	22.64	19.93	38.15	26.62	24.26	21.36	47.79	33.35	30.40	26.76	69.41	48.43	44.15	38.87
21	35.57	24.82	22.60	19.88	38.00	26.51	24.14	21.24	47.81	33.36	30.38	26.72	70.23	49.00	44.63	39.25
22	35.68	24.89	22.65	19.91	38.05	26.55	24.16	21.23	48.10	33.57	30.55	26.84	71.32	49.76	45.28	39.79
23	35.92	25.06	22.79	20.01	38.30	26.72	24.30	21.34	48.68	33.96	30.89	27.12	72.67	50.70	46.10	40.48
24	36.29	25.32	23.01	20.19	38.75	27.03	24.57	21.56	49.52	34.55	31.41	27.55	74.28	51.83	47.10	41.33
25	36.80	25.67	23.33	20.46	39.39	27.48	24.97	21.90	50.64	35.34	32.10	28.15	76.16	53.14	48.27	42.33
26	37.44	26.12	23.72	20.79	40.24	28.07	25.50	22.35	52.04	36.31	32.98	28.90	78.31	54.64	49.62	43.49
27	38.21	26.66	24.21	21.21	41.28	28.80	26.15	22.91	53.72	37.48	34.03	29.82	80.72	56.32	51.13	44.80
28	39.12	27.29	24.78	21.71	42.52	29.66	26.94	23.59	55.66	38.83	35.26	30.89	83.39	58.18	52.82	46.27
29	40.16	28.01	25.44	22.28	43.96	30.67	27.85	24.39	57.89	40.39	36.67	32.12	86.33	60.23	54.68	47.90
30	41.33	28.83	26.18	22.93	45.60	31.81	28.89	25.30	60.39	42.13	38.26	33.51	89.54	62.47	56.72	49.68
31	42.68	29.78	27.04	23.69	47.49	33.13	30.09	26.36	63.23	44.11	40.07	35.11	93.16	64.99	59.03	51.71
32	44.25	30.87	28.05	24.58	49.65	34.63	31.48	27.58	66.46	46.36	42.14	36.93	97.27	67.86	61.66	54.04
33	45.99	32.08	29.17	25.58	52.05	36.31	33.02	28.95	70.02	48.85	44.42	38.96	101.78	71.01	64.56	56.61
34	47.87	33.40	30.38	26.66	54.66	38.13	34.70	30.45	73.88	51.54	46.89	41.16	106.58	74.36	67.65	59.35
35	49.87	34.79	31.67	27.80	57.46	40.08	36.49	32.04	77.97	54.39	49.52	43.49	111.59	77.85	70.86	62.21
36	51.95	36.24	33.00	28.99	60.39	42.13	38.38	33.71	82.27	57.39	52.28	45.93	116.70	81.41	74.15	65.12
37	54.07	37.72	34.37	30.20	63.44	44.25	40.33	35.43	86.73	60.50	55.13	48.45	121.81	84.98	77.43	68.02
38	56.20	39.21	35.73	31.40	66.56	46.43	42.33	37.19	91.29	63.68	58.05	51.02	126.82	88.48	80.64	70.84
39	58.32	40.69	37.09	32.59	69.73	48.65	44.35	38.96	95.92	66.91	60.99	53.60	131.64	91.84	83.71	73.54
40	60.39	42.13	38.40	33.73	72.92	50.87	46.37	40.72	100.56	70.15	63.94	56.16	136.17	95.00	86.59	76.04
41	62.42	43.54	39.69	34.85	76.12	53.10	48.40	42.50	105.47	73.58	67.06	58.88	140.67	98.14	89.44	78.52
42	64.44	44.96	40.98	36.00	79.36	55.36	50.47	44.33	110.84	77.32	70.48	61.87	145.38	101.43	92.44	81.14
43	66.48	46.38	42.28	37.15	82.66	57.67	52.59	46.21	116.53	81.29	74.09	65.05	150.19	104.78	95.49	83.81
44	68.53	47.81	43.60	38.31	86.05	60.03	54.75	48.14	122.38	85.38	77.82	68.32	154.98	108.12	98.53	86.46
45	70.62	49.27	44.93	39.48	89.54	62.47	56.98	50.10	128.27	89.48	81.55	71.58	159.63	111.36	101.47	89.01
46	72.76	50.76	46.27	40.65	93.15	64.99	59.26	52.09	134.04	93.51	85.20	74.74	164.01	114.42	104.22	91.37
47	74.94	52.29	47.64	41.80	96.91	67.61	61.62	54.10	139.56	97.36	88.67	77.70	168.01	117.21	106.71	93.46
48	77.20	53.86	49.04	42.95	100.83	70.35	64.06	56.13	144.68	100.94	91.85	80.37	171.52	119.66	108.86	95.20
49	79.54	55.49	50.46	44.08	104.94	73.21	66.58	58.18	149.26	104.13	94.67	82.64	174.40	121.67	110.59	96.52
50	81.96	57.18	51.91	45.18	109.25	76.22	69.19	60.22	153.17	106.86	97.01	84.43	176.55	123.17	111.81	97.32
51	84.47	58.93	53.39	46.27	113.75	79.36	71.89	62.27	156.51	109.19	98.96	85.81	178.06	124.22	112.59	97.68
52	87.03	60.72	54.89	47.34	118.41	82.61	74.66	64.35	159.51	111.28	100.67	86.94	179.11	124.95	113.06	97.72
53	89.67	62.56	56.42	48.41	123.22	85.97	77.50	66.44	162.16	113.13	102.13	87.79	179.69	125.36	113.22	97.44
54	92.36	64.44	57.97	49.46	128.20	89.44	80.42	68.55	164.46	114.73	103.34	88.39	179.82	125.45	113.05	96.83
55	95.12	66.36	59.55	50.51	133.33	93.02	83.42	70.68	166.41	116.10	104.31	88.73	179.49	125.22	112.57	95.91
56	97.94	68.33	61.14	51.54	138.62	96.71	86.49	72.83	N/A				178.70	124.67	111.78	94.66
57	100.83	70.34	62.77	52.56	144.06	100.50	89.64	74.99					177.45	123.80	110.67	93.09
58	103.77	72.40	64.41	53.58	149.67	104.41	92.86	77.18					175.73	122.60	109.24	91.20
59	106.79	74.50	66.08	54.58	155.43	108.43	96.16	79.39					173.56	121.09	107.50	88.99
60	109.86	76.65	67.77	55.57	161.35	112.56	99.53	81.61					170.93	119.25	105.44	86.46
61	99.93	68.29	60.49	49.74	N/A								N/A			
62	92.67	61.79	54.85	45.27												
63	85.41	55.29	49.22	40.79												
64	78.15	48.79	43.59	36.31												

Apply a 25% Surcharge Factor For Tobacco Users.

Policy Form B170

Occupation Class 2A - Base Policy With Policy Rider PR6 - Guaranteed Renewable and Noncancelable Premiums

Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday

Gender Male

	Benefit Period is 2 Years				Benefit Period is 5 Years				Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days				Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365	60	90	180	365	60	90	180	365
18	28.46	23.30	21.12	18.46	32.43	26.55	24.07	21.04	39.64	32.45	29.42	25.72	48.76	39.92	36.19	31.63
19	28.46	23.30	21.12	18.46	32.43	26.55	24.07	21.04	39.64	32.45	29.42	25.72	48.76	39.92	36.19	31.63
20	28.46	23.30	21.12	18.46	32.43	26.55	24.07	21.04	39.64	32.45	29.42	25.72	48.76	39.92	36.19	31.63
21	28.08	22.99	20.82	18.18	31.94	26.14	23.68	20.68	39.09	31.99	28.98	25.32	48.48	39.69	35.95	31.39
22	27.85	22.80	20.63	18.01	31.83	26.05	23.58	20.58	38.93	31.86	28.84	25.17	48.49	39.70	35.93	31.35
23	27.91	22.85	20.67	18.03	31.82	26.05	23.55	20.54	38.93	31.86	28.82	25.13	48.93	40.05	36.23	31.59
24	28.04	22.96	20.76	18.09	31.92	26.13	23.62	20.58	39.07	31.98	28.92	25.20	49.69	40.67	36.77	32.04
25	28.24	23.11	20.89	18.19	32.12	26.29	23.76	20.69	39.38	32.23	29.13	25.37	50.57	41.40	37.41	32.58
26	28.50	23.33	21.07	18.35	32.43	26.55	23.99	20.88	39.84	32.61	29.46	25.65	51.59	42.23	38.15	33.21
27	28.81	23.59	21.30	18.54	32.85	26.90	24.29	21.14	40.46	33.11	29.91	26.02	52.92	43.33	39.13	34.04
28	29.38	24.05	21.73	18.89	33.37	27.33	24.67	21.47	41.23	33.73	30.47	26.51	54.68	44.77	40.43	35.16
29	30.13	24.67	22.29	19.37	34.16	27.96	25.26	21.96	42.22	34.56	31.22	27.15	56.73	46.45	41.95	36.48
30	31.03	25.40	22.95	19.95	35.37	28.95	26.15	22.74	43.92	35.95	32.48	28.24	59.08	48.37	43.69	37.99
31	32.11	26.29	23.76	20.65	36.83	30.14	27.23	23.69	45.96	37.62	34.00	29.57	61.84	50.63	45.74	39.78
32	33.41	27.34	24.72	21.50	38.56	31.56	28.53	24.83	48.38	39.60	35.81	31.15	65.08	53.28	48.16	41.90
33	34.88	28.55	25.83	22.48	40.54	33.18	30.01	26.13	51.14	41.86	37.87	32.97	68.71	56.25	50.88	44.30
34	36.51	29.88	27.04	23.56	42.73	34.97	31.65	27.58	54.20	44.36	40.15	34.99	72.67	59.49	53.83	46.90
35	38.26	31.31	28.35	24.71	45.10	36.92	33.43	29.14	57.50	47.07	42.63	37.17	76.86	62.92	56.97	49.67
36	40.10	32.82	29.73	25.93	47.62	38.98	35.31	30.81	61.02	49.95	45.26	39.48	81.21	66.48	60.22	52.53
37	42.01	34.38	31.16	27.18	50.26	41.15	37.29	32.54	64.72	52.98	48.02	41.89	85.64	70.10	63.53	55.43
38	43.94	35.96	32.60	28.44	53.00	43.38	39.32	34.32	68.54	56.10	50.86	44.38	90.07	73.73	66.83	58.31
39	45.88	37.55	34.04	29.70	55.78	45.67	41.40	36.12	72.45	59.30	53.76	46.90	94.41	77.28	70.06	61.12
40	47.80	39.12	35.46	30.92	58.60	47.97	43.48	37.92	76.40	62.54	56.69	49.43	98.59	80.70	73.15	63.79
41	49.73	40.70	36.89	32.16	61.47	50.32	45.61	39.77	80.63	66.00	59.82	52.14	102.87	84.20	76.32	66.53
42	51.74	42.35	38.39	33.47	64.46	52.76	47.83	41.72	85.31	69.83	63.30	55.17	107.49	87.98	79.74	69.50
43	53.81	44.04	39.93	34.83	67.54	55.29	50.14	43.75	90.31	73.93	67.01	58.42	112.31	91.92	83.31	72.61
44	55.93	45.78	41.51	36.21	70.73	57.89	52.51	45.84	95.49	78.17	70.86	61.77	117.19	95.92	86.93	75.76
45	58.08	47.54	43.11	37.60	74.01	60.58	54.95	47.98	100.74	82.46	74.75	65.14	122.01	99.87	90.50	78.83
46	60.25	49.32	44.71	38.98	77.39	63.34	57.45	50.13	105.90	86.69	78.56	68.43	126.64	103.65	93.90	81.75
47	62.43	51.10	46.31	40.33	80.85	66.18	59.99	52.29	110.86	90.75	82.20	71.52	130.93	107.17	97.04	84.39
48	64.60	52.88	47.88	41.62	84.40	69.08	62.57	54.43	115.48	94.53	85.56	74.33	134.76	110.30	99.81	86.67
49	66.75	54.64	49.41	42.85	88.03	72.05	65.17	56.54	119.63	97.92	88.54	76.74	137.99	112.95	102.11	88.48
50	68.87	56.37	50.90	43.98	91.74	75.09	67.80	58.59	123.18	100.83	91.04	78.67	140.50	115.00	103.83	89.73
51	70.96	58.08	52.35	45.04	95.53	78.19	70.45	60.60	126.24	103.33	93.14	80.19	142.39	116.55	105.06	90.49
52	73.05	59.79	53.77	46.05	99.41	81.36	73.15	62.60	129.01	105.60	95.00	81.45	143.86	117.75	105.97	90.92
53	75.14	61.50	55.18	47.02	103.37	84.61	75.88	64.59	131.48	107.62	96.62	82.46	144.91	118.61	106.53	91.01
54	77.23	63.21	56.58	47.95	107.42	87.92	78.65	66.58	133.65	109.40	98.00	83.21	145.54	119.12	106.77	90.78
55	79.31	64.92	57.95	48.83	111.55	91.31	81.46	68.55	135.54	110.94	99.13	83.71	145.75	119.30	106.67	90.21
56	81.39	66.62	59.31	49.66	115.78	94.77	84.32	70.51	N/A				145.55	119.13	106.23	89.30
57	83.46	68.32	60.65	50.45	120.08	98.29	87.21	72.46					144.92	118.62	105.47	88.06
58	85.54	70.02	61.97	51.20	124.48	101.89	90.14	74.40					143.88	117.77	104.37	86.49
59	87.61	71.72	63.27	51.90	128.96	105.56	93.12	76.33					142.42	116.57	102.94	84.59
60	89.68	73.41	64.56	52.55	133.53	109.30	96.13	78.25					140.54	115.03	101.17	82.35
61	82.45	65.68	57.88	47.27	N/A								N/A			
62	76.79	59.24	52.34	42.91												
63	71.13	52.80	46.80	38.55												
64	65.47	46.35	41.25	34.18												

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Form B170															
	Occupation Class 2A - Base Policy With Policy Rider PR6 - Guaranteed Renewable and Noncancelable Premiums															
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday															
Gender	Female															
	Benefit Period is 2 Years				Benefit Period is 5 Years				Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days				Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365	60	90	180	365	60	90	180	365
18	46.39	32.86	29.66	25.98	52.10	36.35	33.13	29.18	66.37	46.31	42.21	37.17	87.62	62.59	56.52	49.23
19	46.39	32.86	29.66	25.98	52.10	36.35	33.13	29.18	66.37	46.31	42.21	37.17	87.62	62.59	56.52	49.23
20	46.39	32.86	29.66	25.98	52.10	36.35	33.13	29.18	66.37	46.31	42.21	37.17	87.62	62.59	56.52	49.23
21	45.48	32.74	29.54	25.72	50.84	35.60	32.31	28.43	64.87	45.26	41.22	36.27	86.87	63.38	57.19	49.76
22	44.71	32.73	29.51	25.66	49.80	35.38	31.91	27.81	63.66	44.81	40.44	35.54	86.38	64.29	57.96	50.39
23	44.09	32.85	29.61	25.73	48.97	35.26	31.78	27.60	62.75	44.75	40.33	35.04	86.24	65.32	58.85	51.13
24	43.64	33.05	29.77	25.85	48.36	35.22	31.72	27.55	62.14	44.82	40.37	35.06	87.75	66.46	59.85	51.96
25	43.98	33.31	29.99	26.03	47.97	35.41	31.88	27.67	61.82	45.03	40.54	35.18	89.42	67.73	60.97	52.90
26	44.42	33.64	30.28	26.26	47.80	35.79	32.21	27.94	61.81	45.57	41.00	35.57	91.25	69.11	62.19	53.94
27	44.94	34.03	30.63	26.56	47.92	36.29	32.65	28.31	62.10	46.40	41.75	36.20	93.23	70.61	63.53	55.08
28	45.55	34.50	31.04	26.91	48.74	36.91	33.20	28.79	62.67	47.42	42.65	36.98	95.37	72.23	64.98	56.33
29	46.26	35.03	31.52	27.31	49.72	37.66	33.87	29.36	64.17	48.61	43.72	37.90	97.67	73.97	66.55	57.67
30	47.05	35.63	32.06	27.78	50.86	38.52	34.65	30.03	65.97	49.97	44.95	38.96	100.12	75.83	68.22	59.12
31	47.96	36.32	32.69	28.33	52.20	39.54	35.57	30.83	68.06	51.56	46.39	40.21	102.83	77.88	70.08	60.74
32	49.01	37.11	33.41	28.96	53.77	40.72	36.66	31.78	70.48	53.39	48.06	41.67	105.84	80.16	72.16	62.56
33	50.17	38.00	34.22	29.68	55.54	42.06	37.88	32.86	73.19	55.44	49.93	43.32	109.10	82.63	74.42	64.55
34	51.43	38.95	35.10	30.46	57.47	43.52	39.22	34.04	76.14	57.67	51.97	45.12	112.54	85.23	76.81	66.66
35	52.77	39.96	36.04	31.28	59.55	45.09	40.66	35.31	79.30	60.06	54.16	47.04	116.09	87.92	79.28	68.84
36	54.16	41.02	37.01	32.14	61.73	46.75	42.18	36.65	82.62	62.57	56.45	49.06	119.69	90.64	81.78	71.04
37	55.59	42.10	38.00	33.02	64.01	48.47	43.75	38.03	86.06	65.18	58.83	51.14	123.27	93.36	84.26	73.23
38	57.03	43.20	39.00	33.89	66.34	50.23	45.36	39.43	89.59	67.85	61.26	53.26	126.77	96.01	86.68	75.34
39	58.48	44.29	40.00	34.76	68.70	52.02	46.98	40.83	93.15	70.55	63.70	55.38	130.13	98.55	88.99	77.35
40	59.90	45.37	40.97	35.59	71.06	53.81	48.59	42.22	96.72	73.25	66.14	57.47	133.27	100.93	91.14	79.19
41	61.33	46.45	41.94	36.43	73.43	55.61	50.21	43.62	100.52	76.13	68.73	59.70	136.43	103.33	93.30	81.04
42	62.79	47.56	42.95	37.30	75.85	57.44	51.88	45.07	104.73	79.32	71.61	62.19	139.81	105.88	95.60	83.02
43	64.28	48.69	43.97	38.20	78.33	59.32	53.58	46.57	109.21	82.71	74.68	64.85	143.28	108.51	97.97	85.06
44	65.80	49.84	45.02	39.11	80.87	61.24	55.33	48.10	113.83	86.21	77.83	67.59	146.74	111.13	100.32	87.08
45	67.34	51.01	46.07	40.02	83.48	63.22	57.12	49.66	118.45	89.72	80.99	70.31	150.05	113.64	102.57	88.99
46	68.90	52.19	47.12	40.91	86.17	65.26	58.95	51.23	122.95	93.13	84.04	72.91	153.11	115.96	104.63	90.72
47	70.46	53.37	48.17	41.77	88.95	67.37	60.82	52.80	127.19	96.34	86.90	75.32	155.80	118.00	106.41	92.18
48	72.03	54.56	49.20	42.60	91.83	69.55	62.74	54.36	131.04	99.26	89.47	77.42	158.00	119.66	107.84	93.28
49	73.60	55.75	50.21	43.37	94.82	71.81	64.70	55.91	134.37	101.78	91.65	79.14	159.59	120.87	108.83	93.96
50	75.16	56.93	51.20	44.08	97.92	74.16	66.70	57.43	137.04	103.80	93.35	80.38	160.46	121.53	109.30	94.12
51	76.72	58.11	52.17	44.73	101.13	76.59	68.75	58.93	139.16	105.41	94.65	81.21	160.70	121.71	109.31	93.84
52	78.29	59.30	53.12	45.35	104.43	79.09	70.84	60.43	140.94	106.75	95.68	81.78	160.50	121.56	108.99	93.23
53	79.86	60.49	54.07	45.93	107.83	81.67	72.97	61.92	142.37	107.83	96.46	82.08	159.84	121.06	108.35	92.30
54	81.44	61.68	55.00	46.48	111.33	84.32	75.15	63.41	143.45	108.65	96.98	82.12	158.73	120.22	107.37	91.05
55	83.02	62.88	55.93	46.99	114.92	87.04	77.36	64.90	144.18	109.21	97.24	81.89	157.18	119.04	106.07	89.48
56	84.61	64.09	56.84	47.46	118.61	89.83	79.63	66.38	N/A				155.17	117.52	104.44	87.58
57	86.21	65.30	57.75	47.90	122.39	92.69	81.93	67.86					152.71	115.66	102.48	85.36
58	87.81	66.51	58.64	48.30	126.26	95.62	84.28	69.34					149.80	113.46	100.20	82.82
59	89.42	67.73	59.53	48.67	130.23	98.63	86.67	70.81					146.45	110.91	97.58	79.96
60	91.04	68.95	60.40	49.00	134.30	101.71	89.10	72.28					142.64	108.03	94.64	76.77
61	84.12	62.38	54.80	44.62	N/A								N/A			
62	78.68	56.94	50.18	41.05												
63	73.25	51.51	45.57	37.49												
64	67.81	46.07	40.95	33.92												

Apply a 25% Surcharge Factor For Tobacco Users.

Policy Form B170

Occupation Class 2P - Base Policy With Policy Rider PR6 - Guaranteed Renewable and Noncancelable Premiums

Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday

Gender Male

	Benefit Period is 2 Years				Benefit Period is 5 Years				Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days				Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365	60	90	180	365	60	90	180	365
18	25.17	20.60	18.68	16.33	27.92	22.85	20.72	18.11	32.55	26.65	24.16	21.12	44.29	36.26	32.88	28.74
19	25.17	20.60	18.68	16.33	27.92	22.85	20.72	18.11	32.55	26.65	24.16	21.12	44.29	36.26	32.88	28.74
20	25.17	20.60	18.68	16.33	27.92	22.85	20.72	18.11	32.55	26.65	24.16	21.12	44.29	36.26	32.88	28.74
21	25.42	20.80	18.85	16.46	28.01	22.92	20.77	18.13	32.81	26.86	24.33	21.25	45.19	36.99	33.51	29.26
22	25.74	21.07	19.07	16.64	28.22	23.09	20.91	18.24	33.25	27.22	24.63	21.49	46.24	37.86	34.27	29.89
23	26.14	21.39	19.35	16.87	28.55	23.37	21.14	18.43	33.85	27.71	25.06	21.85	47.46	38.85	35.14	30.63
24	26.60	21.77	19.69	17.15	29.00	23.74	21.46	18.70	34.62	28.34	25.62	22.32	48.83	39.98	36.14	31.48
25	27.14	22.21	20.08	17.48	29.59	24.22	21.89	19.06	35.57	29.12	26.31	22.91	50.37	41.23	37.26	32.43
26	27.75	22.71	20.52	17.86	30.29	24.79	22.40	19.49	36.68	30.03	27.13	23.60	52.06	42.62	38.50	33.50
27	28.43	23.27	21.02	18.29	31.12	25.47	23.01	20.02	37.96	31.08	28.07	24.42	53.91	44.14	39.86	34.67
28	29.19	23.89	21.57	18.77	32.07	26.25	23.71	20.62	39.41	32.26	29.14	25.34	55.93	45.78	41.35	35.96
29	30.01	24.56	22.18	19.29	33.14	27.13	24.50	21.31	41.04	33.59	30.34	26.39	58.10	47.56	42.95	37.35
30	30.91	25.30	22.85	19.87	34.34	28.11	25.39	22.08	42.83	35.06	31.67	27.54	60.43	49.47	44.68	38.85
31	31.85	26.07	23.55	20.48	35.61	29.15	26.34	22.91	44.72	36.61	33.08	28.77	62.89	51.48	46.51	40.45
32	32.81	26.86	24.27	21.12	36.92	30.23	27.32	23.77	46.67	38.21	34.54	30.06	65.46	53.59	48.44	42.14
33	33.82	27.68	25.03	21.79	38.32	31.36	28.37	24.70	48.73	39.89	36.08	31.42	68.17	55.80	50.47	43.93
34	34.89	28.56	25.84	22.51	39.82	32.60	29.50	25.70	50.95	41.71	37.75	32.89	71.02	58.14	52.61	45.83
35	36.05	29.51	26.72	23.29	41.47	33.95	30.74	26.80	53.36	43.69	39.56	34.50	74.05	60.62	54.89	47.84
36	37.32	30.54	27.67	24.13	43.30	35.45	32.12	28.01	56.02	45.87	41.56	36.25	77.28	63.25	57.31	49.98
37	38.71	31.68	28.72	25.05	45.35	37.12	33.65	29.36	58.98	48.29	43.77	38.19	80.71	66.07	59.88	52.24
38	40.25	32.94	29.87	26.05	47.65	39.00	35.36	30.85	62.28	50.99	46.23	40.34	84.39	69.07	62.63	54.63
39	41.96	34.34	31.14	27.16	50.22	41.11	37.28	32.52	65.97	54.01	48.97	42.72	88.32	72.29	65.55	57.17
40	43.85	35.89	32.54	28.37	53.12	43.48	39.42	34.37	70.10	57.39	52.02	45.36	92.52	75.73	68.66	59.86
41	45.93	37.59	34.08	29.71	56.31	46.09	41.78	36.43	74.86	61.29	55.55	48.42	97.23	79.59	72.15	62.88
42	48.17	39.43	35.75	31.18	59.73	48.89	44.34	38.68	80.32	65.75	59.60	51.97	102.56	83.95	76.11	66.33
43	50.56	41.38	37.54	32.76	63.39	51.89	47.08	41.11	86.31	70.66	64.06	55.88	108.33	88.67	80.40	70.08
44	53.09	43.46	39.43	34.43	67.29	55.08	49.99	43.69	92.68	75.87	68.80	60.03	114.39	93.63	84.89	74.01
45	55.76	45.64	41.42	36.17	71.43	58.47	53.08	46.40	99.28	81.27	73.69	64.29	120.56	98.69	89.47	77.99
46	58.56	47.93	43.48	37.97	75.80	62.05	56.32	49.21	105.93	86.72	78.62	68.55	126.69	103.71	93.99	81.88
47	61.47	50.32	45.62	39.79	80.41	65.83	59.71	52.11	112.50	92.09	83.44	72.68	132.61	108.55	98.33	85.57
48	64.49	52.79	47.82	41.62	85.26	69.80	63.24	55.07	118.80	97.25	88.05	76.56	138.14	113.08	102.35	88.94
49	67.61	55.34	50.06	43.45	90.34	73.96	66.91	58.08	124.70	102.08	92.31	80.06	143.13	117.17	105.94	91.84
50	70.82	57.97	52.34	45.24	95.66	78.31	70.70	61.10	130.03	106.44	96.10	83.06	147.41	120.67	108.95	94.16
51	74.13	60.68	54.66	47.02	101.21	82.86	74.63	64.16	134.92	110.44	99.53	85.66	151.12	123.70	111.50	96.00
52	77.55	63.48	57.05	48.82	107.00	87.59	78.70	67.29	139.61	114.28	102.77	88.06	154.50	126.47	113.78	97.55
53	81.08	66.37	59.50	50.64	113.03	92.53	82.91	70.48	144.10	117.96	105.84	90.24	157.56	128.98	115.79	98.82
54	84.72	69.35	62.02	52.47	119.29	97.65	87.27	73.75	148.39	121.47	108.73	92.21	160.30	131.22	117.53	99.79
55	88.48	72.42	64.59	54.32	125.79	102.97	91.78	77.09	152.48	124.81	111.44	93.96	162.71	133.19	119.00	100.48
56	92.34	75.59	67.23	56.19	132.52	108.48	96.43	80.50	N/A				164.80	134.90	120.20	100.87
57	96.32	78.84	69.93	58.07	139.49	114.19	101.23	83.98					166.56	136.34	121.13	100.98
58	100.41	82.19	72.69	59.97	146.70	120.08	106.17	87.52					168.00	137.52	121.79	100.80
59	104.61	85.62	75.52	61.89	154.14	126.18	111.26	91.14					169.12	138.43	122.19	100.33
60	108.92	89.15	78.41	63.83	161.82	132.46	116.49	94.83					169.91	139.08	122.31	99.57
61	106.32	83.11	73.28	59.90	N/A								N/A			
62	106.10	79.02	69.88	57.37												
63	105.89	74.93	66.47	54.84												
64	105.67	70.83	63.06	52.31												

Apply a 25% Surcharge Factor For Tobacco Users.

Policy Form B170

Occupation Class 2P - Base Policy With Policy Rider PR6 - Guaranteed Renewable and Noncancelable Premiums

Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday

Gender Female

	Benefit Period is 2 Years				Benefit Period is 5 Years				Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days				Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365	60	90	180	365	60	90	180	365
18	38.22	28.95	26.14	22.77	40.30	30.53	27.57	24.01	50.15	37.99	34.30	29.88	74.83	56.68	51.18	44.58
19	38.22	28.95	26.14	22.77	40.30	30.53	27.57	24.01	50.15	37.99	34.30	29.88	74.83	56.68	51.18	44.58
20	38.22	28.95	26.14	22.77	40.30	30.53	27.57	24.01	50.15	37.99	34.30	29.88	74.83	56.68	51.18	44.58
21	38.79	29.38	26.50	23.06	40.79	30.90	27.88	24.26	51.04	38.66	34.87	30.35	77.00	58.33	52.62	45.78
22	39.42	29.86	26.92	23.40	41.42	31.38	28.29	24.59	52.11	39.47	35.58	30.93	79.30	60.06	54.15	47.07
23	40.12	30.39	27.38	23.78	42.17	31.95	28.78	25.00	53.36	40.42	36.41	31.62	81.72	61.90	55.76	48.43
24	40.89	30.97	27.89	24.21	43.05	32.61	29.37	25.49	54.80	41.51	37.37	32.44	84.27	63.82	57.47	49.88
25	41.73	31.61	28.45	24.68	44.06	33.38	30.04	26.06	56.43	42.74	38.47	33.37	86.93	65.84	59.27	51.41
26	42.63	32.29	29.06	25.20	45.20	34.24	30.81	26.72	58.24	44.11	39.69	34.41	89.72	67.95	61.15	53.02
27	43.60	33.03	29.71	25.76	46.47	35.20	31.66	27.45	60.23	45.63	41.04	35.57	92.64	70.16	63.12	54.72
28	44.64	33.82	30.42	26.37	47.86	36.25	32.61	28.27	62.41	47.28	42.52	36.85	95.67	72.45	65.19	56.49
29	45.75	34.66	31.18	27.02	49.39	37.41	33.65	29.16	64.78	49.07	44.14	38.24	98.83	74.85	67.34	58.35
30	46.93	35.55	31.98	27.71	51.04	38.66	34.78	30.14	67.33	51.00	45.88	39.75	102.11	77.33	69.58	60.29
31	48.15	36.47	32.82	28.44	52.78	39.98	35.97	31.18	70.01	53.03	47.72	41.35	105.50	79.90	71.91	62.32
32	49.40	37.42	33.68	29.20	54.58	41.34	37.22	32.27	72.79	55.13	49.63	43.03	109.00	82.55	74.33	64.44
33	50.70	38.40	34.59	30.00	56.48	42.78	38.53	33.43	75.70	57.34	51.65	44.81	112.62	85.29	76.83	66.64
34	52.05	39.43	35.53	30.84	58.50	44.30	39.93	34.67	78.79	59.67	53.79	46.69	116.35	88.12	79.42	68.93
35	53.49	40.52	36.54	31.73	60.66	45.94	41.43	35.99	82.08	62.17	56.07	48.70	120.21	91.04	82.11	71.30
36	55.03	41.68	37.61	32.67	63.00	47.71	43.05	37.41	85.62	64.85	58.52	50.86	124.21	94.07	84.88	73.75
37	56.67	42.92	38.75	33.67	65.54	49.63	44.81	38.95	89.45	67.75	61.16	53.17	128.35	97.20	87.75	76.26
38	58.44	44.26	39.97	34.74	68.31	51.73	46.72	40.61	93.60	70.89	64.01	55.66	132.63	100.45	90.71	78.84
39	60.36	45.72	41.29	35.88	71.34	54.03	48.80	42.41	98.11	74.31	67.10	58.33	137.08	103.81	93.76	81.49
40	62.44	47.29	42.71	37.10	74.66	56.54	51.06	44.36	103.01	78.02	70.45	61.21	141.68	107.30	96.90	84.19
41	64.73	49.02	44.27	38.45	78.31	59.31	53.56	46.52	108.66	82.30	74.31	64.53	146.81	111.18	100.40	87.20
42	67.23	50.92	45.99	39.95	82.30	62.33	56.30	48.91	115.21	87.26	78.78	68.42	152.66	115.61	104.39	90.65
43	69.91	52.95	47.83	41.56	86.58	65.57	59.24	51.49	122.40	92.71	83.71	72.70	158.98	120.40	108.71	94.39
44	72.73	55.08	49.76	43.24	91.09	68.99	62.34	54.21	129.99	98.46	88.90	77.20	165.53	125.36	113.18	98.24
45	75.64	57.29	51.75	44.97	95.79	72.55	65.56	57.02	137.72	104.31	94.17	81.76	172.06	130.31	117.62	102.06
46	78.61	59.53	53.77	46.70	100.64	76.22	68.86	59.86	145.34	110.08	99.35	86.21	178.32	135.05	121.87	105.68
47	81.59	61.79	55.78	48.40	105.58	79.96	72.20	62.70	152.59	115.57	104.26	90.37	184.08	139.42	125.74	108.93
48	84.55	64.04	57.75	50.03	110.56	83.73	75.54	65.47	159.23	120.60	108.71	94.09	189.09	143.21	129.08	111.65
49	87.44	66.23	59.66	51.55	115.54	87.51	78.84	68.14	164.99	124.96	112.53	97.18	193.09	146.24	131.69	113.69
50	90.23	68.34	61.46	52.92	120.47	91.24	82.06	70.66	169.62	128.47	115.54	99.49	195.85	148.33	133.41	114.88
51	92.95	70.40	63.19	54.18	125.39	94.97	85.23	73.06	173.34	131.29	117.88	101.15	197.57	149.63	134.38	115.35
52	95.65	72.45	64.89	55.38	130.37	98.74	88.42	75.42	176.53	133.70	119.83	102.42	198.61	150.42	134.87	115.35
53	98.35	74.49	66.57	56.53	135.41	102.56	91.62	77.74	179.18	135.71	121.39	103.29	198.99	150.71	134.87	114.88
54	101.03	76.52	68.22	57.62	140.51	106.42	94.84	80.02	181.29	137.31	122.55	103.77	198.69	150.48	134.39	113.94
55	103.70	78.55	69.84	58.64	145.68	110.34	98.06	82.25	182.87	138.51	123.32	103.85	197.71	149.74	133.42	112.52
56	106.36	80.56	71.44	59.61	150.90	114.30	101.30	84.44	N/A				196.07	148.50	131.96	110.63
57	109.01	82.57	73.01	60.53	156.19	118.30	104.56	86.59					193.75	146.74	130.01	108.27
58	111.65	84.57	74.55	61.38	161.54	122.36	107.82	88.70					190.76	144.48	127.58	105.44
59	114.27	86.56	76.07	62.17	166.95	126.45	111.11	90.77					187.10	141.70	124.66	102.14
60	116.89	88.54	77.56	62.91	172.42	130.60	114.40	92.80					182.76	138.42	121.26	98.36
61	108.09	79.80	70.08	57.03	N/A								N/A			
62	101.77	72.95	64.24	52.50												
63	95.46	66.10	58.41	47.96												
64	89.14	59.25	52.57	43.42												

Apply a 25% Surcharge Factor For Tobacco Users.

Policy Form B170

Occupation Class A - Base Policy With Policy Rider PR6 - Guaranteed Renewable and Noncancelable Premiums

Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday

Gender Male

	Benefit Period is 2 Years				Benefit Period is 5 Years				Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days				Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365	60	90	180	365	60	90	180	365
18	35.36	30.48	26.00	23.36	39.89	34.38	29.33	26.35	48.20	41.54	35.43	31.83	65.00	56.02	47.79	42.93
19	35.36	30.48	26.00	23.36	39.89	34.38	29.33	26.35	48.20	41.54	35.43	31.83	65.00	56.02	47.79	42.93
20	35.36	30.48	26.00	23.36	39.89	34.38	29.33	26.35	48.20	41.54	35.43	31.83	65.00	56.02	47.79	42.93
21	36.18	31.18	26.58	23.85	40.59	34.99	29.82	26.76	49.21	42.41	36.14	32.43	67.48	58.16	49.57	44.48
22	37.00	31.89	27.16	24.35	41.35	35.64	30.36	27.22	50.30	43.35	36.91	33.10	69.95	60.29	51.34	46.03
23	37.83	32.61	27.75	24.86	42.16	36.34	30.93	27.71	51.48	44.37	37.75	33.82	72.42	62.41	53.11	47.58
24	38.66	33.32	28.35	25.38	43.03	37.09	31.55	28.25	52.74	45.45	38.66	34.61	74.87	64.52	54.89	49.13
25	39.50	34.05	28.95	25.91	43.95	37.88	32.22	28.83	54.08	46.61	39.63	35.46	77.32	66.63	56.66	50.69
26	40.35	34.77	29.56	26.44	44.93	38.72	32.92	29.44	55.51	47.84	40.66	36.37	79.75	68.73	58.42	52.25
27	41.20	35.51	30.17	26.98	45.96	39.61	33.67	30.10	57.02	49.15	41.76	37.34	82.18	70.82	60.19	53.81
28	42.05	36.24	30.80	27.53	47.05	40.55	34.46	30.80	58.62	50.52	42.93	38.37	84.60	72.91	61.96	55.38
29	42.91	36.98	31.43	28.09	48.19	41.53	35.29	31.54	60.30	51.97	44.16	39.47	87.01	74.98	63.72	56.95
30	43.78	37.73	32.06	28.65	49.38	42.56	36.17	32.32	62.06	53.49	45.45	40.62	89.41	77.05	65.48	58.52
31	44.54	38.38	32.62	29.15	50.49	43.51	36.99	33.06	63.72	54.92	46.68	41.72	91.60	78.94	67.10	59.97
32	45.13	38.89	33.07	29.56	51.43	44.32	37.69	33.70	65.17	56.17	47.76	42.70	93.47	80.55	68.49	61.24
33	45.63	39.32	33.45	29.92	52.30	45.07	38.35	34.30	66.53	57.34	48.78	43.65	95.15	82.00	69.76	62.41
34	46.10	39.73	33.82	30.27	53.19	45.84	39.03	34.93	67.94	58.55	49.84	44.63	96.78	83.40	71.00	63.56
35	46.63	40.19	34.23	30.65	54.20	46.71	39.79	35.64	69.51	59.91	51.03	45.72	98.49	84.88	72.29	64.75
36	47.29	40.76	34.73	31.12	55.42	47.76	40.71	36.48	71.38	61.51	52.43	47.00	100.42	86.53	73.75	66.09
37	48.16	41.50	35.38	31.72	56.95	49.08	41.85	37.52	73.67	63.48	54.14	48.54	102.69	88.49	75.45	67.64
38	49.30	42.49	36.24	32.49	58.88	50.75	43.29	38.81	76.50	65.92	56.23	50.43	105.44	90.86	77.49	69.48
39	50.80	43.78	37.35	33.48	61.31	52.84	45.08	40.41	80.01	68.94	58.82	52.73	108.81	93.76	79.98	71.70
40	52.73	45.44	38.76	34.73	64.33	55.44	47.29	42.37	84.31	72.65	61.97	55.53	112.92	97.31	83.00	74.38
41	55.16	47.54	40.55	36.32	68.02	58.62	50.00	44.79	89.76	77.34	65.97	59.09	118.17	101.84	86.85	77.80
42	58.07	50.05	42.69	38.25	72.33	62.33	53.18	47.66	96.41	83.08	70.86	63.48	124.65	107.42	91.61	82.05
43	61.36	52.88	45.12	40.44	77.15	66.49	56.74	50.88	103.98	89.60	76.43	68.47	132.01	113.76	97.02	86.89
44	64.93	55.96	47.75	42.82	82.38	70.99	60.60	54.36	112.14	96.64	82.43	73.86	139.91	120.58	102.82	92.08
45	68.70	59.21	50.52	45.30	87.90	75.76	64.66	58.02	120.61	103.94	88.65	79.41	148.03	127.58	108.78	97.37
46	72.56	62.54	53.35	47.81	93.62	80.69	68.85	61.75	129.08	111.24	94.85	84.92	156.03	134.47	114.62	102.54
47	76.43	65.87	56.16	50.28	99.43	85.69	73.08	65.47	137.24	118.28	100.80	90.15	163.57	140.97	120.10	107.33
48	80.20	69.12	58.89	52.62	105.22	90.68	77.27	69.09	144.80	124.79	106.27	94.89	170.31	146.78	124.96	111.52
49	83.79	72.22	61.45	54.77	110.88	95.56	81.32	72.50	151.46	130.53	111.04	98.93	175.93	151.62	128.96	114.85
50	87.10	75.07	63.77	56.64	116.31	100.24	85.15	75.63	156.90	135.22	114.87	102.03	180.08	155.20	131.84	117.10
51	90.21	77.75	65.92	58.30	121.60	104.80	88.83	78.54	161.39	139.09	117.96	104.39	183.05	157.76	133.81	118.46
52	93.26	80.38	68.00	59.87	126.90	109.37	92.50	81.38	165.37	142.52	120.64	106.33	185.33	159.73	135.25	119.29
53	96.25	82.95	70.02	61.33	132.22	113.95	96.15	84.15	168.84	145.51	122.92	107.85	186.93	161.11	136.16	119.58
54	99.18	85.48	71.98	62.70	137.56	118.55	99.78	86.83	171.82	148.08	124.80	108.96	187.85	161.90	136.54	119.35
55	102.05	87.95	73.87	63.98	142.91	123.17	103.39	89.45	174.28	150.20	126.29	109.65	188.09	162.11	136.39	118.59
56	104.86	90.37	75.69	65.16	148.28	127.80	106.98	91.99	N/A				187.65	161.72	135.70	117.30
57	107.61	92.74	77.46	66.24	153.67	132.44	110.56	94.45					186.52	160.75	134.49	115.48
58	110.30	95.06	79.16	67.23	159.07	137.10	114.11	96.84					184.72	159.20	132.75	113.13
59	112.93	97.33	80.79	68.12	164.49	141.77	117.65	99.15					182.23	157.05	130.48	110.25
60	115.50	99.54	82.36	68.91	169.92	146.45	121.17	101.39					179.06	154.32	127.68	106.84
61	108.26	90.22	75.12	62.95	N/A								N/A			
62	103.92	83.41	69.95	58.71												
63	99.58	76.59	64.79	54.48												
64	95.24	69.77	59.62	50.25												

Apply a 25% Surcharge Factor For Tobacco Users.

Policy Form B170

Occupation Class A - Base Policy With Policy Rider PR6 - Guaranteed Renewable and Noncancelable Premiums

Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday

Gender Female

	Benefit Period is 2 Years				Benefit Period is 5 Years				Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days				Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365	60	90	180	365	60	90	180	365
18	53.01	44.01	38.57	33.84	56.91	47.25	41.41	36.33	70.57	58.59	51.34	45.05	110.49	91.74	80.39	70.54
19	53.01	44.01	38.57	33.84	56.91	47.25	41.41	36.33	70.57	58.59	51.34	45.05	110.49	91.74	80.39	70.54
20	53.01	44.01	38.57	33.84	56.91	47.25	41.41	36.33	70.57	58.59	51.34	45.05	110.49	91.74	80.39	70.54
21	54.65	45.37	39.73	34.82	58.32	48.42	42.40	37.16	72.87	60.50	52.97	46.43	115.71	96.07	84.11	73.72
22	56.21	46.67	40.83	35.76	59.72	49.58	43.38	37.99	75.17	62.41	54.60	47.81	120.68	100.21	87.66	76.77
23	57.68	47.89	41.88	36.64	61.11	50.74	44.36	38.82	77.47	64.32	56.23	49.21	125.42	104.14	91.05	79.67
24	59.07	49.04	42.86	37.48	62.48	51.88	45.34	39.65	79.76	66.22	57.87	50.60	129.93	107.88	94.27	82.44
25	60.37	50.12	43.79	38.28	63.84	53.01	46.31	40.48	82.05	68.13	59.50	52.01	134.19	111.43	97.33	85.07
26	61.59	51.13	44.66	39.02	65.19	54.12	47.27	41.30	84.34	70.03	61.15	53.42	138.22	114.77	100.22	87.57
27	62.73	52.08	45.47	39.72	66.53	55.23	48.22	42.12	86.62	71.92	62.79	54.84	142.01	117.92	102.95	89.92
28	63.78	52.95	46.23	40.37	67.85	56.33	49.17	42.94	88.91	73.82	64.44	56.27	145.57	120.87	105.52	92.14
29	64.74	53.75	46.92	40.97	69.15	57.41	50.12	43.76	91.18	75.71	66.09	57.70	148.88	123.62	107.92	94.23
30	65.62	54.48	47.56	41.52	70.45	58.49	51.06	44.58	93.46	77.60	67.74	59.14	151.96	126.18	110.15	96.17
31	66.22	54.98	48.00	41.91	71.51	59.37	51.84	45.26	95.48	79.27	69.22	60.44	154.50	128.28	112.01	97.80
32	66.42	55.14	48.16	42.06	72.20	59.95	52.36	45.73	97.09	80.61	70.41	61.50	156.32	129.80	113.37	99.02
33	66.36	55.10	48.14	42.06	72.69	60.35	52.74	46.09	98.47	81.76	71.45	62.44	157.63	130.89	114.37	99.94
34	66.17	54.94	48.03	41.99	73.11	60.70	53.07	46.41	99.79	82.86	72.45	63.36	158.64	131.72	115.16	100.69
35	65.98	54.79	47.92	41.92	73.61	61.12	53.47	46.79	101.23	84.05	73.54	64.35	159.55	132.47	115.89	101.37
36	65.93	54.75	47.91	41.94	74.36	61.74	54.04	47.31	102.94	85.47	74.83	65.51	160.56	133.31	116.68	102.12
37	66.15	54.93	48.10	42.12	75.49	62.68	54.89	48.07	105.11	87.28	76.44	66.95	161.87	134.40	117.69	103.04
38	66.78	55.45	48.57	42.54	77.15	64.06	56.12	49.15	107.90	89.60	78.50	68.76	163.69	135.91	119.06	104.26
39	67.94	56.41	49.42	43.29	79.50	66.01	57.84	50.65	111.49	92.58	81.12	71.05	166.23	138.01	120.93	105.90
40	69.76	57.93	50.75	44.43	82.68	68.65	60.15	52.65	116.05	96.36	84.43	73.91	169.68	140.88	123.44	108.06
41	72.45	60.16	52.70	46.12	86.94	72.19	63.24	55.34	122.09	101.37	88.81	77.71	174.56	144.93	126.98	111.11
42	75.98	63.09	55.27	48.37	92.25	76.60	67.12	58.73	129.72	107.71	94.36	82.55	180.95	150.24	131.62	115.13
43	80.14	66.55	58.30	51.02	98.38	81.68	71.58	62.65	138.50	115.00	100.74	88.12	188.38	156.41	137.01	119.82
44	84.73	70.36	61.64	53.94	105.07	87.23	76.45	66.92	147.99	122.88	107.64	94.13	196.41	163.08	142.83	124.86
45	89.54	74.35	65.13	56.97	112.08	93.06	81.55	71.37	157.76	130.99	114.72	100.29	204.58	169.86	148.73	129.95
46	94.36	78.35	68.62	59.99	119.17	98.94	86.69	75.83	167.36	138.96	121.67	106.29	212.43	176.37	154.38	134.79
47	98.99	82.20	71.95	62.83	126.10	104.69	91.68	80.11	176.37	146.44	128.16	111.84	219.50	182.25	159.45	139.07
48	103.23	85.71	74.98	65.37	132.62	110.10	96.34	84.04	184.34	153.06	133.86	116.65	225.34	187.10	163.59	142.50
49	106.86	88.73	77.54	67.46	138.48	114.97	100.49	87.45	190.83	158.45	138.45	120.41	229.50	190.55	166.47	144.75
50	109.68	91.07	79.48	68.95	143.44	119.09	103.94	90.17	195.41	162.25	141.60	122.84	231.52	192.23	167.76	145.54
51	111.87	92.88	80.93	69.96	147.71	122.63	106.84	92.33	198.44	164.77	143.59	124.17	231.78	192.44	167.73	145.11
52	113.72	94.43	82.13	70.72	151.65	125.91	109.48	94.21	200.58	166.54	144.90	124.86	230.95	191.76	166.89	143.92
53	115.25	95.69	83.07	71.21	155.26	128.90	111.85	95.80	201.82	167.58	145.53	124.90	229.05	190.18	165.24	141.97
54	116.45	96.69	83.75	71.44	158.54	131.63	113.95	97.09	202.18	167.87	145.48	124.29	226.07	187.71	162.78	139.26
55	117.32	97.41	84.17	71.41	161.49	134.08	115.78	98.10	201.64	167.43	144.76	123.03	222.02	184.35	159.50	135.79
56	117.86	97.86	84.33	71.12	164.11	136.26	117.35	98.82	N/A				216.88	180.08	155.42	131.56
57	118.08	98.04	84.23	70.57	166.41	138.17	118.64	99.26					210.67	174.93	150.52	126.57
58	117.96	97.95	83.88	69.75	168.37	139.81	119.67	99.40					203.38	168.88	144.82	120.82
59	117.52	97.58	83.27	68.68	170.01	141.17	120.43	99.25					195.02	161.93	138.30	114.31
60	116.75	96.94	82.40	67.34	171.32	142.26	120.92	98.82					185.57	154.09	130.97	107.04
61	115.61	92.22	78.77	64.73	N/A								N/A			
62	117.39	89.93	77.19	63.80												
63	119.18	87.64	75.62	62.88												
64	120.96	85.34	74.05	61.95												

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Form B170															
	Occupation Class B - Base Policy With Policy Rider PR6 - Guaranteed Renewable and Noncancelable Premiums															
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday															
Gender	Male															
	Benefit Period is 2 Years				Benefit Period is 5 Years				Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days				Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365	60	90	180	365	60	90	180	365
18	43.49	37.49	31.98	28.73	49.06	42.29	36.08	32.41	N/A				N/A			
19	43.49	37.49	31.98	28.73	49.06	42.29	36.08	32.41								
20	43.49	37.49	31.98	28.73	49.06	42.29	36.08	32.41								
21	44.83	38.65	32.94	29.56	50.31	43.36	36.96	33.17								
22	46.18	39.80	33.90	30.39	51.61	44.48	37.88	33.97								
23	47.52	40.96	34.86	31.24	52.97	45.65	38.86	34.81								
24	48.87	42.12	35.83	32.08	54.39	46.88	39.88	35.71								
25	50.22	43.28	36.80	32.93	55.87	48.16	40.95	36.64								
26	51.57	44.44	37.78	33.79	57.42	49.49	42.07	37.63								
27	52.91	45.60	38.75	34.65	59.02	50.87	43.24	38.66								
28	54.25	46.75	39.73	35.51	60.69	52.31	44.45	39.73								
29	55.58	47.90	40.70	36.38	62.41	53.79	45.71	40.85								
30	56.91	49.05	41.68	37.25	64.19	55.33	47.02	42.02								
31	58.08	50.06	42.54	38.02	65.84	56.75	48.24	43.11								
32	59.00	50.85	43.23	38.65	67.24	57.95	49.28	44.05								
33	59.77	51.51	43.81	39.19	68.51	59.05	50.24	44.94								
34	60.49	52.13	44.37	39.71	69.79	60.15	51.21	45.83								
35	61.26	52.79	44.96	40.27	71.20	61.37	52.28	46.82								
36	62.20	53.60	45.68	40.93	72.89	62.82	53.54	47.98								
37	63.39	54.63	46.58	41.75	74.97	64.61	55.09	49.39								
38	64.96	55.98	47.74	42.80	77.57	66.85	57.03	51.13								
39	66.99	57.73	49.24	44.14	80.85	69.67	59.44	53.28								
40	69.60	59.98	51.16	45.84	84.92	73.18	62.42	55.93								
41	72.90	62.82	53.58	48.00	89.89	77.46	66.07	59.19								
42	76.82	66.20	56.47	50.60	95.68	82.46	70.35	63.04								
43	81.24	70.02	59.74	53.55	102.15	88.04	75.13	67.37								
44	86.05	74.16	63.28	56.74	109.17	94.08	80.30	72.04								
45	91.11	78.52	67.00	60.08	116.58	100.47	85.76	76.95								
46	96.30	83.00	70.81	63.45	124.26	107.09	91.38	81.96								
47	101.50	87.48	74.59	66.77	132.05	113.80	97.06	86.95								
48	106.57	91.85	78.25	69.92	139.81	120.49	102.67	91.80								
49	111.40	96.01	81.69	72.81	147.41	127.04	108.11	96.39								
50	115.84	99.84	84.81	75.33	154.69	133.32	113.25	100.59								
51	120.02	103.44	87.70	77.57	161.78	139.43	118.19	104.50								
52	124.11	106.97	90.50	79.67	168.88	145.55	123.10	108.30								
53	128.11	110.41	93.20	81.64	175.99	151.68	127.98	112.00								
54	132.02	113.79	95.81	83.47	183.12	157.82	132.83	115.59								
55	135.85	117.08	98.34	85.17	190.25	163.97	137.64	119.08								
56	139.58	120.30	100.76	86.74	197.39	170.12	142.42	122.45								
57	143.23	123.44	103.10	88.17	204.54	176.28	147.16	125.72								
58	146.78	126.50	105.34	89.47	211.69	182.45	151.86	128.87								
59	150.25	129.49	107.49	90.63	218.84	188.61	156.53	131.92								
60	153.62	132.39	109.54	91.65	225.99	194.78	161.16	134.85								
61	138.97	116.55	96.92	81.20	N/A											
62	129.32	105.00	87.87	73.71												
63	119.66	93.46	78.81	66.23												
64	110.00	81.91	69.75	58.74												

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Form B170															
	Occupation Class B - Base Policy With Policy Rider PR6 - Guaranteed Renewable and Noncancelable Premiums															
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday															
Gender	Female															
	Benefit Period is 2 Years				Benefit Period is 5 Years				Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days				Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365	60	90	180	365	60	90	180	365
18	69.97	58.09	50.91	44.67	75.12	62.37	54.66	47.96	N/A				N/A			
19	69.97	58.09	50.91	44.67	75.12	62.37	54.66	47.96								
20	69.97	58.09	50.91	44.67	75.12	62.37	54.66	47.96								
21	72.56	60.24	52.75	46.23	77.44	64.29	56.29	49.34								
22	75.03	62.29	54.50	47.73	79.72	66.19	57.91	50.71								
23	77.37	64.23	56.17	49.15	81.97	68.05	59.51	52.07								
24	79.58	66.07	57.74	50.50	84.18	69.89	61.08	53.42								
25	81.66	67.79	59.23	51.77	86.35	71.69	62.63	54.75								
26	83.59	69.40	60.61	52.96	88.48	73.46	64.15	56.05								
27	85.39	70.89	61.90	54.07	90.56	75.19	65.65	57.34								
28	87.04	72.26	63.09	55.09	92.60	76.88	67.11	58.61								
29	88.55	73.51	64.18	56.03	94.58	78.53	68.55	59.85								
30	89.90	74.64	65.16	56.88	96.52	80.13	69.95	61.07								
31	90.80	75.39	65.82	57.47	98.06	81.41	71.08	62.07								
32	91.09	75.63	66.05	57.69	99.03	82.22	71.81	62.73								
33	90.96	75.52	65.99	57.66	99.64	82.72	72.29	63.17								
34	90.61	75.23	65.77	57.50	100.11	83.12	72.67	63.55								
35	90.23	74.92	65.53	57.33	100.67	83.58	73.12	63.98								
36	90.03	74.76	65.42	57.27	101.53	84.30	73.79	64.60								
37	90.20	74.90	65.58	57.43	102.92	85.45	74.84	65.54								
38	90.93	75.51	66.14	57.93	105.05	87.23	76.42	66.93								
39	92.42	76.75	67.24	58.89	108.15	89.80	78.69	68.91								
40	94.87	78.78	69.02	60.42	112.44	93.36	81.80	71.60								
41	98.55	81.83	71.69	62.74	118.25	98.19	86.02	75.27								
42	103.39	85.85	75.21	65.82	125.53	104.23	91.33	79.92								
43	109.11	90.61	79.38	69.47	133.94	111.21	97.46	85.30								
44	115.45	95.87	83.99	73.49	143.16	118.86	104.17	91.19								
45	122.11	101.39	88.82	77.70	152.85	126.91	111.22	97.34								
46	128.80	106.95	93.67	81.88	162.68	135.06	118.33	103.51								
47	135.26	112.31	98.32	85.85	172.30	143.05	125.27	109.46								
48	141.18	117.23	102.54	89.41	181.38	150.59	131.77	114.94								
49	146.28	121.46	106.14	92.35	189.56	157.38	137.56	119.72								
50	150.26	124.77	108.89	94.46	196.51	163.15	142.40	123.53								
51	153.37	127.34	110.96	95.92	202.51	168.13	146.48	126.59								
52	156.03	129.55	112.68	97.03	208.06	172.74	150.21	129.26								
53	158.24	131.39	114.05	97.77	213.17	176.99	153.57	131.53								
54	160.00	132.85	115.07	98.16	217.83	180.86	156.57	133.41								
55	161.32	133.94	115.73	98.19	222.05	184.37	159.20	134.89								
56	162.18	134.66	116.04	97.86	225.82	187.50	161.47	135.98								
57	162.59	135.00	115.99	97.17	229.14	190.26	163.37	136.68								
58	162.55	134.97	115.59	96.12	232.02	192.65	164.90	136.97								
59	162.06	134.56	114.83	94.71	234.45	194.67	166.07	136.87								
60	161.12	133.78	113.71	92.93	236.42	196.32	166.87	136.37								
61	152.43	122.48	104.52	85.80	N/A											
62	148.91	115.47	98.97	81.65												
63	145.40	108.47	93.42	77.51												
64	141.88	101.47	87.87	73.37												

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Form B170GI							
	Occupation Class 5A - Base Policy With Guaranteed Renewable Premiums							
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday							
Gender	Unisex							
	Benefit Period is 2 Years				Benefit Period is 5 Years			
	Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365
18	18.30	13.36	12.25	10.86	22.06	16.10	14.76	13.08
19	18.30	13.36	12.25	10.86	22.06	16.10	14.78	13.10
20	18.30	13.36	12.25	10.86	22.06	16.10	14.78	13.10
21	18.07	13.19	12.08	10.70	21.73	15.85	14.54	12.86
22	17.87	13.04	11.94	10.57	21.44	15.65	14.32	12.69
23	17.71	12.93	11.83	10.46	21.21	15.49	14.18	12.54
24	17.59	12.84	11.74	10.38	21.04	15.38	14.06	12.42
25	17.50	12.78	11.68	10.32	20.95	15.30	13.98	12.35
26	17.45	12.74	11.64	10.28	20.89	15.25	13.96	12.31
27	17.44	12.74	11.63	10.27	20.90	15.28	13.96	12.32
28	17.47	12.76	11.65	10.28	20.97	15.33	14.01	12.36
29	17.54	12.80	11.69	10.31	21.12	15.42	14.09	12.43
30	17.64	12.88	11.76	10.37	21.33	15.58	14.22	12.54
31	17.75	12.96	11.84	10.44	21.55	15.72	14.39	12.67
32	17.87	13.05	11.92	10.51	21.76	15.90	14.53	12.81
33	17.99	13.14	12.01	10.60	22.04	16.09	14.71	12.98
34	18.15	13.26	12.12	10.70	22.36	16.34	14.94	13.19
35	18.36	13.41	12.27	10.84	22.76	16.62	15.23	13.43
36	18.64	13.61	12.46	11.01	23.24	16.98	15.56	13.73
37	18.99	13.87	12.71	11.23	23.86	17.41	15.96	14.11
38	19.45	14.20	13.02	11.51	24.59	17.96	16.46	14.55
39	20.02	14.62	13.41	11.85	25.49	18.63	17.07	15.08
40	20.73	15.14	13.88	12.26	26.58	19.41	17.78	15.71
41	21.59	15.77	14.45	12.76	27.86	20.35	18.64	16.45
42	22.59	16.50	15.13	13.36	29.31	21.42	19.65	17.33
43	23.71	17.32	15.89	14.04	30.92	22.60	20.72	18.31
44	24.94	18.21	16.71	14.77	32.68	23.86	21.90	19.37
45	26.24	19.17	17.58	15.55	34.56	25.24	23.16	20.49
46	27.61	20.16	18.49	16.35	36.54	26.69	24.49	21.64
47	29.01	21.19	19.42	17.15	38.62	28.20	25.84	22.82
48	30.43	22.22	20.35	17.94	40.74	29.75	27.24	24.03
49	31.84	23.26	21.27	18.69	42.90	31.33	28.66	25.19
50	33.23	24.27	22.16	19.40	45.11	32.94	30.07	26.31
51	34.61	25.28	23.03	20.07	47.34	34.57	31.50	27.42
52	36.02	26.30	23.91	20.74	49.64	36.25	32.95	28.55
53	37.45	27.35	24.80	21.39	52.05	38.00	34.47	29.70
54	38.90	28.41	25.70	22.04	54.54	39.82	36.02	30.86
55	40.38	29.49	26.60	22.68	57.13	41.71	37.61	32.04
56	41.88	30.58	27.52	23.31	59.82	43.67	39.29	33.26
57	43.40	31.70	28.44	23.94	62.64	45.76	41.04	34.51
58	44.95	32.83	29.37	24.56	65.62	47.92	42.87	35.82
59	46.52	33.97	30.30	25.17	68.81	50.25	44.82	37.20
60	48.12	35.14	31.25	25.77	72.28	52.78	46.93	38.71
61	44.98	32.09	28.60	23.66	64.42	46.29	41.22	34.07
62	41.84	29.04	25.94	21.55	60.16	42.43	37.84	31.37
63	38.70	25.99	23.29	19.45	52.44	36.03	32.22	26.81
64	35.55	22.94	20.64	17.34	44.72	29.63	26.59	22.24
65	32.41	19.89	17.98	15.23	36.99	23.23	20.96	17.68
66	29.27	16.84	15.33	13.12	29.27	16.84	15.33	13.12
67	29.27	16.84	15.33	13.12	29.27	16.84	15.33	13.12
68	29.27	16.84	15.33	13.12	29.27	16.84	15.33	13.12
69	29.27	16.84	15.33	13.12	29.27	16.84	15.33	13.12
70	29.27	16.84	15.33	13.12	29.27	16.84	15.33	13.12
71	29.27	16.84	15.33	13.12	29.27	16.84	15.33	13.12
72	29.27	16.84	15.33	13.12	29.27	16.84	15.33	13.12
73	29.27	16.84	15.33	13.12	29.27	16.84	15.33	13.12
74	29.27	16.84	15.33	13.12	29.27	16.84	15.33	13.12
75	29.61	17.03	15.51	13.28	29.61	17.03	15.51	13.28
76	31.02	17.84	16.24	13.91	31.02	17.84	16.24	13.91
77	32.45	18.66	16.99	14.55	32.45	18.66	16.99	14.55
78	33.91	19.50	17.76	15.20	33.91	19.50	17.76	15.20
79	35.38	20.35	18.53	15.86	35.38	20.35	18.53	15.86
80+	36.87	21.21	19.31	16.53	36.87	21.21	19.31	16.53

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Form B170GI							
	Occupation Class 5A - Base Policy With Guaranteed Renewable Premiums							
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday							
Gender	Unisex							
	Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365
18	26.75	19.52	17.90	15.87	29.82	21.76	19.95	17.70
19	26.75	19.53	17.92	15.88	29.82	21.78	19.97	17.70
20	26.75	19.53	17.92	15.88	29.82	21.78	19.97	17.70
21	26.40	19.26	17.66	15.63	29.75	21.72	19.90	17.62
22	26.11	19.06	17.46	15.45	29.73	21.70	19.89	17.58
23	25.90	18.91	17.31	15.30	29.78	21.73	19.89	17.59
24	25.78	18.83	17.22	15.21	29.91	21.84	19.97	17.63
25	25.73	18.79	17.16	15.16	30.09	21.97	20.06	17.72
26	25.76	18.81	17.20	15.17	30.33	22.16	20.26	17.87
27	25.87	18.88	17.26	15.23	30.66	22.37	20.44	18.04
28	26.05	19.03	17.38	15.33	31.04	22.67	20.71	18.25
29	26.32	19.22	17.56	15.48	31.49	23.01	21.00	18.52
30	26.68	19.48	17.78	15.68	32.02	23.38	21.36	18.82
31	27.05	19.74	18.05	15.90	32.54	23.76	21.71	19.14
32	27.43	20.04	18.31	16.15	33.10	24.16	22.09	19.46
33	27.89	20.37	18.61	16.42	33.70	24.61	22.48	19.84
34	28.41	20.75	18.98	16.75	34.35	25.07	22.94	20.24
35	29.03	21.20	19.42	17.14	35.07	25.61	23.45	20.71
36	29.75	21.73	19.92	17.60	35.90	26.23	24.02	21.23
37	30.64	22.37	20.51	18.13	36.88	26.93	24.67	21.79
38	31.68	23.15	21.21	18.75	38.00	27.76	25.44	22.48
39	32.94	24.06	22.07	19.49	39.32	28.70	26.33	23.26
40	34.42	25.14	23.05	20.36	40.83	29.84	27.35	24.15
41	36.23	26.46	24.26	21.41	42.70	31.18	28.59	25.24
42	38.37	28.04	25.71	22.69	44.90	32.80	30.08	26.55
43	40.80	29.81	27.33	24.14	47.40	34.63	31.75	28.03
44	43.42	31.71	29.09	25.70	50.08	36.59	33.55	29.63
45	46.17	33.72	30.93	27.31	52.88	38.62	35.41	31.26
46	48.96	35.75	32.78	28.93	55.68	40.65	37.26	32.89
47	51.70	37.75	34.59	30.49	58.36	42.60	39.04	34.40
48	54.32	39.67	36.30	31.97	60.88	44.46	40.69	35.82
49	56.74	41.44	37.89	33.28	63.13	46.09	42.15	37.00
50	58.90	43.02	39.28	34.37	65.02	47.48	43.37	37.95
51	60.85	44.44	40.50	35.30	66.62	48.65	44.35	38.68
52	62.70	45.78	41.64	36.14	68.08	49.70	45.22	39.28
53	64.47	47.08	42.73	36.91	69.39	50.67	46.01	39.77
54	66.18	48.32	43.74	37.59	70.57	51.52	46.67	40.16
55	67.80	49.52	44.71	38.21	71.61	52.31	47.25	40.44
56	69.37	50.65	45.63	38.76	72.55	52.98	47.74	40.61
57	70.91	51.78	46.52	39.23	73.40	53.59	48.18	40.68
58	72.43	52.90	47.36	39.67	74.16	54.16	48.51	40.68
59	73.98	54.03	48.22	40.09	74.88	54.69	48.82	40.62
60	75.61	55.22	49.10	40.49	75.61	55.22	49.10	40.49
61	67.89	48.82	43.47	35.93	67.89	48.82	43.47	35.93
62	60.16	42.43	37.84	31.37	60.16	42.43	37.84	31.37
63	52.44	36.03	32.22	26.81	52.44	36.03	32.22	26.81
64	44.72	29.63	26.59	22.24	44.72	29.63	26.59	22.24
65	36.99	23.23	20.96	17.68	36.99	23.23	20.96	17.68
66	29.27	16.84	15.33	13.12	29.27	16.84	15.33	13.12
67	29.27	16.84	15.33	13.12	29.27	16.84	15.33	13.12
68	29.27	16.84	15.33	13.12	29.27	16.84	15.33	13.12
69	29.27	16.84	15.33	13.12	29.27	16.84	15.33	13.12
70	29.27	16.84	15.33	13.12	29.27	16.84	15.33	13.12
71	29.27	16.84	15.33	13.12	29.27	16.84	15.33	13.12
72	29.27	16.84	15.33	13.12	29.27	16.84	15.33	13.12
73	29.27	16.84	15.33	13.12	29.27	16.84	15.33	13.12
74	29.27	16.84	15.33	13.12	29.27	16.84	15.33	13.12
75	29.61	17.03	15.51	13.28	29.61	17.03	15.51	13.28
76	31.02	17.84	16.24	13.91	31.02	17.84	16.24	13.91
77	32.45	18.66	16.99	14.55	32.45	18.66	16.99	14.55
78	33.91	19.50	17.76	15.20	33.91	19.50	17.76	15.20
79	35.38	20.35	18.53	15.86	35.38	20.35	18.53	15.86
80+	36.87	21.21	19.31	16.53	36.87	21.21	19.31	16.53

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Form B170GI							
	Occupation Class 4A - Base Policy With Guaranteed Renewable Premiums							
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday							
Gender	Unisex							
	Benefit Period is 2 Years				Benefit Period is 5 Years			
	Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365
18	21.72	15.86	14.54	12.88	25.71	18.76	17.22	15.25
19	21.72	15.86	14.54	12.88	25.71	18.78	17.22	15.25
20	21.72	15.86	14.54	12.88	25.71	18.78	17.22	15.25
21	21.42	15.64	14.33	12.68	25.29	18.46	16.91	14.97
22	21.17	15.45	14.15	12.51	24.93	18.19	16.66	14.73
23	20.96	15.30	14.01	12.38	24.64	17.98	16.46	14.55
24	20.81	15.19	13.90	12.27	24.43	17.84	16.32	14.41
25	20.71	15.12	13.82	12.20	24.31	17.74	16.23	14.32
26	20.66	15.08	13.78	12.16	24.26	17.70	16.19	14.28
27	20.66	15.08	13.78	12.15	24.28	17.72	16.20	14.28
28	20.70	15.11	13.81	12.17	24.39	17.79	16.26	14.34
29	20.80	15.18	13.87	12.23	24.58	17.94	16.40	14.44
30	20.95	15.29	13.97	12.31	24.86	18.15	16.57	14.61
31	21.13	15.42	14.09	12.42	25.14	18.37	16.80	14.79
32	21.32	15.56	14.22	12.54	25.50	18.61	17.03	15.00
33	21.54	15.73	14.38	12.68	25.89	18.89	17.29	15.25
34	21.81	15.92	14.57	12.85	26.36	19.25	17.60	15.55
35	22.14	16.16	14.80	13.06	26.91	19.65	18.00	15.89
36	22.54	16.46	15.08	13.32	27.60	20.15	18.45	16.30
37	23.03	16.82	15.41	13.62	28.39	20.72	19.00	16.79
38	23.63	17.25	15.82	13.98	29.33	21.41	19.63	17.37
39	24.34	17.77	16.30	14.40	30.45	22.22	20.38	18.02
40	25.18	18.39	16.86	14.89	31.75	23.19	21.26	18.78
41	26.16	19.10	17.52	15.47	33.23	24.28	22.24	19.64
42	27.26	19.91	18.26	16.13	34.87	25.46	23.36	20.64
43	28.48	20.80	19.08	16.86	36.66	26.77	24.57	21.73
44	29.79	21.76	19.97	17.66	38.61	28.18	25.86	22.90
45	31.20	22.78	20.91	18.50	40.69	29.70	27.27	24.16
46	32.69	23.87	21.90	19.37	42.91	31.33	28.75	25.45
47	34.25	25.00	22.93	20.25	45.26	33.06	30.32	26.80
48	35.86	26.18	23.99	21.15	47.76	34.88	31.96	28.19
49	37.53	27.40	25.07	22.04	50.40	36.81	33.66	29.62
50	39.23	28.64	26.16	22.90	53.18	38.83	35.45	31.05
51	40.98	29.92	27.27	23.75	56.07	40.93	37.29	32.50
52	42.79	31.24	28.40	24.62	59.14	43.17	39.24	33.98
53	44.66	32.61	29.57	25.49	62.32	45.50	41.25	35.54
54	46.59	34.02	30.77	26.38	65.68	47.94	43.34	37.13
55	48.59	35.48	32.01	27.27	69.21	50.52	45.56	38.79
56	50.65	36.98	33.27	28.17	72.93	53.25	47.89	40.51
57	52.77	38.53	34.57	29.08	76.87	56.13	50.33	42.31
58	54.96	40.13	35.90	30.01	81.06	59.19	52.93	44.20
59	57.20	41.77	37.26	30.94	85.57	62.46	55.71	46.25
60	59.51	43.46	38.65	31.88	90.46	66.04	58.74	48.45
61	56.81	40.30	35.92	29.74	81.77	58.52	52.13	43.10
62	54.11	37.15	33.19	27.59	77.59	54.28	48.45	40.16
63	51.41	33.99	30.47	25.45	69.02	46.84	41.91	34.87
64	48.71	30.84	27.74	23.30	60.45	39.40	35.36	29.58
65	46.01	27.68	25.01	21.16	51.88	31.97	28.82	24.30
66	43.31	24.53	22.28	19.01	43.31	24.53	22.28	19.01
67	43.31	24.53	22.28	19.01	43.31	24.53	22.28	19.01
68	43.31	24.53	22.28	19.01	43.31	24.53	22.28	19.01
69	43.31	24.53	22.28	19.01	43.31	24.53	22.28	19.01
70	43.31	24.53	22.28	19.01	43.31	24.53	22.28	19.01
71	43.31	24.53	22.28	19.01	43.31	24.53	22.28	19.01
72	43.31	24.53	22.28	19.01	43.31	24.53	22.28	19.01
73	43.31	24.53	22.28	19.01	43.31	24.53	22.28	19.01
74	43.31	24.53	22.28	19.01	43.31	24.53	22.28	19.01
75	43.68	24.74	22.48	19.17	43.68	24.74	22.48	19.17
76	45.74	25.91	23.54	20.08	45.74	25.91	23.54	20.08
77	47.83	27.09	24.61	20.99	47.83	27.09	24.61	20.99
78	49.96	28.29	25.71	21.93	49.96	28.29	25.71	21.93
79	52.11	29.51	26.82	22.87	52.11	29.51	26.82	22.87
80+	54.29	30.75	27.94	23.83	54.29	30.75	27.94	23.83

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Form B170GI							
	Occupation Class 4A - Base Policy With Guaranteed Renewable Premiums							
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday							
Gender	Unisex							
	Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365
18	31.29	22.84	20.95	18.56	35.67	26.05	23.88	21.15
19	31.30	22.85	20.95	18.57	35.69	26.05	23.88	21.17
20	31.30	22.86	20.96	18.57	35.69	26.07	23.90	21.17
21	30.79	22.47	20.59	18.23	35.54	25.95	23.77	21.04
22	30.37	22.16	20.31	17.96	35.47	25.90	23.72	20.98
23	30.05	21.94	20.08	17.75	35.49	25.93	23.72	20.96
24	29.84	21.80	19.94	17.60	35.63	26.01	23.79	21.01
25	29.76	21.72	19.87	17.52	35.83	26.18	23.92	21.11
26	29.76	21.72	19.86	17.52	36.15	26.40	24.13	21.27
27	29.88	21.81	19.93	17.57	36.57	26.71	24.39	21.51
28	30.10	21.97	20.08	17.70	37.05	27.06	24.73	21.78
29	30.44	22.23	20.30	17.89	37.64	27.50	25.11	22.14
30	30.88	22.55	20.59	18.15	38.33	27.99	25.56	22.53
31	31.38	22.92	20.95	18.46	39.09	28.53	26.07	22.99
32	31.95	23.32	21.32	18.79	39.86	29.11	26.60	23.46
33	32.58	23.79	21.76	19.18	40.73	29.73	27.20	23.98
34	33.33	24.33	22.26	19.66	41.68	30.43	27.84	24.58
35	34.18	24.96	22.87	20.19	42.74	31.21	28.59	25.23
36	35.21	25.70	23.54	20.80	43.92	32.07	29.37	25.95
37	36.38	26.55	24.34	21.52	45.25	33.03	30.28	26.76
38	37.75	27.55	25.27	22.34	46.74	34.13	31.28	27.64
39	39.33	28.72	26.33	23.28	48.40	35.34	32.41	28.64
40	41.15	30.06	27.55	24.34	50.27	36.71	33.65	29.74
41	43.31	31.63	28.99	25.60	52.46	38.30	35.12	31.01
42	45.83	33.47	30.69	27.10	55.03	40.17	36.83	32.53
43	48.65	35.53	32.59	28.80	57.86	42.25	38.74	34.22
44	51.70	37.74	34.62	30.61	60.89	44.47	40.77	36.02
45	54.87	40.07	36.76	32.49	64.03	46.76	42.88	37.86
46	58.10	42.42	38.91	34.37	67.18	49.05	44.96	39.69
47	61.33	44.77	41.05	36.21	70.26	51.29	46.99	41.45
48	64.46	47.07	43.11	37.97	73.18	53.43	48.91	43.08
49	67.43	49.24	45.04	39.58	75.85	55.38	50.65	44.50
50	70.18	51.24	46.80	40.98	78.20	57.10	52.15	45.65
51	72.73	53.09	48.41	42.21	80.27	58.60	53.44	46.61
52	75.24	54.92	49.98	43.37	82.21	60.02	54.62	47.45
53	77.68	56.72	51.49	44.46	84.05	61.37	55.73	48.17
54	80.08	58.47	52.94	45.49	85.76	62.62	56.72	48.79
55	82.45	60.20	54.38	46.44	87.37	63.79	57.66	49.29
56	84.81	61.92	55.79	47.34	88.89	64.90	58.50	49.73
57	87.17	63.66	57.16	48.20	90.35	65.98	59.27	50.06
58	89.58	65.41	58.56	49.04	91.79	67.03	60.03	50.33
59	92.08	67.22	60.00	49.87	93.21	68.06	60.76	50.53
60	94.73	69.16	61.53	50.73	94.73	69.16	61.53	50.73
61	86.16	61.72	54.99	45.44	86.16	61.72	54.99	45.44
62	77.59	54.28	48.45	40.16	77.59	54.28	48.45	40.16
63	69.02	46.84	41.91	34.87	69.02	46.84	41.91	34.87
64	60.45	39.40	35.36	29.58	60.45	39.40	35.36	29.58
65	51.88	31.97	28.82	24.30	51.88	31.97	28.82	24.30
66	43.31	24.53	22.28	19.01	43.31	24.53	22.28	19.01
67	43.31	24.53	22.28	19.01	43.31	24.53	22.28	19.01
68	43.31	24.53	22.28	19.01	43.31	24.53	22.28	19.01
69	43.31	24.53	22.28	19.01	43.31	24.53	22.28	19.01
70	43.31	24.53	22.28	19.01	43.31	24.53	22.28	19.01
71	43.31	24.53	22.28	19.01	43.31	24.53	22.28	19.01
72	43.31	24.53	22.28	19.01	43.31	24.53	22.28	19.01
73	43.31	24.53	22.28	19.01	43.31	24.53	22.28	19.01
74	43.31	24.53	22.28	19.01	43.31	24.53	22.28	19.01
75	43.68	24.74	22.48	19.17	43.68	24.74	22.48	19.17
76	45.74	25.91	23.54	20.08	45.74	25.91	23.54	20.08
77	47.83	27.09	24.61	20.99	47.83	27.09	24.61	20.99
78	49.96	28.29	25.71	21.93	49.96	28.29	25.71	21.93
79	52.11	29.51	26.82	22.87	52.11	29.51	26.82	22.87
80+	54.29	30.75	27.94	23.83	54.29	30.75	27.94	23.83

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Form B170GI							
	Occupation Class 4P - Base Policy With Guaranteed Renewable Premiums							
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday							
Gender	Unisex							
	Benefit Period is 2 Years				Benefit Period is 5 Years			
	Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365
18	19.75	14.42	13.22	11.72	23.33	17.03	15.62	13.84
19	19.75	14.42	13.22	11.72	23.35	17.03	15.62	13.84
20	19.75	14.42	13.22	11.72	23.35	17.05	15.62	13.84
21	19.76	14.43	13.22	11.70	23.28	17.00	15.58	13.80
22	19.80	14.45	13.23	11.71	23.27	16.99	15.56	13.77
23	19.87	14.51	13.27	11.73	23.33	17.04	15.58	13.78
24	19.97	14.58	13.34	11.78	23.43	17.10	15.65	13.83
25	20.11	14.68	13.42	11.85	23.60	17.22	15.74	13.90
26	20.27	14.80	13.53	11.94	23.81	17.38	15.89	14.03
27	20.47	14.95	13.66	12.05	24.10	17.58	16.07	14.18
28	20.71	15.12	13.82	12.18	24.43	17.85	16.31	14.39
29	20.97	15.31	13.99	12.33	24.84	18.13	16.57	14.60
30	21.27	15.53	14.19	12.50	25.30	18.47	16.88	14.87
31	21.56	15.74	14.39	12.67	25.76	18.81	17.19	15.14
32	21.83	15.94	14.57	12.84	26.21	19.14	17.49	15.43
33	22.10	16.13	14.76	13.01	26.67	19.47	17.82	15.72
34	22.39	16.35	14.96	13.20	27.20	19.85	18.17	16.03
35	22.73	16.59	15.20	13.41	27.78	20.28	18.58	16.41
36	23.15	16.89	15.48	13.67	28.48	20.80	19.05	16.83
37	23.66	17.27	15.83	13.98	29.33	21.42	19.63	17.36
38	24.29	17.73	16.26	14.37	30.37	22.17	20.33	17.95
39	25.07	18.30	16.79	14.83	31.59	23.07	21.16	18.70
40	26.02	18.99	17.42	15.38	33.06	24.15	22.14	19.55
41	27.11	19.79	18.15	16.02	34.73	25.35	23.25	20.53
42	28.30	20.66	18.95	16.74	36.50	26.64	24.45	21.62
43	29.59	21.60	19.83	17.53	38.42	28.05	25.76	22.77
44	31.00	22.63	20.78	18.39	40.51	29.57	27.16	24.05
45	32.52	23.74	21.80	19.30	42.76	31.22	28.69	25.42
46	34.17	24.95	22.90	20.27	45.23	33.03	30.34	26.88
47	35.94	26.25	24.08	21.29	47.93	34.99	32.14	28.43
48	37.86	27.65	25.34	22.35	50.89	37.15	34.08	30.08
49	39.91	29.15	26.67	23.45	54.16	39.53	36.20	31.83
50	42.12	30.76	28.09	24.59	57.69	42.12	38.48	33.67
51	44.47	32.48	29.59	25.76	61.51	44.91	40.93	35.62
52	46.96	34.29	31.16	26.98	65.59	47.90	43.51	37.67
53	49.57	36.20	32.81	28.25	69.96	51.08	46.28	39.81
54	52.33	38.21	34.54	29.56	74.59	54.47	49.21	42.10
55	55.22	40.32	36.35	30.92	79.51	58.05	52.33	44.46
56	58.24	42.53	38.24	32.32	84.76	61.87	55.63	46.98
57	61.40	44.84	40.20	33.77	90.35	65.96	59.13	49.62
58	64.69	47.24	42.24	35.27	96.33	70.34	62.88	52.47
59	68.12	49.74	44.36	36.81	102.80	75.05	66.92	55.52
60	71.68	52.34	46.56	38.40	109.80	80.18	71.31	58.82
61	66.89	47.71	42.51	35.15	97.69	70.20	62.51	51.64
62	62.10	43.07	38.45	31.90	91.05	64.21	57.24	47.39
63	57.31	38.44	34.40	28.65	79.02	54.29	48.49	40.27
64	52.52	33.81	30.34	25.39	66.99	44.37	39.74	33.14
65	47.73	29.17	26.29	22.14	54.97	34.46	30.98	26.02
66	42.94	24.54	22.23	18.89	42.94	24.54	22.23	18.89
67	42.94	24.54	22.23	18.89	42.94	24.54	22.23	18.89
68	42.94	24.54	22.23	18.89	42.94	24.54	22.23	18.89
69	42.94	24.54	22.23	18.89	42.94	24.54	22.23	18.89
70	42.94	24.54	22.23	18.89	42.94	24.54	22.23	18.89
71	42.94	24.54	22.23	18.89	42.94	24.54	22.23	18.89
72	42.94	24.54	22.23	18.89	42.94	24.54	22.23	18.89
73	42.94	24.54	22.23	18.89	42.94	24.54	22.23	18.89
74	42.94	24.54	22.23	18.89	42.94	24.54	22.23	18.89
75	43.33	24.76	22.43	19.06	43.33	24.76	22.43	19.06
76	45.38	25.93	23.49	19.96	45.38	25.93	23.49	19.96
77	47.46	27.12	24.57	20.88	47.46	27.12	24.57	20.88
78	49.57	28.32	25.66	21.81	49.57	28.32	25.66	21.81
79	51.70	29.54	26.77	22.75	51.70	29.54	26.77	22.75
80+	53.87	30.78	27.89	23.70	53.87	30.78	27.89	23.70

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Form B170GI							
	Occupation Class 4P - Base Policy With Guaranteed Renewable Premiums							
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday							
Gender	Unisex							
	Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365
18	27.89	20.37	18.66	16.54	33.69	24.60	22.54	19.97
19	27.90	20.36	18.67	16.54	33.69	24.58	22.56	19.97
20	27.90	20.38	18.67	16.55	33.69	24.60	22.56	19.99
21	27.96	20.42	18.70	16.56	34.10	24.89	22.80	20.19
22	28.09	20.52	18.79	16.62	34.57	25.24	23.11	20.44
23	28.30	20.68	18.90	16.71	35.07	25.61	23.42	20.70
24	28.58	20.87	19.09	16.88	35.65	26.03	23.81	21.03
25	28.95	21.12	19.30	17.05	36.30	26.49	24.22	21.38
26	29.36	21.44	19.60	17.30	36.99	27.00	24.68	21.78
27	29.88	21.82	19.93	17.58	37.77	27.57	25.18	22.21
28	30.45	22.24	20.33	17.92	38.59	28.16	25.74	22.68
29	31.12	22.71	20.75	18.29	39.47	28.81	26.32	23.20
30	31.85	23.26	21.25	18.73	40.42	29.51	26.95	23.76
31	32.58	23.79	21.74	19.17	41.36	30.20	27.59	24.32
32	33.31	24.32	22.23	19.61	42.28	30.86	28.20	24.87
33	34.04	24.85	22.73	20.06	43.20	31.54	28.84	25.45
34	34.85	25.44	23.28	20.54	44.17	32.25	29.51	26.04
35	35.74	26.08	23.90	21.11	45.23	33.02	30.23	26.70
36	36.78	26.85	24.61	21.73	46.41	33.87	31.05	27.41
37	38.02	27.76	25.45	22.49	47.76	34.86	31.97	28.24
38	39.48	28.82	26.44	23.35	49.32	35.99	33.01	29.16
39	41.22	30.09	27.60	24.39	51.11	37.32	34.21	30.24
40	43.26	31.58	28.97	25.57	53.19	38.82	35.61	31.44
41	45.69	33.36	30.58	27.00	55.63	40.61	37.24	32.86
42	48.45	35.38	32.45	28.67	58.43	42.66	39.12	34.54
43	51.55	37.63	34.54	30.51	61.53	44.92	41.22	36.40
44	54.88	40.07	36.77	32.50	64.88	47.36	43.44	38.38
45	58.38	42.62	39.11	34.60	68.34	49.90	45.77	40.45
46	62.01	45.27	41.54	36.72	71.90	52.48	48.13	42.50
47	65.70	47.96	43.99	38.85	75.43	55.06	50.47	44.55
48	69.41	50.68	46.43	40.91	78.91	57.62	52.78	46.47
49	73.08	53.35	48.82	42.90	82.26	60.06	54.94	48.26
50	76.62	55.94	51.10	44.74	85.38	62.34	56.93	49.85
51	80.10	58.49	53.31	46.46	88.34	64.50	58.79	51.25
52	83.61	61.05	55.51	48.16	91.24	66.62	60.60	52.59
53	87.18	63.67	57.74	49.82	94.15	68.74	62.38	53.86
54	90.80	66.31	59.98	51.48	97.01	70.83	64.12	55.08
55	94.49	68.99	62.26	53.10	99.87	72.91	65.85	56.23
56	98.26	71.74	64.58	54.73	102.73	75.00	67.54	57.33
57	102.17	74.60	66.94	56.36	105.65	77.14	69.26	58.38
58	106.21	77.55	69.40	58.05	108.61	79.32	71.00	59.43
59	110.50	80.69	71.97	59.80	111.75	81.60	72.81	60.52
60	115.10	84.04	74.75	61.64	115.10	84.04	74.75	61.64
61	103.07	74.12	66.00	54.52	103.07	74.12	66.00	54.52
62	91.05	64.21	57.24	47.39	91.05	64.21	57.24	47.39
63	79.02	54.29	48.49	40.27	79.02	54.29	48.49	40.27
64	66.99	44.37	39.74	33.14	66.99	44.37	39.74	33.14
65	54.97	34.46	30.98	26.02	54.97	34.46	30.98	26.02
66	42.94	24.54	22.23	18.89	42.94	24.54	22.23	18.89
67	42.94	24.54	22.23	18.89	42.94	24.54	22.23	18.89
68	42.94	24.54	22.23	18.89	42.94	24.54	22.23	18.89
69	42.94	24.54	22.23	18.89	42.94	24.54	22.23	18.89
70	42.94	24.54	22.23	18.89	42.94	24.54	22.23	18.89
71	42.94	24.54	22.23	18.89	42.94	24.54	22.23	18.89
72	42.94	24.54	22.23	18.89	42.94	24.54	22.23	18.89
73	42.94	24.54	22.23	18.89	42.94	24.54	22.23	18.89
74	42.94	24.54	22.23	18.89	42.94	24.54	22.23	18.89
75	43.33	24.76	22.43	19.06	43.33	24.76	22.43	19.06
76	45.38	25.93	23.49	19.96	45.38	25.93	23.49	19.96
77	47.46	27.12	24.57	20.88	47.46	27.12	24.57	20.88
78	49.57	28.32	25.66	21.81	49.57	28.32	25.66	21.81
79	51.70	29.54	26.77	22.75	51.70	29.54	26.77	22.75
80+	53.87	30.78	27.89	23.70	53.87	30.78	27.89	23.70

