

Lump Sum Benefit Plan Rates

Cancer Plan with Heart Attack and Stroke Rider

Age	\$5,000**-\$24,999		\$25,000-\$49,999		\$50,000	
	Individual	Family*	Individual	Family*	Individual	Family*
18-24	\$6.44	\$20.90	\$6.19	\$20.10	\$5.94	\$19.30
25-29	6.76	21.50	6.51	20.70	6.26	19.90
30-34	8.41	24.45	8.06	23.45	7.76	22.50
35-39	10.08	27.40	9.68	26.35	9.33	25.35
40-44	13.45	33.50	12.90	32.15	12.40	30.90
45-49	16.65	39.25	16.00	37.75	15.35	36.20
50-54	21.61	48.20	20.76	46.35	19.96	44.55
55-59	28.70	60.95	27.60	58.65	26.50	56.30
60-64	35.99	74.05	34.59	71.20	33.29	68.50
65-69	43.59	87.75	41.94	84.45	40.39	81.30
70-74	52.10	103.05	50.15	99.20	48.35	95.60
75-79	57.24	112.30	55.24	108.35	53.29	104.50

Rates per \$1,000

Return of Premium Individual & Family

Ages	Ages
18-39	1.37
40-49	1.33
50-55	1.30
56-60	1.25
61-65	1.34
66-70	1.37
71-79	1.41

Premium Calculation

This is based on a 40-year old individual who has selected a \$50,000 lump sum benefit with the Heart Attack and Stroke and Return of Premium Riders.

1) Determine the correct rate per thousand, based on the proposed insured's age - in this example, it is \$12.40

2) Multiply the rate per thousand times the number of units of coverage desired. For example, \$50,000 / \$1,000 = 50 units. 50 x \$12.40 = \$620

3) Multiply the base and rider premiums times the Return of Premium Factor - in this case \$620 x 1.33 = \$824.60. This is the total annual premium.

4) Please remember to submit the \$20 application fee in addition to the modal premium. (\$6 in MS; No Fee in AR & KY)

Modal Factors

Monthly PAC: .084

Quarterly: .265

Semi: .52

Cancer Plan Only

Age	\$5,000**-\$24,999		\$25,000-\$49,999		\$50,000	
	Individual	Family*	Individual	Family*	Individual	Family*
18-24	\$5.05	\$16.40	\$4.80	\$15.60	\$4.55	\$14.80
25-29	5.30	16.85	5.05	16.05	4.80	15.25
30-34	6.60	19.20	6.25	18.20	5.95	17.30
35-39	7.90	21.50	7.50	20.45	7.15	19.45
40-44	10.55	26.30	10.00	24.95	9.50	23.70
45-49	13.20	31.05	12.55	29.55	11.90	28.00
50-54	17.15	38.15	16.30	36.30	15.50	34.50
55-59	22.45	47.70	21.35	45.40	20.25	43.05
60-64	27.70	57.15	26.30	54.30	25.00	51.60
65-69	33.00	66.70	31.35	63.40	29.80	60.25
70-74	38.70	76.95	36.75	73.10	34.95	69.50
75-79	40.40	80.00	38.40	76.05	36.45	72.20

Rates per \$1,000

*Family Plan is calculated based upon the age of the oldest insured.

** Minimum: \$5,000 ages 50+; \$10,000 under age 50

Premium Calculation Worksheet

Step 1

Multiply rate per thousand _____ by the Number of Units = (a) _____.

Step 2

Multiply the premium determined above (a) _____ by the Return of Premium Factor _____ = (b) _____.

Step 3:

Multiply (b) _____ by the desired modal factor _____ = (c) _____.

This is the total modal premium.

Don't forget to submit a \$20 one-time fee with the application!
(\$6 in MS; No Fee in AR & KY)

Rates are for:

AL, AK, AZ, AR, DE, DC, HI, ID, IL, IN, IA, KY, LA, ME, MI, MS, MO, MT, NE, NV, NJ, NM, NC, OH, OK, OR, RI, SC, UT, VT, WV, WI