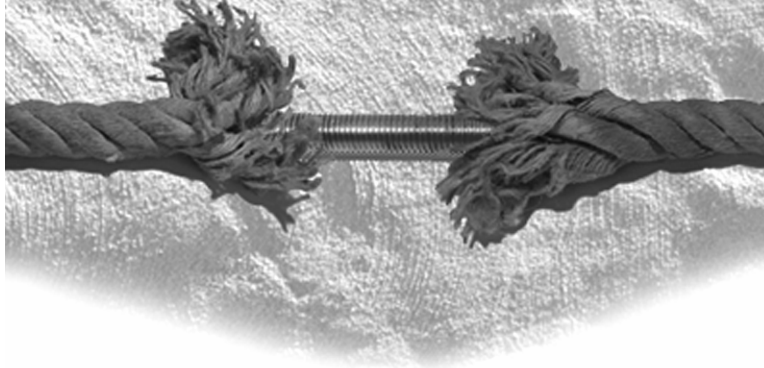


*Providing the
strength you need*



ASSURITY **BALANCE**[®]

Critical Illness Insurance

Product Guide

For Agent use only.
Policy Form # CI-007

Product Guide for AssurityBalance® Critical Illness

The individual contract is your ultimate authority for any questions you may have about the requirements of this product.

If your state requires a state-specific contract or applications, these will be given to you by your General Agent or General Manger.

Policy Form #CI-007

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AssurityBalance® Critical Illness Insurance – A cut above the rest!

- **Return of Premium Death Benefit** feature built into the policy at no extra cost! Returns 100% of premiums less any benefits paid if insured dies of *any* cause
- **No Waiting Period** – policy is effective on date of issue for all covered illnesses except cancer, which has a reduced benefit for the first 90 days
- **Stroke** – covered after only 96 hours of impairment, most competitors require neurological deficit to last 30 days
- **Guaranteed Renewable for life**
- **Major Organ Transplant** – benefit payable as soon as registered with UNOS – do not have to undergo transplant before receiving benefits
- **21 Covered Conditions** – including aortic surgery, Lou Gehrigs Disease (ALS), and occupational HIV infection
- **Benefit for Cancer in situ** – pays 25% of benefit after first 90 days, reduced benefit during the first 90 days
- **Angioplasty and Heart Bypass Coverage** – pays 25% of benefit

Product Highlights

ISSUE AGE

18-64 (age last birthday)

RATES

Male/Female, Tobacco/Non-Tobacco

MINIMUM/MAXIMUM ISSUE

\$50,000 – \$500,000

BENEFIT

Pays 100% of benefit for first-ever diagnosis:

- Invasive Cancer
- Heart Attack
- Stroke
- Major Organ Transplant
- End-stage Renal Disease
- Major Burns
- Paralysis
- Coma
- Advanced Alzheimer's Disease
- HIV Infection (Occupational)
- Heart Valve Replacement/Repair Surgery
- Loss of Limbs
- Accidental Loss of Speech
- Motor Neuron Disease
- Deafness
- Aortic Surgery
- Benign Brain Tumor
- Blindness

Pays 25% of benefit for first-ever diagnosis/procedure:

- Coronary Bypass Surgery
- Cancer in situ (non-invasive)
- Angioplasty

RENEWABILITY

Guaranteed for life – 50% reduction in benefits on the policy anniversary date in the year the insured turns 65 or five years from the policy issue date, whichever is later

BENEFIT USE RESTRICTIONS

None!

POLICY TERMINATION

Upon payment of the full benefit or death*

SURVIVAL PERIOD REQUIREMENTS

None. Beneficiaries receive benefit if insured meets disease definitions and dies of the first ever diagnosis of a covered disease or procedure

WAITING PERIOD

Coverage begins immediately for all conditions or procedures except for invasive cancer and cancer in situ, which have a reduced benefit for the first 90 days of the policy.*

On the 91st day, cancers receive full benefit amounts (100% for invasive, 25% for non-invasive cancer in situ)

*There is an exception for cancer. If cancer is diagnosed during the first 90 days of the policy, the policy pays 10% of the maximum benefit for invasive cancer or 2.5% of the maximum benefit for cancer in situ (non-invasive). The policy terminates with this payment. If cancer is diagnosed on the 91st + day(s) of the policy, the policy pays 100% of the face amount for invasive cancer or 25% of the face amount for cancer in situ (non-invasive).

Product Highlights (continued)

RETURN OF PREMIUM DEATH BENEFIT

If insured dies (**of any cause**), 100% of the premiums paid by the policy owner, less any benefits paid, are paid to the beneficiary.

RIDERS AVAILABLE

Disability Waiver of Premium Rider – no premiums if insured becomes totally disabled

Accidental Death Benefit Rider

Spouse Rider

Children's Rider

Rates, benefits and policy provisions may vary by state and are subject to state approval.