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Form B170GI							
	Occupation Class 3A - Base Policy With Guaranteed Renewable Premiums							
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday							
Gender	Unisex							
	Benefit Period is 2 Years				Benefit Period is 5 Years			
	Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365
18	22.61	16.51	15.14	13.41	26.61	19.43	17.81	15.79
19	22.61	16.51	15.14	13.41	26.61	19.43	17.81	15.79
20	22.61	16.51	15.14	13.41	26.61	19.43	17.83	15.79
21	22.25	16.25	14.89	13.18	26.12	19.06	17.48	15.46
22	21.96	16.03	14.68	12.99	25.70	18.77	17.19	15.20
23	21.72	15.86	14.52	12.83	25.38	18.52	16.97	14.98
24	21.55	15.73	14.40	12.71	25.14	18.36	16.80	14.84
25	21.44	15.65	14.32	12.63	25.01	18.26	16.70	14.73
26	21.38	15.61	14.28	12.59	24.96	18.22	16.66	14.70
27	21.39	15.62	14.28	12.59	25.02	18.25	16.70	14.71
28	21.46	15.67	14.32	12.63	25.15	18.37	16.76	14.78
29	21.60	15.77	14.41	12.70	25.37	18.54	16.93	14.91
30	21.79	15.91	14.54	12.81	25.71	18.77	17.14	15.11
31	22.02	16.08	14.70	12.95	26.08	19.04	17.39	15.33
32	22.27	16.26	14.87	13.11	26.48	19.34	17.67	15.59
33	22.57	16.48	15.07	13.29	26.98	19.71	18.01	15.89
34	22.92	16.73	15.32	13.51	27.55	20.12	18.41	16.24
35	23.34	17.04	15.61	13.78	28.21	20.59	18.86	16.66
36	23.85	17.41	15.96	14.09	29.02	21.19	19.42	17.15
37	24.46	17.86	16.37	14.47	29.96	21.89	20.06	17.74
38	25.20	18.40	16.87	14.91	31.10	22.71	20.83	18.41
39	26.07	19.03	17.46	15.42	32.42	23.70	21.71	19.20
40	27.09	19.78	18.14	16.02	34.00	24.82	22.77	20.10
41	28.27	20.64	18.93	16.71	35.75	26.10	23.94	21.15
42	29.59	21.60	19.82	17.51	37.71	27.54	25.25	22.33
43	31.04	22.66	20.79	18.38	39.82	29.09	26.69	23.60
44	32.60	23.81	21.85	19.33	42.12	30.74	28.23	24.99
45	34.28	25.03	22.98	20.33	44.59	32.55	29.88	26.48
46	36.05	26.32	24.16	21.37	47.23	34.49	31.63	28.03
47	37.91	27.68	25.39	22.43	50.02	36.52	33.50	29.64
48	39.84	29.09	26.65	23.50	53.01	38.70	35.45	31.30
49	41.83	30.55	27.95	24.57	56.15	41.01	37.51	32.99
50	43.88	32.04	29.26	25.62	59.48	43.43	39.65	34.73
51	45.99	33.58	30.60	26.66	62.96	45.96	41.87	36.48
52	48.17	35.17	31.97	27.71	66.61	48.63	44.20	38.29
53	50.44	36.83	33.39	28.78	70.47	51.46	46.63	40.17
54	52.78	38.54	34.85	29.87	74.52	54.40	49.18	42.12
55	55.20	40.30	36.35	30.96	78.78	57.52	51.86	44.13
56	57.69	42.13	37.89	32.08	83.26	60.80	54.66	46.23
57	60.27	44.01	39.47	33.20	88.03	64.27	57.62	48.43
58	62.92	45.94	41.09	34.34	93.09	67.97	60.77	50.76
59	65.65	47.94	42.76	35.50	98.51	71.93	64.15	53.23
60	68.46	49.99	44.46	36.67	104.38	76.22	67.81	55.92
61	64.72	45.99	40.99	33.92	93.72	67.17	59.84	49.46
62	60.97	41.99	37.51	31.16	88.24	61.91	55.24	45.77
63	57.23	38.00	34.04	28.41	77.68	52.93	47.34	39.37
64	53.49	34.00	30.57	25.65	67.12	43.96	39.43	32.96
65	49.74	30.00	27.09	22.90	56.56	34.98	31.53	26.55
66	46.00	26.00	23.62	20.14	46.00	26.00	23.62	20.14
67	46.00	26.00	23.62	20.14	46.00	26.00	23.62	20.14
68	46.00	26.00	23.62	20.14	46.00	26.00	23.62	20.14
69	46.00	26.00	23.62	20.14	46.00	26.00	23.62	20.14
70	46.00	26.00	23.62	20.14	46.00	26.00	23.62	20.14
71	46.00	26.00	23.62	20.14	46.00	26.00	23.62	20.14
72	46.00	26.00	23.62	20.14	46.00	26.00	23.62	20.14
73	46.00	26.00	23.62	20.14	46.00	26.00	23.62	20.14
74	46.00	26.00	23.62	20.14	46.00	26.00	23.62	20.14
75	46.46	26.27	23.86	20.34	46.46	26.27	23.86	20.34
76	48.67	27.51	24.99	21.31	48.67	27.51	24.99	21.31
77	50.91	28.78	26.14	22.29	50.91	28.78	26.14	22.29
78	53.18	30.06	27.31	23.28	53.18	30.06	27.31	23.28
79	55.48	31.36	28.49	24.29	55.48	31.36	28.49	24.29
80+	57.81	32.68	29.68	25.31	57.81	32.68	29.68	25.31

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Form B170GI							
	Occupation Class 3A - Base Policy With Guaranteed Renewable Premiums							
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday							
Gender	Unisex							
	Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365
18	32.42	23.67	21.71	19.22	37.29	27.21	24.98	22.10
19	32.42	23.68	21.71	19.22	37.29	27.23	24.98	22.10
20	32.42	23.68	21.73	19.23	37.29	27.23	24.99	22.12
21	31.81	23.22	21.28	18.83	37.05	27.05	24.80	21.93
22	31.31	22.87	20.94	18.51	36.91	26.96	24.69	21.83
23	30.93	22.59	20.68	18.26	36.90	26.94	24.66	21.78
24	30.68	22.42	20.51	18.10	36.99	27.03	24.73	21.81
25	30.58	22.34	20.42	18.00	37.22	27.18	24.85	21.91
26	30.58	22.34	20.41	18.00	37.54	27.41	25.06	22.08
27	30.73	22.44	20.50	18.07	37.98	27.75	25.34	22.34
28	30.99	22.64	20.66	18.21	38.55	28.15	25.71	22.66
29	31.38	22.93	20.93	18.44	39.24	28.65	26.17	23.06
30	31.91	23.30	21.27	18.75	40.03	29.22	26.70	23.53
31	32.50	23.73	21.68	19.10	40.89	29.85	27.30	24.04
32	33.16	24.22	22.13	19.50	41.84	30.55	27.93	24.61
33	33.92	24.77	22.65	19.98	42.86	31.30	28.62	25.25
34	34.79	25.40	23.25	20.52	43.99	32.12	29.40	25.93
35	35.81	26.14	23.95	21.15	45.26	33.06	30.27	26.72
36	36.99	27.02	24.76	21.88	46.66	34.09	31.24	27.59
37	38.39	28.04	25.70	22.72	48.28	35.26	32.32	28.56
38	40.01	29.21	26.80	23.69	50.06	36.55	33.51	29.63
39	41.90	30.59	28.06	24.80	52.07	38.03	34.88	30.82
40	44.07	32.17	29.51	26.05	54.32	39.66	36.38	32.12
41	46.63	34.04	31.23	27.57	56.93	41.57	38.14	33.67
42	49.64	36.25	33.23	29.36	60.01	43.83	40.19	35.47
43	52.99	38.69	35.49	31.34	63.42	46.30	42.48	37.50
44	56.59	41.31	37.90	33.51	67.04	48.95	44.89	39.67
45	60.36	44.07	40.42	35.74	70.79	51.70	47.40	41.88
46	64.22	46.89	42.99	37.99	74.58	54.45	49.91	44.06
47	68.07	49.70	45.55	40.20	78.29	57.16	52.37	46.19
48	71.83	52.45	48.02	42.31	81.84	59.76	54.71	48.16
49	75.42	55.07	50.37	44.25	85.09	62.12	56.83	49.91
50	78.76	57.50	52.50	45.98	88.00	64.22	58.68	51.38
51	81.88	59.78	54.48	47.50	90.57	66.13	60.29	52.57
52	84.94	62.02	56.39	48.95	93.00	67.90	61.77	53.67
53	87.97	64.22	58.28	50.32	95.33	69.58	63.18	54.60
54	90.95	66.41	60.11	51.63	97.52	71.21	64.49	55.47
55	93.92	68.57	61.92	52.87	99.61	72.71	65.70	56.17
56	96.86	70.73	63.69	54.04	101.61	74.18	66.84	56.80
57	99.84	72.91	65.46	55.18	103.52	75.60	67.92	57.33
58	102.87	75.12	67.24	56.31	105.42	76.98	68.93	57.80
59	106.02	77.42	69.09	57.42	107.36	78.39	69.97	58.20
60	109.36	79.86	71.05	58.59	109.36	79.86	71.05	58.59
61	98.80	70.88	63.15	52.18	98.80	70.88	63.15	52.18
62	88.24	61.91	55.24	45.77	88.24	61.91	55.24	45.77
63	77.68	52.93	47.34	39.37	77.68	52.93	47.34	39.37
64	67.12	43.96	39.43	32.96	67.12	43.96	39.43	32.96
65	56.56	34.98	31.53	26.55	56.56	34.98	31.53	26.55
66	46.00	26.00	23.62	20.14	46.00	26.00	23.62	20.14
67	46.00	26.00	23.62	20.14	46.00	26.00	23.62	20.14
68	46.00	26.00	23.62	20.14	46.00	26.00	23.62	20.14
69	46.00	26.00	23.62	20.14	46.00	26.00	23.62	20.14
70	46.00	26.00	23.62	20.14	46.00	26.00	23.62	20.14
71	46.00	26.00	23.62	20.14	46.00	26.00	23.62	20.14
72	46.00	26.00	23.62	20.14	46.00	26.00	23.62	20.14
73	46.00	26.00	23.62	20.14	46.00	26.00	23.62	20.14
74	46.00	26.00	23.62	20.14	46.00	26.00	23.62	20.14
75	46.46	26.27	23.86	20.34	46.46	26.27	23.86	20.34
76	48.67	27.51	24.99	21.31	48.67	27.51	24.99	21.31
77	50.91	28.78	26.14	22.29	50.91	28.78	26.14	22.29
78	53.18	30.06	27.31	23.28	53.18	30.06	27.31	23.28
79	55.48	31.36	28.49	24.29	55.48	31.36	28.49	24.29
80+	57.81	32.68	29.68	25.31	57.81	32.68	29.68	25.31

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Form B170GI							
	Occupation Class 3P - Base Policy With Guaranteed Renewable Premiums							
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday							
Gender	Unisex							
	Benefit Period is 2 Years				Benefit Period is 5 Years			
	Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365
18	21.11	15.41	14.14	12.52	24.07	17.58	16.12	14.27
19	21.11	15.41	14.14	12.52	24.09	17.58	16.12	14.27
20	21.11	15.41	14.14	12.52	24.09	17.60	16.14	14.29
21	21.21	15.49	14.20	12.56	24.08	17.59	16.12	14.26
22	21.37	15.60	14.29	12.63	24.17	17.66	16.16	14.28
23	21.56	15.74	14.41	12.72	24.33	17.76	16.26	14.35
24	21.81	15.92	14.56	12.85	24.58	17.94	16.40	14.48
25	22.10	16.13	14.75	13.01	24.88	18.17	16.62	14.66
26	22.44	16.38	14.97	13.20	25.30	18.46	16.89	14.88
27	22.82	16.66	15.22	13.41	25.79	18.82	17.21	15.15
28	23.26	16.98	15.51	13.66	26.37	19.25	17.58	15.48
29	23.73	17.33	15.83	13.94	27.02	19.72	18.01	15.86
30	24.26	17.71	16.18	14.25	27.75	20.26	18.51	16.29
31	24.78	18.09	16.53	14.56	28.48	20.79	18.99	16.74
32	25.26	18.44	16.86	14.86	29.18	21.30	19.48	17.16
33	25.74	18.80	17.19	15.16	29.90	21.83	19.96	17.60
34	26.26	19.17	17.54	15.48	30.68	22.40	20.50	18.09
35	26.84	19.60	17.95	15.85	31.57	23.05	21.11	18.66
36	27.54	20.11	18.42	16.28	32.63	23.83	21.83	19.31
37	28.37	20.72	18.99	16.79	33.92	24.76	22.70	20.08
38	29.38	21.46	19.68	17.40	35.47	25.89	23.74	21.01
39	30.61	22.36	20.50	18.13	37.34	27.26	25.00	22.11
40	32.09	23.44	21.49	18.99	39.58	28.89	26.49	23.42
41	33.83	24.71	22.66	20.02	42.18	30.80	28.25	24.95
42	35.81	26.16	23.99	21.20	45.11	32.94	30.21	26.71
43	38.00	27.75	25.46	22.52	48.30	35.27	32.38	28.65
44	40.36	29.48	27.05	23.94	51.80	37.82	34.73	30.74
45	42.87	31.31	28.74	25.44	55.52	40.54	37.22	32.97
46	45.50	33.23	30.49	26.97	59.45	43.41	39.85	35.29
47	48.21	35.20	32.29	28.53	63.58	46.43	42.59	37.66
48	50.98	37.22	34.11	30.08	67.88	49.58	45.42	40.09
49	53.77	39.26	35.92	31.58	72.33	52.81	48.33	42.50
50	56.55	41.29	37.71	33.02	76.92	56.16	51.28	44.90
51	59.35	43.34	39.49	34.41	81.64	59.61	54.31	47.30
52	62.22	45.43	41.30	35.81	86.53	63.18	57.41	49.74
53	65.16	47.57	43.14	37.20	91.65	66.92	60.65	52.24
54	68.16	49.76	45.01	38.58	96.97	70.80	64.02	54.80
55	71.22	52.00	46.91	39.97	102.53	74.86	67.49	57.44
56	74.35	54.28	48.84	41.36	108.33	79.09	71.13	60.15
57	77.55	56.62	50.80	42.74	114.45	83.56	74.93	62.98
58	80.81	59.00	52.78	44.12	120.90	88.27	78.94	65.94
59	84.13	61.42	54.80	45.50	127.80	93.30	83.21	69.06
60	87.52	63.90	56.84	46.88	135.23	98.73	87.82	72.43
61	84.32	59.69	53.19	44.01	122.94	87.89	78.28	64.70
62	81.12	55.48	49.55	41.14	117.36	81.94	73.08	60.55
63	77.93	51.27	45.90	38.27	105.11	71.12	63.55	52.83
64	74.73	47.06	42.25	35.39	92.85	60.29	54.02	45.10
65	71.53	42.85	38.61	32.52	80.59	49.46	44.49	37.38
66	68.33	38.63	34.96	29.65	68.33	38.63	34.96	29.65
67	68.33	38.63	34.96	29.65	68.33	38.63	34.96	29.65
68	68.33	38.63	34.96	29.65	68.33	38.63	34.96	29.65
69	68.33	38.63	34.96	29.65	68.33	38.63	34.96	29.65
70	68.33	38.63	34.96	29.65	68.33	38.63	34.96	29.65
71	68.33	38.63	34.96	29.65	68.33	38.63	34.96	29.65
72	68.33	38.63	34.96	29.65	68.33	38.63	34.96	29.65
73	68.33	38.63	34.96	29.65	68.33	38.63	34.96	29.65
74	68.33	38.63	34.96	29.65	68.33	38.63	34.96	29.65
75	68.40	38.68	35.00	29.68	68.40	38.68	35.00	29.68
76	71.67	40.53	36.68	31.10	71.67	40.53	36.68	31.10
77	75.00	42.41	38.38	32.54	75.00	42.41	38.38	32.54
78	78.37	44.31	40.10	34.00	78.37	44.31	40.10	34.00
79	81.78	46.24	41.85	35.49	81.78	46.24	41.85	35.49
80+	85.24	48.20	43.62	36.99	85.24	48.20	43.62	36.99

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Form B170GI							
	Occupation Class 3P - Base Policy With Guaranteed Renewable Premiums							
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday							
Gender	Unisex							
	Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365
18	28.43	20.76	19.04	16.85	36.50	26.65	24.44	21.63
19	28.44	20.76	19.04	16.85	36.50	26.65	24.44	21.63
20	28.44	20.77	19.05	16.87	36.52	26.65	24.44	21.65
21	28.57	20.86	19.12	16.91	37.10	27.07	24.82	21.95
22	28.81	21.04	19.26	17.02	37.77	27.58	25.26	22.33
23	29.17	21.28	19.49	17.20	38.54	28.13	25.74	22.74
24	29.64	21.63	19.77	17.46	39.43	28.76	26.31	23.22
25	30.19	22.05	20.16	17.78	40.39	29.51	26.96	23.79
26	30.88	22.54	20.61	18.16	41.46	30.26	27.68	24.39
27	31.67	23.12	21.13	18.61	42.63	31.12	28.44	25.08
28	32.58	23.78	21.73	19.13	43.89	32.04	29.29	25.79
29	33.58	24.52	22.40	19.74	45.26	33.04	30.18	26.60
30	34.71	25.34	23.15	20.39	46.71	34.11	31.16	27.46
31	35.83	26.16	23.90	21.07	48.17	35.17	32.16	28.32
32	36.91	26.95	24.64	21.72	49.59	36.21	33.10	29.18
33	38.02	27.75	25.39	22.39	51.05	37.27	34.10	30.07
34	39.20	28.62	26.20	23.12	52.57	38.38	35.13	31.01
35	40.54	29.61	27.11	23.96	54.22	39.61	36.26	32.03
36	42.11	30.75	28.18	24.91	56.09	40.95	37.54	33.16
37	43.96	32.10	29.43	26.02	58.19	42.48	38.95	34.44
38	46.19	33.73	30.93	27.35	60.63	44.27	40.59	35.89
39	48.85	35.67	32.70	28.92	63.42	46.32	42.47	37.54
40	52.00	37.96	34.81	30.76	66.66	48.68	44.64	39.44
41	55.81	40.76	37.37	33.00	70.55	51.51	47.22	41.71
42	60.35	44.07	40.40	35.70	75.14	54.87	50.30	44.43
43	65.41	47.77	43.82	38.73	80.27	58.61	53.75	47.49
44	70.90	51.77	47.49	41.97	85.77	62.61	57.43	50.73
45	76.63	55.96	51.32	45.37	91.46	66.78	61.23	54.09
46	82.44	60.20	55.21	48.75	97.14	70.93	65.03	57.39
47	88.20	64.40	59.02	52.08	102.68	74.98	68.69	60.58
48	93.76	68.47	62.68	55.22	107.90	78.79	72.13	63.50
49	98.93	72.24	66.09	58.05	112.62	82.24	75.22	66.05
50	103.62	75.66	69.09	60.49	116.68	85.19	77.80	68.12
51	107.90	78.79	71.81	62.61	120.17	87.75	79.99	69.77
52	112.01	81.79	74.39	64.57	123.40	90.10	81.99	71.21
53	116.00	84.70	76.87	66.39	126.39	92.28	83.79	72.44
54	119.86	87.50	79.24	68.07	129.12	94.26	85.41	73.47
55	123.61	90.25	81.50	69.62	131.63	96.10	86.85	74.28
56	127.24	92.90	83.68	71.03	133.93	97.78	88.11	74.91
57	130.83	95.53	85.79	72.35	136.03	99.32	89.25	75.37
58	134.42	98.15	87.88	73.59	138.02	100.78	90.27	75.69
59	138.07	100.80	89.97	74.78	139.94	102.17	91.22	75.87
60	141.88	103.60	92.14	76.00	141.88	103.60	92.14	76.00
61	129.62	92.77	82.61	68.28	129.62	92.77	82.61	68.28
62	117.36	81.94	73.08	60.55	117.36	81.94	73.08	60.55
63	105.11	71.12	63.55	52.83	105.11	71.12	63.55	52.83
64	92.85	60.29	54.02	45.10	92.85	60.29	54.02	45.10
65	80.59	49.46	44.49	37.38	80.59	49.46	44.49	37.38
66	68.33	38.63	34.96	29.65	68.33	38.63	34.96	29.65
67	68.33	38.63	34.96	29.65	68.33	38.63	34.96	29.65
68	68.33	38.63	34.96	29.65	68.33	38.63	34.96	29.65
69	68.33	38.63	34.96	29.65	68.33	38.63	34.96	29.65
70	68.33	38.63	34.96	29.65	68.33	38.63	34.96	29.65
71	68.33	38.63	34.96	29.65	68.33	38.63	34.96	29.65
72	68.33	38.63	34.96	29.65	68.33	38.63	34.96	29.65
73	68.33	38.63	34.96	29.65	68.33	38.63	34.96	29.65
74	68.33	38.63	34.96	29.65	68.33	38.63	34.96	29.65
75	68.40	38.68	35.00	29.68	68.40	38.68	35.00	29.68
76	71.67	40.53	36.68	31.10	71.67	40.53	36.68	31.10
77	75.00	42.41	38.38	32.54	75.00	42.41	38.38	32.54
78	78.37	44.31	40.10	34.00	78.37	44.31	40.10	34.00
79	81.78	46.24	41.85	35.49	81.78	46.24	41.85	35.49
80+	85.24	48.20	43.62	36.99	85.24	48.20	43.62	36.99

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Form B170GI							
	Occupation Class 2A - Base Policy With Guaranteed Renewable Premiums							
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday							
Gender	Unisex							
	Benefit Period is 2 Years				Benefit Period is 5 Years			
	Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365
18	26.84	21.97	19.92	17.41	30.93	25.31	22.95	20.06
19	26.84	21.97	19.92	17.41	30.93	25.32	22.95	20.07
20	26.84	21.97	19.92	17.41	30.95	25.32	22.96	20.07
21	26.87	22.00	19.93	17.40	30.86	25.24	22.87	19.97
22	26.95	22.06	19.97	17.43	30.84	25.25	22.86	19.93
23	27.07	22.16	20.04	17.48	30.91	25.30	22.89	19.97
24	27.22	22.29	20.15	17.56	31.05	25.41	22.98	20.03
25	27.43	22.45	20.29	17.68	31.29	25.60	23.14	20.16
26	27.67	22.65	20.46	17.82	31.59	25.86	23.35	20.34
27	27.95	22.88	20.67	17.99	31.97	26.17	23.64	20.56
28	28.28	23.15	20.90	18.19	32.42	26.54	23.97	20.87
29	28.65	23.45	21.18	18.43	32.97	26.98	24.37	21.20
30	29.06	23.79	21.48	18.69	33.59	27.50	24.82	21.59
31	29.46	24.11	21.78	18.95	34.20	28.00	25.30	22.00
32	29.80	24.40	22.04	19.19	34.80	28.47	25.73	22.39
33	30.14	24.67	22.30	19.42	35.38	28.96	26.19	22.79
34	30.51	24.97	22.59	19.68	36.04	29.50	26.69	23.26
35	30.94	25.33	22.93	19.99	36.81	30.14	27.27	23.79
36	31.49	25.77	23.34	20.36	37.76	30.89	27.98	24.41
37	32.17	26.33	23.86	20.82	38.89	31.83	28.85	25.16
38	33.04	27.04	24.52	21.39	40.28	32.97	29.90	26.10
39	34.13	27.94	25.33	22.10	42.01	34.38	31.17	27.21
40	35.48	29.04	26.33	22.96	44.09	36.09	32.71	28.54
41	37.18	30.43	27.59	24.05	46.61	38.17	34.59	30.15
42	39.23	32.11	29.11	25.38	49.60	40.60	36.81	32.10
43	41.56	34.02	30.85	26.90	52.96	43.34	39.31	34.30
44	44.09	36.08	32.73	28.54	56.61	46.32	42.01	36.68
45	46.73	38.25	34.69	30.25	60.43	49.46	44.86	39.17
46	49.41	40.44	36.66	31.96	64.35	52.66	47.76	41.66
47	52.05	42.60	38.60	33.61	68.31	55.90	50.67	44.16
48	54.56	44.66	40.44	35.15	72.19	59.10	53.52	46.54
49	56.88	46.56	42.10	36.51	75.92	62.15	56.21	48.75
50	58.91	48.22	43.54	37.63	79.43	65.02	58.70	50.73
51	60.73	49.71	44.80	38.57	82.76	67.72	61.02	52.53
52	62.45	51.12	45.98	39.41	86.05	70.43	63.33	54.25
53	64.08	52.45	47.07	40.15	89.32	73.11	65.58	55.88
54	65.61	53.70	48.08	40.80	92.60	75.78	67.81	57.48
55	67.04	54.88	49.01	41.35	95.86	78.45	70.03	59.00
56	68.38	55.97	49.85	41.80	99.14	81.14	72.22	60.47
57	69.63	56.99	50.61	42.16	102.47	83.86	74.43	61.92
58	70.78	57.93	51.29	42.43	105.89	86.65	76.70	63.35
59	71.83	58.80	51.88	42.59	109.47	89.57	79.04	64.83
60	72.79	59.58	52.39	42.66	113.28	92.69	81.53	66.37
61	68.55	54.62	48.14	39.34	101.45	81.54	71.83	58.62
62	64.31	49.65	43.90	36.02	95.21	74.93	66.13	54.12
63	60.07	44.69	39.65	32.70	83.24	63.65	56.33	46.28
64	55.82	39.73	35.40	29.38	71.27	52.37	46.52	38.43
65	51.58	34.77	31.16	26.06	59.31	41.09	36.72	30.59
66	47.34	29.80	26.91	22.74	47.34	29.80	26.91	22.74
67	47.34	29.80	26.91	22.74	47.34	29.80	26.91	22.74
68	47.34	29.80	26.91	22.74	47.34	29.80	26.91	22.74
69	47.34	29.80	26.91	22.74	47.34	29.80	26.91	22.74
70	47.34	29.80	26.91	22.74	47.34	29.80	26.91	22.74
71	47.34	29.80	26.91	22.74	47.34	29.80	26.91	22.74
72	47.34	29.80	26.91	22.74	47.34	29.80	26.91	22.74
73	47.34	29.80	26.91	22.74	47.34	29.80	26.91	22.74
74	47.34	29.80	26.91	22.74	47.34	29.80	26.91	22.74
75	47.70	30.03	27.11	22.92	47.70	30.03	27.11	22.92
76	49.61	31.23	28.20	23.83	49.61	31.23	28.20	23.83
77	51.54	32.45	29.30	24.76	51.54	32.45	29.30	24.76
78	53.51	33.69	30.42	25.71	53.51	33.69	30.42	25.71
79	55.50	34.94	31.55	26.66	55.50	34.94	31.55	26.66
80+	58.31	36.21	32.69	27.63	58.31	36.21	32.69	27.63

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Form B170GI							
	Occupation Class 2A - Base Policy With Guaranteed Renewable Premiums							
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday							
Gender	Unisex							
	Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365
18	37.89	31.02	28.11	24.59	45.63	37.35	33.85	29.60
19	37.90	31.02	28.12	24.59	45.65	37.35	33.86	29.60
20	37.91	31.03	28.12	24.59	45.65	37.37	33.86	29.60
21	37.76	30.91	28.00	24.46	46.21	37.82	34.26	29.92
22	37.74	30.89	27.96	24.41	46.86	38.34	34.71	30.29
23	37.84	30.97	28.01	24.43	47.57	38.95	35.22	30.71
24	38.04	31.13	28.16	24.53	48.38	39.61	35.81	31.19
25	38.38	31.41	28.39	24.73	49.29	40.34	36.45	31.74
26	38.81	31.77	28.70	24.99	50.26	41.13	37.17	32.35
27	39.37	32.23	29.11	25.34	51.32	42.01	37.94	33.02
28	40.05	32.78	29.62	25.77	52.47	42.94	38.81	33.76
29	40.86	33.44	30.20	26.27	53.73	43.97	39.71	34.54
30	41.78	34.20	30.89	26.86	55.06	45.06	40.71	35.41
31	42.71	34.96	31.59	27.47	56.36	46.12	41.68	36.26
32	43.62	35.70	32.27	28.08	57.61	47.16	42.62	37.08
33	44.56	36.47	32.99	28.72	58.87	48.17	43.56	37.93
34	45.60	37.33	33.77	29.43	60.19	49.26	44.57	38.84
35	46.80	38.33	34.69	30.25	61.65	50.45	45.68	39.81
36	48.24	39.48	35.77	31.19	63.27	51.80	46.92	40.91
37	49.94	40.88	37.04	32.33	65.17	53.33	48.32	42.18
38	51.99	42.56	38.58	33.67	67.36	55.14	49.98	43.61
39	54.46	44.58	40.41	35.27	69.95	57.25	51.90	45.27
40	57.39	46.98	42.59	37.15	72.96	59.71	54.13	47.21
41	61.06	50.01	45.31	39.49	76.71	62.80	56.92	49.60
42	65.56	53.68	48.65	42.41	81.33	66.58	60.34	52.59
43	70.71	57.88	52.47	45.73	86.60	70.87	64.25	55.97
44	76.26	62.42	56.57	49.32	92.23	75.50	68.41	59.60
45	81.99	67.11	60.82	53.01	98.01	80.22	72.69	63.31
46	87.69	71.76	65.03	56.62	103.68	84.84	76.87	66.89
47	93.17	76.25	69.07	60.08	109.01	89.23	80.79	70.24
48	98.21	80.39	72.74	63.17	113.76	93.11	84.24	73.14
49	102.57	83.97	75.91	65.79	117.68	96.33	87.08	75.45
50	106.10	86.84	78.41	67.76	120.55	98.67	89.09	77.00
51	108.90	89.13	80.33	69.20	122.52	100.28	90.41	77.90
52	111.33	91.12	82.00	70.34	123.98	101.47	91.35	78.41
53	113.40	92.82	83.35	71.19	124.95	102.27	91.89	78.57
54	115.12	94.23	84.43	71.76	125.43	102.68	92.07	78.34
55	116.50	95.35	85.23	72.05	125.45	102.69	91.86	77.76
56	117.55	96.19	85.76	72.06	124.99	102.29	91.27	76.81
57	118.28	96.80	86.06	71.82	124.10	101.58	90.37	75.53
58	118.76	97.20	86.13	71.35	122.79	100.51	89.10	73.93
59	119.04	97.40	86.00	70.67	121.12	99.12	87.55	72.01
60	119.14	97.50	85.74	69.81	119.14	97.50	85.74	69.81
61	107.17	86.22	75.94	61.97	107.17	86.22	75.94	61.97
62	95.21	74.93	66.13	54.12	95.21	74.93	66.13	54.12
63	83.24	63.65	56.33	46.28	83.24	63.65	56.33	46.28
64	71.27	52.37	46.52	38.43	71.27	52.37	46.52	38.43
65	59.31	41.09	36.72	30.59	59.31	41.09	36.72	30.59
66	47.34	29.80	26.91	22.74	47.34	29.80	26.91	22.74
67	47.34	29.80	26.91	22.74	47.34	29.80	26.91	22.74
68	47.34	29.80	26.91	22.74	47.34	29.80	26.91	22.74
69	47.34	29.80	26.91	22.74	47.34	29.80	26.91	22.74
70	47.34	29.80	26.91	22.74	47.34	29.80	26.91	22.74
71	47.34	29.80	26.91	22.74	47.34	29.80	26.91	22.74
72	47.34	29.80	26.91	22.74	47.34	29.80	26.91	22.74
73	47.34	29.80	26.91	22.74	47.34	29.80	26.91	22.74
74	47.34	29.80	26.91	22.74	47.34	29.80	26.91	22.74
75	47.70	30.03	27.11	22.92	47.70	30.03	27.11	22.92
76	49.61	31.23	28.20	23.83	49.61	31.23	28.20	23.83
77	51.54	32.45	29.30	24.76	51.54	32.45	29.30	24.76
78	53.51	33.69	30.42	25.71	53.51	33.69	30.42	25.71
79	55.50	34.94	31.55	26.66	55.50	34.94	31.55	26.66
80+	58.31	36.21	32.69	27.63	58.31	36.21	32.69	27.63

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Form B170GI							
	Occupation Class 2P - Base Policy With Guaranteed Renewable Premiums							
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday							
Gender	Unisex							
	Benefit Period is 2 Years				Benefit Period is 5 Years			
	Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365
18	23.10	18.91	17.14	14.98	25.91	21.22	19.23	16.80
19	23.10	18.91	17.14	14.98	25.92	21.22	19.24	16.81
20	23.10	18.91	17.14	14.98	25.92	21.22	19.24	16.81
21	23.49	19.23	17.42	15.21	26.23	21.47	19.44	16.99
22	23.91	19.57	17.71	15.45	26.58	21.76	19.68	17.19
23	24.35	19.93	18.03	15.72	26.99	22.10	19.99	17.41
24	24.82	20.32	18.37	16.01	27.48	22.49	20.33	17.71
25	25.31	20.72	18.73	16.31	28.02	22.94	20.73	18.05
26	25.83	21.15	19.11	16.63	28.62	23.43	21.17	18.43
27	26.38	21.59	19.50	16.97	29.29	23.97	21.66	18.85
28	26.95	22.06	19.92	17.33	30.02	24.57	22.19	19.31
29	27.54	22.54	20.36	17.71	30.83	25.22	22.79	19.82
30	28.16	23.05	20.82	18.11	31.69	25.93	23.42	20.37
31	28.74	23.53	21.26	18.49	32.53	26.62	24.04	20.91
32	29.26	23.95	21.65	18.84	33.28	27.24	24.62	21.43
33	29.75	24.35	22.02	19.17	34.04	27.86	25.20	21.94
34	30.25	24.76	22.40	19.52	34.85	28.52	25.80	22.50
35	30.80	25.21	22.82	19.89	35.77	29.27	26.49	23.10
36	31.44	25.74	23.31	20.33	36.83	30.13	27.29	23.80
37	32.22	26.37	23.89	20.85	38.10	31.18	28.25	24.65
38	33.17	27.15	24.61	21.47	39.63	32.43	29.41	25.65
39	34.33	28.10	25.47	22.23	41.50	33.96	30.79	26.87
40	35.75	29.26	26.52	23.13	43.74	35.80	32.46	28.31
41	37.42	30.63	27.76	24.21	46.36	37.94	34.39	29.99
42	39.31	32.17	29.17	25.45	49.26	40.32	36.57	31.89
43	41.38	33.87	30.72	26.82	52.45	42.92	38.95	34.01
44	43.63	35.71	32.40	28.30	55.90	45.74	41.53	36.28
45	46.02	37.66	34.18	29.85	59.61	48.78	44.28	38.71
46	48.52	39.72	36.03	31.46	63.51	51.98	47.17	41.23
47	51.13	41.85	37.95	33.10	67.64	55.35	50.22	43.81
48	53.80	44.04	39.90	34.73	71.96	58.89	53.37	46.48
49	56.53	46.27	41.86	36.33	76.46	62.58	56.62	49.15
50	59.28	48.52	43.82	37.87	81.12	66.39	59.95	51.83
51	62.08	50.81	45.79	39.38	85.95	70.34	63.37	54.48
52	64.95	53.16	47.79	40.89	91.01	74.47	66.91	57.22
53	67.91	55.58	49.85	42.41	96.27	78.78	70.61	60.04
54	70.95	58.07	51.94	43.94	101.77	83.28	74.45	62.93
55	74.06	60.62	54.08	45.48	107.54	87.99	78.45	65.89
56	77.26	63.24	56.26	47.02	113.57	92.93	82.62	68.97
57	80.54	65.92	58.48	48.56	119.91	98.12	87.02	72.19
58	83.90	68.67	60.75	50.12	126.65	103.64	91.64	75.55
59	87.34	71.49	63.06	51.67	133.83	109.52	96.58	79.13
60	90.86	74.37	65.41	53.24	141.63	115.90	101.94	82.97
61	90.22	70.69	62.35	50.96	131.39	104.38	91.97	75.08
62	89.57	67.01	59.28	48.68	128.12	98.55	87.02	71.26
63	88.93	63.33	56.22	46.41	117.84	86.99	77.02	63.34
64	88.29	59.65	53.16	44.13	107.56	75.42	67.02	55.41
65	87.64	55.97	50.09	41.85	97.28	63.86	57.03	47.49
66	87.00	52.29	47.03	39.57	87.00	52.29	47.03	39.57
67	87.00	52.29	47.03	39.57	87.00	52.29	47.03	39.57
68	87.00	52.29	47.03	39.57	87.00	52.29	47.03	39.57
69	87.00	52.29	47.03	39.57	87.00	52.29	47.03	39.57
70	87.00	52.29	47.03	39.57	87.00	52.29	47.03	39.57
71	87.00	52.29	47.03	39.57	87.00	52.29	47.03	39.57
72	87.00	52.29	47.03	39.57	87.00	52.29	47.03	39.57
73	87.00	52.29	47.03	39.57	87.00	52.29	47.03	39.57
74	87.00	52.29	47.03	39.57	87.00	52.29	47.03	39.57
75	87.17	52.39	47.12	39.64	87.17	52.39	47.12	39.64
76	91.35	54.90	49.38	41.54	91.35	54.90	49.38	41.54
77	95.59	57.45	51.68	43.47	95.59	57.45	51.68	43.47
78	99.90	60.04	54.01	45.43	99.90	60.04	54.01	45.43
79	104.27	62.67	56.37	47.42	104.27	62.67	56.37	47.42
80+	108.69	65.32	58.76	49.43	108.69	65.32	58.76	49.43

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Form B170GI							
	Occupation Class 2P - Base Policy With Guaranteed Renewable Premiums							
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday							
Gender	Unisex							
	Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365
18	30.32	24.82	22.50	19.66	40.46	33.13	30.03	26.23
19	30.33	24.82	22.50	19.67	40.48	33.13	30.03	26.24
20	30.33	24.83	22.51	19.67	40.48	33.15	30.05	26.24
21	30.86	25.26	22.87	19.98	41.66	34.11	30.89	26.97
22	31.47	25.75	23.30	20.34	42.91	35.12	31.79	27.72
23	32.16	26.33	23.81	20.75	44.20	36.19	32.72	28.52
24	32.96	26.96	24.37	21.23	45.56	37.29	33.70	29.35
25	33.83	27.69	25.01	21.78	46.98	38.45	34.74	30.25
26	34.79	28.46	25.72	22.39	48.46	39.65	35.82	31.18
27	35.84	29.33	26.50	23.05	49.99	40.92	36.95	32.15
28	36.98	30.27	27.33	23.78	51.58	42.23	38.14	33.17
29	38.22	31.27	28.25	24.57	53.25	43.58	39.36	34.23
30	39.54	32.36	29.23	25.41	54.97	44.98	40.64	35.34
31	40.83	33.42	30.20	26.26	56.64	46.35	41.89	36.43
32	42.05	34.42	31.10	27.06	58.22	47.66	43.06	37.47
33	43.25	35.39	32.02	27.86	59.78	48.91	44.24	38.52
34	44.51	36.43	32.97	28.73	61.36	50.23	45.45	39.59
35	45.93	37.59	34.03	29.67	63.08	51.63	46.73	40.73
36	47.54	38.91	35.25	30.74	64.94	53.15	48.13	41.98
37	49.45	40.48	36.68	32.01	67.04	54.87	49.72	43.37
38	51.71	42.33	38.38	33.48	69.44	56.85	51.52	44.95
39	54.43	44.55	40.39	35.24	72.22	59.12	53.59	46.74
40	57.64	47.18	42.78	37.29	75.43	61.74	55.97	48.79
41	61.54	50.38	45.66	39.80	79.26	64.89	58.81	51.26
42	66.14	54.14	49.08	42.79	83.79	68.59	62.17	54.19
43	71.31	58.37	52.92	46.15	88.83	72.73	65.93	57.47
44	76.86	62.91	57.06	49.76	94.24	77.14	69.94	60.96
45	82.67	67.68	61.36	53.53	99.80	81.70	74.07	64.56
46	88.56	72.49	65.71	57.29	105.39	86.26	78.18	68.09
47	94.39	77.25	70.00	60.96	110.81	90.69	82.14	71.49
48	99.99	81.85	74.11	64.43	115.89	94.86	85.86	74.61
49	105.25	86.15	77.92	67.56	120.49	98.61	89.18	77.31
50	109.98	90.02	81.28	70.25	124.43	101.83	91.95	79.46
51	114.30	93.55	84.32	72.56	127.82	104.61	94.30	81.19
52	118.48	96.96	87.21	74.72	130.95	107.16	96.43	82.67
53	122.50	100.26	89.97	76.70	133.80	109.51	98.34	83.91
54	126.40	103.44	92.62	78.53	136.44	111.67	100.03	84.93
55	130.18	106.53	95.14	80.22	138.84	113.63	101.54	85.74
56	133.86	109.55	97.56	81.75	141.05	115.42	102.86	86.32
57	137.48	112.52	99.93	83.18	143.05	117.08	104.04	86.72
58	141.11	115.48	102.24	84.52	144.96	118.64	105.08	86.98
59	144.79	118.50	104.58	85.81	146.78	120.14	106.05	87.07
60	148.68	121.68	107.01	87.10	148.68	121.68	107.01	87.10
61	138.40	110.12	97.01	79.18	138.40	110.12	97.01	79.18
62	128.12	98.55	87.02	71.26	128.12	98.55	87.02	71.26
63	117.84	86.99	77.02	63.34	117.84	86.99	77.02	63.34
64	107.56	75.42	67.02	55.41	107.56	75.42	67.02	55.41
65	97.28	63.86	57.03	47.49	97.28	63.86	57.03	47.49
66	87.00	52.29	47.03	39.57	87.00	52.29	47.03	39.57
67	87.00	52.29	47.03	39.57	87.00	52.29	47.03	39.57
68	87.00	52.29	47.03	39.57	87.00	52.29	47.03	39.57
69	87.00	52.29	47.03	39.57	87.00	52.29	47.03	39.57
70	87.00	52.29	47.03	39.57	87.00	52.29	47.03	39.57
71	87.00	52.29	47.03	39.57	87.00	52.29	47.03	39.57
72	87.00	52.29	47.03	39.57	87.00	52.29	47.03	39.57
73	87.00	52.29	47.03	39.57	87.00	52.29	47.03	39.57
74	87.00	52.29	47.03	39.57	87.00	52.29	47.03	39.57
75	87.17	52.39	47.12	39.64	87.17	52.39	47.12	39.64
76	91.35	54.90	49.38	41.54	91.35	54.90	49.38	41.54
77	95.59	57.45	51.68	43.47	95.59	57.45	51.68	43.47
78	99.90	60.04	54.01	45.43	99.90	60.04	54.01	45.43
79	104.27	62.67	56.37	47.42	104.27	62.67	56.37	47.42
80+	108.69	65.32	58.76	49.43	108.69	65.32	58.76	49.43

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Form B170GI							
	Occupation Class A - Base Policy With Guaranteed Renewable Premiums							
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday							
Gender	Unisex							
	Benefit Period is 2 Years				Benefit Period is 5 Years			
	Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365
18	32.57	28.07	23.94	21.51	37.12	31.99	27.29	24.51
19	32.57	28.07	23.94	21.51	37.13	31.99	27.29	24.52
20	32.57	28.07	23.94	21.51	37.13	32.00	27.30	24.52
21	33.23	28.64	24.40	21.91	37.71	32.48	27.69	24.87
22	33.89	29.21	24.88	22.31	38.32	33.03	28.14	25.23
23	34.57	29.79	25.35	22.72	38.99	33.60	28.60	25.63
24	35.24	30.37	25.83	23.14	39.72	34.21	29.12	26.06
25	35.92	30.96	26.32	23.56	40.47	34.89	29.66	26.54
26	36.61	31.55	26.82	24.00	41.29	35.58	30.24	27.06
27	37.30	32.14	27.32	24.44	42.14	36.31	30.87	27.61
28	38.00	32.74	27.83	24.88	43.06	37.12	31.53	28.18
29	38.70	33.35	28.34	25.34	44.01	37.93	32.23	28.81
30	39.41	33.96	28.86	25.80	45.04	38.82	32.98	29.48
31	40.01	34.47	29.30	26.20	45.94	39.59	33.65	30.08
32	40.43	34.84	29.62	26.49	46.67	40.21	34.20	30.58
33	40.75	35.11	29.87	26.73	47.31	40.76	34.68	31.05
34	41.05	35.37	30.11	26.96	47.97	41.33	35.17	31.50
35	41.41	35.68	30.39	27.23	48.74	41.99	35.78	32.06
36	41.90	36.10	30.77	27.58	49.73	42.85	36.51	32.74
37	42.61	36.71	31.30	28.07	51.03	43.97	37.49	33.63
38	43.60	37.57	32.05	28.75	52.75	45.46	38.77	34.76
39	44.97	38.75	33.06	29.65	54.97	47.37	40.41	36.23
40	46.79	40.32	34.39	30.83	57.82	49.82	42.50	38.11
41	49.17	42.37	36.14	32.39	61.40	52.93	45.13	40.45
42	52.09	44.89	38.29	34.32	65.72	56.64	48.31	43.30
43	55.44	47.78	40.76	36.54	70.62	60.84	51.92	46.57
44	59.10	50.94	43.46	38.96	75.93	65.44	55.84	50.09
45	62.94	54.25	46.28	41.49	81.58	70.29	59.99	53.81
46	66.85	57.62	49.14	44.03	87.34	75.26	64.22	57.57
47	70.71	60.94	51.95	46.49	93.15	80.27	68.43	61.29
48	74.39	64.12	54.61	48.79	98.81	85.15	72.54	64.83
49	77.78	67.04	57.03	50.82	104.24	89.82	76.41	68.11
50	80.75	69.60	59.12	52.51	109.25	94.13	79.97	71.01
51	83.41	71.89	60.96	53.92	113.96	98.21	83.25	73.62
52	85.94	74.07	62.68	55.20	118.58	102.20	86.46	76.10
53	88.33	76.14	64.28	56.34	123.19	106.17	89.61	78.46
54	90.60	78.08	65.77	57.34	127.75	110.07	92.67	80.71
55	92.72	79.92	67.14	58.21	132.25	113.96	95.71	82.88
56	94.72	81.63	68.40	58.94	136.78	117.86	98.71	84.96
57	96.58	83.24	69.54	59.53	141.36	121.82	101.73	86.98
58	98.31	84.72	70.57	59.98	146.01	125.85	104.76	88.97
59	99.90	86.09	71.48	60.30	150.87	129.99	107.93	90.98
60	101.36	87.35	72.27	60.48	156.01	134.44	111.23	93.08
61	98.90	82.26	68.53	57.47	143.39	120.60	100.25	84.01
62	96.43	77.16	64.78	54.45	138.41	113.34	94.71	79.50
63	93.97	72.07	61.04	51.44	125.46	99.20	83.49	70.22
64	91.51	66.98	57.30	48.42	112.50	85.07	72.26	60.94
65	89.04	61.89	53.55	45.41	99.54	70.93	61.04	51.67
66	86.58	56.79	49.81	42.39	86.58	56.79	49.81	42.39
67	86.58	56.79	49.81	42.39	86.58	56.79	49.81	42.39
68	86.58	56.79	49.81	42.39	86.58	56.79	49.81	42.39
69	86.58	56.79	49.81	42.39	86.58	56.79	49.81	42.39
70	86.58	56.79	49.81	42.39	86.58	56.79	49.81	42.39
71	86.58	56.79	49.81	42.39	86.58	56.79	49.81	42.39
72	86.58	56.79	49.81	42.39	86.58	56.79	49.81	42.39
73	86.58	56.79	49.81	42.39	86.58	56.79	49.81	42.39
74	86.58	56.79	49.81	42.39	86.58	56.79	49.81	42.39
75	86.93	57.03	50.01	42.57	86.93	57.03	50.01	42.57
76	90.52	59.38	52.08	44.32	90.52	59.38	52.08	44.32
77	94.17	61.78	54.18	46.11	94.17	61.78	54.18	46.11
78	97.87	64.20	56.31	47.92	97.87	64.20	56.31	47.92
79	101.63	66.67	58.47	49.76	101.63	66.67	58.47	49.76
80+	105.43	69.16	60.65	51.62	105.43	69.16	60.65	51.62

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Form B170GI							
	Occupation Class A - Base Policy With Guaranteed Renewable Premiums							
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday							
Gender	Unisex							
	Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365
18	45.14	38.89	33.18	29.80	59.52	51.27	43.74	39.29
19	45.15	38.90	33.19	29.81	59.53	51.29	43.76	39.29
20	45.15	38.91	33.19	29.82	59.54	51.30	43.76	39.31
21	45.97	39.61	33.76	30.31	61.63	53.11	45.27	40.62
22	46.86	40.38	34.39	30.84	63.73	54.92	46.77	41.94
23	47.82	41.21	35.08	31.43	65.81	56.71	48.27	43.24
24	48.87	42.10	35.83	32.07	67.91	58.51	49.76	44.56
25	49.98	43.08	36.62	32.77	69.97	60.29	51.26	45.87
26	51.17	44.09	37.47	33.53	72.03	62.06	52.75	47.19
27	52.43	45.18	38.39	34.33	74.07	63.85	54.26	48.52
28	53.77	46.35	39.37	35.20	76.14	65.62	55.73	49.84
29	55.19	47.56	40.41	36.13	78.18	67.38	57.25	51.18
30	56.69	48.86	41.51	37.10	80.22	69.14	58.75	52.51
31	58.04	50.02	42.52	38.00	82.01	70.68	60.07	53.70
32	59.18	50.99	43.37	38.78	83.48	71.94	61.16	54.69
33	60.22	51.89	44.14	39.51	84.76	73.02	62.12	55.59
34	61.28	52.81	44.94	40.26	85.95	74.08	63.06	56.44
35	62.52	53.87	45.89	41.13	87.26	75.20	64.04	57.40
36	64.04	55.18	47.02	42.17	88.79	76.51	65.19	58.44
37	65.99	56.86	48.48	43.49	90.70	78.15	66.63	59.74
38	68.49	59.02	50.34	45.16	93.10	80.22	68.43	61.37
39	71.68	61.77	52.68	47.25	96.19	82.89	70.70	63.42
40	75.70	65.23	55.63	49.88	100.11	86.25	73.55	65.94
41	80.91	69.74	59.44	53.28	105.23	90.68	77.32	69.28
42	87.42	75.33	64.24	57.55	111.70	96.24	82.07	73.52
43	94.89	81.76	69.73	62.48	119.13	102.66	87.52	78.42
44	102.97	88.74	75.67	67.80	127.19	109.59	93.43	83.67
45	111.40	95.99	81.85	73.31	135.48	116.75	99.53	89.08
46	119.78	103.21	87.98	78.76	143.63	123.77	105.48	94.35
47	127.83	110.16	93.85	83.92	151.30	130.41	111.08	99.24
48	135.22	116.53	99.20	88.56	158.15	136.30	116.00	103.52
49	141.62	122.05	103.79	92.46	163.75	141.14	120.03	106.89
50	146.71	126.44	107.40	95.38	167.79	144.63	122.85	109.12
51	150.74	129.91	110.15	97.51	170.54	146.98	124.65	110.38
52	154.19	132.89	112.49	99.18	172.53	148.69	125.92	111.10
53	157.12	135.40	114.40	100.43	173.82	149.79	126.61	111.26
54	159.52	137.45	115.88	101.23	174.39	150.28	126.78	110.87
55	161.40	139.07	116.97	101.64	174.28	150.17	126.40	109.98
56	162.77	140.28	117.65	101.64	173.47	149.50	125.48	108.56
57	163.73	141.08	118.00	101.24	172.03	148.25	124.07	106.62
58	164.23	141.53	117.98	100.48	170.00	146.49	122.20	104.21
59	164.42	141.68	117.69	99.39	167.41	144.26	119.88	101.32
60	164.33	141.61	117.15	98.05	164.33	141.61	117.16	98.05
61	151.37	127.47	105.94	88.77	151.37	127.47	105.94	88.77
62	138.41	113.34	94.71	79.50	138.41	113.34	94.71	79.50
63	125.46	99.20	83.49	70.22	125.46	99.20	83.49	70.22
64	112.50	85.07	72.26	60.94	112.50	85.07	72.26	60.94
65	99.54	70.93	61.04	51.67	99.54	70.93	61.04	51.67
66	86.58	56.79	49.81	42.39	86.58	56.79	49.81	42.39
67	86.58	56.79	49.81	42.39	86.58	56.79	49.81	42.39
68	86.58	56.79	49.81	42.39	86.58	56.79	49.81	42.39
69	86.58	56.79	49.81	42.39	86.58	56.79	49.81	42.39
70	86.58	56.79	49.81	42.39	86.58	56.79	49.81	42.39
71	86.58	56.79	49.81	42.39	86.58	56.79	49.81	42.39
72	86.58	56.79	49.81	42.39	86.58	56.79	49.81	42.39
73	86.58	56.79	49.81	42.39	86.58	56.79	49.81	42.39
74	86.58	56.79	49.81	42.39	86.58	56.79	49.81	42.39
75	86.93	57.03	50.01	42.57	86.93	57.03	50.01	42.57
76	90.52	59.38	52.08	44.32	90.52	59.38	52.08	44.32
77	94.17	61.78	54.18	46.11	94.17	61.78	54.18	46.11
78	97.87	64.20	56.31	47.92	97.87	64.20	56.31	47.92
79	101.63	66.67	58.47	49.76	101.63	66.67	58.47	49.76
80+	105.43	69.16	60.65	51.62	105.43	69.16	60.65	51.62

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Form B170GI							
	Occupation Class B - Base Policy With Guaranteed Renewable Premiums							
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday							
Gender	Unisex							
	Benefit Period is 2 Years				Benefit Period is 5 Years			
	Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365
18	39.29	33.85	28.88	25.94	44.77	38.58	32.90	29.57
19	39.29	33.85	28.88	25.94	44.79	38.58	32.91	29.59
20	39.29	33.85	28.88	25.94	44.79	38.60	32.91	29.59
21	40.49	34.89	29.74	26.68	45.93	39.58	33.73	30.27
22	41.69	35.92	30.59	27.42	47.11	40.59	34.57	31.00
23	42.87	36.93	31.44	28.16	48.32	41.65	35.45	31.76
24	44.03	37.94	32.28	28.90	49.58	42.72	36.35	32.54
25	45.19	38.94	33.11	29.63	50.88	43.86	37.28	33.37
26	46.33	39.92	33.94	30.35	52.22	45.00	38.24	34.21
27	47.46	40.89	34.76	31.08	53.60	46.19	39.27	35.11
28	48.57	41.86	35.57	31.80	55.03	47.43	40.29	36.02
29	49.68	42.81	36.38	32.52	56.50	48.70	41.38	36.98
30	50.77	43.75	37.18	33.23	58.01	50.00	42.49	37.98
31	51.68	44.54	37.86	33.84	59.35	51.14	43.47	38.86
32	52.33	45.09	38.34	34.29	60.40	52.05	44.25	39.57
33	52.81	45.51	38.71	34.64	61.31	52.83	44.93	40.22
34	53.24	45.88	39.05	34.96	62.21	53.61	45.63	40.86
35	53.73	46.31	39.44	35.33	63.26	54.52	46.43	41.60
36	54.40	46.88	39.95	35.81	64.55	55.64	47.41	42.50
37	55.35	47.70	40.66	36.47	66.28	57.11	48.71	43.67
38	56.69	48.86	41.66	37.37	68.58	59.08	50.39	45.21
39	58.54	50.45	43.02	38.59	71.56	61.66	52.61	47.17
40	61.00	52.57	44.83	40.19	75.40	64.96	55.40	49.65
41	64.23	55.35	47.20	42.30	80.23	69.13	58.96	52.83
42	68.19	58.77	50.12	44.92	86.04	74.15	63.24	56.67
43	72.73	62.68	53.47	47.93	92.63	79.83	68.11	61.09
44	77.68	66.95	57.11	51.21	99.81	86.02	73.40	65.85
45	82.88	71.43	60.93	54.62	107.40	92.56	78.99	70.85
46	88.17	75.98	64.80	58.06	115.17	99.28	84.69	75.94
47	93.37	80.47	68.59	61.38	123.00	106.01	90.39	80.92
48	98.34	84.75	72.18	64.48	130.60	112.55	95.90	85.70
49	102.90	88.68	75.44	67.23	137.87	118.81	101.09	90.12
50	106.89	92.12	78.25	69.50	144.56	124.61	105.83	94.01
51	110.45	95.19	80.71	71.40	150.88	130.01	110.21	97.47
52	113.83	98.10	83.01	73.11	157.06	135.34	114.50	100.77
53	117.02	100.85	85.15	74.63	163.18	140.62	118.66	103.93
54	120.02	103.44	87.13	75.96	169.19	145.82	122.76	106.92
55	122.84	105.87	88.95	77.11	175.20	150.97	126.77	109.77
56	125.47	108.13	90.61	78.07	181.18	156.13	130.74	112.54
57	127.92	110.24	92.11	78.84	187.20	161.33	134.72	115.19
58	130.17	112.18	93.44	79.42	193.35	166.61	138.73	117.80
59	132.25	113.97	94.62	79.81	199.72	172.10	142.85	120.42
60	134.13	115.59	95.64	80.02	206.47	177.92	147.20	123.17
61	131.05	108.97	90.79	76.12	190.63	121.91	133.26	111.67
62	127.98	102.35	85.94	72.22	184.92	151.42	126.53	106.21
63	124.90	95.73	81.09	68.33	167.61	132.53	111.54	93.81
64	121.82	89.11	76.24	64.43	150.30	113.65	96.54	81.42
65	118.75	82.50	71.40	60.53	132.98	94.76	81.54	69.03
66	115.67	75.88	66.55	56.63	115.67	75.88	66.55	56.63
67	115.67	75.88	66.55	56.63	115.67	75.88	66.55	56.63
68	115.67	75.88	66.55	56.63	115.67	75.88	66.55	56.63
69	115.67	75.88	66.55	56.63	115.67	75.88	66.55	56.63
70	115.67	75.88	66.55	56.63	115.67	75.88	66.55	56.63
71	115.67	75.88	66.55	56.63	115.67	75.88	66.55	56.63
72	115.67	75.88	66.55	56.63	115.67	75.88	66.55	56.63
73	115.67	75.88	66.55	56.63	115.67	75.88	66.55	56.63
74	115.67	75.88	66.55	56.63	115.67	75.88	66.55	56.63
75	116.14	76.19	66.81	56.87	116.14	76.19	66.81	56.87
76	120.94	79.34	69.58	59.21	120.94	79.34	69.58	59.21
77	125.81	82.53	72.38	61.60	125.81	82.53	72.38	61.60
78	130.75	85.78	75.23	64.02	130.75	85.78	75.23	64.02
79	135.78	89.07	78.12	66.48	135.78	89.07	78.12	66.48
80+	140.86	92.40	81.03	68.96	140.86	92.40	81.03	68.96

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Form B170GI							
	Occupation Class B - Base Policy With Guaranteed Renewable Premiums							
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday							
Gender	Unisex							
	Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365
18	N/A				N/A			
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	Policy Form B170GI							
	Occupation Class 5A - Base Policy With Policy Rider PR6 - Guaranteed Renewable and Noncancelable Premiums							
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday							
Gender	Unisex							
	Benefit Period is 2 Years				Benefit Period is 5 Years			
	Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365
18	21.53	15.72	14.42	12.77	25.70	18.77	17.19	15.23
19	21.53	15.72	14.42	12.77	25.70	18.77	17.21	15.23
20	21.53	15.72	14.42	12.77	25.71	18.77	17.21	15.23
21	21.22	15.49	14.20	12.57	25.26	18.44	16.90	14.96
22	20.97	15.31	14.02	12.39	24.89	18.18	16.64	14.72
23	20.76	15.15	13.88	12.26	24.60	17.95	16.44	14.51
24	20.61	15.04	13.77	12.15	24.41	17.79	16.30	14.37
25	20.50	14.97	13.69	12.08	24.26	17.72	16.20	14.30
26	20.45	14.93	13.65	12.03	24.23	17.69	16.16	14.25
27	20.45	14.93	13.65	12.02	24.26	17.70	16.17	14.26
28	20.50	14.96	13.68	12.05	24.38	17.79	16.26	14.33
29	20.61	15.04	13.75	12.10	24.57	17.94	16.38	14.42
30	20.76	15.15	13.85	12.19	24.82	18.13	16.56	14.59
31	20.96	15.29	13.98	12.31	25.17	18.35	16.79	14.78
32	21.19	15.46	14.14	12.45	25.57	18.66	17.07	15.04
33	21.46	15.67	14.33	12.63	26.04	19.01	17.40	15.33
34	21.79	15.90	14.56	12.83	26.60	19.41	17.76	15.67
35	22.17	16.18	14.82	13.07	27.22	19.88	18.20	16.06
36	22.61	16.51	15.13	13.35	27.96	20.40	18.69	16.52
37	23.12	16.88	15.47	13.66	28.78	21.00	19.27	17.03
38	23.71	17.31	15.87	14.02	29.71	21.69	19.89	17.59
39	24.37	17.79	16.32	14.41	30.76	22.45	20.60	18.20
40	25.12	18.34	16.82	14.85	31.94	23.32	21.39	18.89
41	25.98	18.97	17.39	15.35	33.25	24.28	22.26	19.67
42	26.95	19.68	18.05	15.94	34.71	25.34	23.25	20.54
43	28.02	20.46	18.77	16.58	36.31	26.51	24.33	21.50
44	29.17	21.30	19.54	17.27	38.02	27.77	25.47	22.53
45	30.38	22.18	20.35	17.98	39.82	29.07	26.68	23.62
46	31.63	23.09	21.18	18.71	41.70	30.46	27.94	24.70
47	32.90	24.02	22.02	19.43	43.66	31.89	29.23	25.82
48	34.17	24.95	22.86	20.13	45.66	33.35	30.55	26.92
49	35.43	25.87	23.67	20.79	47.70	34.84	31.85	28.01
50	36.66	26.77	24.45	21.40	49.76	36.34	33.17	29.05
51	37.87	27.65	25.21	21.97	51.83	37.85	34.49	30.07
52	39.09	28.54	25.96	22.52	53.96	39.41	35.84	31.08
53	40.32	29.44	26.72	23.06	56.17	41.03	37.20	32.09
54	41.56	30.35	27.47	23.58	58.44	42.68	38.61	33.12
55	42.81	31.26	28.22	24.08	60.79	44.41	40.06	34.16
56	44.07	32.18	28.97	24.57	63.26	46.19	41.57	35.21
57	45.34	33.11	29.72	25.04	65.81	48.06	43.13	36.31
58	46.62	34.04	30.47	25.50	68.52	50.03	44.77	37.44
59	47.91	34.98	31.21	25.94	71.43	52.15	46.52	38.65
60	49.21	35.93	31.96	26.37	74.55	54.44	48.43	39.93
61	44.98	32.09	28.60	23.66	64.42	46.29	41.22	34.07
62	41.84	29.04	25.94	21.55	60.16	42.43	37.84	31.37
63	38.70	25.99	23.29	19.45	52.44	36.03	32.22	26.81
64	35.55	22.94	20.64	17.34	44.72	29.63	26.59	22.24
65	32.41	19.89	17.98	15.23	36.99	23.23	20.96	17.68
66	29.27	16.84	15.33	13.12	29.27	16.84	15.33	13.12
67	29.27	16.84	15.33	13.12	29.27	16.84	15.33	13.12
68	29.27	16.84	15.33	13.12	29.27	16.84	15.33	13.12
69	29.27	16.84	15.33	13.12	29.27	16.84	15.33	13.12
70	29.27	16.84	15.33	13.12	29.27	16.84	15.33	13.12
71	29.27	16.84	15.33	13.12	29.27	16.84	15.33	13.12
72	29.27	16.84	15.33	13.12	29.27	16.84	15.33	13.12
73	29.27	16.84	15.33	13.12	29.27	16.84	15.33	13.12
74	29.27	16.84	15.33	13.12	29.27	16.84	15.33	13.12
75	29.61	17.03	15.51	13.28	29.61	17.03	15.51	13.28
76	31.02	17.84	16.24	13.91	31.02	17.84	16.24	13.91
77	32.45	18.66	16.99	14.55	32.45	18.66	16.99	14.55
78	33.91	19.50	17.76	15.20	33.91	19.50	17.76	15.20
79	35.38	20.35	18.53	15.86	35.38	20.35	18.53	15.86
80+	36.87	21.21	19.31	16.53	36.87	21.21	19.31	16.53

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Form B170GI							
	Occupation Class 5A - Base Policy With Policy Rider PR6 - Guaranteed Renewable and Noncancelable Premiums							
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday							
Gender	Unisex							
	Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365
18	31.21	22.78	20.89	18.51	35.35	25.79	23.68	20.97
19	31.21	22.79	20.90	18.51	35.35	25.81	23.68	20.97
20	31.22	22.79	20.90	18.51	35.36	25.81	23.68	20.97
21	30.71	22.42	20.55	18.19	35.19	25.68	23.55	20.84
22	30.32	22.14	20.26	17.93	35.13	25.64	23.49	20.76
23	30.03	21.91	20.06	17.73	35.15	25.65	23.49	20.75
24	29.85	21.77	19.93	17.59	35.28	25.73	23.55	20.79
25	29.76	21.73	19.87	17.55	35.48	25.90	23.69	20.90
26	29.80	21.76	19.88	17.54	35.80	26.12	23.88	21.06
27	29.94	21.84	19.96	17.61	36.19	26.41	24.15	21.28
28	30.18	22.03	20.13	17.75	36.69	26.79	24.47	21.55
29	30.52	22.29	20.36	17.93	37.29	27.21	24.87	21.90
30	30.98	22.62	20.66	18.21	37.97	27.70	25.32	22.31
31	31.54	23.02	21.03	18.53	38.75	28.27	25.84	22.76
32	32.16	23.48	21.46	18.93	39.60	28.89	26.42	23.28
33	32.91	24.03	21.97	19.37	40.55	29.59	27.06	23.87
34	33.74	24.63	22.54	19.90	41.60	30.36	27.80	24.52
35	34.69	25.33	23.19	20.47	42.73	31.20	28.56	25.22
36	35.76	26.11	23.91	21.13	43.97	32.10	29.42	25.98
37	36.96	26.98	24.74	21.86	45.30	33.07	30.33	26.79
38	38.29	27.96	25.63	22.66	46.75	34.13	31.30	27.65
39	39.77	29.04	26.62	23.53	48.32	35.28	32.34	28.59
40	41.41	30.24	27.72	24.48	49.99	36.50	33.46	29.56
41	43.30	31.62	28.98	25.60	51.89	37.87	34.74	30.68
42	45.51	33.25	30.48	26.90	54.10	39.51	36.22	31.99
43	48.00	35.04	32.14	28.38	56.56	41.30	37.86	33.44
44	50.62	36.97	33.89	29.94	59.14	43.18	39.59	34.95
45	53.34	38.96	35.72	31.54	61.79	45.11	41.35	36.49
46	56.06	40.94	37.53	33.12	64.39	47.00	43.07	38.01
47	58.70	42.87	39.28	34.63	66.85	48.81	44.72	39.41
48	61.21	44.70	40.93	36.02	69.13	50.48	46.20	40.65
49	63.47	46.36	42.39	37.23	71.09	51.90	47.47	41.67
50	65.43	47.79	43.64	38.20	72.66	53.06	48.45	42.41
51	67.13	49.02	44.70	38.97	73.91	53.97	49.21	42.92
52	68.71	50.18	45.66	39.65	74.97	54.74	49.84	43.31
53	70.16	51.24	46.52	40.21	75.86	55.40	50.32	43.52
54	71.50	52.22	47.31	40.69	76.58	55.92	50.69	43.65
55	72.75	53.13	48.01	41.06	77.13	56.32	50.93	43.61
56	73.91	53.96	48.63	41.34	77.54	56.61	51.05	43.46
57	74.98	54.74	49.20	41.55	77.82	56.80	51.07	43.19
58	76.01	55.50	49.71	41.68	77.96	56.92	51.01	42.81
59	77.03	56.22	50.21	41.76	78.05	56.96	50.88	42.36
60	78.07	56.99	50.71	41.82	78.07	56.99	50.71	41.82
61	67.89	48.82	43.47	35.93	67.89	48.82	43.47	35.93
62	60.16	42.43	37.84	31.37	60.16	42.43	37.84	31.37
63	52.44	36.03	32.22	26.81	52.44	36.03	32.22	26.81
64	44.72	29.63	26.59	22.24	44.72	29.63	26.59	22.24
65	36.99	23.23	20.96	17.68	36.99	23.23	20.96	17.68
66	29.27	16.84	15.33	13.12	29.27	16.84	15.33	13.12
67	29.27	16.84	15.33	13.12	29.27	16.84	15.33	13.12
68	29.27	16.84	15.33	13.12	29.27	16.84	15.33	13.12
69	29.27	16.84	15.33	13.12	29.27	16.84	15.33	13.12
70	29.27	16.84	15.33	13.12	29.27	16.84	15.33	13.12
71	29.27	16.84	15.33	13.12	29.27	16.84	15.33	13.12
72	29.27	16.84	15.33	13.12	29.27	16.84	15.33	13.12
73	29.27	16.84	15.33	13.12	29.27	16.84	15.33	13.12
74	29.27	16.84	15.33	13.12	29.27	16.84	15.33	13.12
75	29.61	17.03	15.51	13.28	29.61	17.03	15.51	13.28
76	31.02	17.84	16.24	13.91	31.02	17.84	16.24	13.91
77	32.45	18.66	16.99	14.55	32.45	18.66	16.99	14.55
78	33.91	19.50	17.76	15.20	33.91	19.50	17.76	15.20
79	35.38	20.35	18.53	15.86	35.38	20.35	18.53	15.86
80+	36.87	21.21	19.31	16.53	36.87	21.21	19.31	16.53

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Form B170GI							
	Occupation Class 4A - Base Policy With Policy Rider PR6 - Guaranteed Renewable and Noncancelable Premiums							
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday							
Gender	Unisex							
	Benefit Period is 2 Years				Benefit Period is 5 Years			
	Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365
18	25.11	18.33	16.82	14.89	29.38	21.46	19.68	17.43
19	25.11	18.33	16.82	14.89	29.39	21.46	19.69	17.43
20	25.11	18.33	16.82	14.89	29.39	21.46	19.69	17.43
21	24.69	18.02	16.52	14.62	28.79	21.04	19.27	17.05
22	24.34	17.76	16.28	14.39	28.32	20.69	18.93	16.76
23	24.06	17.56	16.08	14.21	27.94	20.41	18.69	16.49
24	23.86	17.42	15.93	14.07	27.68	20.22	18.49	16.33
25	23.73	17.32	15.84	13.99	27.54	20.10	18.39	16.23
26	23.68	17.28	15.80	13.94	27.49	20.07	18.35	16.18
27	23.70	17.30	15.81	13.95	27.55	20.11	18.38	16.21
28	23.80	17.37	15.87	13.99	27.72	20.23	18.49	16.31
29	23.97	17.49	15.98	14.09	28.00	20.45	18.68	16.46
30	24.21	17.67	16.14	14.23	28.40	20.75	18.96	16.70
31	24.52	17.90	16.35	14.42	28.91	21.11	19.29	16.99
32	24.90	18.18	16.61	14.65	29.49	21.52	19.68	17.35
33	25.35	18.50	16.92	14.93	30.16	22.04	20.16	17.78
34	25.87	18.89	17.28	15.25	30.99	22.63	20.70	18.27
35	26.47	19.32	17.69	15.63	31.90	23.30	21.33	18.83
36	27.15	19.82	18.16	16.04	32.94	24.06	22.02	19.47
37	27.91	20.37	18.68	16.51	34.10	24.90	22.82	20.16
38	28.76	20.99	19.25	17.01	35.41	25.85	23.69	20.95
39	29.69	21.68	19.88	17.57	36.84	26.91	24.68	21.79
40	30.72	22.43	20.57	18.17	38.44	28.07	25.75	22.74
41	31.88	23.28	21.34	18.85	40.21	29.37	26.93	23.77
42	33.18	24.23	22.22	19.63	42.18	30.80	28.25	24.96
43	34.60	25.27	23.17	20.48	44.33	32.38	29.70	26.24
44	36.11	26.37	24.19	21.38	46.62	34.04	31.24	27.62
45	37.69	27.53	25.25	22.32	49.04	35.81	32.85	29.04
46	39.32	28.72	26.33	23.26	51.54	37.65	34.53	30.51
47	40.96	29.91	27.41	24.19	54.11	39.53	36.22	31.99
48	42.59	31.11	28.48	25.09	56.76	41.44	37.94	33.45
49	44.19	32.28	29.51	25.94	59.38	43.37	39.67	34.87
50	45.73	33.40	30.49	26.70	62.03	45.29	41.37	36.21
51	47.23	34.50	31.43	27.41	64.69	47.25	43.04	37.52
52	48.73	35.59	32.36	28.08	67.40	49.23	44.75	38.80
53	50.23	36.69	33.28	28.73	70.18	51.26	46.47	40.10
54	51.74	37.78	34.19	29.36	73.05	53.33	48.26	41.38
55	53.24	38.88	35.09	29.96	75.99	55.50	50.07	42.70
56	54.74	39.97	35.98	30.53	79.06	57.71	51.93	44.01
57	56.24	41.07	36.86	31.07	82.23	60.04	53.88	45.36
58	57.75	42.16	37.73	31.59	85.59	62.49	55.92	46.76
59	59.25	43.26	38.60	32.08	89.15	65.08	58.07	48.24
60	60.75	44.35	39.45	32.54	93.01	67.89	60.40	49.82
61	56.81	40.30	35.92	29.74	81.77	58.52	52.13	43.10
62	54.11	37.15	33.19	27.59	77.59	54.28	48.45	40.16
63	51.41	33.99	30.47	25.45	69.02	46.84	41.91	34.87
64	48.71	30.84	27.74	23.30	60.45	39.40	35.36	29.58
65	46.01	27.68	25.01	21.16	51.88	31.97	28.82	24.30
66	43.31	24.53	22.28	19.01	43.31	24.53	22.28	19.01
67	43.31	24.53	22.28	19.01	43.31	24.53	22.28	19.01
68	43.31	24.53	22.28	19.01	43.31	24.53	22.28	19.01
69	43.31	24.53	22.28	19.01	43.31	24.53	22.28	19.01
70	43.31	24.53	22.28	19.01	43.31	24.53	22.28	19.01
71	43.31	24.53	22.28	19.01	43.31	24.53	22.28	19.01
72	43.31	24.53	22.28	19.01	43.31	24.53	22.28	19.01
73	43.31	24.53	22.28	19.01	43.31	24.53	22.28	19.01
74	43.31	24.53	22.28	19.01	43.31	24.53	22.28	19.01
75	43.68	24.74	22.48	19.17	43.68	24.74	22.48	19.17
76	45.74	25.91	23.54	20.08	45.74	25.91	23.54	20.08
77	47.83	27.09	24.61	20.99	47.83	27.09	24.61	20.99
78	49.96	28.29	25.71	21.93	49.96	28.29	25.71	21.93
79	52.11	29.51	26.82	22.87	52.11	29.51	26.82	22.87
80+	54.29	30.75	27.94	23.83	54.29	30.75	27.94	23.83

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Form B170GI							
	Occupation Class 4A - Base Policy With Policy Rider PR6 - Guaranteed Renewable and Noncancelable Premiums							
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday							
Gender	Unisex							
	Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365
18	35.77	26.12	23.96	21.21	41.60	30.37	27.86	24.67
19	35.77	26.12	23.96	21.21	41.60	30.37	27.86	24.67
20	35.78	26.13	23.97	21.22	41.62	30.39	27.88	24.69
21	35.05	25.60	23.45	20.75	41.29	30.14	27.63	24.45
22	34.45	25.16	23.05	20.38	41.09	30.01	27.49	24.29
23	34.02	24.84	22.74	20.08	41.04	29.97	27.42	24.23
24	33.74	24.65	22.53	19.90	41.15	30.04	27.47	24.26
25	33.63	24.55	22.44	19.82	41.38	30.20	27.61	24.38
26	33.64	24.56	22.45	19.80	41.75	30.47	27.85	24.57
27	33.80	24.68	22.55	19.89	42.27	30.86	28.20	24.87
28	34.14	24.91	22.77	20.07	42.93	31.33	28.64	25.25
29	34.60	25.27	23.09	20.34	43.73	31.94	29.17	25.70
30	35.24	25.73	23.50	20.72	44.68	32.62	29.79	26.26
31	36.01	26.29	24.02	21.17	45.77	33.42	30.55	26.92
32	36.91	26.95	24.63	21.72	47.01	34.33	31.38	27.66
33	37.95	27.71	25.35	22.36	48.40	35.34	32.33	28.52
34	39.16	28.60	26.17	23.10	49.94	36.47	33.38	29.47
35	40.53	29.59	27.10	23.93	51.64	37.70	34.53	30.49
36	42.04	30.70	28.12	24.85	53.45	39.02	35.76	31.59
37	43.72	31.93	29.27	25.86	55.39	40.45	37.08	32.75
38	45.60	33.30	30.53	26.98	57.45	41.96	38.47	34.00
39	47.65	34.80	31.91	28.19	59.64	43.56	39.95	35.29
40	49.89	36.44	33.42	29.50	61.95	45.24	41.49	36.64
41	52.48	38.33	35.15	31.01	64.55	47.13	43.22	38.16
42	55.52	40.54	37.18	32.82	67.56	49.34	45.25	39.93
43	58.89	43.01	39.44	34.82	70.88	51.76	47.46	41.90
44	62.49	45.63	41.85	36.95	74.38	54.31	49.80	43.95
45	66.18	48.33	44.31	39.12	77.92	56.90	52.16	46.03
46	69.86	51.03	46.76	41.27	81.37	59.44	54.45	48.03
47	73.44	53.63	49.13	43.31	84.68	61.82	56.62	49.90
48	76.79	56.08	51.33	45.19	87.65	64.02	58.59	51.54
49	79.80	58.27	53.29	46.80	90.22	65.88	60.23	52.89
50	82.38	60.14	54.94	48.09	92.26	67.37	61.52	53.86
51	84.57	61.76	56.30	49.10	93.81	68.51	62.46	54.50
52	86.58	63.23	57.53	49.97	95.11	69.47	63.20	54.95
53	88.41	64.56	58.62	50.69	96.17	70.22	63.77	55.20
54	90.07	65.77	59.59	51.26	96.96	70.80	64.17	55.27
55	91.56	66.86	60.43	51.70	97.52	71.20	64.38	55.16
56	92.92	67.85	61.15	52.01	97.86	71.46	64.43	54.88
57	94.15	68.74	61.79	52.18	97.98	71.53	64.32	54.41
58	95.29	69.58	62.33	52.27	97.93	71.50	64.09	53.80
59	96.36	70.36	62.81	52.26	97.73	71.36	63.73	53.06
60	97.46	71.15	63.30	52.21	97.46	71.15	63.30	52.21
61	86.16	61.72	54.99	45.44	86.16	61.72	54.99	45.44
62	77.59	54.28	48.45	40.16	77.59	54.28	48.45	40.16
63	69.02	46.84	41.91	34.87	69.02	46.84	41.91	34.87
64	60.45	39.40	35.36	29.58	60.45	39.40	35.36	29.58
65	51.88	31.97	28.82	24.30	51.88	31.97	28.82	24.30
66	43.31	24.53	22.28	19.01	43.31	24.53	22.28	19.01
67	43.31	24.53	22.28	19.01	43.31	24.53	22.28	19.01
68	43.31	24.53	22.28	19.01	43.31	24.53	22.28	19.01
69	43.31	24.53	22.28	19.01	43.31	24.53	22.28	19.01
70	43.31	24.53	22.28	19.01	43.31	24.53	22.28	19.01
71	43.31	24.53	22.28	19.01	43.31	24.53	22.28	19.01
72	43.31	24.53	22.28	19.01	43.31	24.53	22.28	19.01
73	43.31	24.53	22.28	19.01	43.31	24.53	22.28	19.01
74	43.31	24.53	22.28	19.01	43.31	24.53	22.28	19.01
75	43.68	24.74	22.48	19.17	43.68	24.74	22.48	19.17
76	45.74	25.91	23.54	20.08	45.74	25.91	23.54	20.08
77	47.83	27.09	24.61	20.99	47.83	27.09	24.61	20.99
78	49.96	28.29	25.71	21.93	49.96	28.29	25.71	21.93
79	52.11	29.51	26.82	22.87	52.11	29.51	26.82	22.87
80+	54.29	30.75	27.94	23.83	54.29	30.75	27.94	23.83

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Form B170GI							
	Occupation Class 4P - Base Policy With Policy Rider PR6 - Guaranteed Renewable and Noncancelable Premiums							
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday							
Gender	Unisex							
	Benefit Period is 2 Years				Benefit Period is 5 Years			
	Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365
18	20.24	14.78	13.55	12.01	23.91	17.46	16.01	14.19
19	20.24	14.78	13.55	12.01	23.93	17.46	16.01	14.19
20	20.24	14.78	13.55	12.01	23.93	17.48	16.01	14.19
21	20.25	14.79	13.55	11.99	23.86	17.43	15.97	14.15
22	20.30	14.81	13.56	12.00	23.85	17.41	15.95	14.11
23	20.37	14.87	13.60	12.02	23.91	17.47	15.97	14.12
24	20.47	14.94	13.67	12.07	24.02	17.53	16.04	14.18
25	20.61	15.05	13.76	12.15	24.19	17.65	16.13	14.25
26	20.78	15.17	13.87	12.24	24.41	17.81	16.29	14.38
27	20.98	15.32	14.00	12.35	24.70	18.02	16.47	14.53
28	21.23	15.50	14.17	12.48	25.04	18.30	16.72	14.75
29	21.49	15.69	14.34	12.64	25.46	18.58	16.98	14.97
30	21.77	15.89	14.52	12.79	25.61	18.70	17.08	15.04
31	22.45	16.38	14.98	13.19	26.55	19.38	17.72	15.60
32	23.22	16.95	15.50	13.66	27.62	20.17	18.43	16.26
33	24.08	17.58	16.08	14.19	28.83	21.04	19.25	16.98
34	25.04	18.28	16.73	14.77	30.15	22.01	20.16	17.79
35	26.08	19.04	17.44	15.40	31.63	23.10	21.14	18.69
36	27.21	19.87	18.21	16.09	33.22	24.25	22.23	19.65
37	28.43	20.75	19.03	16.82	34.97	25.52	23.41	20.70
38	29.72	21.70	19.90	17.59	36.85	26.90	24.66	21.82
39	31.09	22.70	20.82	18.40	38.86	28.37	26.02	23.00
40	32.54	23.76	21.79	19.25	41.01	29.95	27.46	24.27
41	34.11	24.91	22.84	20.17	43.36	31.66	29.03	25.65
42	35.84	26.17	24.00	21.20	45.94	33.53	30.75	27.18
43	37.69	27.52	25.24	22.31	48.70	35.56	32.61	28.83
44	39.63	28.94	26.55	23.47	51.63	37.70	34.59	30.58
45	41.63	30.40	27.89	24.65	54.67	39.91	36.63	32.39
46	43.66	31.88	29.24	25.83	57.79	42.19	38.70	34.21
47	45.69	33.36	30.58	26.99	60.95	44.51	40.81	36.02
48	47.69	34.82	31.89	28.10	64.15	46.84	42.91	37.81
49	49.62	36.24	33.15	29.13	67.33	49.17	44.97	39.53
50	51.46	37.58	34.32	30.05	70.45	51.44	46.99	41.13
51	53.23	38.87	35.43	30.89	73.55	53.71	48.94	42.64
52	54.98	40.15	36.52	31.69	76.68	55.99	50.92	44.15
53	56.71	41.41	37.58	32.45	79.86	58.32	52.89	45.62
54	58.41	42.66	38.62	33.16	83.08	60.67	54.91	47.09
55	60.10	43.89	39.63	33.83	86.38	63.07	56.93	48.54
56	61.76	45.10	40.61	34.45	89.76	65.54	58.99	49.99
57	63.40	46.30	41.57	35.03	93.25	68.08	61.12	51.46
58	67.28	49.13	43.93	36.68	100.18	73.15	65.40	54.57
59	69.82	50.98	45.47	37.73	105.37	76.93	68.59	56.91
60	72.40	52.86	47.03	38.78	110.90	80.98	72.02	59.41
61	66.89	47.71	42.51	35.15	97.69	70.20	62.51	51.64
62	62.10	43.07	38.45	31.90	91.05	64.21	57.24	47.39
63	57.31	38.44	34.40	28.65	79.02	54.29	48.49	40.27
64	52.52	33.81	30.34	25.39	66.99	44.37	39.74	33.14
65	47.73	29.17	26.29	22.14	54.97	34.46	30.98	26.02
66	42.94	24.54	22.23	18.89	42.94	24.54	22.23	18.89
67	42.94	24.54	22.23	18.89	42.94	24.54	22.23	18.89
68	42.94	24.54	22.23	18.89	42.94	24.54	22.23	18.89
69	42.94	24.54	22.23	18.89	42.94	24.54	22.23	18.89
70	42.94	24.54	22.23	18.89	42.94	24.54	22.23	18.89
71	42.94	24.54	22.23	18.89	42.94	24.54	22.23	18.89
72	42.94	24.54	22.23	18.89	42.94	24.54	22.23	18.89
73	42.94	24.54	22.23	18.89	42.94	24.54	22.23	18.89
74	42.94	24.54	22.23	18.89	42.94	24.54	22.23	18.89
75	43.33	24.76	22.43	19.06	43.33	24.76	22.43	19.06
76	45.38	25.93	23.49	19.96	45.38	25.93	23.49	19.96
77	47.46	27.12	24.57	20.88	47.46	27.12	24.57	20.88
78	49.57	28.32	25.66	21.81	49.57	28.32	25.66	21.81
79	51.70	29.54	26.77	22.75	51.70	29.54	26.77	22.75
80+	53.87	30.78	27.89	23.70	53.87	30.78	27.89	23.70

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Form B170GI							
	Occupation Class 4P - Base Policy With Policy Rider PR6 - Guaranteed Renewable and Noncancelable Premiums							
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday							
Gender	Unisex							
	Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365
18	28.59	20.88	19.13	16.95	34.53	25.22	23.10	20.47
19	28.60	20.87	19.14	16.95	34.53	25.19	23.12	20.47
20	28.60	20.89	19.14	16.96	34.53	25.22	23.12	20.49
21	28.66	20.93	19.17	16.97	34.95	25.51	23.37	20.69
22	28.79	21.03	19.26	17.04	35.43	25.87	23.69	20.95
23	29.01	21.20	19.37	17.13	35.95	26.25	24.01	21.22
24	29.29	21.39	19.57	17.30	36.54	26.68	24.41	21.56
25	29.67	21.65	19.78	17.48	37.21	27.15	24.83	21.91
26	30.09	21.98	20.09	17.73	37.91	27.68	25.30	22.32
27	30.63	22.37	20.43	18.02	38.71	28.26	25.81	22.77
28	31.21	22.80	20.84	18.37	39.55	28.86	26.38	23.25
29	31.90	23.28	21.27	18.75	40.46	29.53	26.98	23.78
30	32.17	23.50	21.46	18.91	41.54	30.34	27.72	24.42
31	33.54	24.49	22.38	19.72	43.29	31.62	28.89	25.46
32	35.07	25.62	23.41	20.64	45.26	33.04	30.21	26.64
33	36.79	26.85	24.57	21.68	47.44	34.63	31.69	27.95
34	38.65	28.23	25.84	22.81	49.80	36.36	33.29	29.38
35	40.71	29.74	27.22	24.05	52.33	38.21	35.01	30.92
36	42.93	31.35	28.73	25.40	55.01	40.16	36.81	32.53
37	45.34	33.11	30.36	26.84	57.83	42.22	38.72	34.22
38	47.94	35.01	32.10	28.39	60.77	44.37	40.68	35.97
39	50.73	37.04	33.96	30.02	63.82	46.58	42.73	37.77
40	53.71	39.22	35.96	31.77	66.94	48.87	44.83	39.60
41	57.07	41.67	38.21	33.74	70.37	51.38	47.11	41.62
42	60.95	44.50	40.80	36.04	74.29	54.23	49.74	43.91
43	65.21	47.61	43.66	38.55	78.52	57.33	52.56	46.41
44	69.70	50.90	46.67	41.21	82.93	60.55	55.51	49.01
45	74.30	54.24	49.74	43.92	87.40	63.80	58.49	51.62
46	78.84	57.57	52.77	46.55	91.72	66.97	61.37	54.12
47	83.22	60.77	55.67	49.07	95.81	69.94	64.08	56.45
48	87.31	63.75	58.37	51.36	99.50	72.65	66.50	58.49
49	90.95	66.41	60.74	53.34	102.66	74.94	68.54	60.18
50	94.02	68.64	62.70	54.90	105.15	76.75	70.11	61.39
51	96.61	70.54	64.31	56.10	107.03	78.14	71.26	62.18
52	98.93	72.24	65.75	57.11	108.57	79.27	72.17	62.72
53	101.02	73.78	66.99	57.93	109.79	80.16	72.83	63.04
54	102.85	75.10	68.06	58.55	110.66	80.79	73.24	63.09
55	104.46	76.28	68.95	59.01	111.21	81.19	73.44	62.93
56	105.87	77.30	69.68	59.27	111.46	81.37	73.40	62.51
57	107.07	78.18	70.28	59.37	111.41	81.35	73.17	61.89
58	110.46	80.65	72.18	60.37	112.95	82.49	73.84	61.81
59	113.26	82.71	73.77	61.30	114.54	83.64	74.63	62.03
60	116.25	84.88	75.50	62.26	116.25	84.88	75.50	62.26
61	103.07	74.12	66.00	54.52	103.07	74.12	66.00	54.52
62	91.05	64.21	57.24	47.39	91.05	64.21	57.24	47.39
63	79.02	54.29	48.49	40.27	79.02	54.29	48.49	40.27
64	66.99	44.37	39.74	33.14	66.99	44.37	39.74	33.14
65	54.97	34.46	30.98	26.02	54.97	34.46	30.98	26.02
66	42.94	24.54	22.23	18.89	42.94	24.54	22.23	18.89
67	42.94	24.54	22.23	18.89	42.94	24.54	22.23	18.89
68	42.94	24.54	22.23	18.89	42.94	24.54	22.23	18.89
69	42.94	24.54	22.23	18.89	42.94	24.54	22.23	18.89
70	42.94	24.54	22.23	18.89	42.94	24.54	22.23	18.89
71	42.94	24.54	22.23	18.89	42.94	24.54	22.23	18.89
72	42.94	24.54	22.23	18.89	42.94	24.54	22.23	18.89
73	42.94	24.54	22.23	18.89	42.94	24.54	22.23	18.89
74	42.94	24.54	22.23	18.89	42.94	24.54	22.23	18.89
75	43.33	24.76	22.43	19.06	43.33	24.76	22.43	19.06
76	45.38	25.93	23.49	19.96	45.38	25.93	23.49	19.96
77	47.46	27.12	24.57	20.88	47.46	27.12	24.57	20.88
78	49.57	28.32	25.66	21.81	49.57	28.32	25.66	21.81
79	51.70	29.54	26.77	22.75	51.70	29.54	26.77	22.75
80+	53.87	30.78	27.89	23.70	53.87	30.78	27.89	23.70

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Form B170GI							
	Occupation Class 3A - Base Policy With Policy Rider PR6 - Guaranteed Renewable and Noncancelable Premiums							
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday							
Gender	Unisex							
	Benefit Period is 2 Years				Benefit Period is 5 Years			
	Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365
18	26.07	19.04	17.46	15.46	30.32	22.15	20.31	17.98
19	26.07	19.04	17.46	15.46	30.32	22.15	20.31	17.98
20	26.07	19.04	17.46	15.46	30.32	22.15	20.31	17.98
21	25.50	18.62	17.07	15.10	29.56	21.60	19.79	17.49
22	25.03	18.28	16.75	14.80	28.93	21.14	19.34	17.11
23	24.68	18.02	16.50	14.57	28.46	20.79	19.01	16.80
24	24.42	17.84	16.32	14.41	28.14	20.53	18.78	16.58
25	24.28	17.73	16.21	14.30	27.94	20.42	18.67	16.46
26	24.24	17.70	16.18	14.27	27.92	20.39	18.64	16.45
27	24.30	17.74	16.22	14.30	28.04	20.48	18.71	16.50
28	24.47	17.87	16.33	14.39	28.32	20.68	18.89	16.65
29	24.75	18.07	16.51	14.55	28.75	20.98	19.17	16.90
30	25.13	18.35	16.77	14.77	29.32	21.42	19.56	17.23
31	25.64	18.72	17.11	15.07	30.05	21.95	20.05	17.67
32	26.29	19.20	17.55	15.47	30.99	22.61	20.67	18.23
33	27.06	19.76	18.08	15.94	32.07	23.42	21.42	18.90
34	27.95	20.41	18.68	16.48	33.33	24.34	22.28	19.65
35	28.93	21.12	19.35	17.08	34.71	25.35	23.21	20.51
36	29.99	21.90	20.07	17.72	36.24	26.45	24.25	21.42
37	31.12	22.73	20.83	18.41	37.86	27.64	25.34	22.41
38	32.30	23.59	21.63	19.11	39.60	28.92	26.51	23.43
39	33.53	24.49	22.45	19.84	41.41	30.24	27.74	24.51
40	34.78	25.40	23.29	20.57	43.32	31.63	29.00	25.62
41	36.08	26.35	24.16	21.34	45.32	33.10	30.35	26.79
42	37.47	27.37	25.10	22.16	47.43	34.64	31.78	28.06
43	38.94	28.44	26.08	23.04	49.68	36.29	33.28	29.41
44	40.46	29.55	27.11	23.96	52.04	38.00	34.88	30.84
45	42.04	30.70	28.17	24.89	54.52	39.81	36.54	32.31
46	43.66	31.88	29.24	25.83	57.07	41.68	38.24	33.81
47	45.30	33.08	30.33	26.76	59.72	43.62	40.01	35.31
48	46.97	34.30	31.42	27.67	62.48	45.62	41.80	36.83
49	48.64	35.51	32.49	28.54	65.31	47.69	43.63	38.34
50	50.30	36.73	33.55	29.36	68.22	49.82	45.49	39.81
51	51.97	37.95	34.59	30.14	71.20	51.98	47.38	41.28
52	53.66	39.18	35.64	30.91	74.28	54.23	49.31	42.75
53	55.37	40.43	36.69	31.65	77.47	56.57	51.31	44.23
54	57.10	41.70	37.74	32.38	80.76	58.97	53.37	45.74
55	58.86	42.98	38.80	33.10	84.19	61.48	55.47	47.29
56	60.63	44.27	39.86	33.79	87.77	64.08	57.67	48.85
57	62.43	45.58	40.92	34.47	91.52	66.83	59.97	50.47
58	64.24	46.91	41.99	35.12	95.48	69.72	62.38	52.15
59	66.08	48.25	43.06	35.77	99.73	72.82	64.96	53.95
60	69.14	50.49	44.90	37.04	105.42	76.98	68.49	56.48
61	64.72	45.99	40.99	33.92	93.72	67.17	59.84	49.46
62	60.97	41.99	37.51	31.16	88.24	61.91	55.24	45.77
63	57.23	38.00	34.04	28.41	77.68	52.93	47.34	39.37
64	53.49	34.00	30.57	25.65	67.12	43.96	39.43	32.96
65	49.74	30.00	27.09	22.90	56.56	34.98	31.53	26.55
66	46.00	26.00	23.62	20.14	46.00	26.00	23.62	20.14
67	46.00	26.00	23.62	20.14	46.00	26.00	23.62	20.14
68	46.00	26.00	23.62	20.14	46.00	26.00	23.62	20.14
69	46.00	26.00	23.62	20.14	46.00	26.00	23.62	20.14
70	46.00	26.00	23.62	20.14	46.00	26.00	23.62	20.14
71	46.00	26.00	23.62	20.14	46.00	26.00	23.62	20.14
72	46.00	26.00	23.62	20.14	46.00	26.00	23.62	20.14
73	46.00	26.00	23.62	20.14	46.00	26.00	23.62	20.14
74	46.00	26.00	23.62	20.14	46.00	26.00	23.62	20.14
75	46.46	26.27	23.86	20.34	46.46	26.27	23.86	20.34
76	48.67	27.51	24.99	21.31	48.67	27.51	24.99	21.31
77	50.91	28.78	26.14	22.29	50.91	28.78	26.14	22.29
78	53.18	30.06	27.31	23.28	53.18	30.06	27.31	23.28
79	55.48	31.36	28.49	24.29	55.48	31.36	28.49	24.29
80+	57.81	32.68	29.68	25.31	57.81	32.68	29.68	25.31

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Form B170GI							
	Occupation Class 3A - Base Policy With Policy Rider PR6 - Guaranteed Renewable and Noncancelable Premiums							
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday							
Gender	Unisex							
	Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365
18	36.92	26.96	24.72	21.89	43.33	31.64	29.02	25.68
19	36.93	26.97	24.72	21.89	43.35	31.66	29.02	25.69
20	36.94	26.97	24.72	21.89	43.36	31.66	29.02	25.69
21	35.95	26.25	24.06	21.28	42.74	31.22	28.61	25.30
22	35.17	25.68	23.51	20.79	42.34	30.92	28.32	25.02
23	34.60	25.26	23.11	20.42	42.14	30.78	28.17	24.88
24	34.23	24.99	22.85	20.17	42.14	30.78	28.15	24.85
25	34.06	24.86	22.74	20.06	42.37	30.93	28.29	24.95
26	34.09	24.89	22.75	20.06	42.78	31.25	28.55	25.18
27	34.33	25.08	22.91	20.19	43.43	31.71	28.98	25.52
28	34.78	25.40	23.20	20.45	44.25	32.31	29.53	26.02
29	35.45	25.88	23.65	20.83	45.29	33.07	30.23	26.63
30	36.32	26.52	24.23	21.34	46.56	33.99	31.05	27.36
31	37.40	27.31	24.96	21.99	48.06	35.09	32.08	28.25
32	38.75	28.30	25.86	22.80	49.86	36.42	33.30	29.36
33	40.32	29.45	26.93	23.76	51.96	37.94	34.70	30.60
34	42.13	30.76	28.16	24.84	54.26	39.63	36.27	32.00
35	44.11	32.22	29.50	26.05	56.74	41.44	37.95	33.50
36	46.27	33.78	30.97	27.35	59.36	43.34	39.72	35.10
37	48.58	35.48	32.52	28.75	62.08	45.34	41.56	36.72
38	51.04	37.27	34.17	30.19	64.86	47.37	43.43	38.37
39	53.60	39.15	35.89	31.71	67.67	49.41	45.31	40.03
40	56.27	41.09	37.67	33.27	70.43	51.45	47.16	41.66
41	59.20	43.24	39.63	34.99	73.38	53.59	49.14	43.38
42	62.51	45.65	41.85	36.95	76.64	55.97	51.31	45.31
43	66.11	48.28	44.27	39.07	80.13	58.51	53.64	47.35
44	69.89	51.03	46.81	41.32	83.73	61.13	56.05	49.47
45	73.75	53.86	49.39	43.61	87.32	63.76	58.46	51.59
46	77.59	56.66	51.94	45.84	90.83	66.31	60.78	53.61
47	81.32	59.39	54.41	47.96	94.15	68.74	62.98	55.48
48	84.84	61.95	56.73	49.92	97.18	70.95	64.96	57.14
49	88.06	64.31	58.81	51.64	99.85	72.89	66.67	58.51
50	90.87	66.36	60.59	53.04	101.99	74.47	68.01	59.54
51	93.33	68.15	62.13	54.19	103.71	75.72	69.05	60.24
52	95.62	69.82	63.53	55.18	105.18	76.79	69.92	60.75
53	97.76	71.38	64.82	56.03	106.41	77.69	70.59	61.08
54	99.72	72.82	65.97	56.72	107.40	78.41	71.08	61.20
55	101.54	74.15	67.00	57.31	108.15	78.97	71.41	61.15
56	103.24	75.38	67.93	57.74	108.71	79.36	71.57	60.92
57	104.81	76.53	68.78	58.08	109.06	79.62	71.60	60.54
58	106.33	77.64	69.55	58.30	109.25	79.77	71.50	60.00
59	107.82	78.72	70.28	58.47	109.33	79.83	71.28	59.34
60	110.45	80.66	71.76	59.17	110.45	80.66	71.76	59.18
61	98.80	70.88	63.15	52.18	98.80	70.88	63.15	52.18
62	88.24	61.91	55.24	45.77	88.24	61.91	55.24	45.77
63	77.68	52.93	47.34	39.37	77.68	52.93	47.34	39.37
64	67.12	43.96	39.43	32.96	67.12	43.96	39.43	32.96
65	56.56	34.98	31.53	26.55	56.56	34.98	31.53	26.55
66	46.00	26.00	23.62	20.14	46.00	26.00	23.62	20.14
67	46.00	26.00	23.62	20.14	46.00	26.00	23.62	20.14
68	46.00	26.00	23.62	20.14	46.00	26.00	23.62	20.14
69	46.00	26.00	23.62	20.14	46.00	26.00	23.62	20.14
70	46.00	26.00	23.62	20.14	46.00	26.00	23.62	20.14
71	46.00	26.00	23.62	20.14	46.00	26.00	23.62	20.14
72	46.00	26.00	23.62	20.14	46.00	26.00	23.62	20.14
73	46.00	26.00	23.62	20.14	46.00	26.00	23.62	20.14
74	46.00	26.00	23.62	20.14	46.00	26.00	23.62	20.14
75	46.46	26.27	23.86	20.34	46.46	26.27	23.86	20.34
76	48.67	27.51	24.99	21.31	48.67	27.51	24.99	21.31
77	50.91	28.78	26.14	22.29	50.91	28.78	26.14	22.29
78	53.18	30.06	27.31	23.28	53.18	30.06	27.31	23.28
79	55.48	31.36	28.49	24.29	55.48	31.36	28.49	24.29
80+	57.81	32.68	29.68	25.31	57.81	32.68	29.68	25.31

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Form B170GI							
	Occupation Class 3P - Base Policy With Policy Rider PR6 - Guaranteed Renewable and Noncancelable Premiums							
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday							
Gender	Unisex							
	Benefit Period is 2 Years				Benefit Period is 5 Years			
	Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365
18	24.25	17.70	16.24	14.38	27.38	19.99	18.33	16.23
19	24.25	17.70	16.24	14.38	27.38	19.99	18.33	16.24
20	24.25	17.70	16.24	14.38	27.40	19.99	18.33	16.24
21	24.27	17.71	16.24	14.36	27.25	19.88	18.21	16.13
22	24.38	17.80	16.30	14.41	27.24	19.88	18.21	16.09
23	24.59	17.95	16.43	14.51	27.39	20.01	18.29	16.16
24	24.89	18.17	16.62	14.67	27.68	20.20	18.47	16.30
25	25.29	18.46	16.88	14.89	28.13	20.52	18.76	16.54
26	25.78	18.82	17.20	15.17	28.70	20.94	19.14	16.87
27	26.37	19.25	17.59	15.50	29.44	21.49	19.64	17.31
28	27.06	19.75	18.05	15.90	30.30	22.13	20.23	17.80
29	27.84	20.32	18.57	16.36	31.33	22.88	20.90	18.42
30	28.71	20.96	19.15	16.87	32.51	23.74	21.69	19.10
31	29.69	21.67	19.81	17.45	33.82	24.69	22.57	19.89
32	30.77	22.46	20.54	18.10	35.28	25.76	23.55	20.76
33	31.95	23.33	21.34	18.82	36.88	26.93	24.64	21.73
34	33.23	24.26	22.21	19.60	38.62	28.20	25.82	22.78
35	34.61	25.27	23.14	20.44	40.55	29.59	27.11	23.94
36	36.07	26.33	24.13	21.32	42.57	31.08	28.49	25.17
37	37.61	27.46	25.17	22.25	44.78	32.68	29.97	26.50
38	39.23	28.64	26.26	23.22	47.14	34.41	31.56	27.90
39	40.93	29.88	27.40	24.22	49.66	36.24	33.24	29.38
40	42.69	31.17	28.58	25.25	52.32	38.20	35.04	30.95
41	44.54	32.52	29.82	26.34	55.18	40.28	36.93	32.62
42	46.50	33.95	31.13	27.51	58.18	42.47	38.96	34.43
43	48.54	35.44	32.51	28.74	61.35	44.80	41.11	36.34
44	50.67	37.00	33.94	30.01	64.72	47.23	43.35	38.35
45	52.88	38.61	35.42	31.32	68.21	49.80	45.72	40.46
46	55.14	40.26	36.93	32.64	71.86	52.47	48.14	42.58
47	57.46	41.95	38.47	33.96	75.67	55.25	50.67	44.76
48	59.83	43.68	40.02	35.26	79.62	58.14	53.27	46.96
49	62.23	45.43	41.57	36.53	83.72	61.14	55.93	49.16
50	64.65	47.20	43.11	37.74	87.97	64.23	58.66	51.36
51	67.11	48.99	44.65	38.92	92.34	67.43	61.44	53.53
52	69.61	50.82	46.22	40.08	96.88	70.75	64.30	55.73
53	72.16	52.68	47.79	41.23	101.60	74.17	67.26	57.98
54	74.75	54.58	49.39	42.37	106.49	77.76	70.33	60.27
55	77.40	56.51	51.00	43.49	111.58	81.48	73.48	62.60
56	80.09	58.47	52.63	44.61	116.91	85.36	76.79	65.01
57	82.82	60.47	54.27	45.70	122.50	89.45	80.23	67.49
58	85.61	62.51	55.94	46.79	128.40	93.76	83.87	70.09
59	88.44	64.58	57.61	47.86	134.73	98.38	87.75	72.84
60	91.32	66.68	59.31	48.92	141.59	103.38	91.95	75.84
61	84.32	59.69	53.19	44.01	122.94	87.89	78.28	64.70
62	81.12	55.48	49.55	41.14	117.36	81.94	73.08	60.55
63	77.93	51.27	45.90	38.27	105.11	71.12	63.55	52.83
64	74.73	47.06	42.25	35.39	92.85	60.29	54.02	45.10
65	71.53	42.85	38.61	32.52	80.59	49.46	44.49	37.38
66	68.33	38.63	34.96	29.65	68.33	38.63	34.96	29.65
67	68.33	38.63	34.96	29.65	68.33	38.63	34.96	29.65
68	68.33	38.63	34.96	29.65	68.33	38.63	34.96	29.65
69	68.33	38.63	34.96	29.65	68.33	38.63	34.96	29.65
70	68.33	38.63	34.96	29.65	68.33	38.63	34.96	29.65
71	68.33	38.63	34.96	29.65	68.33	38.63	34.96	29.65
72	68.33	38.63	34.96	29.65	68.33	38.63	34.96	29.65
73	68.33	38.63	34.96	29.65	68.33	38.63	34.96	29.65
74	68.33	38.63	34.96	29.65	68.33	38.63	34.96	29.65
75	68.40	38.68	35.00	29.68	68.40	38.68	35.00	29.68
76	71.67	40.53	36.68	31.10	71.67	40.53	36.68	31.10
77	75.00	42.41	38.38	32.54	75.00	42.41	38.38	32.54
78	78.37	44.31	40.10	34.00	78.37	44.31	40.10	34.00
79	81.78	46.24	41.85	35.49	81.78	46.24	41.85	35.49
80+	85.24	48.20	43.62	36.99	85.24	48.20	43.62	36.99

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Form B170GI							
	Occupation Class 3P - Base Policy With Policy Rider PR6 - Guaranteed Renewable and Noncancelable Premiums							
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday							
Gender	Unisex							
	Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365
18	32.19	23.50	21.56	19.09	42.11	30.75	28.19	24.98
19	32.20	23.50	21.56	19.09	42.13	30.75	28.20	24.98
20	32.21	23.51	21.56	19.10	42.13	30.77	28.20	25.00
21	32.15	23.47	21.51	19.03	42.57	31.09	28.48	25.20
22	32.31	23.58	21.59	19.08	43.21	31.55	28.88	25.54
23	32.65	23.84	21.81	19.26	44.05	32.15	29.42	25.99
24	33.19	24.23	22.15	19.55	45.09	32.91	30.10	26.56
25	33.94	24.76	22.64	19.96	46.32	33.83	30.93	27.27
26	34.87	25.44	23.25	20.50	47.76	34.86	31.86	28.10
27	36.01	26.28	24.02	21.16	49.42	36.07	32.97	29.04
28	37.34	27.26	24.90	21.94	51.26	37.43	34.18	30.13
29	38.87	28.38	25.92	22.84	53.31	38.91	35.56	31.33
30	40.60	29.64	27.08	23.85	55.57	40.57	37.06	32.65
31	42.53	31.04	28.37	24.99	58.05	42.39	38.74	34.13
32	44.63	32.58	29.79	26.26	60.81	44.40	40.60	35.78
33	46.94	34.26	31.36	27.65	63.83	46.58	42.63	37.60
34	49.44	36.10	33.05	29.16	67.04	48.94	44.80	39.54
35	52.16	38.06	34.87	30.81	70.45	51.43	47.09	41.60
36	55.05	40.19	36.84	32.55	73.98	54.02	49.50	43.73
37	58.17	42.46	38.93	34.42	77.66	56.69	51.98	45.93
38	61.51	44.91	41.18	36.40	81.45	59.47	54.54	48.19
39	65.06	47.49	43.56	38.50	85.31	62.28	57.11	50.47
40	68.84	50.25	46.09	40.72	89.21	65.12	59.72	52.75
41	73.04	53.32	48.89	43.18	93.37	68.16	62.50	55.19
42	77.78	56.78	52.06	45.99	97.96	71.53	65.57	57.89
43	82.92	60.54	55.52	49.05	102.87	75.10	68.86	60.81
44	88.35	64.49	59.15	52.25	107.91	78.80	72.25	63.79
45	93.89	68.56	62.87	55.54	113.02	82.52	75.66	66.78
46	99.43	72.59	66.55	58.76	117.99	86.15	78.97	69.65
47	104.83	76.54	70.13	61.86	122.74	89.62	82.08	72.35
48	109.95	80.29	73.51	64.72	127.10	92.81	84.95	74.75
49	114.68	83.74	76.60	67.27	130.98	95.65	87.46	76.79
50	118.87	86.80	79.27	69.41	134.21	98.00	89.50	78.36
51	122.60	89.52	81.61	71.18	136.88	99.95	91.13	79.51
52	126.11	92.10	83.79	72.75	139.23	101.67	92.53	80.41
53	129.43	94.50	85.80	74.15	141.29	103.17	93.71	81.06
54	132.53	96.76	87.65	75.36	143.03	104.43	94.64	81.46
55	135.44	98.90	89.35	76.39	144.47	105.50	95.36	81.65
56	138.19	100.91	90.93	77.27	145.65	106.35	95.90	81.60
57	140.83	102.83	92.38	77.99	146.59	107.04	96.22	81.34
58	143.38	104.69	93.77	78.59	147.36	107.60	96.41	80.90
59	145.94	106.56	95.11	79.10	147.99	108.06	96.48	80.31
60	148.59	108.49	96.50	79.59	148.59	108.49	96.50	79.59
61	129.62	92.77	82.61	68.28	129.62	92.77	82.61	68.28
62	117.36	81.94	73.08	60.55	117.36	81.94	73.08	60.55
63	105.11	71.12	63.55	52.83	105.11	71.12	63.55	52.83
64	92.85	60.29	54.02	45.10	92.85	60.29	54.02	45.10
65	80.59	49.46	44.49	37.38	80.59	49.46	44.49	37.38
66	68.33	38.63	34.96	29.65	68.33	38.63	34.96	29.65
67	68.33	38.63	34.96	29.65	68.33	38.63	34.96	29.65
68	68.33	38.63	34.96	29.65	68.33	38.63	34.96	29.65
69	68.33	38.63	34.96	29.65	68.33	38.63	34.96	29.65
70	68.33	38.63	34.96	29.65	68.33	38.63	34.96	29.65
71	68.33	38.63	34.96	29.65	68.33	38.63	34.96	29.65
72	68.33	38.63	34.96	29.65	68.33	38.63	34.96	29.65
73	68.33	38.63	34.96	29.65	68.33	38.63	34.96	29.65
74	68.33	38.63	34.96	29.65	68.33	38.63	34.96	29.65
75	68.40	38.68	35.00	29.68	68.40	38.68	35.00	29.68
76	71.67	40.53	36.68	31.10	71.67	40.53	36.68	31.10
77	75.00	42.41	38.38	32.54	75.00	42.41	38.38	32.54
78	78.37	44.31	40.10	34.00	78.37	44.31	40.10	34.00
79	81.78	46.24	41.85	35.49	81.78	46.24	41.85	35.49
80+	85.24	48.20	43.62	36.99	85.24	48.20	43.62	36.99

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Form B170GI							
	Occupation Class 2A - Base Policy With Policy Rider PR6 - Guaranteed Renewable and Noncancelable Premiums							
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday							
Gender	Unisex							
	Benefit Period is 2 Years				Benefit Period is 5 Years			
	Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365
18	29.47	24.12	21.87	19.12	33.60	27.51	24.94	21.79
19	29.47	24.12	21.87	19.12	33.61	27.51	24.94	21.80
20	29.47	24.12	21.87	19.12	33.62	27.52	24.95	21.80
21	29.34	24.02	21.76	19.00	33.30	27.25	24.69	21.56
22	29.32	24.00	21.73	18.96	33.14	27.13	24.55	21.43
23	29.39	24.06	21.77	18.98	33.14	27.12	24.54	21.39
24	29.57	24.21	21.90	19.07	33.28	27.24	24.64	21.46
25	29.85	24.44	22.09	19.23	33.59	27.50	24.85	21.63
26	30.23	24.75	22.37	19.46	34.05	27.87	25.19	21.92
27	30.71	25.15	22.72	19.76	34.67	28.37	25.64	22.30
28	31.30	25.62	23.15	20.13	35.45	29.01	26.21	22.79
29	31.98	26.19	23.66	20.56	36.38	29.77	26.90	23.39
30	32.77	26.83	24.24	21.07	37.47	30.67	27.72	24.09
31	33.67	27.57	24.91	21.66	38.72	31.70	28.64	24.91
32	34.69	28.40	25.67	22.33	40.15	32.86	29.71	25.84
33	35.82	29.32	26.52	23.08	41.73	34.14	30.88	26.89
34	37.05	30.33	27.45	23.90	43.47	35.58	32.19	28.05
35	38.38	31.42	28.45	24.79	45.37	37.14	33.63	29.32
36	39.80	32.58	29.51	25.73	47.41	38.80	35.15	30.67
37	41.30	33.81	30.64	26.72	49.60	40.60	36.79	32.10
38	42.88	35.10	31.81	27.75	51.94	42.51	38.54	33.62
39	44.52	36.44	33.04	28.82	54.40	44.52	40.37	35.22
40	46.23	37.84	34.30	29.91	57.00	46.65	42.28	36.88
41	48.09	39.36	35.67	31.10	59.82	48.96	44.37	38.68
42	50.15	41.04	37.20	32.43	62.93	51.50	46.69	40.71
43	52.36	42.85	38.85	33.87	66.27	54.23	49.17	42.89
44	54.67	44.74	40.56	35.37	69.79	57.11	51.79	45.19
45	57.02	46.66	42.30	36.88	73.40	60.07	54.48	47.53
46	59.35	48.57	44.02	38.36	77.06	63.06	57.18	49.86
47	61.62	50.43	45.68	39.76	80.72	66.06	59.85	52.14
48	63.76	52.18	47.24	41.04	84.30	68.98	62.47	54.30
49	65.73	53.79	48.64	42.17	87.77	71.82	64.96	56.32
50	67.46	55.21	49.85	43.08	91.05	74.51	67.28	58.14
51	69.01	56.48	50.90	43.82	94.15	77.06	69.45	59.77
52	70.45	57.65	51.87	44.46	97.25	79.59	71.58	61.32
53	71.78	58.75	52.74	45.00	100.30	82.08	73.65	62.79
54	73.01	59.76	53.52	45.43	103.33	84.58	75.69	64.18
55	74.14	60.68	54.21	45.75	106.35	87.04	77.70	65.49
56	75.16	61.51	54.81	45.98	109.37	89.52	79.69	66.76
57	76.07	62.26	55.31	46.09	112.46	92.04	81.71	68.00
58	76.88	62.93	55.73	46.11	115.61	94.62	83.75	69.22
59	77.59	63.51	56.06	46.02	118.92	97.33	85.87	70.45
60	78.19	64.00	56.29	45.82	122.47	100.23	88.15	71.76
61	68.55	54.62	48.14	39.34	101.45	81.54	71.83	58.62
62	64.31	49.65	43.90	36.02	95.21	74.93	66.13	54.12
63	60.07	44.69	39.65	32.70	83.24	63.65	56.33	46.28
64	55.82	39.73	35.40	29.38	71.27	52.37	46.52	38.43
65	51.58	34.77	31.16	26.06	59.31	41.09	36.72	30.59
66	47.34	29.80	26.91	22.74	47.34	29.80	26.91	22.74
67	47.34	29.80	26.91	22.74	47.34	29.80	26.91	22.74
68	47.34	29.80	26.91	22.74	47.34	29.80	26.91	22.74
69	47.34	29.80	26.91	22.74	47.34	29.80	26.91	22.74
70	47.34	29.80	26.91	22.74	47.34	29.80	26.91	22.74
71	47.34	29.80	26.91	22.74	47.34	29.80	26.91	22.74
72	47.34	29.80	26.91	22.74	47.34	29.80	26.91	22.74
73	47.34	29.80	26.91	22.74	47.34	29.80	26.91	22.74
74	47.34	29.80	26.91	22.74	47.34	29.80	26.91	22.74
75	47.70	30.03	27.11	22.92	47.70	30.03	27.11	22.92
76	49.61	31.23	28.20	23.83	49.61	31.23	28.20	23.83
77	51.54	32.45	29.30	24.76	51.54	32.45	29.30	24.76
78	53.51	33.69	30.42	25.71	53.51	33.69	30.42	25.71
79	55.50	34.94	31.55	26.66	55.50	34.94	31.55	26.66
80+	58.31	36.21	32.69	27.63	58.31	36.21	32.69	27.63

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Form B170GI							
	Occupation Class 2A - Base Policy With Policy Rider PR6 - Guaranteed Renewable and Noncancelable Premiums							
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday							
Gender	Unisex							
	Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365
18	41.06	33.62	30.47	26.63	50.51	41.35	37.48	32.77
19	41.07	33.62	30.47	26.64	50.52	41.36	37.49	32.78
20	41.08	33.63	30.48	26.65	50.53	41.37	37.50	32.79
21	40.63	33.26	30.12	26.30	50.78	41.58	37.66	32.88
22	40.39	33.07	29.92	26.11	51.25	41.96	37.97	33.13
23	40.38	33.05	29.90	26.06	51.93	42.51	38.45	33.51
24	40.59	33.22	30.03	26.17	52.83	43.24	39.08	34.05
25	41.02	33.58	30.34	26.42	53.92	44.14	39.90	34.71
26	41.68	34.11	30.82	26.82	55.23	45.21	40.85	35.54
27	42.55	34.83	31.47	27.37	56.75	46.46	41.96	36.50
28	43.66	35.74	32.28	28.07	58.49	47.87	43.24	37.60
29	44.98	36.82	33.25	28.92	60.43	49.48	44.69	38.86
30	46.53	38.08	34.41	29.90	62.61	51.24	46.29	40.24
31	48.31	39.54	35.72	31.07	65.01	53.23	48.09	41.81
32	50.34	41.20	37.25	32.39	67.73	55.45	50.12	43.59
33	52.60	43.05	38.93	33.89	70.71	57.88	52.34	45.57
34	55.08	45.08	40.80	35.54	73.91	60.50	54.75	47.69
35	57.79	47.30	42.83	37.34	77.29	63.28	57.29	49.92
36	60.70	49.69	45.00	39.25	80.84	66.18	59.93	52.27
37	63.81	52.23	47.34	41.30	84.50	69.17	62.68	54.68
38	67.13	54.94	49.81	43.46	88.25	72.23	65.48	57.13
39	70.62	57.81	52.40	45.72	92.05	75.36	68.29	59.59
40	74.30	60.82	55.12	48.07	95.88	78.49	71.13	62.03
41	78.45	64.21	58.19	50.71	100.05	81.89	74.21	64.68
42	83.26	68.13	61.76	53.82	104.79	85.76	77.72	67.73
43	88.51	72.45	65.66	57.22	109.89	89.95	81.51	71.02
44	94.05	76.98	69.77	60.79	115.17	94.27	85.42	74.41
45	99.67	81.58	73.93	64.39	120.44	98.58	89.32	77.76
46	105.16	86.07	77.98	67.88	125.46	102.69	93.00	80.93
47	110.36	90.32	81.79	71.13	130.08	106.47	96.38	83.79
48	115.05	94.17	85.22	73.99	134.07	109.75	99.28	86.17
49	119.09	97.47	88.12	76.35	137.26	112.34	101.54	87.98
50	122.24	100.05	90.34	78.06	139.43	114.11	103.04	89.04
51	124.64	102.02	91.98	79.21	140.70	115.17	103.83	89.46
52	126.64	103.65	93.28	80.03	141.43	115.78	104.22	89.47
53	128.20	104.93	94.25	80.52	141.62	115.91	104.16	89.08
54	129.36	105.88	94.89	80.69	141.27	115.62	103.69	88.28
55	130.12	106.49	95.22	80.53	140.39	114.91	102.81	87.07
56	130.48	106.80	95.25	80.07	138.98	113.75	101.53	85.49
57	130.51	106.82	94.97	79.32	137.09	112.22	99.84	83.52
58	130.21	106.58	94.46	78.29	134.76	110.29	97.81	81.18
59	129.65	106.12	93.70	77.01	132.01	108.05	95.44	78.50
60	128.89	105.49	92.77	75.51	128.89	105.49	92.77	75.51
61	107.17	86.22	75.94	61.97	107.17	86.22	75.94	61.97
62	95.21	74.93	66.13	54.12	95.21	74.93	66.13	54.12
63	83.24	63.65	56.33	46.28	83.24	63.65	56.33	46.28
64	71.27	52.37	46.52	38.43	71.27	52.37	46.52	38.43
65	59.31	41.09	36.72	30.59	59.31	41.09	36.72	30.59
66	47.34	29.80	26.91	22.74	47.34	29.80	26.91	22.74
67	47.34	29.80	26.91	22.74	47.34	29.80	26.91	22.74
68	47.34	29.80	26.91	22.74	47.34	29.80	26.91	22.74
69	47.34	29.80	26.91	22.74	47.34	29.80	26.91	22.74
70	47.34	29.80	26.91	22.74	47.34	29.80	26.91	22.74
71	47.34	29.80	26.91	22.74	47.34	29.80	26.91	22.74
72	47.34	29.80	26.91	22.74	47.34	29.80	26.91	22.74
73	47.34	29.80	26.91	22.74	47.34	29.80	26.91	22.74
74	47.34	29.80	26.91	22.74	47.34	29.80	26.91	22.74
75	47.70	30.03	27.11	22.92	47.70	30.03	27.11	22.92
76	49.61	31.23	28.20	23.83	49.61	31.23	28.20	23.83
77	51.54	32.45	29.30	24.76	51.54	32.45	29.30	24.76
78	53.51	33.69	30.42	25.71	53.51	33.69	30.42	25.71
79	55.50	34.94	31.55	26.66	55.50	34.94	31.55	26.66
80+	58.31	36.21	32.69	27.63	58.31	36.21	32.69	27.63

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Form B170GI							
	Occupation Class 2P - Base Policy With Policy Rider PR6 - Guaranteed Renewable and Noncancelable Premiums							
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday							
Gender	Unisex							
	Benefit Period is 2 Years				Benefit Period is 5 Years			
	Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365
18	26.51	21.70	19.68	17.20	29.42	24.08	21.83	19.08
19	26.51	21.70	19.68	17.20	29.42	24.09	21.85	19.09
20	26.51	21.70	19.68	17.20	29.43	24.09	21.85	19.09
21	26.88	22.00	19.93	17.40	29.64	24.26	21.98	19.20
22	27.31	22.36	20.24	17.66	29.97	24.52	22.22	19.38
23	27.82	22.77	20.60	17.95	30.43	24.91	22.53	19.63
24	28.38	23.23	21.01	18.30	31.00	25.37	22.95	19.98
25	29.02	23.75	21.47	18.69	31.69	25.95	23.45	20.42
26	29.72	24.33	21.98	19.13	32.52	26.61	24.05	20.93
27	30.50	24.96	22.55	19.61	33.46	27.38	24.74	21.52
28	31.33	25.64	23.16	20.15	34.52	28.25	25.52	22.20
29	32.24	26.38	23.83	20.72	35.71	29.22	26.38	22.95
30	33.21	27.18	24.55	21.35	37.01	30.30	27.36	23.79
31	34.24	28.02	25.31	22.02	38.41	31.44	28.40	24.70
32	35.31	28.90	26.12	22.73	39.89	32.65	29.51	25.68
33	36.44	29.82	26.97	23.48	41.47	33.94	30.70	26.72
34	37.63	30.80	27.87	24.28	43.16	35.32	31.97	27.85
35	38.90	31.84	28.83	25.13	44.99	36.83	33.35	29.06
36	40.24	32.94	29.84	26.02	46.98	38.44	34.83	30.37
37	41.68	34.12	30.92	26.97	49.13	40.21	36.44	31.79
38	43.22	35.37	32.07	27.98	51.46	42.11	38.19	33.32
39	44.86	36.72	33.30	29.05	54.01	44.21	40.09	34.97
40	46.62	38.16	34.60	30.17	56.78	46.48	42.14	36.74
41	48.50	39.70	36.00	31.38	59.78	48.93	44.36	38.67
42	50.50	41.34	37.48	32.69	62.98	51.54	46.74	40.75
43	52.61	43.06	39.06	34.08	66.37	54.33	49.27	43.00
44	54.81	44.87	40.70	35.53	69.95	57.26	51.95	45.38
45	57.11	46.74	42.41	37.02	73.74	60.35	54.76	47.83
46	59.48	48.69	44.16	38.53	77.67	63.58	57.68	50.37
47	61.93	50.69	45.95	40.05	81.81	66.97	60.71	52.95
48	64.44	52.74	47.77	41.56	86.11	70.49	63.85	55.57
49	67.00	54.84	49.60	43.03	90.58	74.15	67.07	58.21
50	69.60	56.97	51.44	44.46	95.24	77.97	70.39	60.83
51	72.25	59.14	53.29	45.85	100.06	81.91	73.78	63.45
52	74.97	61.37	55.17	47.23	105.06	86.00	77.28	66.11
53	77.76	63.65	57.08	48.61	110.28	90.26	80.92	68.84
54	80.61	65.98	59.02	49.98	115.70	94.69	84.67	71.62
55	83.52	68.37	61.00	51.34	121.36	99.33	88.57	74.46
56	86.50	70.80	63.00	52.70	127.29	104.17	92.64	77.40
57	89.54	73.30	65.03	54.05	133.51	109.27	96.91	80.46
58	92.65	75.84	67.09	55.39	140.11	114.67	101.41	83.65
59	95.82	78.44	69.19	56.72	147.17	120.44	106.21	87.05
60	99.06	81.09	71.31	58.05	154.82	126.70	111.43	90.71
61	90.22	70.69	62.35	50.96	131.39	104.38	91.97	75.08
62	89.57	67.01	59.28	48.68	128.12	98.55	87.02	71.26
63	88.93	63.33	56.22	46.41	117.84	86.99	77.02	63.34
64	88.29	59.65	53.16	44.13	107.56	75.42	67.02	55.41
65	87.64	55.97	50.09	41.85	97.28	63.86	57.03	47.49
66	87.00	52.29	47.03	39.57	87.00	52.29	47.03	39.57
67	87.00	52.29	47.03	39.57	87.00	52.29	47.03	39.57
68	87.00	52.29	47.03	39.57	87.00	52.29	47.03	39.57
69	87.00	52.29	47.03	39.57	87.00	52.29	47.03	39.57
70	87.00	52.29	47.03	39.57	87.00	52.29	47.03	39.57
71	87.00	52.29	47.03	39.57	87.00	52.29	47.03	39.57
72	87.00	52.29	47.03	39.57	87.00	52.29	47.03	39.57
73	87.00	52.29	47.03	39.57	87.00	52.29	47.03	39.57
74	87.00	52.29	47.03	39.57	87.00	52.29	47.03	39.57
75	87.17	52.39	47.12	39.64	87.17	52.39	47.12	39.64
76	91.35	54.90	49.38	41.54	91.35	54.90	49.38	41.54
77	95.59	57.45	51.68	43.47	95.59	57.45	51.68	43.47
78	99.90	60.04	54.01	45.43	99.90	60.04	54.01	45.43
79	104.27	62.67	56.37	47.42	104.27	62.67	56.37	47.42
80+	108.69	65.32	58.76	49.43	108.69	65.32	58.76	49.43

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Form B170GI							
	Occupation Class 2P - Base Policy With Policy Rider PR6 - Guaranteed Renewable and Noncancelable Premiums							
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday							
Gender	Unisex							
	Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365
18	34.31	28.08	25.46	22.25	46.67	38.20	34.64	30.29
19	34.31	28.09	25.48	22.26	46.68	38.21	34.65	30.30
20	34.33	28.09	25.48	22.26	46.70	38.22	34.66	30.30
21	34.75	28.44	25.77	22.50	47.85	39.17	35.48	30.98
22	35.34	28.92	26.19	22.84	49.16	40.23	36.42	31.77
23	36.10	29.55	26.73	23.30	50.62	41.43	37.46	32.67
24	37.02	30.31	27.40	23.87	52.23	42.75	38.65	33.68
25	38.12	31.21	28.21	24.56	54.00	44.20	39.94	34.78
26	39.40	32.24	29.14	25.35	55.92	45.77	41.34	35.98
27	40.83	33.43	30.19	26.26	57.99	47.47	42.88	37.30
28	42.44	34.74	31.37	27.29	60.22	49.29	44.52	38.72
29	44.21	36.19	32.69	28.43	62.60	51.24	46.28	40.24
30	46.16	37.79	34.13	29.68	65.14	53.31	48.16	41.88
31	48.23	39.49	35.67	31.03	67.82	55.52	50.16	43.63
32	50.42	41.28	37.31	32.48	70.69	57.85	52.29	45.51
33	52.75	43.18	39.06	34.01	73.70	60.33	54.57	47.50
34	55.24	45.21	40.93	35.65	76.88	62.92	56.95	49.61
35	57.92	47.41	42.94	37.43	80.22	65.66	59.45	51.82
36	60.81	49.77	45.08	39.33	83.68	68.50	62.05	54.12
37	63.92	52.33	47.42	41.38	87.29	71.45	64.76	56.49
38	67.30	55.09	49.94	43.59	91.03	74.51	67.56	58.94
39	70.97	58.09	52.67	45.95	94.90	77.68	70.44	61.44
40	74.94	61.35	55.61	48.50	98.90	80.96	73.40	64.00
41	79.44	65.03	58.94	51.37	103.26	84.52	76.60	66.77
42	84.55	69.21	62.73	54.69	108.09	88.47	80.20	69.91
43	90.13	73.78	66.88	58.32	113.28	92.72	84.05	73.25
44	96.02	78.60	71.27	62.15	118.66	97.14	88.05	76.74
45	102.09	83.57	75.75	66.06	124.09	101.57	92.06	80.22
46	108.14	88.52	80.23	69.92	129.40	105.92	95.98	83.57
47	114.06	93.36	84.58	73.63	134.49	110.08	99.69	86.72
48	119.69	97.97	88.69	77.07	139.17	113.91	103.09	89.55
49	124.87	102.22	92.42	80.13	143.31	117.32	106.05	91.92
50	129.47	105.98	95.69	82.69	146.78	120.14	108.47	93.74
51	133.58	109.34	98.54	84.83	149.65	122.49	110.40	95.09
52	137.45	112.50	101.20	86.74	152.18	124.56	112.07	96.13
53	141.10	115.50	103.67	88.44	154.38	126.36	113.47	96.89
54	144.55	118.31	105.94	89.92	156.28	127.91	114.60	97.37
55	147.79	120.97	108.05	91.18	157.85	129.21	115.48	97.58
56	150.87	123.48	110.00	92.25	159.15	130.27	116.11	97.53
57	153.82	125.89	111.84	93.17	160.21	131.13	116.54	97.23
58	156.70	128.25	113.57	93.94	161.09	131.85	116.81	96.73
59	159.58	130.61	115.26	94.61	161.84	132.46	116.94	96.05
60	162.57	133.05	117.01	95.24	162.57	133.05	117.01	95.24
61	138.40	110.12	97.01	79.18	138.40	110.12	97.01	79.18
62	128.12	98.55	87.02	71.26	128.12	98.55	87.02	71.26
63	117.84	86.99	77.02	63.34	117.84	86.99	77.02	63.34
64	107.56	75.42	67.02	55.41	107.56	75.42	67.02	55.41
65	97.28	63.86	57.03	47.49	97.28	63.86	57.03	47.49
66	87.00	52.29	47.03	39.57	87.00	52.29	47.03	39.57
67	87.00	52.29	47.03	39.57	87.00	52.29	47.03	39.57
68	87.00	52.29	47.03	39.57	87.00	52.29	47.03	39.57
69	87.00	52.29	47.03	39.57	87.00	52.29	47.03	39.57
70	87.00	52.29	47.03	39.57	87.00	52.29	47.03	39.57
71	87.00	52.29	47.03	39.57	87.00	52.29	47.03	39.57
72	87.00	52.29	47.03	39.57	87.00	52.29	47.03	39.57
73	87.00	52.29	47.03	39.57	87.00	52.29	47.03	39.57
74	87.00	52.29	47.03	39.57	87.00	52.29	47.03	39.57
75	87.17	52.39	47.12	39.64	87.17	52.39	47.12	39.64
76	91.35	54.90	49.38	41.54	91.35	54.90	49.38	41.54
77	95.59	57.45	51.68	43.47	95.59	57.45	51.68	43.47
78	99.90	60.04	54.01	45.43	99.90	60.04	54.01	45.43
79	104.27	62.67	56.37	47.42	104.27	62.67	56.37	47.42
80+	108.69	65.32	58.76	49.43	108.69	65.32	58.76	49.43

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Form B170GI							
	Occupation Class A - Base Policy With Policy Rider PR6 - Guaranteed Renewable and Noncancelable Premiums							
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday							
Gender	Unisex							
	Benefit Period is 2 Years				Benefit Period is 5 Years			
	Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365
18	39.74	34.25	29.22	26.25	44.85	38.65	32.97	29.62
19	39.74	34.25	29.22	26.25	44.85	38.66	32.98	29.63
20	39.74	34.25	29.22	26.25	44.86	38.67	32.99	29.64
21	40.94	35.29	30.08	26.99	45.99	39.65	33.78	30.31
22	42.11	36.29	30.91	27.71	47.14	40.62	34.60	31.02
23	43.24	37.27	31.72	28.42	48.29	41.62	35.43	31.74
24	44.34	38.22	32.51	29.11	49.47	42.63	36.27	32.48
25	45.40	39.13	33.28	29.77	50.65	43.66	37.11	33.22
26	46.43	40.02	34.02	30.42	51.84	44.69	37.98	33.98
27	47.42	40.87	34.73	31.06	53.06	45.73	38.87	34.74
28	48.38	41.69	35.43	31.67	54.28	46.79	39.76	35.54
29	49.30	42.49	36.10	32.26	55.54	47.86	40.67	36.34
30	50.18	43.25	36.75	32.84	56.78	48.93	41.59	37.16
31	50.86	43.84	37.26	33.29	57.83	49.84	42.36	37.86
32	51.25	44.17	37.55	33.57	58.56	50.47	42.91	38.36
33	51.45	44.34	37.71	33.73	59.14	50.97	43.36	38.77
34	51.57	44.45	37.83	33.86	59.65	51.41	43.76	39.18
35	51.74	44.59	37.97	34.01	60.29	51.96	44.25	39.64
36	52.06	44.86	38.23	34.26	61.18	52.72	44.93	40.27
37	52.64	45.36	38.68	34.67	62.44	53.80	45.88	41.15
38	53.59	46.19	39.39	35.32	64.25	55.36	47.23	42.35
39	55.04	47.43	40.46	36.27	66.73	57.50	49.06	43.98
40	57.08	49.19	41.96	37.60	70.02	60.34	51.47	46.13
41	59.91	51.62	44.03	39.44	74.34	64.06	54.64	48.95
42	63.50	54.72	46.68	41.81	79.70	68.69	58.59	52.50
43	67.67	58.32	49.75	44.57	85.86	73.99	63.13	56.57
44	72.25	62.26	53.11	47.59	92.59	79.80	68.08	61.02
45	77.04	66.39	56.63	50.72	99.68	85.90	73.28	65.68
46	81.86	70.55	60.15	53.85	106.86	92.08	78.54	70.35
47	86.53	74.57	63.55	56.84	113.93	98.19	83.70	74.89
48	90.86	78.31	66.68	59.54	120.68	104.00	88.58	79.13
49	94.67	81.59	69.40	61.83	126.88	109.34	93.02	82.88
50	97.78	84.27	71.58	63.58	132.29	113.99	96.84	86.01
51	100.33	86.47	73.33	64.89	137.08	118.13	100.17	88.60
52	102.61	88.44	74.85	65.97	141.62	122.03	103.27	90.96
53	104.62	90.16	76.16	66.82	145.91	125.75	106.17	93.07
54	106.35	91.65	77.24	67.43	149.99	129.26	108.88	94.96
55	107.80	92.90	78.10	67.81	153.85	132.60	111.41	96.60
56	108.98	93.92	78.74	67.95	157.54	135.78	113.77	98.06
57	109.88	94.69	79.16	67.86	161.09	138.83	116.01	99.31
58	110.50	95.23	79.36	67.54	164.56	141.81	118.13	100.43
59	110.85	95.54	79.34	66.98	168.03	144.81	120.23	101.44
60	110.93	95.60	79.10	66.19	171.62	147.90	122.37	102.39
61	98.90	82.26	68.53	57.47	143.39	120.60	100.25	84.01
62	96.43	77.16	64.78	54.45	138.41	113.34	94.71	79.50
63	93.97	72.07	61.04	51.44	125.46	99.20	83.49	70.22
64	91.51	66.98	57.30	48.42	112.50	85.07	72.26	60.94
65	89.04	61.89	53.55	45.41	99.54	70.93	61.04	51.67
66	86.58	56.79	49.81	42.39	86.58	56.79	49.81	42.39
67	86.58	56.79	49.81	42.39	86.58	56.79	49.81	42.39
68	86.58	56.79	49.81	42.39	86.58	56.79	49.81	42.39
69	86.58	56.79	49.81	42.39	86.58	56.79	49.81	42.39
70	86.58	56.79	49.81	42.39	86.58	56.79	49.81	42.39
71	86.58	56.79	49.81	42.39	86.58	56.79	49.81	42.39
72	86.58	56.79	49.81	42.39	86.58	56.79	49.81	42.39
73	86.58	56.79	49.81	42.39	86.58	56.79	49.81	42.39
74	86.58	56.79	49.81	42.39	86.58	56.79	49.81	42.39
75	86.93	57.03	50.01	42.57	86.93	57.03	50.01	42.57
76	90.52	59.38	52.08	44.32	90.52	59.38	52.08	44.32
77	94.17	61.78	54.18	46.11	94.17	61.78	54.18	46.11
78	97.87	64.20	56.31	47.92	97.87	64.20	56.31	47.92
79	101.63	66.67	58.47	49.76	101.63	66.67	58.47	49.76
80+	105.43	69.16	60.65	51.62	105.43	69.16	60.65	51.62

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Form B170GI							
	Occupation Class A - Base Policy With Policy Rider PR6 - Guaranteed Renewable and Noncancelable Premiums							
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday							
Gender	Unisex							
	Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365
18	54.18	46.69	39.83	35.78	73.07	62.98	53.73	48.27
19	54.19	46.70	39.84	35.79	73.09	62.99	53.74	48.27
20	54.20	46.71	39.85	35.80	73.10	63.00	53.75	48.28
21	55.77	48.06	40.97	36.75	76.50	65.93	56.20	50.42
22	57.37	49.44	42.11	37.75	79.80	68.78	58.57	52.51
23	59.00	50.85	43.28	38.77	83.01	71.54	60.88	54.53
24	60.67	52.29	44.48	39.81	86.13	74.21	63.13	56.52
25	62.37	53.75	45.69	40.89	89.13	76.81	65.31	58.44
26	64.09	55.24	46.95	41.99	92.06	79.34	67.43	60.31
27	65.86	56.76	48.24	43.12	94.88	81.76	69.49	62.13
28	67.65	58.31	49.56	44.29	97.61	84.12	71.49	63.91
29	69.49	59.89	50.89	45.48	100.26	86.39	73.40	65.62
30	71.36	61.50	52.26	46.70	102.81	88.60	75.29	67.29
31	72.96	62.88	53.45	47.77	104.92	90.42	76.85	68.68
32	74.18	63.92	54.35	48.60	106.46	91.74	78.00	69.74
33	75.18	64.79	55.12	49.30	107.61	92.75	78.89	70.57
34	76.15	65.62	55.86	50.01	108.62	93.59	79.66	71.32
35	77.27	66.59	56.72	50.81	109.66	94.49	80.48	72.09
36	78.74	67.85	57.83	51.83	110.95	95.60	81.47	73.00
37	80.73	69.57	59.31	53.19	112.70	97.12	82.80	74.22
38	83.45	71.91	61.33	55.00	115.14	99.22	84.62	75.88
39	87.06	75.02	63.99	57.38	118.47	102.10	87.09	78.08
40	91.77	79.08	67.45	60.44	122.92	105.92	90.34	80.97
41	98.09	84.53	72.08	64.57	129.03	111.20	94.83	84.94
42	106.18	91.51	78.02	69.88	136.98	118.06	100.66	90.14
43	115.54	99.57	84.91	76.03	146.24	126.02	107.47	96.20
44	125.75	108.36	92.40	82.72	156.30	134.70	114.82	102.77
45	136.31	117.47	100.15	89.62	166.65	143.61	122.41	109.50
46	146.76	126.47	107.78	96.41	176.74	152.31	129.78	116.02
47	156.66	135.00	115.00	102.75	186.13	160.41	136.60	122.00
48	165.54	142.66	121.45	108.37	194.28	167.42	142.48	127.10
49	172.96	149.06	126.77	112.88	200.66	172.94	147.06	130.93
50	178.45	153.78	130.64	116.03	204.81	176.50	149.93	133.17
51	182.34	157.13	133.30	118.00	207.06	178.43	151.38	134.08
52	185.37	159.74	135.29	119.34	208.22	179.45	152.02	134.17
53	187.54	161.63	136.62	120.04	208.33	179.56	151.83	133.53
54	188.88	162.79	137.31	120.10	207.38	178.74	150.85	132.10
55	189.40	163.24	137.37	119.53	205.41	177.02	149.08	129.91
56	189.12	162.99	136.81	118.34	202.39	174.42	146.51	126.94
57	188.07	162.08	135.65	116.56	198.38	170.97	143.20	123.24
58	186.30	160.55	133.92	114.21	193.44	166.70	139.13	118.83
59	183.87	158.46	131.68	111.31	187.57	161.65	134.38	113.70
60	180.87	155.87	128.97	107.92	180.87	155.87	128.97	107.92
61	151.37	127.47	105.94	88.77	151.37	127.47	105.94	88.77
62	138.41	113.34	94.71	79.50	138.41	113.34	94.71	79.50
63	125.46	99.20	83.49	70.22	125.46	99.20	83.49	70.22
64	112.50	85.07	72.26	60.94	112.50	85.07	72.26	60.94
65	99.54	70.93	61.04	51.67	99.54	70.93	61.04	51.67
66	86.58	56.79	49.81	42.39	86.58	56.79	49.81	42.39
67	86.58	56.79	49.81	42.39	86.58	56.79	49.81	42.39
68	86.58	56.79	49.81	42.39	86.58	56.79	49.81	42.39
69	86.58	56.79	49.81	42.39	86.58	56.79	49.81	42.39
70	86.58	56.79	49.81	42.39	86.58	56.79	49.81	42.39
71	86.58	56.79	49.81	42.39	86.58	56.79	49.81	42.39
72	86.58	56.79	49.81	42.39	86.58	56.79	49.81	42.39
73	86.58	56.79	49.81	42.39	86.58	56.79	49.81	42.39
74	86.58	56.79	49.81	42.39	86.58	56.79	49.81	42.39
75	86.93	57.03	50.01	42.57	86.93	57.03	50.01	42.57
76	90.52	59.38	52.08	44.32	90.52	59.38	52.08	44.32
77	94.17	61.78	54.18	46.11	94.17	61.78	54.18	46.11
78	97.87	64.20	56.31	47.92	97.87	64.20	56.31	47.92
79	101.63	66.67	58.47	49.76	101.63	66.67	58.47	49.76
80+	105.43	69.16	60.65	51.62	105.43	69.16	60.65	51.62

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Form B170GI							
	Occupation Class B - Base Policy With Policy Rider PR6 - Guaranteed Renewable and Noncancelable Premiums							
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday							
Gender	Unisex							
	Benefit Period is 2 Years				Benefit Period is 5 Years			
	Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365
18	48.69	41.96	35.80	32.16	54.95	47.35	40.39	36.29
19	48.69	41.96	35.80	32.16	54.96	47.36	40.40	36.29
20	48.69	41.96	35.80	32.16	54.98	47.37	40.40	36.30
21	50.69	43.68	37.23	33.41	56.93	49.06	41.80	37.53
22	52.61	45.34	38.62	34.62	58.87	50.74	43.21	38.73
23	54.47	46.94	39.95	35.79	60.81	52.40	44.59	39.95
24	56.25	48.47	41.24	36.92	62.71	54.05	45.98	41.15
25	57.96	49.95	42.48	38.00	64.63	55.70	47.37	42.38
26	59.60	51.36	43.67	39.05	66.55	57.35	48.75	43.59
27	61.17	52.72	44.81	40.06	68.42	58.97	50.12	44.82
28	62.67	54.01	45.90	41.03	70.32	60.61	51.49	46.04
29	64.10	55.24	46.94	41.95	72.19	62.22	52.88	47.26
30	65.46	56.41	47.94	42.84	74.06	63.84	54.25	48.48
31	66.51	57.31	48.72	43.54	75.63	65.16	55.40	49.51
32	67.12	57.84	49.18	43.97	76.69	66.09	56.21	50.25
33	67.45	58.13	49.45	44.23	77.50	66.81	56.83	50.83
34	67.66	58.30	49.63	44.42	78.25	67.44	57.40	51.38
35	67.90	58.51	49.83	44.63	79.12	68.18	58.07	52.03
36	68.33	58.88	50.18	44.97	80.29	69.19	58.96	52.86
37	69.11	59.56	50.78	45.52	81.97	70.64	60.24	54.01
38	70.40	60.67	51.74	46.40	84.38	72.72	62.04	55.64
39	72.36	62.35	53.18	47.69	87.70	75.59	64.49	57.82
40	75.13	64.74	55.22	49.49	92.18	79.42	67.76	60.72
41	78.97	68.05	58.04	52.00	98.02	84.47	72.04	64.54
42	83.84	72.25	61.62	55.21	105.26	90.71	77.36	69.32
43	89.50	77.13	65.79	58.95	113.59	97.86	83.50	74.84
44	95.70	82.47	70.35	63.03	122.66	105.72	90.20	80.83
45	102.19	88.07	75.11	67.28	132.23	113.95	97.21	87.13
46	108.71	93.69	79.88	71.51	141.93	122.32	104.31	93.45
47	115.03	99.13	84.48	75.55	151.48	130.53	111.28	99.58
48	120.88	104.18	88.71	79.21	160.57	138.38	117.85	105.27
49	126.03	108.62	92.39	82.31	168.91	145.55	123.85	110.35
50	130.22	112.23	95.33	84.67	176.18	151.81	128.96	114.55
51	133.66	115.19	97.68	86.44	182.60	157.36	133.42	118.04
52	136.72	117.84	99.74	87.90	188.69	162.60	137.60	121.19
53	139.41	120.15	101.49	89.04	194.43	167.55	141.47	124.02
54	141.72	122.14	102.94	89.86	199.87	172.25	145.09	126.53
55	143.65	123.81	104.09	90.36	205.02	176.67	148.45	128.73
56	145.21	125.15	104.93	90.55	209.91	180.90	151.59	130.67
57	146.39	126.17	105.48	90.42	214.62	184.96	154.54	132.33
58	147.20	126.87	105.72	89.97	219.21	188.90	157.35	133.78
59	147.63	127.23	105.67	89.20	223.79	192.86	160.12	135.09
60	147.68	127.28	105.31	88.12	228.50	196.91	162.92	136.32
61	131.05	108.97	90.79	76.12	190.63	121.91	133.26	111.67
62	127.98	102.35	85.94	72.22	184.92	151.42	126.53	106.21
63	124.90	95.73	81.09	68.33	167.61	132.53	111.54	93.81
64	121.82	89.11	76.24	64.43	150.30	113.65	96.54	81.42
65	118.75	82.50	71.40	60.53	132.98	94.76	81.54	69.03
66	115.67	75.88	66.55	56.63	115.67	75.88	66.55	56.63
67	115.67	75.88	66.55	56.63	115.67	75.88	66.55	56.63
68	115.67	75.88	66.55	56.63	115.67	75.88	66.55	56.63
69	115.67	75.88	66.55	56.63	115.67	75.88	66.55	56.63
70	115.67	75.88	66.55	56.63	115.67	75.88	66.55	56.63
71	115.67	75.88	66.55	56.63	115.67	75.88	66.55	56.63
72	115.67	75.88	66.55	56.63	115.67	75.88	66.55	56.63
73	115.67	75.88	66.55	56.63	115.67	75.88	66.55	56.63
74	115.67	75.88	66.55	56.63	115.67	75.88	66.55	56.63
75	116.14	76.19	66.81	56.87	116.14	76.19	66.81	56.87
76	120.94	79.34	69.58	59.21	120.94	79.34	69.58	59.21
77	125.81	82.53	72.38	61.60	125.81	82.53	72.38	61.60
78	130.75	85.78	75.23	64.02	130.75	85.78	75.23	64.02
79	135.78	89.07	78.12	66.48	135.78	89.07	78.12	66.48
80+	140.86	92.40	81.03	68.96	140.86	92.40	81.03	68.96

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Form B170GI							
	Occupation Class B - Base Policy With Policy Rider PR6 - Guaranteed Renewable and Noncancelable Premiums							
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday							
Gender	Unisex							
	Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365
18	N/A				N/A			
19								
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	Policy Rider PR9 - Catastrophic Disability Benefit Rider															
	Occupation Class 5A With Guaranteed Renewable Premiums															
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday															
Gender	Male															
	Benefit Period is 2 Years				Benefit Period is 5 Years				Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days				Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365	60	90	180	365	60	90	180	365
18	1.12	1.07	0.95	0.78	1.88	1.82	1.65	1.39	2.15	2.07	1.89	1.60	2.31	2.22	2.02	1.70
19	1.12	1.07	0.95	0.78	1.88	1.82	1.65	1.39	2.15	2.07	1.89	1.60	2.31	2.22	2.02	1.70
20	1.12	1.07	0.95	0.78	1.88	1.82	1.65	1.39	2.15	2.07	1.89	1.60	2.31	2.22	2.02	1.70
21	1.12	1.07	0.95	0.78	1.88	1.82	1.65	1.39	2.15	2.07	1.89	1.60	2.31	2.22	2.02	1.70
22	1.12	1.07	0.95	0.78	1.88	1.82	1.65	1.39	2.15	2.07	1.89	1.60	2.31	2.22	2.02	1.70
23	1.12	1.07	0.95	0.78	1.88	1.82	1.65	1.39	2.15	2.07	1.89	1.60	2.31	2.22	2.02	1.70
24	1.12	1.07	0.95	0.78	1.88	1.82	1.65	1.39	2.15	2.07	1.89	1.60	2.31	2.22	2.02	1.70
25	1.12	1.07	0.95	0.78	1.88	1.82	1.65	1.39	2.15	2.07	1.89	1.60	2.31	2.22	2.02	1.70
26	1.22	1.17	1.04	0.85	2.04	1.97	1.79	1.51	2.34	2.25	2.06	1.74	2.50	2.42	2.19	1.85
27	1.34	1.28	1.14	0.93	2.22	2.15	1.95	1.64	2.54	2.45	2.23	1.89	2.71	2.63	2.38	2.00
28	1.46	1.40	1.24	1.00	2.42	2.34	2.12	1.78	2.77	2.67	2.43	2.06	2.95	2.85	2.59	2.17
29	1.60	1.52	1.36	1.10	2.64	2.55	2.31	1.94	3.02	2.91	2.64	2.24	3.21	3.10	2.81	2.36
30	1.74	1.67	1.47	1.19	2.88	2.78	2.51	2.11	3.29	3.17	2.88	2.43	3.48	3.37	3.05	2.56
31	1.77	1.69	1.49	1.20	2.90	2.79	2.53	2.12	3.29	3.17	2.88	2.44	3.50	3.38	3.06	2.56
32	1.79	1.71	1.51	1.22	2.93	2.82	2.55	2.14	3.32	3.20	2.91	2.46	3.54	3.41	3.08	2.58
33	1.82	1.74	1.53	1.23	2.98	2.88	2.60	2.17	3.36	3.24	2.95	2.50	3.59	3.46	3.13	2.61
34	1.87	1.78	1.57	1.27	3.05	2.93	2.65	2.21	3.42	3.30	3.00	2.55	3.67	3.53	3.19	2.66
35	1.92	1.83	1.61	1.29	3.13	3.01	2.71	2.26	3.51	3.38	3.08	2.62	3.75	3.62	3.27	2.72
36	1.98	1.89	1.67	1.34	3.22	3.11	2.80	2.33	3.61	3.48	3.17	2.70	3.86	3.73	3.36	2.80
37	2.06	1.96	1.73	1.39	3.34	3.22	2.90	2.41	3.73	3.60	3.28	2.80	3.99	3.85	3.47	2.89
38	2.15	2.05	1.80	1.45	3.48	3.35	3.02	2.51	3.88	3.74	3.41	2.91	4.15	4.00	3.60	3.01
39	2.25	2.14	1.89	1.51	3.63	3.49	3.15	2.62	4.04	3.90	3.56	3.03	4.31	4.16	3.75	3.13
40	2.35	2.25	1.97	1.59	3.80	3.66	3.29	2.74	4.23	4.08	3.72	3.17	4.50	4.34	3.91	3.26
41	2.47	2.36	2.08	1.67	3.98	3.84	3.46	2.88	4.43	4.28	3.90	3.33	4.71	4.54	4.09	3.42
42	2.59	2.47	2.18	1.76	4.18	4.03	3.63	3.03	4.66	4.49	4.10	3.50	4.93	4.76	4.29	3.58
43	2.73	2.61	2.31	1.86	4.41	4.25	3.83	3.19	4.89	4.73	4.32	3.70	5.18	5.00	4.51	3.76
44	2.88	2.75	2.43	1.97	4.65	4.48	4.05	3.38	5.15	4.98	4.56	3.91	5.44	5.25	4.75	3.96
45	3.04	2.91	2.57	2.09	4.91	4.74	4.28	3.57	5.44	5.25	4.81	4.13	5.73	5.53	4.99	4.17
46	3.21	3.08	2.73	2.22	5.19	5.01	4.52	3.78	5.74	5.55	5.08	4.36	6.03	5.82	5.26	4.40
47	3.40	3.26	2.90	2.37	5.50	5.31	4.79	4.01	6.07	5.86	5.37	4.60	6.35	6.13	5.55	4.65
48	3.61	3.46	3.08	2.52	5.82	5.62	5.09	4.25	6.42	6.20	5.67	4.85	6.70	6.47	5.86	4.90
49	3.84	3.67	3.28	2.68	6.18	5.96	5.40	4.52	6.80	6.56	5.99	5.10	7.06	6.82	6.18	5.17
50	4.08	3.92	3.51	2.87	6.56	6.33	5.73	4.81	7.20	6.94	6.32	5.35	7.45	7.19	6.51	5.46
51	4.35	4.17	3.73	3.06	6.96	6.72	6.09	5.10	7.63	7.35	6.66	5.61	7.84	7.58	6.87	5.75
52	4.63	4.46	3.99	3.27	7.39	7.14	6.47	5.42	8.09	7.77	7.02	5.87	8.27	7.99	7.25	6.06
53	4.95	4.76	4.26	3.50	7.85	7.59	6.88	5.75	8.57	8.22	7.40	6.14	8.71	8.42	7.63	6.39
54	5.29	5.09	4.57	3.74	8.35	8.07	7.32	6.11	9.07	8.69	7.79	6.42	9.17	8.87	8.03	6.72
55	5.69	5.48	4.91	4.02	8.90	8.59	7.79	6.50	9.60	9.19	8.20	6.70	9.66	9.34	8.46	7.06
56	6.12	5.90	5.30	4.32	9.48	9.17	8.29	6.91	N/A				10.16	9.83	8.89	7.40
57	6.62	6.38	5.72	4.65	10.11	9.79	8.85	7.33					10.69	10.34	9.35	7.76
58	7.18	6.92	6.21	5.04	10.81	10.46	9.45	7.81					11.23	10.87	9.81	8.12
59	7.83	7.56	6.77	5.46	11.56	11.18	10.08	8.30					11.79	11.41	10.28	8.47
60	9.04	8.75	7.79	6.20	12.36	11.98	10.74	8.72					12.36	11.98	10.74	8.72
61	9.84	9.54	8.50	6.72	N/A								N/A			
62	9.53	9.24	8.22	6.45												
63	9.18	8.92	7.90	6.16												
64	8.79	8.56	7.56	5.85												

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Rider PR9 - Catastrophic Disability Benefit Rider															
	Occupation Class 5A With Guaranteed Renewable Premiums															
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday															
Gender	Female															
	Benefit Period is 2 Years				Benefit Period is 5 Years				Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days				Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365	60	90	180	365	60	90	180	365
18	0.93	0.88	0.78	0.62	1.48	1.43	1.28	1.06	1.76	1.70	1.53	1.27	1.83	1.77	1.60	1.34
19	0.93	0.88	0.78	0.62	1.48	1.43	1.28	1.06	1.76	1.70	1.53	1.27	1.83	1.77	1.60	1.34
20	0.93	0.88	0.78	0.62	1.48	1.43	1.28	1.06	1.76	1.70	1.53	1.27	1.83	1.77	1.60	1.34
21	0.93	0.88	0.78	0.62	1.48	1.43	1.28	1.06	1.76	1.70	1.53	1.27	1.83	1.77	1.60	1.34
22	0.93	0.88	0.78	0.62	1.48	1.43	1.28	1.06	1.76	1.70	1.53	1.27	1.83	1.77	1.60	1.34
23	0.93	0.88	0.78	0.62	1.48	1.43	1.28	1.06	1.76	1.70	1.53	1.27	1.83	1.77	1.60	1.34
24	0.93	0.88	0.78	0.62	1.48	1.43	1.28	1.06	1.76	1.70	1.53	1.27	1.83	1.77	1.60	1.34
25	0.93	0.88	0.78	0.62	1.48	1.43	1.28	1.06	1.76	1.70	1.53	1.27	1.83	1.77	1.60	1.34
26	1.02	0.97	0.86	0.69	1.62	1.56	1.40	1.17	1.92	1.86	1.68	1.39	2.01	1.95	1.75	1.47
27	1.11	1.06	0.94	0.76	1.78	1.72	1.55	1.29	2.11	2.05	1.85	1.54	2.21	2.14	1.94	1.63
28	1.21	1.17	1.03	0.84	1.96	1.89	1.71	1.43	2.33	2.25	2.04	1.70	2.43	2.35	2.13	1.79
29	1.32	1.27	1.13	0.92	2.15	2.07	1.88	1.57	2.55	2.47	2.24	1.88	2.67	2.58	2.34	1.98
30	1.45	1.39	1.23	1.01	2.37	2.28	2.06	1.73	2.81	2.71	2.46	2.07	2.93	2.83	2.57	2.17
31	1.46	1.40	1.25	1.01	2.38	2.30	2.08	1.75	2.83	2.73	2.48	2.09	2.96	2.86	2.60	2.20
32	1.47	1.42	1.26	1.03	2.41	2.33	2.11	1.78	2.87	2.77	2.51	2.13	3.00	2.90	2.64	2.23
33	1.50	1.44	1.29	1.06	2.47	2.38	2.16	1.82	2.92	2.82	2.56	2.17	3.07	2.96	2.70	2.29
34	1.55	1.48	1.32	1.09	2.53	2.45	2.22	1.87	3.00	2.89	2.63	2.23	3.15	3.04	2.78	2.36
35	1.59	1.52	1.36	1.12	2.62	2.53	2.29	1.93	3.09	2.98	2.71	2.30	3.24	3.14	2.85	2.43
36	1.64	1.58	1.41	1.16	2.71	2.62	2.38	2.01	3.20	3.09	2.81	2.39	3.36	3.25	2.97	2.52
37	1.71	1.64	1.46	1.21	2.82	2.73	2.47	2.09	3.33	3.21	2.92	2.49	3.49	3.38	3.08	2.62
38	1.79	1.71	1.54	1.27	2.95	2.85	2.59	2.19	3.47	3.35	3.05	2.60	3.64	3.53	3.22	2.74
39	1.88	1.80	1.60	1.33	3.10	2.99	2.72	2.30	3.64	3.51	3.20	2.72	3.81	3.69	3.37	2.86
40	1.98	1.90	1.69	1.40	3.26	3.15	2.85	2.42	3.82	3.69	3.36	2.86	4.00	3.87	3.53	3.00
41	2.08	2.00	1.78	1.46	3.41	3.30	2.99	2.53	4.01	3.87	3.53	3.00	4.19	4.06	3.69	3.14
42	2.20	2.10	1.87	1.54	3.59	3.47	3.14	2.65	4.20	4.06	3.70	3.15	4.38	4.24	3.86	3.28
43	2.31	2.22	1.97	1.62	3.77	3.64	3.30	2.78	4.39	4.25	3.88	3.31	4.59	4.44	4.03	3.43
44	2.45	2.35	2.08	1.71	3.98	3.84	3.47	2.93	4.60	4.45	4.07	3.48	4.80	4.64	4.22	3.57
45	2.60	2.50	2.22	1.81	4.20	4.05	3.67	3.07	4.83	4.68	4.28	3.66	5.03	4.87	4.42	3.74
46	2.78	2.66	2.36	1.92	4.46	4.30	3.89	3.26	5.10	4.94	4.52	3.86	5.32	5.13	4.66	3.93
47	2.98	2.85	2.52	2.05	4.75	4.58	4.12	3.45	5.41	5.23	4.79	4.09	5.61	5.43	4.91	4.14
48	3.22	3.08	2.71	2.20	5.09	4.90	4.42	3.67	5.76	5.57	5.09	4.34	5.97	5.77	5.21	4.37
49	3.50	3.34	2.94	2.38	5.48	5.28	4.75	3.95	6.17	5.97	5.44	4.62	6.37	6.15	5.56	4.65
50	3.81	3.65	3.21	2.59	5.94	5.73	5.14	4.26	6.65	6.42	5.84	4.93	6.84	6.60	5.96	4.97
51	4.18	3.99	3.51	2.82	6.46	6.22	5.57	4.61	7.19	6.93	6.28	5.27	7.36	7.10	6.38	5.32
52	4.58	4.38	3.83	3.07	7.02	6.75	6.05	5.00	7.77	7.48	6.76	5.64	7.91	7.64	6.85	5.70
53	5.02	4.80	4.20	3.36	7.65	7.36	6.57	5.41	8.40	8.07	7.27	6.03	8.52	8.22	7.37	6.11
54	5.52	5.27	4.62	3.69	8.32	8.01	7.14	5.87	9.07	8.71	7.81	6.45	9.17	8.84	7.91	6.54
55	6.08	5.80	5.08	4.04	9.06	8.72	7.77	6.36	9.79	9.39	8.39	6.89	9.86	9.50	8.48	6.99
56	6.69	6.40	5.59	4.44	9.88	9.50	8.45	6.90	N/A				10.59	10.20	9.09	7.47
57	7.39	7.07	6.17	4.90	10.77	10.36	9.20	7.49					11.36	10.94	9.73	7.96
58	8.17	7.83	6.82	5.40	11.74	11.29	10.00	8.13					12.18	11.73	10.40	8.49
59	9.07	8.69	7.57	5.98	12.80	12.31	10.90	8.84					13.05	12.55	11.12	9.03
60	10.53	10.13	8.84	6.99	13.91	13.42	11.85	9.57					13.91	13.42	11.85	9.57
61	11.47	11.04	9.64	7.58	N/A								N/A			
62	11.10	10.70	9.33	7.28												
63	10.69	10.32	8.97	6.95												
64	10.23	9.90	8.58	6.59												

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Rider PR9 - Catastrophic Disability Benefit Rider															
	Occupation Class 4A With Guaranteed Renewable Premiums															
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday															
Gender	Male															
	Benefit Period is 2 Years				Benefit Period is 5 Years				Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days				Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365	60	90	180	365	60	90	180	365
18	1.18	1.13	1.01	0.82	1.98	1.92	1.74	1.47	2.27	2.19	2.00	1.70	2.43	2.34	2.12	1.80
19	1.18	1.13	1.01	0.82	1.98	1.92	1.74	1.47	2.27	2.19	2.00	1.70	2.43	2.34	2.12	1.80
20	1.18	1.13	1.01	0.82	1.98	1.92	1.74	1.47	2.27	2.19	2.00	1.70	2.43	2.34	2.12	1.80
21	1.18	1.13	1.01	0.82	1.98	1.92	1.74	1.47	2.27	2.19	2.00	1.70	2.43	2.34	2.12	1.80
22	1.18	1.13	1.01	0.82	1.98	1.92	1.74	1.47	2.27	2.19	2.00	1.70	2.43	2.34	2.12	1.80
23	1.18	1.13	1.01	0.82	1.98	1.92	1.74	1.47	2.27	2.19	2.00	1.70	2.43	2.34	2.12	1.80
24	1.18	1.13	1.01	0.82	1.98	1.92	1.74	1.47	2.27	2.19	2.00	1.70	2.43	2.34	2.12	1.80
25	1.18	1.13	1.01	0.82	1.98	1.92	1.74	1.47	2.27	2.19	2.00	1.70	2.43	2.34	2.12	1.80
26	1.29	1.24	1.09	0.90	2.15	2.08	1.88	1.59	2.48	2.38	2.17	1.85	2.63	2.54	2.31	1.95
27	1.41	1.34	1.20	0.97	2.34	2.27	2.05	1.73	2.69	2.60	2.36	2.00	2.86	2.77	2.51	2.11
28	1.54	1.47	1.30	1.06	2.55	2.47	2.24	1.87	2.93	2.83	2.57	2.17	3.11	3.01	2.73	2.29
29	1.69	1.61	1.43	1.16	2.78	2.69	2.44	2.04	3.19	3.08	2.80	2.36	3.38	3.27	2.96	2.48
30	1.84	1.76	1.55	1.26	3.03	2.93	2.64	2.22	3.48	3.35	3.04	2.57	3.67	3.55	3.21	2.69
31	1.85	1.77	1.56	1.26	3.05	2.94	2.65	2.22	3.48	3.35	3.05	2.58	3.68	3.56	3.22	2.70
32	1.88	1.79	1.58	1.28	3.09	2.98	2.69	2.25	3.50	3.37	3.07	2.60	3.72	3.60	3.25	2.72
33	1.92	1.83	1.61	1.30	3.14	3.03	2.73	2.28	3.55	3.42	3.11	2.64	3.78	3.65	3.30	2.76
34	1.97	1.88	1.65	1.33	3.21	3.09	2.79	2.33	3.61	3.48	3.17	2.69	3.86	3.72	3.36	2.81
35	2.02	1.94	1.71	1.37	3.30	3.18	2.87	2.38	3.70	3.57	3.25	2.76	3.95	3.82	3.44	2.88
36	2.10	2.00	1.76	1.41	3.41	3.28	2.95	2.46	3.81	3.67	3.35	2.85	4.08	3.93	3.55	2.96
37	2.17	2.07	1.82	1.46	3.53	3.40	3.06	2.54	3.94	3.80	3.47	2.95	4.21	4.06	3.67	3.05
38	2.27	2.16	1.91	1.53	3.67	3.54	3.19	2.64	4.09	3.94	3.60	3.06	4.37	4.22	3.80	3.17
39	2.36	2.26	1.99	1.60	3.83	3.69	3.32	2.77	4.26	4.11	3.76	3.19	4.55	4.39	3.96	3.30
40	2.48	2.37	2.08	1.67	4.00	3.86	3.48	2.89	4.46	4.30	3.93	3.34	4.74	4.58	4.13	3.44
41	2.61	2.49	2.19	1.77	4.20	4.05	3.64	3.03	4.67	4.51	4.12	3.51	4.97	4.79	4.32	3.60
42	2.73	2.61	2.30	1.85	4.41	4.26	3.83	3.19	4.91	4.74	4.33	3.69	5.20	5.02	4.52	3.77
43	2.88	2.76	2.44	1.97	4.66	4.48	4.04	3.37	5.16	4.98	4.56	3.90	5.47	5.27	4.76	3.97
44	3.04	2.91	2.58	2.09	4.91	4.73	4.27	3.56	5.44	5.25	4.81	4.12	5.75	5.54	5.01	4.18
45	3.21	3.07	2.72	2.20	5.18	5.00	4.52	3.77	5.73	5.54	5.08	4.35	6.04	5.83	5.27	4.40
46	3.39	3.25	2.89	2.35	5.48	5.29	4.78	3.99	6.06	5.85	5.37	4.60	6.37	6.14	5.56	4.65
47	3.59	3.43	3.06	2.50	5.80	5.60	5.06	4.23	6.40	6.19	5.67	4.86	6.71	6.47	5.86	4.90
48	3.81	3.65	3.25	2.66	6.15	5.93	5.37	4.50	6.77	6.54	5.99	5.12	7.07	6.83	6.18	5.18
49	4.05	3.89	3.46	2.84	6.53	6.30	5.70	4.77	7.17	6.92	6.32	5.38	7.46	7.20	6.53	5.46
50	4.30	4.13	3.69	3.03	6.92	6.68	6.05	5.07	7.60	7.33	6.67	5.65	7.86	7.59	6.87	5.76
51	4.59	4.41	3.94	3.24	7.35	7.10	6.43	5.38	8.06	7.76	7.03	5.92	8.29	8.00	7.25	6.07
52	4.89	4.70	4.21	3.46	7.80	7.54	6.83	5.72	8.54	8.21	7.41	6.20	8.73	8.44	7.64	6.40
53	5.22	5.03	4.50	3.69	8.29	8.01	7.26	6.07	9.04	8.69	7.81	6.48	9.19	8.89	8.05	6.74
54	5.59	5.38	4.82	3.96	8.82	8.53	7.72	6.46	9.58	9.18	8.23	6.78	9.69	9.37	8.48	7.09
55	6.01	5.78	5.19	4.25	9.40	9.09	8.22	6.86	10.13	9.70	8.66	7.08	10.20	9.86	8.93	7.45
56	6.47	6.22	5.59	4.57	10.01	9.68	8.76	7.29	N/A				10.73	10.38	9.39	7.81
57	6.99	6.73	6.04	4.92	10.68	10.33	9.34	7.75					11.28	10.92	9.87	8.19
58	7.58	7.31	6.56	5.31	11.41	11.04	9.96	8.25					11.86	11.47	10.36	8.57
59	8.26	7.98	7.14	5.77	12.19	11.81	10.64	8.76					12.45	12.05	10.86	8.94
60	9.55	9.23	8.23	6.54	13.05	12.65	11.34	9.20					13.05	12.65	11.34	9.20
61	10.70	10.36	9.24	7.36	N/A								N/A			
62	10.40	10.07	8.96	7.10												
63	10.06	9.75	8.68	6.83												
64	9.68	9.41	8.35	6.50												

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Rider PR9 - Catastrophic Disability Benefit Rider															
	Occupation Class 4A With Guaranteed Renewable Premiums															
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday															
Gender	Female															
	Benefit Period is 2 Years				Benefit Period is 5 Years				Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days				Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365	60	90	180	365	60	90	180	365
18	0.98	0.94	0.82	0.65	1.56	1.50	1.34	1.12	1.86	1.79	1.61	1.35	1.93	1.86	1.68	1.40
19	0.98	0.94	0.82	0.65	1.56	1.50	1.34	1.12	1.86	1.79	1.61	1.35	1.93	1.86	1.68	1.40
20	0.98	0.94	0.82	0.65	1.56	1.50	1.34	1.12	1.86	1.79	1.61	1.35	1.93	1.86	1.68	1.40
21	0.98	0.94	0.82	0.65	1.56	1.50	1.34	1.12	1.86	1.79	1.61	1.35	1.93	1.86	1.68	1.40
22	0.98	0.94	0.82	0.65	1.56	1.50	1.34	1.12	1.86	1.79	1.61	1.35	1.93	1.86	1.68	1.40
23	0.98	0.94	0.82	0.65	1.56	1.50	1.34	1.12	1.86	1.79	1.61	1.35	1.93	1.86	1.68	1.40
24	0.98	0.94	0.82	0.65	1.56	1.50	1.34	1.12	1.86	1.79	1.61	1.35	1.93	1.86	1.68	1.40
25	0.98	0.94	0.82	0.65	1.56	1.50	1.34	1.12	1.86	1.79	1.61	1.35	1.93	1.86	1.68	1.40
26	1.07	1.02	0.90	0.72	1.70	1.65	1.48	1.23	2.03	1.96	1.77	1.48	2.12	2.04	1.85	1.55
27	1.16	1.12	0.99	0.80	1.87	1.81	1.63	1.35	2.23	2.15	1.94	1.63	2.33	2.25	2.03	1.72
28	1.28	1.22	1.08	0.88	2.07	1.99	1.79	1.50	2.46	2.36	2.14	1.81	2.56	2.47	2.25	1.89
29	1.40	1.34	1.19	0.96	2.27	2.19	1.98	1.65	2.70	2.60	2.36	1.99	2.81	2.72	2.46	2.08
30	1.52	1.47	1.30	1.06	2.48	2.40	2.17	1.82	2.96	2.86	2.59	2.19	3.08	2.98	2.71	2.29
31	1.54	1.47	1.31	1.07	2.50	2.42	2.19	1.84	2.98	2.88	2.61	2.21	3.11	3.01	2.74	2.32
32	1.56	1.49	1.33	1.09	2.55	2.47	2.24	1.88	3.02	2.92	2.65	2.24	3.16	3.06	2.79	2.36
33	1.59	1.52	1.36	1.11	2.60	2.52	2.28	1.92	3.08	2.97	2.70	2.29	3.24	3.13	2.85	2.42
34	1.63	1.56	1.40	1.14	2.67	2.58	2.34	1.97	3.16	3.05	2.78	2.35	3.32	3.21	2.92	2.48
35	1.68	1.61	1.44	1.18	2.76	2.67	2.42	2.05	3.26	3.14	2.86	2.43	3.43	3.31	3.02	2.56
36	1.74	1.66	1.49	1.23	2.87	2.77	2.52	2.12	3.37	3.26	2.97	2.52	3.55	3.43	3.13	2.67
37	1.81	1.73	1.55	1.27	2.98	2.88	2.62	2.21	3.51	3.39	3.09	2.62	3.68	3.57	3.25	2.77
38	1.89	1.82	1.62	1.33	3.11	3.01	2.74	2.31	3.66	3.54	3.23	2.74	3.85	3.73	3.40	2.89
39	1.99	1.90	1.70	1.40	3.27	3.16	2.87	2.42	3.84	3.70	3.38	2.87	4.03	3.90	3.56	3.03
40	2.09	2.01	1.79	1.47	3.43	3.32	3.02	2.54	4.03	3.89	3.55	3.01	4.22	4.09	3.72	3.16
41	2.20	2.11	1.89	1.55	3.61	3.49	3.17	2.68	4.23	4.08	3.73	3.16	4.43	4.29	3.90	3.32
42	2.32	2.22	1.98	1.63	3.79	3.66	3.32	2.81	4.43	4.28	3.91	3.32	4.63	4.48	4.08	3.47
43	2.45	2.34	2.09	1.72	3.98	3.85	3.49	2.94	4.63	4.48	4.09	3.48	4.85	4.69	4.27	3.62
44	2.59	2.48	2.20	1.80	4.19	4.05	3.67	3.09	4.85	4.69	4.30	3.66	5.07	4.91	4.46	3.77
45	2.76	2.64	2.34	1.92	4.44	4.29	3.87	3.25	5.10	4.93	4.52	3.86	5.33	5.15	4.68	3.96
46	2.94	2.81	2.48	2.03	4.71	4.54	4.10	3.43	5.38	5.20	4.77	4.07	5.61	5.42	4.91	4.15
47	3.15	3.01	2.66	2.17	5.02	4.84	4.37	3.64	5.71	5.52	5.05	4.31	5.94	5.73	5.19	4.38
48	3.40	3.25	2.87	2.33	5.38	5.18	4.67	3.89	6.08	5.88	5.37	4.57	6.30	6.09	5.50	4.63
49	3.69	3.53	3.11	2.51	5.79	5.58	5.01	4.17	6.52	6.29	5.74	4.87	6.73	6.50	5.86	4.91
50	4.03	3.86	3.39	2.73	6.28	6.05	5.43	4.50	7.02	6.77	6.16	5.20	7.22	6.97	6.28	5.25
51	4.41	4.21	3.71	2.97	6.82	6.56	5.88	4.87	7.59	7.31	6.63	5.56	7.77	7.50	6.74	5.62
52	4.83	4.62	4.05	3.25	7.41	7.14	6.38	5.28	8.20	7.89	7.13	5.95	8.36	8.06	7.25	6.02
53	5.30	5.06	4.44	3.56	8.06	7.76	6.93	5.71	8.86	8.52	7.67	6.37	9.00	8.68	7.77	6.45
54	5.83	5.57	4.88	3.90	8.79	8.46	7.54	6.19	9.57	9.19	8.24	6.81	9.69	9.33	8.36	6.91
55	6.41	6.14	5.36	4.27	9.57	9.22	8.20	6.72	10.33	9.91	8.86	7.27	10.41	10.03	8.95	7.39
56	7.07	6.75	5.90	4.69	10.43	10.03	8.91	7.28	N/A				11.19	10.77	9.59	7.89
57	7.80	7.46	6.52	5.17	11.37	10.94	9.70	7.91					12.00	11.56	10.27	8.41
58	8.63	8.27	7.20	5.70	12.40	11.92	10.56	8.59					12.86	12.38	10.99	8.95
59	9.58	9.18	8.00	6.32	13.51	13.00	11.51	9.34					13.77	13.26	11.74	9.54
60	11.12	10.70	9.35	7.38	14.70	14.17	12.52	10.11					14.70	14.17	12.52	10.11
61	12.46	12.00	10.50	8.30	N/A								N/A			
62	12.11	11.67	10.18	8.01												
63	11.72	11.31	9.86	7.70												
64	11.27	10.91	9.49	7.33												

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Rider PR9 - Catastrophic Disability Benefit Rider															
	Occupation Class 4P With Guaranteed Renewable Premiums															
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday															
Gender	Male															
	Benefit Period is 2 Years				Benefit Period is 5 Years				Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days				Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365	60	90	180	365	60	90	180	365
18	1.07	1.03	0.91	0.74	1.78	1.72	1.56	1.32	2.02	1.95	1.77	1.51	2.17	2.10	1.90	1.60
19	1.07	1.03	0.91	0.74	1.78	1.72	1.56	1.32	2.02	1.95	1.77	1.51	2.17	2.10	1.90	1.60
20	1.07	1.03	0.91	0.74	1.78	1.72	1.56	1.32	2.02	1.95	1.77	1.51	2.17	2.10	1.90	1.60
21	1.07	1.03	0.91	0.74	1.78	1.72	1.56	1.32	2.02	1.95	1.77	1.51	2.17	2.10	1.90	1.60
22	1.07	1.03	0.91	0.74	1.78	1.72	1.56	1.32	2.02	1.95	1.77	1.51	2.17	2.10	1.90	1.60
23	1.07	1.03	0.91	0.74	1.78	1.72	1.56	1.32	2.02	1.95	1.77	1.51	2.17	2.10	1.90	1.60
24	1.07	1.03	0.91	0.74	1.78	1.72	1.56	1.32	2.02	1.95	1.77	1.51	2.17	2.10	1.90	1.60
25	1.07	1.03	0.91	0.74	1.78	1.72	1.56	1.32	2.02	1.95	1.77	1.51	2.17	2.10	1.90	1.60
26	1.21	1.15	1.03	0.83	2.00	1.93	1.76	1.47	2.28	2.19	2.00	1.69	2.44	2.35	2.13	1.79
27	1.36	1.31	1.16	0.94	2.25	2.18	1.97	1.66	2.57	2.47	2.23	1.90	2.73	2.64	2.39	2.00
28	1.55	1.48	1.31	1.06	2.54	2.44	2.22	1.86	2.89	2.77	2.52	2.13	3.06	2.95	2.67	2.24
29	1.75	1.67	1.47	1.20	2.85	2.75	2.48	2.08	3.24	3.12	2.82	2.38	3.41	3.30	2.98	2.50
30	1.97	1.88	1.67	1.35	3.19	3.08	2.78	2.33	3.63	3.49	3.16	2.66	3.81	3.68	3.32	2.78
31	1.96	1.89	1.67	1.34	3.18	3.08	2.78	2.32	3.60	3.47	3.14	2.65	3.80	3.67	3.31	2.77
32	1.98	1.89	1.67	1.35	3.19	3.08	2.78	2.32	3.60	3.47	3.14	2.65	3.80	3.67	3.31	2.77
33	2.00	1.92	1.69	1.36	3.22	3.11	2.80	2.34	3.62	3.48	3.16	2.67	3.82	3.70	3.33	2.79
34	2.04	1.95	1.72	1.38	3.27	3.16	2.85	2.37	3.65	3.52	3.20	2.70	3.88	3.74	3.38	2.82
35	2.09	2.00	1.76	1.42	3.34	3.22	2.90	2.41	3.71	3.58	3.25	2.75	3.95	3.81	3.44	2.86
36	2.14	2.05	1.81	1.45	3.43	3.30	2.97	2.47	3.80	3.66	3.33	2.82	4.04	3.89	3.51	2.92
37	2.20	2.11	1.86	1.49	3.52	3.39	3.06	2.54	3.90	3.76	3.42	2.90	4.14	4.00	3.60	3.00
38	2.29	2.19	1.93	1.55	3.64	3.51	3.16	2.62	4.02	3.89	3.53	2.99	4.27	4.12	3.71	3.09
39	2.38	2.28	2.01	1.62	3.79	3.65	3.29	2.73	4.17	4.03	3.66	3.10	4.42	4.27	3.85	3.20
40	2.48	2.38	2.10	1.69	3.94	3.80	3.42	2.84	4.34	4.19	3.81	3.23	4.59	4.43	3.99	3.32
41	2.59	2.48	2.19	1.77	4.12	3.97	3.58	2.97	4.53	4.37	3.98	3.37	4.78	4.61	4.16	3.46
42	2.72	2.60	2.30	1.86	4.31	4.15	3.74	3.11	4.73	4.57	4.16	3.54	4.99	4.81	4.34	3.62
43	2.86	2.73	2.42	1.95	4.52	4.35	3.93	3.27	4.96	4.79	4.36	3.72	5.21	5.03	4.54	3.78
44	3.01	2.88	2.55	2.07	4.75	4.58	4.14	3.44	5.20	5.02	4.59	3.91	5.46	5.27	4.76	3.97
45	3.18	3.04	2.71	2.19	5.01	4.84	4.36	3.64	5.47	5.28	4.83	4.12	5.73	5.53	4.99	4.16
46	3.35	3.21	2.86	2.33	5.28	5.10	4.61	3.84	5.76	5.56	5.09	4.35	6.02	5.81	5.25	4.38
47	3.55	3.41	3.03	2.47	5.58	5.39	4.87	4.06	6.08	5.87	5.36	4.58	6.33	6.11	5.53	4.61
48	3.78	3.62	3.23	2.63	5.92	5.71	5.16	4.30	6.43	6.20	5.66	4.82	6.66	6.44	5.82	4.86
49	4.02	3.86	3.45	2.81	6.27	6.06	5.48	4.57	6.81	6.56	5.98	5.07	7.03	6.79	6.14	5.12
50	4.30	4.13	3.69	3.01	6.67	6.45	5.83	4.86	7.22	6.95	6.31	5.33	7.42	7.17	6.49	5.40
51	4.59	4.42	3.95	3.21	7.09	6.85	6.20	5.16	7.66	7.37	6.66	5.59	7.83	7.57	6.85	5.70
52	4.91	4.72	4.23	3.44	7.54	7.29	6.59	5.48	8.13	7.81	7.04	5.87	8.27	8.00	7.23	6.02
53	5.26	5.07	4.54	3.69	8.02	7.76	7.01	5.82	8.63	8.27	7.43	6.15	8.73	8.45	7.63	6.35
54	5.65	5.44	4.87	3.96	8.54	8.26	7.47	6.19	9.16	8.77	7.84	6.44	9.22	8.92	8.06	6.69
55	6.09	5.87	5.25	4.26	9.12	8.82	7.96	6.58	9.71	9.28	8.26	6.74	9.74	9.42	8.51	7.05
56	6.56	6.34	5.66	4.58	9.71	9.40	8.48	7.00	N/A				10.27	9.94	8.96	7.40
57	7.11	6.86	6.13	4.95	10.36	10.03	9.03	7.44					10.83	10.48	9.44	7.78
58	7.72	7.46	6.66	5.35	11.07	10.72	9.65	7.90					11.41	11.05	9.94	8.16
59	8.42	8.14	7.26	5.81	11.83	11.45	10.29	8.40					12.01	11.64	10.45	8.53
60	9.24	8.94	7.96	6.33	12.64	12.25	10.98	8.91					12.64	12.25	10.98	8.91
61	10.37	10.03	8.95	7.12	N/A								N/A			
62	10.07	9.75	8.68	6.87												
63	9.75	9.45	8.39	6.61												
64	9.37	9.11	8.08	6.30												