Covered Illness Definitions

AssurityBalance® Critical Illness Insurance pays a lump sum benefit, *directly to the insured*, upon first-ever confirmed diagnosis of a covered illness or listed procedure. If a partial benefit (cancer in situ, by-pass or angioplasty) is paid, the benefit amount and the premium are reduced accordingly. Diagnosis and procedures must be made and/or performed by board certified physicians in the corresponding specialty. The illnesses and procedures covered are:

CANCER

Invasive Cancer

Defined as: A malignant tumor that demonstrates uncontrolled growth with the spread of malignant cells beyond the tumor's original site and the invasion of tissue.

Leukemia and lymphoma are considered invasive cancer.

The following are not considered invasive cancer:

- pre-malignant lesions (such as intraepithelial neoplasia)
- benign tumors or polyps
- early prostate cancer diagnosed as T1N0M0 or equivalent staging
- Cancer in situ
- any skin cancer (other than invasive malignant melanoma in the dermis or deeper or skin malignancies that have become metastatic).

Invasive cancer must be diagnosed pursuant to a pathological or clinical diagnosis.

Cancer in situ (25% of the benefit amount, maximum \$25,000)

Defined as: A diagnosis of cancer wherein the tumor cells still lie within the tissue of origin without having invaded neighboring tissue. Cancer in situ includes early prostate cancer diagnosed as T1N0M0 or equivalent staging and melanoma not invading the dermis.

The following are not considered cancer in situ:

- Other skin malignancies
- Pre-malignant lesions
- Benign tumors or polyps

HEART ATTACK

Defined as: An Acute Myocardial Infarction resulting in the death of a portion of the heart muscle (myocardium) due to a blockage of one or more coronary arteries and resulting in the loss of the normal function of the heart. The diagnosis must be made by a legally qualified physician board certified in cardiology and based on both:

- new clinical presentation and electrocardiographic changes consistent with an evolving heart attack; and
- serial measurement of cardiac biomarkers showing a pattern and to a level consistent with a diagnosis of heart attack.

Not covered: Established (old) Myocardial Infarction.

Covered Illness Definitions (continued)

CORONARY BYPASS SURGERY (Pays 25% of the benefit amount, \$25,000 maximum)

Defined as: The actual undergoing of coronary artery bypass surgery using either a saphenous vein or internal mammary artery graft for the treatment of coronary heart disease deemed medically necessary to correct a narrowing or blockage of one or more coronary arteries

Not covered: Other surgical or non-surgical techniques such as laser relief or other intra-arterial procedures.

ANGIOPLASTY (10% of benefit)

Defined as: The actual undergoing of a percutaneous transluminal angioplasty deemed medically necessary to correct a narrowing or blockage of one or more coronary arteries. A legally qualified physician board certified in cardiology must perform the procedure.

Not covered: Other surgical or non-surgical techniques such as laser relief or other intra-arterial procedures.

STROKE

Defined as: Any acute cerebrovascular accident producing neurological impairment and resulting in paralysis or other measurable objective neurological deficit persisting for at least **96 hours** and expected to be permanent.

Not covered: TIAs (transient ischemic attacks), head injuries, chronic cerebrovascular insufficiency (restricted blood flow to the cerebrum), and reversible ischemic neurological deficits.

MAJOR ORGAN TRANSPLANT

Defined as: The clinical evidence of major organ(s) failure which requires the malfunctioning organ(s) or tissue of the Insured to be replaced with an organ(s) or tissue from a suitable human donor. The Insured must be registered by the United Network of Organ Sharing (UNOS).

- Entire Heart
- Lung
- Liver
- Pancreas-Kidney
- Small intestine
- Pancreas
- Kidney
- Bone marrow

Not covered: Organ *donor* or organ not listed.

END-STAGE RENAL FAILURE

Defined as: The chronic and irreversible failure of both kidneys requiring periodic and ongoing dialysis.

MAJOR BURNS

Defined as: Third degree burns covering at least 20% of the body surface.

Covered Illness Definitions (continued)

ADVANCED ALZHEIMER'S DISEASE

Defined as: A progressive degenerative disease of the brain. In order to meet the definition of Advanced Alzheimer's Disease, the diagnosis must be supported by medical evidence that the Insured exhibits the loss of intellectual capacity resulting in impairment of memory and judgment. This impairment results in a significant reduction in mental and social functioning, such that the Insured requires permanent daily personal supervision and is unable to perform independently three or more of the following activities of daily living: transferring (moving in or out of a bed or chair), dressing, bathing, feeding, toileting, and continence. In order for Advanced Alzheimer's Disease to be covered under this Policy, the legally qualified physician making the diagnosis of Advanced Alzheimer's Disease must be a board certified neurologist.

Not Covered

No other dementing organic brain disorders or psychiatric illnesses shall meet the definition of Alzheimer's Disease, nor will they be considered a critical illness covered condition.

PARALYSIS

Defined as: Complete and permanent loss of the use of two or more limbs from a neurological injury for a continuous 180 days.

COMA

Defined as: Loss of consciousness (external stimulation produces only primitive avoidance reflexes) for a continuous 96 hours.

AORTIC SURGERY

Defined as: The actual undergoing of surgery for disease of the aorta needing excision and surgical replacement of a portion of the diseased aorta with a graft. The surgery must be deemed medically necessary and performed by a cardiologist, cardiovascular thoracic surgeon or vascular surgeon. Aorta refers to the thoracic and abdominal aorta but not its branches.