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Rider PR9 - Catastrophic Disability Benefit Rider															
	Occupation Class 4P With Guaranteed Renewable Premiums															
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday															
Gender	Female															
	Benefit Period is 2 Years				Benefit Period is 5 Years				Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days				Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365	60	90	180	365	60	90	180	365
18	0.90	0.86	0.76	0.60	1.42	1.37	1.23	1.01	1.68	1.61	1.46	1.20	1.74	1.68	1.52	1.27
19	0.90	0.86	0.76	0.60	1.42	1.37	1.23	1.01	1.68	1.61	1.46	1.20	1.74	1.68	1.52	1.27
20	0.90	0.86	0.76	0.60	1.42	1.37	1.23	1.01	1.68	1.61	1.46	1.20	1.74	1.68	1.52	1.27
21	0.90	0.86	0.76	0.60	1.42	1.37	1.23	1.01	1.68	1.61	1.46	1.20	1.74	1.68	1.52	1.27
22	0.90	0.86	0.76	0.60	1.42	1.37	1.23	1.01	1.68	1.61	1.46	1.20	1.74	1.68	1.52	1.27
23	0.90	0.86	0.76	0.60	1.42	1.37	1.23	1.01	1.68	1.61	1.46	1.20	1.74	1.68	1.52	1.27
24	0.90	0.86	0.76	0.60	1.42	1.37	1.23	1.01	1.68	1.61	1.46	1.20	1.74	1.68	1.52	1.27
25	0.90	0.86	0.76	0.60	1.42	1.37	1.23	1.01	1.68	1.61	1.46	1.20	1.74	1.68	1.52	1.27
26	1.02	0.98	0.86	0.69	1.62	1.56	1.40	1.16	1.92	1.84	1.66	1.38	1.99	1.92	1.74	1.45
27	1.16	1.11	0.98	0.79	1.84	1.78	1.60	1.33	2.18	2.09	1.89	1.58	2.26	2.19	1.98	1.66
28	1.31	1.26	1.11	0.90	2.10	2.02	1.82	1.52	2.48	2.38	2.15	1.81	2.57	2.48	2.25	1.89
29	1.49	1.43	1.26	1.03	2.38	2.29	2.07	1.73	2.81	2.70	2.45	2.06	2.91	2.81	2.55	2.15
30	1.68	1.61	1.43	1.16	2.69	2.60	2.34	1.96	3.18	3.06	2.77	2.33	3.28	3.18	2.88	2.43
31	1.68	1.61	1.43	1.16	2.69	2.60	2.35	1.97	3.17	3.05	2.77	2.33	3.28	3.18	2.88	2.43
32	1.69	1.62	1.44	1.18	2.71	2.62	2.36	1.98	3.18	3.06	2.78	2.34	3.30	3.20	2.90	2.46
33	1.71	1.64	1.45	1.19	2.74	2.64	2.40	2.01	3.21	3.09	2.81	2.37	3.34	3.23	2.93	2.49
34	1.74	1.67	1.48	1.21	2.79	2.70	2.43	2.05	3.25	3.14	2.85	2.41	3.39	3.28	2.98	2.53
35	1.78	1.70	1.52	1.24	2.85	2.75	2.49	2.09	3.32	3.20	2.92	2.46	3.46	3.36	3.05	2.58
36	1.82	1.75	1.56	1.28	2.94	2.83	2.57	2.16	3.41	3.29	3.00	2.53	3.56	3.45	3.13	2.65
37	1.89	1.81	1.62	1.33	3.03	2.93	2.66	2.23	3.52	3.40	3.09	2.62	3.68	3.56	3.23	2.73
38	1.98	1.89	1.68	1.38	3.16	3.05	2.76	2.32	3.65	3.52	3.21	2.71	3.81	3.69	3.35	2.84
39	2.06	1.98	1.76	1.44	3.29	3.18	2.88	2.41	3.80	3.67	3.34	2.82	3.96	3.83	3.48	2.95
40	2.17	2.08	1.85	1.52	3.45	3.33	3.02	2.53	3.97	3.83	3.49	2.95	4.14	4.00	3.63	3.07
41	2.27	2.18	1.94	1.59	3.61	3.49	3.15	2.65	4.15	4.00	3.65	3.08	4.31	4.17	3.78	3.20
42	2.39	2.29	2.03	1.67	3.78	3.65	3.30	2.77	4.32	4.17	3.81	3.22	4.49	4.35	3.94	3.33
43	2.52	2.41	2.14	1.75	3.96	3.82	3.45	2.88	4.51	4.35	3.98	3.37	4.68	4.53	4.10	3.45
44	2.67	2.55	2.26	1.84	4.16	4.02	3.62	3.02	4.71	4.55	4.16	3.53	4.90	4.73	4.29	3.61
45	2.83	2.71	2.40	1.95	4.39	4.24	3.82	3.18	4.94	4.77	4.36	3.71	5.13	4.95	4.48	3.76
46	3.00	2.88	2.54	2.06	4.65	4.48	4.02	3.35	5.21	5.03	4.60	3.91	5.38	5.20	4.69	3.94
47	3.22	3.08	2.72	2.20	4.94	4.77	4.28	3.55	5.51	5.32	4.86	4.13	5.69	5.50	4.96	4.15
48	3.47	3.33	2.93	2.36	5.29	5.10	4.58	3.79	5.87	5.66	5.17	4.38	6.04	5.83	5.25	4.39
49	3.78	3.61	3.18	2.55	5.70	5.50	4.92	4.07	6.28	6.06	5.52	4.66	6.45	6.23	5.60	4.66
50	4.13	3.96	3.47	2.78	6.18	5.95	5.32	4.39	6.77	6.52	5.92	4.98	6.92	6.68	6.00	4.98
51	4.52	4.33	3.80	3.04	6.70	6.47	5.77	4.75	7.32	7.04	6.37	5.33	7.45	7.19	6.45	5.34
52	4.95	4.74	4.15	3.32	7.29	7.02	6.27	5.14	7.91	7.60	6.85	5.71	8.03	7.74	6.93	5.73
53	5.43	5.20	4.55	3.63	7.93	7.63	6.80	5.57	8.55	8.21	7.38	6.11	8.64	8.34	7.45	6.14
54	5.96	5.71	5.00	3.98	8.62	8.30	7.39	6.05	9.25	8.86	7.94	6.54	9.31	8.98	8.01	6.59
55	6.56	6.28	5.50	4.37	9.38	9.04	8.03	6.56	9.98	9.56	8.54	7.00	10.03	9.66	8.61	7.06
56	7.21	6.91	6.04	4.79	10.20	9.82	8.72	7.10	N/A				10.77	10.39	9.23	7.55
57	7.94	7.62	6.66	5.27	11.09	10.68	9.48	7.70					11.58	11.16	9.91	8.08
58	8.78	8.42	7.36	5.82	12.07	11.63	10.29	8.34					12.42	11.97	10.62	8.63
59	9.70	9.32	8.14	6.44	13.11	12.64	11.17	9.04					13.31	12.83	11.35	9.20
60	10.77	10.37	9.06	7.15	14.24	13.73	12.13	9.80					14.24	13.73	12.13	9.80
61	12.08	11.63	10.19	8.05	N/A								N/A			
62	11.74	11.31	9.88	7.76												
63	11.36	10.96	9.55	7.47												
64	10.93	10.57	9.19	7.11												

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Rider PR9 - Catastrophic Disability Benefit Rider															
	Occupation Class 3A With Guaranteed Renewable Premiums															
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday															
Gender	Male															
	Benefit Period is 2 Years				Benefit Period is 5 Years				Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days				Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365	60	90	180	365	60	90	180	365
18	1.24	1.19	1.07	0.87	2.09	2.02	1.84	1.55	2.38	2.30	2.11	1.78	2.56	2.48	2.25	1.90
19	1.24	1.19	1.07	0.87	2.09	2.02	1.84	1.55	2.38	2.30	2.11	1.78	2.56	2.48	2.25	1.90
20	1.24	1.19	1.07	0.87	2.09	2.02	1.84	1.55	2.38	2.30	2.11	1.78	2.56	2.48	2.25	1.90
21	1.24	1.19	1.07	0.87	2.09	2.02	1.84	1.55	2.38	2.30	2.11	1.78	2.56	2.48	2.25	1.90
22	1.24	1.19	1.07	0.87	2.09	2.02	1.84	1.55	2.38	2.30	2.11	1.78	2.56	2.48	2.25	1.90
23	1.24	1.19	1.07	0.87	2.09	2.02	1.84	1.55	2.38	2.30	2.11	1.78	2.56	2.48	2.25	1.90
24	1.24	1.19	1.07	0.87	2.09	2.02	1.84	1.55	2.38	2.30	2.11	1.78	2.56	2.48	2.25	1.90
25	1.24	1.19	1.07	0.87	2.09	2.02	1.84	1.55	2.38	2.30	2.11	1.78	2.56	2.48	2.25	1.90
26	1.36	1.31	1.16	0.94	2.28	2.19	2.00	1.68	2.60	2.50	2.29	1.94	2.78	2.68	2.44	2.06
27	1.48	1.42	1.26	1.02	2.48	2.39	2.17	1.83	2.83	2.73	2.49	2.11	3.02	2.93	2.65	2.23
28	1.63	1.56	1.38	1.12	2.70	2.60	2.36	1.98	3.08	2.97	2.71	2.29	3.29	3.18	2.87	2.42
29	1.78	1.70	1.50	1.22	2.94	2.84	2.57	2.15	3.35	3.24	2.95	2.48	3.57	3.45	3.12	2.62
30	1.94	1.86	1.64	1.33	3.21	3.09	2.79	2.34	3.66	3.53	3.20	2.70	3.88	3.74	3.38	2.84
31	1.96	1.87	1.66	1.33	3.22	3.10	2.80	2.35	3.66	3.53	3.21	2.71	3.89	3.75	3.40	2.85
32	1.98	1.89	1.67	1.35	3.25	3.13	2.82	2.36	3.69	3.56	3.23	2.74	3.92	3.79	3.42	2.86
33	2.02	1.93	1.71	1.37	3.31	3.19	2.88	2.41	3.73	3.60	3.28	2.78	3.98	3.84	3.48	2.91
34	2.07	1.98	1.74	1.40	3.38	3.25	2.94	2.45	3.80	3.67	3.34	2.83	4.07	3.92	3.54	2.95
35	2.13	2.04	1.80	1.45	3.47	3.35	3.02	2.52	3.90	3.76	3.43	2.91	4.17	4.02	3.63	3.03
36	2.21	2.10	1.85	1.48	3.58	3.45	3.11	2.59	4.01	3.87	3.53	3.00	4.29	4.14	3.73	3.12
37	2.29	2.19	1.92	1.54	3.71	3.58	3.22	2.68	4.15	4.00	3.65	3.10	4.44	4.28	3.86	3.22
38	2.39	2.27	2.00	1.60	3.86	3.72	3.35	2.79	4.31	4.16	3.80	3.23	4.60	4.44	4.00	3.33
39	2.49	2.38	2.09	1.68	4.03	3.88	3.50	2.91	4.49	4.33	3.96	3.37	4.79	4.62	4.17	3.47
40	2.61	2.49	2.19	1.77	4.22	4.06	3.66	3.04	4.70	4.53	4.14	3.52	5.00	4.82	4.34	3.62
41	2.74	2.62	2.31	1.85	4.43	4.26	3.84	3.20	4.93	4.75	4.34	3.69	5.23	5.04	4.55	3.79
42	2.88	2.75	2.43	1.96	4.65	4.48	4.04	3.36	5.17	4.99	4.56	3.89	5.48	5.29	4.77	3.98
43	3.03	2.90	2.56	2.07	4.90	4.72	4.26	3.55	5.44	5.25	4.81	4.11	5.76	5.55	5.01	4.18
44	3.20	3.06	2.70	2.19	5.16	4.98	4.49	3.75	5.73	5.53	5.07	4.34	6.04	5.83	5.27	4.40
45	3.37	3.23	2.86	2.33	5.45	5.26	4.75	3.96	6.04	5.83	5.35	4.59	6.36	6.14	5.54	4.64
46	3.57	3.42	3.03	2.47	5.76	5.57	5.03	4.20	6.38	6.16	5.65	4.85	6.70	6.47	5.85	4.89
47	3.78	3.62	3.22	2.63	6.11	5.90	5.33	4.46	6.74	6.51	5.97	5.11	7.06	6.81	6.17	5.16
48	4.01	3.84	3.42	2.80	6.46	6.24	5.65	4.73	7.13	6.88	6.30	5.39	7.44	7.18	6.50	5.44
49	4.26	4.09	3.64	2.98	6.86	6.63	5.99	5.03	7.55	7.28	6.65	5.67	7.84	7.58	6.86	5.74
50	4.54	4.35	3.89	3.19	7.29	7.03	6.37	5.34	8.00	7.71	7.02	5.95	8.28	7.99	7.24	6.07
51	4.83	4.64	4.15	3.40	7.73	7.47	6.77	5.67	8.48	8.16	7.40	6.23	8.72	8.43	7.64	6.40
52	5.15	4.95	4.43	3.63	8.21	7.93	7.19	6.02	8.99	8.64	7.80	6.53	9.19	8.88	8.05	6.74
53	5.50	5.29	4.74	3.89	8.73	8.43	7.65	6.39	9.52	9.14	8.22	6.83	9.68	9.36	8.48	7.10
54	5.88	5.66	5.08	4.16	9.28	8.97	8.13	6.79	10.08	9.66	8.66	7.13	10.19	9.86	8.93	7.46
55	6.32	6.08	5.46	4.47	9.89	9.56	8.66	7.22	10.67	10.21	9.11	7.45	10.73	10.38	9.40	7.85
56	6.81	6.56	5.88	4.80	10.54	10.19	9.22	7.67	N/A				11.30	10.93	9.88	8.23
57	7.36	7.09	6.36	5.18	11.25	10.89	9.83	8.15					11.89	11.49	10.39	8.63
58	7.98	7.70	6.90	5.59	12.01	11.62	10.49	8.67					12.48	12.08	10.90	9.02
59	8.71	8.40	7.52	6.08	12.85	12.44	11.21	9.23					13.11	12.69	11.44	9.42
60	10.05	9.72	8.66	6.89	13.74	13.32	11.94	9.69					13.74	13.32	11.94	9.69
61	11.27	10.91	9.73	7.74	N/A								N/A			
62	10.95	10.60	9.45	7.48												
63	10.59	10.28	9.14	7.18												
64	10.20	9.92	8.79	6.85												

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Rider PR9 - Catastrophic Disability Benefit Rider															
	Occupation Class 3A With Guaranteed Renewable Premiums															
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday															
Gender	Female															
	Benefit Period is 2 Years				Benefit Period is 5 Years				Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days				Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365	60	90	180	365	60	90	180	365
18	1.03	0.98	0.87	0.69	1.64	1.58	1.42	1.17	1.95	1.88	1.70	1.41	2.03	1.95	1.77	1.48
19	1.03	0.98	0.87	0.69	1.64	1.58	1.42	1.17	1.95	1.88	1.70	1.41	2.03	1.95	1.77	1.48
20	1.03	0.98	0.87	0.69	1.64	1.58	1.42	1.17	1.95	1.88	1.70	1.41	2.03	1.95	1.77	1.48
21	1.03	0.98	0.87	0.69	1.64	1.58	1.42	1.17	1.95	1.88	1.70	1.41	2.03	1.95	1.77	1.48
22	1.03	0.98	0.87	0.69	1.64	1.58	1.42	1.17	1.95	1.88	1.70	1.41	2.03	1.95	1.77	1.48
23	1.03	0.98	0.87	0.69	1.64	1.58	1.42	1.17	1.95	1.88	1.70	1.41	2.03	1.95	1.77	1.48
24	1.03	0.98	0.87	0.69	1.64	1.58	1.42	1.17	1.95	1.88	1.70	1.41	2.03	1.95	1.77	1.48
25	1.03	0.98	0.87	0.69	1.64	1.58	1.42	1.17	1.95	1.88	1.70	1.41	2.03	1.95	1.77	1.48
26	1.13	1.07	0.95	0.77	1.80	1.74	1.56	1.30	2.14	2.07	1.87	1.56	2.23	2.16	1.94	1.64
27	1.23	1.17	1.04	0.84	1.98	1.91	1.72	1.43	2.35	2.27	2.05	1.72	2.45	2.37	2.15	1.81
28	1.34	1.29	1.14	0.93	2.17	2.09	1.89	1.58	2.58	2.49	2.26	1.89	2.70	2.61	2.36	1.99
29	1.47	1.41	1.25	1.02	2.38	2.30	2.08	1.74	2.84	2.74	2.49	2.08	2.96	2.86	2.60	2.19
30	1.62	1.55	1.37	1.12	2.62	2.53	2.28	1.92	3.12	3.01	2.73	2.30	3.24	3.14	2.85	2.41
31	1.62	1.55	1.38	1.13	2.64	2.55	2.31	1.94	3.14	3.03	2.75	2.32	3.28	3.17	2.89	2.44
32	1.64	1.57	1.40	1.15	2.68	2.59	2.35	1.97	3.18	3.07	2.79	2.36	3.33	3.22	2.93	2.48
33	1.67	1.60	1.43	1.17	2.74	2.65	2.40	2.01	3.24	3.13	2.85	2.41	3.40	3.29	2.99	2.54
34	1.71	1.64	1.47	1.20	2.81	2.72	2.46	2.08	3.32	3.21	2.93	2.48	3.49	3.38	3.08	2.61
35	1.77	1.70	1.51	1.25	2.91	2.81	2.55	2.15	3.42	3.31	3.02	2.56	3.60	3.49	3.18	2.71
36	1.83	1.75	1.57	1.29	3.01	2.90	2.64	2.23	3.55	3.43	3.13	2.65	3.72	3.61	3.29	2.79
37	1.90	1.83	1.63	1.34	3.13	3.03	2.75	2.32	3.69	3.57	3.25	2.76	3.88	3.76	3.43	2.91
38	1.98	1.91	1.70	1.41	3.28	3.16	2.88	2.43	3.85	3.73	3.40	2.88	4.05	3.92	3.57	3.04
39	2.09	2.00	1.79	1.47	3.44	3.32	3.01	2.55	4.04	3.90	3.56	3.02	4.24	4.10	3.74	3.18
40	2.20	2.11	1.88	1.55	3.62	3.50	3.17	2.68	4.24	4.10	3.74	3.17	4.44	4.30	3.91	3.33
41	2.31	2.22	1.98	1.63	3.80	3.67	3.33	2.82	4.45	4.30	3.93	3.33	4.66	4.51	4.11	3.49
42	2.44	2.34	2.09	1.71	3.98	3.85	3.50	2.95	4.66	4.51	4.12	3.50	4.87	4.71	4.29	3.65
43	2.57	2.46	2.19	1.80	4.19	4.05	3.67	3.09	4.88	4.72	4.31	3.67	5.09	4.93	4.48	3.81
44	2.72	2.61	2.32	1.90	4.42	4.27	3.85	3.25	5.11	4.94	4.53	3.86	5.34	5.16	4.69	3.98
45	2.90	2.77	2.46	2.01	4.67	4.51	4.07	3.42	5.37	5.20	4.76	4.06	5.60	5.41	4.91	4.16
46	3.09	2.96	2.62	2.14	4.95	4.77	4.31	3.61	5.67	5.48	5.03	4.29	5.90	5.70	5.17	4.37
47	3.31	3.16	2.80	2.27	5.27	5.09	4.58	3.83	6.01	5.81	5.32	4.54	6.23	6.03	5.45	4.59
48	3.57	3.42	3.01	2.45	5.65	5.45	4.90	4.09	6.41	6.19	5.66	4.82	6.63	6.40	5.78	4.86
49	3.88	3.71	3.28	2.65	6.09	5.87	5.28	4.39	6.87	6.63	6.05	5.13	7.09	6.83	6.17	5.18
50	4.23	4.05	3.57	2.87	6.60	6.36	5.70	4.73	7.40	7.13	6.49	5.48	7.59	7.33	6.60	5.52
51	4.64	4.43	3.89	3.14	7.17	6.91	6.18	5.12	8.00	7.69	6.98	5.86	8.17	7.88	7.09	5.91
52	5.09	4.87	4.27	3.42	7.80	7.51	6.72	5.55	8.64	8.31	7.51	6.27	8.80	8.48	7.62	6.34
53	5.58	5.33	4.67	3.74	8.48	8.17	7.30	6.01	9.34	8.97	8.08	6.71	9.46	9.13	8.18	6.78
54	6.13	5.86	5.14	4.09	9.24	8.89	7.93	6.52	10.09	9.67	8.68	7.17	10.19	9.82	8.78	7.26
55	6.75	6.46	5.64	4.50	10.07	9.70	8.63	7.07	10.89	10.43	9.33	7.66	10.96	10.55	9.43	7.77
56	7.43	7.11	6.21	4.94	10.98	10.56	9.39	7.68	N/A				11.78	11.34	10.10	8.30
57	8.21	7.86	6.86	5.43	11.97	11.51	10.22	8.33					12.64	12.16	10.82	8.85
58	9.09	8.70	7.58	6.00	13.05	12.55	11.12	9.04					13.55	13.04	11.57	9.43
59	10.08	9.66	8.42	6.66	14.22	13.69	12.11	9.82					14.50	13.96	12.36	10.04
60	11.71	11.27	9.84	7.77	15.47	14.92	13.18	10.65					15.47	14.92	13.18	10.65
61	13.13	12.65	11.06	8.73	N/A								N/A			
62	12.76	12.29	10.74	8.44												
63	12.35	11.92	10.38	8.10												
64	11.89	11.50	9.99	7.72												

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Rider PR9 - Catastrophic Disability Benefit Rider															
	Occupation Class 3P With Guaranteed Renewable Premiums															
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday															
Gender	Male															
	Benefit Period is 2 Years				Benefit Period is 5 Years				Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days				Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365	60	90	180	365	60	90	180	365
18	1.13	1.08	0.95	0.78	1.87	1.81	1.64	1.38	2.12	2.05	1.86	1.58	2.28	2.20	2.00	1.68
19	1.13	1.08	0.95	0.78	1.87	1.81	1.64	1.38	2.12	2.05	1.86	1.58	2.28	2.20	2.00	1.68
20	1.13	1.08	0.95	0.78	1.87	1.81	1.64	1.38	2.12	2.05	1.86	1.58	2.28	2.20	2.00	1.68
21	1.13	1.08	0.95	0.78	1.87	1.81	1.64	1.38	2.12	2.05	1.86	1.58	2.28	2.20	2.00	1.68
22	1.13	1.08	0.95	0.78	1.87	1.81	1.64	1.38	2.12	2.05	1.86	1.58	2.28	2.20	2.00	1.68
23	1.13	1.08	0.95	0.78	1.87	1.81	1.64	1.38	2.12	2.05	1.86	1.58	2.28	2.20	2.00	1.68
24	1.13	1.08	0.95	0.78	1.87	1.81	1.64	1.38	2.12	2.05	1.86	1.58	2.28	2.20	2.00	1.68
25	1.13	1.08	0.95	0.78	1.87	1.81	1.64	1.38	2.12	2.05	1.86	1.58	2.28	2.20	2.00	1.68
26	1.27	1.22	1.08	0.88	2.10	2.03	1.85	1.56	2.39	2.30	2.10	1.78	2.56	2.47	2.24	1.89
27	1.44	1.38	1.22	0.99	2.37	2.29	2.08	1.74	2.70	2.59	2.36	1.99	2.87	2.77	2.52	2.11
28	1.63	1.56	1.38	1.12	2.66	2.57	2.33	1.95	3.03	2.91	2.65	2.23	3.21	3.10	2.81	2.36
29	1.84	1.76	1.56	1.25	2.99	2.89	2.61	2.19	3.40	3.28	2.97	2.51	3.60	3.47	3.14	2.63
30	2.07	1.98	1.75	1.41	3.36	3.24	2.93	2.44	3.82	3.67	3.33	2.80	4.01	3.87	3.49	2.93
31	2.06	1.98	1.75	1.41	3.34	3.23	2.91	2.43	3.79	3.65	3.31	2.79	3.99	3.85	3.48	2.91
32	2.08	1.98	1.76	1.42	3.36	3.24	2.92	2.44	3.79	3.64	3.31	2.79	3.99	3.86	3.48	2.91
33	2.11	2.01	1.78	1.43	3.39	3.27	2.95	2.45	3.81	3.66	3.33	2.81	4.02	3.89	3.51	2.93
34	2.14	2.05	1.81	1.45	3.44	3.31	2.99	2.49	3.85	3.71	3.37	2.85	4.07	3.93	3.55	2.96
35	2.19	2.09	1.85	1.48	3.51	3.39	3.05	2.54	3.91	3.77	3.43	2.90	4.15	4.00	3.61	3.01
36	2.25	2.15	1.90	1.52	3.60	3.47	3.12	2.60	4.00	3.85	3.50	2.97	4.24	4.09	3.69	3.07
37	2.32	2.22	1.96	1.57	3.70	3.57	3.22	2.67	4.11	3.96	3.60	3.05	4.35	4.20	3.79	3.15
38	2.41	2.30	2.03	1.63	3.84	3.69	3.33	2.77	4.24	4.09	3.72	3.15	4.49	4.33	3.91	3.25
39	2.50	2.40	2.12	1.70	3.98	3.84	3.46	2.87	4.39	4.24	3.85	3.27	4.65	4.49	4.04	3.37
40	2.62	2.50	2.21	1.78	4.15	4.00	3.60	2.99	4.57	4.41	4.01	3.40	4.83	4.66	4.20	3.50
41	2.73	2.61	2.31	1.86	4.33	4.17	3.76	3.12	4.77	4.60	4.19	3.55	5.03	4.85	4.38	3.64
42	2.86	2.74	2.43	1.96	4.54	4.37	3.94	3.28	4.98	4.81	4.38	3.72	5.25	5.06	4.57	3.81
43	3.01	2.88	2.55	2.06	4.76	4.59	4.14	3.44	5.22	5.04	4.60	3.91	5.49	5.30	4.78	3.98
44	3.16	3.04	2.69	2.18	5.00	4.82	4.36	3.62	5.48	5.29	4.83	4.12	5.75	5.55	5.01	4.17
45	3.34	3.21	2.85	2.31	5.27	5.08	4.59	3.82	5.76	5.56	5.08	4.34	6.03	5.82	5.26	4.38
46	3.53	3.39	3.01	2.44	5.56	5.37	4.85	4.04	6.07	5.86	5.36	4.57	6.33	6.12	5.52	4.61
47	3.74	3.59	3.20	2.60	5.88	5.68	5.13	4.27	6.40	6.18	5.65	4.82	6.66	6.44	5.81	4.85
48	3.97	3.82	3.40	2.77	6.23	6.01	5.43	4.53	6.77	6.53	5.96	5.08	7.02	6.78	6.13	5.11
49	4.24	4.07	3.64	2.96	6.61	6.39	5.77	4.80	7.17	6.91	6.30	5.34	7.40	7.15	6.46	5.39
50	4.52	4.35	3.89	3.16	7.02	6.79	6.13	5.11	7.60	7.32	6.65	5.61	7.81	7.55	6.83	5.69
51	4.84	4.65	4.16	3.38	7.47	7.21	6.52	5.43	8.07	7.76	7.02	5.89	8.24	7.97	7.21	6.01
52	5.17	4.98	4.45	3.63	7.94	7.67	6.94	5.76	8.56	8.22	7.41	6.18	8.71	8.42	7.61	6.33
53	5.54	5.34	4.77	3.89	8.45	8.17	7.39	6.13	9.08	8.71	7.83	6.47	9.20	8.90	8.05	6.69
54	5.95	5.73	5.13	4.17	9.01	8.71	7.86	6.52	9.64	9.23	8.26	6.78	9.72	9.39	8.49	7.04
55	6.41	6.18	5.53	4.48	9.59	9.28	8.38	6.94	10.22	9.78	8.71	7.10	10.25	9.92	8.96	7.42
56	6.92	6.67	5.96	4.83	10.23	9.90	8.93	7.37	N/A				10.81	10.46	9.43	7.80
57	7.49	7.23	6.46	5.21	10.92	10.57	9.53	7.84					11.40	11.04	9.95	8.19
58	8.13	7.86	7.01	5.64	11.66	11.29	10.17	8.33					12.02	11.63	10.47	8.59
59	8.87	8.57	7.64	6.11	12.45	12.06	10.84	8.85					12.65	12.25	11.01	8.99
60	9.74	9.41	8.39	6.67	13.31	12.90	11.56	9.38					13.31	12.90	11.56	9.38
61	10.92	10.56	9.43	7.50	N/A								N/A			
62	10.60	10.27	9.15	7.25												
63	10.26	9.95	8.85	6.96												
64	9.88	9.60	8.51	6.63												

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Rider PR9 - Catastrophic Disability Benefit Rider															
	Occupation Class 3P With Guaranteed Renewable Premiums															
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday															
Gender	Female															
	Benefit Period is 2 Years				Benefit Period is 5 Years				Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days				Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365	60	90	180	365	60	90	180	365
18	0.94	0.90	0.80	0.64	1.49	1.44	1.29	1.07	1.76	1.70	1.53	1.27	1.85	1.78	1.60	1.34
19	0.94	0.90	0.80	0.64	1.49	1.44	1.29	1.07	1.76	1.70	1.53	1.27	1.85	1.78	1.60	1.34
20	0.94	0.90	0.80	0.64	1.49	1.44	1.29	1.07	1.76	1.70	1.53	1.27	1.85	1.78	1.60	1.34
21	0.94	0.90	0.80	0.64	1.49	1.44	1.29	1.07	1.76	1.70	1.53	1.27	1.85	1.78	1.60	1.34
22	0.94	0.90	0.80	0.64	1.49	1.44	1.29	1.07	1.76	1.70	1.53	1.27	1.85	1.78	1.60	1.34
23	0.94	0.90	0.80	0.64	1.49	1.44	1.29	1.07	1.76	1.70	1.53	1.27	1.85	1.78	1.60	1.34
24	0.94	0.90	0.80	0.64	1.49	1.44	1.29	1.07	1.76	1.70	1.53	1.27	1.85	1.78	1.60	1.34
25	0.94	0.90	0.80	0.64	1.49	1.44	1.29	1.07	1.76	1.70	1.53	1.27	1.85	1.78	1.60	1.34
26	1.07	1.03	0.91	0.73	1.71	1.64	1.48	1.22	2.01	1.93	1.75	1.44	2.10	2.03	1.84	1.53
27	1.22	1.17	1.03	0.83	1.95	1.88	1.69	1.40	2.30	2.21	1.99	1.66	2.39	2.31	2.09	1.76
28	1.38	1.32	1.17	0.95	2.22	2.14	1.93	1.60	2.62	2.51	2.27	1.89	2.72	2.63	2.38	2.00
29	1.57	1.50	1.33	1.08	2.51	2.42	2.19	1.83	2.96	2.84	2.58	2.15	3.07	2.97	2.70	2.27
30	1.78	1.71	1.51	1.23	2.84	2.74	2.48	2.08	3.35	3.22	2.92	2.45	3.47	3.35	3.04	2.57
31	1.77	1.70	1.51	1.22	2.84	2.74	2.48	2.08	3.34	3.21	2.91	2.45	3.46	3.35	3.04	2.56
32	1.78	1.71	1.51	1.23	2.85	2.75	2.49	2.09	3.35	3.22	2.93	2.46	3.47	3.37	3.06	2.58
33	1.79	1.72	1.53	1.25	2.89	2.78	2.52	2.12	3.38	3.25	2.95	2.49	3.52	3.40	3.09	2.62
34	1.83	1.75	1.56	1.27	2.94	2.84	2.56	2.16	3.43	3.30	3.00	2.54	3.58	3.46	3.15	2.66
35	1.88	1.80	1.60	1.31	3.00	2.91	2.63	2.21	3.50	3.37	3.07	2.60	3.66	3.53	3.22	2.72
36	1.92	1.85	1.64	1.35	3.09	2.99	2.71	2.28	3.59	3.46	3.15	2.67	3.75	3.63	3.30	2.80
37	1.99	1.91	1.70	1.39	3.19	3.09	2.80	2.35	3.71	3.57	3.25	2.76	3.86	3.75	3.40	2.88
38	2.07	1.99	1.77	1.45	3.32	3.21	2.90	2.44	3.85	3.71	3.38	2.86	4.00	3.88	3.53	2.98
39	2.17	2.09	1.85	1.51	3.46	3.35	3.03	2.55	4.00	3.86	3.51	2.98	4.17	4.04	3.67	3.10
40	2.28	2.19	1.95	1.59	3.63	3.51	3.17	2.67	4.18	4.03	3.67	3.11	4.35	4.21	3.82	3.23
41	2.39	2.30	2.04	1.67	3.80	3.67	3.32	2.78	4.37	4.21	3.83	3.25	4.54	4.39	3.98	3.37
42	2.52	2.41	2.14	1.75	3.98	3.84	3.47	2.91	4.55	4.39	4.00	3.40	4.73	4.57	4.15	3.51
43	2.65	2.54	2.25	1.84	4.16	4.02	3.63	3.04	4.75	4.58	4.18	3.55	4.93	4.77	4.32	3.64
44	2.80	2.69	2.37	1.93	4.38	4.23	3.81	3.18	4.96	4.79	4.37	3.72	5.14	4.98	4.50	3.79
45	2.98	2.85	2.52	2.05	4.62	4.46	4.01	3.35	5.20	5.02	4.59	3.91	5.39	5.21	4.71	3.95
46	3.17	3.04	2.68	2.17	4.89	4.72	4.24	3.53	5.47	5.29	4.84	4.11	5.67	5.48	4.95	4.15
47	3.39	3.25	2.86	2.31	5.20	5.02	4.50	3.74	5.80	5.60	5.12	4.35	5.99	5.78	5.21	4.36
48	3.66	3.51	3.08	2.48	5.57	5.37	4.81	3.99	6.17	5.96	5.44	4.61	6.36	6.14	5.52	4.61
49	3.97	3.81	3.35	2.69	6.00	5.78	5.18	4.28	6.61	6.37	5.81	4.91	6.79	6.55	5.89	4.90
50	4.34	4.16	3.65	2.93	6.50	6.27	5.61	4.62	7.12	6.86	6.23	5.24	7.29	7.03	6.31	5.24
51	4.75	4.55	3.99	3.20	7.05	6.80	6.07	5.00	7.70	7.41	6.70	5.61	7.84	7.57	6.78	5.62
52	5.21	4.98	4.37	3.49	7.67	7.39	6.59	5.41	8.32	8.00	7.21	6.01	8.45	8.15	7.29	6.03
53	5.71	5.47	4.79	3.82	8.34	8.03	7.15	5.87	9.00	8.64	7.77	6.43	9.10	8.77	7.84	6.47
54	6.28	6.01	5.26	4.19	9.07	8.74	7.77	6.35	9.73	9.33	8.36	6.88	9.80	9.45	8.42	6.93
55	6.90	6.61	5.78	4.60	9.88	9.51	8.45	6.90	10.51	10.06	8.99	7.37	10.55	10.17	9.06	7.43
56	7.60	7.28	6.36	5.05	10.74	10.34	9.18	7.47	N/A				11.34	10.93	9.73	7.96
57	8.36	8.03	7.01	5.56	11.68	11.25	9.97	8.10					12.19	11.75	10.42	8.50
58	9.24	8.86	7.74	6.12	12.70	12.24	10.83	8.79					13.07	12.61	11.17	9.08
59	10.22	9.82	8.58	6.78	13.81	13.31	11.78	9.52					14.01	13.51	11.96	9.68
60	11.35	10.92	9.54	7.53	14.99	14.46	12.78	10.32					14.99	14.46	12.78	10.32
61	12.72	12.26	10.72	8.47	N/A								N/A			
62	12.36	11.91	10.41	8.18												
63	11.96	11.55	10.06	7.86												
64	11.51	11.14	9.68	7.49												

Apply a 25% Surcharge Factor For Tobacco Users.

Policy Rider PR9 - Catastrophic Disability Benefit Rider

Occupation Class 2A With Guaranteed Renewable Premiums

Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday

Gender Male

	Benefit Period is 2 Years				Benefit Period is 5 Years				Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days				Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365	60	90	180	365	60	90	180	365
18	1.40	1.34	1.19	0.97	2.35	2.28	2.07	1.75	2.70	2.61	2.38	2.03	2.89	2.79	2.53	2.14
19	1.40	1.34	1.19	0.97	2.35	2.28	2.07	1.75	2.70	2.61	2.38	2.03	2.89	2.79	2.53	2.14
20	1.40	1.34	1.19	0.97	2.35	2.28	2.07	1.75	2.70	2.61	2.38	2.03	2.89	2.79	2.53	2.14
21	1.40	1.34	1.19	0.97	2.35	2.28	2.07	1.75	2.70	2.61	2.38	2.03	2.89	2.79	2.53	2.14
22	1.40	1.34	1.19	0.97	2.35	2.28	2.07	1.75	2.70	2.61	2.38	2.03	2.89	2.79	2.53	2.14
23	1.40	1.34	1.19	0.97	2.35	2.28	2.07	1.75	2.70	2.61	2.38	2.03	2.89	2.79	2.53	2.14
24	1.40	1.34	1.19	0.97	2.35	2.28	2.07	1.75	2.70	2.61	2.38	2.03	2.89	2.79	2.53	2.14
25	1.40	1.34	1.19	0.97	2.35	2.28	2.07	1.75	2.70	2.61	2.38	2.03	2.89	2.79	2.53	2.14
26	1.52	1.44	1.29	1.05	2.53	2.45	2.23	1.87	2.90	2.81	2.56	2.17	3.11	3.00	2.72	2.30
27	1.64	1.57	1.39	1.13	2.74	2.65	2.40	2.02	3.14	3.03	2.75	2.34	3.35	3.23	2.93	2.47
28	1.78	1.71	1.51	1.22	2.96	2.86	2.59	2.18	3.39	3.27	2.98	2.52	3.62	3.49	3.17	2.67
29	1.94	1.85	1.63	1.33	3.21	3.10	2.80	2.35	3.68	3.55	3.22	2.73	3.91	3.78	3.42	2.88
30	2.10	2.01	1.78	1.44	3.48	3.36	3.04	2.55	3.99	3.85	3.50	2.96	4.23	4.09	3.70	3.11
31	2.13	2.04	1.80	1.45	3.52	3.40	3.07	2.57	4.00	3.86	3.52	2.98	4.27	4.12	3.73	3.13
32	2.16	2.07	1.82	1.47	3.56	3.44	3.10	2.61	4.04	3.90	3.55	3.01	4.32	4.17	3.77	3.16
33	2.22	2.11	1.87	1.51	3.64	3.52	3.17	2.65	4.11	3.96	3.61	3.07	4.41	4.25	3.84	3.21
34	2.28	2.18	1.91	1.54	3.73	3.60	3.24	2.71	4.20	4.05	3.70	3.14	4.50	4.35	3.92	3.28
35	2.35	2.24	1.97	1.59	3.85	3.71	3.34	2.79	4.31	4.16	3.80	3.23	4.63	4.47	4.03	3.37
36	2.44	2.33	2.05	1.64	3.98	3.84	3.46	2.88	4.45	4.30	3.92	3.34	4.78	4.61	4.16	3.48
37	2.53	2.42	2.13	1.70	4.13	3.98	3.58	2.99	4.61	4.46	4.07	3.46	4.95	4.78	4.31	3.59
38	2.65	2.53	2.22	1.78	4.32	4.15	3.74	3.11	4.80	4.64	4.24	3.61	5.15	4.97	4.48	3.74
39	2.77	2.65	2.33	1.87	4.51	4.34	3.91	3.26	5.02	4.85	4.43	3.77	5.37	5.18	4.67	3.89
40	2.92	2.78	2.45	1.97	4.74	4.57	4.11	3.43	5.26	5.08	4.64	3.95	5.62	5.42	4.89	4.08
41	3.06	2.92	2.57	2.07	4.97	4.78	4.31	3.59	5.52	5.33	4.87	4.15	5.88	5.68	5.12	4.26
42	3.21	3.07	2.70	2.18	5.22	5.03	4.53	3.78	5.80	5.60	5.13	4.38	6.17	5.95	5.37	4.48
43	3.38	3.23	2.85	2.30	5.50	5.30	4.78	3.99	6.10	5.90	5.40	4.62	6.49	6.25	5.65	4.71
44	3.56	3.40	3.02	2.44	5.80	5.60	5.04	4.21	6.43	6.22	5.70	4.89	6.82	6.57	5.94	4.96
45	3.76	3.59	3.19	2.59	6.13	5.91	5.34	4.47	6.78	6.56	6.01	5.17	7.17	6.91	6.25	5.23
46	3.97	3.80	3.37	2.75	6.47	6.24	5.64	4.72	7.16	6.93	6.36	5.46	7.55	7.28	6.59	5.51
47	4.20	4.02	3.58	2.92	6.86	6.61	5.98	5.01	7.58	7.33	6.72	5.77	7.96	7.68	6.95	5.83
48	4.45	4.26	3.80	3.11	7.26	7.01	6.34	5.32	8.03	7.76	7.11	6.09	8.39	8.11	7.34	6.15
49	4.74	4.53	4.05	3.33	7.72	7.45	6.75	5.67	8.52	8.23	7.52	6.42	8.86	8.56	7.76	6.51
50	5.04	4.83	4.33	3.56	8.22	7.93	7.20	6.03	9.05	8.73	7.95	6.75	9.37	9.05	8.20	6.89
51	5.38	5.16	4.63	3.80	8.75	8.45	7.66	6.44	9.62	9.27	8.41	7.09	9.91	9.57	8.68	7.29
52	5.74	5.51	4.94	4.07	9.32	9.00	8.16	6.85	10.23	9.84	8.89	7.44	10.47	10.12	9.17	7.70
53	6.14	5.90	5.30	4.36	9.93	9.59	8.70	7.30	10.87	10.44	9.39	7.81	11.07	10.69	9.69	8.13
54	6.57	6.32	5.67	4.67	10.59	10.24	9.29	7.78	11.54	11.07	9.92	8.18	11.68	11.30	10.24	8.58
55	7.07	6.80	6.11	5.02	11.32	10.95	9.92	8.31	12.25	11.73	10.47	8.57	12.34	11.93	10.82	9.06
56	7.61	7.33	6.58	5.40	12.10	11.69	10.60	8.85	N/A				13.02	12.59	11.40	9.53
57	8.23	7.92	7.12	5.83	12.95	12.53	11.34	9.46					13.73	13.28	12.03	10.03
58	8.92	8.60	7.72	6.30	13.88	13.42	12.14	10.09					14.47	14.00	12.65	10.52
59	9.73	9.38	8.41	6.84	14.90	14.41	13.03	10.79					15.23	14.75	13.32	11.04
60	10.69	10.31	9.25	7.49	16.03	15.52	14.00	11.54					16.03	15.52	14.00	11.54
61	11.96	11.55	10.39	8.42	N/A								N/A			
62	11.72	11.33	10.17	8.20												
63	11.60	11.23	10.05	8.04												
64	11.47	11.13	9.92	7.83												

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Rider PR9 - Catastrophic Disability Benefit Rider															
	Occupation Class 2A With Guaranteed Renewable Premiums															
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday															
Gender	Female															
	Benefit Period is 2 Years				Benefit Period is 5 Years				Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days				Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365	60	90	180	365	60	90	180	365
18	1.15	1.10	0.97	0.78	1.84	1.77	1.59	1.32	2.18	2.10	1.89	1.59	2.28	2.20	1.98	1.66
19	1.15	1.10	0.97	0.78	1.84	1.77	1.59	1.32	2.18	2.10	1.89	1.59	2.28	2.20	1.98	1.66
20	1.15	1.10	0.97	0.78	1.84	1.77	1.59	1.32	2.18	2.10	1.89	1.59	2.28	2.20	1.98	1.66
21	1.15	1.10	0.97	0.78	1.84	1.77	1.59	1.32	2.18	2.10	1.89	1.59	2.28	2.20	1.98	1.66
22	1.15	1.10	0.97	0.78	1.84	1.77	1.59	1.32	2.18	2.10	1.89	1.59	2.28	2.20	1.98	1.66
23	1.15	1.10	0.97	0.78	1.84	1.77	1.59	1.32	2.18	2.10	1.89	1.59	2.28	2.20	1.98	1.66
24	1.15	1.10	0.97	0.78	1.84	1.77	1.59	1.32	2.18	2.10	1.89	1.59	2.28	2.20	1.98	1.66
25	1.15	1.10	0.97	0.78	1.84	1.77	1.59	1.32	2.18	2.10	1.89	1.59	2.28	2.20	1.98	1.66
26	1.24	1.18	1.05	0.84	1.99	1.91	1.72	1.43	2.37	2.28	2.05	1.73	2.47	2.39	2.16	1.81
27	1.34	1.28	1.14	0.91	2.16	2.08	1.88	1.57	2.57	2.48	2.24	1.89	2.69	2.60	2.35	1.98
28	1.46	1.40	1.24	1.00	2.37	2.28	2.06	1.71	2.81	2.70	2.46	2.07	2.94	2.84	2.58	2.17
29	1.59	1.52	1.35	1.09	2.58	2.49	2.25	1.88	3.07	2.96	2.68	2.27	3.21	3.11	2.82	2.38
30	1.73	1.66	1.48	1.19	2.83	2.73	2.47	2.06	3.36	3.24	2.94	2.49	3.51	3.39	3.09	2.60
31	1.74	1.67	1.49	1.21	2.85	2.75	2.49	2.09	3.40	3.28	2.98	2.53	3.56	3.44	3.12	2.65
32	1.77	1.69	1.51	1.24	2.91	2.81	2.54	2.14	3.46	3.34	3.03	2.58	3.63	3.51	3.20	2.70
33	1.81	1.74	1.55	1.27	2.98	2.88	2.62	2.20	3.54	3.42	3.11	2.64	3.71	3.60	3.28	2.78
34	1.87	1.79	1.60	1.31	3.08	2.97	2.70	2.27	3.64	3.52	3.20	2.73	3.83	3.71	3.38	2.87
35	1.93	1.86	1.65	1.36	3.19	3.09	2.80	2.37	3.77	3.64	3.32	2.82	3.97	3.85	3.50	2.98
36	1.99	1.92	1.71	1.41	3.31	3.21	2.91	2.46	3.92	3.78	3.45	2.94	4.12	4.00	3.65	3.10
37	2.09	2.00	1.79	1.47	3.46	3.35	3.05	2.58	4.09	3.95	3.60	3.07	4.31	4.17	3.80	3.24
38	2.19	2.09	1.87	1.54	3.63	3.51	3.19	2.70	4.28	4.13	3.77	3.21	4.50	4.36	3.98	3.39
39	2.31	2.21	1.98	1.63	3.82	3.69	3.35	2.84	4.49	4.34	3.96	3.37	4.72	4.58	4.17	3.56
40	2.44	2.34	2.08	1.72	4.04	3.90	3.55	3.00	4.73	4.57	4.17	3.55	4.97	4.81	4.39	3.74
41	2.56	2.45	2.19	1.80	4.24	4.09	3.72	3.14	4.97	4.80	4.38	3.73	5.21	5.05	4.60	3.91
42	2.69	2.58	2.30	1.89	4.45	4.30	3.90	3.30	5.20	5.03	4.60	3.92	5.46	5.28	4.81	4.10
43	2.83	2.71	2.42	1.99	4.66	4.50	4.09	3.45	5.44	5.26	4.82	4.11	5.70	5.52	5.02	4.27
44	2.99	2.87	2.55	2.09	4.91	4.74	4.30	3.62	5.70	5.52	5.05	4.32	5.96	5.77	5.25	4.45
45	3.19	3.06	2.71	2.22	5.20	5.01	4.53	3.82	5.99	5.80	5.31	4.55	6.26	6.06	5.50	4.66
46	3.39	3.24	2.87	2.34	5.51	5.31	4.80	4.02	6.32	6.12	5.61	4.80	6.60	6.38	5.79	4.89
47	3.63	3.48	3.08	2.50	5.86	5.66	5.11	4.27	6.70	6.49	5.94	5.08	6.99	6.75	6.11	5.16
48	3.93	3.75	3.31	2.69	6.30	6.07	5.47	4.57	7.16	6.92	6.33	5.40	7.44	7.18	6.49	5.47
49	4.27	4.07	3.59	2.91	6.80	6.56	5.89	4.91	7.69	7.43	6.78	5.76	7.96	7.68	6.93	5.82
50	4.67	4.46	3.93	3.16	7.39	7.12	6.39	5.32	8.31	8.02	7.30	6.17	8.56	8.26	7.44	6.23
51	5.13	4.89	4.30	3.46	8.06	7.76	6.95	5.77	9.01	8.69	7.88	6.62	9.24	8.91	8.03	6.71
52	5.62	5.38	4.72	3.79	8.80	8.46	7.57	6.27	9.78	9.41	8.51	7.11	9.98	9.63	8.65	7.20
53	6.20	5.92	5.19	4.15	9.62	9.26	8.27	6.82	10.61	10.20	9.19	7.63	10.78	10.39	9.32	7.74
54	6.83	6.52	5.71	4.56	10.52	10.11	9.02	7.42	11.51	11.04	9.91	8.19	11.64	11.22	10.04	8.32
55	7.53	7.19	6.28	5.00	11.49	11.06	9.85	8.08	12.46	11.95	10.69	8.78	12.56	12.10	10.81	8.92
56	8.32	7.94	6.93	5.50	12.57	12.09	10.75	8.80					13.54	13.03	11.62	9.57
57	9.19	8.77	7.66	6.07	13.75	13.22	11.74	9.59					14.58	14.02	12.48	10.23
58	10.17	9.72	8.48	6.70	15.05	14.46	12.82	10.44					15.67	15.07	13.38	10.94
59	11.30	10.80	9.41	7.42	16.47	15.83	14.01	11.39					16.83	16.18	14.33	11.66
60	12.60	12.06	10.50	8.28	18.02	17.34	15.33	12.43		N/A			18.02	17.34	15.33	12.43
61	14.10	13.51	11.79	9.31												
62	13.82	13.26	11.54	9.07		N/A								N/A		
63	13.67	13.13	11.41	8.88												
64	13.51	13.02	11.26	8.66												

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Rider PR9 - Catastrophic Disability Benefit Rider															
	Occupation Class 2P With Guaranteed Renewable Premiums															
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday															
Gender	Male															
	Benefit Period is 2 Years				Benefit Period is 5 Years				Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days				Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365	60	90	180	365	60	90	180	365
18	1.18	1.13	1.00	0.82	1.96	1.89	1.72	1.45	2.24	2.15	1.96	1.66	2.39	2.31	2.10	1.77
19	1.18	1.13	1.00	0.82	1.96	1.89	1.72	1.45	2.24	2.15	1.96	1.66	2.39	2.31	2.10	1.77
20	1.18	1.13	1.00	0.82	1.96	1.89	1.72	1.45	2.24	2.15	1.96	1.66	2.39	2.31	2.10	1.77
21	1.18	1.13	1.00	0.82	1.96	1.89	1.72	1.45	2.24	2.15	1.96	1.66	2.39	2.31	2.10	1.77
22	1.18	1.13	1.00	0.82	1.96	1.89	1.72	1.45	2.24	2.15	1.96	1.66	2.39	2.31	2.10	1.77
23	1.18	1.13	1.00	0.82	1.96	1.89	1.72	1.45	2.24	2.15	1.96	1.66	2.39	2.31	2.10	1.77
24	1.18	1.13	1.00	0.82	1.96	1.89	1.72	1.45	2.24	2.15	1.96	1.66	2.39	2.31	2.10	1.77
25	1.18	1.13	1.00	0.82	1.96	1.89	1.72	1.45	2.24	2.15	1.96	1.66	2.39	2.31	2.10	1.77
26	1.34	1.27	1.14	0.93	2.21	2.14	1.94	1.63	2.52	2.43	2.21	1.87	2.69	2.60	2.36	1.98
27	1.51	1.45	1.28	1.04	2.49	2.40	2.17	1.83	2.84	2.73	2.48	2.10	3.01	2.91	2.64	2.22
28	1.70	1.63	1.45	1.17	2.79	2.70	2.44	2.05	3.18	3.07	2.78	2.35	3.37	3.26	2.95	2.48
29	1.93	1.84	1.63	1.32	3.14	3.03	2.74	2.30	3.58	3.44	3.12	2.63	3.77	3.64	3.29	2.76
30	2.17	2.08	1.83	1.48	3.52	3.40	3.06	2.57	4.01	3.86	3.49	2.94	4.21	4.06	3.67	3.07
31	2.17	2.08	1.83	1.48	3.51	3.38	3.05	2.55	3.98	3.83	3.47	2.93	4.19	4.04	3.65	3.05
32	2.18	2.08	1.84	1.49	3.52	3.39	3.07	2.56	3.98	3.83	3.47	2.93	4.19	4.05	3.66	3.05
33	2.21	2.11	1.87	1.50	3.55	3.43	3.09	2.58	4.00	3.85	3.50	2.95	4.22	4.08	3.69	3.07
34	2.24	2.15	1.90	1.53	3.62	3.48	3.14	2.62	4.04	3.89	3.54	2.99	4.28	4.13	3.73	3.10
35	2.30	2.20	1.94	1.56	3.68	3.55	3.20	2.66	4.11	3.96	3.60	3.04	4.35	4.20	3.79	3.16
36	2.36	2.25	1.99	1.60	3.77	3.64	3.27	2.72	4.20	4.05	3.68	3.12	4.45	4.29	3.87	3.22
37	2.43	2.33	2.05	1.65	3.88	3.75	3.37	2.81	4.31	4.16	3.79	3.20	4.57	4.41	3.97	3.31
38	2.52	2.41	2.13	1.71	4.02	3.87	3.49	2.90	4.45	4.29	3.91	3.31	4.71	4.55	4.10	3.41
39	2.63	2.51	2.22	1.78	4.18	4.02	3.63	3.01	4.61	4.45	4.06	3.43	4.88	4.71	4.24	3.53
40	2.74	2.62	2.32	1.86	4.35	4.20	3.78	3.14	4.80	4.63	4.22	3.57	5.07	4.89	4.41	3.67
41	2.87	2.74	2.43	1.95	4.54	4.38	3.95	3.28	5.01	4.83	4.40	3.73	5.28	5.09	4.59	3.82
42	3.01	2.87	2.54	2.05	4.76	4.59	4.13	3.44	5.23	5.05	4.61	3.91	5.51	5.32	4.80	3.99
43	3.16	3.03	2.68	2.16	4.99	4.82	4.35	3.61	5.48	5.29	4.83	4.11	5.76	5.56	5.02	4.18
44	3.32	3.18	2.82	2.29	5.25	5.06	4.57	3.81	5.75	5.55	5.08	4.32	6.03	5.82	5.26	4.38
45	3.51	3.37	2.99	2.43	5.54	5.35	4.83	4.02	6.05	5.84	5.34	4.56	6.33	6.11	5.52	4.60
46	3.70	3.56	3.17	2.57	5.84	5.64	5.09	4.24	6.37	6.15	5.63	4.80	6.65	6.42	5.81	4.84
47	3.93	3.77	3.36	2.73	6.18	5.96	5.39	4.49	6.72	6.49	5.93	5.06	7.00	6.76	6.11	5.09
48	4.17	4.01	3.57	2.91	6.54	6.31	5.71	4.76	7.11	6.86	6.26	5.33	7.37	7.12	6.44	5.37
49	4.45	4.27	3.82	3.11	6.95	6.71	6.06	5.05	7.53	7.26	6.61	5.61	7.78	7.51	6.79	5.67
50	4.76	4.57	4.09	3.33	7.38	7.13	6.45	5.37	7.98	7.69	6.98	5.89	8.21	7.93	7.18	5.98
51	5.08	4.88	4.37	3.55	7.84	7.58	6.85	5.71	8.47	8.15	7.37	6.18	8.67	8.38	7.58	6.31
52	5.43	5.23	4.68	3.81	8.34	8.06	7.29	6.06	8.99	8.64	7.78	6.48	9.15	8.85	8.00	6.66
53	5.82	5.61	5.02	4.08	8.88	8.58	7.75	6.44	9.54	9.15	8.22	6.80	9.66	9.35	8.44	7.02
54	6.26	6.02	5.39	4.39	9.46	9.15	8.26	6.85	10.12	9.70	8.67	7.12	10.21	9.87	8.92	7.41
55	6.73	6.49	5.80	4.70	10.07	9.75	8.80	7.28	10.73	10.27	9.14	7.46	10.76	10.42	9.40	7.79
56	7.27	7.01	6.27	5.07	10.75	10.40	9.38	7.74	N/A				11.36	10.99	9.91	8.19
57	7.87	7.59	6.78	5.47	11.47	11.10	10.00	8.23					11.98	11.59	10.44	8.60
58	8.54	8.25	7.37	5.92	12.25	11.86	10.67	8.75					12.62	12.22	11.00	9.02
59	9.32	9.00	8.03	6.43	13.09	12.67	11.38	9.29					13.30	12.87	11.56	9.45
60	10.22	9.89	8.81	7.01	13.99	13.55	12.15	9.87					13.99	13.55	12.15	9.87
61	11.47	11.10	9.90	7.89	N/A								N/A			
62	11.13	10.79	9.60	7.61												
63	10.78	10.45	9.30	7.31												
64	10.37	10.09	8.94	6.97												

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Rider PR9 - Catastrophic Disability Benefit Rider															
	Occupation Class 2P With Guaranteed Renewable Premiums															
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday															
Gender	Female															
	Benefit Period is 2 Years				Benefit Period is 5 Years				Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days				Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365	60	90	180	365	60	90	180	365
18	0.99	0.94	0.84	0.67	1.56	1.51	1.35	1.12	1.85	1.77	1.60	1.33	1.93	1.86	1.68	1.40
19	0.99	0.94	0.84	0.67	1.56	1.51	1.35	1.12	1.85	1.77	1.60	1.33	1.93	1.86	1.68	1.40
20	0.99	0.94	0.84	0.67	1.56	1.51	1.35	1.12	1.85	1.77	1.60	1.33	1.93	1.86	1.68	1.40
21	0.99	0.94	0.84	0.67	1.56	1.51	1.35	1.12	1.85	1.77	1.60	1.33	1.93	1.86	1.68	1.40
22	0.99	0.94	0.84	0.67	1.56	1.51	1.35	1.12	1.85	1.77	1.60	1.33	1.93	1.86	1.68	1.40
23	0.99	0.94	0.84	0.67	1.56	1.51	1.35	1.12	1.85	1.77	1.60	1.33	1.93	1.86	1.68	1.40
24	0.99	0.94	0.84	0.67	1.56	1.51	1.35	1.12	1.85	1.77	1.60	1.33	1.93	1.86	1.68	1.40
25	0.99	0.94	0.84	0.67	1.56	1.51	1.35	1.12	1.85	1.77	1.60	1.33	1.93	1.86	1.68	1.40
26	1.13	1.08	0.95	0.76	1.78	1.73	1.55	1.29	2.11	2.03	1.82	1.53	2.19	2.12	1.92	1.60
27	1.28	1.22	1.09	0.88	2.03	1.96	1.76	1.47	2.40	2.31	2.08	1.75	2.50	2.41	2.18	1.83
28	1.45	1.39	1.23	0.99	2.32	2.23	2.01	1.68	2.74	2.63	2.37	2.00	2.84	2.75	2.49	2.09
29	1.64	1.57	1.39	1.14	2.62	2.54	2.29	1.91	3.10	2.99	2.70	2.27	3.21	3.11	2.81	2.37
30	1.86	1.78	1.58	1.29	2.97	2.87	2.59	2.17	3.51	3.38	3.06	2.58	3.62	3.51	3.18	2.68
31	1.86	1.78	1.58	1.28	2.97	2.87	2.60	2.18	3.50	3.37	3.06	2.58	3.63	3.51	3.19	2.69
32	1.86	1.78	1.59	1.29	2.99	2.88	2.61	2.19	3.51	3.38	3.07	2.59	3.64	3.53	3.20	2.70
33	1.88	1.81	1.61	1.31	3.03	2.92	2.64	2.22	3.54	3.41	3.10	2.62	3.68	3.57	3.23	2.73
34	1.92	1.84	1.64	1.34	3.08	2.98	2.69	2.26	3.60	3.46	3.15	2.66	3.75	3.63	3.30	2.79
35	1.97	1.88	1.68	1.37	3.15	3.05	2.75	2.32	3.67	3.54	3.23	2.73	3.82	3.71	3.37	2.84
36	2.02	1.94	1.73	1.41	3.24	3.13	2.83	2.38	3.77	3.63	3.31	2.80	3.93	3.81	3.46	2.93
37	2.09	2.01	1.79	1.46	3.35	3.24	2.93	2.47	3.89	3.75	3.42	2.89	4.07	3.93	3.57	3.02
38	2.18	2.09	1.86	1.52	3.48	3.36	3.05	2.56	4.04	3.89	3.55	3.00	4.21	4.07	3.70	3.13
39	2.27	2.19	1.94	1.59	3.64	3.51	3.18	2.67	4.20	4.05	3.70	3.12	4.37	4.24	3.85	3.26
40	2.40	2.30	2.04	1.67	3.81	3.68	3.33	2.80	4.39	4.23	3.86	3.26	4.56	4.42	4.01	3.39
41	2.51	2.41	2.14	1.76	3.99	3.85	3.48	2.92	4.59	4.42	4.03	3.41	4.77	4.61	4.19	3.54
42	2.65	2.54	2.25	1.84	4.18	4.03	3.65	3.05	4.78	4.61	4.21	3.56	4.97	4.80	4.36	3.68
43	2.78	2.67	2.37	1.93	4.38	4.23	3.82	3.19	4.99	4.81	4.40	3.72	5.18	5.01	4.54	3.83
44	2.95	2.82	2.50	2.03	4.60	4.44	4.00	3.35	5.21	5.03	4.60	3.90	5.41	5.23	4.73	3.98
45	3.13	3.00	2.65	2.15	4.86	4.68	4.22	3.51	5.46	5.27	4.82	4.10	5.66	5.47	4.95	4.16
46	3.33	3.19	2.82	2.28	5.14	4.96	4.46	3.70	5.75	5.56	5.08	4.32	5.96	5.76	5.19	4.36
47	3.56	3.42	3.01	2.43	5.47	5.28	4.74	3.93	6.09	5.88	5.37	4.56	6.30	6.08	5.49	4.59
48	3.84	3.68	3.25	2.61	5.85	5.64	5.06	4.19	6.48	6.26	5.71	4.84	6.68	6.45	5.81	4.85
49	4.18	4.00	3.52	2.83	6.30	6.08	5.44	4.50	6.94	6.70	6.10	5.15	7.13	6.89	6.20	5.15
50	4.57	4.37	3.84	3.08	6.83	6.59	5.88	4.86	7.48	7.21	6.54	5.50	7.66	7.39	6.63	5.51
51	4.99	4.78	4.20	3.36	7.41	7.14	6.38	5.25	8.08	7.78	7.04	5.89	8.24	7.95	7.12	5.90
52	5.48	5.25	4.59	3.68	8.06	7.77	6.93	5.69	8.74	8.41	7.57	6.30	8.88	8.56	7.67	6.34
53	6.01	5.75	5.04	4.02	8.77	8.44	7.52	6.16	9.45	9.08	8.15	6.75	9.56	9.22	8.24	6.80
54	6.60	6.32	5.53	4.41	9.54	9.19	8.18	6.69	10.22	9.80	8.77	7.23	10.30	9.93	8.87	7.29
55	7.25	6.94	6.07	4.83	10.38	9.99	8.88	7.25	11.04	10.58	9.44	7.73	11.09	10.69	9.52	7.81
56	7.98	7.65	6.69	5.30	11.29	10.86	9.64	7.85	N/A				11.92	11.49	10.22	8.35
57	8.80	8.44	7.37	5.83	12.28	11.83	10.48	8.52					12.81	12.34	10.97	8.94
58	9.71	9.31	8.14	6.44	13.35	12.86	11.39	9.23					13.74	13.24	11.73	9.54
59	10.74	10.32	9.00	7.12	14.50	13.98	12.37	10.01					14.73	14.19	12.56	10.17
60	11.92	11.47	10.02	7.91	15.74	15.19	13.42	10.84					15.74	15.19	13.42	10.84
61	13.38	12.87	11.26	8.90	N/A								N/A			
62	12.99	12.52	10.92	8.58												
63	12.58	12.12	10.57	8.25												
64	12.10	11.70	10.17	7.87												

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Rider PR9 - Catastrophic Disability Benefit Rider															
	Occupation Class A With Guaranteed Renewable Premiums															
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday															
Gender	Male															
	Benefit Period is 2 Years				Benefit Period is 5 Years				Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days				Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365	60	90	180	365	60	90	180	365
18	1.47	1.41	1.25	1.03	2.47	2.38	2.16	1.83	2.82	2.70	2.49	2.12	3.02	2.93	2.65	2.24
19	1.47	1.41	1.25	1.03	2.47	2.38	2.16	1.83	2.82	2.70	2.49	2.12	3.02	2.93	2.65	2.24
20	1.47	1.41	1.25	1.03	2.47	2.38	2.16	1.83	2.82	2.70	2.49	2.12	3.02	2.93	2.65	2.24
21	1.47	1.41	1.25	1.03	2.47	2.38	2.16	1.83	2.82	2.70	2.49	2.12	3.02	2.93	2.65	2.24
22	1.47	1.41	1.25	1.03	2.47	2.38	2.16	1.83	2.82	2.70	2.49	2.12	3.02	2.93	2.65	2.24
23	1.47	1.41	1.25	1.03	2.47	2.38	2.16	1.83	2.82	2.70	2.49	2.12	3.02	2.93	2.65	2.24
24	1.47	1.41	1.25	1.03	2.47	2.38	2.16	1.83	2.82	2.70	2.49	2.12	3.02	2.93	2.65	2.24
25	1.47	1.41	1.25	1.03	2.47	2.38	2.16	1.83	2.82	2.70	2.49	2.12	3.02	2.93	2.65	2.24
26	1.58	1.52	1.34	1.10	2.65	2.56	2.33	1.96	3.03	2.91	2.68	2.27	3.25	3.14	2.85	2.40
27	1.71	1.64	1.46	1.19	2.86	2.77	2.51	2.11	3.27	3.14	2.89	2.44	3.50	3.39	3.07	2.58
28	1.86	1.78	1.57	1.28	3.11	2.99	2.72	2.28	3.55	3.39	3.13	2.64	3.79	3.65	3.31	2.79
29	2.02	1.93	1.71	1.38	3.36	3.24	2.94	2.47	3.83	3.68	3.38	2.86	4.09	3.95	3.58	3.01
30	2.20	2.11	1.86	1.51	3.65	3.51	3.18	2.68	4.17	3.99	3.66	3.10	4.43	4.28	3.87	3.25
31	2.23	2.12	1.88	1.52	3.68	3.55	3.21	2.69	4.18	4.01	3.68	3.12	4.46	4.31	3.90	3.27
32	2.26	2.16	1.90	1.54	3.72	3.60	3.24	2.71	4.23	4.06	3.72	3.15	4.52	4.36	3.94	3.30
33	2.31	2.21	1.94	1.57	3.80	3.67	3.31	2.77	4.29	4.13	3.78	3.21	4.60	4.44	4.01	3.36
34	2.38	2.27	2.00	1.61	3.90	3.76	3.39	2.83	4.39	4.22	3.86	3.28	4.71	4.54	4.10	3.43
35	2.46	2.35	2.07	1.67	4.02	3.88	3.49	2.92	4.51	4.34	3.97	3.38	4.84	4.67	4.22	3.52
36	2.55	2.43	2.14	1.72	4.16	4.01	3.61	3.01	4.65	4.48	4.10	3.49	4.99	4.82	4.35	3.63
37	2.65	2.53	2.22	1.79	4.33	4.16	3.75	3.12	4.82	4.65	4.25	3.62	5.17	4.99	4.50	3.76
38	2.77	2.64	2.32	1.86	4.50	4.34	3.91	3.25	5.02	4.84	4.43	3.77	5.38	5.19	4.68	3.90
39	2.90	2.76	2.44	1.95	4.72	4.54	4.09	3.40	5.25	5.05	4.63	3.94	5.62	5.41	4.88	4.07
40	3.04	2.90	2.56	2.06	4.95	4.76	4.29	3.57	5.50	5.29	4.85	4.13	5.87	5.66	5.11	4.26
41	3.19	3.05	2.69	2.16	5.19	5.00	4.50	3.75	5.77	5.55	5.09	4.34	6.15	5.93	5.35	4.46
42	3.36	3.20	2.83	2.28	5.46	5.26	4.74	3.95	6.07	5.83	5.36	4.58	6.44	6.22	5.61	4.68
43	3.53	3.38	2.98	2.41	5.74	5.53	4.99	4.16	6.38	6.13	5.65	4.83	6.78	6.53	5.90	4.92
44	3.72	3.56	3.15	2.56	6.06	5.84	5.27	4.40	6.72	6.45	5.96	5.11	7.12	6.87	6.20	5.18
45	3.94	3.76	3.34	2.71	6.41	6.18	5.59	4.67	7.09	6.80	6.29	5.40	7.49	7.23	6.54	5.47
46	4.16	3.97	3.52	2.87	6.77	6.53	5.90	4.94	7.49	7.17	6.65	5.71	7.90	7.62	6.89	5.77
47	4.39	4.20	3.74	3.05	7.17	6.92	6.25	5.24	7.92	7.58	7.03	6.04	8.32	8.03	7.26	6.09
48	4.65	4.46	3.97	3.25	7.60	7.33	6.64	5.56	8.39	8.01	7.44	6.37	8.78	8.48	7.67	6.44
49	4.96	4.74	4.24	3.47	8.08	7.80	7.06	5.93	8.90	8.47	7.87	6.71	9.27	8.96	8.11	6.81
50	5.28	5.06	4.52	3.72	8.60	8.30	7.53	6.31	9.46	8.97	8.32	7.06	9.80	9.47	8.59	7.21
51	5.62	5.40	4.84	3.98	9.16	8.84	8.02	6.73	10.06	9.50	8.80	7.42	10.36	10.01	9.09	7.62
52	6.01	5.77	5.17	4.25	9.75	9.42	8.55	7.17	10.69	10.06	9.30	7.79	10.96	10.59	9.61	8.06
53	6.43	6.17	5.54	4.57	10.39	10.05	9.11	7.65	11.36	10.65	9.83	8.17	11.58	11.19	10.15	8.51
54	6.88	6.61	5.94	4.89	11.08	10.71	9.72	8.15	12.07	11.26	10.38	8.56	12.22	11.82	10.72	8.98
55	7.40	7.11	6.39	5.26	11.84	11.45	10.38	8.69	12.81	11.91	10.95	8.96	12.92	12.48	11.32	9.47
56	7.96	7.66	6.89	5.66	12.66	12.24	11.08	9.27	N/A				13.62	13.17	11.93	9.97
57	8.60	8.29	7.44	6.10	13.54	13.10	11.86	9.89					14.37	13.89	12.57	10.49
58	9.34	9.00	8.08	6.60	14.52	14.05	12.71	10.56					15.14	14.64	13.24	11.01
59	10.16	9.81	8.81	7.16	15.58	15.08	13.62	11.28					15.93	15.42	13.93	11.54
60	11.17	10.78	9.67	7.83	16.77	16.23	14.64	12.07					16.77	16.23	14.64	12.07
61	12.50	12.08	10.87	8.80	N/A								N/A			
62	12.26	11.85	10.64	8.58												
63	12.12	11.75	10.50	8.40												
64	11.99	11.64	10.38	8.19												

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Rider PR9 - Catastrophic Disability Benefit Rider															
	Occupation Class A With Guaranteed Renewable Premiums															
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday															
Gender	Female															
	Benefit Period is 2 Years				Benefit Period is 5 Years				Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days				Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365	60	90	180	365	60	90	180	365
18	1.21	1.15	1.01	0.81	1.92	1.85	1.66	1.37	2.28	2.21	1.99	1.66	2.38	2.29	2.07	1.74
19	1.21	1.15	1.01	0.81	1.92	1.85	1.66	1.37	2.28	2.21	1.99	1.66	2.38	2.29	2.07	1.74
20	1.21	1.15	1.01	0.81	1.92	1.85	1.66	1.37	2.28	2.21	1.99	1.66	2.38	2.29	2.07	1.74
21	1.21	1.15	1.01	0.81	1.92	1.85	1.66	1.37	2.28	2.21	1.99	1.66	2.38	2.29	2.07	1.74
22	1.21	1.15	1.01	0.81	1.92	1.85	1.66	1.37	2.28	2.21	1.99	1.66	2.38	2.29	2.07	1.74
23	1.21	1.15	1.01	0.81	1.92	1.85	1.66	1.37	2.28	2.21	1.99	1.66	2.38	2.29	2.07	1.74
24	1.21	1.15	1.01	0.81	1.92	1.85	1.66	1.37	2.28	2.21	1.99	1.66	2.38	2.29	2.07	1.74
25	1.21	1.15	1.01	0.81	1.92	1.85	1.66	1.37	2.28	2.21	1.99	1.66	2.38	2.29	2.07	1.74
26	1.30	1.24	1.09	0.88	2.07	2.01	1.80	1.50	2.47	2.39	2.16	1.81	2.58	2.49	2.25	1.89
27	1.41	1.34	1.18	0.96	2.27	2.18	1.96	1.63	2.69	2.60	2.35	1.97	2.81	2.72	2.46	2.06
28	1.52	1.47	1.30	1.05	2.47	2.38	2.15	1.79	2.93	2.84	2.58	2.16	3.07	2.96	2.69	2.27
29	1.66	1.59	1.41	1.14	2.69	2.60	2.34	1.96	3.20	3.11	2.81	2.37	3.36	3.25	2.94	2.48
30	1.80	1.74	1.54	1.25	2.95	2.84	2.57	2.15	3.51	3.39	3.08	2.60	3.66	3.55	3.22	2.72
31	1.82	1.75	1.55	1.27	2.99	2.88	2.61	2.19	3.55	3.43	3.12	2.64	3.72	3.60	3.28	2.77
32	1.86	1.79	1.58	1.30	3.05	2.95	2.67	2.24	3.61	3.49	3.18	2.69	3.80	3.68	3.35	2.83
33	1.90	1.82	1.63	1.33	3.13	3.03	2.74	2.31	3.70	3.57	3.26	2.76	3.89	3.77	3.43	2.91
34	1.95	1.87	1.68	1.37	3.22	3.11	2.83	2.38	3.81	3.68	3.35	2.85	4.02	3.89	3.54	3.00
35	2.02	1.94	1.73	1.43	3.34	3.23	2.93	2.48	3.94	3.81	3.47	2.95	4.16	4.03	3.67	3.12
36	2.10	2.01	1.79	1.47	3.47	3.35	3.04	2.58	4.10	3.96	3.61	3.07	4.32	4.18	3.81	3.25
37	2.19	2.09	1.87	1.54	3.63	3.50	3.19	2.70	4.28	4.13	3.77	3.21	4.51	4.36	3.98	3.39
38	2.29	2.19	1.96	1.62	3.80	3.68	3.34	2.83	4.48	4.33	3.94	3.36	4.71	4.56	4.16	3.55
39	2.40	2.31	2.06	1.70	3.99	3.86	3.51	2.96	4.70	4.54	4.14	3.53	4.94	4.79	4.36	3.72
40	2.55	2.44	2.18	1.80	4.22	4.08	3.71	3.13	4.95	4.78	4.36	3.71	5.20	5.03	4.59	3.91
41	2.67	2.57	2.29	1.89	4.43	4.28	3.88	3.29	5.20	5.02	4.58	3.90	5.45	5.28	4.80	4.10
42	2.82	2.69	2.40	1.98	4.65	4.49	4.07	3.45	5.45	5.26	4.81	4.10	5.70	5.52	5.03	4.28
43	2.96	2.84	2.53	2.08	4.88	4.71	4.28	3.61	5.70	5.50	5.03	4.30	5.97	5.77	5.25	4.46
44	3.13	3.00	2.67	2.19	5.14	4.96	4.50	3.79	5.96	5.77	5.28	4.51	6.24	6.03	5.49	4.66
45	3.33	3.19	2.83	2.32	5.43	5.25	4.74	3.98	6.26	6.06	5.55	4.75	6.54	6.33	5.74	4.87
46	3.54	3.39	3.00	2.45	5.74	5.54	5.01	4.20	6.61	6.39	5.86	5.02	6.89	6.66	6.04	5.11
47	3.80	3.64	3.21	2.62	6.13	5.91	5.34	4.47	7.01	6.78	6.21	5.31	7.30	7.05	6.38	5.39
48	4.09	3.91	3.46	2.81	6.58	6.34	5.71	4.76	7.48	7.23	6.62	5.64	7.76	7.50	6.78	5.71
49	4.45	4.26	3.76	3.04	7.11	6.84	6.16	5.13	8.04	7.76	7.09	6.02	8.31	8.02	7.25	6.08
50	4.88	4.66	4.10	3.31	7.73	7.44	6.68	5.55	8.69	8.38	7.63	6.45	8.94	8.63	7.78	6.52
51	5.35	5.11	4.49	3.62	8.42	8.10	7.27	6.03	9.43	9.08	8.24	6.92	9.65	9.32	8.38	7.01
52	5.88	5.62	4.93	3.96	9.20	8.85	7.93	6.55	10.23	9.84	8.89	7.43	10.43	10.06	9.03	7.53
53	6.48	6.18	5.42	4.34	10.05	9.67	8.64	7.13	11.10	10.66	9.60	7.98	11.27	10.86	9.74	8.10
54	7.14	6.82	5.97	4.77	11.00	10.57	9.43	7.76	12.03	11.54	10.36	8.56	12.17	11.72	10.50	8.70
55	7.88	7.52	6.57	5.23	12.02	11.56	10.30	8.45	13.03	12.49	11.17	9.18	13.14	12.65	11.31	9.34
56	8.69	8.30	7.25	5.76	13.15	12.65	11.24	9.20	N/A				14.16	13.63	12.15	10.00
57	9.61	9.17	8.00	6.34	14.38	13.83	12.27	10.03					15.24	14.67	13.05	10.70
58	10.63	10.17	8.86	7.00	15.73	15.13	13.41	10.91					16.39	15.77	13.99	11.43
59	11.82	11.31	9.84	7.77	17.22	16.56	14.66	11.91					17.60	16.92	15.00	12.21
60	13.18	12.62	10.98	8.66	18.86	18.14	16.03	13.00					18.86	18.14	16.03	13.00
61	14.76	14.14	12.34	9.73	N/A								N/A			
62	14.46	13.88	12.08	9.49												
63	14.30	13.75	11.93	9.29												
64	14.15	13.63	11.78	9.06												

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Rider PR9 - Catastrophic Disability Benefit Rider															
	Occupation Class B With Guaranteed Renewable Premiums															
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday															
Gender	Male															
	Benefit Period is 2 Years				Benefit Period is 5 Years				Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days				Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365	60	90	180	365	60	90	180	365
18	1.54	1.48	1.31	1.08	2.59	2.50	2.27	1.92	N/A				N/A			
19	1.54	1.48	1.31	1.08	2.59	2.50	2.27	1.92								
20	1.54	1.48	1.31	1.08	2.59	2.50	2.27	1.92								
21	1.54	1.48	1.31	1.08	2.59	2.50	2.27	1.92								
22	1.54	1.48	1.31	1.08	2.59	2.50	2.27	1.92								
23	1.54	1.48	1.31	1.08	2.59	2.50	2.27	1.92								
24	1.54	1.48	1.31	1.08	2.59	2.50	2.27	1.92								
25	1.54	1.48	1.31	1.08	2.59	2.50	2.27	1.92								
26	1.66	1.60	1.41	1.16	2.78	2.69	2.45	2.06								
27	1.80	1.72	1.53	1.25	3.00	2.91	2.64	2.22								
28	1.95	1.87	1.65	1.34	3.27	3.14	2.86	2.39								
29	2.12	2.03	1.80	1.45	3.53	3.40	3.09	2.59								
30	2.31	2.22	1.95	1.59	3.83	3.69	3.34	2.81								
31	2.34	2.23	1.97	1.60	3.86	3.73	3.37	2.82								
32	2.37	2.27	2.00	1.62	3.91	3.78	3.40	2.85								
33	2.43	2.32	2.04	1.65	3.99	3.85	3.48	2.91								
34	2.50	2.38	2.10	1.69	4.10	3.95	3.56	2.97								
35	2.58	2.47	2.17	1.75	4.22	4.07	3.66	3.07								
36	2.68	2.55	2.25	1.81	4.37	4.21	3.79	3.16								
37	2.78	2.66	2.33	1.88	4.55	4.37	3.94	3.28								
38	2.91	2.77	2.44	1.95	4.73	4.56	4.11	3.41								
39	3.05	2.90	2.56	2.05	4.96	4.77	4.29	3.57								
40	3.19	3.05	2.69	2.16	5.20	5.00	4.50	3.75								
41	3.35	3.20	2.82	2.27	5.45	5.25	4.73	3.94								
42	3.53	3.36	2.97	2.39	5.73	5.52	4.98	4.15								
43	3.71	3.55	3.13	2.53	6.03	5.81	5.24	4.37								
44	3.91	3.74	3.31	2.69	6.36	6.13	5.53	4.62								
45	4.14	3.95	3.51	2.85	6.73	6.49	5.87	4.90								
46	4.37	4.17	3.70	3.01	7.11	6.86	6.20	5.19								
47	4.61	4.41	3.93	3.20	7.53	7.27	6.56	5.50								
48	4.88	4.68	4.17	3.41	7.98	7.70	6.97	5.84								
49	5.21	4.98	4.45	3.64	8.48	8.19	7.41	6.23								
50	5.54	5.31	4.75	3.91	9.03	8.72	7.91	6.63								
51	5.90	5.67	5.08	4.18	9.62	9.28	8.42	7.07								
52	6.31	6.06	5.43	4.46	10.24	9.89	8.98	7.53								
53	6.75	6.48	5.82	4.80	10.91	10.55	9.57	8.03								
54	7.22	6.94	6.24	5.13	11.63	11.25	10.21	8.56								
55	7.77	7.47	6.71	5.52	12.43	12.02	10.90	9.12								
56	8.36	8.04	7.23	5.94	13.29	12.85	11.63	9.73								
57	9.03	8.70	7.81	6.41	14.22	13.76	12.45	10.38								
58	9.81	9.45	8.48	6.93	15.25	14.75	13.35	11.09								
59	10.67	10.30	9.25	7.52	16.36	15.83	14.30	11.84								
60	11.73	11.32	10.15	8.22	17.61	17.04	15.37	12.67								
61	13.13	12.68	11.41	9.24	N/A											
62	12.87	12.44	11.17	9.01												
63	12.73	12.34	11.03	8.82												
64	12.59	12.22	10.90	8.60												

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Rider PR9 - Catastrophic Disability Benefit Rider															
	Occupation Class B With Guaranteed Renewable Premiums															
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday															
Gender	Female															
	Benefit Period is 2 Years				Benefit Period is 5 Years				Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days				Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365	60	90	180	365	60	90	180	365
18	1.27	1.21	1.06	0.85	2.02	1.94	1.74	1.44	N/A				N/A			
19	1.27	1.21	1.06	0.85	2.02	1.94	1.74	1.44								
20	1.27	1.21	1.06	0.85	2.02	1.94	1.74	1.44								
21	1.27	1.21	1.06	0.85	2.02	1.94	1.74	1.44								
22	1.27	1.21	1.06	0.85	2.02	1.94	1.74	1.44								
23	1.27	1.21	1.06	0.85	2.02	1.94	1.74	1.44								
24	1.27	1.21	1.06	0.85	2.02	1.94	1.74	1.44								
25	1.27	1.21	1.06	0.85	2.02	1.94	1.74	1.44								
26	1.37	1.30	1.14	0.92	2.17	2.11	1.89	1.58								
27	1.48	1.41	1.24	1.01	2.38	2.29	2.06	1.71								
28	1.60	1.54	1.37	1.10	2.59	2.50	2.26	1.88								
29	1.74	1.67	1.48	1.20	2.82	2.73	2.46	2.06								
30	1.89	1.83	1.62	1.31	3.10	2.98	2.70	2.26								
31	1.91	1.84	1.63	1.33	3.14	3.02	2.74	2.30								
32	1.95	1.88	1.66	1.37	3.20	3.10	2.80	2.35								
33	2.00	1.91	1.71	1.40	3.29	3.18	2.88	2.43								
34	2.05	1.96	1.76	1.44	3.38	3.27	2.97	2.50								
35	2.12	2.04	1.82	1.50	3.51	3.39	3.08	2.60								
36	2.21	2.11	1.88	1.54	3.64	3.52	3.19	2.71								
37	2.30	2.19	1.96	1.62	3.81	3.68	3.35	2.84								
38	2.40	2.30	2.06	1.70	3.99	3.86	3.51	2.97								
39	2.52	2.43	2.16	1.79	4.19	4.05	3.69	3.11								
40	2.68	2.56	2.29	1.89	4.43	4.28	3.90	3.29								
41	2.80	2.70	2.40	1.98	4.65	4.49	4.07	3.45								
42	2.96	2.82	2.52	2.08	4.88	4.71	4.27	3.62								
43	3.11	2.98	2.66	2.18	5.12	4.95	4.49	3.79								
44	3.29	3.15	2.80	2.30	5.40	5.21	4.73	3.98								
45	3.50	3.35	2.97	2.44	5.70	5.51	4.98	4.18								
46	3.72	3.56	3.15	2.57	6.03	5.82	5.26	4.41								
47	3.99	3.82	3.37	2.75	6.44	6.21	5.61	4.69								
48	4.29	4.11	3.63	2.95	6.91	6.66	6.00	5.00								
49	4.67	4.47	3.95	3.19	7.47	7.18	6.47	5.39								
50	5.12	4.89	4.31	3.48	8.12	7.81	7.01	5.83								
51	5.62	5.37	4.71	3.80	8.84	8.51	7.63	6.33								
52	6.17	5.90	5.18	4.16	9.66	9.29	8.33	6.88								
53	6.80	6.49	5.69	4.56	10.55	10.15	9.07	7.49								
54	7.50	7.16	6.27	5.01	11.55	11.10	9.90	8.15								
55	8.27	7.90	6.90	5.49	12.62	12.14	10.82	8.87								
56	9.12	8.72	7.61	6.05	13.81	13.28	11.80	9.66								
57	10.09	9.63	8.40	6.66	15.10	14.52	12.88	10.53								
58	11.16	10.68	9.30	7.35	16.52	15.89	14.08	11.46								
59	12.41	11.88	10.33	8.16	18.08	17.39	15.39	12.51								
60	13.84	13.25	11.53	9.09	19.80	19.05	16.83	13.65								
61	15.50	14.85	12.96	10.22	N/A											
62	15.18	14.57	12.68	9.96												
63	15.02	14.44	12.53	9.75												
64	14.86	14.31	12.37	9.51												

Apply a 25% Surcharge Factor For Tobacco Users.

Policy Rider PR9 - Catastrophic Disability Benefit Rider

Occupation Class 5A With Noncancelable Premiums

Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday

Gender Male

	Benefit Period is 2 Years				Benefit Period is 5 Years				Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days				Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365	60	90	180	365	60	90	180	365
18	1.16	1.12	0.99	0.81	1.95	1.89	1.71	1.44	2.24	2.16	1.97	1.67	2.39	2.31	2.09	1.77
19	1.16	1.12	0.99	0.81	1.95	1.89	1.71	1.44	2.24	2.16	1.97	1.67	2.39	2.31	2.09	1.77
20	1.16	1.12	0.99	0.81	1.95	1.89	1.71	1.44	2.24	2.16	1.97	1.67	2.39	2.31	2.09	1.77
21	1.16	1.12	0.99	0.81	1.95	1.89	1.71	1.44	2.24	2.16	1.97	1.67	2.39	2.31	2.09	1.77
22	1.16	1.12	0.99	0.81	1.95	1.89	1.71	1.44	2.24	2.16	1.97	1.67	2.39	2.31	2.09	1.77
23	1.16	1.12	0.99	0.81	1.95	1.89	1.71	1.44	2.24	2.16	1.97	1.67	2.39	2.31	2.09	1.77
24	1.16	1.12	0.99	0.81	1.95	1.89	1.71	1.44	2.24	2.16	1.97	1.67	2.39	2.31	2.09	1.77
25	1.16	1.12	0.99	0.81	1.95	1.89	1.71	1.44	2.24	2.16	1.97	1.67	2.39	2.31	2.09	1.77
26	1.28	1.22	1.08	0.88	2.12	2.05	1.86	1.57	2.44	2.34	2.14	1.82	2.60	2.51	2.28	1.92
27	1.39	1.33	1.18	0.96	2.31	2.23	2.03	1.70	2.65	2.55	2.34	1.97	2.82	2.73	2.48	2.09
28	1.52	1.45	1.28	1.04	2.52	2.43	2.21	1.85	2.90	2.78	2.54	2.14	3.06	2.96	2.68	2.26
29	1.66	1.58	1.41	1.14	2.75	2.65	2.40	2.01	3.15	3.03	2.76	2.33	3.33	3.22	2.91	2.45
30	1.82	1.73	1.54	1.24	2.99	2.89	2.61	2.19	3.43	3.30	3.00	2.53	3.62	3.50	3.16	2.65
31	1.83	1.75	1.54	1.25	3.01	2.90	2.62	2.19	3.43	3.30	3.01	2.54	3.64	3.51	3.18	2.66
32	1.85	1.78	1.56	1.26	3.04	2.93	2.65	2.22	3.45	3.32	3.03	2.56	3.67	3.54	3.21	2.68
33	1.89	1.81	1.59	1.28	3.10	2.98	2.69	2.25	3.50	3.37	3.07	2.60	3.73	3.60	3.25	2.71
34	1.94	1.85	1.63	1.32	3.17	3.05	2.75	2.29	3.56	3.43	3.13	2.66	3.80	3.67	3.31	2.77
35	2.00	1.90	1.67	1.35	3.25	3.13	2.82	2.35	3.65	3.51	3.21	2.72	3.90	3.76	3.39	2.83
36	2.06	1.97	1.73	1.39	3.35	3.22	2.90	2.42	3.76	3.62	3.31	2.81	4.01	3.87	3.49	2.90
37	2.14	2.05	1.80	1.44	3.47	3.34	3.01	2.51	3.88	3.74	3.42	2.91	4.15	4.00	3.61	3.00
38	2.23	2.13	1.88	1.50	3.61	3.48	3.13	2.60	4.03	3.89	3.56	3.02	4.30	4.15	3.74	3.12
39	2.33	2.22	1.96	1.57	3.77	3.63	3.27	2.72	4.21	4.05	3.71	3.15	4.48	4.32	3.89	3.25
40	2.44	2.33	2.06	1.65	3.95	3.80	3.42	2.85	4.40	4.24	3.88	3.30	4.68	4.51	4.06	3.39
41	2.57	2.45	2.16	1.74	4.14	3.99	3.59	2.99	4.61	4.45	4.07	3.46	4.90	4.72	4.26	3.55
42	2.70	2.57	2.27	1.83	4.35	4.19	3.78	3.14	4.84	4.67	4.28	3.65	5.13	4.95	4.46	3.72
43	2.83	2.71	2.40	1.94	4.58	4.41	3.98	3.31	5.09	4.91	4.51	3.85	5.38	5.20	4.68	3.91
44	2.99	2.86	2.53	2.05	4.83	4.66	4.21	3.51	5.36	5.18	4.75	4.07	5.66	5.46	4.93	4.11
45	3.17	3.02	2.69	2.18	5.11	4.93	4.45	3.72	5.66	5.46	5.02	4.30	5.95	5.75	5.19	4.34
46	3.35	3.20	2.84	2.32	5.41	5.21	4.71	3.93	5.97	5.77	5.30	4.55	6.28	6.06	5.48	4.59
47	3.54	3.39	3.02	2.46	5.72	5.52	4.99	4.18	6.32	6.10	5.60	4.80	6.62	6.39	5.78	4.84
48	3.76	3.60	3.21	2.63	6.07	5.86	5.30	4.44	6.69	6.46	5.91	5.06	6.98	6.74	6.10	5.11
49	4.00	3.83	3.42	2.80	6.44	6.21	5.63	4.72	7.08	6.84	6.24	5.32	7.37	7.11	6.44	5.40
50	4.25	4.09	3.65	2.99	6.84	6.60	5.98	5.01	7.51	7.24	6.59	5.59	7.76	7.50	6.79	5.69
51	4.54	4.35	3.90	3.20	7.27	7.02	6.36	5.33	7.97	7.67	6.95	5.86	8.19	7.91	7.17	6.01
52	4.84	4.65	4.17	3.42	7.72	7.46	6.77	5.66	8.45	8.12	7.33	6.14	8.64	8.35	7.57	6.34
53	5.18	4.98	4.46	3.66	8.21	7.94	7.19	6.02	8.95	8.60	7.73	6.42	9.11	8.80	7.98	6.68
54	5.54	5.33	4.78	3.92	8.74	8.45	7.65	6.39	9.49	9.10	8.14	6.72	9.60	9.28	8.41	7.03
55	5.95	5.73	5.13	4.21	9.31	9.00	8.15	6.79	10.05	9.62	8.57	7.02	10.11	9.78	8.85	7.39
56	6.42	6.18	5.55	4.53	9.93	9.60	8.69	7.23	N/A				10.65	10.30	9.31	7.76
57	6.94	6.68	5.99	4.88	10.60	10.25	9.27	7.69					11.20	10.84	9.79	8.13
58	7.53	7.26	6.50	5.28	11.33	10.97	9.90	8.19					11.77	11.40	10.29	8.51
59	8.22	7.93	7.10	5.74	12.12	11.74	10.58	8.72					12.38	11.98	10.79	8.89
60	9.49	9.18	8.18	6.51	12.98	12.58	11.28	9.15					12.98	12.58	11.28	9.15
61	9.84	9.54	8.50	6.72	N/A								N/A			
62	9.53	9.24	8.22	6.45												
63	9.18	8.92	7.90	6.16												
64	8.79	8.56	7.56	5.85												

Apply a 25% Surcharge Factor For Tobacco Users.

Policy Rider PR9 - Catastrophic Disability Benefit Rider

Occupation Class 5A With Noncancelable Premiums

Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday

Gender Female

	Benefit Period is 2 Years				Benefit Period is 5 Years				Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days				Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365	60	90	180	365	60	90	180	365
18	0.96	0.92	0.82	0.65	1.54	1.48	1.33	1.10	1.83	1.76	1.59	1.32	1.90	1.84	1.66	1.38
19	0.96	0.92	0.82	0.65	1.54	1.48	1.33	1.10	1.83	1.76	1.59	1.32	1.90	1.84	1.66	1.38
20	0.96	0.92	0.82	0.65	1.54	1.48	1.33	1.10	1.83	1.76	1.59	1.32	1.90	1.84	1.66	1.38
21	0.96	0.92	0.82	0.65	1.54	1.48	1.33	1.10	1.83	1.76	1.59	1.32	1.90	1.84	1.66	1.38
22	0.96	0.92	0.82	0.65	1.54	1.48	1.33	1.10	1.83	1.76	1.59	1.32	1.90	1.84	1.66	1.38
23	0.96	0.92	0.82	0.65	1.54	1.48	1.33	1.10	1.83	1.76	1.59	1.32	1.90	1.84	1.66	1.38
24	0.96	0.92	0.82	0.65	1.54	1.48	1.33	1.10	1.83	1.76	1.59	1.32	1.90	1.84	1.66	1.38
25	0.96	0.92	0.82	0.65	1.54	1.48	1.33	1.10	1.83	1.76	1.59	1.32	1.90	1.84	1.66	1.38
26	1.05	1.01	0.89	0.72	1.69	1.63	1.46	1.21	2.01	1.94	1.75	1.46	2.09	2.02	1.83	1.53
27	1.15	1.10	0.98	0.79	1.85	1.79	1.61	1.34	2.20	2.13	1.92	1.61	2.29	2.22	2.01	1.69
28	1.26	1.20	1.07	0.87	2.03	1.96	1.77	1.48	2.42	2.34	2.11	1.77	2.53	2.44	2.21	1.86
29	1.37	1.32	1.17	0.95	2.23	2.15	1.95	1.63	2.66	2.57	2.33	1.95	2.78	2.68	2.43	2.05
30	1.51	1.44	1.28	1.05	2.46	2.36	2.14	1.80	2.92	2.82	2.56	2.16	3.04	2.94	2.68	2.25
31	1.51	1.46	1.29	1.06	2.47	2.39	2.16	1.81	2.94	2.84	2.58	2.18	3.08	2.97	2.70	2.29
32	1.54	1.47	1.31	1.07	2.51	2.42	2.20	1.84	2.98	2.88	2.62	2.21	3.11	3.02	2.74	2.32
33	1.57	1.51	1.34	1.10	2.57	2.48	2.24	1.89	3.04	2.93	2.67	2.26	3.19	3.08	2.81	2.38
34	1.61	1.54	1.37	1.13	2.64	2.55	2.31	1.95	3.12	3.01	2.74	2.32	3.27	3.16	2.89	2.45
35	1.66	1.59	1.42	1.16	2.72	2.63	2.38	2.02	3.21	3.10	2.82	2.40	3.37	3.27	2.98	2.53
36	1.71	1.65	1.47	1.21	2.82	2.72	2.47	2.09	3.33	3.21	2.93	2.48	3.49	3.38	3.08	2.62
37	1.78	1.71	1.52	1.26	2.93	2.84	2.58	2.18	3.46	3.34	3.04	2.58	3.64	3.52	3.21	2.73
38	1.86	1.79	1.60	1.32	3.07	2.96	2.70	2.28	3.62	3.49	3.18	2.70	3.80	3.67	3.35	2.85
39	1.95	1.87	1.67	1.38	3.21	3.10	2.82	2.38	3.79	3.66	3.33	2.83	3.97	3.84	3.49	2.98
40	2.06	1.98	1.76	1.46	3.38	3.28	2.97	2.51	3.98	3.84	3.50	2.97	4.16	4.03	3.67	3.12
41	2.17	2.08	1.85	1.53	3.56	3.44	3.12	2.64	4.18	4.03	3.68	3.12	4.37	4.22	3.85	3.27
42	2.28	2.19	1.95	1.61	3.74	3.61	3.28	2.76	4.37	4.22	3.85	3.27	4.57	4.42	4.02	3.42
43	2.41	2.31	2.06	1.69	3.92	3.79	3.44	2.89	4.57	4.42	4.04	3.44	4.77	4.62	4.20	3.56
44	2.55	2.44	2.17	1.78	4.14	3.99	3.62	3.05	4.79	4.63	4.24	3.61	5.00	4.83	4.40	3.73
45	2.71	2.60	2.30	1.88	4.37	4.22	3.81	3.20	5.04	4.87	4.46	3.81	5.24	5.07	4.60	3.89
46	2.89	2.77	2.45	1.99	4.63	4.47	4.03	3.38	5.31	5.13	4.71	4.02	5.52	5.34	4.84	4.08
47	3.10	2.97	2.63	2.13	4.94	4.77	4.30	3.59	5.63	5.44	4.99	4.25	5.84	5.65	5.11	4.31
48	3.34	3.21	2.82	2.29	5.29	5.10	4.60	3.83	6.01	5.80	5.31	4.52	6.21	6.00	5.42	4.56
49	3.64	3.48	3.06	2.48	5.71	5.51	4.94	4.12	6.44	6.21	5.67	4.81	6.65	6.41	5.79	4.85
50	3.98	3.80	3.34	2.70	6.20	5.96	5.36	4.44	6.94	6.69	6.09	5.14	7.12	6.88	6.20	5.18
51	4.36	4.17	3.66	2.94	6.74	6.49	5.81	4.81	7.50	7.23	6.55	5.50	7.68	7.40	6.67	5.56
52	4.78	4.56	4.01	3.21	7.33	7.06	6.31	5.22	8.12	7.81	7.05	5.89	8.27	7.97	7.16	5.95
53	5.25	5.01	4.39	3.52	7.98	7.68	6.86	5.65	8.78	8.43	7.59	6.30	8.91	8.59	7.69	6.38
54	5.77	5.52	4.83	3.85	8.70	8.38	7.47	6.14	9.49	9.10	8.17	6.74	9.59	9.24	8.26	6.84
55	6.36	6.08	5.31	4.23	9.49	9.13	8.13	6.66	10.25	9.82	8.78	7.21	10.32	9.94	8.88	7.32
56	7.01	6.71	5.86	4.65	10.34	9.95	8.85	7.23	N/A				11.09	10.68	9.52	7.82
57	7.74	7.41	6.46	5.13	11.28	10.85	9.63	7.85					11.91	11.47	10.20	8.34
58	8.58	8.21	7.16	5.67	12.31	11.85	10.50	8.54					12.78	12.30	10.91	8.90
59	9.52	9.12	7.94	6.28	13.42	12.92	11.43	9.27					13.68	13.17	11.66	9.48
60	11.07	10.63	9.30	7.34	14.62	14.09	12.46	10.05					14.62	14.09	12.46	10.05
61	11.47	11.04	9.64	7.58	N/A								N/A			
62	11.10	10.70	9.33	7.28												
63	10.69	10.32	8.97	6.95												
64	10.23	9.90	8.58	6.59												

Apply a 25% Surcharge Factor For Tobacco Users.

Policy Rider PR9 - Catastrophic Disability Benefit Rider

Occupation Class 4A With Noncancelable Premiums

Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday

Gender Male

	Benefit Period is 2 Years				Benefit Period is 5 Years				Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days				Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365	60	90	180	365	60	90	180	365
18	1.23	1.18	1.05	0.86	2.06	2.00	1.81	1.53	2.36	2.28	2.08	1.77	2.53	2.45	2.22	1.88
19	1.23	1.18	1.05	0.86	2.06	2.00	1.81	1.53	2.36	2.28	2.08	1.77	2.53	2.45	2.22	1.88
20	1.23	1.18	1.05	0.86	2.06	2.00	1.81	1.53	2.36	2.28	2.08	1.77	2.53	2.45	2.22	1.88
21	1.23	1.18	1.05	0.86	2.06	2.00	1.81	1.53	2.36	2.28	2.08	1.77	2.53	2.45	2.22	1.88
22	1.23	1.18	1.05	0.86	2.06	2.00	1.81	1.53	2.36	2.28	2.08	1.77	2.53	2.45	2.22	1.88
23	1.23	1.18	1.05	0.86	2.06	2.00	1.81	1.53	2.36	2.28	2.08	1.77	2.53	2.45	2.22	1.88
24	1.23	1.18	1.05	0.86	2.06	2.00	1.81	1.53	2.36	2.28	2.08	1.77	2.53	2.45	2.22	1.88
25	1.23	1.18	1.05	0.86	2.06	2.00	1.81	1.53	2.36	2.28	2.08	1.77	2.53	2.45	2.22	1.88
26	1.35	1.29	1.14	0.93	2.25	2.18	1.97	1.66	2.57	2.49	2.26	1.92	2.75	2.66	2.41	2.04
27	1.47	1.41	1.25	1.02	2.45	2.36	2.15	1.80	2.80	2.70	2.46	2.08	2.99	2.89	2.62	2.21
28	1.61	1.54	1.36	1.10	2.67	2.58	2.34	1.96	3.05	2.95	2.68	2.26	3.25	3.14	2.84	2.39
29	1.76	1.68	1.49	1.21	2.91	2.80	2.54	2.13	3.32	3.20	2.91	2.45	3.53	3.41	3.09	2.60
30	1.92	1.84	1.63	1.32	3.17	3.06	2.77	2.32	3.62	3.49	3.17	2.67	3.83	3.70	3.35	2.81
31	1.94	1.85	1.63	1.32	3.18	3.07	2.77	2.32	3.62	3.49	3.17	2.68	3.85	3.71	3.36	2.82
32	1.96	1.87	1.65	1.33	3.21	3.10	2.80	2.34	3.64	3.51	3.20	2.70	3.89	3.75	3.39	2.83
33	2.00	1.91	1.68	1.36	3.27	3.15	2.84	2.38	3.69	3.56	3.24	2.74	3.95	3.80	3.44	2.88
34	2.04	1.96	1.72	1.39	3.34	3.22	2.90	2.42	3.76	3.63	3.30	2.80	4.02	3.88	3.50	2.93
35	2.11	2.02	1.77	1.43	3.43	3.31	2.98	2.49	3.85	3.71	3.39	2.87	4.12	3.98	3.58	2.99
36	2.18	2.09	1.84	1.47	3.55	3.41	3.08	2.56	3.96	3.82	3.49	2.96	4.24	4.09	3.70	3.08
37	2.27	2.16	1.90	1.52	3.67	3.54	3.19	2.65	4.10	3.96	3.61	3.07	4.39	4.23	3.81	3.18
38	2.36	2.25	1.98	1.59	3.82	3.68	3.32	2.76	4.25	4.11	3.75	3.19	4.55	4.39	3.95	3.29
39	2.46	2.35	2.07	1.66	3.98	3.84	3.46	2.88	4.44	4.28	3.91	3.33	4.74	4.57	4.12	3.43
40	2.59	2.46	2.18	1.75	4.18	4.02	3.62	3.01	4.64	4.48	4.09	3.48	4.94	4.77	4.30	3.58
41	2.71	2.58	2.28	1.83	4.38	4.22	3.79	3.16	4.86	4.70	4.29	3.65	5.17	4.99	4.50	3.75
42	2.85	2.72	2.40	1.94	4.60	4.44	4.00	3.32	5.11	4.93	4.51	3.85	5.42	5.23	4.72	3.93
43	3.00	2.87	2.54	2.05	4.85	4.67	4.21	3.50	5.37	5.19	4.75	4.06	5.69	5.49	4.95	4.13
44	3.16	3.03	2.67	2.17	5.11	4.92	4.44	3.70	5.66	5.47	5.01	4.29	5.98	5.77	5.21	4.35
45	3.34	3.20	2.84	2.30	5.40	5.21	4.70	3.92	5.97	5.77	5.29	4.54	6.30	6.07	5.49	4.58
46	3.53	3.38	3.00	2.45	5.70	5.50	4.97	4.16	6.31	6.09	5.59	4.80	6.63	6.39	5.78	4.83
47	3.73	3.58	3.18	2.59	6.03	5.83	5.27	4.41	6.67	6.44	5.91	5.06	6.98	6.74	6.10	5.11
48	3.96	3.80	3.39	2.77	6.39	6.18	5.59	4.68	7.06	6.81	6.24	5.34	7.36	7.11	6.43	5.39
49	4.22	4.04	3.61	2.95	6.79	6.56	5.94	4.97	7.48	7.21	6.59	5.62	7.76	7.50	6.79	5.69
50	4.49	4.31	3.85	3.16	7.21	6.97	6.31	5.28	7.93	7.64	6.96	5.90	8.19	7.91	7.17	6.01
51	4.78	4.59	4.11	3.37	7.66	7.39	6.71	5.61	8.41	8.09	7.34	6.19	8.63	8.35	7.56	6.34
52	5.11	4.91	4.39	3.60	8.14	7.87	7.13	5.97	8.92	8.57	7.75	6.48	9.11	8.81	7.98	6.68
53	5.46	5.25	4.70	3.86	8.66	8.38	7.59	6.34	9.45	9.07	8.17	6.78	9.61	9.29	8.42	7.05
54	5.85	5.63	5.04	4.14	9.22	8.91	8.08	6.75	10.02	9.60	8.60	7.09	10.13	9.79	8.87	7.42
55	6.28	6.04	5.42	4.43	9.82	9.50	8.60	7.17	10.61	10.15	9.06	7.41	10.67	10.32	9.34	7.79
56	6.77	6.52	5.85	4.77	10.47	10.13	9.16	7.62	N/A				11.23	10.86	9.82	8.18
57	7.32	7.05	6.33	5.15	11.19	10.83	9.78	8.11					11.82	11.43	10.34	8.58
58	7.95	7.67	6.87	5.58	11.96	11.58	10.45	8.64					12.43	12.03	10.86	8.98
59	8.67	8.37	7.50	6.06	12.80	12.39	11.17	9.20					13.06	12.64	11.39	9.38
60	10.02	9.69	8.64	6.87	13.71	13.28	11.91	9.66					13.71	13.28	11.91	9.66
61	10.70	10.36	9.24	7.36	N/A								N/A			
62	10.40	10.07	8.96	7.10												
63	10.06	9.75	8.68	6.83												
64	9.68	9.41	8.35	6.50												

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Rider PR9 - Catastrophic Disability Benefit Rider															
	Occupation Class 4A With Noncancelable Premiums															
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday															
Gender	Female															
	Benefit Period is 2 Years				Benefit Period is 5 Years				Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days				Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365	60	90	180	365	60	90	180	365
18	1.02	0.97	0.86	0.69	1.62	1.57	1.41	1.16	1.92	1.86	1.68	1.40	2.02	1.95	1.75	1.47
19	1.02	0.97	0.86	0.69	1.62	1.57	1.41	1.16	1.92	1.86	1.68	1.40	2.02	1.95	1.75	1.47
20	1.02	0.97	0.86	0.69	1.62	1.57	1.41	1.16	1.92	1.86	1.68	1.40	2.02	1.95	1.75	1.47
21	1.02	0.97	0.86	0.69	1.62	1.57	1.41	1.16	1.92	1.86	1.68	1.40	2.02	1.95	1.75	1.47
22	1.02	0.97	0.86	0.69	1.62	1.57	1.41	1.16	1.92	1.86	1.68	1.40	2.02	1.95	1.75	1.47
23	1.02	0.97	0.86	0.69	1.62	1.57	1.41	1.16	1.92	1.86	1.68	1.40	2.02	1.95	1.75	1.47
24	1.02	0.97	0.86	0.69	1.62	1.57	1.41	1.16	1.92	1.86	1.68	1.40	2.02	1.95	1.75	1.47
25	1.02	0.97	0.86	0.69	1.62	1.57	1.41	1.16	1.92	1.86	1.68	1.40	2.02	1.95	1.75	1.47
26	1.11	1.06	0.94	0.76	1.78	1.72	1.55	1.29	2.12	2.04	1.84	1.55	2.21	2.14	1.93	1.62
27	1.22	1.16	1.03	0.83	1.97	1.89	1.70	1.42	2.33	2.25	2.03	1.71	2.43	2.35	2.13	1.78
28	1.34	1.28	1.13	0.91	2.16	2.08	1.87	1.56	2.56	2.46	2.23	1.88	2.67	2.58	2.34	1.98
29	1.46	1.40	1.25	1.00	2.36	2.28	2.06	1.72	2.80	2.71	2.45	2.07	2.94	2.84	2.57	2.17
30	1.60	1.53	1.36	1.10	2.59	2.50	2.27	1.89	3.08	2.97	2.70	2.28	3.22	3.11	2.83	2.39
31	1.60	1.54	1.37	1.12	2.61	2.53	2.28	1.92	3.10	2.99	2.72	2.30	3.25	3.14	2.86	2.42
32	1.62	1.56	1.38	1.13	2.65	2.56	2.32	1.95	3.14	3.03	2.76	2.34	3.29	3.19	2.90	2.45
33	1.65	1.59	1.42	1.16	2.71	2.61	2.37	2.00	3.20	3.09	2.82	2.39	3.36	3.25	2.97	2.52
34	1.69	1.62	1.45	1.19	2.78	2.69	2.43	2.05	3.29	3.17	2.89	2.45	3.45	3.34	3.04	2.58
35	1.74	1.68	1.50	1.23	2.88	2.77	2.52	2.13	3.39	3.27	2.98	2.53	3.56	3.44	3.14	2.67
36	1.81	1.73	1.54	1.27	2.97	2.88	2.61	2.20	3.51	3.39	3.09	2.62	3.69	3.57	3.25	2.77
37	1.87	1.80	1.60	1.33	3.09	2.99	2.72	2.29	3.65	3.52	3.22	2.73	3.83	3.71	3.38	2.87
38	1.96	1.89	1.68	1.39	3.23	3.12	2.84	2.40	3.82	3.68	3.36	2.85	4.00	3.87	3.53	3.00
39	2.06	1.98	1.76	1.46	3.40	3.28	2.98	2.52	4.00	3.85	3.52	2.99	4.18	4.05	3.70	3.15
40	2.17	2.08	1.86	1.53	3.57	3.45	3.13	2.65	4.20	4.05	3.70	3.14	4.39	4.25	3.87	3.29
41	2.29	2.19	1.96	1.61	3.75	3.63	3.30	2.79	4.41	4.25	3.89	3.30	4.61	4.46	4.06	3.45
42	2.41	2.31	2.06	1.70	3.95	3.82	3.46	2.92	4.61	4.45	4.07	3.46	4.82	4.66	4.25	3.61
43	2.55	2.44	2.17	1.78	4.15	4.00	3.63	3.06	4.83	4.66	4.27	3.63	5.04	4.87	4.44	3.77
44	2.69	2.58	2.29	1.88	4.36	4.22	3.82	3.21	5.06	4.89	4.48	3.82	5.28	5.10	4.64	3.93
45	2.86	2.74	2.43	1.99	4.61	4.45	4.02	3.38	5.32	5.14	4.71	4.02	5.54	5.36	4.86	4.11
46	3.05	2.92	2.59	2.11	4.90	4.73	4.26	3.57	5.61	5.42	4.97	4.25	5.83	5.64	5.11	4.32
47	3.28	3.13	2.77	2.26	5.22	5.04	4.54	3.80	5.95	5.75	5.27	4.49	6.18	5.97	5.40	4.55
48	3.54	3.39	2.99	2.42	5.60	5.40	4.86	4.05	6.34	6.13	5.60	4.77	6.57	6.34	5.73	4.82
49	3.85	3.68	3.25	2.62	6.04	5.82	5.23	4.35	6.80	6.57	5.99	5.08	7.02	6.77	6.12	5.13
50	4.20	4.02	3.53	2.85	6.55	6.30	5.66	4.70	7.33	7.07	6.43	5.43	7.53	7.27	6.55	5.47
51	4.61	4.40	3.87	3.11	7.12	6.86	6.14	5.09	7.93	7.63	6.92	5.81	8.11	7.82	7.04	5.87
52	5.05	4.83	4.24	3.40	7.75	7.46	6.68	5.51	8.57	8.25	7.45	6.22	8.74	8.42	7.57	6.30
53	5.54	5.30	4.65	3.72	8.44	8.11	7.25	5.98	9.27	8.91	8.02	6.66	9.41	9.07	8.13	6.75
54	6.09	5.83	5.10	4.07	9.19	8.85	7.88	6.48	10.02	9.62	8.63	7.12	10.13	9.76	8.73	7.22
55	6.71	6.41	5.61	4.47	10.01	9.64	8.58	7.03	10.83	10.37	9.27	7.61	10.90	10.50	9.38	7.73
56	7.40	7.07	6.18	4.91	10.93	10.51	9.34	7.63	N/A				11.72	11.28	10.05	8.26
57	8.17	7.82	6.82	5.41	11.91	11.46	10.17	8.29					12.57	12.11	10.77	8.81
58	9.04	8.66	7.55	5.98	12.99	12.50	11.08	9.00					13.48	12.98	11.51	9.39
59	10.04	9.63	8.39	6.63	14.18	13.64	12.07	9.78					14.45	13.90	12.32	10.00
60	11.68	11.22	9.81	7.75	15.42	14.87	13.14	10.61					15.42	14.87	13.14	10.61
61	12.46	12.00	10.50	8.30	N/A								N/A			
62	12.11	11.67	10.18	8.01												
63	11.72	11.31	9.86	7.70												
64	11.27	10.91	9.49	7.33												

Apply a 25% Surcharge Factor For Tobacco Users.

Policy Rider PR9 - Catastrophic Disability Benefit Rider

Occupation Class 4P With Noncancelable Premiums

Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday

Gender Male

	Benefit Period is 2 Years				Benefit Period is 5 Years				Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days				Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365	60	90	180	365	60	90	180	365
18	1.11	1.06	0.94	0.77	1.84	1.78	1.62	1.36	2.10	2.02	1.84	1.56	2.25	2.17	1.98	1.67
19	1.11	1.06	0.94	0.77	1.84	1.78	1.62	1.36	2.10	2.02	1.84	1.56	2.25	2.17	1.98	1.67
20	1.11	1.06	0.94	0.77	1.84	1.78	1.62	1.36	2.10	2.02	1.84	1.56	2.25	2.17	1.98	1.67
21	1.11	1.06	0.94	0.77	1.84	1.78	1.62	1.36	2.10	2.02	1.84	1.56	2.25	2.17	1.98	1.67
22	1.11	1.06	0.94	0.77	1.84	1.78	1.62	1.36	2.10	2.02	1.84	1.56	2.25	2.17	1.98	1.67
23	1.11	1.06	0.94	0.77	1.84	1.78	1.62	1.36	2.10	2.02	1.84	1.56	2.25	2.17	1.98	1.67
24	1.11	1.06	0.94	0.77	1.84	1.78	1.62	1.36	2.10	2.02	1.84	1.56	2.25	2.17	1.98	1.67
25	1.11	1.06	0.94	0.77	1.84	1.78	1.62	1.36	2.10	2.02	1.84	1.56	2.25	2.17	1.98	1.67
26	1.26	1.20	1.07	0.87	2.08	2.01	1.82	1.53	2.37	2.28	2.07	1.76	2.52	2.44	2.21	1.86
27	1.42	1.35	1.21	0.98	2.34	2.26	2.05	1.72	2.67	2.57	2.33	1.97	2.83	2.73	2.48	2.08
28	1.61	1.53	1.35	1.10	2.63	2.54	2.29	1.93	3.00	2.89	2.61	2.21	3.17	3.06	2.78	2.33
29	1.81	1.73	1.53	1.24	2.95	2.85	2.58	2.15	3.37	3.24	2.94	2.47	3.54	3.42	3.09	2.60
30	2.04	1.95	1.72	1.40	3.31	3.19	2.88	2.41	3.77	3.63	3.28	2.76	3.95	3.82	3.45	2.89
31	2.04	1.95	1.73	1.39	3.30	3.19	2.87	2.41	3.74	3.60	3.26	2.75	3.94	3.80	3.44	2.87
32	2.05	1.96	1.73	1.40	3.31	3.20	2.88	2.40	3.74	3.60	3.26	2.75	3.94	3.81	3.44	2.87
33	2.08	1.99	1.75	1.41	3.35	3.22	2.91	2.43	3.75	3.62	3.28	2.77	3.97	3.83	3.46	2.89
34	2.11	2.02	1.78	1.43	3.40	3.28	2.95	2.46	3.79	3.66	3.32	2.81	4.03	3.88	3.51	2.92
35	2.16	2.07	1.83	1.46	3.47	3.34	3.01	2.50	3.86	3.72	3.38	2.86	4.10	3.95	3.57	2.97
36	2.22	2.12	1.87	1.50	3.55	3.42	3.08	2.56	3.94	3.80	3.46	2.93	4.18	4.04	3.64	3.03
37	2.29	2.19	1.93	1.55	3.65	3.53	3.18	2.64	4.05	3.91	3.55	3.01	4.30	4.15	3.74	3.11
38	2.37	2.27	2.00	1.61	3.79	3.65	3.28	2.73	4.18	4.03	3.67	3.11	4.44	4.28	3.86	3.21
39	2.47	2.36	2.08	1.67	3.93	3.78	3.41	2.83	4.33	4.18	3.80	3.23	4.58	4.43	3.99	3.32
40	2.58	2.47	2.18	1.76	4.10	3.95	3.56	2.95	4.51	4.35	3.96	3.36	4.77	4.60	4.15	3.45
41	2.70	2.58	2.28	1.84	4.28	4.12	3.72	3.08	4.71	4.54	4.13	3.51	4.97	4.79	4.32	3.60
42	2.83	2.71	2.39	1.93	4.48	4.32	3.89	3.23	4.92	4.75	4.33	3.68	5.18	5.00	4.51	3.76
43	2.97	2.84	2.52	2.03	4.69	4.53	4.08	3.40	5.15	4.97	4.54	3.87	5.41	5.23	4.72	3.92
44	3.13	2.99	2.66	2.15	4.94	4.76	4.30	3.58	5.41	5.22	4.77	4.07	5.67	5.48	4.94	4.12
45	3.30	3.16	2.81	2.28	5.20	5.03	4.53	3.78	5.69	5.49	5.02	4.29	5.95	5.75	5.19	4.33
46	3.49	3.34	2.97	2.42	5.49	5.30	4.79	3.99	5.99	5.78	5.29	4.52	6.26	6.04	5.46	4.55
47	3.70	3.54	3.16	2.57	5.81	5.61	5.07	4.22	6.32	6.10	5.58	4.76	6.59	6.36	5.75	4.79
48	3.93	3.77	3.36	2.74	6.16	5.94	5.37	4.48	6.69	6.45	5.90	5.02	6.94	6.70	6.06	5.06
49	4.19	4.02	3.59	2.92	6.53	6.31	5.71	4.75	7.09	6.83	6.23	5.28	7.31	7.07	6.39	5.33
50	4.48	4.30	3.84	3.13	6.95	6.71	6.07	5.05	7.52	7.24	6.58	5.55	7.72	7.47	6.76	5.63
51	4.78	4.60	4.12	3.35	7.39	7.14	6.46	5.37	7.99	7.68	6.95	5.83	8.17	7.90	7.14	5.94
52	5.12	4.93	4.41	3.59	7.87	7.60	6.87	5.71	8.48	8.15	7.35	6.12	8.63	8.35	7.54	6.27
53	5.50	5.29	4.74	3.85	8.38	8.10	7.33	6.08	9.01	8.64	7.76	6.42	9.12	8.82	7.98	6.63
54	5.91	5.69	5.09	4.13	8.93	8.64	7.81	6.47	9.56	9.16	8.19	6.73	9.63	9.32	8.42	6.99
55	6.37	6.14	5.49	4.45	9.53	9.22	8.32	6.89	10.15	9.71	8.65	7.05	10.18	9.85	8.89	7.37
56	6.88	6.64	5.94	4.80	10.17	9.84	8.88	7.33	N/A				10.75	10.40	9.39	7.75
57	7.45	7.18	6.42	5.18	10.86	10.51	9.47	7.80					11.34	10.98	9.89	8.15
58	8.09	7.81	6.98	5.61	11.61	11.23	10.11	8.29					11.96	11.58	10.42	8.55
59	8.83	8.54	7.62	6.10	12.41	12.02	10.80	8.82					12.61	12.21	10.97	8.96
60	9.70	9.38	8.36	6.65	13.27	12.86	11.53	9.36					13.27	12.86	11.53	9.36
61	10.37	10.03	8.95	7.12	N/A								N/A			
62	10.07	9.75	8.68	6.87												
63	9.75	9.45	8.39	6.61												
64	9.37	9.11	8.08	6.30												

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Rider PR9 - Catastrophic Disability Benefit Rider															
	Occupation Class 4P With Noncancelable Premiums															
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday															
Gender	Female															
	Benefit Period is 2 Years				Benefit Period is 5 Years				Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days				Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365	60	90	180	365	60	90	180	365
18	0.93	0.89	0.78	0.62	1.47	1.42	1.28	1.05	1.74	1.67	1.51	1.25	1.81	1.75	1.58	1.32
19	0.93	0.89	0.78	0.62	1.47	1.42	1.28	1.05	1.74	1.67	1.51	1.25	1.81	1.75	1.58	1.32
20	0.93	0.89	0.78	0.62	1.47	1.42	1.28	1.05	1.74	1.67	1.51	1.25	1.81	1.75	1.58	1.32
21	0.93	0.89	0.78	0.62	1.47	1.42	1.28	1.05	1.74	1.67	1.51	1.25	1.81	1.75	1.58	1.32
22	0.93	0.89	0.78	0.62	1.47	1.42	1.28	1.05	1.74	1.67	1.51	1.25	1.81	1.75	1.58	1.32
23	0.93	0.89	0.78	0.62	1.47	1.42	1.28	1.05	1.74	1.67	1.51	1.25	1.81	1.75	1.58	1.32
24	0.93	0.89	0.78	0.62	1.47	1.42	1.28	1.05	1.74	1.67	1.51	1.25	1.81	1.75	1.58	1.32
25	0.93	0.89	0.78	0.62	1.47	1.42	1.28	1.05	1.74	1.67	1.51	1.25	1.81	1.75	1.58	1.32
26	1.06	1.02	0.89	0.72	1.68	1.62	1.45	1.20	1.98	1.92	1.72	1.43	2.07	2.00	1.80	1.51
27	1.20	1.15	1.02	0.82	1.92	1.85	1.66	1.38	2.27	2.18	1.96	1.65	2.35	2.27	2.05	1.72
28	1.36	1.30	1.16	0.94	2.18	2.10	1.89	1.58	2.57	2.47	2.24	1.88	2.67	2.58	2.34	1.96
29	1.54	1.48	1.31	1.06	2.47	2.38	2.15	1.79	2.92	2.81	2.54	2.13	3.02	2.93	2.65	2.23
30	1.75	1.68	1.49	1.20	2.79	2.69	2.43	2.03	3.30	3.18	2.88	2.42	3.41	3.30	2.99	2.52
31	1.75	1.67	1.48	1.21	2.80	2.70	2.44	2.05	3.29	3.17	2.87	2.42	3.41	3.30	3.00	2.53
32	1.75	1.68	1.50	1.22	2.80	2.72	2.46	2.06	3.30	3.18	2.88	2.43	3.42	3.32	3.01	2.54
33	1.77	1.70	1.51	1.23	2.84	2.75	2.48	2.08	3.33	3.21	2.91	2.46	3.46	3.35	3.05	2.57
34	1.80	1.73	1.54	1.25	2.89	2.80	2.53	2.13	3.38	3.26	2.96	2.50	3.52	3.41	3.10	2.62
35	1.85	1.78	1.58	1.29	2.96	2.87	2.59	2.18	3.45	3.33	3.02	2.56	3.60	3.49	3.17	2.68
36	1.90	1.82	1.62	1.33	3.05	2.95	2.67	2.25	3.55	3.42	3.11	2.63	3.70	3.58	3.26	2.76
37	1.96	1.89	1.68	1.38	3.15	3.05	2.76	2.32	3.66	3.53	3.21	2.72	3.82	3.70	3.36	2.85
38	2.04	1.96	1.75	1.43	3.27	3.16	2.87	2.41	3.80	3.66	3.33	2.82	3.96	3.83	3.48	2.95
39	2.14	2.05	1.83	1.50	3.42	3.30	2.99	2.51	3.95	3.81	3.46	2.94	4.12	3.99	3.62	3.07
40	2.25	2.16	1.92	1.58	3.59	3.46	3.13	2.63	4.13	3.98	3.62	3.07	4.30	4.16	3.77	3.19
41	2.36	2.27	2.02	1.65	3.75	3.63	3.28	2.75	4.31	4.16	3.78	3.21	4.48	4.34	3.94	3.33
42	2.48	2.39	2.11	1.73	3.93	3.79	3.42	2.87	4.50	4.34	3.95	3.35	4.67	4.52	4.10	3.46
43	2.62	2.51	2.22	1.81	4.12	3.97	3.59	3.00	4.69	4.52	4.12	3.50	4.87	4.71	4.27	3.60
44	2.77	2.65	2.35	1.91	4.33	4.18	3.76	3.14	4.90	4.73	4.31	3.67	5.09	4.92	4.45	3.74
45	2.94	2.82	2.49	2.02	4.57	4.41	3.96	3.31	5.14	4.96	4.53	3.85	5.33	5.15	4.66	3.91
46	3.13	2.99	2.64	2.14	4.83	4.66	4.19	3.49	5.41	5.22	4.77	4.06	5.60	5.41	4.88	4.10
47	3.35	3.21	2.83	2.29	5.14	4.96	4.45	3.70	5.73	5.53	5.05	4.29	5.92	5.72	5.15	4.31
48	3.62	3.46	3.05	2.46	5.51	5.31	4.76	3.95	6.10	5.89	5.37	4.55	6.29	6.07	5.47	4.56
49	3.93	3.76	3.31	2.66	5.94	5.72	5.12	4.23	6.54	6.31	5.74	4.85	6.71	6.48	5.83	4.85
50	4.31	4.12	3.62	2.90	6.44	6.21	5.55	4.58	7.05	6.79	6.16	5.18	7.22	6.96	6.25	5.19
51	4.71	4.51	3.96	3.17	7.00	6.73	6.01	4.96	7.63	7.34	6.63	5.55	7.77	7.50	6.72	5.57
52	5.16	4.95	4.34	3.47	7.61	7.32	6.54	5.37	8.25	7.93	7.15	5.95	8.38	8.08	7.23	5.98
53	5.67	5.43	4.76	3.79	8.28	7.97	7.11	5.82	8.93	8.57	7.70	6.37	9.03	8.71	7.78	6.42
54	6.23	5.97	5.23	4.16	9.01	8.68	7.72	6.31	9.66	9.26	8.29	6.83	9.73	9.38	8.37	6.88
55	6.85	6.57	5.75	4.56	9.81	9.45	8.40	6.85	10.45	10.00	8.93	7.31	10.48	10.10	9.00	7.38
56	7.55	7.24	6.32	5.02	10.68	10.28	9.13	7.44	N/A				11.28	10.87	9.67	7.91
57	8.33	7.98	6.98	5.53	11.62	11.20	9.93	8.07					12.13	11.69	10.37	8.46
58	9.20	8.83	7.71	6.10	12.65	12.19	10.78	8.75					13.02	12.55	11.12	9.04
59	10.18	9.78	8.54	6.75	13.75	13.25	11.72	9.49					13.96	13.46	11.90	9.64
60	11.31	10.88	9.51	7.51	14.94	14.41	12.74	10.28					14.94	14.41	12.74	10.28
61	12.08	11.63	10.19	8.05	N/A								N/A			
62	11.74	11.31	9.88	7.76												
63	11.36	10.96	9.55	7.47												
64	10.93	10.57	9.19	7.11												

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Rider PR9 - Catastrophic Disability Benefit Rider															
	Occupation Class 3A With Noncancelable Premiums															
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday															
Gender	Male															
	Benefit Period is 2 Years				Benefit Period is 5 Years				Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days				Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365	60	90	180	365	60	90	180	365
18	1.30	1.24	1.10	0.90	2.17	2.10	1.91	1.61	2.49	2.40	2.20	1.87	2.66	2.57	2.33	1.97
19	1.30	1.24	1.10	0.90	2.17	2.10	1.91	1.61	2.49	2.40	2.20	1.87	2.66	2.57	2.33	1.97
20	1.30	1.24	1.10	0.90	2.17	2.10	1.91	1.61	2.49	2.40	2.20	1.87	2.66	2.57	2.33	1.97
21	1.30	1.24	1.10	0.90	2.17	2.10	1.91	1.61	2.49	2.40	2.20	1.87	2.66	2.57	2.33	1.97
22	1.30	1.24	1.10	0.90	2.17	2.10	1.91	1.61	2.49	2.40	2.20	1.87	2.66	2.57	2.33	1.97
23	1.30	1.24	1.10	0.90	2.17	2.10	1.91	1.61	2.49	2.40	2.20	1.87	2.66	2.57	2.33	1.97
24	1.30	1.24	1.10	0.90	2.17	2.10	1.91	1.61	2.49	2.40	2.20	1.87	2.66	2.57	2.33	1.97
25	1.30	1.24	1.10	0.90	2.17	2.10	1.91	1.61	2.49	2.40	2.20	1.87	2.66	2.57	2.33	1.97
26	1.42	1.35	1.20	0.98	2.36	2.29	2.07	1.74	2.70	2.61	2.38	2.02	2.89	2.80	2.54	2.14
27	1.55	1.48	1.32	1.07	2.57	2.49	2.26	1.89	2.95	2.85	2.59	2.19	3.14	3.04	2.75	2.31
28	1.69	1.61	1.43	1.17	2.81	2.71	2.45	2.06	3.21	3.09	2.82	2.39	3.41	3.30	2.99	2.51
29	1.85	1.76	1.57	1.27	3.06	2.95	2.67	2.24	3.50	3.37	3.06	2.59	3.71	3.58	3.25	2.72
30	2.02	1.93	1.71	1.38	3.33	3.21	2.90	2.43	3.81	3.67	3.33	2.82	4.03	3.89	3.53	2.96
31	2.03	1.94	1.71	1.39	3.34	3.22	2.91	2.44	3.81	3.67	3.34	2.83	4.04	3.90	3.53	2.96
32	2.06	1.97	1.73	1.41	3.38	3.26	2.94	2.47	3.84	3.70	3.36	2.85	4.08	3.94	3.56	2.98
33	2.10	2.01	1.77	1.43	3.44	3.32	2.99	2.50	3.88	3.75	3.41	2.89	4.15	4.00	3.62	3.03
34	2.16	2.06	1.81	1.46	3.51	3.39	3.05	2.55	3.96	3.82	3.48	2.95	4.23	4.08	3.68	3.08
35	2.22	2.12	1.87	1.50	3.62	3.49	3.14	2.62	4.05	3.91	3.57	3.03	4.34	4.18	3.77	3.15
36	2.29	2.19	1.93	1.54	3.73	3.59	3.24	2.69	4.17	4.03	3.67	3.12	4.46	4.31	3.89	3.24
37	2.38	2.27	2.00	1.61	3.86	3.72	3.35	2.79	4.32	4.17	3.80	3.23	4.61	4.45	4.01	3.35
38	2.48	2.37	2.09	1.67	4.02	3.88	3.48	2.90	4.48	4.33	3.95	3.36	4.79	4.62	4.17	3.47
39	2.60	2.47	2.18	1.75	4.20	4.05	3.64	3.03	4.67	4.51	4.12	3.50	4.98	4.81	4.34	3.61
40	2.72	2.59	2.29	1.84	4.40	4.23	3.81	3.17	4.89	4.72	4.31	3.66	5.20	5.02	4.53	3.77
41	2.85	2.72	2.40	1.93	4.61	4.44	3.99	3.33	5.13	4.95	4.52	3.84	5.44	5.25	4.73	3.95
42	3.00	2.86	2.53	2.04	4.84	4.66	4.20	3.50	5.38	5.20	4.75	4.05	5.71	5.51	4.97	4.14
43	3.16	3.02	2.67	2.16	5.10	4.92	4.43	3.69	5.66	5.47	5.00	4.27	6.00	5.78	5.22	4.35
44	3.33	3.18	2.82	2.28	5.37	5.18	4.68	3.90	5.96	5.76	5.28	4.52	6.29	6.07	5.48	4.58
45	3.51	3.37	2.99	2.42	5.68	5.48	4.95	4.13	6.29	6.08	5.57	4.78	6.63	6.39	5.78	4.83
46	3.72	3.56	3.16	2.57	6.00	5.79	5.24	4.38	6.64	6.42	5.88	5.05	6.97	6.73	6.09	5.09
47	3.93	3.77	3.35	2.74	6.36	6.14	5.55	4.64	7.02	6.79	6.21	5.33	7.35	7.10	6.42	5.38
48	4.18	4.00	3.57	2.92	6.75	6.50	5.89	4.93	7.43	7.18	6.57	5.62	7.75	7.48	6.78	5.68
49	4.44	4.26	3.81	3.11	7.16	6.91	6.25	5.24	7.88	7.60	6.93	5.91	8.18	7.89	7.16	6.00
50	4.73	4.54	4.06	3.33	7.60	7.33	6.64	5.57	8.35	8.05	7.32	6.21	8.62	8.33	7.54	6.33
51	5.04	4.84	4.33	3.56	8.07	7.79	7.06	5.92	8.86	8.53	7.72	6.51	9.10	8.79	7.97	6.68
52	5.38	5.16	4.62	3.80	8.58	8.28	7.51	6.28	9.39	9.03	8.15	6.82	9.59	9.27	8.40	7.04
53	5.74	5.53	4.95	4.06	9.12	8.81	7.98	6.68	9.96	9.56	8.59	7.14	10.12	9.78	8.86	7.41
54	6.15	5.92	5.31	4.35	9.70	9.38	8.50	7.10	10.55	10.11	9.05	7.47	10.66	10.31	9.34	7.81
55	6.61	6.37	5.71	4.67	10.35	10.00	9.05	7.55	11.17	10.69	9.53	7.80	11.24	10.86	9.83	8.21
56	7.12	6.86	6.16	5.03	11.03	10.67	9.65	8.03	N/A				11.83	11.44	10.34	8.61
57	7.71	7.43	6.66	5.42	11.78	11.39	10.30	8.55					12.45	12.04	10.88	9.03
58	8.37	8.07	7.23	5.87	12.59	12.19	11.01	9.10					13.08	12.66	11.43	9.46
59	9.13	8.82	7.89	6.37	13.47	13.05	11.76	9.68					13.76	13.31	12.00	9.88
60	10.54	10.20	9.09	7.23	14.43	13.98	12.53	10.17					14.43	13.98	12.53	10.17
61	11.27	10.91	9.73	7.74	N/A								N/A			
62	10.95	10.60	9.45	7.48												
63	10.59	10.28	9.14	7.18												
64	10.20	9.92	8.79	6.85												

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Rider PR9 - Catastrophic Disability Benefit Rider															
	Occupation Class 3A With Noncancelable Premiums															
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday															
Gender	Female															
	Benefit Period is 2 Years				Benefit Period is 5 Years				Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days				Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365	60	90	180	365	60	90	180	365
18	1.07	1.02	0.90	0.73	1.71	1.65	1.47	1.22	2.03	1.96	1.76	1.47	2.11	2.04	1.84	1.53
19	1.07	1.02	0.90	0.73	1.71	1.65	1.47	1.22	2.03	1.96	1.76	1.47	2.11	2.04	1.84	1.53
20	1.07	1.02	0.90	0.73	1.71	1.65	1.47	1.22	2.03	1.96	1.76	1.47	2.11	2.04	1.84	1.53
21	1.07	1.02	0.90	0.73	1.71	1.65	1.47	1.22	2.03	1.96	1.76	1.47	2.11	2.04	1.84	1.53
22	1.07	1.02	0.90	0.73	1.71	1.65	1.47	1.22	2.03	1.96	1.76	1.47	2.11	2.04	1.84	1.53
23	1.07	1.02	0.90	0.73	1.71	1.65	1.47	1.22	2.03	1.96	1.76	1.47	2.11	2.04	1.84	1.53
24	1.07	1.02	0.90	0.73	1.71	1.65	1.47	1.22	2.03	1.96	1.76	1.47	2.11	2.04	1.84	1.53
25	1.07	1.02	0.90	0.73	1.71	1.65	1.47	1.22	2.03	1.96	1.76	1.47	2.11	2.04	1.84	1.53
26	1.17	1.12	0.99	0.80	1.87	1.81	1.62	1.35	2.23	2.15	1.95	1.63	2.32	2.24	2.03	1.70
27	1.28	1.22	1.08	0.88	2.06	1.98	1.79	1.48	2.46	2.36	2.14	1.79	2.55	2.46	2.23	1.88
28	1.40	1.34	1.19	0.96	2.26	2.18	1.97	1.65	2.70	2.60	2.36	1.99	2.81	2.70	2.45	2.07
29	1.53	1.46	1.30	1.06	2.48	2.39	2.16	1.81	2.96	2.85	2.59	2.18	3.08	2.98	2.70	2.28
30	1.68	1.60	1.42	1.16	2.72	2.62	2.37	1.99	3.25	3.13	2.84	2.40	3.38	3.27	2.97	2.50
31	1.69	1.62	1.44	1.18	2.75	2.66	2.41	2.02	3.27	3.15	2.86	2.42	3.42	3.30	3.00	2.55
32	1.71	1.63	1.45	1.19	2.79	2.69	2.44	2.05	3.31	3.19	2.90	2.46	3.47	3.36	3.05	2.58
33	1.74	1.67	1.49	1.22	2.86	2.76	2.50	2.10	3.38	3.25	2.96	2.51	3.54	3.43	3.12	2.65
34	1.78	1.71	1.53	1.25	2.93	2.83	2.57	2.17	3.46	3.34	3.04	2.58	3.63	3.52	3.20	2.72
35	1.84	1.76	1.58	1.30	3.02	2.92	2.66	2.24	3.57	3.44	3.14	2.66	3.76	3.63	3.31	2.81
36	1.90	1.83	1.63	1.34	3.14	3.03	2.76	2.32	3.70	3.56	3.25	2.76	3.89	3.76	3.43	2.92
37	1.98	1.90	1.69	1.40	3.26	3.15	2.86	2.42	3.85	3.71	3.38	2.87	4.04	3.91	3.57	3.03
38	2.07	1.98	1.77	1.47	3.41	3.30	3.00	2.53	4.02	3.87	3.53	3.00	4.21	4.08	3.72	3.17
39	2.17	2.08	1.86	1.53	3.57	3.46	3.14	2.65	4.21	4.05	3.70	3.14	4.41	4.27	3.89	3.32
40	2.29	2.19	1.96	1.61	3.77	3.64	3.30	2.79	4.42	4.26	3.89	3.30	4.63	4.48	4.08	3.47
41	2.41	2.31	2.06	1.70	3.96	3.83	3.48	2.93	4.64	4.47	4.09	3.47	4.85	4.70	4.28	3.64
42	2.54	2.43	2.17	1.78	4.15	4.02	3.64	3.07	4.86	4.68	4.28	3.64	5.07	4.91	4.47	3.80
43	2.68	2.57	2.29	1.88	4.36	4.22	3.82	3.22	5.08	4.90	4.49	3.82	5.30	5.13	4.67	3.96
44	2.84	2.72	2.42	1.98	4.60	4.44	4.02	3.38	5.32	5.14	4.71	4.01	5.56	5.37	4.89	4.14
45	3.01	2.89	2.57	2.09	4.86	4.69	4.25	3.56	5.59	5.41	4.96	4.23	5.83	5.64	5.12	4.33
46	3.22	3.08	2.72	2.22	5.15	4.97	4.49	3.76	5.90	5.71	5.23	4.46	6.15	5.94	5.39	4.55
47	3.45	3.30	2.92	2.37	5.49	5.30	4.78	3.99	6.26	6.05	5.54	4.72	6.50	6.28	5.69	4.79
48	3.72	3.56	3.15	2.55	5.89	5.68	5.11	4.27	6.67	6.45	5.90	5.02	6.91	6.67	6.03	5.07
49	4.04	3.87	3.41	2.76	6.36	6.12	5.50	4.58	7.15	6.91	6.31	5.34	7.38	7.13	6.43	5.40
50	4.42	4.23	3.72	2.99	6.89	6.63	5.95	4.94	7.71	7.44	6.77	5.71	7.92	7.65	6.89	5.76
51	4.84	4.63	4.07	3.28	7.49	7.21	6.46	5.35	8.34	8.04	7.29	6.11	8.54	8.23	7.41	6.18
52	5.31	5.08	4.46	3.57	8.15	7.85	7.02	5.80	9.02	8.68	7.84	6.54	9.19	8.86	7.96	6.62
53	5.83	5.57	4.89	3.90	8.87	8.54	7.63	6.28	9.76	9.38	8.44	7.00	9.90	9.54	8.55	7.10
54	6.42	6.13	5.37	4.28	9.67	9.31	8.30	6.83	10.55	10.12	9.08	7.49	10.66	10.27	9.20	7.61
55	7.06	6.75	5.91	4.70	10.55	10.14	9.03	7.40	11.39	10.92	9.76	8.01	11.46	11.05	9.87	8.13
56	7.79	7.45	6.51	5.17	11.50	11.06	9.83	8.04	N/A				12.33	11.88	10.59	8.70
57	8.61	8.23	7.19	5.70	12.55	12.07	10.71	8.73					13.24	12.75	11.34	9.28
58	9.53	9.12	7.96	6.30	13.68	13.16	11.67	9.48					14.19	13.67	12.13	9.89
59	10.58	10.13	8.84	6.98	14.91	14.36	12.71	10.30					15.21	14.64	12.97	10.53
60	12.29	11.82	10.32	8.16	16.23	15.66	13.84	11.17					16.23	15.66	13.84	11.17
61	13.13	12.65	11.06	8.73	N/A								N/A			
62	12.76	12.29	10.74	8.44												
63	12.35	11.92	10.38	8.10												
64	11.89	11.50	9.99	7.72												

Apply a 25% Surcharge Factor For Tobacco Users.

Policy Rider PR9 - Catastrophic Disability Benefit Rider

Occupation Class 3P With Noncancelable Premiums

Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday

Gender Male

	Benefit Period is 2 Years				Benefit Period is 5 Years				Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days				Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365	60	90	180	365	60	90	180	365
18	1.17	1.12	1.00	0.81	1.94	1.88	1.71	1.44	2.21	2.13	1.94	1.65	2.37	2.29	2.08	1.76
19	1.17	1.12	1.00	0.81	1.94	1.88	1.71	1.44	2.21	2.13	1.94	1.65	2.37	2.29	2.08	1.76
20	1.17	1.12	1.00	0.81	1.94	1.88	1.71	1.44	2.21	2.13	1.94	1.65	2.37	2.29	2.08	1.76
21	1.17	1.12	1.00	0.81	1.94	1.88	1.71	1.44	2.21	2.13	1.94	1.65	2.37	2.29	2.08	1.76
22	1.17	1.12	1.00	0.81	1.94	1.88	1.71	1.44	2.21	2.13	1.94	1.65	2.37	2.29	2.08	1.76
23	1.17	1.12	1.00	0.81	1.94	1.88	1.71	1.44	2.21	2.13	1.94	1.65	2.37	2.29	2.08	1.76
24	1.17	1.12	1.00	0.81	1.94	1.88	1.71	1.44	2.21	2.13	1.94	1.65	2.37	2.29	2.08	1.76
25	1.17	1.12	1.00	0.81	1.94	1.88	1.71	1.44	2.21	2.13	1.94	1.65	2.37	2.29	2.08	1.76
26	1.32	1.27	1.12	0.92	2.19	2.12	1.92	1.62	2.49	2.40	2.19	1.85	2.66	2.57	2.34	1.96
27	1.50	1.43	1.27	1.03	2.47	2.38	2.16	1.81	2.81	2.70	2.46	2.08	2.98	2.88	2.61	2.20
28	1.69	1.62	1.43	1.16	2.77	2.67	2.42	2.03	3.15	3.03	2.75	2.32	3.34	3.23	2.93	2.45
29	1.90	1.82	1.62	1.31	3.11	3.00	2.71	2.27	3.54	3.40	3.09	2.60	3.73	3.60	3.26	2.74
30	2.15	2.06	1.81	1.47	3.49	3.37	3.04	2.54	3.97	3.82	3.46	2.91	4.17	4.02	3.64	3.04
31	2.15	2.05	1.81	1.47	3.47	3.35	3.03	2.53	3.94	3.79	3.44	2.90	4.14	4.00	3.61	3.02
32	2.16	2.06	1.82	1.47	3.49	3.36	3.04	2.53	3.93	3.79	3.44	2.90	4.16	4.01	3.62	3.03
33	2.18	2.09	1.84	1.49	3.52	3.40	3.06	2.55	3.95	3.81	3.46	2.92	4.18	4.03	3.65	3.04
34	2.22	2.12	1.88	1.51	3.57	3.44	3.10	2.58	4.00	3.85	3.50	2.95	4.23	4.08	3.68	3.07
35	2.27	2.17	1.92	1.54	3.64	3.52	3.17	2.64	4.06	3.91	3.56	3.01	4.31	4.15	3.75	3.12
36	2.34	2.23	1.97	1.58	3.73	3.60	3.25	2.69	4.15	4.00	3.64	3.08	4.40	4.25	3.83	3.19
37	2.41	2.30	2.03	1.63	3.84	3.71	3.34	2.77	4.27	4.11	3.74	3.17	4.52	4.36	3.94	3.28
38	2.50	2.39	2.11	1.69	3.98	3.83	3.45	2.87	4.40	4.24	3.86	3.27	4.66	4.50	4.05	3.37
39	2.60	2.48	2.19	1.76	4.13	3.98	3.59	2.98	4.56	4.40	4.01	3.39	4.83	4.66	4.20	3.49
40	2.72	2.59	2.30	1.85	4.31	4.15	3.74	3.11	4.75	4.58	4.17	3.53	5.01	4.84	4.36	3.63
41	2.84	2.71	2.40	1.93	4.50	4.34	3.91	3.25	4.96	4.78	4.35	3.69	5.23	5.04	4.55	3.78
42	2.98	2.84	2.52	2.03	4.71	4.54	4.09	3.40	5.18	5.00	4.56	3.87	5.46	5.26	4.75	3.95
43	3.13	2.99	2.65	2.14	4.94	4.77	4.30	3.57	5.43	5.24	4.78	4.07	5.71	5.50	4.97	4.14
44	3.29	3.16	2.80	2.26	5.20	5.02	4.53	3.77	5.69	5.50	5.02	4.28	5.98	5.77	5.21	4.34
45	3.48	3.33	2.96	2.40	5.48	5.29	4.78	3.97	5.99	5.78	5.28	4.51	6.26	6.05	5.47	4.55
46	3.67	3.52	3.13	2.54	5.78	5.58	5.04	4.20	6.31	6.09	5.57	4.76	6.58	6.36	5.75	4.79
47	3.90	3.73	3.33	2.71	6.12	5.91	5.34	4.45	6.66	6.43	5.87	5.02	6.93	6.70	6.05	5.05
48	4.14	3.97	3.55	2.89	6.49	6.27	5.66	4.72	7.05	6.80	6.20	5.29	7.31	7.06	6.38	5.32
49	4.41	4.24	3.79	3.08	6.88	6.65	6.01	5.01	7.46	7.20	6.55	5.56	7.71	7.45	6.74	5.62
50	4.72	4.53	4.05	3.30	7.32	7.08	6.40	5.33	7.92	7.63	6.92	5.85	8.14	7.87	7.12	5.93
51	5.05	4.85	4.34	3.53	7.79	7.53	6.80	5.67	8.41	8.09	7.31	6.14	8.60	8.32	7.52	6.27
52	5.40	5.19	4.64	3.79	8.29	8.02	7.24	6.02	8.93	8.58	7.73	6.45	9.09	8.79	7.95	6.61
53	5.79	5.58	4.99	4.06	8.83	8.54	7.71	6.40	9.49	9.10	8.16	6.76	9.61	9.29	8.40	6.98
54	6.23	6.00	5.37	4.36	9.41	9.10	8.23	6.82	10.07	9.65	8.62	7.09	10.16	9.82	8.88	7.37
55	6.70	6.46	5.78	4.69	10.04	9.70	8.76	7.25	10.69	10.23	9.10	7.43	10.72	10.37	9.36	7.76
56	7.24	6.98	6.24	5.05	10.71	10.37	9.35	7.72	N/A				11.32	10.96	9.88	8.16
57	7.84	7.57	6.77	5.46	11.43	11.07	9.98	8.21					11.95	11.56	10.42	8.58
58	8.52	8.23	7.35	5.91	12.22	11.83	10.64	8.73					12.59	12.19	10.97	9.00
59	9.30	8.99	8.02	6.42	13.06	12.65	11.37	9.28					13.27	12.85	11.54	9.43
60	10.21	9.88	8.80	7.00	13.97	13.54	12.13	9.85					13.97	13.54	12.13	9.85
61	10.92	10.56	9.43	7.50	N/A								N/A			
62	10.60	10.27	9.15	7.25												
63	10.26	9.95	8.85	6.96												
64	9.88	9.60	8.51	6.63												

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Rider PR9 - Catastrophic Disability Benefit Rider															
	Occupation Class 3P With Noncancelable Premiums															
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday															
Gender	Female															
	Benefit Period is 2 Years				Benefit Period is 5 Years				Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days				Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365	60	90	180	365	60	90	180	365
18	0.98	0.94	0.83	0.66	1.56	1.49	1.34	1.11	1.83	1.76	1.58	1.32	1.91	1.84	1.66	1.39
19	0.98	0.94	0.83	0.66	1.56	1.49	1.34	1.11	1.83	1.76	1.58	1.32	1.91	1.84	1.66	1.39
20	0.98	0.94	0.83	0.66	1.56	1.49	1.34	1.11	1.83	1.76	1.58	1.32	1.91	1.84	1.66	1.39
21	0.98	0.94	0.83	0.66	1.56	1.49	1.34	1.11	1.83	1.76	1.58	1.32	1.91	1.84	1.66	1.39
22	0.98	0.94	0.83	0.66	1.56	1.49	1.34	1.11	1.83	1.76	1.58	1.32	1.91	1.84	1.66	1.39
23	0.98	0.94	0.83	0.66	1.56	1.49	1.34	1.11	1.83	1.76	1.58	1.32	1.91	1.84	1.66	1.39
24	0.98	0.94	0.83	0.66	1.56	1.49	1.34	1.11	1.83	1.76	1.58	1.32	1.91	1.84	1.66	1.39
25	0.98	0.94	0.83	0.66	1.56	1.49	1.34	1.11	1.83	1.76	1.58	1.32	1.91	1.84	1.66	1.39
26	1.12	1.07	0.95	0.76	1.77	1.71	1.54	1.28	2.09	2.01	1.82	1.52	2.18	2.10	1.91	1.59
27	1.27	1.22	1.07	0.87	2.02	1.95	1.75	1.46	2.38	2.30	2.07	1.73	2.48	2.40	2.17	1.82
28	1.44	1.38	1.23	0.98	2.30	2.22	1.99	1.66	2.71	2.61	2.35	1.98	2.82	2.72	2.47	2.08
29	1.63	1.57	1.39	1.13	2.60	2.51	2.27	1.90	3.07	2.96	2.68	2.25	3.19	3.09	2.80	2.35
30	1.84	1.77	1.57	1.28	2.95	2.84	2.57	2.15	3.48	3.35	3.03	2.55	3.60	3.48	3.16	2.67
31	1.84	1.76	1.57	1.28	2.94	2.84	2.57	2.15	3.47	3.34	3.02	2.55	3.60	3.48	3.15	2.66
32	1.85	1.77	1.57	1.29	2.97	2.86	2.58	2.17	3.48	3.35	3.04	2.56	3.62	3.50	3.18	2.68
33	1.86	1.79	1.59	1.30	3.00	2.89	2.61	2.19	3.51	3.38	3.07	2.59	3.65	3.53	3.21	2.72
34	1.90	1.82	1.62	1.32	3.05	2.95	2.66	2.24	3.56	3.43	3.12	2.64	3.71	3.59	3.26	2.76
35	1.95	1.87	1.66	1.36	3.13	3.02	2.73	2.30	3.64	3.50	3.19	2.70	3.80	3.67	3.34	2.83
36	2.00	1.92	1.71	1.40	3.21	3.10	2.81	2.36	3.74	3.60	3.28	2.77	3.90	3.77	3.43	2.90
37	2.07	1.99	1.77	1.45	3.32	3.21	2.91	2.44	3.86	3.72	3.39	2.86	4.02	3.89	3.54	3.00
38	2.16	2.07	1.84	1.51	3.45	3.34	3.02	2.54	4.00	3.85	3.51	2.97	4.17	4.04	3.66	3.10
39	2.26	2.16	1.92	1.58	3.60	3.48	3.15	2.65	4.16	4.01	3.66	3.09	4.33	4.20	3.81	3.23
40	2.38	2.28	2.02	1.66	3.78	3.65	3.30	2.77	4.35	4.19	3.82	3.23	4.53	4.38	3.97	3.36
41	2.49	2.39	2.12	1.74	3.96	3.82	3.45	2.90	4.54	4.38	3.99	3.38	4.73	4.57	4.15	3.51
42	2.62	2.51	2.22	1.82	4.13	4.00	3.61	3.02	4.74	4.57	4.17	3.53	4.92	4.76	4.31	3.64
43	2.76	2.65	2.35	1.91	4.34	4.19	3.78	3.17	4.94	4.76	4.35	3.69	5.13	4.96	4.50	3.79
44	2.91	2.80	2.47	2.01	4.56	4.40	3.96	3.31	5.16	4.98	4.55	3.87	5.35	5.18	4.69	3.94
45	3.09	2.96	2.62	2.13	4.80	4.64	4.17	3.48	5.41	5.22	4.77	4.06	5.61	5.42	4.90	4.11
46	3.30	3.16	2.78	2.26	5.09	4.90	4.41	3.67	5.69	5.50	5.03	4.28	5.90	5.70	5.14	4.31
47	3.53	3.39	2.98	2.41	5.41	5.23	4.69	3.90	6.03	5.82	5.32	4.52	6.24	6.02	5.43	4.54
48	3.81	3.65	3.21	2.59	5.80	5.59	5.02	4.16	6.42	6.20	5.66	4.80	6.62	6.39	5.75	4.80
49	4.14	3.96	3.49	2.80	6.25	6.03	5.40	4.46	6.88	6.64	6.04	5.11	7.07	6.83	6.13	5.11
50	4.53	4.34	3.81	3.06	6.78	6.53	5.84	4.82	7.42	7.15	6.49	5.46	7.59	7.33	6.58	5.46
51	4.95	4.74	4.16	3.33	7.36	7.09	6.33	5.21	8.03	7.72	6.99	5.85	8.18	7.89	7.08	5.86
52	5.43	5.21	4.56	3.65	8.01	7.71	6.88	5.65	8.69	8.35	7.53	6.27	8.83	8.51	7.62	6.30
53	5.97	5.72	5.01	3.99	8.72	8.39	7.48	6.13	9.40	9.03	8.11	6.72	9.50	9.17	8.19	6.76
54	6.56	6.28	5.50	4.38	9.50	9.14	8.14	6.65	10.17	9.75	8.73	7.20	10.25	9.88	8.82	7.26
55	7.22	6.92	6.05	4.81	10.34	9.95	8.84	7.22	11.00	10.53	9.40	7.71	11.04	10.64	9.48	7.78
56	7.95	7.62	6.66	5.29	11.25	10.83	9.62	7.83	N/A				11.89	11.45	10.19	8.33
57	8.77	8.41	7.35	5.82	12.24	11.80	10.46	8.50					12.77	12.31	10.93	8.91
58	9.69	9.29	8.12	6.42	13.33	12.84	11.37	9.21					13.72	13.22	11.72	9.52
59	10.73	10.30	8.99	7.12	14.49	13.96	12.35	9.99					14.71	14.17	12.54	10.16
60	11.92	11.46	10.00	7.91	15.73	15.18	13.41	10.83					15.73	15.18	13.41	10.83
61	12.72	12.26	10.72	8.47	N/A								N/A			
62	12.36	11.91	10.41	8.18												
63	11.96	11.55	10.06	7.86												
64	11.51	11.14	9.68	7.49												

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Rider PR9 - Catastrophic Disability Benefit Rider															
	Occupation Class 2A With Noncancelable Premiums															
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday															
Gender	Male															
	Benefit Period is 2 Years				Benefit Period is 5 Years				Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days				Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365	60	90	180	365	60	90	180	365
18	1.46	1.40	1.25	1.02	2.45	2.37	2.15	1.82	2.81	2.71	2.48	2.11	3.01	2.91	2.64	2.23
19	1.46	1.40	1.25	1.02	2.45	2.37	2.15	1.82	2.81	2.71	2.48	2.11	3.01	2.91	2.64	2.23
20	1.46	1.40	1.25	1.02	2.45	2.37	2.15	1.82	2.81	2.71	2.48	2.11	3.01	2.91	2.64	2.23
21	1.46	1.40	1.25	1.02	2.45	2.37	2.15	1.82	2.81	2.71	2.48	2.11	3.01	2.91	2.64	2.23
22	1.46	1.40	1.25	1.02	2.45	2.37	2.15	1.82	2.81	2.71	2.48	2.11	3.01	2.91	2.64	2.23
23	1.46	1.40	1.25	1.02	2.45	2.37	2.15	1.82	2.81	2.71	2.48	2.11	3.01	2.91	2.64	2.23
24	1.46	1.40	1.25	1.02	2.45	2.37	2.15	1.82	2.81	2.71	2.48	2.11	3.01	2.91	2.64	2.23
25	1.46	1.40	1.25	1.02	2.45	2.37	2.15	1.82	2.81	2.71	2.48	2.11	3.01	2.91	2.64	2.23
26	1.57	1.51	1.34	1.10	2.64	2.56	2.31	1.96	3.02	2.93	2.67	2.27	3.23	3.13	2.84	2.40
27	1.70	1.63	1.45	1.18	2.86	2.75	2.50	2.11	3.27	3.15	2.88	2.45	3.48	3.37	3.05	2.57
28	1.85	1.77	1.57	1.27	3.09	2.98	2.70	2.28	3.54	3.41	3.11	2.64	3.76	3.64	3.30	2.77
29	2.01	1.93	1.70	1.39	3.34	3.23	2.92	2.45	3.83	3.70	3.37	2.85	4.07	3.93	3.57	3.00
30	2.19	2.10	1.85	1.50	3.63	3.50	3.16	2.66	4.16	4.01	3.65	3.09	4.41	4.26	3.85	3.23
31	2.22	2.12	1.87	1.51	3.66	3.54	3.19	2.67	4.17	4.02	3.66	3.11	4.44	4.29	3.88	3.26
32	2.25	2.15	1.90	1.53	3.71	3.58	3.24	2.70	4.21	4.06	3.70	3.14	4.50	4.34	3.92	3.29
33	2.30	2.20	1.94	1.57	3.78	3.65	3.29	2.75	4.28	4.13	3.76	3.20	4.58	4.42	4.00	3.34
34	2.37	2.26	1.99	1.60	3.88	3.74	3.37	2.81	4.37	4.22	3.85	3.27	4.68	4.52	4.08	3.41
35	2.44	2.33	2.06	1.65	4.00	3.86	3.48	2.90	4.49	4.33	3.95	3.37	4.81	4.65	4.19	3.50
36	2.53	2.42	2.13	1.71	4.14	3.99	3.59	2.99	4.63	4.47	4.08	3.48	4.97	4.80	4.32	3.61
37	2.64	2.52	2.22	1.78	4.31	4.14	3.74	3.11	4.81	4.64	4.24	3.61	5.16	4.97	4.49	3.74
38	2.75	2.63	2.32	1.85	4.48	4.32	3.89	3.24	5.00	4.83	4.41	3.76	5.35	5.17	4.65	3.88
39	2.89	2.75	2.43	1.95	4.69	4.52	4.07	3.39	5.23	5.05	4.61	3.93	5.59	5.39	4.86	4.05
40	3.03	2.90	2.55	2.05	4.93	4.75	4.28	3.57	5.48	5.29	4.83	4.12	5.85	5.64	5.09	4.25
41	3.18	3.03	2.67	2.15	5.17	4.98	4.49	3.74	5.75	5.55	5.07	4.33	6.13	5.91	5.33	4.45
42	3.34	3.19	2.81	2.27	5.43	5.24	4.72	3.93	6.04	5.84	5.34	4.56	6.42	6.20	5.59	4.66
43	3.52	3.36	2.97	2.40	5.72	5.52	4.97	4.14	6.36	6.14	5.62	4.82	6.74	6.51	5.88	4.90
44	3.71	3.55	3.14	2.54	6.04	5.82	5.26	4.39	6.70	6.47	5.93	5.10	7.09	6.84	6.18	5.16
45	3.92	3.74	3.33	2.70	6.38	6.15	5.56	4.65	7.07	6.83	6.27	5.39	7.46	7.20	6.51	5.45
46	4.13	3.95	3.51	2.86	6.74	6.50	5.88	4.92	7.47	7.22	6.62	5.70	7.86	7.59	6.86	5.74
47	4.38	4.18	3.72	3.04	7.14	6.89	6.23	5.22	7.90	7.64	7.00	6.02	8.29	8.01	7.24	6.07
48	4.64	4.44	3.96	3.24	7.58	7.31	6.62	5.55	8.38	8.09	7.41	6.35	8.75	8.45	7.66	6.42
49	4.94	4.73	4.23	3.47	8.06	7.78	7.05	5.92	8.89	8.58	7.84	6.70	9.25	8.93	8.10	6.79
50	5.27	5.05	4.51	3.71	8.58	8.28	7.51	6.30	9.45	9.11	8.30	7.05	9.78	9.45	8.56	7.19
51	5.62	5.39	4.83	3.97	9.14	8.83	8.01	6.72	10.05	9.68	8.78	7.41	10.35	10.00	9.07	7.61
52	6.01	5.76	5.16	4.25	9.74	9.41	8.54	7.17	10.69	10.28	9.29	7.78	10.95	10.58	9.59	8.05
53	6.43	6.17	5.54	4.56	10.38	10.03	9.11	7.63	11.37	10.91	9.82	8.17	11.57	11.19	10.15	8.51
54	6.88	6.62	5.95	4.89	11.09	10.71	9.72	8.15	12.08	11.58	10.38	8.57	12.23	11.83	10.72	8.99
55	7.40	7.12	6.40	5.26	11.86	11.46	10.40	8.70	12.83	12.28	10.97	8.98	12.93	12.49	11.33	9.48
56	7.98	7.68	6.90	5.66	12.68	12.26	11.11	9.28	N/A				13.64	13.20	11.95	9.99
57	8.62	8.30	7.46	6.11	13.57	13.12	11.88	9.90					14.40	13.93	12.61	10.51
58	9.36	9.02	8.10	6.61	14.56	14.08	12.74	10.59					15.18	14.69	13.28	11.05
59	10.21	9.84	8.84	7.18	15.64	15.14	13.67	11.33					15.99	15.48	13.98	11.59
60	11.22	10.84	9.72	7.86	16.84	16.30	14.70	12.12					16.84	16.30	14.70	12.12
61	11.96	11.55	10.39	8.42	N/A								N/A			
62	11.72	11.33	10.17	8.20												
63	11.60	11.23	10.05	8.04												
64	11.47	11.13	9.92	7.83												

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Rider PR9 - Catastrophic Disability Benefit Rider															
	Occupation Class 2A With Noncancelable Premiums															
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday															
Gender	Female															
	Benefit Period is 2 Years				Benefit Period is 5 Years				Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days				Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365	60	90	180	365	60	90	180	365
18	1.20	1.15	1.01	0.80	1.91	1.84	1.65	1.37	2.28	2.19	1.97	1.65	2.36	2.28	2.06	1.72
19	1.20	1.15	1.01	0.80	1.91	1.84	1.65	1.37	2.28	2.19	1.97	1.65	2.36	2.28	2.06	1.72
20	1.20	1.15	1.01	0.80	1.91	1.84	1.65	1.37	2.28	2.19	1.97	1.65	2.36	2.28	2.06	1.72
21	1.20	1.15	1.01	0.80	1.91	1.84	1.65	1.37	2.28	2.19	1.97	1.65	2.36	2.28	2.06	1.72
22	1.20	1.15	1.01	0.80	1.91	1.84	1.65	1.37	2.28	2.19	1.97	1.65	2.36	2.28	2.06	1.72
23	1.20	1.15	1.01	0.80	1.91	1.84	1.65	1.37	2.28	2.19	1.97	1.65	2.36	2.28	2.06	1.72
24	1.20	1.15	1.01	0.80	1.91	1.84	1.65	1.37	2.28	2.19	1.97	1.65	2.36	2.28	2.06	1.72
25	1.20	1.15	1.01	0.80	1.91	1.84	1.65	1.37	2.28	2.19	1.97	1.65	2.36	2.28	2.06	1.72
26	1.29	1.24	1.09	0.87	2.07	1.99	1.79	1.49	2.47	2.37	2.14	1.80	2.56	2.48	2.24	1.88
27	1.40	1.34	1.19	0.96	2.25	2.17	1.95	1.63	2.68	2.58	2.34	1.97	2.80	2.71	2.44	2.06
28	1.52	1.45	1.29	1.05	2.45	2.37	2.14	1.78	2.92	2.82	2.56	2.15	3.06	2.96	2.68	2.25
29	1.65	1.58	1.41	1.14	2.69	2.58	2.34	1.96	3.20	3.07	2.81	2.37	3.34	3.23	2.93	2.47
30	1.80	1.72	1.53	1.25	2.94	2.84	2.56	2.14	3.50	3.37	3.07	2.59	3.65	3.53	3.21	2.71
31	1.81	1.74	1.55	1.27	2.97	2.87	2.60	2.18	3.54	3.41	3.11	2.63	3.70	3.58	3.25	2.75
32	1.85	1.77	1.57	1.29	3.03	2.93	2.66	2.23	3.60	3.47	3.17	2.68	3.78	3.66	3.33	2.82
33	1.88	1.81	1.61	1.32	3.10	3.00	2.72	2.29	3.69	3.55	3.25	2.75	3.87	3.75	3.41	2.89
34	1.95	1.87	1.66	1.36	3.21	3.11	2.81	2.37	3.79	3.66	3.34	2.84	4.00	3.87	3.52	2.99
35	2.01	1.93	1.72	1.42	3.32	3.21	2.92	2.46	3.93	3.79	3.46	2.94	4.14	4.00	3.65	3.10
36	2.09	2.00	1.79	1.47	3.45	3.34	3.03	2.56	4.08	3.94	3.60	3.06	4.30	4.16	3.79	3.23
37	2.17	2.08	1.86	1.53	3.60	3.48	3.17	2.68	4.26	4.11	3.76	3.20	4.49	4.34	3.95	3.37
38	2.27	2.18	1.95	1.61	3.78	3.65	3.32	2.81	4.46	4.30	3.93	3.35	4.69	4.54	4.14	3.53
39	2.40	2.30	2.05	1.69	3.98	3.85	3.49	2.96	4.68	4.52	4.13	3.52	4.92	4.77	4.35	3.70
40	2.54	2.43	2.17	1.79	4.20	4.06	3.69	3.12	4.93	4.76	4.35	3.70	5.18	5.01	4.57	3.89
41	2.66	2.55	2.28	1.88	4.41	4.27	3.88	3.28	5.18	5.00	4.57	3.89	5.43	5.26	4.79	4.08
42	2.80	2.68	2.40	1.98	4.63	4.48	4.06	3.43	5.42	5.24	4.79	4.08	5.68	5.50	5.01	4.26
43	2.95	2.83	2.52	2.08	4.87	4.70	4.26	3.60	5.67	5.48	5.02	4.29	5.94	5.75	5.24	4.45
44	3.13	2.99	2.67	2.19	5.12	4.95	4.48	3.78	5.94	5.74	5.27	4.50	6.21	6.01	5.47	4.64
45	3.33	3.18	2.82	2.31	5.41	5.23	4.73	3.97	6.24	6.04	5.54	4.74	6.53	6.31	5.73	4.85
46	3.53	3.38	3.00	2.45	5.73	5.53	5.00	4.20	6.58	6.37	5.84	5.00	6.87	6.64	6.03	5.10
47	3.78	3.62	3.20	2.61	6.11	5.90	5.32	4.46	6.98	6.76	6.20	5.30	7.27	7.03	6.37	5.37
48	4.09	3.91	3.46	2.80	6.56	6.33	5.70	4.76	7.46	7.21	6.60	5.63	7.75	7.48	6.77	5.70
49	4.44	4.25	3.74	3.04	7.09	6.83	6.14	5.11	8.01	7.75	7.07	6.01	8.29	8.01	7.23	6.07
50	4.88	4.66	4.10	3.30	7.71	7.44	6.67	5.54	8.67	8.37	7.62	6.44	8.93	8.62	7.76	6.51
51	5.35	5.11	4.49	3.62	8.42	8.11	7.26	6.03	9.41	9.07	8.23	6.92	9.65	9.31	8.38	7.00
52	5.88	5.62	4.93	3.96	9.20	8.86	7.93	6.56	10.22	9.84	8.89	7.43	10.44	10.06	9.04	7.53
53	6.48	6.19	5.43	4.34	10.05	9.68	8.64	7.13	11.10	10.67	9.61	7.98	11.28	10.87	9.75	8.10
54	7.15	6.83	5.97	4.78	11.01	10.59	9.45	7.77	12.04	11.56	10.38	8.57	12.19	11.74	10.51	8.71
55	7.90	7.54	6.59	5.25	12.05	11.59	10.33	8.47	13.05	12.51	11.19	9.19	13.16	12.67	11.33	9.35
56	8.71	8.32	7.27	5.77	13.17	12.67	11.26	9.22	N/A				14.19	13.66	12.18	10.02
57	9.64	9.21	8.03	6.36	14.43	13.87	12.32	10.05					15.29	14.71	13.09	10.73
58	10.68	10.20	8.88	7.03	15.79	15.18	13.46	10.96					16.45	15.82	14.04	11.48
59	11.86	11.34	9.88	7.80	17.28	16.62	14.72	11.95					17.67	16.99	15.06	12.24
60	13.25	12.67	11.04	8.70	18.94	18.22	16.11	13.06					18.94	18.22	16.11	13.06
61	14.10	13.51	11.79	9.31	N/A								N/A			
62	13.82	13.26	11.54	9.07												
63	13.67	13.13	11.41	8.88												
64	13.51	13.02	11.26	8.66												

Apply a 25% Surcharge Factor For Tobacco Users.

Policy Rider PR9 - Catastrophic Disability Benefit Rider
Occupation Class 2P With Noncancelable Premiums
Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday

Gender Male

	Benefit Period is 2 Years				Benefit Period is 5 Years				Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days				Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365	60	90	180	365	60	90	180	365
18	1.22	1.17	1.05	0.85	2.04	1.97	1.79	1.51	2.32	2.24	2.04	1.73	2.49	2.41	2.18	1.84
19	1.22	1.17	1.05	0.85	2.04	1.97	1.79	1.51	2.32	2.24	2.04	1.73	2.49	2.41	2.18	1.84
20	1.22	1.17	1.05	0.85	2.04	1.97	1.79	1.51	2.32	2.24	2.04	1.73	2.49	2.41	2.18	1.84
21	1.22	1.17	1.05	0.85	2.04	1.97	1.79	1.51	2.32	2.24	2.04	1.73	2.49	2.41	2.18	1.84
22	1.22	1.17	1.05	0.85	2.04	1.97	1.79	1.51	2.32	2.24	2.04	1.73	2.49	2.41	2.18	1.84
23	1.22	1.17	1.05	0.85	2.04	1.97	1.79	1.51	2.32	2.24	2.04	1.73	2.49	2.41	2.18	1.84
24	1.22	1.17	1.05	0.85	2.04	1.97	1.79	1.51	2.32	2.24	2.04	1.73	2.49	2.41	2.18	1.84
25	1.22	1.17	1.05	0.85	2.04	1.97	1.79	1.51	2.32	2.24	2.04	1.73	2.49	2.41	2.18	1.84
26	1.39	1.33	1.18	0.96	2.30	2.22	2.01	1.69	2.62	2.52	2.29	1.94	2.79	2.70	2.45	2.06
27	1.57	1.51	1.33	1.08	2.59	2.50	2.26	1.90	2.94	2.83	2.57	2.18	3.14	3.03	2.75	2.31
28	1.78	1.70	1.51	1.22	2.91	2.81	2.54	2.13	3.31	3.19	2.89	2.43	3.51	3.39	3.07	2.57
29	2.00	1.92	1.69	1.37	3.27	3.15	2.85	2.39	3.72	3.58	3.24	2.73	3.92	3.79	3.42	2.87
30	2.25	2.16	1.91	1.54	3.66	3.53	3.19	2.67	4.16	4.01	3.63	3.05	4.38	4.22	3.81	3.19
31	2.26	2.15	1.91	1.54	3.65	3.52	3.18	2.65	4.13	3.98	3.61	3.04	4.35	4.20	3.80	3.17
32	2.27	2.17	1.91	1.54	3.66	3.53	3.19	2.66	4.13	3.98	3.61	3.04	4.36	4.21	3.80	3.18
33	2.30	2.20	1.94	1.56	3.70	3.57	3.22	2.68	4.15	4.00	3.63	3.06	4.40	4.24	3.83	3.20
34	2.33	2.24	1.97	1.59	3.75	3.62	3.26	2.72	4.19	4.04	3.67	3.10	4.44	4.29	3.88	3.23
35	2.39	2.29	2.02	1.62	3.84	3.69	3.33	2.77	4.26	4.11	3.74	3.16	4.53	4.37	3.94	3.28
36	2.45	2.35	2.07	1.66	3.93	3.78	3.41	2.83	4.36	4.20	3.82	3.23	4.62	4.47	4.03	3.35
37	2.53	2.42	2.14	1.72	4.04	3.90	3.51	2.91	4.48	4.32	3.93	3.33	4.75	4.59	4.13	3.44
38	2.62	2.51	2.22	1.78	4.18	4.03	3.63	3.01	4.62	4.46	4.06	3.44	4.90	4.73	4.26	3.55
39	2.73	2.61	2.31	1.85	4.35	4.19	3.77	3.14	4.79	4.62	4.21	3.56	5.08	4.90	4.42	3.68
40	2.85	2.73	2.41	1.94	4.53	4.37	3.93	3.27	4.99	4.81	4.38	3.71	5.27	5.09	4.59	3.82
41	2.98	2.86	2.52	2.03	4.73	4.56	4.11	3.41	5.21	5.02	4.57	3.88	5.49	5.30	4.78	3.98
42	3.13	2.99	2.65	2.14	4.95	4.78	4.30	3.58	5.44	5.25	4.79	4.06	5.73	5.53	4.99	4.15
43	3.28	3.14	2.79	2.25	5.19	5.01	4.51	3.76	5.70	5.50	5.02	4.27	5.99	5.78	5.22	4.35
44	3.46	3.32	2.94	2.38	5.47	5.27	4.76	3.96	5.98	5.77	5.27	4.50	6.28	6.06	5.47	4.56
45	3.65	3.50	3.11	2.52	5.75	5.55	5.02	4.18	6.29	6.07	5.55	4.74	6.58	6.36	5.74	4.79
46	3.85	3.70	3.29	2.67	6.07	5.86	5.29	4.41	6.63	6.40	5.85	5.00	6.91	6.68	6.04	5.03
47	4.09	3.92	3.49	2.84	6.42	6.20	5.60	4.67	7.00	6.75	6.17	5.27	7.28	7.03	6.36	5.30
48	4.34	4.17	3.72	3.03	6.81	6.57	5.94	4.95	7.40	7.14	6.51	5.55	7.67	7.41	6.70	5.59
49	4.63	4.45	3.97	3.23	7.23	6.98	6.31	5.26	7.84	7.56	6.88	5.84	8.09	7.82	7.07	5.90
50	4.95	4.76	4.26	3.46	7.68	7.43	6.72	5.59	8.32	8.01	7.27	6.14	8.55	8.26	7.47	6.22
51	5.29	5.09	4.55	3.71	8.17	7.90	7.14	5.94	8.84	8.50	7.68	6.45	9.02	8.73	7.89	6.57
52	5.67	5.45	4.88	3.97	8.70	8.41	7.60	6.32	9.38	9.01	8.12	6.77	9.54	9.23	8.34	6.94
53	6.08	5.85	5.24	4.26	9.26	8.96	8.10	6.72	9.97	9.56	8.58	7.10	10.08	9.76	8.82	7.33
54	6.53	6.30	5.63	4.58	9.87	9.55	8.63	7.16	10.58	10.13	9.06	7.44	10.66	10.31	9.31	7.73
55	7.04	6.78	6.07	4.93	10.54	10.19	9.20	7.61	11.23	10.74	9.56	7.80	11.26	10.89	9.83	8.14
56	7.60	7.33	6.56	5.31	11.25	10.88	9.81	8.10	N/A				11.88	11.50	10.38	8.57
57	8.23	7.94	7.11	5.72	12.01	11.62	10.47	8.62					12.54	12.14	10.93	9.01
58	8.95	8.64	7.72	6.20	12.84	12.43	11.18	9.17					13.23	12.80	11.53	9.46
59	9.76	9.44	8.43	6.74	13.72	13.29	11.94	9.75					13.94	13.50	12.13	9.90
60	10.73	10.38	9.25	7.36	14.68	14.22	12.75	10.35					14.68	14.22	12.75	10.35
61	11.47	11.10	9.90	7.89	N/A								N/A			
62	11.13	10.79	9.60	7.61												
63	10.78	10.45	9.30	7.31												
64	10.37	10.09	8.94	6.97												

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Rider PR9 - Catastrophic Disability Benefit Rider															
	Occupation Class 2P With Noncancelable Premiums															
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday															
Gender	Female															
	Benefit Period is 2 Years				Benefit Period is 5 Years				Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days				Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365	60	90	180	365	60	90	180	365
18	1.03	0.99	0.87	0.69	1.63	1.57	1.41	1.17	1.92	1.85	1.66	1.39	2.00	1.94	1.75	1.46
19	1.03	0.99	0.87	0.69	1.63	1.57	1.41	1.17	1.92	1.85	1.66	1.39	2.00	1.94	1.75	1.46
20	1.03	0.99	0.87	0.69	1.63	1.57	1.41	1.17	1.92	1.85	1.66	1.39	2.00	1.94	1.75	1.46
21	1.03	0.99	0.87	0.69	1.63	1.57	1.41	1.17	1.92	1.85	1.66	1.39	2.00	1.94	1.75	1.46
22	1.03	0.99	0.87	0.69	1.63	1.57	1.41	1.17	1.92	1.85	1.66	1.39	2.00	1.94	1.75	1.46
23	1.03	0.99	0.87	0.69	1.63	1.57	1.41	1.17	1.92	1.85	1.66	1.39	2.00	1.94	1.75	1.46
24	1.03	0.99	0.87	0.69	1.63	1.57	1.41	1.17	1.92	1.85	1.66	1.39	2.00	1.94	1.75	1.46
25	1.03	0.99	0.87	0.69	1.63	1.57	1.41	1.17	1.92	1.85	1.66	1.39	2.00	1.94	1.75	1.46
26	1.17	1.13	0.99	0.79	1.86	1.79	1.61	1.34	2.19	2.11	1.90	1.59	2.29	2.21	2.00	1.67
27	1.33	1.27	1.13	0.91	2.11	2.05	1.84	1.53	2.49	2.41	2.17	1.82	2.60	2.52	2.28	1.91
28	1.51	1.45	1.28	1.03	2.40	2.32	2.10	1.75	2.84	2.73	2.48	2.08	2.95	2.86	2.58	2.17
29	1.71	1.64	1.45	1.18	2.73	2.64	2.38	1.99	3.22	3.10	2.81	2.37	3.34	3.23	2.93	2.47
30	1.94	1.85	1.65	1.34	3.10	2.98	2.69	2.25	3.65	3.51	3.18	2.68	3.78	3.65	3.31	2.79
31	1.93	1.84	1.64	1.33	3.09	2.98	2.69	2.26	3.64	3.50	3.17	2.68	3.77	3.65	3.31	2.80
32	1.94	1.86	1.65	1.34	3.11	3.00	2.71	2.28	3.65	3.51	3.19	2.69	3.79	3.67	3.33	2.81
33	1.96	1.88	1.67	1.36	3.14	3.04	2.75	2.31	3.68	3.54	3.22	2.72	3.83	3.71	3.37	2.85
34	2.00	1.92	1.70	1.39	3.21	3.10	2.80	2.35	3.74	3.60	3.28	2.77	3.90	3.77	3.43	2.90
35	2.04	1.96	1.74	1.42	3.28	3.17	2.86	2.41	3.82	3.68	3.35	2.83	3.98	3.86	3.50	2.97
36	2.10	2.01	1.79	1.47	3.37	3.26	2.95	2.48	3.92	3.78	3.44	2.91	4.09	3.96	3.60	3.05
37	2.17	2.09	1.86	1.52	3.49	3.37	3.05	2.57	4.04	3.90	3.55	3.01	4.22	4.09	3.71	3.15
38	2.26	2.17	1.93	1.58	3.62	3.51	3.17	2.67	4.19	4.04	3.69	3.12	4.38	4.24	3.85	3.26
39	2.37	2.28	2.02	1.66	3.79	3.66	3.31	2.78	4.36	4.21	3.84	3.25	4.56	4.41	4.00	3.39
40	2.49	2.39	2.13	1.74	3.97	3.83	3.46	2.91	4.56	4.40	4.01	3.39	4.76	4.60	4.17	3.53
41	2.62	2.51	2.23	1.82	4.15	4.01	3.63	3.04	4.76	4.60	4.19	3.54	4.96	4.80	4.36	3.68
42	2.75	2.64	2.34	1.91	4.35	4.20	3.79	3.18	4.97	4.79	4.37	3.70	5.17	5.00	4.54	3.83
43	2.90	2.78	2.46	2.00	4.56	4.39	3.96	3.32	5.18	5.00	4.57	3.87	5.38	5.21	4.72	3.98
44	3.06	2.94	2.60	2.11	4.78	4.61	4.16	3.48	5.41	5.23	4.78	4.06	5.62	5.43	4.91	4.14
45	3.25	3.12	2.75	2.23	5.05	4.87	4.38	3.65	5.67	5.48	5.01	4.26	5.88	5.69	5.14	4.32
46	3.45	3.31	2.92	2.37	5.34	5.15	4.63	3.85	5.98	5.78	5.28	4.49	6.19	5.98	5.40	4.53
47	3.70	3.55	3.13	2.53	5.68	5.48	4.92	4.09	6.33	6.12	5.58	4.74	6.54	6.32	5.69	4.76
48	4.00	3.83	3.38	2.72	6.08	5.87	5.26	4.36	6.74	6.51	5.94	5.03	6.95	6.71	6.04	5.04
49	4.34	4.16	3.65	2.94	6.55	6.32	5.66	4.67	7.23	6.97	6.34	5.36	7.42	7.16	6.44	5.36
50	4.75	4.55	4.00	3.20	7.11	6.85	6.12	5.05	7.79	7.51	6.81	5.73	7.97	7.69	6.90	5.73
51	5.20	4.98	4.37	3.50	7.72	7.44	6.64	5.47	8.43	8.11	7.33	6.14	8.59	8.28	7.42	6.15
52	5.70	5.46	4.79	3.82	8.40	8.10	7.22	5.93	9.12	8.77	7.90	6.58	9.25	8.93	7.99	6.60
53	6.27	6.00	5.25	4.19	9.14	8.81	7.85	6.43	9.87	9.48	8.51	7.05	9.97	9.62	8.60	7.09
54	6.89	6.60	5.78	4.60	9.96	9.59	8.54	6.98	10.68	10.24	9.17	7.55	10.76	10.37	9.26	7.61
55	7.58	7.27	6.36	5.05	10.85	10.45	9.28	7.58	11.55	11.06	9.87	8.09	11.59	11.17	9.95	8.17
56	8.35	8.00	7.00	5.55	11.81	11.38	10.10	8.22	N/A				12.48	12.02	10.69	8.75
57	9.21	8.83	7.71	6.11	12.86	12.38	10.97	8.91					13.41	12.92	11.48	9.36
58	10.17	9.76	8.53	6.75	13.99	13.48	11.93	9.68					14.40	13.88	12.30	10.00
59	11.27	10.81	9.45	7.47	15.21	14.66	12.97	10.49					15.44	14.88	13.17	10.67
60	12.51	12.02	10.51	8.30	16.52	15.94	14.08	11.37					16.52	15.94	14.08	11.37
61	13.38	12.87	11.26	8.90	N/A								N/A			
62	12.99	12.52	10.92	8.58												
63	12.58	12.12	10.57	8.25												
64	12.10	11.70	10.17	7.87												

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Rider PR9 - Catastrophic Disability Benefit Rider															
	Occupation Class A With Noncancelable Premiums															
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday															
Gender	Male															
	Benefit Period is 2 Years				Benefit Period is 5 Years				Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days				Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365	60	90	180	365	60	90	180	365
18	1.53	1.47	1.31	1.06	2.58	2.48	2.26	1.91	2.94	2.84	2.59	2.22	3.15	3.05	2.77	2.34
19	1.53	1.47	1.31	1.06	2.58	2.48	2.26	1.91	2.94	2.84	2.59	2.22	3.15	3.05	2.77	2.34
20	1.53	1.47	1.31	1.06	2.58	2.48	2.26	1.91	2.94	2.84	2.59	2.22	3.15	3.05	2.77	2.34
21	1.53	1.47	1.31	1.06	2.58	2.48	2.26	1.91	2.94	2.84	2.59	2.22	3.15	3.05	2.77	2.34
22	1.53	1.47	1.31	1.06	2.58	2.48	2.26	1.91	2.94	2.84	2.59	2.22	3.15	3.05	2.77	2.34
23	1.53	1.47	1.31	1.06	2.58	2.48	2.26	1.91	2.94	2.84	2.59	2.22	3.15	3.05	2.77	2.34
24	1.53	1.47	1.31	1.06	2.58	2.48	2.26	1.91	2.94	2.84	2.59	2.22	3.15	3.05	2.77	2.34
25	1.53	1.47	1.31	1.06	2.58	2.48	2.26	1.91	2.94	2.84	2.59	2.22	3.15	3.05	2.77	2.34
26	1.66	1.58	1.40	1.15	2.77	2.67	2.43	2.05	3.16	3.05	2.78	2.38	3.39	3.27	2.97	2.51
27	1.79	1.71	1.51	1.24	2.99	2.89	2.62	2.20	3.42	3.30	3.00	2.55	3.66	3.54	3.21	2.70
28	1.95	1.86	1.65	1.34	3.24	3.12	2.83	2.38	3.69	3.57	3.25	2.76	3.95	3.82	3.46	2.91
29	2.12	2.02	1.79	1.45	3.51	3.39	3.07	2.58	4.01	3.87	3.52	2.99	4.27	4.13	3.74	3.14
30	2.30	2.20	1.94	1.57	3.81	3.67	3.32	2.79	4.35	4.19	3.81	3.23	4.62	4.46	4.04	3.39
31	2.32	2.22	1.95	1.58	3.83	3.70	3.34	2.80	4.36	4.20	3.83	3.25	4.64	4.49	4.06	3.40
32	2.36	2.25	1.98	1.61	3.89	3.75	3.39	2.83	4.40	4.25	3.87	3.29	4.70	4.54	4.11	3.44
33	2.41	2.30	2.03	1.64	3.96	3.82	3.45	2.89	4.47	4.31	3.93	3.35	4.79	4.63	4.18	3.50
34	2.48	2.36	2.08	1.68	4.06	3.92	3.53	2.95	4.57	4.41	4.02	3.42	4.90	4.73	4.27	3.57
35	2.56	2.44	2.15	1.73	4.19	4.04	3.64	3.04	4.69	4.53	4.13	3.52	5.04	4.86	4.39	3.66
36	2.65	2.53	2.23	1.79	4.34	4.18	3.76	3.13	4.85	4.68	4.27	3.64	5.20	5.02	4.53	3.78
37	2.77	2.63	2.32	1.86	4.50	4.33	3.90	3.25	5.03	4.85	4.43	3.78	5.39	5.20	4.69	3.91
38	2.89	2.75	2.42	1.94	4.69	4.52	4.07	3.39	5.23	5.05	4.61	3.94	5.61	5.41	4.88	4.07
39	3.02	2.88	2.54	2.04	4.91	4.73	4.26	3.54	5.47	5.28	4.82	4.11	5.85	5.64	5.09	4.24
40	3.18	3.03	2.66	2.15	5.16	4.97	4.47	3.72	5.73	5.53	5.05	4.31	6.12	5.90	5.32	4.44
41	3.32	3.18	2.80	2.25	5.41	5.21	4.69	3.91	6.02	5.81	5.30	4.53	6.41	6.18	5.57	4.65
42	3.50	3.34	2.95	2.38	5.69	5.48	4.94	4.11	6.32	6.10	5.58	4.77	6.72	6.48	5.85	4.88
43	3.68	3.51	3.11	2.51	5.99	5.77	5.20	4.33	6.65	6.42	5.88	5.04	7.06	6.81	6.14	5.13
44	3.88	3.71	3.28	2.66	6.31	6.09	5.50	4.58	7.00	6.77	6.21	5.33	7.42	7.16	6.46	5.40
45	4.10	3.92	3.47	2.83	6.68	6.43	5.81	4.86	7.39	7.14	6.55	5.64	7.80	7.53	6.81	5.69
46	4.32	4.14	3.68	2.99	7.05	6.81	6.15	5.14	7.81	7.54	6.93	5.96	8.22	7.94	7.17	6.01
47	4.57	4.38	3.90	3.19	7.47	7.20	6.52	5.46	8.26	7.98	7.32	6.29	8.67	8.37	7.58	6.35
48	4.86	4.65	4.14	3.40	7.93	7.65	6.93	5.81	8.76	8.45	7.75	6.64	9.16	8.84	8.01	6.72
49	5.16	4.95	4.42	3.62	8.43	8.14	7.37	6.18	9.29	8.97	8.20	7.00	9.68	9.34	8.47	7.11
50	5.51	5.28	4.72	3.89	8.98	8.66	7.86	6.59	9.88	9.52	8.68	7.37	10.23	9.88	8.96	7.52
51	5.88	5.63	5.04	4.15	9.55	9.23	8.37	7.02	10.51	10.11	9.19	7.75	10.82	10.45	9.48	7.96
52	6.27	6.03	5.41	4.45	10.18	9.83	8.92	7.49	11.18	10.74	9.72	8.14	11.45	11.06	10.03	8.42
53	6.71	6.45	5.79	4.77	10.87	10.49	9.52	7.99	11.89	11.41	10.28	8.54	12.10	11.70	10.61	8.90
54	7.20	6.92	6.22	5.11	11.60	11.21	10.17	8.52	12.63	12.11	10.86	8.96	12.79	12.37	11.21	9.40
55	7.74	7.44	6.69	5.50	12.39	11.98	10.87	9.09	13.42	12.84	11.47	9.38	13.51	13.07	11.84	9.92
56	8.35	8.04	7.22	5.92	13.26	12.81	11.62	9.71	N/A				14.27	13.80	12.50	10.45
57	9.02	8.69	7.81	6.39	14.19	13.73	12.43	10.36					15.05	14.56	13.18	11.00
58	9.79	9.44	8.48	6.92	15.23	14.73	13.33	11.08					15.88	15.36	13.90	11.56
59	10.67	10.30	9.24	7.51	16.36	15.83	14.30	11.85					16.73	16.19	14.63	12.11
60	11.73	11.32	10.15	8.22	17.61	17.05	15.38	12.68					17.61	17.05	15.38	12.68
61	12.50	12.08	10.87	8.80	N/A								N/A			
62	12.26	11.85	10.64	8.58												
63	12.12	11.75	10.50	8.40												
64	11.99	11.64	10.38	8.19												

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Rider PR9 - Catastrophic Disability Benefit Rider															
	Occupation Class A With Noncancelable Premiums															
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday															
Gender	Female															
	Benefit Period is 2 Years				Benefit Period is 5 Years				Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days				Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365	60	90	180	365	60	90	180	365
18	1.25	1.20	1.06	0.85	2.00	1.93	1.72	1.43	2.38	2.29	2.06	1.73	2.47	2.39	2.16	1.80
19	1.25	1.20	1.06	0.85	2.00	1.93	1.72	1.43	2.38	2.29	2.06	1.73	2.47	2.39	2.16	1.80
20	1.25	1.20	1.06	0.85	2.00	1.93	1.72	1.43	2.38	2.29	2.06	1.73	2.47	2.39	2.16	1.80
21	1.25	1.20	1.06	0.85	2.00	1.93	1.72	1.43	2.38	2.29	2.06	1.73	2.47	2.39	2.16	1.80
22	1.25	1.20	1.06	0.85	2.00	1.93	1.72	1.43	2.38	2.29	2.06	1.73	2.47	2.39	2.16	1.80
23	1.25	1.20	1.06	0.85	2.00	1.93	1.72	1.43	2.38	2.29	2.06	1.73	2.47	2.39	2.16	1.80
24	1.25	1.20	1.06	0.85	2.00	1.93	1.72	1.43	2.38	2.29	2.06	1.73	2.47	2.39	2.16	1.80
25	1.25	1.20	1.06	0.85	2.00	1.93	1.72	1.43	2.38	2.29	2.06	1.73	2.47	2.39	2.16	1.80
26	1.35	1.29	1.14	0.92	2.17	2.09	1.88	1.56	2.59	2.49	2.24	1.88	2.68	2.59	2.35	1.97
27	1.46	1.40	1.24	1.00	2.36	2.27	2.05	1.70	2.82	2.70	2.45	2.05	2.92	2.83	2.56	2.15
28	1.58	1.52	1.35	1.09	2.57	2.48	2.24	1.87	3.07	2.95	2.68	2.25	3.20	3.09	2.80	2.36
29	1.72	1.65	1.47	1.19	2.80	2.71	2.45	2.05	3.35	3.23	2.93	2.47	3.49	3.38	3.06	2.58
30	1.89	1.80	1.60	1.30	3.06	2.96	2.68	2.25	3.66	3.53	3.21	2.71	3.82	3.69	3.36	2.83
31	1.89	1.81	1.62	1.32	3.10	2.99	2.71	2.28	3.70	3.57	3.25	2.75	3.87	3.75	3.40	2.88
32	1.93	1.85	1.65	1.35	3.17	3.07	2.77	2.33	3.76	3.63	3.31	2.80	3.95	3.82	3.48	2.94
33	1.97	1.89	1.69	1.39	3.25	3.14	2.85	2.40	3.85	3.72	3.39	2.87	4.05	3.92	3.57	3.03
34	2.03	1.95	1.74	1.43	3.36	3.25	2.94	2.48	3.96	3.83	3.49	2.96	4.19	4.04	3.69	3.13
35	2.10	2.02	1.80	1.48	3.47	3.36	3.05	2.58	4.10	3.97	3.61	3.07	4.32	4.19	3.81	3.24
36	2.18	2.09	1.87	1.54	3.62	3.50	3.17	2.68	4.26	4.12	3.76	3.19	4.50	4.35	3.98	3.39
37	2.28	2.18	1.95	1.61	3.77	3.65	3.32	2.81	4.45	4.30	3.92	3.33	4.69	4.54	4.14	3.53
38	2.38	2.28	2.04	1.68	3.95	3.82	3.47	2.93	4.66	4.50	4.11	3.49	4.90	4.75	4.33	3.69
39	2.50	2.41	2.15	1.77	4.16	4.02	3.66	3.09	4.89	4.73	4.31	3.67	5.15	4.99	4.55	3.87
40	2.66	2.54	2.27	1.87	4.39	4.25	3.85	3.26	5.15	4.98	4.54	3.86	5.41	5.24	4.78	4.07
41	2.78	2.67	2.38	1.97	4.62	4.46	4.05	3.42	5.41	5.23	4.77	4.06	5.67	5.50	5.01	4.27
42	2.93	2.81	2.51	2.07	4.84	4.68	4.25	3.59	5.67	5.48	5.01	4.26	5.95	5.75	5.24	4.46
43	3.09	2.96	2.63	2.17	5.08	4.91	4.45	3.76	5.93	5.73	5.24	4.48	6.20	6.01	5.47	4.65
44	3.27	3.14	2.78	2.28	5.36	5.17	4.69	3.95	6.21	6.01	5.50	4.70	6.51	6.29	5.72	4.85
45	3.47	3.32	2.95	2.41	5.66	5.46	4.94	4.16	6.52	6.31	5.79	4.95	6.82	6.59	5.99	5.07
46	3.70	3.54	3.13	2.56	6.00	5.79	5.23	4.39	6.88	6.66	6.11	5.23	7.19	6.94	6.30	5.33
47	3.96	3.79	3.35	2.73	6.39	6.17	5.56	4.65	7.30	7.07	6.48	5.54	7.61	7.35	6.66	5.62
48	4.27	4.09	3.61	2.93	6.86	6.61	5.96	4.98	7.80	7.54	6.90	5.89	8.10	7.82	7.08	5.96
49	4.65	4.44	3.92	3.17	7.41	7.14	6.42	5.36	8.38	8.10	7.40	6.29	8.67	8.37	7.56	6.34
50	5.10	4.87	4.29	3.46	8.07	7.77	6.97	5.80	9.07	8.75	7.97	6.74	9.34	9.01	8.12	6.80
51	5.60	5.34	4.70	3.78	8.81	8.47	7.60	6.30	9.85	9.49	8.61	7.24	10.09	9.73	8.76	7.32
52	6.16	5.87	5.16	4.14	9.61	9.26	8.29	6.86	10.69	10.29	9.30	7.78	10.90	10.52	9.45	7.87
53	6.78	6.47	5.67	4.55	10.51	10.11	9.04	7.46	11.61	11.15	10.05	8.35	11.79	11.36	10.20	8.47
54	7.47	7.13	6.24	4.99	11.50	11.06	9.87	8.12	12.60	12.09	10.85	8.97	12.74	12.27	10.98	9.10
55	8.24	7.88	6.88	5.49	12.60	12.11	10.78	8.85	13.65	13.08	11.71	9.62	13.76	13.25	11.84	9.77
56	9.11	8.70	7.60	6.04	13.77	13.24	11.77	9.64	N/A				14.83	14.28	12.73	10.48
57	10.08	9.62	8.39	6.65	15.08	14.49	12.86	10.51					15.98	15.38	13.68	11.22
58	11.16	10.67	9.30	7.35	16.52	15.88	14.07	11.46					17.20	16.54	14.69	12.00
59	12.41	11.87	10.33	8.15	18.08	17.39	15.40	12.51					18.47	17.76	15.74	12.81
60	13.84	13.25	11.54	9.10	19.80	19.05	16.85	13.66					19.80	19.05	16.85	13.66
61	14.76	14.14	12.34	9.73	N/A								N/A			
62	14.46	13.88	12.08	9.49												
63	14.30	13.75	11.93	9.29												
64	14.15	13.63	11.78	9.06												

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Rider PR9 - Catastrophic Disability Benefit Rider															
	Occupation Class B With Noncancelable Premiums															
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday															
Gender	Male															
	Benefit Period is 2 Years				Benefit Period is 5 Years				Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days				Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365	60	90	180	365	60	90	180	365
18	1.61	1.54	1.38	1.11	2.71	2.60	2.37	2.01	N/A				N/A			
19	1.61	1.54	1.38	1.11	2.71	2.60	2.37	2.01								
20	1.61	1.54	1.38	1.11	2.71	2.60	2.37	2.01								
21	1.61	1.54	1.38	1.11	2.71	2.60	2.37	2.01								
22	1.61	1.54	1.38	1.11	2.71	2.60	2.37	2.01								
23	1.61	1.54	1.38	1.11	2.71	2.60	2.37	2.01								
24	1.61	1.54	1.38	1.11	2.71	2.60	2.37	2.01								
25	1.61	1.54	1.38	1.11	2.71	2.60	2.37	2.01								
26	1.74	1.66	1.47	1.21	2.91	2.80	2.55	2.15								
27	1.88	1.80	1.59	1.30	3.14	3.03	2.75	2.31								
28	2.05	1.95	1.73	1.41	3.40	3.28	2.97	2.50								
29	2.23	2.12	1.88	1.52	3.69	3.56	3.22	2.71								
30	2.42	2.31	2.04	1.65	4.00	3.85	3.49	2.93								
31	2.44	2.33	2.05	1.66	4.02	3.89	3.51	2.94								
32	2.48	2.36	2.08	1.69	4.08	3.94	3.56	2.97								
33	2.53	2.42	2.13	1.72	4.16	4.01	3.62	3.03								
34	2.60	2.48	2.18	1.76	4.26	4.12	3.71	3.10								
35	2.69	2.56	2.26	1.82	4.40	4.24	3.82	3.19								
36	2.78	2.66	2.34	1.88	4.56	4.39	3.95	3.29								
37	2.91	2.76	2.44	1.95	4.73	4.55	4.10	3.41								
38	3.03	2.89	2.54	2.04	4.92	4.75	4.27	3.56								
39	3.17	3.02	2.67	2.14	5.16	4.97	4.47	3.72								
40	3.34	3.18	2.79	2.26	5.42	5.22	4.69	3.91								
41	3.49	3.34	2.94	2.36	5.68	5.47	4.92	4.11								
42	3.68	3.51	3.10	2.50	5.97	5.75	5.19	4.32								
43	3.86	3.69	3.27	2.64	6.29	6.06	5.46	4.55								
44	4.07	3.90	3.44	2.79	6.63	6.39	5.78	4.81								
45	4.31	4.12	3.64	2.97	7.01	6.75	6.10	5.10								
46	4.54	4.35	3.86	3.14	7.40	7.15	6.46	5.40								
47	4.80	4.60	4.10	3.35	7.84	7.56	6.85	5.73								
48	5.10	4.88	4.35	3.57	8.33	8.03	7.28	6.10								
49	5.42	5.20	4.64	3.80	8.85	8.55	7.74	6.49								
50	5.79	5.54	4.96	4.08	9.43	9.09	8.25	6.92								
51	6.17	5.91	5.29	4.36	10.03	9.69	8.79	7.37								
52	6.58	6.33	5.68	4.67	10.69	10.32	9.37	7.86								
53	7.05	6.77	6.08	5.01	11.41	11.01	10.00	8.39								
54	7.56	7.27	6.53	5.37	12.18	11.77	10.68	8.95								
55	8.13	7.81	7.02	5.78	13.01	12.58	11.41	9.54								
56	8.77	8.44	7.58	6.22	13.92	13.45	12.20	10.20								
57	9.47	9.12	8.20	6.71	14.90	14.42	13.05	10.88								
58	10.28	9.91	8.90	7.27	15.99	15.47	14.00	11.63								
59	11.20	10.82	9.70	7.89	17.18	16.62	15.02	12.44								
60	12.32	11.89	10.66	8.63	18.49	17.90	16.15	13.31								
61	13.13	12.68	11.41	9.24	N/A											
62	12.87	12.44	11.17	9.01												
63	12.73	12.34	11.03	8.82												
64	12.59	12.22	10.90	8.60												

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Rider PR9 - Catastrophic Disability Benefit Rider															
	Occupation Class B With Noncancelable Premiums															
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday															
Gender	Female															
	Benefit Period is 2 Years				Benefit Period is 5 Years				Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days				Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365	60	90	180	365	60	90	180	365
18	1.31	1.26	1.11	0.89	2.10	2.03	1.81	1.50	N/A				N/A			
19	1.31	1.26	1.11	0.89	2.10	2.03	1.81	1.50								
20	1.31	1.26	1.11	0.89	2.10	2.03	1.81	1.50								
21	1.31	1.26	1.11	0.89	2.10	2.03	1.81	1.50								
22	1.31	1.26	1.11	0.89	2.10	2.03	1.81	1.50								
23	1.31	1.26	1.11	0.89	2.10	2.03	1.81	1.50								
24	1.31	1.26	1.11	0.89	2.10	2.03	1.81	1.50								
25	1.31	1.26	1.11	0.89	2.10	2.03	1.81	1.50								
26	1.42	1.35	1.20	0.97	2.28	2.19	1.97	1.64								
27	1.53	1.47	1.30	1.05	2.48	2.38	2.15	1.79								
28	1.66	1.60	1.42	1.14	2.70	2.60	2.35	1.96								
29	1.81	1.73	1.54	1.25	2.94	2.85	2.57	2.15								
30	1.98	1.89	1.68	1.37	3.21	3.11	2.81	2.36								
31	1.98	1.90	1.70	1.39	3.26	3.14	2.85	2.39								
32	2.03	1.94	1.73	1.42	3.33	3.22	2.91	2.45								
33	2.07	1.98	1.77	1.46	3.41	3.30	2.99	2.52								
34	2.13	2.05	1.83	1.50	3.53	3.41	3.09	2.60								
35	2.21	2.12	1.89	1.55	3.64	3.53	3.20	2.71								
36	2.29	2.19	1.96	1.62	3.80	3.68	3.33	2.81								
37	2.39	2.29	2.05	1.69	3.96	3.83	3.49	2.95								
38	2.50	2.39	2.14	1.76	4.15	4.01	3.64	3.08								
39	2.63	2.53	2.26	1.86	4.37	4.22	3.84	3.24								
40	2.79	2.67	2.38	1.96	4.61	4.46	4.04	3.42								
41	2.92	2.80	2.50	2.07	4.85	4.68	4.25	3.59								
42	3.08	2.95	2.64	2.17	5.08	4.91	4.46	3.77								
43	3.24	3.11	2.76	2.28	5.33	5.16	4.67	3.95								
44	3.43	3.30	2.92	2.39	5.63	5.43	4.92	4.15								
45	3.64	3.49	3.10	2.53	5.94	5.73	5.19	4.37								
46	3.89	3.72	3.29	2.69	6.30	6.08	5.49	4.61								
47	4.16	3.98	3.52	2.87	6.71	6.48	5.84	4.88								
48	4.48	4.29	3.79	3.08	7.20	6.94	6.26	5.23								
49	4.88	4.66	4.12	3.33	7.78	7.50	6.74	5.63								
50	5.36	5.11	4.50	3.63	8.47	8.16	7.32	6.09								
51	5.88	5.61	4.94	3.97	9.25	8.89	7.98	6.62								
52	6.47	6.16	5.42	4.35	10.09	9.72	8.70	7.20								
53	7.12	6.79	5.95	4.78	11.04	10.62	9.49	7.83								
54	7.84	7.49	6.55	5.24	12.08	11.61	10.36	8.53								
55	8.65	8.27	7.22	5.76	13.23	12.72	11.32	9.29								
56	9.57	9.14	7.98	6.34	14.46	13.90	12.36	10.12								
57	10.58	10.10	8.81	6.98	15.83	15.21	13.50	11.04								
58	11.72	11.20	9.77	7.72	17.35	16.67	14.77	12.03								
59	13.03	12.46	10.85	8.56	18.98	18.26	16.17	13.14								
60	14.53	13.91	12.12	9.56	20.79	20.00	17.69	14.34								
61	15.50	14.85	12.96	10.22	N/A											
62	15.18	14.57	12.68	9.96												
63	15.02	14.44	12.53	9.75												
64	14.86	14.31	12.37	9.51												

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Rider PR9GI - Catastrophic Disability Benefit Rider							
	Occupation Class 5A With Guaranteed Renewable Premiums							
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday							
Gender	Unisex							
	Benefit Period is 2 Years				Benefit Period is 5 Years			
	Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365
18	1.20	1.15	1.02	0.83	1.99	1.92	1.74	1.46
19	1.20	1.15	1.02	0.83	1.99	1.92	1.74	1.46
20	1.20	1.15	1.02	0.83	1.99	1.92	1.74	1.46
21	1.20	1.15	1.02	0.83	1.99	1.92	1.74	1.46
22	1.20	1.15	1.02	0.83	1.99	1.92	1.74	1.46
23	1.20	1.15	1.02	0.83	1.99	1.92	1.74	1.46
24	1.20	1.15	1.02	0.83	1.99	1.92	1.74	1.46
25	1.20	1.15	1.02	0.83	1.99	1.92	1.74	1.46
26	1.30	1.25	1.10	0.90	2.17	2.09	1.90	1.60
27	1.43	1.37	1.21	0.99	2.37	2.29	2.08	1.75
28	1.56	1.49	1.33	1.07	2.59	2.50	2.26	1.90
29	1.70	1.63	1.44	1.17	2.83	2.73	2.47	2.07
30	1.86	1.79	1.58	1.28	3.08	2.98	2.69	2.26
31	1.88	1.80	1.59	1.28	3.10	2.99	2.71	2.27
32	1.91	1.82	1.61	1.30	3.14	3.04	2.74	2.30
33	1.95	1.86	1.64	1.33	3.20	3.09	2.80	2.34
34	1.99	1.91	1.68	1.36	3.28	3.17	2.86	2.39
35	2.06	1.97	1.74	1.40	3.38	3.26	2.94	2.46
36	2.13	2.03	1.79	1.45	3.49	3.36	3.04	2.53
37	2.21	2.11	1.86	1.51	3.63	3.49	3.15	2.64
38	2.30	2.20	1.94	1.56	3.78	3.64	3.27	2.74
39	2.41	2.30	2.03	1.64	3.95	3.81	3.43	2.86
40	2.53	2.41	2.14	1.72	4.14	3.99	3.61	3.01
41	2.65	2.54	2.24	1.82	4.36	4.19	3.78	3.16
42	2.80	2.67	2.36	1.91	4.58	4.42	3.99	3.32
43	2.94	2.80	2.49	2.02	4.81	4.65	4.19	3.50
44	3.10	2.97	2.63	2.13	5.09	4.91	4.43	3.71
45	3.28	3.14	2.78	2.26	5.38	5.19	4.69	3.91
46	3.47	3.32	2.95	2.40	5.70	5.50	4.96	4.16
47	3.68	3.53	3.14	2.56	6.06	5.85	5.28	4.41
48	3.93	3.76	3.35	2.73	6.46	6.23	5.62	4.71
49	4.20	4.02	3.58	2.92	6.88	6.64	6.00	5.02
50	4.49	4.30	3.84	3.14	7.37	7.12	6.42	5.37
51	4.82	4.63	4.12	3.37	7.90	7.63	6.89	5.75
52	5.18	4.97	4.44	3.62	8.47	8.19	7.39	6.17
53	5.57	5.35	4.78	3.90	9.09	8.79	7.92	6.61
54	6.01	5.77	5.15	4.20	9.79	9.44	8.52	7.10
55	6.50	6.25	5.57	4.53	10.54	10.19	9.16	7.63
56	7.05	6.78	6.04	4.90	11.38	11.00	9.89	8.21
57	7.67	7.38	6.58	5.32	12.32	11.91	10.70	8.85
58	8.37	8.06	7.18	5.79	13.38	12.94	11.60	9.57
59	9.18	8.85	7.87	6.32	14.58	14.11	12.64	10.38
60	10.63	10.27	9.11	7.23	16.18	15.67	13.95	11.36
61	10.33	9.99	8.84	6.98	14.35	13.91	12.34	9.99
62	10.00	9.68	8.55	6.70	13.31	12.92	11.42	9.16
63	9.63	9.34	8.22	6.40	12.27	11.92	10.48	8.33
64	9.22	8.96	7.87	6.07	11.28	10.97	9.61	7.56
65	8.76	8.53	7.47	5.72	10.27	10.01	8.71	6.79
66	8.58	8.37	7.31	5.55	9.62	9.38	8.12	6.27
67	8.33	8.13	7.09	5.35	8.92	8.72	7.49	5.71
68	8.32	8.12	7.05	5.32	8.32	8.12	7.05	5.32
69	9.04	8.80	7.61	5.73	9.04	8.80	7.61	5.73
70	9.84	9.55	8.24	6.20	9.84	9.55	8.24	6.20
71	10.55	10.23	8.80	6.61	10.55	10.23	8.80	6.61
72	11.19	10.84	9.31	6.98	11.19	10.84	9.31	6.98
73	11.78	11.40	9.76	7.32	11.78	11.40	9.76	7.32
74	12.30	11.89	10.18	7.63	12.30	11.89	10.18	7.63
75	12.76	12.34	10.55	7.89	12.76	12.34	10.55	7.89
76	13.19	12.74	10.89	8.14	13.19	12.74	10.89	8.14
77	13.57	13.10	11.18	8.36	13.57	13.10	11.18	8.36
78	13.91	13.43	11.45	8.56	13.91	13.43	11.45	8.56
79	14.21	13.71	11.69	8.74	14.21	13.71	11.69	8.74
80+	14.49	13.98	11.91	8.90	14.49	13.98	11.91	8.90

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Rider PR9GI - Catastrophic Disability Benefit Rider							
	Occupation Class 5A With Guaranteed Renewable Premiums							
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday							
Gender	Unisex							
	Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365
18	2.31	2.23	2.03	1.71	2.44	2.36	2.14	1.80
19	2.31	2.23	2.03	1.71	2.44	2.36	2.14	1.80
20	2.31	2.23	2.03	1.71	2.44	2.36	2.14	1.80
21	2.31	2.23	2.03	1.71	2.44	2.36	2.14	1.80
22	2.31	2.23	2.03	1.71	2.44	2.36	2.14	1.80
23	2.31	2.23	2.03	1.71	2.44	2.36	2.14	1.80
24	2.31	2.23	2.03	1.71	2.44	2.36	2.14	1.80
25	2.31	2.23	2.03	1.71	2.44	2.36	2.14	1.80
26	2.52	2.42	2.22	1.87	2.66	2.58	2.33	1.96
27	2.75	2.66	2.42	2.04	2.90	2.80	2.53	2.14
28	3.01	2.90	2.64	2.23	3.17	3.06	2.78	2.32
29	3.28	3.17	2.88	2.43	3.45	3.33	3.02	2.53
30	3.59	3.46	3.14	2.64	3.75	3.63	3.28	2.76
31	3.59	3.46	3.15	2.66	3.77	3.64	3.30	2.77
32	3.63	3.49	3.18	2.70	3.82	3.68	3.34	2.80
33	3.68	3.54	3.23	2.74	3.88	3.75	3.39	2.84
34	3.75	3.61	3.29	2.80	3.97	3.82	3.46	2.90
35	3.87	3.73	3.40	2.88	4.09	3.95	3.58	2.99
36	3.98	3.84	3.50	2.98	4.21	4.06	3.67	3.07
37	4.12	3.98	3.63	3.08	4.36	4.21	3.81	3.18
38	4.28	4.13	3.77	3.20	4.53	4.37	3.95	3.30
39	4.47	4.32	3.94	3.35	4.72	4.56	4.12	3.45
40	4.69	4.53	4.13	3.51	4.95	4.78	4.31	3.62
41	4.93	4.75	4.33	3.69	5.18	5.00	4.52	3.78
42	5.17	5.00	4.55	3.88	5.43	5.25	4.74	3.97
43	5.44	5.25	4.79	4.10	5.70	5.50	4.96	4.17
44	5.72	5.54	5.07	4.32	5.99	5.79	5.23	4.38
45	6.04	5.84	5.35	4.59	6.30	6.09	5.51	4.62
46	6.39	6.17	5.66	4.83	6.65	6.43	5.81	4.86
47	6.77	6.54	5.98	5.12	7.03	6.79	6.14	5.15
48	7.18	6.94	6.34	5.42	7.45	7.19	6.50	5.45
49	7.63	7.38	6.73	5.73	7.88	7.61	6.88	5.77
50	8.16	7.86	7.14	6.06	8.38	8.10	7.31	6.13
51	8.71	8.38	7.59	6.39	8.91	8.61	7.78	6.51
52	9.30	8.94	8.07	6.75	9.48	9.16	8.28	6.92
53	9.93	9.54	8.57	7.12	10.09	9.74	8.80	7.35
54	10.61	10.18	9.12	7.51	10.74	10.38	9.36	7.80
55	11.36	10.87	9.70	7.93	11.44	11.04	9.95	8.30
56	12.18	11.77	10.60	8.81	12.18	11.77	10.60	8.81
57	12.99	12.55	11.29	9.35	12.99	12.55	11.29	9.35
58	13.87	13.43	12.04	9.95	13.87	13.43	12.04	9.95
59	14.87	14.37	12.88	10.59	14.87	14.37	12.88	10.59
60	16.18	15.67	13.95	11.35	16.18	15.67	13.95	11.35
61	14.35	13.91	12.34	9.99	14.35	13.91	12.34	9.99
62	13.31	12.92	11.42	9.16	13.31	12.92	11.42	9.16
63	12.27	11.92	10.48	8.33	12.27	11.92	10.48	8.33
64	11.28	10.97	9.61	7.56	11.28	10.97	9.61	7.56
65	10.27	10.01	8.71	6.79	10.27	10.01	8.71	6.79
66	9.62	9.38	8.12	6.27	9.62	9.38	8.12	6.27
67	8.92	8.72	7.49	5.71	8.92	8.72	7.49	5.71
68	8.32	8.12	7.05	5.32	8.32	8.12	7.05	5.32
69	9.04	8.80	7.61	5.73	9.04	8.80	7.61	5.73
70	9.84	9.55	8.24	6.20	9.84	9.55	8.24	6.20
71	10.55	10.23	8.80	6.61	10.55	10.23	8.80	6.61
72	11.19	10.84	9.31	6.98	11.19	10.84	9.31	6.98
73	11.78	11.40	9.76	7.32	11.78	11.40	9.76	7.32
74	12.30	11.89	10.18	7.63	12.30	11.89	10.18	7.63
75	12.76	12.34	10.55	7.89	12.76	12.34	10.55	7.89
76	13.19	12.74	10.89	8.14	13.19	12.74	10.89	8.14
77	13.57	13.10	11.18	8.36	13.57	13.10	11.18	8.36
78	13.91	13.43	11.45	8.56	13.91	13.43	11.45	8.56
79	14.21	13.71	11.69	8.74	14.21	13.71	11.69	8.74
80+	14.49	13.98	11.91	8.90	14.49	13.98	11.91	8.90

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Rider PR9GI - Catastrophic Disability Benefit Rider							
	Occupation Class 4A With Guaranteed Renewable Premiums							
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday							
Gender	Unisex							
	Benefit Period is 2 Years				Benefit Period is 5 Years			
	Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365
18	1.26	1.21	1.07	0.87	2.11	2.03	1.84	1.55
19	1.26	1.21	1.07	0.87	2.11	2.03	1.84	1.55
20	1.26	1.21	1.07	0.87	2.11	2.03	1.84	1.55
21	1.26	1.21	1.07	0.87	2.11	2.03	1.84	1.55
22	1.26	1.21	1.07	0.87	2.11	2.03	1.84	1.55
23	1.26	1.21	1.07	0.87	2.11	2.03	1.84	1.55
24	1.26	1.21	1.07	0.87	2.11	2.03	1.84	1.55
25	1.26	1.21	1.07	0.87	2.11	2.03	1.84	1.55
26	1.38	1.32	1.17	0.96	2.30	2.21	2.00	1.68
27	1.51	1.44	1.27	1.04	2.50	2.41	2.19	1.83
28	1.65	1.58	1.40	1.14	2.74	2.64	2.38	2.00
29	1.80	1.73	1.53	1.24	2.99	2.88	2.61	2.19
30	1.97	1.88	1.66	1.35	3.26	3.15	2.84	2.39
31	1.98	1.90	1.68	1.36	3.28	3.17	2.86	2.40
32	2.02	1.93	1.70	1.37	3.32	3.20	2.89	2.42
33	2.05	1.95	1.73	1.40	3.37	3.26	2.94	2.46
34	2.11	2.01	1.78	1.43	3.46	3.34	3.01	2.52
35	2.17	2.07	1.83	1.48	3.57	3.44	3.11	2.60
36	2.24	2.14	1.89	1.52	3.69	3.55	3.20	2.67
37	2.32	2.23	1.97	1.58	3.82	3.69	3.33	2.77
38	2.43	2.32	2.05	1.65	3.99	3.85	3.47	2.90
39	2.54	2.43	2.14	1.73	4.17	4.02	3.62	3.02
40	2.67	2.55	2.25	1.82	4.38	4.22	3.81	3.19
41	2.80	2.68	2.36	1.91	4.60	4.44	3.99	3.34
42	2.94	2.81	2.49	2.02	4.83	4.66	4.20	3.50
43	3.11	2.97	2.62	2.13	5.09	4.91	4.43	3.71
44	3.27	3.13	2.78	2.25	5.37	5.19	4.68	3.91
45	3.46	3.31	2.94	2.39	5.69	5.48	4.95	4.14
46	3.66	3.50	3.11	2.53	6.01	5.80	5.24	4.39
47	3.89	3.73	3.31	2.70	6.39	6.17	5.57	4.66
48	4.15	3.97	3.53	2.88	6.81	6.57	5.93	4.97
49	4.43	4.25	3.78	3.09	7.27	7.02	6.34	5.30
50	4.75	4.55	4.06	3.32	7.79	7.51	6.79	5.69
51	5.09	4.88	4.35	3.55	8.33	8.04	7.26	6.08
52	5.47	5.25	4.69	3.82	8.95	8.64	7.81	6.51
53	5.88	5.65	5.04	4.11	9.60	9.28	8.37	6.98
54	6.35	6.09	5.44	4.43	10.33	9.98	8.99	7.49
55	6.86	6.60	5.88	4.78	11.12	10.75	9.69	8.05
56	7.44	7.16	6.38	5.18	12.02	11.61	10.45	8.67
57	8.10	7.79	6.94	5.62	13.01	12.57	11.29	9.35
58	8.84	8.52	7.58	6.11	14.13	13.65	12.25	10.11
59	9.71	9.34	8.31	6.68	15.41	14.89	13.35	10.97
60	11.23	10.85	9.62	7.64	17.08	16.54	14.73	12.00
61	10.91	10.55	9.33	7.37	15.15	14.68	13.03	10.55
62	10.56	10.22	9.03	7.09	14.06	13.64	12.06	9.67
63	10.16	9.86	8.69	6.75	12.96	12.59	11.07	8.79
64	9.74	9.46	8.32	6.41	11.91	11.58	10.14	7.98
65	9.25	9.01	7.89	6.04	10.84	10.56	9.20	7.16
66	9.06	8.84	7.71	5.86	10.16	9.91	8.58	6.62
67	8.79	8.59	7.49	5.65	9.41	9.21	7.91	6.03
68	8.79	8.57	7.45	5.62	8.79	8.57	7.45	5.62
69	9.55	9.29	8.04	6.05	9.55	9.29	8.04	6.05
70	10.38	10.09	8.70	6.54	10.38	10.09	8.70	6.54
71	11.15	10.81	9.29	6.98	11.15	10.81	9.29	6.98
72	11.82	11.45	9.83	7.37	11.82	11.45	9.83	7.37
73	12.44	12.04	10.32	7.73	12.44	12.04	10.32	7.73
74	12.98	12.56	10.75	8.05	12.98	12.56	10.75	8.05
75	13.48	13.03	11.14	8.34	13.48	13.03	11.14	8.34
76	13.92	13.46	11.50	8.59	13.92	13.46	11.50	8.59
77	14.32	13.84	11.80	8.83	14.32	13.84	11.80	8.83
78	14.68	14.18	12.09	9.04	14.68	14.18	12.09	9.04
79	15.01	14.48	12.35	9.23	15.01	14.48	12.35	9.23
80+	15.31	14.76	12.58	9.40	15.31	14.76	12.58	9.40

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Rider PR9GI - Catastrophic Disability Benefit Rider							
	Occupation Class 5A With Guaranteed Renewable Premiums							
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday							
Gender	Unisex							
	Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365
18	2.45	2.36	2.14	1.82	2.58	2.49	2.26	1.91
19	2.45	2.36	2.14	1.82	2.58	2.49	2.26	1.91
20	2.45	2.36	2.14	1.82	2.58	2.49	2.26	1.91
21	2.45	2.36	2.14	1.82	2.58	2.49	2.26	1.91
22	2.45	2.36	2.14	1.82	2.58	2.49	2.26	1.91
23	2.45	2.36	2.14	1.82	2.58	2.49	2.26	1.91
24	2.45	2.36	2.14	1.82	2.58	2.49	2.26	1.91
25	2.45	2.36	2.14	1.82	2.58	2.49	2.26	1.91
26	2.67	2.58	2.35	1.98	2.82	2.73	2.47	2.07
27	2.91	2.82	2.54	2.15	3.06	2.97	2.68	2.26
28	3.18	3.07	2.79	2.35	3.35	3.23	2.93	2.46
29	3.47	3.35	3.04	2.57	3.64	3.52	3.19	2.68
30	3.78	3.66	3.31	2.81	3.96	3.83	3.46	2.92
31	3.80	3.66	3.32	2.81	3.98	3.84	3.48	2.92
32	3.83	3.69	3.35	2.85	4.03	3.88	3.52	2.96
33	3.88	3.73	3.41	2.89	4.09	3.95	3.57	3.00
34	3.97	3.82	3.48	2.95	4.19	4.06	3.65	3.07
35	4.07	3.92	3.58	3.04	4.31	4.16	3.77	3.15
36	4.19	4.04	3.70	3.13	4.44	4.29	3.87	3.24
37	4.35	4.19	3.84	3.24	4.60	4.44	4.01	3.36
38	4.52	4.36	3.99	3.39	4.78	4.62	4.18	3.50
39	4.73	4.55	4.16	3.53	4.99	4.81	4.35	3.64
40	4.95	4.77	4.35	3.70	5.22	5.04	4.55	3.81
41	5.20	5.01	4.59	3.89	5.47	5.28	4.77	3.99
42	5.44	5.26	4.81	4.09	5.73	5.53	5.00	4.18
43	5.74	5.54	5.07	4.32	6.02	5.81	5.26	4.40
44	6.03	5.83	5.35	4.57	6.33	6.12	5.52	4.62
45	6.36	6.16	5.65	4.83	6.65	6.43	5.82	4.88
46	6.73	6.51	5.97	5.10	7.01	6.78	6.12	5.13
47	7.14	6.89	6.32	5.41	7.42	7.17	6.48	5.43
48	7.58	7.33	6.69	5.72	7.85	7.59	6.85	5.75
49	8.06	7.79	7.10	6.05	8.34	8.04	7.28	6.10
50	8.60	8.30	7.54	6.38	8.86	8.55	7.73	6.47
51	9.19	8.84	8.02	6.74	9.41	9.08	8.21	6.87
52	9.81	9.44	8.52	7.11	10.01	9.67	8.74	7.31
53	10.49	10.06	9.04	7.52	10.65	10.29	9.29	7.76
54	11.22	10.74	9.61	7.94	11.33	10.95	9.88	8.25
55	11.98	11.48	10.23	8.38	12.06	11.66	10.52	8.76
56	12.86	12.44	11.19	9.30	12.86	12.44	11.19	9.30
57	13.72	13.26	11.92	9.87	13.72	13.26	11.92	9.87
58	14.66	14.17	12.72	10.51	14.66	14.17	12.72	10.51
59	15.71	15.20	13.60	11.20	15.71	15.20	13.60	11.20
60	17.08	16.54	14.73	11.99	17.08	16.54	14.73	11.99
61	15.15	14.68	13.03	10.55	15.15	14.68	13.03	10.55
62	14.06	13.64	12.06	9.67	14.06	13.64	12.06	9.67
63	12.96	12.59	11.07	8.79	12.96	12.59	11.07	8.79
64	11.91	11.58	10.14	7.98	11.91	11.58	10.14	7.98
65	10.84	10.56	9.20	7.16	10.84	10.56	9.20	7.16
66	10.16	9.91	8.58	6.62	10.16	9.91	8.58	6.62
67	9.41	9.21	7.91	6.03	9.41	9.21	7.91	6.03
68	8.79	8.57	7.45	5.62	8.79	8.57	7.45	5.62
69	9.55	9.29	8.04	6.05	9.55	9.29	8.04	6.05
70	10.38	10.09	8.70	6.54	10.38	10.09	8.70	6.54
71	11.15	10.81	9.29	6.98	11.15	10.81	9.29	6.98
72	11.82	11.45	9.83	7.37	11.82	11.45	9.83	7.37
73	12.44	12.04	10.32	7.73	12.44	12.04	10.32	7.73
74	12.98	12.56	10.75	8.05	12.98	12.56	10.75	8.05
75	13.48	13.03	11.14	8.34	13.48	13.03	11.14	8.34
76	13.92	13.46	11.50	8.59	13.92	13.46	11.50	8.59
77	14.32	13.84	11.80	8.83	14.32	13.84	11.80	8.83
78	14.68	14.18	12.09	9.04	14.68	14.18	12.09	9.04
79	15.01	14.48	12.35	9.23	15.01	14.48	12.35	9.23
80+	15.31	14.76	12.58	9.40	15.31	14.76	12.58	9.40

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Rider PR9GI - Catastrophic Disability Benefit Rider							
	Occupation Class 4P With Guaranteed Renewable Premiums							
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday							
Gender	Unisex							
	Benefit Period is 2 Years				Benefit Period is 5 Years			
	Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365
18	1.15	1.09	0.97	0.79	1.89	1.83	1.66	1.39
19	1.15	1.09	0.97	0.79	1.89	1.83	1.66	1.39
20	1.15	1.09	0.97	0.79	1.89	1.83	1.66	1.39
21	1.15	1.09	0.97	0.79	1.89	1.83	1.66	1.39
22	1.15	1.09	0.97	0.79	1.89	1.83	1.66	1.39
23	1.15	1.09	0.97	0.79	1.89	1.83	1.66	1.39
24	1.15	1.09	0.97	0.79	1.89	1.83	1.66	1.39
25	1.15	1.09	0.97	0.79	1.89	1.83	1.66	1.39
26	1.30	1.24	1.10	0.90	2.14	2.07	1.87	1.58
27	1.47	1.41	1.25	1.01	2.43	2.33	2.11	1.77
28	1.66	1.59	1.41	1.14	2.73	2.64	2.39	2.00
29	1.88	1.80	1.59	1.29	3.08	2.97	2.69	2.24
30	2.11	2.03	1.79	1.45	3.46	3.34	3.01	2.52
31	2.12	2.03	1.79	1.44	3.46	3.33	3.02	2.52
32	2.13	2.04	1.80	1.46	3.47	3.35	3.02	2.53
33	2.15	2.06	1.83	1.48	3.51	3.39	3.06	2.55
34	2.19	2.10	1.85	1.50	3.57	3.43	3.10	2.59
35	2.25	2.15	1.90	1.53	3.64	3.51	3.17	2.65
36	2.30	2.20	1.95	1.57	3.74	3.61	3.25	2.71
37	2.39	2.28	2.01	1.62	3.87	3.73	3.36	2.79
38	2.47	2.36	2.09	1.68	4.01	3.87	3.48	2.89
39	2.57	2.47	2.18	1.76	4.17	4.02	3.62	3.02
40	2.70	2.58	2.28	1.84	4.36	4.20	3.78	3.16
41	2.82	2.70	2.39	1.93	4.56	4.40	3.95	3.30
42	2.95	2.83	2.50	2.03	4.77	4.60	4.15	3.45
43	3.10	2.97	2.64	2.13	5.00	4.83	4.35	3.62
44	3.27	3.13	2.78	2.25	5.28	5.09	4.59	3.82
45	3.46	3.31	2.94	2.38	5.57	5.37	4.85	4.04
46	3.66	3.51	3.11	2.53	5.89	5.69	5.12	4.27
47	3.88	3.73	3.31	2.69	6.25	6.03	5.43	4.53
48	4.15	3.97	3.54	2.87	6.65	6.42	5.79	4.82
49	4.43	4.26	3.78	3.08	7.10	6.86	6.18	5.14
50	4.78	4.59	4.08	3.31	7.62	7.36	6.63	5.52
51	5.13	4.93	4.38	3.56	8.17	7.89	7.10	5.90
52	5.52	5.31	4.72	3.83	8.77	8.49	7.63	6.33
53	5.96	5.73	5.10	4.13	9.44	9.12	8.20	6.80
54	6.44	6.19	5.52	4.46	10.15	9.82	8.83	7.31
55	6.98	6.71	5.98	4.82	10.96	10.59	9.51	7.86
56	7.58	7.29	6.49	5.23	11.85	11.45	10.27	8.46
57	8.24	7.94	7.07	5.68	12.81	12.39	11.10	9.12
58	9.00	8.69	7.72	6.17	13.90	13.45	12.03	9.86
59	9.88	9.53	8.45	6.75	15.14	14.64	13.08	10.68
60	10.88	10.51	9.32	7.40	16.54	16.03	14.27	11.62
61	10.57	10.22	9.04	7.14	14.67	14.22	12.62	10.22
62	10.23	9.90	8.74	6.87	13.62	13.21	11.68	9.37
63	9.84	9.55	8.41	6.54	12.55	12.19	10.72	8.52
64	9.43	9.16	8.06	6.21	11.53	11.22	9.82	7.73
65	8.96	8.72	7.65	5.85	10.50	10.23	8.91	6.94
66	8.77	8.56	7.47	5.67	9.84	9.59	8.31	6.41
67	8.52	8.32	7.26	5.47	9.11	8.92	7.67	5.84
68	8.52	8.30	7.21	5.44	8.52	8.30	7.21	5.44
69	9.25	9.00	7.79	5.86	9.25	9.00	7.79	5.86
70	10.06	9.77	8.43	6.33	10.06	9.77	8.43	6.33
71	10.80	10.47	9.00	6.76	10.80	10.47	9.00	6.76
72	11.45	11.09	9.52	7.14	11.45	11.09	9.52	7.14
73	12.05	11.66	10.00	7.49	12.05	11.66	10.00	7.49
74	12.57	12.16	10.42	7.80	12.57	12.16	10.42	7.80
75	13.05	12.62	10.79	8.08	13.05	12.62	10.79	8.08
76	13.48	13.03	11.13	8.32	13.48	13.03	11.13	8.32
77	13.87	13.40	11.43	8.55	13.87	13.40	11.43	8.55
78	14.22	13.73	11.71	8.75	14.22	13.73	11.71	8.75
79	14.54	14.03	11.97	8.94	14.54	14.03	11.97	8.94
80+	14.83	14.29	12.18	9.10	14.83	14.29	12.18	9.10

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Rider PR9GI - Catastrophic Disability Benefit Rider							
	Occupation Class 5A With Guaranteed Renewable Premiums							
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday							
Gender	Unisex							
	Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365
18	2.18	2.10	1.91	1.62	2.31	2.23	2.03	1.70
19	2.18	2.10	1.91	1.62	2.31	2.23	2.03	1.70
20	2.18	2.10	1.91	1.62	2.31	2.23	2.03	1.70
21	2.18	2.10	1.91	1.62	2.31	2.23	2.03	1.70
22	2.18	2.10	1.91	1.62	2.31	2.23	2.03	1.70
23	2.18	2.10	1.91	1.62	2.31	2.23	2.03	1.70
24	2.18	2.10	1.91	1.62	2.31	2.23	2.03	1.70
25	2.18	2.10	1.91	1.62	2.31	2.23	2.03	1.70
26	2.47	2.37	2.16	1.81	2.60	2.52	2.28	1.92
27	2.80	2.69	2.43	2.06	2.94	2.85	2.58	2.17
28	3.16	3.04	2.75	2.32	3.31	3.20	2.89	2.43
29	3.57	3.41	3.10	2.60	3.71	3.58	3.24	2.72
30	3.99	3.84	3.48	2.93	4.14	4.00	3.62	3.04
31	3.96	3.82	3.47	2.92	4.13	4.00	3.62	3.03
32	3.97	3.82	3.47	2.93	4.15	4.00	3.62	3.04
33	3.99	3.85	3.49	2.95	4.20	4.06	3.66	3.06
34	4.05	3.90	3.54	2.99	4.24	4.10	3.70	3.10
35	4.12	3.98	3.62	3.05	4.33	4.19	3.78	3.16
36	4.21	4.07	3.70	3.13	4.43	4.28	3.87	3.22
37	4.34	4.19	3.81	3.22	4.57	4.41	3.98	3.33
38	4.49	4.33	3.93	3.33	4.72	4.55	4.11	3.44
39	4.66	4.49	4.09	3.46	4.89	4.72	4.26	3.56
40	4.86	4.70	4.26	3.61	5.10	4.92	4.43	3.71
41	5.07	4.90	4.46	3.78	5.31	5.13	4.63	3.87
42	5.30	5.12	4.66	3.96	5.55	5.35	4.83	4.03
43	5.56	5.37	4.89	4.17	5.80	5.60	5.06	4.23
44	5.84	5.63	5.15	4.38	6.08	5.87	5.30	4.42
45	6.14	5.93	5.41	4.63	6.38	6.16	5.56	4.65
46	6.48	6.26	5.72	4.88	6.72	6.50	5.86	4.89
47	6.85	6.62	6.05	5.15	7.08	6.84	6.18	5.16
48	7.29	7.02	6.41	5.46	7.50	7.25	6.54	5.46
49	7.74	7.48	6.80	5.77	7.95	7.69	6.94	5.79
50	8.28	7.97	7.24	6.10	8.47	8.19	7.39	6.15
51	8.85	8.51	7.69	6.45	9.01	8.72	7.86	6.53
52	9.47	9.10	8.19	6.84	9.61	9.29	8.38	6.96
53	10.14	9.73	8.72	7.23	10.26	9.91	8.92	7.41
54	10.87	10.40	9.30	7.65	10.94	10.57	9.51	7.89
55	11.64	11.13	9.91	8.10	11.68	11.30	10.15	8.40
56	12.49	12.08	10.83	8.94	12.49	12.08	10.83	8.94
57	13.35	12.92	11.56	9.53	13.35	12.92	11.56	9.53
58	14.31	13.84	12.38	10.16	14.31	13.84	12.38	10.16
59	15.36	14.86	13.28	10.85	15.36	14.86	13.28	10.85
60	16.54	16.03	14.27	11.62	16.54	16.03	14.27	11.62
61	14.67	14.22	12.62	10.22	14.67	14.22	12.62	10.22
62	13.62	13.21	11.68	9.37	13.62	13.21	11.68	9.37
63	12.55	12.19	10.72	8.52	12.55	12.19	10.72	8.52
64	11.53	11.22	9.82	7.73	11.53	11.22	9.82	7.73
65	10.50	10.23	8.91	6.94	10.50	10.23	8.91	6.94
66	9.84	9.59	8.31	6.41	9.84	9.59	8.31	6.41
67	9.11	8.92	7.67	5.84	9.11	8.92	7.67	5.84
68	8.52	8.30	7.21	5.44	8.52	8.30	7.21	5.44
69	9.25	9.00	7.79	5.86	9.25	9.00	7.79	5.86
70	10.06	9.77	8.43	6.33	10.06	9.77	8.43	6.33
71	10.80	10.47	9.00	6.76	10.80	10.47	9.00	6.76
72	11.45	11.09	9.52	7.14	11.45	11.09	9.52	7.14
73	12.05	11.66	10.00	7.49	12.05	11.66	10.00	7.49
74	12.57	12.16	10.42	7.80	12.57	12.16	10.42	7.80
75	13.05	12.62	10.79	8.08	13.05	12.62	10.79	8.08
76	13.48	13.03	11.13	8.32	13.48	13.03	11.13	8.32
77	13.87	13.40	11.43	8.55	13.87	13.40	11.43	8.55
78	14.22	13.73	11.71	8.75	14.22	13.73	11.71	8.75
79	14.54	14.03	11.97	8.94	14.54	14.03	11.97	8.94
80+	14.83	14.29	12.18	9.10	14.83	14.29	12.18	9.10

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Rider PR9GI - Catastrophic Disability Benefit Rider							
	Occupation Class 3A With Guaranteed Renewable Premiums							
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday							
Gender	Unisex							
	Benefit Period is 2 Years				Benefit Period is 5 Years			
	Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365
18	1.32	1.27	1.12	0.91	2.22	2.13	1.93	1.63
19	1.32	1.27	1.12	0.91	2.22	2.13	1.93	1.63
20	1.32	1.27	1.12	0.91	2.22	2.13	1.93	1.63
21	1.33	1.27	1.13	0.92	2.21	2.14	1.94	1.63
22	1.33	1.27	1.13	0.92	2.21	2.14	1.94	1.63
23	1.33	1.27	1.13	0.92	2.21	2.14	1.94	1.63
24	1.33	1.27	1.13	0.92	2.21	2.14	1.94	1.63
25	1.33	1.27	1.13	0.92	2.21	2.14	1.94	1.63
26	1.45	1.39	1.23	1.00	2.42	2.33	2.11	1.77
27	1.59	1.52	1.35	1.10	2.64	2.54	2.31	1.93
28	1.74	1.66	1.47	1.19	2.89	2.78	2.51	2.11
29	1.90	1.81	1.61	1.31	3.15	3.03	2.75	2.31
30	2.07	1.98	1.76	1.42	3.43	3.31	2.99	2.52
31	2.09	1.99	1.77	1.43	3.45	3.33	3.01	2.52
32	2.11	2.02	1.79	1.45	3.49	3.37	3.05	2.55
33	2.16	2.06	1.83	1.48	3.56	3.43	3.11	2.60
34	2.22	2.12	1.87	1.51	3.65	3.51	3.18	2.66
35	2.29	2.18	1.93	1.56	3.75	3.62	3.26	2.73
36	2.36	2.26	1.99	1.61	3.88	3.74	3.38	2.82
37	2.45	2.34	2.06	1.67	4.03	3.89	3.51	2.92
38	2.55	2.44	2.15	1.74	4.20	4.05	3.65	3.04
39	2.68	2.55	2.25	1.82	4.38	4.22	3.81	3.19
40	2.81	2.68	2.37	1.91	4.62	4.44	4.00	3.35
41	2.94	2.81	2.49	2.02	4.83	4.66	4.20	3.51
42	3.10	2.96	2.62	2.12	5.08	4.90	4.42	3.69
43	3.26	3.12	2.76	2.23	5.36	5.17	4.66	3.88
44	3.45	3.30	2.92	2.37	5.65	5.45	4.91	4.11
45	3.65	3.49	3.10	2.51	5.99	5.78	5.21	4.36
46	3.86	3.69	3.28	2.67	6.34	6.10	5.51	4.62
47	4.09	3.92	3.49	2.84	6.72	6.49	5.87	4.91
48	4.36	4.17	3.72	3.03	7.16	6.91	6.23	5.23
49	4.67	4.47	3.97	3.24	7.65	7.39	6.67	5.57
50	5.00	4.79	4.27	3.48	8.19	7.91	7.14	5.97
51	5.36	5.14	4.58	3.74	8.78	8.47	7.65	6.39
52	5.76	5.52	4.92	4.03	9.41	9.09	8.21	6.86
53	6.19	5.95	5.31	4.33	10.11	9.77	8.81	7.35
54	6.69	6.42	5.72	4.67	10.87	10.50	9.47	7.89
55	7.23	6.95	6.20	5.04	11.73	11.32	10.20	8.48
56	7.84	7.53	6.72	5.44	12.65	12.23	11.00	9.11
57	8.52	8.20	7.31	5.91	13.70	13.24	11.89	9.84
58	9.32	8.97	7.98	6.44	14.89	14.39	12.91	10.65
59	10.21	9.84	8.75	7.03	16.21	15.67	14.04	11.54
60	11.83	11.43	10.13	8.04	17.99	17.43	15.51	12.63
61	11.49	11.11	9.84	7.77	15.95	15.46	13.73	11.11
62	11.12	10.77	9.51	7.46	14.81	14.36	12.70	10.19
63	10.71	10.39	9.15	7.11	13.64	13.26	11.66	9.26
64	10.26	9.97	8.75	6.75	12.54	12.20	10.67	8.41
65	9.74	9.49	8.31	6.36	11.42	11.13	9.68	7.55
66	9.54	9.31	8.13	6.17	10.69	10.43	9.03	6.97
67	9.26	9.05	7.89	5.95	9.91	9.70	8.33	6.35
68	9.26	9.03	7.84	5.91	9.26	9.03	7.84	5.91
69	10.06	9.78	8.47	6.37	10.06	9.78	8.47	6.37
70	10.94	10.62	9.16	6.89	10.94	10.62	9.16	6.89
71	11.73	11.38	9.79	7.35	11.73	11.38	9.79	7.35
72	12.45	12.06	10.36	7.77	12.45	12.06	10.36	7.77
73	13.09	12.67	10.86	8.14	13.09	12.67	10.86	8.14
74	13.67	13.22	11.32	8.48	13.67	13.22	11.32	8.48
75	14.19	13.72	11.73	8.78	14.19	13.72	11.73	8.78
76	14.66	14.16	12.10	9.05	14.66	14.16	12.10	9.05
77	15.08	14.56	12.43	9.30	15.08	14.56	12.43	9.30
78	15.46	14.92	12.73	9.52	15.46	14.92	12.73	9.52
79	15.80	15.25	13.01	9.72	15.80	15.25	13.01	9.72
80+	16.12	15.55	13.25	9.90	16.12	15.55	13.25	9.90

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Rider PR9GI - Catastrophic Disability Benefit Rider							
	Occupation Class 5A With Guaranteed Renewable Premiums							
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday							
Gender	Unisex							
	Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365
18	2.18	2.10	1.91	1.62	2.71	2.61	2.37	2.01
19	2.18	2.10	1.91	1.62	2.71	2.61	2.37	2.01
20	2.18	2.10	1.91	1.62	2.71	2.61	2.37	2.01
21	2.56	2.47	2.26	1.90	2.72	2.62	2.38	2.00
22	2.56	2.47	2.26	1.90	2.72	2.62	2.38	2.00
23	2.56	2.47	2.26	1.90	2.72	2.62	2.38	2.00
24	2.56	2.47	2.26	1.90	2.72	2.62	2.38	2.00
25	2.57	2.47	2.26	1.90	2.72	2.62	2.38	2.00
26	2.81	2.69	2.46	2.07	2.97	2.86	2.60	2.18
27	3.07	2.97	2.69	2.27	3.23	3.13	2.83	2.38
28	3.33	3.22	2.94	2.47	3.52	3.40	3.09	2.59
29	3.64	3.53	3.20	2.69	3.83	3.71	3.36	2.82
30	3.99	3.85	3.50	2.94	4.17	4.03	3.65	3.06
31	4.00	3.85	3.50	2.95	4.19	4.04	3.66	3.07
32	4.02	3.88	3.53	2.99	4.23	4.09	3.70	3.10
33	4.10	3.94	3.58	3.04	4.32	4.16	3.76	3.16
34	4.17	4.02	3.67	3.11	4.41	4.25	3.84	3.22
35	4.29	4.14	3.78	3.19	4.53	4.38	3.96	3.31
36	4.43	4.26	3.89	3.30	4.68	4.51	4.08	3.43
37	4.58	4.42	4.03	3.44	4.84	4.67	4.23	3.55
38	4.76	4.59	4.19	3.56	5.03	4.86	4.39	3.68
39	4.97	4.80	4.38	3.72	5.25	5.07	4.57	3.83
40	5.21	5.03	4.60	3.91	5.50	5.31	4.80	4.01
41	5.47	5.28	4.82	4.10	5.75	5.55	5.02	4.20
42	5.75	5.55	5.06	4.33	6.04	5.83	5.26	4.41
43	6.03	5.83	5.34	4.55	6.32	6.11	5.53	4.62
44	6.36	6.14	5.62	4.82	6.66	6.43	5.80	4.87
45	6.70	6.48	5.94	5.09	7.01	6.76	6.12	5.13
46	7.10	6.85	6.28	5.38	7.39	7.13	6.44	5.41
47	7.51	7.26	6.64	5.69	7.82	7.54	6.81	5.71
48	7.97	7.70	7.05	6.02	8.26	7.98	7.22	6.04
49	8.49	8.20	7.49	6.36	8.76	8.47	7.66	6.41
50	9.05	8.74	7.95	6.74	9.31	9.00	8.13	6.82
51	9.68	9.31	8.44	7.10	9.91	9.56	8.65	7.24
52	10.34	9.94	8.97	7.50	10.54	10.18	9.20	7.70
53	11.04	10.61	9.52	7.91	11.21	10.83	9.78	8.17
54	11.80	11.31	10.12	8.36	11.93	11.53	10.40	8.68
55	12.62	12.08	10.76	8.83	12.71	12.28	11.07	9.22
56	13.54	13.09	11.78	9.78	13.54	13.09	11.78	9.78
57	14.45	13.96	12.55	10.40	14.45	13.96	12.55	10.40
58	15.44	14.93	13.39	11.07	15.44	14.93	13.39	11.07
59	16.53	15.99	14.32	11.79	16.53	15.99	14.32	11.79
60	17.99	17.42	15.51	12.63	17.99	17.42	15.51	12.63
61	15.95	15.46	13.73	11.11	15.95	15.46	13.73	11.11
62	14.81	14.36	12.70	10.19	14.81	14.36	12.70	10.19
63	13.64	13.26	11.66	9.26	13.64	13.26	11.66	9.26
64	12.54	12.20	10.67	8.41	12.54	12.20	10.67	8.41
65	11.42	11.13	9.68	7.55	11.42	11.13	9.68	7.55
66	10.69	10.43	9.03	6.97	10.69	10.43	9.03	6.97
67	9.91	9.70	8.33	6.35	9.91	9.70	8.33	6.35
68	9.26	9.03	7.84	5.91	9.26	9.03	7.84	5.91
69	10.06	9.78	8.47	6.37	10.06	9.78	8.47	6.37
70	10.94	10.62	9.16	6.89	10.94	10.62	9.16	6.89
71	11.73	11.38	9.79	7.35	11.73	11.38	9.79	7.35
72	12.45	12.06	10.36	7.77	12.45	12.06	10.36	7.77
73	13.09	12.67	10.86	8.14	13.09	12.67	10.86	8.14
74	13.67	13.22	11.32	8.48	13.67	13.22	11.32	8.48
75	14.19	13.72	11.73	8.78	14.19	13.72	11.73	8.78
76	14.66	14.16	12.10	9.05	14.66	14.16	12.10	9.05
77	15.08	14.56	12.43	9.30	15.08	14.56	12.43	9.30
78	15.46	14.92	12.73	9.52	15.46	14.92	12.73	9.52
79	15.80	15.25	13.01	9.72	15.80	15.25	13.01	9.72
80+	16.12	15.55	13.25	9.90	16.12	15.55	13.25	9.90

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Rider PR9GI - Catastrophic Disability Benefit Rider							
	Occupation Class 3P With Guaranteed Renewable Premiums							
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday							
Gender	Unisex							
	Benefit Period is 2 Years				Benefit Period is 5 Years			
	Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365
18	1.20	1.16	1.03	0.83	1.99	1.93	1.74	1.46
19	1.20	1.16	1.03	0.83	1.99	1.93	1.74	1.46
20	1.20	1.16	1.03	0.83	1.99	1.93	1.74	1.46
21	1.20	1.16	1.03	0.83	1.99	1.93	1.74	1.46
22	1.20	1.16	1.03	0.83	1.99	1.93	1.74	1.46
23	1.20	1.16	1.03	0.83	1.99	1.93	1.74	1.46
24	1.20	1.16	1.03	0.83	1.99	1.93	1.74	1.46
25	1.20	1.16	1.03	0.83	1.99	1.93	1.74	1.46
26	1.36	1.31	1.16	0.94	2.25	2.18	1.98	1.66
27	1.55	1.48	1.32	1.07	2.56	2.46	2.23	1.86
28	1.75	1.68	1.48	1.20	2.88	2.78	2.51	2.09
29	1.97	1.89	1.68	1.35	3.24	3.13	2.83	2.36
30	2.22	2.13	1.89	1.53	3.64	3.51	3.17	2.66
31	2.22	2.13	1.89	1.52	3.63	3.51	3.17	2.65
32	2.24	2.14	1.90	1.53	3.65	3.53	3.18	2.65
33	2.27	2.17	1.92	1.55	3.69	3.56	3.21	2.68
34	2.31	2.21	1.95	1.58	3.76	3.61	3.26	2.73
35	2.36	2.26	2.00	1.61	3.83	3.70	3.34	2.78
36	2.43	2.32	2.06	1.65	3.94	3.80	3.42	2.85
37	2.51	2.40	2.12	1.71	4.06	3.92	3.54	2.94
38	2.60	2.49	2.20	1.78	4.22	4.07	3.67	3.04
39	2.71	2.59	2.29	1.85	4.38	4.23	3.81	3.17
40	2.83	2.71	2.40	1.94	4.58	4.41	3.98	3.32
41	2.96	2.83	2.51	2.03	4.79	4.62	4.16	3.46
42	3.11	2.98	2.64	2.13	5.02	4.84	4.36	3.63
43	3.26	3.13	2.77	2.24	5.27	5.08	4.58	3.82
44	3.44	3.30	2.93	2.37	5.55	5.36	4.83	4.03
45	3.64	3.49	3.10	2.51	5.87	5.66	5.10	4.24
46	3.85	3.69	3.28	2.66	6.20	5.98	5.40	4.50
47	4.08	3.92	3.48	2.83	6.57	6.35	5.71	4.76
48	4.37	4.19	3.73	3.03	7.00	6.76	6.09	5.07
49	4.67	4.48	3.99	3.24	7.49	7.22	6.51	5.42
50	5.02	4.82	4.29	3.48	8.03	7.75	6.98	5.81
51	5.40	5.19	4.62	3.75	8.60	8.31	7.48	6.22
52	5.81	5.59	4.97	4.04	9.24	8.92	8.04	6.68
53	6.28	6.04	5.37	4.36	9.94	9.61	8.64	7.16
54	6.78	6.52	5.81	4.70	10.70	10.35	9.30	7.70
55	7.35	7.07	6.29	5.08	11.54	11.15	10.02	8.28
56	7.98	7.69	6.84	5.50	12.47	12.05	10.81	8.91
57	8.68	8.37	7.44	5.98	13.49	13.05	11.68	9.60
58	9.49	9.14	8.13	6.50	14.64	14.17	12.67	10.39
59	10.39	10.03	8.90	7.11	15.94	15.42	13.78	11.25
60	11.46	11.07	9.82	7.79	17.42	16.88	15.02	12.23
61	11.13	10.76	9.53	7.53	15.45	14.98	13.30	10.76
62	10.77	10.43	9.21	7.23	14.34	13.91	12.30	9.87
63	10.37	10.06	8.86	6.89	13.21	12.84	11.29	8.97
64	9.94	9.66	8.48	6.54	12.15	11.82	10.34	8.14
65	9.44	9.19	8.05	6.16	11.06	10.78	9.37	7.31
66	9.24	9.01	7.88	5.98	10.36	10.10	8.75	6.76
67	8.97	8.77	7.64	5.76	9.60	9.39	8.07	6.15
68	8.97	8.75	7.60	5.73	8.97	8.75	7.60	5.73
69	9.74	9.48	8.20	6.17	9.74	9.48	8.20	6.17
70	10.60	10.29	8.87	6.67	10.60	10.29	8.87	6.67
71	11.37	11.03	9.49	7.12	11.37	11.03	9.49	7.12
72	12.06	11.68	10.03	7.53	12.06	11.68	10.03	7.53
73	12.68	12.27	10.52	7.89	12.68	12.27	10.52	7.89
74	13.24	12.80	10.97	8.21	13.24	12.80	10.97	8.21
75	13.75	13.29	11.37	8.50	13.75	13.29	11.37	8.50
76	14.20	13.72	11.73	8.77	14.20	13.72	11.73	8.77
77	14.61	14.11	12.04	9.00	14.61	14.11	12.04	9.00
78	14.98	14.46	12.33	9.22	14.98	14.46	12.33	9.22
79	15.31	14.77	12.60	9.42	15.31	14.77	12.60	9.42
80+	15.62	15.06	12.83	9.59	15.62	15.06	12.83	9.59

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Rider PR9GI - Catastrophic Disability Benefit Rider							
	Occupation Class 5A With Guaranteed Renewable Premiums							
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday							
Gender	Unisex							
	Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365
18	2.30	2.22	2.00	1.70	2.44	2.35	2.13	1.80
19	2.30	2.22	2.00	1.70	2.44	2.35	2.13	1.80
20	2.30	2.22	2.00	1.70	2.44	2.35	2.13	1.80
21	2.30	2.22	2.00	1.70	2.44	2.35	2.13	1.80
22	2.30	2.22	2.00	1.70	2.44	2.35	2.13	1.80
23	2.30	2.22	2.00	1.70	2.44	2.35	2.13	1.80
24	2.30	2.22	2.00	1.70	2.44	2.35	2.13	1.80
25	2.30	2.22	2.00	1.70	2.44	2.36	2.13	1.80
26	2.61	2.50	2.28	1.92	2.75	2.65	2.41	2.02
27	2.94	2.83	2.58	2.15	3.09	2.99	2.71	2.28
28	3.32	3.19	2.89	2.44	3.47	3.36	3.04	2.56
29	3.74	3.60	3.26	2.75	3.90	3.77	3.41	2.86
30	4.20	4.04	3.67	3.08	4.36	4.21	3.81	3.20
31	4.17	4.01	3.65	3.07	4.35	4.20	3.80	3.19
32	4.17	4.02	3.65	3.08	4.36	4.21	3.81	3.19
33	4.21	4.05	3.67	3.10	4.41	4.27	3.84	3.22
34	4.26	4.10	3.72	3.15	4.47	4.31	3.89	3.26
35	4.34	4.18	3.80	3.21	4.56	4.40	3.98	3.32
36	4.44	4.28	3.89	3.29	4.67	4.50	4.07	3.40
37	4.56	4.41	4.01	3.39	4.80	4.64	4.19	3.50
38	4.72	4.56	4.14	3.51	4.96	4.79	4.33	3.62
39	4.90	4.73	4.30	3.64	5.15	4.97	4.48	3.74
40	5.11	4.94	4.48	3.80	5.36	5.18	4.67	3.90
41	5.34	5.15	4.69	3.98	5.58	5.39	4.87	4.06
42	5.57	5.38	4.91	4.18	5.83	5.63	5.08	4.25
43	5.85	5.65	5.15	4.38	6.10	5.89	5.32	4.44
44	6.15	5.93	5.41	4.61	6.40	6.18	5.57	4.65
45	6.46	6.25	5.71	4.87	6.71	6.49	5.86	4.89
46	6.81	6.59	6.02	5.14	7.07	6.83	6.16	5.15
47	7.22	6.97	6.37	5.42	7.46	7.21	6.50	5.42
48	7.66	7.40	6.74	5.74	7.89	7.63	6.88	5.74
49	8.15	7.87	7.16	6.08	8.38	8.10	7.31	6.10
50	8.71	8.40	7.62	6.42	8.91	8.61	7.77	6.48
51	9.32	8.96	8.11	6.80	9.49	9.17	8.26	6.89
52	9.97	9.58	8.63	7.19	10.12	9.79	8.81	7.33
53	10.67	10.24	9.18	7.62	10.80	10.45	9.40	7.81
54	11.44	10.96	9.79	8.04	11.52	11.14	10.02	8.31
55	12.26	11.72	10.44	8.53	12.31	11.89	10.69	8.85
56	13.15	12.72	11.41	9.42	13.15	12.72	11.41	9.42
57	14.07	13.60	12.19	10.04	14.07	13.60	12.19	10.04
58	15.06	14.58	13.04	10.70	15.06	14.58	13.04	10.70
59	16.17	15.65	13.97	11.43	16.17	15.65	13.97	11.43
60	17.42	16.88	15.02	12.23	17.42	16.88	15.02	12.23
61	15.45	14.98	13.30	10.76	15.45	14.98	13.30	10.76
62	14.34	13.91	12.30	9.87	14.34	13.91	12.30	9.87
63	13.21	12.84	11.29	8.97	13.21	12.84	11.29	8.97
64	12.15	11.82	10.34	8.14	12.15	11.82	10.34	8.14
65	11.06	10.78	9.37	7.31	11.06	10.78	9.37	7.31
66	10.36	10.10	8.75	6.76	10.36	10.10	8.75	6.76
67	9.60	9.39	8.07	6.15	9.60	9.39	8.07	6.15
68	8.97	8.75	7.60	5.73	8.97	8.75	7.60	5.73
69	9.74	9.48	8.20	6.17	9.74	9.48	8.20	6.17
70	10.60	10.29	8.87	6.67	10.60	10.29	8.87	6.67
71	11.37	11.03	9.49	7.12	11.37	11.03	9.49	7.12
72	12.06	11.68	10.03	7.53	12.06	11.68	10.03	7.53
73	12.68	12.27	10.52	7.89	12.68	12.27	10.52	7.89
74	13.24	12.80	10.97	8.21	13.24	12.80	10.97	8.21
75	13.75	13.29	11.37	8.50	13.75	13.29	11.37	8.50
76	14.20	13.72	11.73	8.77	14.20	13.72	11.73	8.77
77	14.61	14.11	12.04	9.00	14.61	14.11	12.04	9.00
78	14.98	14.46	12.33	9.22	14.98	14.46	12.33	9.22
79	15.31	14.77	12.60	9.42	15.31	14.77	12.60	9.42
80+	15.62	15.06	12.83	9.59	15.62	15.06	12.83	9.59

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Rider PR9GI - Catastrophic Disability Benefit Rider							
	Occupation Class 2A With Guaranteed Renewable Premiums							
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday							
Gender	Unisex							
	Benefit Period is 2 Years				Benefit Period is 5 Years			
	Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365
18	1.50	1.43	1.28	1.03	2.49	2.40	2.18	1.83
19	1.50	1.43	1.28	1.03	2.49	2.40	2.18	1.83
20	1.50	1.43	1.28	1.03	2.49	2.40	2.18	1.83
21	1.50	1.43	1.28	1.03	2.49	2.40	2.18	1.83
22	1.50	1.43	1.28	1.03	2.49	2.40	2.18	1.83
23	1.50	1.43	1.28	1.03	2.49	2.40	2.18	1.83
24	1.50	1.43	1.28	1.03	2.49	2.40	2.18	1.83
25	1.50	1.43	1.28	1.03	2.49	2.40	2.18	1.83
26	1.61	1.54	1.37	1.12	2.68	2.60	2.35	1.97
27	1.75	1.68	1.49	1.20	2.91	2.81	2.55	2.13
28	1.90	1.81	1.60	1.31	3.15	3.05	2.76	2.32
29	2.07	1.97	1.75	1.41	3.43	3.31	2.99	2.52
30	2.25	2.15	1.90	1.54	3.72	3.59	3.25	2.73
31	2.26	2.17	1.92	1.55	3.75	3.62	3.27	2.75
32	2.31	2.21	1.95	1.58	3.82	3.69	3.33	2.79
33	2.36	2.25	1.99	1.61	3.90	3.76	3.40	2.84
34	2.43	2.32	2.05	1.66	4.01	3.86	3.49	2.93
35	2.51	2.40	2.12	1.71	4.15	4.00	3.61	3.01
36	2.60	2.49	2.19	1.77	4.30	4.14	3.73	3.12
37	2.71	2.59	2.29	1.85	4.48	4.32	3.89	3.25
38	2.84	2.71	2.39	1.93	4.67	4.50	4.06	3.40
39	2.97	2.84	2.51	2.03	4.90	4.72	4.27	3.56
40	3.13	2.99	2.64	2.14	5.16	4.97	4.48	3.74
41	3.28	3.14	2.77	2.24	5.41	5.21	4.70	3.93
42	3.45	3.30	2.91	2.36	5.68	5.47	4.95	4.13
43	3.63	3.47	3.07	2.49	5.99	5.78	5.21	4.36
44	3.83	3.66	3.25	2.64	6.32	6.09	5.50	4.60
45	4.05	3.87	3.43	2.80	6.68	6.45	5.83	4.88
46	4.27	4.09	3.63	2.95	7.07	6.82	6.16	5.16
47	4.54	4.34	3.86	3.15	7.51	7.24	6.54	5.48
48	4.83	4.63	4.12	3.36	8.00	7.72	6.99	5.85
49	5.17	4.95	4.41	3.61	8.57	8.26	7.47	6.26
50	5.55	5.31	4.74	3.88	9.19	8.86	8.01	6.72
51	5.95	5.71	5.09	4.16	9.86	9.51	8.60	7.20
52	6.41	6.15	5.49	4.49	10.61	10.23	9.26	7.75
53	6.90	6.63	5.92	4.85	11.42	11.04	9.97	8.34
54	7.47	7.16	6.40	5.23	12.33	11.91	10.75	8.98
55	8.08	7.76	6.93	5.66	13.31	12.86	11.60	9.67
56	8.76	8.42	7.52	6.12	14.41	13.91	12.55	10.44
57	9.53	9.16	8.17	6.65	15.63	15.10	13.60	11.28
58	10.41	10.01	8.93	7.24	17.02	16.44	14.80	12.26
59	11.42	10.98	9.79	7.91	18.61	17.99	16.15	13.34
60	12.60	12.14	10.81	8.69	20.46	19.78	17.72	14.59
61	12.35	11.91	10.58	8.46	18.22	17.62	15.74	12.88
62	12.22	11.80	10.46	8.29	17.08	16.54	14.70	11.91
63	12.08	11.70	10.32	8.08	15.94	15.47	13.66	10.93
64	11.87	11.52	10.13	7.85	14.85	14.43	12.67	10.02
65	11.53	11.21	9.83	7.53	13.69	13.33	11.62	9.09
66	11.51	11.21	9.81	7.45	12.97	12.64	10.95	8.47
67	11.31	11.06	9.63	7.26	12.10	11.84	10.18	7.76
68	10.12	9.86	8.57	6.46	10.12	9.86	8.57	6.46
69	10.99	10.70	9.25	6.97	10.99	10.70	9.25	6.97
70	11.96	11.61	10.01	7.53	11.96	11.61	10.01	7.53
71	12.82	12.44	10.70	8.03	12.82	12.44	10.70	8.03
72	13.61	13.18	11.31	8.49	13.61	13.18	11.31	8.49
73	14.31	13.85	11.87	8.89	14.31	13.85	11.87	8.89
74	14.94	14.46	12.37	9.27	14.94	14.46	12.37	9.27
75	15.51	15.00	12.82	9.59	15.51	15.00	12.82	9.59
76	16.03	15.48	13.23	9.90	16.03	15.48	13.23	9.90
77	16.49	15.92	13.59	10.17	16.49	15.92	13.59	10.17
78	16.90	16.31	13.92	10.40	16.90	16.31	13.92	10.40
79	17.28	16.67	14.21	10.62	17.28	16.67	14.21	10.62
80+	17.62	16.99	14.48	10.82	17.62	16.99	14.48	10.82

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Rider PR9GI - Catastrophic Disability Benefit Rider							
	Occupation Class 5A With Guaranteed Renewable Premiums							
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday							
Gender	Unisex							
	Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365
18	2.89	2.80	2.54	2.16	3.06	2.95	2.68	2.26
19	2.89	2.80	2.54	2.16	3.06	2.95	2.68	2.26
20	2.89	2.80	2.54	2.16	3.06	2.95	2.68	2.26
21	2.89	2.80	2.54	2.16	3.06	2.95	2.68	2.26
22	2.89	2.80	2.54	2.16	3.06	2.95	2.68	2.26
23	2.89	2.80	2.54	2.16	3.06	2.95	2.68	2.26
24	2.89	2.80	2.54	2.16	3.06	2.95	2.68	2.26
25	2.90	2.80	2.54	2.16	3.07	2.96	2.68	2.26
26	3.13	3.02	2.76	2.32	3.30	3.19	2.90	2.44
27	3.39	3.26	2.97	2.52	3.57	3.45	3.13	2.64
28	3.68	3.53	3.22	2.72	3.87	3.73	3.38	2.85
29	3.98	3.84	3.49	2.96	4.19	4.05	3.67	3.09
30	4.34	4.18	3.79	3.22	4.54	4.39	3.97	3.34
31	4.36	4.20	3.82	3.24	4.58	4.43	4.01	3.36
32	4.40	4.25	3.87	3.28	4.65	4.50	4.06	3.41
33	4.49	4.32	3.94	3.35	4.75	4.59	4.14	3.48
34	4.59	4.44	4.04	3.44	4.87	4.70	4.26	3.56
35	4.72	4.56	4.17	3.54	5.01	4.84	4.38	3.67
36	4.88	4.72	4.31	3.66	5.19	5.01	4.53	3.79
37	5.08	4.91	4.49	3.82	5.39	5.21	4.71	3.95
38	5.29	5.11	4.67	3.98	5.63	5.43	4.90	4.11
39	5.55	5.36	4.89	4.17	5.88	5.68	5.13	4.30
40	5.82	5.62	5.14	4.36	6.16	5.94	5.37	4.50
41	6.10	5.90	5.40	4.60	6.46	6.23	5.63	4.72
42	6.42	6.21	5.67	4.84	6.77	6.54	5.91	4.95
43	6.75	6.53	5.97	5.11	7.11	6.87	6.20	5.20
44	7.11	6.87	6.29	5.40	7.46	7.20	6.51	5.46
45	7.50	7.26	6.66	5.71	7.85	7.59	6.86	5.76
46	7.93	7.67	7.04	6.04	8.28	8.00	7.24	6.07
47	8.41	8.13	7.45	6.39	8.76	8.45	7.65	6.42
48	8.94	8.65	7.91	6.78	9.28	8.96	8.11	6.81
49	9.54	9.21	8.40	7.17	9.86	9.52	8.62	7.23
50	10.18	9.83	8.94	7.59	10.50	10.13	9.17	7.70
51	10.92	10.51	9.52	8.04	11.18	10.79	9.77	8.20
52	11.69	11.25	10.15	8.50	11.92	11.52	10.42	8.74
53	12.52	12.03	10.83	9.00	12.73	12.29	11.12	9.31
54	13.42	12.89	11.54	9.53	13.59	13.13	11.87	9.93
55	14.38	13.79	12.29	10.07	14.50	14.01	12.65	10.57
56	15.48	14.97	13.49	11.24	15.48	14.97	13.49	11.24
57	16.56	15.99	14.41	11.97	16.56	15.99	14.41	11.97
58	17.74	17.14	15.41	12.78	17.74	17.14	15.41	12.78
59	19.01	18.38	16.50	13.63	19.01	18.38	16.50	13.63
60	20.46	19.78	17.72	14.59	20.46	19.78	17.72	14.59
61	18.22	17.62	15.74	12.88	18.22	17.62	15.74	12.88
62	17.08	16.54	14.70	11.91	17.08	16.54	14.70	11.91
63	15.94	15.47	13.66	10.93	15.94	15.47	13.66	10.93
64	14.85	14.43	12.67	10.02	14.85	14.43	12.67	10.02
65	13.69	13.33	11.62	9.09	13.69	13.33	11.62	9.09
66	12.97	12.64	10.95	8.47	12.97	12.64	10.95	8.47
67	12.10	11.84	10.18	7.76	12.10	11.84	10.18	7.76
68	10.12	9.86	8.57	6.46	10.12	9.86	8.57	6.46
69	10.99	10.70	9.25	6.97	10.99	10.70	9.25	6.97
70	11.96	11.61	10.01	7.53	11.96	11.61	10.01	7.53
71	12.82	12.44	10.70	8.03	12.82	12.44	10.70	8.03
72	13.61	13.18	11.31	8.49	13.61	13.18	11.31	8.49
73	14.31	13.85	11.87	8.89	14.31	13.85	11.87	8.89
74	14.94	14.46	12.37	9.27	14.94	14.46	12.37	9.27
75	15.51	15.00	12.82	9.59	15.51	15.00	12.82	9.59
76	16.03	15.48	13.23	9.90	16.03	15.48	13.23	9.90
77	16.49	15.92	13.59	10.17	16.49	15.92	13.59	10.17
78	16.90	16.31	13.92	10.40	16.90	16.31	13.92	10.40
79	17.28	16.67	14.21	10.62	17.28	16.67	14.21	10.62
80+	17.62	16.99	14.48	10.82	17.62	16.99	14.48	10.82

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Rider PR9GI - Catastrophic Disability Benefit Rider							
	Occupation Class 2P With Guaranteed Renewable Premiums							
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday							
Gender	Unisex							
	Benefit Period is 2 Years				Benefit Period is 5 Years			
	Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365
18	1.26	1.21	1.08	0.87	2.09	2.02	1.83	1.54
19	1.26	1.21	1.08	0.87	2.09	2.02	1.83	1.54
20	1.26	1.21	1.08	0.87	2.09	2.02	1.83	1.54
21	1.26	1.21	1.08	0.87	2.09	2.02	1.83	1.54
22	1.26	1.21	1.08	0.87	2.09	2.02	1.83	1.54
23	1.26	1.21	1.08	0.87	2.09	2.02	1.83	1.54
24	1.26	1.21	1.08	0.87	2.09	2.02	1.83	1.54
25	1.26	1.21	1.08	0.87	2.09	2.02	1.83	1.54
26	1.43	1.37	1.22	0.99	2.37	2.28	2.07	1.73
27	1.63	1.55	1.38	1.11	2.68	2.59	2.34	1.96
28	1.84	1.76	1.55	1.26	3.02	2.92	2.63	2.21
29	2.08	1.99	1.76	1.42	3.40	3.28	2.96	2.48
30	2.33	2.23	1.98	1.60	3.82	3.68	3.33	2.78
31	2.34	2.24	1.98	1.60	3.81	3.68	3.32	2.78
32	2.35	2.25	1.99	1.61	3.83	3.69	3.33	2.79
33	2.38	2.28	2.01	1.62	3.87	3.74	3.37	2.81
34	2.42	2.31	2.04	1.66	3.93	3.79	3.43	2.86
35	2.48	2.37	2.10	1.69	4.03	3.89	3.50	2.92
36	2.54	2.44	2.15	1.74	4.13	3.99	3.59	2.99
37	2.63	2.51	2.23	1.79	4.26	4.12	3.71	3.08
38	2.73	2.61	2.31	1.86	4.42	4.26	3.84	3.19
39	2.84	2.72	2.41	1.94	4.59	4.44	4.00	3.34
40	2.97	2.85	2.52	2.03	4.81	4.63	4.18	3.48
41	3.11	2.98	2.64	2.13	5.03	4.85	4.38	3.64
42	3.26	3.12	2.77	2.24	5.27	5.08	4.58	3.81
43	3.43	3.29	2.91	2.35	5.54	5.33	4.81	4.01
44	3.62	3.47	3.08	2.49	5.83	5.62	5.07	4.22
45	3.82	3.67	3.25	2.64	6.16	5.95	5.35	4.46
46	4.04	3.88	3.44	2.80	6.52	6.28	5.66	4.72
47	4.29	4.12	3.66	2.97	6.90	6.67	6.01	5.01
48	4.58	4.40	3.91	3.18	7.36	7.10	6.40	5.34
49	4.90	4.71	4.19	3.40	7.86	7.59	6.84	5.68
50	5.27	5.07	4.51	3.67	8.43	8.14	7.33	6.10
51	5.67	5.45	4.85	3.94	9.04	8.73	7.86	6.53
52	6.11	5.88	5.23	4.24	9.72	9.38	8.44	7.01
53	6.59	6.34	5.65	4.57	10.44	10.09	9.07	7.52
54	7.12	6.85	6.10	4.93	11.24	10.86	9.76	8.08
55	7.71	7.42	6.62	5.34	12.11	11.71	10.52	8.69
56	8.38	8.07	7.18	5.78	13.10	12.65	11.35	9.36
57	9.12	8.79	7.81	6.28	14.16	13.70	12.27	10.08
58	9.95	9.61	8.53	6.83	15.37	14.87	13.29	10.90
59	10.92	10.54	9.35	7.46	16.73	16.20	14.45	11.81
60	12.04	11.63	10.31	8.19	18.30	17.72	15.78	12.84
61	11.69	11.31	10.00	7.90	16.24	15.73	13.96	11.31
62	11.32	10.95	9.68	7.59	15.07	14.62	12.92	10.36
63	10.89	10.57	9.31	7.24	13.89	13.49	11.87	9.42
64	10.44	10.15	8.90	6.86	12.76	12.41	10.86	8.55
65	9.91	9.65	8.45	6.47	11.62	11.32	9.85	7.68
66	9.71	9.46	8.27	6.29	10.88	10.62	9.20	7.09
67	9.42	9.21	8.02	6.05	10.09	9.86	8.47	6.46
68	9.42	9.19	7.98	6.01	9.42	9.19	7.98	6.01
69	10.24	9.95	8.62	6.49	10.24	9.95	8.62	6.49
70	11.13	10.81	9.33	7.01	11.13	10.81	9.33	7.01
71	11.94	11.58	9.96	7.48	11.94	11.58	9.96	7.48
72	12.67	12.27	10.54	7.90	12.67	12.27	10.54	7.90
73	13.33	12.89	11.05	8.29	13.33	12.89	11.05	8.29
74	13.91	13.45	11.52	8.63	13.91	13.45	11.52	8.63
75	14.44	13.96	11.93	8.93	14.44	13.96	11.93	8.93
76	14.92	14.41	12.32	9.21	14.92	14.41	12.32	9.21
77	15.36	14.83	12.65	9.46	15.36	14.83	12.65	9.46
78	15.74	15.19	12.96	9.69	15.74	15.19	12.96	9.69
79	16.09	15.52	13.24	9.88	16.09	15.52	13.24	9.88
80+	16.41	15.82	13.48	10.07	16.41	15.82	13.48	10.07

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Rider PR9GI - Catastrophic Disability Benefit Rider							
	Occupation Class 5A With Guaranteed Renewable Premiums							
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday							
Gender	Unisex							
	Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365
18	2.42	2.32	2.11	1.78	2.55	2.46	2.23	1.88
19	2.42	2.32	2.11	1.78	2.55	2.46	2.23	1.88
20	2.42	2.32	2.11	1.78	2.55	2.46	2.23	1.88
21	2.42	2.32	2.11	1.78	2.55	2.46	2.23	1.88
22	2.42	2.32	2.11	1.78	2.55	2.46	2.23	1.88
23	2.42	2.32	2.11	1.78	2.55	2.46	2.23	1.88
24	2.42	2.32	2.11	1.78	2.55	2.46	2.23	1.88
25	2.42	2.32	2.11	1.78	2.55	2.46	2.23	1.88
26	2.74	2.64	2.39	2.01	2.89	2.78	2.52	2.12
27	3.09	2.98	2.70	2.28	3.24	3.14	2.85	2.39
28	3.49	3.35	3.04	2.56	3.65	3.53	3.19	2.68
29	3.93	3.78	3.42	2.89	4.09	3.95	3.58	3.00
30	4.41	4.24	3.83	3.24	4.58	4.42	3.99	3.35
31	4.38	4.22	3.82	3.23	4.56	4.41	3.99	3.34
32	4.38	4.22	3.83	3.23	4.58	4.43	3.99	3.35
33	4.42	4.25	3.85	3.26	4.63	4.46	4.03	3.37
34	4.47	4.31	3.91	3.31	4.69	4.53	4.09	3.42
35	4.55	4.39	3.99	3.38	4.78	4.62	4.17	3.48
36	4.66	4.49	4.09	3.45	4.89	4.72	4.27	3.56
37	4.79	4.63	4.21	3.57	5.03	4.87	4.39	3.68
38	4.96	4.78	4.36	3.69	5.20	5.02	4.54	3.79
39	5.16	4.96	4.52	3.82	5.40	5.21	4.70	3.93
40	5.37	5.18	4.72	3.99	5.62	5.42	4.90	4.09
41	5.61	5.41	4.93	4.17	5.86	5.66	5.11	4.26
42	5.87	5.65	5.16	4.38	6.13	5.92	5.33	4.46
43	6.14	5.93	5.42	4.60	6.40	6.18	5.58	4.66
44	6.45	6.23	5.68	4.84	6.72	6.49	5.85	4.90
45	6.79	6.56	5.99	5.11	7.06	6.81	6.15	5.14
46	7.16	6.93	6.32	5.39	7.42	7.17	6.48	5.41
47	7.57	7.32	6.68	5.69	7.83	7.57	6.83	5.70
48	8.04	7.77	7.08	6.02	8.30	8.01	7.22	6.03
49	8.56	8.27	7.53	6.37	8.80	8.50	7.68	6.40
50	9.14	8.81	7.99	6.75	9.36	9.05	8.16	6.80
51	9.78	9.42	8.50	7.13	9.97	9.65	8.68	7.24
52	10.47	10.07	9.05	7.54	10.63	10.28	9.26	7.70
53	11.20	10.76	9.64	7.99	11.34	10.96	9.86	8.21
54	12.00	11.51	10.27	8.46	12.10	11.70	10.52	8.73
55	12.86	12.31	10.94	8.96	12.92	12.50	11.22	9.29
56	13.81	13.35	11.97	9.89	13.81	13.35	11.97	9.89
57	14.76	14.28	12.79	10.53	14.76	14.28	12.79	10.53
58	15.81	15.30	13.68	11.24	15.81	15.30	13.68	11.24
59	16.97	16.43	14.67	11.99	16.97	16.43	14.67	11.99
60	18.30	17.72	15.78	12.84	18.30	17.72	15.78	12.84
61	16.24	15.73	13.96	11.31	16.24	15.73	13.96	11.31
62	15.07	14.62	12.92	10.36	15.07	14.62	12.92	10.36
63	13.89	13.49	11.87	9.42	13.89	13.49	11.87	9.42
64	12.76	12.41	10.86	8.55	12.76	12.41	10.86	8.55
65	11.62	11.32	9.85	7.68	11.62	11.32	9.85	7.68
66	10.88	10.62	9.20	7.09	10.88	10.62	9.20	7.09
67	10.09	9.86	8.47	6.46	10.09	9.86	8.47	6.46
68	9.42	9.19	7.98	6.01	9.42	9.19	7.98	6.01
69	10.24	9.95	8.62	6.49	10.24	9.95	8.62	6.49
70	11.13	10.81	9.33	7.01	11.13	10.81	9.33	7.01
71	11.94	11.58	9.96	7.48	11.94	11.58	9.96	7.48
72	12.67	12.27	10.54	7.90	12.67	12.27	10.54	7.90
73	13.33	12.89	11.05	8.29	13.33	12.89	11.05	8.29
74	13.91	13.45	11.52	8.63	13.91	13.45	11.52	8.63
75	14.44	13.96	11.93	8.93	14.44	13.96	11.93	8.93
76	14.92	14.41	12.32	9.21	14.92	14.41	12.32	9.21
77	15.36	14.83	12.65	9.46	15.36	14.83	12.65	9.46
78	15.74	15.19	12.96	9.69	15.74	15.19	12.96	9.69
79	16.09	15.52	13.24	9.88	16.09	15.52	13.24	9.88
80+	16.41	15.82	13.48	10.07	16.41	15.82	13.48	10.07

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Rider PR9GI - Catastrophic Disability Benefit Rider							
	Occupation Class A With Guaranteed Renewable Premiums							
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday							
Gender	Unisex							
	Benefit Period is 2 Years				Benefit Period is 5 Years			
	Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365
18	1.57	1.50	1.33	1.08	2.60	2.52	2.28	1.92
19	1.57	1.50	1.33	1.08	2.60	2.52	2.28	1.92
20	1.57	1.50	1.33	1.08	2.60	2.52	2.28	1.92
21	1.57	1.50	1.33	1.08	2.60	2.52	2.28	1.92
22	1.57	1.50	1.33	1.08	2.60	2.52	2.28	1.92
23	1.57	1.50	1.33	1.08	2.60	2.52	2.28	1.92
24	1.57	1.50	1.33	1.08	2.60	2.52	2.28	1.92
25	1.57	1.50	1.33	1.08	2.60	2.52	2.28	1.92
26	1.69	1.62	1.44	1.16	2.82	2.72	2.45	2.06
27	1.83	1.76	1.55	1.26	3.05	2.94	2.66	2.23
28	1.99	1.90	1.68	1.36	3.30	3.19	2.89	2.42
29	2.16	2.06	1.83	1.48	3.58	3.46	3.13	2.63
30	2.35	2.25	1.99	1.62	3.90	3.76	3.40	2.85
31	2.37	2.27	2.00	1.62	3.92	3.79	3.42	2.87
32	2.41	2.30	2.03	1.65	3.99	3.85	3.48	2.91
33	2.47	2.36	2.09	1.68	4.09	3.93	3.56	2.98
34	2.54	2.43	2.14	1.74	4.21	4.05	3.65	3.05
35	2.63	2.51	2.21	1.79	4.34	4.19	3.78	3.16
36	2.73	2.60	2.30	1.86	4.49	4.33	3.91	3.26
37	2.83	2.71	2.39	1.93	4.67	4.50	4.06	3.40
38	2.96	2.83	2.49	2.01	4.87	4.70	4.25	3.55
39	3.10	2.96	2.62	2.11	5.12	4.93	4.45	3.72
40	3.27	3.12	2.76	2.23	5.38	5.19	4.69	3.90
41	3.43	3.28	2.89	2.35	5.65	5.45	4.92	4.10
42	3.61	3.44	3.04	2.47	5.94	5.72	5.16	4.32
43	3.80	3.63	3.20	2.60	6.25	6.03	5.45	4.55
44	4.00	3.83	3.38	2.75	6.61	6.37	5.74	4.80
45	4.24	4.05	3.59	2.92	7.00	6.74	6.09	5.10
46	4.47	4.28	3.80	3.09	7.39	7.13	6.45	5.40
47	4.75	4.54	4.03	3.30	7.86	7.57	6.84	5.73
48	5.05	4.83	4.31	3.51	8.37	8.07	7.31	6.11
49	5.40	5.17	4.61	3.77	8.95	8.64	7.81	6.54
50	5.80	5.56	4.96	4.06	9.61	9.28	8.39	7.02
51	6.22	5.97	5.33	4.36	10.32	9.95	9.01	7.54
52	6.70	6.42	5.73	4.70	11.10	10.71	9.67	8.10
53	7.23	6.93	6.19	5.06	11.95	11.53	10.43	8.72
54	7.80	7.49	6.69	5.46	12.89	12.44	11.24	9.38
55	8.44	8.11	7.24	5.92	13.93	13.45	12.13	10.12
56	9.17	8.80	7.86	6.41	15.07	14.56	13.12	10.92
57	9.97	9.58	8.55	6.95	16.35	15.78	14.22	11.80
58	10.88	10.46	9.33	7.56	17.80	17.20	15.47	12.81
59	11.93	11.48	10.23	8.27	19.45	18.79	16.87	13.93
60	13.18	12.70	11.31	9.08	21.40	20.68	18.54	15.26
61	12.92	12.46	11.07	8.85	19.05	18.43	16.46	13.47
62	12.77	12.35	10.93	8.67	17.86	17.30	15.38	12.46
63	12.64	12.24	10.80	8.45	16.67	16.18	14.29	11.43
64	12.41	12.05	10.60	8.20	15.53	15.10	13.25	10.48
65	12.05	11.72	10.28	7.89	14.32	13.94	12.15	9.50
66	12.04	11.74	10.26	7.80	13.56	13.23	11.47	8.86
67	11.84	11.56	10.08	7.59	12.66	12.38	10.64	8.11
68	10.59	10.33	8.96	6.76	10.59	10.33	8.96	6.76
69	11.50	11.18	9.68	7.29	11.50	11.18	9.68	7.29
70	12.50	12.14	10.47	7.88	12.50	12.14	10.47	7.88
71	13.42	13.01	11.19	8.41	13.42	13.01	11.19	8.41
72	14.23	13.79	11.84	8.88	14.23	13.79	11.84	8.88
73	14.96	14.49	12.41	9.31	14.96	14.49	12.41	9.31
74	15.63	15.11	12.94	9.69	15.63	15.11	12.94	9.69
75	16.23	15.69	13.41	10.03	16.23	15.69	13.41	10.03
76	16.76	16.19	13.84	10.35	16.76	16.19	13.84	10.35
77	17.24	16.65	14.22	10.63	17.24	16.65	14.22	10.63
78	17.68	17.06	14.56	10.88	17.68	17.06	14.56	10.88
79	18.07	17.43	14.86	11.10	18.07	17.43	14.86	11.10
80+	18.43	17.77	15.14	11.31	18.43	17.77	15.14	11.31

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Rider PR9GI - Catastrophic Disability Benefit Rider							
	Occupation Class 5A With Guaranteed Renewable Premiums							
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday							
Gender	Unisex							
	Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365
18	3.02	2.91	2.65	2.25	3.20	3.10	2.80	2.37
19	3.02	2.91	2.65	2.25	3.20	3.10	2.80	2.37
20	3.02	2.91	2.65	2.25	3.20	3.10	2.80	2.37
21	3.02	2.91	2.65	2.25	3.20	3.10	2.80	2.37
22	3.02	2.91	2.65	2.25	3.20	3.10	2.80	2.37
23	3.02	2.91	2.65	2.25	3.20	3.10	2.80	2.37
24	3.03	2.91	2.65	2.25	3.21	3.10	2.80	2.37
25	3.03	2.92	2.65	2.25	3.21	3.11	2.80	2.37
26	3.27	3.14	2.87	2.43	3.46	3.34	3.03	2.55
27	3.53	3.40	3.11	2.63	3.73	3.61	3.28	2.76
28	3.82	3.68	3.37	2.85	4.04	3.91	3.54	2.98
29	4.15	4.00	3.66	3.09	4.38	4.23	3.84	3.22
30	4.52	4.34	3.97	3.36	4.75	4.59	4.16	3.50
31	4.54	4.36	4.00	3.38	4.78	4.62	4.19	3.51
32	4.62	4.42	4.04	3.43	4.87	4.70	4.25	3.56
33	4.69	4.52	4.12	3.49	4.97	4.80	4.34	3.64
34	4.80	4.63	4.22	3.60	5.10	4.92	4.45	3.73
35	4.95	4.77	4.35	3.70	5.25	5.07	4.58	3.84
36	5.11	4.93	4.50	3.84	5.43	5.24	4.74	3.97
37	5.31	5.12	4.68	3.99	5.65	5.44	4.92	4.12
38	5.54	5.34	4.88	4.16	5.88	5.67	5.12	4.29
39	5.80	5.59	5.12	4.35	6.14	5.93	5.36	4.48
40	6.08	5.86	5.37	4.57	6.44	6.21	5.61	4.70
41	6.39	6.15	5.64	4.80	6.75	6.51	5.89	4.93
42	6.72	6.46	5.94	5.06	7.07	6.82	6.17	5.17
43	7.06	6.78	6.24	5.35	7.42	7.16	6.47	5.43
44	7.42	7.14	6.59	5.65	7.80	7.53	6.81	5.71
45	7.84	7.54	6.96	5.97	8.23	7.94	7.18	6.02
46	8.29	7.96	7.36	6.31	8.65	8.36	7.56	6.35
47	8.79	8.43	7.80	6.68	9.16	8.84	8.01	6.71
48	9.35	8.93	8.28	7.08	9.70	9.36	8.48	7.11
49	9.96	9.51	8.80	7.50	10.30	9.94	9.01	7.56
50	10.66	10.15	9.37	7.94	10.98	10.61	9.59	8.05
51	11.40	10.82	9.97	8.40	11.70	11.29	10.23	8.58
52	12.22	11.55	10.63	8.90	12.48	12.04	10.89	9.14
53	13.09	12.35	11.33	9.41	13.32	12.87	11.63	9.74
54	14.04	13.19	12.06	9.96	14.20	13.72	12.39	10.37
55	15.05	14.09	12.87	10.54	15.17	14.65	13.23	11.06
56	16.20	15.66	14.11	11.77	16.20	15.66	14.11	11.77
57	17.32	16.73	15.07	12.53	17.32	16.73	15.07	12.53
58	18.53	17.90	16.11	13.36	18.53	17.90	16.11	13.36
59	19.87	19.21	17.25	14.26	19.87	19.21	17.25	14.26
60	21.40	20.68	18.54	15.26	21.40	20.68	18.54	15.26
61	19.05	18.43	16.46	13.47	19.05	18.43	16.46	13.47
62	17.86	17.30	15.38	12.46	17.86	17.30	15.38	12.46
63	16.67	16.18	14.29	11.43	16.67	16.18	14.29	11.43
64	15.53	15.10	13.25	10.48	15.53	15.10	13.25	10.48
65	14.32	13.94	12.15	9.50	14.32	13.94	12.15	9.50
66	13.56	13.23	11.47	8.86	13.56	13.23	11.47	8.86
67	12.66	12.38	10.64	8.11	12.66	12.38	10.64	8.11
68	10.59	10.33	8.96	6.76	10.59	10.33	8.96	6.76
69	11.50	11.18	9.68	7.29	11.50	11.18	9.68	7.29
70	12.50	12.14	10.47	7.88	12.50	12.14	10.47	7.88
71	13.42	13.01	11.19	8.41	13.42	13.01	11.19	8.41
72	14.23	13.79	11.84	8.88	14.23	13.79	11.84	8.88
73	14.96	14.49	12.41	9.31	14.96	14.49	12.41	9.31
74	15.63	15.11	12.94	9.69	15.63	15.11	12.94	9.69
75	16.23	15.69	13.41	10.03	16.23	15.69	13.41	10.03
76	16.76	16.19	13.84	10.35	16.76	16.19	13.84	10.35
77	17.24	16.65	14.22	10.63	17.24	16.65	14.22	10.63
78	17.68	17.06	14.56	10.88	17.68	17.06	14.56	10.88
79	18.07	17.43	14.86	11.10	18.07	17.43	14.86	11.10
80+	18.43	17.77	15.14	11.31	18.43	17.77	15.14	11.31

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Rider PR9GI - Catastrophic Disability Benefit Rider							
	Occupation Class B With Guaranteed Renewable Premiums							
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday							
Gender	Unisex							
	Benefit Period is 2 Years				Benefit Period is 5 Years			
	Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365
18	1.65	1.58	1.40	1.13	2.73	2.65	2.39	2.02
19	1.65	1.58	1.40	1.13	2.73	2.65	2.39	2.02
20	1.65	1.58	1.40	1.13	2.73	2.65	2.39	2.02
21	1.65	1.58	1.40	1.13	2.73	2.65	2.39	2.02
22	1.65	1.58	1.40	1.13	2.73	2.65	2.39	2.02
23	1.65	1.58	1.40	1.13	2.73	2.65	2.39	2.02
24	1.65	1.58	1.40	1.13	2.73	2.65	2.39	2.02
25	1.65	1.58	1.40	1.13	2.73	2.65	2.39	2.02
26	1.77	1.70	1.51	1.22	2.96	2.86	2.57	2.16
27	1.92	1.85	1.63	1.32	3.20	3.09	2.79	2.34
28	2.09	2.00	1.76	1.43	3.47	3.35	3.03	2.54
29	2.27	2.16	1.92	1.55	3.76	3.63	3.29	2.76
30	2.47	2.36	2.09	1.70	4.10	3.95	3.57	2.99
31	2.49	2.38	2.10	1.70	4.12	3.98	3.59	3.01
32	2.53	2.42	2.13	1.73	4.19	4.04	3.65	3.06
33	2.59	2.48	2.19	1.76	4.29	4.13	3.74	3.13
34	2.67	2.55	2.25	1.83	4.42	4.25	3.83	3.20
35	2.76	2.64	2.32	1.88	4.56	4.40	3.97	3.32
36	2.87	2.73	2.42	1.95	4.71	4.55	4.11	3.42
37	2.97	2.85	2.51	2.03	4.90	4.73	4.26	3.57
38	3.11	2.97	2.61	2.11	5.11	4.94	4.46	3.73
39	3.26	3.11	2.75	2.22	5.38	5.18	4.67	3.91
40	3.43	3.28	2.90	2.34	5.65	5.45	4.92	4.10
41	3.60	3.44	3.03	2.47	5.93	5.72	5.17	4.31
42	3.79	3.61	3.19	2.59	6.24	6.01	5.42	4.54
43	3.99	3.81	3.36	2.73	6.56	6.33	5.72	4.78
44	4.20	4.02	3.55	2.89	6.94	6.69	6.03	5.04
45	4.45	4.25	3.77	3.07	7.35	7.08	6.39	5.36
46	4.69	4.49	3.99	3.24	7.76	7.49	6.77	5.67
47	4.99	4.77	4.23	3.47	8.25	7.95	7.18	6.02
48	5.30	5.07	4.53	3.69	8.79	8.47	7.68	6.42
49	5.67	5.43	4.84	3.96	9.40	9.07	8.20	6.87
50	6.09	5.84	5.21	4.26	10.09	9.74	8.81	7.37
51	6.53	6.27	5.60	4.58	10.84	10.45	9.46	7.92
52	7.04	6.74	6.02	4.94	11.66	11.25	10.15	8.51
53	7.59	7.28	6.50	5.31	12.55	12.11	10.95	9.16
54	8.19	7.86	7.02	5.73	13.53	13.06	11.80	9.85
55	8.86	8.52	7.60	6.22	14.63	14.12	12.74	10.63
56	9.63	9.24	8.25	6.73	15.82	15.29	13.78	11.47
57	10.47	10.06	8.98	7.30	17.17	16.57	14.93	12.39
58	11.42	10.98	9.80	7.94	18.69	18.06	16.24	13.45
59	12.53	12.05	10.74	8.68	20.42	19.73	17.71	14.63
60	13.84	13.34	11.88	9.53	22.47	21.71	19.47	16.02
61	13.57	13.08	11.62	9.29	20.00	19.35	17.28	14.14
62	13.41	12.97	11.48	9.10	18.75	18.17	16.15	13.08
63	13.27	12.85	11.34	8.87	17.50	16.99	15.00	12.00
64	13.03	12.65	11.13	8.61	16.31	15.86	13.91	11.00
65	12.65	12.31	10.79	8.28	15.04	14.64	12.76	9.98
66	12.64	12.33	10.77	8.19	14.24	13.89	12.04	9.30
67	12.43	12.14	10.58	7.97	13.29	13.00	11.17	8.52
68	11.12	10.85	9.41	7.10	11.12	10.85	9.41	7.10
69	12.08	11.74	10.16	7.65	12.08	11.74	10.16	7.65
70	13.13	12.75	10.99	8.27	13.13	12.75	10.99	8.27
71	14.09	13.66	11.75	8.83	14.09	13.66	11.75	8.83
72	14.94	14.48	12.43	9.32	14.94	14.48	12.43	9.32
73	15.71	15.21	13.03	9.78	15.71	15.21	13.03	9.78
74	16.41	15.87	13.59	10.17	16.41	15.87	13.59	10.17
75	17.04	16.47	14.08	10.53	17.04	16.47	14.08	10.53
76	17.60	17.00	14.53	10.87	17.60	17.00	14.53	10.87
77	18.10	17.48	14.93	11.16	18.10	17.48	14.93	11.16
78	18.56	17.91	15.29	11.42	18.56	17.91	15.29	11.42
79	18.97	18.30	15.60	11.66	18.97	18.30	15.60	11.66
80+	19.35	18.66	15.90	11.88	19.35	18.66	15.90	11.88

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Rider PR9GI - Catastrophic Disability Benefit Rider							
	Occupation Class 5A With Guaranteed Renewable Premiums							
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday							
Gender	Unisex							
	Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365
18	N/A				N/A			
19								
20								
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	Policy Rider PR9GI - Catastrophic Disability Benefit Rider							
	Occupation Class 5A With Noncancelable Premiums							
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday							
Gender	Unisex							
	Benefit Period is 2 Years				Benefit Period is 5 Years			
	Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365
18	1.24	1.20	1.05	0.87	2.07	2.00	1.82	1.52
19	1.24	1.20	1.05	0.87	2.07	2.00	1.82	1.52
20	1.24	1.20	1.05	0.87	2.07	2.00	1.82	1.52
21	1.24	1.20	1.05	0.87	2.07	2.00	1.82	1.52
22	1.24	1.20	1.05	0.87	2.07	2.00	1.82	1.52
23	1.24	1.20	1.05	0.87	2.07	2.00	1.82	1.52
24	1.24	1.20	1.05	0.87	2.07	2.00	1.82	1.52
25	1.24	1.20	1.05	0.87	2.07	2.00	1.82	1.52
26	1.36	1.30	1.16	0.94	2.26	2.19	1.98	1.66
27	1.49	1.42	1.26	1.03	2.48	2.38	2.16	1.81
28	1.63	1.55	1.37	1.12	2.70	2.61	2.36	1.99
29	1.78	1.70	1.51	1.22	2.95	2.84	2.57	2.15
30	1.94	1.85	1.65	1.34	3.21	3.10	2.81	2.35
31	1.95	1.87	1.65	1.34	3.22	3.12	2.82	2.36
32	1.98	1.90	1.68	1.36	3.27	3.16	2.86	2.39
33	2.02	1.93	1.70	1.38	3.33	3.21	2.90	2.43
34	2.07	1.98	1.75	1.41	3.41	3.29	2.97	2.49
35	2.13	2.04	1.80	1.45	3.51	3.38	3.05	2.55
36	2.20	2.11	1.86	1.50	3.63	3.49	3.15	2.63
37	2.29	2.19	1.94	1.56	3.77	3.62	3.28	2.73
38	2.39	2.29	2.01	1.63	3.93	3.79	3.41	2.86
39	2.50	2.39	2.12	1.71	4.11	3.96	3.57	2.98
40	2.63	2.51	2.22	1.79	4.31	4.15	3.75	3.13
41	2.75	2.64	2.33	1.89	4.53	4.37	3.93	3.29
42	2.90	2.78	2.45	1.99	4.76	4.59	4.14	3.45
43	3.06	2.92	2.59	2.10	5.01	4.83	4.36	3.64
44	3.23	3.09	2.73	2.22	5.29	5.11	4.60	3.85
45	3.41	3.27	2.90	2.36	5.60	5.40	4.88	4.08
46	3.61	3.46	3.07	2.50	5.93	5.72	5.16	4.33
47	3.84	3.68	3.27	2.66	6.31	6.08	5.49	4.60
48	4.09	3.91	3.49	2.84	6.71	6.48	5.85	4.89
49	4.37	4.19	3.73	3.04	7.17	6.93	6.25	5.23
50	4.69	4.50	4.00	3.27	7.69	7.42	6.71	5.60
51	5.04	4.83	4.31	3.52	8.25	7.96	7.19	6.02
52	5.41	5.20	4.63	3.78	8.85	8.55	7.72	6.44
53	5.83	5.60	5.00	4.07	9.51	9.20	8.29	6.91
54	6.28	6.04	5.38	4.39	10.24	9.88	8.91	7.43
55	6.81	6.55	5.84	4.75	11.04	10.66	9.61	7.99
56	7.39	7.11	6.33	5.14	11.92	11.53	10.37	8.60
57	8.04	7.74	6.89	5.57	12.90	12.48	11.21	9.27
58	8.78	8.46	7.53	6.07	14.03	13.56	12.17	10.05
59	9.64	9.29	8.27	6.64	15.31	14.81	13.27	10.91
60	11.17	10.79	9.56	7.60	16.98	16.45	14.65	11.92
61	10.33	9.99	8.84	6.98	14.35	13.91	12.34	9.99
62	10.00	9.68	8.55	6.70	13.31	12.92	11.42	9.16
63	9.63	9.34	8.22	6.40	12.27	11.92	10.48	8.33
64	9.22	8.96	7.87	6.07	11.28	10.97	9.61	7.56
65	8.76	8.53	7.47	5.72	10.27	10.01	8.71	6.79
66	8.58	8.37	7.31	5.55	9.62	9.38	8.12	6.27
67	8.33	8.13	7.09	5.35	8.92	8.72	7.49	5.71
68	8.32	8.12	7.05	5.32	8.32	8.12	7.05	5.32
69	9.04	8.80	7.61	5.73	9.04	8.80	7.61	5.73
70	9.84	9.55	8.24	6.20	9.84	9.55	8.24	6.20
71	10.55	10.23	8.80	6.61	10.55	10.23	8.80	6.61
72	11.19	10.84	9.31	6.98	11.19	10.84	9.31	6.98
73	11.78	11.40	9.76	7.32	11.78	11.40	9.76	7.32
74	12.30	11.89	10.18	7.63	12.30	11.89	10.18	7.63
75	12.76	12.34	10.55	7.89	12.76	12.34	10.55	7.89
76	13.19	12.74	10.89	8.14	13.19	12.74	10.89	8.14
77	13.57	13.10	11.18	8.36	13.57	13.10	11.18	8.36
78	13.91	13.43	11.45	8.56	13.91	13.43	11.45	8.56
79	14.21	13.71	11.69	8.74	14.21	13.71	11.69	8.74
80+	14.49	13.98	11.91	8.90	14.49	13.98	11.91	8.90

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Rider PR9GI - Catastrophic Disability Benefit Rider							
	Occupation Class 5A With Noncancelable Premiums							
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday							
Gender	Unisex							
	Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365
18	2.41	2.32	2.12	1.78	2.54	2.46	2.23	1.87
19	2.41	2.32	2.12	1.78	2.54	2.46	2.23	1.87
20	2.41	2.32	2.12	1.78	2.54	2.46	2.23	1.87
21	2.41	2.32	2.12	1.78	2.54	2.46	2.23	1.87
22	2.41	2.32	2.12	1.78	2.54	2.46	2.23	1.87
23	2.41	2.32	2.12	1.78	2.54	2.46	2.23	1.87
24	2.41	2.32	2.12	1.78	2.54	2.46	2.23	1.87
25	2.41	2.32	2.12	1.78	2.54	2.46	2.23	1.87
26	2.63	2.54	2.30	1.94	2.78	2.67	2.43	2.04
27	2.87	2.77	2.53	2.11	3.02	2.93	2.65	2.22
28	3.13	3.02	2.76	2.32	3.29	3.18	2.89	2.43
29	3.42	3.29	3.01	2.53	3.59	3.46	3.14	2.65
30	3.74	3.60	3.27	2.75	3.91	3.77	3.42	2.87
31	3.74	3.60	3.28	2.77	3.92	3.78	3.43	2.88
32	3.77	3.63	3.32	2.80	3.97	3.83	3.47	2.92
33	3.83	3.68	3.36	2.85	4.03	3.89	3.52	2.96
34	3.91	3.77	3.43	2.91	4.13	3.99	3.61	3.02
35	4.02	3.86	3.53	3.00	4.24	4.09	3.69	3.10
36	4.14	3.99	3.64	3.09	4.37	4.22	3.81	3.19
37	4.29	4.13	3.78	3.21	4.52	4.37	3.95	3.31
38	4.46	4.30	3.93	3.34	4.71	4.55	4.10	3.44
39	4.66	4.49	4.11	3.50	4.92	4.75	4.29	3.59
40	4.88	4.71	4.29	3.66	5.14	4.97	4.48	3.75
41	5.12	4.94	4.52	3.85	5.38	5.20	4.70	3.93
42	5.37	5.18	4.74	4.04	5.64	5.44	4.92	4.12
43	5.66	5.47	5.00	4.27	5.93	5.73	5.17	4.33
44	5.95	5.74	5.27	4.51	6.23	6.01	5.44	4.55
45	6.29	6.07	5.56	4.77	6.57	6.34	5.72	4.80
46	6.65	6.42	5.89	5.04	6.92	6.68	6.04	5.06
47	7.04	6.80	6.24	5.33	7.31	7.07	6.39	5.35
48	7.48	7.22	6.61	5.65	7.74	7.48	6.76	5.67
49	7.97	7.69	7.02	5.98	8.23	7.94	7.18	6.02
50	8.50	8.20	7.46	6.32	8.75	8.44	7.64	6.40
51	9.08	8.75	7.93	6.68	9.31	8.98	8.12	6.80
52	9.71	9.34	8.43	7.05	9.90	9.56	8.64	7.24
53	10.38	9.97	8.96	7.44	10.54	10.18	9.19	7.69
54	11.10	10.64	9.53	7.87	11.23	10.85	9.79	8.18
55	11.88	11.39	10.14	8.32	11.97	11.57	10.43	8.69
56	12.77	12.34	11.11	9.23	12.77	12.34	11.11	9.23
57	13.63	13.16	11.83	9.80	13.63	13.16	11.83	9.80
58	14.57	14.08	12.63	10.43	14.57	14.08	12.63	10.43
59	15.62	15.10	13.53	11.12	15.62	15.10	13.53	11.12
60	16.98	16.45	14.65	11.92	16.98	16.45	14.65	11.92
61	14.35	13.91	12.34	9.99	14.35	13.91	12.34	9.99
62	13.31	12.92	11.42	9.16	13.31	12.92	11.42	9.16
63	12.27	11.92	10.48	8.33	12.27	11.92	10.48	8.33
64	11.28	10.97	9.61	7.56	11.28	10.97	9.61	7.56
65	10.27	10.01	8.71	6.79	10.27	10.01	8.71	6.79
66	9.62	9.38	8.12	6.27	9.62	9.38	8.12	6.27
67	8.92	8.72	7.49	5.71	8.92	8.72	7.49	5.71
68	8.32	8.12	7.05	5.32	8.32	8.12	7.05	5.32
69	9.04	8.80	7.61	5.73	9.04	8.80	7.61	5.73
70	9.84	9.55	8.24	6.20	9.84	9.55	8.24	6.20
71	10.55	10.23	8.80	6.61	10.55	10.23	8.80	6.61
72	11.19	10.84	9.31	6.98	11.19	10.84	9.31	6.98
73	11.78	11.40	9.76	7.32	11.78	11.40	9.76	7.32
74	12.30	11.89	10.18	7.63	12.30	11.89	10.18	7.63
75	12.76	12.34	10.55	7.89	12.76	12.34	10.55	7.89
76	13.19	12.74	10.89	8.14	13.19	12.74	10.89	8.14
77	13.57	13.10	11.18	8.36	13.57	13.10	11.18	8.36
78	13.91	13.43	11.45	8.56	13.91	13.43	11.45	8.56
79	14.21	13.71	11.69	8.74	14.21	13.71	11.69	8.74
80+	14.49	13.98	11.91	8.90	14.49	13.98	11.91	8.90

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Rider PR9GI - Catastrophic Disability Benefit Rider							
	Occupation Class 4A With Noncancelable Premiums							
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday							
Gender	Unisex							
	Benefit Period is 2 Years				Benefit Period is 5 Years			
	Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365
18	1.32	1.26	1.12	0.91	2.19	2.11	1.91	1.61
19	1.32	1.26	1.12	0.91	2.19	2.11	1.91	1.61
20	1.32	1.26	1.12	0.91	2.19	2.11	1.91	1.61
21	1.32	1.26	1.12	0.91	2.19	2.11	1.91	1.61
22	1.32	1.26	1.12	0.91	2.19	2.11	1.91	1.61
23	1.32	1.26	1.12	0.91	2.19	2.11	1.91	1.61
24	1.32	1.26	1.12	0.91	2.19	2.11	1.91	1.61
25	1.32	1.26	1.12	0.91	2.19	2.11	1.91	1.61
26	1.44	1.38	1.22	0.99	2.38	2.31	2.09	1.75
27	1.57	1.51	1.33	1.08	2.61	2.52	2.28	1.91
28	1.71	1.64	1.45	1.18	2.85	2.75	2.49	2.09
29	1.87	1.80	1.59	1.29	3.11	3.01	2.71	2.28
30	2.05	1.96	1.73	1.40	3.39	3.28	2.96	2.49
31	2.07	1.97	1.75	1.41	3.42	3.30	2.98	2.50
32	2.10	2.00	1.77	1.43	3.46	3.34	3.02	2.53
33	2.14	2.05	1.80	1.46	3.52	3.40	3.07	2.57
34	2.19	2.09	1.85	1.50	3.61	3.48	3.14	2.62
35	2.26	2.15	1.91	1.53	3.72	3.57	3.23	2.70
36	2.33	2.23	1.97	1.59	3.84	3.70	3.33	2.79
37	2.42	2.32	2.04	1.65	3.99	3.85	3.46	2.89
38	2.53	2.42	2.14	1.72	4.15	4.01	3.61	3.02
39	2.64	2.53	2.23	1.80	4.34	4.19	3.78	3.16
40	2.77	2.65	2.34	1.89	4.55	4.39	3.96	3.31
41	2.92	2.79	2.47	1.99	4.79	4.62	4.16	3.47
42	3.07	2.93	2.59	2.10	5.03	4.85	4.38	3.65
43	3.23	3.09	2.73	2.21	5.30	5.10	4.61	3.85
44	3.40	3.26	2.88	2.34	5.59	5.39	4.87	4.06
45	3.60	3.44	3.06	2.48	5.92	5.70	5.15	4.30
46	3.81	3.64	3.24	2.64	6.26	6.04	5.46	4.56
47	4.05	3.88	3.45	2.81	6.65	6.43	5.79	4.86
48	4.31	4.13	3.68	3.01	7.09	6.84	6.17	5.17
49	4.61	4.42	3.94	3.22	7.58	7.31	6.61	5.52
50	4.95	4.75	4.23	3.45	8.12	7.84	7.07	5.92
51	5.31	5.10	4.54	3.71	8.70	8.39	7.58	6.33
52	5.71	5.48	4.89	3.99	9.34	9.02	8.14	6.80
53	6.15	5.91	5.26	4.29	10.03	9.68	8.75	7.29
54	6.64	6.37	5.69	4.63	10.79	10.42	9.40	7.83
55	7.18	6.91	6.15	5.01	11.64	11.26	10.14	8.43
56	7.79	7.50	6.69	5.42	12.58	12.16	10.94	9.08
57	8.49	8.16	7.27	5.89	13.64	13.17	11.84	9.79
58	9.27	8.93	7.94	6.41	14.82	14.32	12.86	10.60
59	10.17	9.81	8.73	7.00	16.16	15.62	14.00	11.50
60	11.79	11.39	10.10	8.02	17.92	17.36	15.46	12.59
61	10.91	10.55	9.33	7.37	15.15	14.68	13.03	10.55
62	10.56	10.22	9.03	7.09	14.06	13.64	12.06	9.67
63	10.16	9.86	8.69	6.75	12.96	12.59	11.07	8.79
64	9.74	9.46	8.32	6.41	11.91	11.58	10.14	7.98
65	9.25	9.01	7.89	6.04	10.84	10.56	9.20	7.16
66	9.06	8.84	7.71	5.86	10.16	9.91	8.58	6.62
67	8.79	8.59	7.49	5.65	9.41	9.21	7.91	6.03
68	8.79	8.57	7.45	5.62	8.79	8.57	7.45	5.62
69	9.55	9.29	8.04	6.05	9.55	9.29	8.04	6.05
70	10.38	10.09	8.70	6.54	10.38	10.09	8.70	6.54
71	11.15	10.81	9.29	6.98	11.15	10.81	9.29	6.98
72	11.82	11.45	9.83	7.37	11.82	11.45	9.83	7.37
73	12.44	12.04	10.32	7.73	12.44	12.04	10.32	7.73
74	12.98	12.56	10.75	8.05	12.98	12.56	10.75	8.05
75	13.48	13.03	11.14	8.34	13.48	13.03	11.14	8.34
76	13.92	13.46	11.50	8.59	13.92	13.46	11.50	8.59
77	14.32	13.84	11.80	8.83	14.32	13.84	11.80	8.83
78	14.68	14.18	12.09	9.04	14.68	14.18	12.09	9.04
79	15.01	14.48	12.35	9.23	15.01	14.48	12.35	9.23
80+	15.31	14.76	12.58	9.40	15.31	14.76	12.58	9.40

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Rider PR9GI - Catastrophic Disability Benefit Rider							
	Occupation Class 5A With Noncancelable Premiums							
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday							
Gender	Unisex							
	Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365
18	2.54	2.46	2.23	1.88	2.68	2.59	2.35	1.98
19	2.54	2.46	2.23	1.88	2.68	2.59	2.35	1.98
20	2.54	2.46	2.23	1.88	2.68	2.59	2.35	1.98
21	2.54	2.46	2.23	1.88	2.68	2.59	2.35	1.98
22	2.54	2.46	2.23	1.88	2.68	2.59	2.35	1.98
23	2.54	2.46	2.23	1.88	2.68	2.59	2.35	1.98
24	2.54	2.46	2.23	1.88	2.68	2.59	2.35	1.98
25	2.55	2.46	2.23	1.88	2.69	2.59	2.35	1.98
26	2.78	2.69	2.44	2.06	2.93	2.84	2.57	2.16
27	3.03	2.93	2.66	2.25	3.19	3.09	2.80	2.36
28	3.31	3.19	2.91	2.44	3.48	3.36	3.05	2.56
29	3.61	3.48	3.17	2.67	3.79	3.66	3.32	2.79
30	3.95	3.80	3.45	2.91	4.13	3.99	3.61	3.03
31	3.95	3.82	3.47	2.93	4.15	4.01	3.63	3.05
32	3.97	3.84	3.50	2.96	4.19	4.05	3.67	3.08
33	4.03	3.90	3.55	3.00	4.27	4.12	3.72	3.13
34	4.12	3.99	3.62	3.08	4.37	4.22	3.81	3.20
35	4.23	4.09	3.73	3.16	4.48	4.33	3.92	3.27
36	4.36	4.21	3.84	3.25	4.62	4.46	4.03	3.37
37	4.52	4.36	3.99	3.38	4.79	4.62	4.18	3.49
38	4.70	4.54	4.15	3.53	4.98	4.81	4.35	3.64
39	4.91	4.74	4.33	3.68	5.20	5.02	4.53	3.79
40	5.15	4.97	4.54	3.86	5.43	5.24	4.74	3.96
41	5.40	5.22	4.76	4.05	5.69	5.50	4.97	4.16
42	5.67	5.47	5.00	4.28	5.97	5.76	5.20	4.36
43	5.96	5.76	5.27	4.51	6.25	6.04	5.46	4.57
44	6.29	6.07	5.57	4.76	6.58	6.36	5.74	4.80
45	6.62	6.41	5.88	5.04	6.93	6.69	6.05	5.07
46	7.01	6.77	6.21	5.33	7.30	7.05	6.37	5.35
47	7.44	7.19	6.58	5.63	7.72	7.46	6.74	5.65
48	7.90	7.63	6.97	5.96	8.18	7.89	7.13	5.99
49	8.41	8.11	7.41	6.31	8.67	8.38	7.58	6.35
50	8.98	8.66	7.87	6.67	9.22	8.92	8.06	6.76
51	9.59	9.23	8.37	7.05	9.81	9.47	8.57	7.16
52	10.26	9.86	8.90	7.45	10.45	10.09	9.13	7.63
53	10.96	10.52	9.46	7.86	11.12	10.74	9.70	8.10
54	11.72	11.23	10.07	8.31	11.84	11.44	10.33	8.62
55	12.54	12.01	10.71	8.78	12.63	12.21	11.00	9.17
56	13.47	13.02	11.72	9.74	13.47	13.02	11.72	9.74
57	14.38	13.90	12.49	10.36	14.38	13.90	12.49	10.36
58	15.38	14.86	13.34	11.02	15.38	14.86	13.34	11.02
59	16.48	15.94	14.27	11.73	16.48	15.94	14.27	11.73
60	17.92	17.36	15.46	12.59	17.92	17.36	15.46	12.59
61	15.15	14.68	13.03	10.55	15.15	14.68	13.03	10.55
62	14.06	13.64	12.06	9.67	14.06	13.64	12.06	9.67
63	12.96	12.59	11.07	8.79	12.96	12.59	11.07	8.79
64	11.91	11.58	10.14	7.98	11.91	11.58	10.14	7.98
65	10.84	10.56	9.20	7.16	10.84	10.56	9.20	7.16
66	10.16	9.91	8.58	6.62	10.16	9.91	8.58	6.62
67	9.41	9.21	7.91	6.03	9.41	9.21	7.91	6.03
68	8.79	8.57	7.45	5.62	8.79	8.57	7.45	5.62
69	9.55	9.29	8.04	6.05	9.55	9.29	8.04	6.05
70	10.38	10.09	8.70	6.54	10.38	10.09	8.70	6.54
71	11.15	10.81	9.29	6.98	11.15	10.81	9.29	6.98
72	11.82	11.45	9.83	7.37	11.82	11.45	9.83	7.37
73	12.44	12.04	10.32	7.73	12.44	12.04	10.32	7.73
74	12.98	12.56	10.75	8.05	12.98	12.56	10.75	8.05
75	13.48	13.03	11.14	8.34	13.48	13.03	11.14	8.34
76	13.92	13.46	11.50	8.59	13.92	13.46	11.50	8.59
77	14.32	13.84	11.80	8.83	14.32	13.84	11.80	8.83
78	14.68	14.18	12.09	9.04	14.68	14.18	12.09	9.04
79	15.01	14.48	12.35	9.23	15.01	14.48	12.35	9.23
80+	15.31	14.76	12.58	9.40	15.31	14.76	12.58	9.40

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Rider PR9GI - Catastrophic Disability Benefit Rider							
	Occupation Class 4P With Noncancelable Premiums							
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday							
Gender	Unisex							
	Benefit Period is 2 Years				Benefit Period is 5 Years			
	Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365
18	1.19	1.14	1.01	0.82	1.97	1.90	1.72	1.45
19	1.19	1.14	1.01	0.82	1.97	1.90	1.72	1.45
20	1.19	1.14	1.01	0.82	1.97	1.90	1.72	1.45
21	1.19	1.14	1.01	0.82	1.97	1.90	1.72	1.45
22	1.19	1.14	1.01	0.82	1.97	1.90	1.72	1.45
23	1.19	1.14	1.01	0.82	1.97	1.90	1.72	1.45
24	1.19	1.14	1.01	0.82	1.97	1.90	1.72	1.45
25	1.19	1.14	1.01	0.82	1.97	1.90	1.72	1.45
26	1.35	1.29	1.14	0.93	2.22	2.15	1.94	1.63
27	1.53	1.46	1.30	1.05	2.52	2.42	2.19	1.84
28	1.73	1.65	1.46	1.18	2.84	2.75	2.48	2.07
29	1.95	1.87	1.65	1.34	3.20	3.09	2.79	2.33
30	2.20	2.10	1.86	1.51	3.59	3.47	3.14	2.62
31	2.20	2.10	1.86	1.50	3.59	3.46	3.12	2.62
32	2.21	2.12	1.87	1.51	3.60	3.47	3.14	2.63
33	2.24	2.14	1.89	1.53	3.64	3.51	3.17	2.65
34	2.28	2.18	1.93	1.55	3.70	3.57	3.22	2.69
35	2.33	2.23	1.97	1.59	3.79	3.66	3.29	2.75
36	2.39	2.29	2.03	1.63	3.89	3.75	3.38	2.82
37	2.47	2.36	2.09	1.69	4.01	3.87	3.49	2.90
38	2.56	2.46	2.17	1.75	4.16	4.01	3.62	3.02
39	2.68	2.56	2.27	1.83	4.33	4.18	3.76	3.14
40	2.80	2.68	2.37	1.92	4.52	4.36	3.93	3.28
41	2.92	2.80	2.48	2.00	4.73	4.57	4.10	3.43
42	3.07	2.94	2.60	2.11	4.96	4.78	4.31	3.58
43	3.22	3.09	2.74	2.21	5.20	5.02	4.52	3.77
44	3.40	3.25	2.89	2.34	5.48	5.29	4.76	3.97
45	3.60	3.44	3.05	2.48	5.79	5.58	5.03	4.19
46	3.80	3.65	3.24	2.63	6.12	5.91	5.33	4.44
47	4.04	3.87	3.45	2.79	6.49	6.27	5.65	4.71
48	4.31	4.14	3.68	2.99	6.92	6.68	6.02	5.02
49	4.62	4.43	3.95	3.21	7.40	7.14	6.43	5.35
50	4.97	4.77	4.25	3.45	7.94	7.67	6.91	5.75
51	5.34	5.13	4.57	3.71	8.51	8.23	7.41	6.15
52	5.76	5.54	4.94	4.00	9.16	8.85	7.96	6.61
53	6.22	5.98	5.33	4.32	9.86	9.53	8.57	7.11
54	6.73	6.47	5.77	4.67	10.62	10.27	9.23	7.64
55	7.30	7.03	6.26	5.05	11.47	11.08	9.95	8.23
56	7.93	7.64	6.79	5.47	12.39	11.98	10.74	8.86
57	8.63	8.32	7.40	5.94	13.42	12.98	11.62	9.55
58	9.44	9.10	8.09	6.47	14.56	14.10	12.61	10.34
59	10.35	9.99	8.87	7.07	15.87	15.36	13.72	11.21
60	11.42	11.03	9.78	7.77	17.36	16.82	14.98	12.20
61	10.57	10.22	9.04	7.14	14.67	14.22	12.62	10.22
62	10.23	9.90	8.74	6.87	13.62	13.21	11.68	9.37
63	9.84	9.55	8.41	6.54	12.55	12.19	10.72	8.52
64	9.43	9.16	8.06	6.21	11.53	11.22	9.82	7.73
65	8.96	8.72	7.65	5.85	10.50	10.23	8.91	6.94
66	8.77	8.56	7.47	5.67	9.84	9.59	8.31	6.41
67	8.52	8.32	7.26	5.47	9.11	8.92	7.67	5.84
68	8.52	8.30	7.21	5.44	8.52	8.30	7.21	5.44
69	9.25	9.00	7.79	5.86	9.25	9.00	7.79	5.86
70	10.06	9.77	8.43	6.33	10.06	9.77	8.43	6.33
71	10.80	10.47	9.00	6.76	10.80	10.47	9.00	6.76
72	11.45	11.09	9.52	7.14	11.45	11.09	9.52	7.14
73	12.05	11.66	10.00	7.49	12.05	11.66	10.00	7.49
74	12.57	12.16	10.42	7.80	12.57	12.16	10.42	7.80
75	13.05	12.62	10.79	8.08	13.05	12.62	10.79	8.08
76	13.48	13.03	11.13	8.32	13.48	13.03	11.13	8.32
77	13.87	13.40	11.43	8.55	13.87	13.40	11.43	8.55
78	14.22	13.73	11.71	8.75	14.22	13.73	11.71	8.75
79	14.54	14.03	11.97	8.94	14.54	14.03	11.97	8.94
80+	14.83	14.29	12.18	9.10	14.83	14.29	12.18	9.10

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Rider PR9GI - Catastrophic Disability Benefit Rider							
	Occupation Class 5A With Noncancelable Premiums							
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday							
Gender	Unisex							
	Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365
18	2.27	2.19	1.98	1.67	2.40	2.32	2.11	1.77
19	2.27	2.19	1.98	1.67	2.40	2.32	2.11	1.77
20	2.27	2.19	1.98	1.67	2.40	2.32	2.11	1.77
21	2.27	2.19	1.98	1.67	2.40	2.32	2.11	1.77
22	2.27	2.19	1.98	1.67	2.40	2.32	2.11	1.77
23	2.27	2.19	1.98	1.67	2.40	2.32	2.11	1.77
24	2.27	2.19	1.98	1.67	2.40	2.32	2.11	1.77
25	2.27	2.19	1.98	1.67	2.40	2.32	2.11	1.77
26	2.58	2.48	2.25	1.89	2.71	2.62	2.38	1.99
27	2.91	2.81	2.54	2.14	3.05	2.95	2.67	2.24
28	3.28	3.16	2.86	2.41	3.43	3.32	3.00	2.52
29	3.70	3.55	3.22	2.70	3.85	3.72	3.37	2.82
30	4.14	4.00	3.61	3.04	4.30	4.16	3.76	3.15
31	4.12	3.97	3.59	3.03	4.29	4.14	3.75	3.14
32	4.12	3.97	3.60	3.03	4.31	4.16	3.76	3.15
33	4.15	4.00	3.62	3.06	4.35	4.19	3.79	3.17
34	4.20	4.05	3.67	3.11	4.41	4.26	3.84	3.21
35	4.28	4.13	3.75	3.16	4.50	4.34	3.93	3.27
36	4.38	4.23	3.84	3.25	4.60	4.45	4.01	3.35
37	4.50	4.34	3.96	3.36	4.73	4.57	4.13	3.46
38	4.66	4.49	4.08	3.47	4.89	4.72	4.27	3.57
39	4.85	4.66	4.25	3.61	5.09	4.90	4.43	3.70
40	5.05	4.88	4.42	3.76	5.29	5.12	4.62	3.85
41	5.27	5.09	4.63	3.93	5.51	5.33	4.81	4.01
42	5.51	5.31	4.85	4.13	5.76	5.55	5.02	4.20
43	5.78	5.58	5.08	4.33	6.03	5.82	5.25	4.39
44	6.06	5.85	5.34	4.56	6.31	6.10	5.50	4.60
45	6.38	6.16	5.64	4.81	6.63	6.40	5.78	4.83
46	6.74	6.51	5.94	5.07	6.98	6.75	6.09	5.08
47	7.13	6.88	6.29	5.36	7.37	7.12	6.42	5.36
48	7.57	7.31	6.67	5.67	7.80	7.54	6.80	5.68
49	8.06	7.78	7.08	6.00	8.29	8.00	7.22	6.03
50	8.62	8.31	7.53	6.35	8.83	8.53	7.69	6.41
51	9.22	8.87	8.02	6.72	9.40	9.08	8.19	6.82
52	9.88	9.49	8.54	7.12	10.03	9.70	8.73	7.27
53	10.58	10.16	9.11	7.55	10.71	10.36	9.33	7.75
54	11.35	10.87	9.72	8.00	11.44	11.05	9.95	8.25
55	12.17	11.64	10.35	8.46	12.22	11.82	10.62	8.79
56	13.07	12.64	11.33	9.36	13.07	12.64	11.33	9.36
57	13.98	13.53	12.12	9.98	13.98	13.53	12.12	9.98
58	14.99	14.50	12.98	10.65	14.99	14.50	12.98	10.65
59	16.10	15.59	13.92	11.38	16.10	15.59	13.92	11.38
60	17.36	16.82	14.98	12.20	17.36	16.82	14.98	12.20
61	14.67	14.22	12.62	10.22	14.67	14.22	12.62	10.22
62	13.62	13.21	11.68	9.37	13.62	13.21	11.68	9.37
63	12.55	12.19	10.72	8.52	12.55	12.19	10.72	8.52
64	11.53	11.22	9.82	7.73	11.53	11.22	9.82	7.73
65	10.50	10.23	8.91	6.94	10.50	10.23	8.91	6.94
66	9.84	9.59	8.31	6.41	9.84	9.59	8.31	6.41
67	9.11	8.92	7.67	5.84	9.11	8.92	7.67	5.84
68	8.52	8.30	7.21	5.44	8.52	8.30	7.21	5.44
69	9.25	9.00	7.79	5.86	9.25	9.00	7.79	5.86
70	10.06	9.77	8.43	6.33	10.06	9.77	8.43	6.33
71	10.80	10.47	9.00	6.76	10.80	10.47	9.00	6.76
72	11.45	11.09	9.52	7.14	11.45	11.09	9.52	7.14
73	12.05	11.66	10.00	7.49	12.05	11.66	10.00	7.49
74	12.57	12.16	10.42	7.80	12.57	12.16	10.42	7.80
75	13.05	12.62	10.79	8.08	13.05	12.62	10.79	8.08
76	13.48	13.03	11.13	8.32	13.48	13.03	11.13	8.32
77	13.87	13.40	11.43	8.55	13.87	13.40	11.43	8.55
78	14.22	13.73	11.71	8.75	14.22	13.73	11.71	8.75
79	14.54	14.03	11.97	8.94	14.54	14.03	11.97	8.94
80+	14.83	14.29	12.18	9.10	14.83	14.29	12.18	9.10

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Rider PR9GI - Catastrophic Disability Benefit Rider							
	Occupation Class 3A With Noncancelable Premiums							
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday							
Gender	Unisex							
	Benefit Period is 2 Years				Benefit Period is 5 Years			
	Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365
18	1.39	1.32	1.18	0.96	2.30	2.22	2.01	1.69
19	1.39	1.32	1.18	0.96	2.30	2.22	2.01	1.69
20	1.39	1.32	1.18	0.96	2.30	2.22	2.01	1.69
21	1.38	1.33	1.18	0.96	2.30	2.22	2.01	1.69
22	1.38	1.33	1.18	0.96	2.30	2.22	2.01	1.69
23	1.38	1.33	1.18	0.96	2.30	2.22	2.01	1.69
24	1.38	1.33	1.18	0.96	2.30	2.22	2.01	1.69
25	1.38	1.33	1.18	0.96	2.30	2.22	2.01	1.69
26	1.51	1.45	1.28	1.04	2.51	2.42	2.19	1.84
27	1.65	1.58	1.40	1.14	2.75	2.65	2.39	2.01
28	1.80	1.73	1.53	1.24	2.99	2.89	2.61	2.19
29	1.97	1.89	1.67	1.35	3.27	3.15	2.86	2.40
30	2.15	2.06	1.82	1.48	3.56	3.44	3.11	2.61
31	2.17	2.08	1.84	1.49	3.59	3.46	3.13	2.62
32	2.20	2.10	1.86	1.50	3.63	3.51	3.17	2.65
33	2.25	2.15	1.90	1.53	3.70	3.57	3.22	2.70
34	2.30	2.21	1.94	1.58	3.80	3.66	3.30	2.76
35	2.38	2.27	2.00	1.62	3.92	3.77	3.40	2.84
36	2.45	2.35	2.08	1.67	4.04	3.90	3.52	2.93
37	2.55	2.44	2.15	1.74	4.20	4.04	3.65	3.04
38	2.66	2.55	2.24	1.81	4.37	4.21	3.80	3.16
39	2.79	2.66	2.35	1.90	4.57	4.40	3.98	3.32
40	2.92	2.80	2.47	2.00	4.80	4.62	4.17	3.48
41	3.07	2.94	2.60	2.10	5.04	4.86	4.38	3.66
42	3.23	3.09	2.73	2.21	5.29	5.11	4.61	3.84
43	3.40	3.26	2.88	2.33	5.58	5.38	4.85	4.05
44	3.59	3.43	3.04	2.47	5.88	5.68	5.12	4.28
45	3.79	3.63	3.22	2.62	6.22	6.01	5.42	4.54
46	4.01	3.84	3.41	2.78	6.60	6.37	5.74	4.81
47	4.26	4.08	3.63	2.95	7.00	6.76	6.11	5.11
48	4.54	4.35	3.87	3.16	7.47	7.20	6.50	5.44
49	4.86	4.66	4.14	3.38	7.97	7.69	6.95	5.82
50	5.20	4.99	4.45	3.63	8.53	8.24	7.44	6.22
51	5.59	5.37	4.78	3.91	9.16	8.84	7.98	6.67
52	6.01	5.76	5.15	4.20	9.83	9.49	8.57	7.16
53	6.47	6.21	5.54	4.53	10.56	10.19	9.21	7.68
54	6.99	6.71	5.99	4.88	11.37	10.98	9.90	8.24
55	7.56	7.27	6.48	5.27	12.26	11.85	10.68	8.87
56	8.20	7.89	7.03	5.70	13.24	12.80	11.51	9.56
57	8.93	8.60	7.67	6.20	14.36	13.87	12.46	10.32
58	9.76	9.40	8.37	6.75	15.60	15.08	13.53	11.17
59	10.71	10.32	9.18	7.38	17.01	16.46	14.73	12.11
60	12.41	11.99	10.62	8.45	18.87	18.28	16.28	13.25
61	11.49	11.11	9.84	7.77	15.95	15.46	13.73	11.11
62	11.12	10.77	9.51	7.46	14.81	14.36	12.70	10.19
63	10.71	10.39	9.15	7.11	13.64	13.26	11.66	9.26
64	10.26	9.97	8.75	6.75	12.54	12.20	10.67	8.41
65	9.74	9.49	8.31	6.36	11.42	11.13	9.68	7.55
66	9.54	9.31	8.13	6.17	10.69	10.43	9.03	6.97
67	9.26	9.05	7.89	5.95	9.91	9.70	8.33	6.35
68	9.26	9.03	7.84	5.91	9.26	9.03	7.84	5.91
69	10.06	9.78	8.47	6.37	10.06	9.78	8.47	6.37
70	10.94	10.62	9.16	6.89	10.94	10.62	9.16	6.89
71	11.73	11.38	9.79	7.35	11.73	11.38	9.79	7.35
72	12.45	12.06	10.36	7.77	12.45	12.06	10.36	7.77
73	13.09	12.67	10.86	8.14	13.09	12.67	10.86	8.14
74	13.67	13.22	11.32	8.48	13.67	13.22	11.32	8.48
75	14.19	13.72	11.73	8.78	14.19	13.72	11.73	8.78
76	14.66	14.16	12.10	9.05	14.66	14.16	12.10	9.05
77	15.08	14.56	12.43	9.30	15.08	14.56	12.43	9.30
78	15.46	14.92	12.73	9.52	15.46	14.92	12.73	9.52
79	15.80	15.25	13.01	9.72	15.80	15.25	13.01	9.72
80+	16.12	15.55	13.25	9.90	16.12	15.55	13.25	9.90

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Rider PR9GI - Catastrophic Disability Benefit Rider							
	Occupation Class 5A With Noncancelable Premiums							
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday							
Gender	Unisex							
	Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365
18	2.27	2.19	1.98	1.67	2.81	2.72	2.47	2.08
19	2.27	2.19	1.98	1.67	2.81	2.72	2.47	2.08
20	2.27	2.19	1.98	1.67	2.81	2.72	2.47	2.08
21	2.68	2.59	2.36	2.00	2.82	2.73	2.47	2.09
22	2.68	2.59	2.36	2.00	2.82	2.73	2.47	2.09
23	2.68	2.59	2.36	2.00	2.82	2.73	2.47	2.09
24	2.68	2.59	2.36	2.00	2.82	2.73	2.47	2.09
25	2.68	2.59	2.36	2.00	2.83	2.73	2.47	2.09
26	2.92	2.83	2.56	2.17	3.08	2.98	2.69	2.27
27	3.19	3.08	2.80	2.36	3.36	3.24	2.94	2.47
28	3.49	3.37	3.06	2.60	3.66	3.54	3.21	2.70
29	3.80	3.66	3.33	2.82	3.98	3.85	3.49	2.93
30	4.15	3.99	3.62	3.07	4.33	4.18	3.79	3.19
31	4.15	4.01	3.64	3.08	4.36	4.21	3.82	3.20
32	4.19	4.03	3.67	3.11	4.40	4.26	3.85	3.24
33	4.26	4.11	3.73	3.17	4.50	4.34	3.92	3.29
34	4.35	4.19	3.82	3.24	4.59	4.44	4.01	3.36
35	4.46	4.30	3.92	3.32	4.72	4.55	4.12	3.45
36	4.60	4.44	4.05	3.43	4.87	4.70	4.25	3.56
37	4.77	4.60	4.19	3.57	5.05	4.87	4.40	3.69
38	4.95	4.78	4.36	3.71	5.24	5.05	4.57	3.83
39	5.18	5.01	4.56	3.87	5.47	5.29	4.77	3.99
40	5.42	5.23	4.79	4.05	5.72	5.52	5.00	4.18
41	5.68	5.49	5.02	4.26	5.99	5.78	5.22	4.38
42	5.97	5.78	5.27	4.49	6.28	6.07	5.47	4.59
43	6.28	6.07	5.56	4.74	6.60	6.36	5.76	4.82
44	6.62	6.40	5.86	5.01	6.93	6.70	6.05	5.07
45	6.99	6.75	6.18	5.29	7.30	7.05	6.37	5.33
46	7.38	7.14	6.55	5.61	7.69	7.42	6.72	5.63
47	7.82	7.56	6.93	5.94	8.13	7.84	7.10	5.96
48	8.32	8.03	7.34	6.28	8.60	8.32	7.52	6.31
49	8.85	8.55	7.80	6.64	9.13	8.82	7.97	6.69
50	9.44	9.11	8.28	7.02	9.70	9.37	8.48	7.10
51	10.10	9.72	8.81	7.42	10.33	9.98	9.02	7.55
52	10.78	10.38	9.36	7.84	10.99	10.62	9.61	8.03
53	11.55	11.08	9.96	8.28	11.71	11.31	10.21	8.53
54	12.34	11.84	10.59	8.74	12.47	12.05	10.88	9.07
55	13.20	12.66	11.28	9.24	13.30	12.85	11.59	9.66
56	14.17	13.70	12.34	10.25	14.17	13.70	12.34	10.25
57	15.14	14.64	13.16	10.90	15.14	14.64	13.16	10.90
58	16.18	15.64	14.05	11.59	16.18	15.64	14.05	11.59
59	17.35	16.77	15.02	12.35	17.35	16.77	15.02	12.35
60	18.87	18.28	16.28	13.25	18.87	18.28	16.28	13.25
61	15.95	15.46	13.73	11.11	15.95	15.46	13.73	11.11
62	14.81	14.36	12.70	10.19	14.81	14.36	12.70	10.19
63	13.64	13.26	11.66	9.26	13.64	13.26	11.66	9.26
64	12.54	12.20	10.67	8.41	12.54	12.20	10.67	8.41
65	11.42	11.13	9.68	7.55	11.42	11.13	9.68	7.55
66	10.69	10.43	9.03	6.97	10.69	10.43	9.03	6.97
67	9.91	9.70	8.33	6.35	9.91	9.70	8.33	6.35
68	9.26	9.03	7.84	5.91	9.26	9.03	7.84	5.91
69	10.06	9.78	8.47	6.37	10.06	9.78	8.47	6.37
70	10.94	10.62	9.16	6.89	10.94	10.62	9.16	6.89
71	11.73	11.38	9.79	7.35	11.73	11.38	9.79	7.35
72	12.45	12.06	10.36	7.77	12.45	12.06	10.36	7.77
73	13.09	12.67	10.86	8.14	13.09	12.67	10.86	8.14
74	13.67	13.22	11.32	8.48	13.67	13.22	11.32	8.48
75	14.19	13.72	11.73	8.78	14.19	13.72	11.73	8.78
76	14.66	14.16	12.10	9.05	14.66	14.16	12.10	9.05
77	15.08	14.56	12.43	9.30	15.08	14.56	12.43	9.30
78	15.46	14.92	12.73	9.52	15.46	14.92	12.73	9.52
79	15.80	15.25	13.01	9.72	15.80	15.25	13.01	9.72
80+	16.12	15.55	13.25	9.90	16.12	15.55	13.25	9.90

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Rider PR9GI - Catastrophic Disability Benefit Rider							
	Occupation Class 3P With Noncancelable Premiums							
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday							
Gender	Unisex							
	Benefit Period is 2 Years				Benefit Period is 5 Years			
	Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365
18	1.25	1.20	1.07	0.87	2.07	2.00	1.81	1.52
19	1.25	1.20	1.07	0.87	2.07	2.00	1.81	1.52
20	1.25	1.20	1.07	0.87	2.07	2.00	1.81	1.52
21	1.25	1.20	1.07	0.87	2.07	2.00	1.81	1.52
22	1.25	1.20	1.07	0.87	2.07	2.00	1.81	1.52
23	1.25	1.20	1.07	0.87	2.07	2.00	1.81	1.52
24	1.25	1.20	1.07	0.87	2.07	2.00	1.81	1.52
25	1.25	1.20	1.07	0.87	2.07	2.00	1.81	1.52
26	1.42	1.36	1.21	0.98	2.34	2.26	2.05	1.72
27	1.61	1.54	1.37	1.11	2.66	2.57	2.32	1.95
28	1.82	1.74	1.54	1.25	2.99	2.89	2.62	2.20
29	2.05	1.97	1.74	1.41	3.37	3.26	2.94	2.46
30	2.32	2.22	1.96	1.59	3.79	3.65	3.31	2.76
31	2.31	2.21	1.96	1.58	3.77	3.64	3.29	2.75
32	2.33	2.22	1.96	1.59	3.79	3.66	3.30	2.76
33	2.35	2.25	1.99	1.60	3.83	3.70	3.34	2.78
34	2.40	2.29	2.02	1.63	3.89	3.76	3.39	2.83
35	2.45	2.35	2.07	1.67	4.00	3.85	3.46	2.89
36	2.52	2.41	2.13	1.72	4.09	3.95	3.55	2.96
37	2.61	2.49	2.20	1.77	4.22	4.07	3.67	3.05
38	2.70	2.58	2.29	1.84	4.37	4.22	3.80	3.16
39	2.82	2.70	2.38	1.92	4.55	4.39	3.96	3.30
40	2.95	2.82	2.49	2.01	4.76	4.59	4.14	3.44
41	3.08	2.95	2.61	2.11	4.98	4.81	4.32	3.61
42	3.23	3.09	2.74	2.22	5.22	5.03	4.54	3.78
43	3.39	3.25	2.88	2.33	5.48	5.29	4.76	3.97
44	3.58	3.43	3.04	2.46	5.77	5.57	5.03	4.18
45	3.79	3.63	3.22	2.61	6.10	5.89	5.30	4.43
46	4.00	3.84	3.41	2.77	6.45	6.21	5.61	4.67
47	4.26	4.08	3.63	2.95	6.84	6.61	5.96	4.97
48	4.54	4.36	3.88	3.14	7.30	7.03	6.35	5.28
49	4.87	4.67	4.16	3.37	7.79	7.53	6.78	5.65
50	5.24	5.03	4.48	3.63	8.37	8.09	7.28	6.06
51	5.63	5.41	4.82	3.91	8.97	8.67	7.81	6.49
52	6.07	5.84	5.20	4.22	9.65	9.32	8.39	6.96
53	6.56	6.31	5.62	4.54	10.39	10.04	9.02	7.48
54	7.09	6.82	6.07	4.91	11.18	10.81	9.71	8.04
55	7.68	7.39	6.59	5.31	12.06	11.67	10.48	8.65
56	8.36	8.05	7.16	5.77	13.06	12.62	11.32	9.33
57	9.10	8.76	7.79	6.26	14.13	13.67	12.24	10.06
58	9.94	9.59	8.52	6.82	15.35	14.85	13.28	10.89
59	10.90	10.52	9.34	7.45	16.72	16.18	14.44	11.80
60	12.02	11.62	10.29	8.18	18.28	17.71	15.77	12.84
61	11.13	10.76	9.53	7.53	15.45	14.98	13.30	10.76
62	10.77	10.43	9.21	7.23	14.34	13.91	12.30	9.87
63	10.37	10.06	8.86	6.89	13.21	12.84	11.29	8.97
64	9.94	9.66	8.48	6.54	12.15	11.82	10.34	8.14
65	9.44	9.19	8.05	6.16	11.06	10.78	9.37	7.31
66	9.24	9.01	7.88	5.98	10.36	10.10	8.75	6.76
67	8.97	8.77	7.64	5.76	9.60	9.39	8.07	6.15
68	8.97	8.75	7.60	5.73	8.97	8.75	7.60	5.73
69	9.74	9.48	8.20	6.17	9.74	9.48	8.20	6.17
70	10.60	10.29	8.87	6.67	10.60	10.29	8.87	6.67
71	11.37	11.03	9.49	7.12	11.37	11.03	9.49	7.12
72	12.06	11.68	10.03	7.53	12.06	11.68	10.03	7.53
73	12.68	12.27	10.52	7.89	12.68	12.27	10.52	7.89
74	13.24	12.80	10.97	8.21	13.24	12.80	10.97	8.21
75	13.75	13.29	11.37	8.50	13.75	13.29	11.37	8.50
76	14.20	13.72	11.73	8.77	14.20	13.72	11.73	8.77
77	14.61	14.11	12.04	9.00	14.61	14.11	12.04	9.00
78	14.98	14.46	12.33	9.22	14.98	14.46	12.33	9.22
79	15.31	14.77	12.60	9.42	15.31	14.77	12.60	9.42
80+	15.62	15.06	12.83	9.59	15.62	15.06	12.83	9.59

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Rider PR9GI - Catastrophic Disability Benefit Rider							
	Occupation Class 5A With Noncancelable Premiums							
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday							
Gender	Unisex							
	Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365
18	2.39	2.30	2.09	1.77	2.53	2.45	2.22	1.87
19	2.39	2.30	2.09	1.77	2.53	2.45	2.22	1.87
20	2.39	2.30	2.09	1.77	2.53	2.45	2.22	1.87
21	2.39	2.30	2.09	1.77	2.53	2.45	2.22	1.87
22	2.39	2.30	2.09	1.77	2.53	2.45	2.22	1.87
23	2.39	2.30	2.09	1.77	2.53	2.45	2.22	1.87
24	2.39	2.30	2.09	1.77	2.53	2.45	2.22	1.87
25	2.39	2.30	2.09	1.77	2.53	2.45	2.22	1.87
26	2.71	2.60	2.37	2.00	2.87	2.77	2.51	2.10
27	3.07	2.94	2.68	2.26	3.22	3.11	2.82	2.37
28	3.45	3.32	3.01	2.54	3.62	3.50	3.16	2.66
29	3.89	3.74	3.38	2.85	4.06	3.92	3.55	2.97
30	4.37	4.21	3.80	3.20	4.54	4.38	3.96	3.32
31	4.33	4.17	3.79	3.18	4.51	4.36	3.94	3.30
32	4.34	4.17	3.79	3.20	4.53	4.37	3.95	3.31
33	4.37	4.20	3.82	3.22	4.57	4.42	4.00	3.34
34	4.42	4.26	3.86	3.26	4.64	4.48	4.05	3.38
35	4.50	4.35	3.96	3.33	4.73	4.57	4.13	3.45
36	4.61	4.45	4.05	3.41	4.84	4.68	4.22	3.52
37	4.74	4.57	4.17	3.52	4.98	4.81	4.35	3.63
38	4.91	4.73	4.31	3.65	5.15	4.97	4.49	3.76
39	5.11	4.91	4.47	3.79	5.35	5.17	4.65	3.89
40	5.31	5.12	4.67	3.95	5.56	5.37	4.85	4.05
41	5.55	5.36	4.87	4.13	5.81	5.61	5.06	4.23
42	5.81	5.60	5.10	4.33	6.07	5.86	5.28	4.42
43	6.08	5.87	5.35	4.56	6.34	6.12	5.53	4.62
44	6.39	6.17	5.63	4.79	6.65	6.43	5.80	4.85
45	6.72	6.49	5.93	5.06	6.99	6.74	6.09	5.09
46	7.10	6.85	6.25	5.35	7.35	7.10	6.41	5.36
47	7.51	7.26	6.61	5.65	7.76	7.50	6.76	5.65
48	7.97	7.70	7.01	5.97	8.23	7.94	7.17	5.98
49	8.50	8.20	7.45	6.32	8.72	8.43	7.60	6.34
50	9.08	8.75	7.93	6.70	9.29	8.99	8.11	6.75
51	9.72	9.36	8.44	7.08	9.90	9.58	8.64	7.18
52	10.41	10.00	8.99	7.51	10.57	10.22	9.21	7.66
53	11.15	10.70	9.59	7.95	11.28	10.91	9.82	8.16
54	11.95	11.45	10.21	8.42	12.04	11.64	10.47	8.68
55	12.81	12.27	10.91	8.92	12.87	12.44	11.18	9.26
56	13.78	13.31	11.95	9.86	13.78	13.31	11.95	9.86
57	14.73	14.25	12.77	10.51	14.73	14.25	12.77	10.51
58	15.80	15.28	13.66	11.22	15.80	15.28	13.66	11.22
59	16.97	16.43	14.66	11.98	16.97	16.43	14.66	11.98
60	18.28	17.71	15.77	12.84	18.28	17.71	15.77	12.84
61	15.45	14.98	13.30	10.76	15.45	14.98	13.30	10.76
62	14.34	13.91	12.30	9.87	14.34	13.91	12.30	9.87
63	13.21	12.84	11.29	8.97	13.21	12.84	11.29	8.97
64	12.15	11.82	10.34	8.14	12.15	11.82	10.34	8.14
65	11.06	10.78	9.37	7.31	11.06	10.78	9.37	7.31
66	10.36	10.10	8.75	6.76	10.36	10.10	8.75	6.76
67	9.60	9.39	8.07	6.15	9.60	9.39	8.07	6.15
68	8.97	8.75	7.60	5.73	8.97	8.75	7.60	5.73
69	9.74	9.48	8.20	6.17	9.74	9.48	8.20	6.17
70	10.60	10.29	8.87	6.67	10.60	10.29	8.87	6.67
71	11.37	11.03	9.49	7.12	11.37	11.03	9.49	7.12
72	12.06	11.68	10.03	7.53	12.06	11.68	10.03	7.53
73	12.68	12.27	10.52	7.89	12.68	12.27	10.52	7.89
74	13.24	12.80	10.97	8.21	13.24	12.80	10.97	8.21
75	13.75	13.29	11.37	8.50	13.75	13.29	11.37	8.50
76	14.20	13.72	11.73	8.77	14.20	13.72	11.73	8.77
77	14.61	14.11	12.04	9.00	14.61	14.11	12.04	9.00
78	14.98	14.46	12.33	9.22	14.98	14.46	12.33	9.22
79	15.31	14.77	12.60	9.42	15.31	14.77	12.60	9.42
80+	15.62	15.06	12.83	9.59	15.62	15.06	12.83	9.59

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Rider PR9GI - Catastrophic Disability Benefit Rider							
	Occupation Class 2A With Noncancelable Premiums							
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday							
Gender	Unisex							
	Benefit Period is 2 Years				Benefit Period is 5 Years			
	Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365
18	1.55	1.49	1.32	1.07	2.59	2.51	2.27	1.91
19	1.55	1.49	1.32	1.07	2.59	2.51	2.27	1.91
20	1.55	1.49	1.32	1.07	2.59	2.51	2.27	1.91
21	1.55	1.49	1.32	1.07	2.59	2.51	2.27	1.91
22	1.55	1.49	1.32	1.07	2.59	2.51	2.27	1.91
23	1.55	1.49	1.32	1.07	2.59	2.51	2.27	1.91
24	1.55	1.49	1.32	1.07	2.59	2.51	2.27	1.91
25	1.55	1.49	1.32	1.07	2.59	2.51	2.27	1.91
26	1.68	1.61	1.42	1.16	2.80	2.69	2.44	2.05
27	1.82	1.74	1.54	1.25	3.02	2.92	2.65	2.21
28	1.97	1.88	1.67	1.36	3.28	3.17	2.87	2.41
29	2.15	2.05	1.82	1.48	3.56	3.44	3.11	2.62
30	2.34	2.23	1.98	1.60	3.87	3.74	3.38	2.84
31	2.36	2.25	2.00	1.61	3.91	3.78	3.41	2.86
32	2.40	2.29	2.03	1.64	3.98	3.84	3.47	2.90
33	2.46	2.35	2.07	1.68	4.07	3.92	3.55	2.96
34	2.53	2.42	2.14	1.72	4.19	4.04	3.64	3.04
35	2.61	2.50	2.21	1.78	4.32	4.17	3.76	3.14
36	2.71	2.59	2.29	1.85	4.47	4.31	3.89	3.25
37	2.82	2.69	2.38	1.92	4.65	4.49	4.04	3.37
38	2.95	2.82	2.49	2.01	4.86	4.68	4.23	3.53
39	3.09	2.96	2.61	2.11	5.10	4.91	4.43	3.70
40	3.25	3.11	2.75	2.22	5.37	5.17	4.66	3.89
41	3.42	3.26	2.88	2.33	5.63	5.43	4.90	4.08
42	3.59	3.43	3.03	2.45	5.92	5.70	5.15	4.31
43	3.78	3.61	3.20	2.60	6.23	6.01	5.44	4.54
44	3.99	3.81	3.38	2.75	6.59	6.35	5.73	4.79
45	4.22	4.03	3.57	2.91	6.96	6.71	6.07	5.08
46	4.46	4.26	3.78	3.08	7.37	7.10	6.43	5.38
47	4.73	4.52	4.02	3.29	7.83	7.56	6.83	5.71
48	5.04	4.82	4.29	3.50	8.35	8.05	7.28	6.10
49	5.38	5.16	4.60	3.76	8.93	8.61	7.79	6.52
50	5.79	5.54	4.95	4.05	9.60	9.26	8.38	7.01
51	6.22	5.96	5.32	4.36	10.31	9.94	8.99	7.54
52	6.70	6.42	5.73	4.69	11.09	10.70	9.67	8.10
53	7.23	6.94	6.19	5.07	11.96	11.54	10.42	8.72
54	7.81	7.49	6.70	5.47	12.90	12.46	11.25	9.40
55	8.45	8.12	7.26	5.92	13.95	13.47	12.15	10.13
56	9.19	8.82	7.88	6.42	15.10	14.59	13.14	10.95
57	9.99	9.60	8.57	6.96	16.39	15.83	14.26	11.84
58	10.92	10.50	9.37	7.59	17.86	17.26	15.52	12.85
59	11.98	11.53	10.28	8.30	19.54	18.87	16.95	13.99
60	13.24	12.75	11.35	9.13	21.49	20.78	18.63	15.32
61	12.35	11.91	10.58	8.46	18.22	17.62	15.74	12.88
62	12.22	11.80	10.46	8.29	17.08	16.54	14.70	11.91
63	12.08	11.70	10.32	8.08	15.94	15.47	13.66	10.93
64	11.87	11.52	10.13	7.85	14.85	14.43	12.67	10.02
65	11.53	11.21	9.83	7.53	13.69	13.33	11.62	9.09
66	11.51	11.21	9.81	7.45	12.97	12.64	10.95	8.47
67	11.31	11.06	9.63	7.26	12.10	11.84	10.18	7.76
68	10.12	9.86	8.57	6.46	10.12	9.86	8.57	6.46
69	10.99	10.70	9.25	6.97	10.99	10.70	9.25	6.97
70	11.96	11.61	10.01	7.53	11.96	11.61	10.01	7.53
71	12.82	12.44	10.70	8.03	12.82	12.44	10.70	8.03
72	13.61	13.18	11.31	8.49	13.61	13.18	11.31	8.49
73	14.31	13.85	11.87	8.89	14.31	13.85	11.87	8.89
74	14.94	14.46	12.37	9.27	14.94	14.46	12.37	9.27
75	15.51	15.00	12.82	9.59	15.51	15.00	12.82	9.59
76	16.03	15.48	13.23	9.90	16.03	15.48	13.23	9.90
77	16.49	15.92	13.59	10.17	16.49	15.92	13.59	10.17
78	16.90	16.31	13.92	10.40	16.90	16.31	13.92	10.40
79	17.28	16.67	14.21	10.62	17.28	16.67	14.21	10.62
80+	17.62	16.99	14.48	10.82	17.62	16.99	14.48	10.82

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Rider PR9GI - Catastrophic Disability Benefit Rider							
	Occupation Class 5A With Noncancelable Premiums							
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday							
Gender	Unisex							
	Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365
18	3.02	2.90	2.65	2.25	3.18	3.07	2.79	2.35
19	3.02	2.90	2.65	2.25	3.18	3.07	2.79	2.35
20	3.02	2.90	2.65	2.25	3.18	3.07	2.79	2.35
21	3.02	2.90	2.65	2.25	3.18	3.07	2.79	2.35
22	3.02	2.90	2.65	2.25	3.18	3.07	2.79	2.35
23	3.02	2.90	2.65	2.25	3.18	3.07	2.79	2.35
24	3.02	2.90	2.65	2.25	3.19	3.08	2.79	2.35
25	3.03	2.91	2.65	2.25	3.19	3.08	2.80	2.35
26	3.26	3.15	2.87	2.43	3.44	3.32	3.01	2.52
27	3.53	3.40	3.10	2.64	3.71	3.59	3.25	2.74
28	3.82	3.68	3.36	2.86	4.01	3.88	3.52	2.97
29	4.15	4.01	3.65	3.09	4.35	4.21	3.82	3.20
30	4.51	4.34	3.97	3.36	4.73	4.56	4.14	3.48
31	4.53	4.37	3.98	3.38	4.76	4.61	4.17	3.50
32	4.60	4.44	4.03	3.42	4.85	4.68	4.23	3.55
33	4.67	4.51	4.11	3.48	4.95	4.78	4.31	3.62
34	4.79	4.62	4.22	3.58	5.07	4.90	4.44	3.71
35	4.92	4.76	4.33	3.68	5.22	5.05	4.56	3.82
36	5.09	4.92	4.48	3.83	5.40	5.22	4.71	3.95
37	5.28	5.10	4.66	3.97	5.61	5.41	4.90	4.10
38	5.52	5.32	4.86	4.15	5.85	5.65	5.10	4.28
39	5.78	5.58	5.09	4.34	6.12	5.90	5.33	4.46
40	6.06	5.85	5.35	4.56	6.41	6.19	5.59	4.69
41	6.38	6.15	5.62	4.80	6.72	6.49	5.86	4.91
42	6.69	6.46	5.92	5.05	7.04	6.80	6.15	5.15
43	7.04	6.80	6.22	5.32	7.40	7.15	6.45	5.42
44	7.40	7.16	6.57	5.63	7.78	7.50	6.79	5.69
45	7.81	7.56	6.94	5.96	8.18	7.90	7.15	6.00
46	8.27	7.99	7.33	6.30	8.63	8.33	7.53	6.32
47	8.76	8.47	7.76	6.67	9.13	8.81	7.97	6.69
48	9.32	9.01	8.25	7.06	9.68	9.35	8.46	7.10
49	9.95	9.60	8.77	7.49	10.28	9.92	8.98	7.55
50	10.64	10.26	9.35	7.93	10.95	10.59	9.58	8.04
51	11.40	10.98	9.96	8.39	11.69	11.29	10.22	8.56
52	12.21	11.75	10.62	8.89	12.47	12.04	10.89	9.13
53	13.11	12.59	11.33	9.42	13.33	12.87	11.64	9.74
54	14.05	13.48	12.07	9.97	14.22	13.73	12.42	10.39
55	15.07	14.43	12.88	10.55	15.19	14.68	13.25	11.07
56	16.23	15.69	14.15	11.79	16.23	15.69	14.15	11.79
57	17.36	16.77	15.10	12.56	17.36	16.77	15.10	12.56
58	18.60	17.96	16.16	13.40	18.60	17.96	16.16	13.40
59	19.95	19.29	17.31	14.31	19.95	19.29	17.31	14.31
60	21.49	20.78	18.63	15.32	21.49	20.78	18.63	15.32
61	18.22	17.62	15.74	12.88	18.22	17.62	15.74	12.88
62	17.08	16.54	14.70	11.91	17.08	16.54	14.70	11.91
63	15.94	15.47	13.66	10.93	15.94	15.47	13.66	10.93
64	14.85	14.43	12.67	10.02	14.85	14.43	12.67	10.02
65	13.69	13.33	11.62	9.09	13.69	13.33	11.62	9.09
66	12.97	12.64	10.95	8.47	12.97	12.64	10.95	8.47
67	12.10	11.84	10.18	7.76	12.10	11.84	10.18	7.76
68	10.12	9.86	8.57	6.46	10.12	9.86	8.57	6.46
69	10.99	10.70	9.25	6.97	10.99	10.70	9.25	6.97
70	11.96	11.61	10.01	7.53	11.96	11.61	10.01	7.53
71	12.82	12.44	10.70	8.03	12.82	12.44	10.70	8.03
72	13.61	13.18	11.31	8.49	13.61	13.18	11.31	8.49
73	14.31	13.85	11.87	8.89	14.31	13.85	11.87	8.89
74	14.94	14.46	12.37	9.27	14.94	14.46	12.37	9.27
75	15.51	15.00	12.82	9.59	15.51	15.00	12.82	9.59
76	16.03	15.48	13.23	9.90	16.03	15.48	13.23	9.90
77	16.49	15.92	13.59	10.17	16.49	15.92	13.59	10.17
78	16.90	16.31	13.92	10.40	16.90	16.31	13.92	10.40
79	17.28	16.67	14.21	10.62	17.28	16.67	14.21	10.62
80+	17.62	16.99	14.48	10.82	17.62	16.99	14.48	10.82

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Rider PR9GI - Catastrophic Disability Benefit Rider							
	Occupation Class 2P With Noncancelable Premiums							
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday							
Gender	Unisex							
	Benefit Period is 2 Years				Benefit Period is 5 Years			
	Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365
18	1.32	1.26	1.11	0.91	2.17	2.10	1.90	1.60
19	1.32	1.26	1.11	0.91	2.17	2.10	1.90	1.60
20	1.32	1.26	1.11	0.91	2.17	2.10	1.90	1.60
21	1.32	1.26	1.11	0.91	2.17	2.10	1.90	1.60
22	1.32	1.26	1.11	0.91	2.17	2.10	1.90	1.60
23	1.32	1.26	1.11	0.91	2.17	2.10	1.90	1.60
24	1.32	1.26	1.11	0.91	2.17	2.10	1.90	1.60
25	1.32	1.26	1.11	0.91	2.17	2.10	1.90	1.60
26	1.49	1.43	1.26	1.03	2.46	2.38	2.15	1.81
27	1.69	1.62	1.43	1.16	2.79	2.69	2.43	2.04
28	1.91	1.82	1.62	1.31	3.14	3.03	2.74	2.30
29	2.15	2.06	1.82	1.48	3.53	3.41	3.08	2.58
30	2.43	2.33	2.06	1.67	3.97	3.83	3.46	2.90
31	2.43	2.32	2.05	1.66	3.96	3.83	3.46	2.89
32	2.44	2.34	2.06	1.67	3.98	3.84	3.47	2.90
33	2.47	2.37	2.10	1.69	4.03	3.88	3.51	2.92
34	2.52	2.41	2.13	1.72	4.10	3.95	3.56	2.98
35	2.57	2.46	2.18	1.76	4.19	4.04	3.64	3.03
36	2.65	2.54	2.24	1.81	4.30	4.15	3.73	3.11
37	2.74	2.62	2.32	1.87	4.44	4.28	3.86	3.21
38	2.84	2.72	2.40	1.94	4.60	4.44	4.00	3.33
39	2.96	2.83	2.50	2.02	4.78	4.61	4.16	3.47
40	3.10	2.97	2.63	2.12	5.01	4.83	4.35	3.63
41	3.24	3.10	2.74	2.22	5.23	5.05	4.55	3.78
42	3.39	3.25	2.88	2.33	5.48	5.29	4.77	3.97
43	3.57	3.42	3.03	2.45	5.76	5.56	5.01	4.18
44	3.76	3.60	3.19	2.59	6.06	5.84	5.27	4.39
45	3.98	3.81	3.38	2.74	6.40	6.18	5.57	4.65
46	4.20	4.03	3.58	2.90	6.76	6.53	5.88	4.90
47	4.46	4.28	3.81	3.09	7.19	6.93	6.25	5.21
48	4.77	4.58	4.07	3.31	7.65	7.39	6.66	5.55
49	5.11	4.90	4.36	3.54	8.17	7.90	7.11	5.93
50	5.50	5.28	4.70	3.81	8.77	8.48	7.64	6.35
51	5.91	5.68	5.05	4.10	9.42	9.10	8.19	6.81
52	6.37	6.12	5.45	4.42	10.12	9.77	8.80	7.30
53	6.88	6.62	5.89	4.77	10.89	10.53	9.47	7.85
54	7.44	7.16	6.38	5.15	11.74	11.34	10.20	8.44
55	8.07	7.77	6.91	5.58	12.67	12.25	10.99	9.09
56	8.77	8.44	7.51	6.05	13.70	13.25	11.87	9.79
57	9.55	9.21	8.18	6.57	14.84	14.35	12.85	10.57
58	10.44	10.07	8.94	7.16	16.11	15.59	13.94	11.42
59	11.44	11.04	9.81	7.83	17.55	16.98	15.16	12.39
60	12.63	12.20	10.82	8.59	19.20	18.59	16.55	13.48
61	11.69	11.31	10.00	7.90	16.24	15.73	13.96	11.31
62	11.32	10.95	9.68	7.59	15.07	14.62	12.92	10.36
63	10.89	10.57	9.31	7.24	13.89	13.49	11.87	9.42
64	10.44	10.15	8.90	6.86	12.76	12.41	10.86	8.55
65	9.91	9.65	8.45	6.47	11.62	11.32	9.85	7.68
66	9.71	9.46	8.27	6.29	10.88	10.62	9.20	7.09
67	9.42	9.21	8.02	6.05	10.09	9.86	8.47	6.46
68	9.42	9.19	7.98	6.01	9.42	9.19	7.98	6.01
69	10.24	9.95	8.62	6.49	10.24	9.95	8.62	6.49
70	11.13	10.81	9.33	7.01	11.13	10.81	9.33	7.01
71	11.94	11.58	9.96	7.48	11.94	11.58	9.96	7.48
72	12.67	12.27	10.54	7.90	12.67	12.27	10.54	7.90
73	13.33	12.89	11.05	8.29	13.33	12.89	11.05	8.29
74	13.91	13.45	11.52	8.63	13.91	13.45	11.52	8.63
75	14.44	13.96	11.93	8.93	14.44	13.96	11.93	8.93
76	14.92	14.41	12.32	9.21	14.92	14.41	12.32	9.21
77	15.36	14.83	12.65	9.46	15.36	14.83	12.65	9.46
78	15.74	15.19	12.96	9.69	15.74	15.19	12.96	9.69
79	16.09	15.52	13.24	9.88	16.09	15.52	13.24	9.88
80+	16.41	15.82	13.48	10.07	16.41	15.82	13.48	10.07

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Rider PR9GI - Catastrophic Disability Benefit Rider							
	Occupation Class 5A With Noncancelable Premiums							
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday							
Gender	Unisex							
	Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365
18	2.51	2.42	2.20	1.85	2.65	2.57	2.33	1.96
19	2.51	2.42	2.20	1.85	2.65	2.57	2.33	1.96
20	2.51	2.42	2.20	1.85	2.65	2.57	2.33	1.96
21	2.51	2.42	2.20	1.85	2.65	2.57	2.33	1.96
22	2.51	2.42	2.20	1.85	2.65	2.57	2.33	1.96
23	2.51	2.42	2.20	1.85	2.65	2.57	2.33	1.96
24	2.51	2.42	2.20	1.85	2.65	2.57	2.33	1.96
25	2.51	2.42	2.20	1.85	2.65	2.57	2.33	1.96
26	2.84	2.74	2.48	2.09	3.00	2.90	2.62	2.20
27	3.21	3.09	2.80	2.37	3.38	3.26	2.95	2.49
28	3.61	3.48	3.16	2.67	3.79	3.66	3.32	2.79
29	4.07	3.92	3.56	3.00	4.25	4.11	3.72	3.12
30	4.57	4.41	3.99	3.36	4.75	4.60	4.15	3.48
31	4.55	4.38	3.97	3.35	4.74	4.58	4.15	3.47
32	4.56	4.38	3.98	3.36	4.76	4.60	4.15	3.48
33	4.59	4.43	4.00	3.38	4.81	4.65	4.20	3.51
34	4.64	4.48	4.07	3.43	4.87	4.71	4.26	3.55
35	4.73	4.56	4.14	3.49	4.97	4.80	4.33	3.62
36	4.84	4.67	4.25	3.59	5.09	4.92	4.44	3.72
37	4.98	4.80	4.37	3.70	5.24	5.06	4.57	3.82
38	5.15	4.97	4.52	3.83	5.43	5.23	4.72	3.95
39	5.35	5.17	4.70	3.98	5.62	5.43	4.90	4.09
40	5.58	5.39	4.90	4.15	5.85	5.65	5.11	4.26
41	5.83	5.62	5.12	4.33	6.11	5.89	5.31	4.45
42	6.10	5.89	5.36	4.55	6.37	6.16	5.55	4.64
43	6.39	6.17	5.62	4.78	6.66	6.44	5.81	4.85
44	6.71	6.47	5.91	5.04	6.98	6.74	6.08	5.09
45	7.06	6.82	6.23	5.31	7.34	7.09	6.40	5.34
46	7.45	7.19	6.57	5.61	7.72	7.45	6.73	5.62
47	7.89	7.62	6.95	5.94	8.15	7.87	7.11	5.94
48	8.37	8.08	7.37	6.26	8.63	8.34	7.53	6.28
49	8.92	8.60	7.82	6.64	9.16	8.85	7.98	6.66
50	9.53	9.19	8.33	7.03	9.76	9.42	8.50	7.08
51	10.21	9.82	8.87	7.44	10.40	10.04	9.06	7.54
52	10.93	10.50	9.45	7.87	11.09	10.72	9.65	8.03
53	11.71	11.24	10.07	8.34	11.83	11.44	10.30	8.55
54	12.55	12.02	10.73	8.82	12.64	12.22	10.99	9.11
55	13.46	12.88	11.45	9.36	13.51	13.06	11.73	9.72
56	14.44	13.96	12.54	10.35	14.44	13.96	12.54	10.35
57	15.46	14.96	13.40	11.03	15.46	14.96	13.40	11.03
58	16.57	16.03	14.34	11.77	16.57	16.03	14.34	11.77
59	17.81	17.23	15.39	12.58	17.81	17.23	15.39	12.58
60	19.20	18.60	16.55	13.48	19.20	18.60	16.55	13.48
61	16.24	15.73	13.96	11.31	16.24	15.73	13.96	11.31
62	15.07	14.62	12.92	10.36	15.07	14.62	12.92	10.36
63	13.89	13.49	11.87	9.42	13.89	13.49	11.87	9.42
64	12.76	12.41	10.86	8.55	12.76	12.41	10.86	8.55
65	11.62	11.32	9.85	7.68	11.62	11.32	9.85	7.68
66	10.88	10.62	9.20	7.09	10.88	10.62	9.20	7.09
67	10.09	9.86	8.47	6.46	10.09	9.86	8.47	6.46
68	9.42	9.19	7.98	6.01	9.42	9.19	7.98	6.01
69	10.24	9.95	8.62	6.49	10.24	9.95	8.62	6.49
70	11.13	10.81	9.33	7.01	11.13	10.81	9.33	7.01
71	11.94	11.58	9.96	7.48	11.94	11.58	9.96	7.48
72	12.67	12.27	10.54	7.90	12.67	12.27	10.54	7.90
73	13.33	12.89	11.05	8.29	13.33	12.89	11.05	8.29
74	13.91	13.45	11.52	8.63	13.91	13.45	11.52	8.63
75	14.44	13.96	11.93	8.93	14.44	13.96	11.93	8.93
76	14.92	14.41	12.32	9.21	14.92	14.41	12.32	9.21
77	15.36	14.83	12.65	9.46	15.36	14.83	12.65	9.46
78	15.74	15.19	12.96	9.69	15.74	15.19	12.96	9.69
79	16.09	15.52	13.24	9.88	16.09	15.52	13.24	9.88
80+	16.41	15.82	13.48	10.07	16.41	15.82	13.48	10.07

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Rider PR9GI - Catastrophic Disability Benefit Rider							
	Occupation Class A With Noncancelable Premiums							
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday							
Gender	Unisex							
	Benefit Period is 2 Years				Benefit Period is 5 Years			
	Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365
18	1.63	1.56	1.38	1.13	2.72	2.62	2.37	2.00
19	1.63	1.56	1.38	1.13	2.72	2.62	2.37	2.00
20	1.63	1.56	1.38	1.13	2.72	2.62	2.37	2.00
21	1.63	1.56	1.38	1.13	2.72	2.62	2.37	2.00
22	1.63	1.56	1.38	1.13	2.72	2.62	2.37	2.00
23	1.63	1.56	1.38	1.13	2.72	2.62	2.37	2.00
24	1.63	1.56	1.38	1.13	2.72	2.62	2.37	2.00
25	1.63	1.56	1.38	1.13	2.72	2.62	2.37	2.00
26	1.76	1.68	1.49	1.21	2.93	2.84	2.55	2.15
27	1.90	1.83	1.62	1.32	3.17	3.07	2.77	2.33
28	2.07	1.98	1.75	1.42	3.44	3.32	3.01	2.53
29	2.25	2.15	1.90	1.54	3.74	3.61	3.26	2.74
30	2.45	2.34	2.07	1.68	4.06	3.92	3.54	2.97
31	2.47	2.36	2.09	1.69	4.09	3.95	3.57	2.99
32	2.51	2.40	2.12	1.71	4.15	4.00	3.62	3.04
33	2.57	2.46	2.17	1.75	4.25	4.10	3.71	3.10
34	2.65	2.52	2.23	1.80	4.37	4.22	3.80	3.18
35	2.73	2.61	2.30	1.87	4.51	4.36	3.93	3.28
36	2.84	2.71	2.39	1.93	4.68	4.51	4.07	3.39
37	2.95	2.82	2.49	2.01	4.87	4.69	4.23	3.54
38	3.09	2.95	2.60	2.10	5.08	4.90	4.42	3.69
39	3.24	3.10	2.73	2.21	5.34	5.15	4.63	3.88
40	3.41	3.25	2.87	2.33	5.61	5.41	4.89	4.08
41	3.57	3.41	3.02	2.44	5.88	5.67	5.12	4.27
42	3.76	3.59	3.17	2.57	6.19	5.97	5.38	4.50
43	3.95	3.78	3.34	2.71	6.52	6.28	5.68	4.74
44	4.17	3.98	3.53	2.87	6.88	6.64	5.99	5.02
45	4.41	4.21	3.74	3.04	7.29	7.02	6.35	5.31
46	4.66	4.46	3.96	3.22	7.71	7.43	6.72	5.62
47	4.94	4.73	4.21	3.43	8.19	7.89	7.14	5.98
48	5.27	5.04	4.48	3.67	8.73	8.42	7.61	6.38
49	5.63	5.39	4.81	3.93	9.34	9.01	8.14	6.83
50	6.05	5.80	5.17	4.23	10.02	9.67	8.75	7.32
51	6.50	6.24	5.56	4.55	10.78	10.41	9.40	7.87
52	7.00	6.72	6.00	4.91	11.59	11.19	10.12	8.46
53	7.56	7.25	6.47	5.30	12.50	12.06	10.90	9.12
54	8.17	7.84	7.00	5.72	13.50	13.03	11.76	9.82
55	8.84	8.49	7.59	6.19	14.59	14.08	12.71	10.61
56	9.61	9.22	8.23	6.71	15.79	15.26	13.75	11.45
57	10.45	10.05	8.97	7.28	17.14	16.55	14.91	12.37
58	11.41	10.98	9.79	7.93	18.67	18.05	16.22	13.44
59	12.53	12.06	10.75	8.68	20.42	19.74	17.73	14.63
60	13.85	13.34	11.88	9.55	22.48	21.72	19.47	16.02
61	12.92	12.46	11.07	8.85	19.05	18.43	16.46	13.47
62	12.77	12.35	10.93	8.67	17.86	17.30	15.38	12.46
63	12.64	12.24	10.80	8.45	16.67	16.18	14.29	11.43
64	12.41	12.05	10.60	8.20	15.53	15.10	13.25	10.48
65	12.05	11.72	10.28	7.89	14.32	13.94	12.15	9.50
66	12.04	11.74	10.26	7.80	13.56	13.23	11.47	8.86
67	11.84	11.56	10.08	7.59	12.66	12.38	10.64	8.11
68	10.59	10.33	8.96	6.76	10.59	10.33	8.96	6.76
69	11.50	11.18	9.68	7.29	11.50	11.18	9.68	7.29
70	12.50	12.14	10.47	7.88	12.50	12.14	10.47	7.88
71	13.42	13.01	11.19	8.41	13.42	13.01	11.19	8.41
72	14.23	13.79	11.84	8.88	14.23	13.79	11.84	8.88
73	14.96	14.49	12.41	9.31	14.96	14.49	12.41	9.31
74	15.63	15.11	12.94	9.69	15.63	15.11	12.94	9.69
75	16.23	15.69	13.41	10.03	16.23	15.69	13.41	10.03
76	16.76	16.19	13.84	10.35	16.76	16.19	13.84	10.35
77	17.24	16.65	14.22	10.63	17.24	16.65	14.22	10.63
78	17.68	17.06	14.56	10.88	17.68	17.06	14.56	10.88
79	18.07	17.43	14.86	11.10	18.07	17.43	14.86	11.10
80+	18.43	17.77	15.14	11.31	18.43	17.77	15.14	11.31

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Rider PR9GI - Catastrophic Disability Benefit Rider							
	Occupation Class 5A With Noncancelable Premiums							
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday							
Gender	Unisex							
	Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365
18	3.15	3.05	2.77	2.36	3.33	3.23	2.92	2.46
19	3.15	3.05	2.77	2.36	3.33	3.23	2.92	2.46
20	3.15	3.05	2.77	2.36	3.33	3.23	2.92	2.46
21	3.15	3.05	2.77	2.36	3.33	3.23	2.92	2.46
22	3.15	3.05	2.77	2.36	3.33	3.23	2.92	2.46
23	3.15	3.05	2.77	2.36	3.33	3.23	2.92	2.46
24	3.15	3.05	2.77	2.36	3.34	3.23	2.92	2.46
25	3.16	3.06	2.77	2.36	3.34	3.24	2.93	2.46
26	3.40	3.29	3.00	2.55	3.60	3.48	3.16	2.66
27	3.69	3.55	3.23	2.74	3.89	3.76	3.41	2.87
28	4.00	3.85	3.51	2.98	4.21	4.07	3.69	3.10
29	4.34	4.19	3.81	3.23	4.56	4.41	3.99	3.36
30	4.72	4.55	4.14	3.50	4.96	4.78	4.33	3.64
31	4.75	4.57	4.16	3.53	5.00	4.83	4.37	3.67
32	4.80	4.63	4.21	3.58	5.06	4.90	4.42	3.71
33	4.89	4.72	4.29	3.65	5.17	5.00	4.52	3.79
34	5.00	4.82	4.40	3.73	5.30	5.12	4.64	3.89
35	5.14	4.96	4.54	3.87	5.46	5.27	4.77	4.00
36	5.32	5.14	4.69	4.00	5.65	5.46	4.94	4.13
37	5.53	5.34	4.88	4.15	5.88	5.67	5.13	4.30
38	5.77	5.58	5.08	4.33	6.12	5.91	5.34	4.47
39	6.04	5.83	5.33	4.53	6.40	6.18	5.59	4.67
40	6.34	6.12	5.59	4.77	6.72	6.48	5.85	4.90
41	6.66	6.43	5.86	5.01	7.03	6.79	6.13	5.14
42	6.99	6.76	6.18	5.28	7.37	7.11	6.43	5.39
43	7.36	7.11	6.51	5.57	7.74	7.47	6.76	5.66
44	7.76	7.48	6.86	5.89	8.14	7.85	7.10	5.95
45	8.18	7.90	7.26	6.23	8.56	8.27	7.48	6.27
46	8.64	8.36	7.68	6.59	9.03	8.72	7.89	6.63
47	9.17	8.85	8.13	6.99	9.55	9.21	8.34	7.01
48	9.75	9.41	8.63	7.39	10.12	9.76	8.84	7.42
49	10.39	10.03	9.17	7.83	10.74	10.37	9.39	7.88
50	11.13	10.73	9.77	8.29	11.46	11.06	10.01	8.40
51	11.92	11.48	10.43	8.78	12.22	11.81	10.68	8.96
52	12.78	12.28	11.11	9.30	13.04	12.59	11.39	9.55
53	13.70	13.16	11.84	9.85	13.93	13.45	12.15	10.19
54	14.69	14.09	12.63	10.43	14.86	14.36	12.98	10.85
55	15.76	15.10	13.47	11.05	15.88	15.35	13.86	11.58
56	16.98	16.40	14.80	12.33	16.98	16.40	14.80	12.33
57	18.15	17.54	15.80	13.13	18.15	17.54	15.80	13.13
58	19.45	18.78	16.90	14.01	19.45	18.78	16.90	14.01
59	20.88	20.17	18.11	14.97	20.88	20.17	18.11	14.97
60	22.48	21.73	19.48	16.03	22.48	21.73	19.48	16.03
61	19.05	18.43	16.46	13.47	19.05	18.43	16.46	13.47
62	17.86	17.30	15.38	12.46	17.86	17.30	15.38	12.46
63	16.67	16.18	14.29	11.43	16.67	16.18	14.29	11.43
64	15.53	15.10	13.25	10.48	15.53	15.10	13.25	10.48
65	14.32	13.94	12.15	9.50	14.32	13.94	12.15	9.50
66	13.56	13.23	11.47	8.86	13.56	13.23	11.47	8.86
67	12.66	12.38	10.64	8.11	12.66	12.38	10.64	8.11
68	10.59	10.33	8.96	6.76	10.59	10.33	8.96	6.76
69	11.50	11.18	9.68	7.29	11.50	11.18	9.68	7.29
70	12.50	12.14	10.47	7.88	12.50	12.14	10.47	7.88
71	13.42	13.01	11.19	8.41	13.42	13.01	11.19	8.41
72	14.23	13.79	11.84	8.88	14.23	13.79	11.84	8.88
73	14.96	14.49	12.41	9.31	14.96	14.49	12.41	9.31
74	15.63	15.11	12.94	9.69	15.63	15.11	12.94	9.69
75	16.23	15.69	13.41	10.03	16.23	15.69	13.41	10.03
76	16.76	16.19	13.84	10.35	16.76	16.19	13.84	10.35
77	17.24	16.65	14.22	10.63	17.24	16.65	14.22	10.63
78	17.68	17.06	14.56	10.88	17.68	17.06	14.56	10.88
79	18.07	17.43	14.86	11.10	18.07	17.43	14.86	11.10
80+	18.43	17.77	15.14	11.31	18.43	17.77	15.14	11.31

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Rider PR9GI - Catastrophic Disability Benefit Rider							
	Occupation Class B With Noncancelable Premiums							
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday							
Gender	Unisex							
	Benefit Period is 2 Years				Benefit Period is 5 Years			
	Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365
18	1.71	1.64	1.45	1.19	2.86	2.75	2.49	2.10
19	1.71	1.64	1.45	1.19	2.86	2.75	2.49	2.10
20	1.71	1.64	1.45	1.19	2.86	2.75	2.49	2.10
21	1.71	1.64	1.45	1.19	2.86	2.75	2.49	2.10
22	1.71	1.64	1.45	1.19	2.86	2.75	2.49	2.10
23	1.71	1.64	1.45	1.19	2.86	2.75	2.49	2.10
24	1.71	1.64	1.45	1.19	2.86	2.75	2.49	2.10
25	1.71	1.64	1.45	1.19	2.86	2.75	2.49	2.10
26	1.85	1.76	1.56	1.27	3.08	2.98	2.68	2.26
27	2.00	1.92	1.70	1.39	3.33	3.22	2.91	2.45
28	2.17	2.08	1.84	1.49	3.61	3.49	3.16	2.66
29	2.36	2.26	2.00	1.62	3.93	3.79	3.42	2.88
30	2.57	2.46	2.17	1.76	4.26	4.12	3.72	3.12
31	2.59	2.48	2.19	1.77	4.29	4.15	3.75	3.14
32	2.64	2.52	2.23	1.80	4.36	4.20	3.80	3.19
33	2.70	2.58	2.28	1.84	4.46	4.31	3.90	3.26
34	2.78	2.65	2.34	1.89	4.59	4.43	3.99	3.34
35	2.87	2.74	2.42	1.96	4.74	4.58	4.13	3.44
36	2.98	2.85	2.51	2.03	4.91	4.74	4.27	3.56
37	3.10	2.96	2.61	2.11	5.11	4.92	4.44	3.72
38	3.24	3.10	2.73	2.21	5.33	5.15	4.64	3.87
39	3.40	3.26	2.87	2.32	5.61	5.41	4.86	4.07
40	3.58	3.41	3.01	2.45	5.89	5.68	5.13	4.28
41	3.75	3.58	3.17	2.56	6.17	5.95	5.38	4.48
42	3.95	3.77	3.33	2.70	6.50	6.27	5.65	4.73
43	4.15	3.97	3.51	2.85	6.85	6.59	5.96	4.98
44	4.38	4.18	3.71	3.01	7.22	6.97	6.29	5.27
45	4.63	4.42	3.93	3.19	7.65	7.37	6.67	5.58
46	4.89	4.68	4.16	3.38	8.10	7.80	7.06	5.90
47	5.19	4.97	4.42	3.60	8.60	8.28	7.50	6.28
48	5.53	5.29	4.70	3.85	9.17	8.84	7.99	6.70
49	5.91	5.66	5.05	4.13	9.81	9.46	8.55	7.17
50	6.35	6.09	5.43	4.44	10.52	10.15	9.19	7.69
51	6.83	6.55	5.84	4.78	11.32	10.93	9.87	8.26
52	7.35	7.06	6.30	5.16	12.17	11.75	10.63	8.88
53	7.94	7.61	6.79	5.57	13.13	12.66	11.45	9.58
54	8.58	8.23	7.35	6.01	14.18	13.68	12.35	10.31
55	9.28	8.91	7.97	6.50	15.32	14.78	13.35	11.14
56	10.09	9.68	8.64	7.05	16.58	16.02	14.44	12.02
57	10.97	10.55	9.42	7.64	18.00	17.38	15.66	12.99
58	11.98	11.53	10.28	8.33	19.60	18.95	17.03	14.11
59	13.16	12.66	11.29	9.11	21.44	20.73	18.62	15.36
60	14.54	14.01	12.47	10.03	23.60	22.81	20.44	16.82
61	13.57	13.08	11.62	9.29	20.00	19.35	17.28	14.14
62	13.41	12.97	11.48	9.10	18.75	18.17	16.15	13.08
63	13.27	12.85	11.34	8.87	17.50	16.99	15.00	12.00
64	13.03	12.65	11.13	8.61	16.31	15.86	13.91	11.00
65	12.65	12.31	10.79	8.28	15.04	14.64	12.76	9.98
66	12.64	12.33	10.77	8.19	14.24	13.89	12.04	9.30
67	12.43	12.14	10.58	7.97	13.29	13.00	11.17	8.52
68	11.12	10.85	9.41	7.10	11.12	10.85	9.41	7.10
69	12.08	11.74	10.16	7.65	12.08	11.74	10.16	7.65
70	13.13	12.75	10.99	8.27	13.13	12.75	10.99	8.27
71	14.09	13.66	11.75	8.83	14.09	13.66	11.75	8.83
72	14.94	14.48	12.43	9.32	14.94	14.48	12.43	9.32
73	15.71	15.21	13.03	9.78	15.71	15.21	13.03	9.78
74	16.41	15.87	13.59	10.17	16.41	15.87	13.59	10.17
75	17.04	16.47	14.08	10.53	17.04	16.47	14.08	10.53
76	17.60	17.00	14.53	10.87	17.60	17.00	14.53	10.87
77	18.10	17.48	14.93	11.16	18.10	17.48	14.93	11.16
78	18.56	17.91	15.29	11.42	18.56	17.91	15.29	11.42
79	18.97	18.30	15.60	11.66	18.97	18.30	15.60	11.66
80+	19.35	18.66	15.90	11.88	19.35	18.66	15.90	11.88

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Rider PR9GI - Catastrophic Disability Benefit Rider							
	Occupation Class 5A With Noncancelable Premiums							
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday							
Gender	Unisex							
	Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365
18	N/A				N/A			
19								
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	Policy Forms B170 and B170GI					
	Indexed Cost of Living Rider, PR2					
	Percent of Base Rates Per Unit of Coverage					
	5 Year Benefit Period					
	For All Waiting Periods					
	All Occupation Classes - Guaranteed Renewable and Noncancelable					
	Male		Female		Unisex	
Issue Age	3%	6%	3%	6%	3%	6%
18	2.51	4.47	2.99	5.24	2.66	4.70
19	2.51	4.47	2.99	5.24	2.66	4.70
20	2.51	4.47	2.99	5.24	2.66	4.70
21	2.55	4.51	3.35	5.65	2.79	4.85
22	2.59	4.55	3.67	6.00	2.91	4.99
23	2.78	4.85	4.03	6.44	3.15	5.33
24	2.93	5.09	4.34	6.83	3.35	5.61
25	3.07	5.31	4.63	7.18	3.54	5.87
26	3.18	5.47	4.88	7.51	3.69	6.08
27	3.28	5.62	5.12	7.81	3.83	6.28
28	3.37	5.76	5.33	8.08	3.96	6.46
29	3.47	5.91	5.50	8.31	4.08	6.63
30	3.56	6.05	5.66	8.55	4.19	6.80
31	3.66	6.20	5.76	8.71	4.29	6.95
32	3.79	6.39	5.81	8.82	4.39	7.12
33	3.91	6.58	5.83	8.91	4.49	7.28
34	4.06	6.80	5.80	8.94	4.58	7.44
35	4.20	7.03	5.75	8.97	4.67	7.61
36	4.36	7.28	5.69	8.98	4.76	7.79
37	4.51	7.53	5.63	9.01	4.85	7.97
38	4.67	7.80	5.57	9.04	4.94	8.17
39	4.81	8.05	5.54	9.11	5.03	8.37
40	4.95	8.32	5.55	9.24	5.13	8.60
41	5.07	8.48	5.60	9.34	5.23	8.74
42	5.16	8.62	5.65	9.43	5.31	8.86
43	5.25	8.76	5.72	9.54	5.39	9.00
44	5.29	8.86	5.79	9.67	5.44	9.10
45	5.32	8.92	5.87	9.80	5.48	9.19
46	5.34	9.00	5.94	9.93	5.52	9.28
47	5.34	9.05	6.01	10.03	5.54	9.34
48	5.34	9.09	6.07	10.14	5.56	9.41
49	5.33	9.12	6.10	10.22	5.56	9.45
50	5.33	9.15	6.10	10.25	5.56	9.48
51	5.33	9.18	6.08	10.26	5.56	9.50
52	5.31	9.17	6.04	10.23	5.53	9.49
53	5.28	9.14	5.96	10.16	5.48	9.45
54	5.23	9.10	5.85	10.05	5.42	9.38
55	5.16	9.02	5.69	9.89	5.32	9.28
56	5.07	8.92	5.49	9.67	5.20	9.15
57	4.97	8.82	5.23	9.41	5.05	8.99
58	4.85	8.69	4.91	9.07	4.86	8.81
59	4.71	8.58	4.51	8.67	4.65	8.61
60	4.58	8.53	4.03	8.21	4.42	8.43

	Policy Forms B170 and B170GI					
	Indexed Cost of Living Rider, PR2					
	Percent of Base Rates Per Unit of Coverage					
	10 Year Benefit Period					
	For All Waiting Periods					
	All Occupation Classes - Guaranteed Renewable and Noncancelable					
	Male		Female		Unisex	
Issue Age	3%	6%	3%	6%	3%	6%
18	3.66	6.51	3.99	6.98	3.76	6.65
19	3.66	6.51	3.99	6.98	3.76	6.65
20	3.66	6.51	3.99	6.98	3.76	6.65
21	3.84	6.77	4.44	7.75	4.02	7.06
22	4.02	7.06	4.90	8.48	4.28	7.49
23	4.22	7.36	5.36	9.17	4.56	7.90
24	4.43	7.68	5.81	9.82	4.84	8.32
25	4.64	8.01	6.27	10.43	5.13	8.74
26	4.87	8.37	6.73	11.00	5.43	9.16
27	5.10	8.73	7.18	11.54	5.72	9.57
28	5.34	9.12	7.64	12.04	6.03	10.00
29	5.59	9.52	8.10	12.50	6.34	10.41
30	5.85	9.94	8.55	12.92	6.66	10.83
31	6.14	10.40	8.60	13.28	6.88	11.26
32	6.45	10.91	8.65	13.58	7.11	11.71
33	6.79	11.46	8.69	13.82	7.36	12.17
34	7.14	12.03	8.74	14.02	7.62	12.63
35	7.49	12.60	8.78	14.19	7.88	13.08
36	7.84	13.17	8.83	14.35	8.14	13.52
37	8.17	13.71	8.87	14.49	8.38	13.94
38	8.47	14.21	8.92	14.64	8.61	14.34
39	8.73	14.66	8.96	14.81	8.80	14.71
40	8.95	15.03	9.01	15.01	8.97	15.02
41	9.13	15.36	9.14	15.27	9.13	15.33
42	9.31	15.67	9.27	15.61	9.30	15.65
43	9.47	15.96	9.40	15.98	9.45	15.97
44	9.60	16.22	9.52	16.36	9.58	16.26
45	9.71	16.44	9.65	16.72	9.69	16.52
46	9.79	16.60	9.78	17.04	9.79	16.73
47	9.82	16.70	9.91	17.29	9.85	16.88
48	9.81	16.74	10.04	17.43	9.88	16.95
49	9.76	16.69	10.17	17.44	9.88	16.92
50	9.64	16.56	10.30	17.29	9.84	16.78
51	9.52	16.41	10.05	17.00	9.68	16.59
52	9.39	16.25	9.80	16.70	9.51	16.39
53	9.27	16.10	9.55	16.41	9.35	16.19
54	9.14	15.95	9.30	16.11	9.19	16.00
55	9.02	15.80	9.05	15.82	9.03	15.81
56	8.89	15.64	8.80	15.52	8.86	15.60
57	8.24	14.62	7.94	14.28	8.15	14.52
58	7.56	13.57	7.03	13.00	7.40	13.40
59	6.86	12.49	6.06	11.66	6.62	12.24
60	6.12	11.39	5.03	10.25	5.79	11.05

	Policy Forms B170 and B170GI					
	Indexed Cost of Living Rider, PR2					
	Percent of Base Rates Per Unit of Coverage					
	To Age 66/67 Benefit Period					
	For All Waiting Periods					
	All Occupation Classes - Guaranteed Renewable and Noncancelable					
	Male		Female		Unisex	
Issue Age	3%	6%	3%	6%	3%	6%
18	15.18	27.00	16.37	28.67	15.53	27.50
19	15.18	27.00	16.37	28.67	15.53	27.50
20	15.18	27.00	16.37	28.67	15.53	27.50
21	15.42	27.25	18.33	30.87	16.29	28.34
22	15.66	27.50	20.06	32.81	16.98	29.10
23	15.89	27.75	21.56	34.49	17.59	29.77
24	16.11	27.99	22.85	35.93	18.13	30.37
25	16.32	28.22	23.93	37.14	18.61	30.90
26	16.53	28.45	24.81	38.13	19.01	31.36
27	16.73	28.68	25.51	38.91	19.36	31.75
28	16.91	28.90	26.02	39.48	19.64	32.07
29	17.09	29.11	26.35	39.84	19.87	32.33
30	17.26	29.31	26.50	40.01	20.04	32.52
31	17.45	29.55	26.40	39.90	20.14	32.65
32	17.68	29.83	25.99	39.44	20.17	32.72
33	17.92	30.14	25.35	38.73	20.15	32.72
34	18.16	30.45	24.53	37.81	20.07	32.66
35	18.38	30.74	23.58	36.76	19.94	32.54
36	18.55	30.98	22.58	35.64	19.76	32.38
37	18.67	31.15	21.56	34.50	19.54	32.16
38	18.71	31.24	20.59	33.42	19.27	31.89
39	18.65	31.21	19.71	32.44	18.97	31.58
40	18.48	31.05	18.98	31.62	18.63	31.22
41	18.18	30.42	18.36	30.62	18.24	30.48
42	17.76	29.66	17.78	29.66	17.77	29.66
43	17.24	28.80	17.21	28.73	17.23	28.78
44	16.64	27.84	16.67	27.82	16.65	27.84
45	15.98	26.82	16.13	26.92	16.02	26.85
46	15.28	25.76	15.58	26.02	15.37	25.84
47	14.56	24.67	15.03	25.11	14.70	24.80
48	13.86	23.60	14.46	24.17	14.04	23.77
49	13.18	22.55	13.86	23.20	13.38	22.74
50	12.55	21.55	13.22	22.20	12.75	21.74
51	11.96	20.58	12.55	21.15	12.14	20.75
52	11.36	19.61	11.86	20.09	11.51	19.75
53	10.76	18.64	11.14	18.99	10.88	18.74
54	10.15	17.65	10.40	17.87	10.22	17.72
55	9.53	16.65	9.62	16.71	9.56	16.67
56	8.89	15.64	8.80	15.52	8.87	15.61
57	8.24	14.62	7.94	14.28	8.15	14.52
58	7.56	13.57	7.03	13.00	7.40	13.40
59	6.86	12.49	6.06	11.66	6.62	12.24
60	6.12	11.39	5.03	10.25	5.79	11.05

	Policy Form B170		
	Future Purchase Option Rider, PR4		
	Percentage Applied to Sum of Base and PR2 (COLA) Rates Per Unit of FPO Pool		
	For All Genders		
	For All Waiting Periods		
	For All Benefit Periods		
Issue Age	Classes 5A, 4A, & 3A	Classes 4P, 3P, & 2P	Classes 2A, A, & B
18	7.00	7.50	7.00
19	7.00	7.50	7.00
20	7.00	7.50	7.00
21	7.17	7.71	7.18
22	7.34	7.93	7.35
23	7.52	8.15	7.53
24	7.71	8.37	7.70
25	7.91	8.59	7.88
26	8.11	8.82	8.05
27	8.32	9.05	8.23
28	8.54	9.28	8.40
29	8.77	9.51	8.58
30	9.00	9.75	8.75
31	9.25	9.99	8.92
32	9.51	10.24	9.09
33	9.78	10.49	9.26
34	10.06	10.74	9.43
35	10.34	11.00	9.59
36	10.63	11.26	9.76
37	10.92	11.51	9.94
38	11.20	11.76	10.12
39	11.48	12.01	10.30
40	11.75	12.25	10.50
41	12.01	12.49	10.70
42	12.27	12.72	10.91
43	12.53	12.95	11.12
44	12.78	13.18	11.34
45	13.03	13.41	11.56
46	13.28	13.63	11.79
47	13.53	13.85	12.02
48	13.77	14.07	12.26
49	14.01	14.29	12.50
50	14.25	14.50	12.75

	Policy Form B170GI		
	Future Purchase Option Rider, PR4, Table 1		
	Percent of base rates per unit of FPO pool when policy is issued with neither PR7 (Own Occupation) nor PR2 (COLA)		
	For All Genders		
	For All Waiting Periods		
	For All Benefit Periods		
Issue Age	Classes 5A, 4A, & 3A	Classes 4P, 3P, & 2P	Classes 2A, A, & B
18	5.95	6.38	5.95
19	5.95	6.38	5.95
20	5.95	6.38	5.95
21	6.09	6.55	6.10
22	6.24	6.74	6.25
23	6.39	6.93	6.40
24	6.55	7.11	6.55
25	6.72	7.30	6.70
26	6.89	7.50	6.84
27	7.07	7.69	7.00
28	7.26	7.89	7.14
29	7.45	8.08	7.29
30	7.65	8.29	7.44
31	7.86	8.49	7.58
32	8.08	8.70	7.73
33	8.31	8.92	7.87
34	8.55	9.13	8.02
35	8.79	9.35	8.15
36	9.04	9.57	8.30
37	9.28	9.78	8.45
38	9.52	10.00	8.60
39	9.76	10.21	8.76
40	9.99	10.41	8.93
41	10.21	10.62	9.10
42	10.43	10.81	9.27
43	10.65	11.01	9.45
44	10.86	11.20	9.64
45	11.08	11.40	9.83
46	11.29	11.59	10.02
47	11.50	11.77	10.22
48	11.70	11.96	10.42
49	11.91	12.15	10.63
50	12.11	12.33	10.84

	Policy Form B170GI		
	Future Purchase Option Rider, PR4, Table 2		
	Percent of base rates per unit of FPO pool when policy is issued with PR7 (Own Occupation) but not PR2 (COLA)		
	For All Genders		
	For All Waiting Periods		
	For All Benefit Periods		
Issue Age	Classes 5A, 4A, & 3A	Classes 4P, 3P, & 2P	Classes 2A, A, & B
18	7.00	7.50	7.00
19	7.00	7.50	7.00
20	7.00	7.50	7.00
21	7.17	7.71	7.18
22	7.34	7.93	7.35
23	7.52	8.15	7.53
24	7.71	8.37	7.70
25	7.91	8.59	7.88
26	8.11	8.82	8.05
27	8.32	9.05	8.23
28	8.54	9.28	8.40
29	8.77	9.51	8.58
30	9.00	9.75	8.75
31	9.25	9.99	8.92
32	9.51	10.24	9.09
33	9.78	10.49	9.26
34	10.06	10.74	9.43
35	10.34	11.00	9.59
36	10.63	11.26	9.76
37	10.92	11.51	9.94
38	11.20	11.76	10.12
39	11.48	12.01	10.30
40	11.75	12.25	10.50
41	12.01	12.49	10.70
42	12.27	12.72	10.91
43	12.53	12.95	11.12
44	12.78	13.18	11.34
45	13.03	13.41	11.56
46	13.28	13.63	11.79
47	13.53	13.85	12.02
48	13.77	14.07	12.26
49	14.01	14.29	12.50
50	14.25	14.50	12.75

	Policy Form B170GI		
	Future Purchase Option Rider, PR4, Table 3		
	Percent of base rates per unit of FPO pool when policy is issued with PR2 (COLA) but not PR7 (Own Occupation)		
	For All Genders		
	For All Waiting Periods		
	For All Benefit Periods		
Issue Age	Classes 5A, 4A, & 3A	Classes 4P, 3P, & 2P	Classes 2A, A, & B
18	7.74	8.29	7.74
19	7.74	8.29	7.74
20	7.74	8.29	7.74
21	7.92	8.52	7.93
22	8.11	8.76	8.12
23	8.31	9.01	8.32
24	8.52	9.25	8.51
25	8.74	9.49	8.71
26	8.96	9.75	8.90
27	9.19	10.00	9.09
28	9.44	10.25	9.28
29	9.69	10.51	9.48
30	9.95	10.77	9.67
31	10.22	11.04	9.86
32	10.51	11.32	10.04
33	10.81	11.59	10.23
34	11.12	11.87	10.42
35	11.43	12.16	10.60
36	11.75	12.44	10.78
37	12.07	12.72	10.98
38	12.38	12.99	11.18
39	12.69	13.27	11.38
40	12.98	13.54	11.60
41	13.27	13.80	11.82
42	13.56	14.06	12.06
43	13.85	14.31	12.29
44	14.12	14.56	12.53
45	14.40	14.82	12.77
46	14.67	15.06	13.03
47	14.95	15.30	13.28
48	15.22	15.55	13.55
49	15.48	15.79	13.81
50	15.75	16.02	14.09

	Policy Form B170GI		
	Future Purchase Option Rider, PR4, Table 4		
	Percent of base rates per unit of FPO pool when policy is issued with both PR7 (Own Occupation) and PR2 (COLA)		
	For All Genders		
	For All Waiting Periods		
	For All Benefit Periods		
Issue Age	Classes 5A, 4A, & 3A	Classes 4P, 3P, & 2P	Classes 2A, A, & B
18	9.10	9.75	9.10
19	9.10	9.75	9.10
20	9.10	9.75	9.10
21	9.32	10.02	9.33
22	9.54	10.31	9.56
23	9.78	10.60	9.79
24	10.02	10.88	10.01
25	10.28	11.17	10.24
26	10.54	11.47	10.47
27	10.82	11.77	10.70
28	11.10	12.06	10.92
29	11.40	12.36	11.15
30	11.70	12.68	11.38
31	12.03	12.99	11.60
32	12.36	13.31	11.82
33	12.71	13.64	12.04
34	13.08	13.96	12.26
35	13.44	14.30	12.47
36	13.82	14.64	12.69
37	14.20	14.96	12.92
38	14.56	15.29	13.16
39	14.92	15.61	13.39
40	15.28	15.93	13.65
41	15.61	16.24	13.91
42	15.95	16.54	14.18
43	16.29	16.84	14.46
44	16.61	17.13	14.74
45	16.94	17.43	15.03
46	17.26	17.72	15.33
47	17.59	18.01	15.63
48	17.90	18.29	15.94
49	18.21	18.58	16.25
50	18.53	18.85	16.58

	Policy Forms B170 and B170GI		
	Own Occupation Rider, PR7		
	Percentage of Base Rate Per Unit of Coverage		
	Unisex		
	For All Waiting Periods		
	For All Benefit Periods		
Issue Age	Classes 5A, 4A, & 3A	Classes 4P, 3P, & 2P	Classes 2A, A, & B
18	13.15	15.16	18.24
19	13.15	15.16	18.24
20	13.15	15.16	18.24
21	13.14	15.14	18.27
22	13.13	15.13	18.29
23	13.12	15.12	18.30
24	13.12	15.11	18.31
25	13.11	15.11	18.31
26	13.12	15.11	18.31
27	13.12	15.12	18.30
28	13.13	15.13	18.29
29	13.14	15.14	18.27
30	13.15	15.16	18.24
31	13.17	15.19	18.20
32	13.18	15.23	18.12
33	13.19	15.29	18.03
34	13.21	15.34	17.92
35	13.23	15.40	17.82
36	13.26	15.46	17.73
37	13.29	15.51	17.66
38	13.34	15.56	17.63
39	13.40	15.60	17.64
40	13.47	15.62	17.70
41	13.58	15.63	17.84
42	13.72	15.63	18.06
43	13.89	15.63	18.34
44	14.07	15.61	18.65
45	14.26	15.60	18.98
46	14.44	15.57	19.31
47	14.59	15.55	19.60
48	14.71	15.52	19.85
49	14.79	15.50	20.02
50	14.81	15.48	20.10
51	14.78	15.45	20.11
52	14.72	15.43	20.07
53	14.63	15.40	20.00
54	14.51	15.37	19.88
55	14.36	15.34	19.71
56	14.18	15.31	19.51
57	13.97	15.28	19.26
58	13.73	15.24	18.97
59	13.46	15.20	18.63
60+	13.16	15.17	18.26

	Policy Form B170GI							
	Base Policy with Policy Rider PR14 - 24 Month Regular Occupation Rider							
	Occupation Class B							
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday							
	Unisex							
	Base Policy with Guaranteed Renewable premiums							
	Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365
18	62.33	39.88	36.13	32.92	73.62	47.10	42.67	38.89
19	62.33	39.88	36.13	32.92	73.62	47.10	42.67	38.89
20	62.33	39.88	36.13	32.92	73.62	47.10	42.67	38.89
21	64.41	40.80	36.95	33.65	77.90	49.29	44.63	40.65
22	66.55	41.79	37.83	34.43	82.12	51.49	46.60	42.42
23	68.75	42.84	38.77	35.28	86.29	53.67	48.56	44.19
24	71.01	43.96	39.77	36.18	90.39	55.86	50.53	45.96
25	73.34	45.14	40.83	37.13	94.44	58.05	52.50	47.74
26	75.73	46.39	41.95	38.15	98.43	60.23	54.46	49.52
27	78.18	47.70	43.14	39.22	102.36	62.41	56.43	51.30
28	80.69	49.08	44.39	40.35	106.23	64.58	58.40	53.09
29	83.26	50.52	45.69	41.54	110.04	66.76	60.37	54.88
30	85.90	52.03	47.06	42.78	113.80	68.93	62.34	56.67
31	88.30	53.42	48.33	43.94	117.19	70.91	64.14	58.32
32	90.31	54.59	49.40	44.93	120.03	72.58	65.68	59.74
33	92.12	55.65	50.39	45.86	122.54	74.08	67.06	61.02
34	93.92	56.75	51.40	46.81	124.92	75.53	68.41	62.28
35	95.92	57.99	52.55	47.88	127.38	77.07	69.83	63.61
36	98.31	59.50	53.94	49.16	130.12	78.82	71.45	65.11
37	101.28	61.40	55.68	50.76	133.37	80.91	73.37	66.88
38	105.04	63.81	57.88	52.77	137.31	83.47	75.70	69.01
39	109.77	66.87	60.65	55.27	142.17	86.63	78.57	71.61
40	115.68	70.68	64.10	58.38	148.15	90.52	82.09	74.77
41	123.29	75.57	68.53	62.39	155.83	95.50	86.60	78.84
42	132.67	81.60	74.01	67.37	165.33	101.65	92.18	83.91
43	143.39	88.48	80.26	73.07	176.14	108.65	98.54	89.69
44	154.97	95.92	87.02	79.23	187.76	116.18	105.38	95.90
45	166.97	103.65	94.03	85.60	199.67	123.93	112.39	102.25
46	178.92	111.38	101.03	91.91	211.37	131.58	119.30	108.47
47	190.37	118.84	107.74	97.92	222.35	138.81	125.80	114.26
48	200.87	125.74	113.90	103.35	232.11	145.31	131.59	119.35
49	209.95	131.79	119.25	107.97	240.14	150.75	136.38	123.44
50	217.17	136.73	123.53	111.51	245.93	154.83	139.88	126.27
51	222.90	140.78	126.95	114.18	249.91	157.80	142.33	128.06
52	227.82	144.36	129.91	116.38	252.83	160.15	144.17	129.24
53	231.94	147.48	132.41	118.09	254.70	161.87	145.40	129.80
54	235.25	150.14	134.46	119.33	255.52	162.96	146.03	129.76
55	237.77	152.33	136.04	120.08	255.28	163.42	146.05	129.10
56	239.47	154.05	137.17	120.36	253.98	163.25	145.47	127.84
57	240.38	155.31	137.83	120.15	251.63	162.46	144.28	125.96
58	240.47	156.10	138.04	119.47	248.23	161.03	142.49	123.47
59	239.77	156.43	137.79	118.30	243.77	158.98	140.09	120.37
60	238.26	156.30	137.08	116.66	238.26	156.30	137.08	116.66
61	212.98	139.72	122.54	104.28	212.98	139.72	122.54	104.28
62	187.70	123.14	108.00	91.90	187.70	123.14	108.00	91.90
63	162.42	106.56	93.46	79.52	162.42	106.56	93.46	79.52
64	137.14	89.98	78.92	67.14	137.14	89.98	78.92	67.14
65	111.86	73.40	64.38	54.76	111.86	73.40	64.38	54.76
66	86.58	56.79	49.81	42.39	86.58	56.79	49.81	42.39
67	86.58	56.79	49.81	42.39	86.58	56.79	49.81	42.39
68	86.58	56.79	49.81	42.39	86.58	56.79	49.81	42.39
69	86.58	56.79	49.81	42.39	86.58	56.79	49.81	42.39
70	86.58	56.79	49.81	42.39	86.58	56.79	49.81	42.39
71	86.58	56.79	49.81	42.39	86.58	56.79	49.81	42.39
72	86.58	56.79	49.81	42.39	86.58	56.79	49.81	42.39
73	86.58	56.79	49.81	42.39	86.58	56.79	49.81	42.39
74	86.58	56.79	49.81	42.39	86.58	56.79	49.81	42.39
75	86.93	57.03	50.01	42.57	86.93	57.03	50.01	42.57
76	90.52	59.38	52.08	44.32	90.52	59.38	52.08	44.32
77	94.17	61.78	54.18	46.11	94.17	61.78	54.18	46.11
78	97.87	64.20	56.31	47.92	97.87	64.20	56.31	47.92
79	101.63	66.67	58.47	49.76	101.63	66.67	58.47	49.76
80+	105.43	69.16	60.65	51.62	105.43	69.16	60.65	51.62

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Form B170GI							
	Base Policy with Policy Rider PR14 - 24 Month Regular Occupation Rider							
	Occupation Class B							
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday							
	Unisex							
	Base Policy with Policy Rider PR6 - Noncancelable premiums							
	Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365
18	74.99	47.51	43.00	39.14	89.81	56.90	51.50	46.88
19	74.99	47.51	43.00	39.14	89.81	56.90	51.50	46.88
20	74.99	47.51	43.00	39.14	89.81	56.90	51.50	46.88
21	78.40	49.18	44.50	40.49	96.34	60.37	54.62	49.70
22	81.79	50.87	46.02	41.86	102.68	63.76	57.68	52.46
23	85.17	52.59	47.56	43.25	108.81	67.08	60.66	55.16
24	88.55	54.34	49.14	44.67	114.75	70.31	63.57	57.80
25	91.91	56.11	50.73	46.12	120.49	73.46	66.42	60.38
26	95.25	57.90	52.36	47.59	126.03	76.53	69.20	62.90
27	98.59	59.73	54.00	49.08	131.37	79.53	71.90	65.36
28	101.92	61.57	55.68	50.60	136.51	82.44	74.54	67.76
29	105.23	63.44	57.38	52.15	141.46	85.27	77.11	70.09
30	108.53	65.34	59.10	53.72	146.20	88.02	79.61	72.37
31	111.40	67.00	60.62	55.11	150.29	90.41	81.79	74.37
32	113.61	68.28	61.80	56.21	153.47	92.28	83.51	75.96
33	115.43	69.36	62.80	57.16	156.04	93.82	84.94	77.30
34	117.15	70.41	63.78	58.08	158.31	95.21	86.24	78.53
35	119.05	71.59	64.89	59.12	160.58	96.65	87.59	79.80
36	121.40	73.09	66.27	60.42	163.17	98.33	89.15	81.25
37	124.48	75.08	68.10	62.10	166.37	100.42	91.08	83.03
38	128.57	77.73	70.51	64.30	170.49	103.13	93.55	85.29
39	133.95	81.21	73.67	67.16	175.84	106.64	96.74	88.17
40	140.90	85.70	77.73	70.81	182.72	111.13	100.80	91.82
41	150.17	91.66	83.13	75.68	191.95	117.13	106.22	96.71
42	161.88	99.17	89.95	81.88	203.66	124.72	113.11	102.94
43	175.38	107.83	97.81	89.03	217.15	133.45	121.03	110.13
44	190.01	117.23	106.34	96.77	231.69	142.88	129.58	117.87
45	205.13	126.95	115.15	104.76	246.57	152.56	138.34	125.78
46	220.08	136.61	123.88	112.62	261.09	162.05	146.89	133.46
47	234.20	145.78	132.13	120.00	274.51	170.88	154.82	140.53
48	246.85	154.08	139.54	126.53	286.14	178.61	161.72	146.58
49	257.36	161.08	145.73	131.87	295.25	184.80	167.16	151.23
50	265.09	166.38	150.31	135.64	301.13	189.00	170.74	154.08
51	270.58	170.33	153.61	138.15	304.38	191.58	172.79	155.46
52	274.81	173.52	156.18	139.94	306.06	193.20	173.95	155.96
53	277.77	175.97	158.04	141.01	306.18	193.88	174.21	155.58
54	279.48	177.67	159.17	141.35	304.74	193.62	173.57	154.32
55	279.93	178.61	159.59	140.97	301.74	192.40	172.03	152.18
56	279.11	178.81	159.28	139.87	297.17	190.24	169.59	149.16
57	277.04	178.26	158.25	138.05	291.04	187.13	166.26	145.25
58	273.71	176.96	156.51	135.51	283.35	183.08	162.02	140.47
59	269.11	174.91	154.04	132.24	274.10	178.07	156.89	134.81
60	263.28	172.12	150.86	128.26	263.28	172.12	150.86	128.26
61	212.98	139.72	122.54	104.28	212.98	139.72	122.54	104.28
62	187.70	123.14	108.00	91.90	187.70	123.14	108.00	91.90
63	162.42	106.56	93.46	79.52	162.42	106.56	93.46	79.52
64	137.14	89.98	78.92	67.14	137.14	89.98	78.92	67.14
65	111.86	73.40	64.38	54.76	111.86	73.40	64.38	54.76
66	86.58	56.79	49.81	42.39	86.58	56.79	49.81	42.39
67	86.58	56.79	49.81	42.39	86.58	56.79	49.81	42.39
68	86.58	56.79	49.81	42.39	86.58	56.79	49.81	42.39
69	86.58	56.79	49.81	42.39	86.58	56.79	49.81	42.39
70	86.58	56.79	49.81	42.39	86.58	56.79	49.81	42.39
71	86.58	56.79	49.81	42.39	86.58	56.79	49.81	42.39
72	86.58	56.79	49.81	42.39	86.58	56.79	49.81	42.39
73	86.58	56.79	49.81	42.39	86.58	56.79	49.81	42.39
74	86.58	56.79	49.81	42.39	86.58	56.79	49.81	42.39
75	86.93	57.03	50.01	42.57	86.93	57.03	50.01	42.57
76	90.52	59.38	52.08	44.32	90.52	59.38	52.08	44.32
77	94.17	61.78	54.18	46.11	94.17	61.78	54.18	46.11
78	97.87	64.20	56.31	47.92	97.87	64.20	56.31	47.92
79	101.63	66.67	58.47	49.76	101.63	66.67	58.47	49.76
80+	105.43	69.16	60.65	51.62	105.43	69.16	60.65	51.62

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Form B170GI							
	Catastrophic Disability Benefit Rider PR9, with PR14 attached							
	Occupation Class B							
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday							
	Unisex							
	Policy Rider PR9 with Guaranteed Renewable premiums							
	Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365
18	3.14	3.02	2.76	2.34	3.36	3.25	2.97	2.53
19	3.14	3.02	2.76	2.34	3.36	3.25	2.97	2.53
20	3.14	3.02	2.76	2.34	3.36	3.25	2.97	2.53
21	3.14	3.02	2.76	2.34	3.36	3.25	2.97	2.53
22	3.14	3.02	2.76	2.34	3.36	3.25	2.97	2.53
23	3.14	3.02	2.76	2.34	3.36	3.25	2.97	2.53
24	3.15	3.02	2.76	2.34	3.37	3.25	2.97	2.53
25	3.15	3.03	2.76	2.34	3.37	3.26	2.98	2.53
26	3.39	3.26	2.98	2.52	3.64	3.50	3.21	2.74
27	3.66	3.53	3.22	2.73	3.92	3.79	3.47	2.96
28	3.97	3.82	3.49	2.95	4.25	4.11	3.76	3.20
29	4.31	4.15	3.79	3.20	4.62	4.46	4.08	3.47
30	4.69	4.52	4.11	3.47	5.03	4.86	4.42	3.76
31	4.70	4.55	4.13	3.49	5.07	4.89	4.46	3.80
32	4.78	4.61	4.18	3.55	5.16	4.97	4.54	3.86
33	4.87	4.69	4.28	3.62	5.25	5.08	4.64	3.95
34	4.99	4.82	4.38	3.72	5.39	5.20	4.75	4.07
35	5.12	4.96	4.51	3.85	5.55	5.37	4.90	4.19
36	5.30	5.12	4.67	3.99	5.74	5.54	5.06	4.34
37	5.51	5.32	4.86	4.13	5.97	5.77	5.27	4.51
38	5.75	5.55	5.07	4.31	6.22	6.00	5.49	4.70
39	6.02	5.81	5.31	4.51	6.50	6.28	5.75	4.91
40	6.33	6.10	5.57	4.74	6.82	6.59	6.02	5.14
41	6.64	6.42	5.86	4.99	7.16	6.91	6.32	5.39
42	6.98	6.73	6.16	5.25	7.52	7.25	6.64	5.67
43	7.33	7.10	6.49	5.55	7.88	7.62	6.98	5.96
44	7.73	7.46	6.84	5.86	8.30	8.03	7.35	6.29
45	8.14	7.88	7.23	6.21	8.75	8.47	7.74	6.62
46	8.61	8.33	7.64	6.57	9.24	8.93	8.17	6.99
47	9.13	8.82	8.10	6.94	9.77	9.45	8.64	7.37
48	9.71	9.39	8.60	7.37	10.36	9.99	9.13	7.78
49	10.36	10.01	9.15	7.79	11.01	10.62	9.69	8.22
50	11.08	10.69	9.74	8.27	11.73	11.32	10.28	8.67
51	11.89	11.44	10.39	8.76	12.50	12.03	10.91	9.15
52	12.74	12.26	11.09	9.28	13.34	12.82	11.58	9.66
53	13.66	13.12	11.83	9.83	14.23	13.68	12.30	10.19
54	14.66	14.08	12.61	10.42	15.20	14.58	13.05	10.76
55	15.74	15.07	13.45	11.03	16.22	15.54	13.87	11.36
56	16.89	16.15	14.35	11.69	17.33	16.58	14.73	12.00
57	18.13	17.32	15.34	12.40	18.52	17.70	15.68	12.68
58	19.49	18.59	16.41	13.18	19.82	18.92	16.70	13.42
59	20.99	20.00	17.57	14.02	21.25	20.26	17.83	14.26
60	22.89	21.80	19.11	15.19	22.89	21.80	19.11	15.19
61	20.19	19.23	16.78	13.24	20.38	19.41	16.96	13.41
62	18.93	18.05	15.68	12.24	19.10	18.23	15.85	12.40
63	17.68	16.89	14.56	11.23	17.84	17.05	14.72	11.38
64	16.46	15.75	13.51	10.30	16.61	15.90	13.66	10.44
65	15.19	14.55	12.40	9.33	15.32	14.69	12.53	9.46
66	14.38	13.80	11.69	8.69	14.51	13.93	11.82	8.81
67	13.43	12.92	10.85	7.97	13.55	13.04	10.97	8.08
68	11.22	10.77	9.14	6.64	11.32	10.88	9.24	6.73
69	12.19	11.67	9.87	7.16	12.30	11.78	9.97	7.26
70	13.26	12.67	10.68	7.74	13.38	12.79	10.80	7.84
71	14.22	13.58	11.41	8.26	14.35	13.71	11.54	8.37
72	15.09	14.38	12.08	8.72	15.23	14.52	12.21	8.83
73	15.87	15.11	12.66	9.14	16.02	15.26	12.80	9.26
74	16.57	15.77	13.19	9.51	16.73	15.92	13.34	9.64
75	17.21	16.36	13.68	9.85	17.36	16.51	13.83	9.98
76	17.77	16.90	14.11	10.16	17.93	17.06	14.26	10.30
77	18.29	17.37	14.49	10.44	18.45	17.54	14.65	10.58
78	18.75	17.80	14.85	10.68	18.92	17.97	15.01	10.83
79	19.16	18.19	15.16	10.91	19.33	18.36	15.32	11.05
80+	19.54	18.54	15.44	11.11	19.72	18.72	15.61	11.26

Apply a 25% Surcharge Factor For Tobacco Users.

	Policy Form B170GI							
	Catastrophic Disability Benefit Rider PR9, with PR14 attached							
	Occupation Class B							
	Coverage Period to Policy Anniversary On or Following Insured Life's 67th Birthday							
	Unisex							
	Policy Rider PR9 with Policy Rider PR6 - Noncancelable premiums							
	Benefit Period is 10 Years				Benefit Period is Entire Coverage Period			
	Waiting Period in Days				Waiting Period in Days			
Issue Age	60	90	180	365	60	90	180	365
18	3.26	3.16	2.88	2.44	3.50	3.39	3.10	2.64
19	3.26	3.16	2.88	2.44	3.50	3.39	3.10	2.64
20	3.26	3.16	2.88	2.44	3.50	3.39	3.10	2.64
21	3.26	3.16	2.88	2.44	3.50	3.39	3.10	2.64
22	3.26	3.16	2.88	2.44	3.50	3.39	3.10	2.64
23	3.26	3.16	2.88	2.44	3.50	3.39	3.10	2.64
24	3.27	3.16	2.88	2.44	3.51	3.40	3.10	2.64
25	3.27	3.17	2.89	2.44	3.51	3.40	3.11	2.64
26	3.53	3.41	3.11	2.64	3.78	3.66	3.35	2.85
27	3.81	3.68	3.36	2.85	4.09	3.95	3.62	3.08
28	4.14	4.00	3.63	3.08	4.44	4.29	3.92	3.33
29	4.49	4.34	3.94	3.34	4.82	4.65	4.25	3.62
30	4.89	4.71	4.28	3.62	5.25	5.06	4.62	3.92
31	4.92	4.73	4.31	3.66	5.29	5.10	4.67	3.97
32	4.98	4.79	4.36	3.71	5.36	5.17	4.73	4.03
33	5.07	4.88	4.46	3.78	5.47	5.28	4.82	4.12
34	5.18	5.01	4.57	3.87	5.61	5.41	4.95	4.23
35	5.34	5.15	4.70	4.00	5.77	5.57	5.11	4.37
36	5.52	5.33	4.86	4.14	5.98	5.77	5.28	4.51
37	5.75	5.53	5.05	4.31	6.22	6.00	5.49	4.69
38	5.99	5.78	5.27	4.50	6.48	6.26	5.72	4.88
39	6.27	6.06	5.52	4.71	6.77	6.54	5.99	5.10
40	6.59	6.35	5.81	4.95	7.11	6.86	6.27	5.35
41	6.92	6.68	6.10	5.20	7.45	7.19	6.57	5.61
42	7.26	7.02	6.42	5.47	7.82	7.56	6.91	5.90
43	7.64	7.38	6.76	5.77	8.23	7.94	7.28	6.20
44	8.04	7.78	7.13	6.10	8.65	8.35	7.66	6.55
45	8.49	8.21	7.53	6.46	9.11	8.81	8.07	6.91
46	8.97	8.67	7.96	6.84	9.62	9.30	8.52	7.27
47	9.51	9.20	8.44	7.24	10.19	9.83	9.00	7.69
48	10.14	9.79	8.96	7.66	10.80	10.43	9.54	8.11
49	10.80	10.44	9.54	8.13	11.48	11.08	10.11	8.57
50	11.57	11.16	10.16	8.62	12.25	11.80	10.73	9.05
51	12.41	11.96	10.86	9.14	13.06	12.58	11.40	9.56
52	13.31	12.82	11.58	9.69	13.94	13.40	12.11	10.09
53	14.30	13.73	12.37	10.28	14.89	14.30	12.87	10.67
54	15.35	14.72	13.20	10.90	15.89	15.25	13.67	11.25
55	16.48	15.78	14.09	11.56	16.99	16.28	14.53	11.91
56	17.70	16.93	15.05	12.26	18.16	17.38	15.45	12.57
57	19.03	18.17	16.09	13.00	19.42	18.55	16.45	13.30
58	20.46	19.53	17.22	13.82	20.80	19.85	17.53	14.08
59	22.05	21.00	18.46	14.73	22.33	21.28	18.72	14.97
60	24.05	22.90	20.06	15.94	24.05	22.90	20.06	15.94
61	20.19	19.23	16.78	13.24	20.38	19.41	16.96	13.41
62	18.93	18.05	15.68	12.24	19.10	18.23	15.85	12.40
63	17.68	16.89	14.56	11.23	17.84	17.05	14.72	11.38
64	16.46	15.75	13.51	10.30	16.61	15.90	13.66	10.44
65	15.19	14.55	12.40	9.33	15.32	14.69	12.53	9.46
66	14.38	13.80	11.69	8.69	14.51	13.93	11.82	8.81
67	13.43	12.92	10.85	7.97	13.55	13.04	10.97	8.08
68	11.22	10.77	9.14	6.64	11.32	10.88	9.24	6.73
69	12.19	11.67	9.87	7.16	12.30	11.78	9.97	7.26
70	13.26	12.67	10.68	7.74	13.38	12.79	10.80	7.84
71	14.22	13.58	11.41	8.26	14.35	13.71	11.54	8.37
72	15.09	14.38	12.08	8.72	15.23	14.52	12.21	8.83
73	15.87	15.11	12.66	9.14	16.02	15.26	12.80	9.26
74	16.57	15.77	13.19	9.51	16.73	15.92	13.34	9.64
75	17.21	16.36	13.68	9.85	17.36	16.51	13.83	9.98
76	17.77	16.90	14.11	10.16	17.93	17.06	14.26	10.30
77	18.29	17.37	14.49	10.44	18.45	17.54	14.65	10.58
78	18.75	17.80	14.85	10.68	18.92	17.97	15.01	10.83
79	19.16	18.19	15.16	10.91	19.33	18.36	15.32	11.05
80+	19.54	18.54	15.44	11.11	19.72	18.72	15.61	11.26

Apply a 25% Surcharge Factor For Tobacco Users.

Premium Rates For the Renewal Option Provision for B170							
Maximum Benefit Period 24 Months for Ages 65 to 74 and 12 Months Thereafter							
Occupation Class 5A							
Male	Elimination Period (Days)			Female	Elimination Period (Days)		
Attained Age	60	90	180	Attained Age	60	90	180
66	31.68	18.12	16.48	66	27.85	15.93	14.48
67	34.06	19.48	17.71	67	29.40	16.82	15.29
68	36.48	20.86	18.97	68	30.99	17.72	16.12
69	38.94	22.27	20.26	69	32.61	18.65	16.96
70	41.47	23.72	21.57	70	34.26	19.59	17.82
71	44.04	25.19	22.91	71	35.95	20.56	18.70
72	46.67	26.69	24.27	72	37.66	21.54	19.59
73	49.35	28.22	25.67	73	39.42	22.54	20.50
74	52.09	29.79	27.09	74	41.21	23.57	21.43
75	30.38	17.38	15.80	75	23.94	13.69	12.45
76	31.90	18.24	16.59	76	24.92	14.25	12.96
77	33.44	19.12	17.39	77	25.92	14.82	13.48
78	35.00	20.02	18.20	78	26.93	15.40	14.00
79	36.59	20.92	19.03	79	27.95	15.98	14.54
80+	38.19	21.84	19.86	80+	28.98	16.57	15.07

Premium Rates For the Renewal Option Provision for B170							
Maximum Benefit Period 24 Months for Ages 65 to 74 and 12 Months Thereafter							
Occupation Class 4A							
Male	Elimination Period (Days)			Female	Elimination Period (Days)		
Attained Age	60	90	180	Attained Age	60	90	180
66	43.69	24.53	22.25	66	49.51	27.80	25.21
67	46.97	26.37	23.92	67	52.27	29.35	26.62
68	50.30	28.24	25.62	68	55.10	30.94	28.06
69	53.71	30.16	27.35	69	57.98	32.55	29.52
70	57.18	32.11	29.12	70	60.91	34.20	31.02
71	60.73	34.10	30.93	71	63.91	35.88	32.55
72	64.36	36.13	32.77	72	66.96	37.60	34.10
73	68.05	38.21	34.66	73	70.08	39.35	35.69
74	71.83	40.33	36.58	74	73.27	41.14	37.31
75	41.90	23.52	21.34	75	42.57	23.90	21.68
76	43.99	24.70	22.40	76	44.31	24.88	22.56
77	46.11	25.89	23.48	77	46.08	25.87	23.47
78	48.27	27.10	24.58	78	47.87	26.88	24.38
79	50.45	28.33	25.69	79	49.69	27.90	25.30
80+	52.66	29.57	26.82	80+	51.52	28.93	26.24

If the base policy has a waiting period of 365 days, it will be changed to 180 days under the Renewal Option.

For B170GI, premium rates and benefit periods for the Renewal Option provision are equal to the premium rates for new policies issued at the appropriate attained ages. Refer to Sections C and D of this Rate Exhibit, and Table 4 of the Actuarial Memorandum.

Premium Rates For the Renewal Option Provision for B170							
Maximum Benefit Period 24 Months for Ages 65 to 74 and 12 Months Thereafter							
Occupation Class 4P							
Male	Elimination Period (Days)			Female	Elimination Period (Days)		
Attained Age	60	90	180	Attained Age	60	90	180
66	47.47	26.63	24.15	66	52.20	29.28	26.56
67	51.02	28.62	25.96	67	55.12	30.92	28.04
68	54.65	30.65	27.80	68	58.10	32.59	29.55
69	58.35	32.73	29.68	69	61.13	34.29	31.10
70	62.12	34.85	31.60	70	64.23	36.03	32.67
71	65.98	37.01	33.56	71	67.39	37.80	34.28
72	69.92	39.22	35.57	72	70.61	39.61	35.92
73	73.93	41.47	37.61	73	73.90	41.45	37.59
74	78.04	43.77	39.70	74	77.25	43.33	39.30
75	45.52	25.53	23.15	75	44.88	25.18	22.83
76	47.79	26.81	24.31	76	46.72	26.21	23.77
77	50.09	28.10	25.48	77	48.59	27.25	24.72
78	52.44	29.41	26.67	78	50.48	28.31	25.68
79	54.81	30.75	27.88	79	52.39	29.39	26.65
80+	57.21	32.09	29.10	80+	54.33	30.48	27.64

Premium Rates For the Renewal Option Provision for B170							
Maximum Benefit Period 24 Months for Ages 65 to 74 and 12 Months Thereafter							
Occupation Class 3A							
Male	Elimination Period (Days)			Female	Elimination Period (Days)		
Attained Age	60	90	180	Attained Age	60	90	180
66	47.65	27.04	24.45	66	51.98	29.19	26.47
67	51.22	29.07	26.28	67	54.89	30.82	27.95
68	54.86	31.13	28.15	68	57.85	32.48	29.46
69	58.57	33.24	30.05	69	60.87	34.18	31.00
70	62.36	35.39	32.00	70	63.96	35.91	32.57
71	66.23	37.59	33.99	71	67.10	37.68	34.17
72	70.19	39.83	36.01	72	70.31	39.48	35.81
73	74.22	42.12	38.08	73	73.59	41.32	37.48
74	78.34	44.46	40.20	74	76.93	43.19	39.18
75	45.69	25.93	23.44	75	44.70	25.10	22.76
76	47.97	27.22	24.62	76	46.52	26.12	23.69
77	50.29	28.54	25.80	77	48.38	27.17	24.64
78	52.64	29.87	27.01	78	50.26	28.22	25.60
79	55.02	31.23	28.23	79	52.17	29.29	26.57
80+	57.43	32.59	29.47	80+	54.10	30.38	27.55

If the base policy has a waiting period of 365 days, it will be changed to 180 days under the Renewal Option.

For B170GI, premium rates and benefit periods for the Renewal Option provision are equal to the premium rates for new policies issued at the appropriate attained ages. Refer to Sections C and D of this Rate Exhibit, and Table 4 of the Actuarial Memorandum.

Premium Rates For the Renewal Option Provision for B170							
Maximum Benefit Period 24 Months for Ages 65 to 74 and 12 Months Thereafter							
Occupation Class 3P							
Male	Elimination Period (Days)			Female	Elimination Period (Days)		
Attained Age	60	90	180	Attained Age	60	90	180
66	80.76	45.42	41.02	66	63.63	35.79	32.32
67	86.81	48.82	44.10	67	67.19	37.79	34.13
68	92.98	52.29	47.23	68	70.82	39.83	35.97
69	99.27	55.83	50.43	69	74.52	41.91	37.85
70	105.69	59.44	53.69	70	78.29	44.03	39.77
71	112.26	63.13	57.02	71	82.15	46.20	41.73
72	118.95	66.90	60.42	72	86.07	48.41	43.72
73	125.79	70.75	63.90	73	90.08	50.66	45.76
74	132.77	74.67	67.44	74	94.17	52.96	47.84
75	77.44	43.55	39.34	75	54.71	30.77	27.79
76	81.31	45.73	41.30	76	56.95	32.03	28.93
77	85.23	47.93	43.29	77	59.23	33.31	30.08
78	89.21	50.18	45.32	78	61.53	34.61	31.26
79	93.26	52.45	47.37	79	63.86	35.92	32.44
80+	97.34	54.75	49.45	80+	66.23	37.25	33.64

Premium Rates For the Renewal Option Provision for B170							
Maximum Benefit Period 24 Months for Ages 65 to 74 and 12 Months Thereafter							
Occupation Class 2A							
Male	Elimination Period (Days)			Female	Elimination Period (Days)		
Attained Age	60	90	180	Attained Age	60	90	180
66	54.15	33.47	30.17	66	56.94	35.19	31.72
67	57.34	35.44	31.94	67	59.33	36.67	33.05
68	60.58	37.44	33.75	68	61.75	38.17	34.40
69	63.89	39.49	35.59	69	64.23	39.70	35.78
70	67.27	41.58	37.47	70	66.75	41.26	37.18
71	70.73	43.71	39.40	71	69.33	42.85	38.62
72	74.25	45.89	41.36	72	71.95	44.47	40.08
73	77.85	48.11	43.36	73	74.63	46.13	41.57
74	81.52	50.38	45.41	74	77.36	47.81	43.09
75	47.20	29.17	26.29	75	44.60	27.57	24.84
76	49.23	30.42	27.42	76	46.08	28.48	25.67
77	51.28	31.69	28.56	77	47.57	29.40	26.50
78	53.36	32.98	29.72	78	49.09	30.34	27.35
79	55.47	34.28	30.90	79	50.63	31.29	28.20
80+	57.60	35.60	32.08	80+	52.18	32.25	29.07

If the base policy has a waiting period of 365 days, it will be changed to 180 days under the Renewal Option.

For B170GI, premium rates and benefit periods for the Renewal Option provision are equal to the premium rates for new policies issued at the appropriate attained ages. Refer to Sections C and D of this Rate Exhibit, and Table 4 of the Actuarial Memorandum.

Premium Rates For the Renewal Option Provision for B170							
Maximum Benefit Period 24 Months for Ages 65 to 74 and 12 Months Thereafter							
Occupation Class 2P							
Male	Elimination Period (Days)			Female	Elimination Period (Days)		
Attained Age	60	90	180	Attained Age	60	90	180
66	88.84	49.96	45.13	66	70.00	39.37	35.56
67	95.49	53.70	48.51	67	73.91	41.57	37.54
68	102.28	57.52	51.95	68	77.90	43.81	39.57
69	109.20	61.41	55.47	69	81.97	46.10	41.64
70	116.26	65.39	59.06	70	86.12	48.44	43.75
71	123.48	69.45	62.73	71	90.36	50.82	45.90
72	130.85	73.59	66.47	72	94.68	53.25	48.10
73	138.37	77.82	70.29	73	99.09	55.73	50.33
74	146.05	82.14	74.19	74	103.59	58.26	52.62
75	85.18	47.91	43.27	75	60.19	33.85	30.57
76	89.44	50.30	45.43	76	62.65	35.23	31.82
77	93.75	52.73	47.62	77	65.15	36.64	33.09
78	98.14	55.19	49.85	78	67.69	38.07	34.38
79	102.58	57.69	52.11	79	70.25	39.51	35.68
80+	107.08	60.22	54.39	80+	72.85	40.97	37.01

Premium Rates For the Renewal Option Provision for B170							
Maximum Benefit Period 24 Months for Ages 65 to 74 and 12 Months Thereafter							
Occupation Class A							
Male	Elimination Period (Days)			Female	Elimination Period (Days)		
Attained Age	60	90	180	Attained Age	60	90	180
66	86.56	56.14	49.28	66	124.52	80.76	70.90
67	92.05	59.71	52.41	67	129.93	84.27	73.98
68	97.66	63.34	55.61	68	135.44	87.85	77.12
69	103.39	67.06	58.87	69	141.07	91.50	80.32
70	109.23	70.85	62.20	70	146.82	95.23	83.59
71	115.21	74.72	65.60	71	152.68	99.03	86.93
72	121.31	78.68	69.07	72	158.67	102.91	90.34
73	127.53	82.72	72.61	73	164.79	106.88	93.83
74	133.89	86.84	76.23	74	171.03	110.93	97.38
75	77.71	50.40	44.25	75	98.70	64.02	56.20
76	81.22	52.68	46.25	76	102.08	66.21	58.12
77	84.78	54.99	48.27	77	105.52	68.44	60.08
78	88.40	57.33	50.33	78	109.01	70.70	62.07
79	92.07	59.71	52.42	79	112.54	72.99	64.08
80+	95.78	62.12	54.53	80+	116.12	75.31	66.12

If the base policy has a waiting period of 365 days, it will be changed to 180 days under the Renewal Option.

For B170GI, premium rates and benefit periods for the Renewal Option provision are equal to the premium rates for new policies issued at the appropriate attained ages. Refer to Sections C and D of this Rate Exhibit, and Table 4 of the Actuarial Memorandum.

Premium Rates For the Renewal Option Provision for B170							
Maximum Benefit Period 24 Months for Ages 65 to 74 and 12 Months Thereafter							
Occupation Class B							
Male	Elimination Period (Days)			Female	Elimination Period (Days)		
Attained Age	60	90	180	Attained Age	60	90	180
66	90.69	58.82	51.64	66	134.84	87.46	76.77
67	96.28	62.45	54.82	67	140.52	91.14	80.01
68	101.99	66.15	58.07	68	146.31	94.90	83.31
69	107.82	69.93	61.39	69	152.23	98.74	86.68
70	113.76	73.79	64.77	70	158.27	102.65	90.11
71	119.84	77.73	68.24	71	164.43	106.65	93.62
72	126.05	81.75	71.77	72	170.72	110.73	97.20
73	132.38	85.86	75.37	73	177.14	114.89	100.86
74	138.85	90.06	79.06	74	183.70	119.15	104.59
75	80.53	52.23	45.85	75	105.96	68.73	60.33
76	84.10	54.55	47.89	76	109.50	71.02	62.35
77	87.72	56.89	49.95	77	113.11	73.36	64.40
78	91.39	59.28	52.04	78	116.76	75.73	66.48
79	95.12	61.69	54.16	79	120.46	78.13	68.58
80+	98.89	64.14	56.30	80+	124.20	80.56	70.72

If the base policy has a waiting period of 365 days, it will be changed to 180 days under the Renewal Option.

For B170GI, premium rates and benefit periods for the Renewal Option provision are equal to the premium rates for new policies issued at the appropriate attained ages. Refer to Sections C and D of this Rate Exhibit, and Table 4 of the Actuarial Memorandum.

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	10/08/2010
Comments:	Compliance Certification and Readability Certification are attached.		
Attachment(s):			
CertifCompliance.pdf CertifFleschRead.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Application	Approved-Closed	10/08/2010
Comments:	Application forms to be used with the submitted policy forms are attached under the Forms Schedule tab: DIAPP(7/10)AR, 11360(7/10)AR, 15232(7/10)AR, and 11357(7/10)AR.		

		Item Status:	Status Date:
Satisfied - Item:	Outline of Coverage	Approved-Closed	10/08/2010
Comments:	Outline of Coverage forms to be used with this new product are attached under the Forms Schedule tab: 15216(7/10)AR and 15216GI(7/10)AR.		

		Item Status:	Status Date:
Satisfied - Item:	Policy Features Comparison Chart	Approved-Closed	10/08/2010
Comments:	This is referenced in the Cover Letter (Filing Descriptions).		
Attachment(s):			
PolicyFeaturesComparisonChart.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Correction Letter Regarding Filing Description	Approved-Closed	01/02/2013
Comments:			
Attachment(s):			
AR_Letter1.pdf			

STANDARD INSURANCE COMPANY
Portland, Oregon

CERTIFICATION OF COMPLIANCE

I certify that this filing complies with Arkansas Rules, as noted below:

Rule 19, Unfair Sex Discrimination in the Sale of Insurance: Standard Insurance Company does not unfairly discriminate among insureds on the basis of sex. Our gender distinct premium rates are supported by morbidity data for males and females, provided in the Actuarial Memorandum attached to this filing.

Rule 49, Life and Health Insurance Guaranty Association Members: We provide "Appendix A" to every policyowner at the time the policy is delivered.

Flesch Certification: A certification of Flesch Reading Ease Scores for the forms in this submission is attached to this filing.

ACA 23-79-138 and Bulletin 11-88 (Act 197 of 1987 and Bulletin 15-2009): The required contact information is printed on the face page of every individual disability policy issued in Arkansas.

September 23, 2010
Date

Dawn McMaster
Dawn McMaster
Assistant Vice President, Individual Disability Insurance

STANDARD INSURANCE COMPANY
Portland, Oregon

CERTIFICATE OF READABILITY

I certify that Standard's form numbers listed below meet the minimum required reading ease score as required by the Arkansas Life and Health Policy Language Simplification Act.

Form Number	Flesch Score
B170(7/10)AR	51
B170GI(7/10)AR	51
15216(7/10)AR	51
15216GI(7/10)	51
PR2(7/10)	55
PR4(7/10)	56
PR6(7/10)	58
PR7(7/10)	54
PR9(7/10)	56
PR9GI(7/10)	50
PR14(7/10)	52
12611(7/10)	50
12612(7/10)	46*
15247(7/10)	50
15229(7/10)	57
DIAPP(7/10)AR	50
11360(7/10)AR	51
15232(7/10)AR	52
11357(7/10)AR	50

September 23, 2010
Date

Dawn McMaster
Dawn McMaster
Assistant Vice President, Individual Disability Insurance

*When scored with base policy B170GI(7/10)AR, the combined score is 51

PRIMARY DIFFERENCES IN BASE POLICY FEATURES AND BENEFITS

	Previously Approved Policy to be Replaced B152	**New Policy B170**	**New Policy "Guarantee Issue" B170GI**
Definition of Total Disability	"Regular Occupation" definition in base policy. "Own Occupation" definition available by rider.	"Own Occupation" definition in base policy.	"Regular Occupation" definition in base policy. >"Own Occ" definition available by Rider >24-Mo. Regular Occ followed by Any Occ definition available by Rider
Benefit for Presumptive Disability	Payable until end of Maximum Benefit Period. (Extended lifetime benefit period available for "To-Age-66/67" policies if Noncancelable Policy Rider attached to policy.)	Extended (lifetime) benefit period built into base policy (removed from Noncancelable Policy Rider). Benefit is payable until end of Maximum Benefit Period if policy's Maximum Benefit Period is 10 years or less. Benefit payable for lifetime if policy's Maximum Benefit Period is To-Age-67	
Residual or Partial Disability	Available by rider. Definition of Residual Disability based on loss of duties, or loss of effectiveness or time in doing duties. Benefit payable for 20% or more loss of income. For first 6 months benefit amount is not less than 50% of Basic Monthly Benefit. After that, benefit amount depends on loss of income.	Built into base policy. For first 6 months ("Initial Period") definition of Partial Disability based on at least 20% loss of duties or time or income; full Basic Monthly Benefit payable regardless of monthly earnings. After 6 months ("Extended Partial Disability"), definition of Partial Disability based on loss of income only; benefit amount depends on loss of income.	
Recovery Benefit	Available in Residual Disability Rider. Lump sum benefit equal to the lesser of: 6x the Basic Monthly Benefit; or the total of Residual Disability benefits paid; or the number of months remaining in the Maximum Benefit Period x the Basic Monthly Benefit.	Built into base policy. Monthly payments for as long as loss of income (at least 20%) is due solely to the Injury or Sickness that caused the prior Disability. Benefit amount depends on loss of income.	
Compassionate Disability Benefit	(none)	Monthly benefit payment for 20% or more loss of earnings while Insured is caring for a Loved One with a Serious Health Condition that began after the policy's effective date.	(none)
Automatic Increase Benefit	(none)	Increases the policy's Basic Monthly Benefit by 4%, compounded, each year during a 5-year Increase Period.	(none)

	Previously Approved Policy to be Replaced B152	New Policy B170	New Policy "Guarantee Issue" B170GI
Survivor Benefit	Basic Monthly Benefit payable for the lesser of 3 months or the number of months remaining in the Maximum Benefit Period.	Basic Monthly Benefit payable for 3 months, regardless of Maximum Benefit Period.	
Rehabilitation Program	Limited to 36 months.	Unlimited as long as program is meeting mutually agreed upon objectives.	
Pre-Existing Conditions	Covered if disclosed on application and not specifically excluded.	(same as previously approved policy B152)	No Pre-Existing Conditions provision in policy. May be attached by Endorsement, with Insured's/Owner's consent.
12-Month Foreign Residence Limitation	(none)	Benefits limited to 12 months while Insured is living outside the U.S. and Canada.	

December 27, 2012

RE: Standard Insurance Company
Individual Disability Income Insurance
Correction of Filing Description
SERFF Trk Num STAN-126741941

Dear Sir or Madam:

The purpose of this letter is to correct the filing description under the General Information tab, where statements indicate that previously approved forms are being replaced by the forms in this submission.

In response to market requests, we wish to continue selling the following forms as approved by your office on June 24, 2005:

B152(5/05)AR	Disability Income Insurance Policy
PR1(5/05)	Supplemental Social Insurance Benefit Rider
PR2(5/05)	Indexed Cost of Living Benefit Rider
PR4(5/05)	Future Purchase Option Rider
PR5(5/05)	Residual Disability Rider
PR6(5/05)	Noncancelable Policy Rider
PR7(5/05)	Own Occupation Benefit Rider
PR8(5/05)	Own Occupation Five Year Benefit Rider
PR9(5/05)	Catastrophic Disability Benefit Rider
PR10(5/05)	Guaranteed Issue Rider Pre-Existing Conditions Waived
PR11(5/05)	Guaranteed Issue Rider Pre-Existing Conditions Amended
PR12(5/05)	Guaranteed Issue Rider Pre-Existing Conditions for Voluntary Open Enrollment
12611(5/05)	ERISA Claims Procedures Policy Endorsement
12612(5/05)	Disability Income Policy Limitation for Mental Disorder and/or Substance Abuse - Policy Endorsement

It is our intention to have both products, the 2005 product (with forms listed above), as well as the product approved in this filing, available on the market.

If you have any questions or require any additional information, please feel free to contact me. Thank you.

Sincerely,

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