The diseased artery must be replaced.

BENIGN BRAIN TUMOR

Defined as: The diagnosis, by a neurologist, of a non-malignant tumor within the substance of the brain or meninges resulting in permanent deficit to the neurological system. Permanent deficit is defined as a continuous residual neurological deficit as a result of the tumor, as evidenced by physical examination

BLINDNESS

Defined as: Diagnosis by an ophthalmologist of a total and irreversible loss of vision in both eyes. The corrected visual acuity must be 20/200 or less in each eye or field of vision must be less than 20 degrees in both eyes.

Blindness is covered regardless of the cause.

Covered Illness Definitions (continued)

DEAFNESS

Defined as: Diagnosis by a physician of the total and irreversible loss of hearing in both ears, with an auditory threshold of 90 decibels or greater.

Total and permanent deafness is covered regardless of cause. The amount of hearing required under this definition can easily be measured and confirmed by professional testing.

HEART VALVE REPLACEMENT/REPAIR SURGERY

Defined as: The actual undergoing of open heart surgery to replace or repair one or more valves. The surgery must be deemed medically necessary and performed by a cardiologist or cardiovascular surgeon.

LOSS OF LIMBS

Defined as: The diagnosis, by a legally qualified physician board-certified as medically appropriate for this condition, of a total and irreversible severance of two or more limbs from above the wrist or ankle joint as the result of an accident or medically required amputation.

ACCIDENTAL LOSS OF SPEECH

Defined as: The diagnosis, by a legally qualified physician board-certified as medically appropriate for this condition, of the total, permanent and irreversible loss of your ability to speak as a result of an accidental injury.

MOTOR NEURON DISEASE

Defined as: The unequivocal diagnosis, by a neurologist, of one of the following motor neuron diseases: amyotrophic lateral sclerosis (A.L.S. or Lou Gehrig's Disease), primary lateral sclerosis, progressive spinal muscular atrophy, progressive bulbar palsy, or pseudo bulbar palsy.

Motor Neuron Disease is a progressive disease involving degeneration of the motor nerves causing progressive muscle weakness and in some cases, reduced ability to speak and swallow.

OCCUPATIONAL HIV INFECTION

Defined as: Infection with the Human Immunodeficiency Virus (HIV) resulting from an accidental injury which occurred in the United States after the issue date of the policy, and which exposed the Insured to HIV contaminated blood or bodily fluids during the course of the duties of the Insured's normal occupation.

Payment under this condition requires satisfaction of ALL of the following:

1. The accidental injury must be reported to the insurer within 14 days of the accidental injury.
2. An HIV test must be taken within 14 days of the accidental injury and the result must be negative.
3. An HIV test must be taken between 90 days and 180 days after the accidental injury and the result must be positive.
4. The accidental injury must have been reported, investigated and documented in accordance with workplace legislation and regulations.

The following are excluded:

- HIV infection acquired via sexual transmission
- HIV infection acquired via IV drug use
- HIV infection determined not to be the result of an accident.

Covered Illness Definitions (continued)

The claimant must prove that the infection was a direct result of the accidental exposure by taking two HIV tests. It takes a certain amount of time before the presence of the HIV virus can be detected in the bloodstream. The first test will prove the insured was not infected prior to the injury, and the second test will confirm that the insured has since become infected with the virus.

RETURN OF PREMIUM DEATH BENEFIT FEATURE

If the insured dies from a cause other than a covered condition while the policy is in force, we will return to the beneficiary 100% of premiums paid less any benefits paid under the policy.

CRITICAL ILLNESS INSURANCE BASE PLAN

Issue ages: 18 – 64 (age last birthday)

Issue Amounts: \$50,000 – \$500,000

Policy Fee: \$50

Underwriting Classes:	Female Non-Tobacco	Male Non-Tobacco
	Female Tobacco	Male Tobacco

Riders

SPOUSE RIDER

Same covered conditions as base policy including return of premium death benefit.

Issue Ages: 18 – 64 (age last birthday)

Issue Amounts: \$50,000 – \$500,000 cannot exceed amount purchased by primary insured

Underwriting Classes: Female Non-Tobacco Male Non-Tobacco
 Female Tobacco Male Tobacco

CHILDREN'S RIDER

Same covered conditions as base plan. Covers all eligible children.

Issue ages: 15 days – 18 years (age last birthday)

Issue Amounts: Available in units of \$5,000 or \$10,000. Cannot exceed amount purchased by primary insured.

Annual Premium: \$14 per \$5,000 unit

Children are covered from 15 days until the child reaches age 21 (25 if a full time student) or is married.

WAIVER OF PREMIUM RIDER

Issue ages: 18 – 55 (age last birthday)

Underwriting Classes: Male/female

Premiums are expressed as percentage of premiums. To calculate premium for waiver of premium multiply the applicable percentage by the total premium for the base policy and all riders (other than return of premium rider).

Waives premium payments due to total disability. If the insured is totally disabled after age 60, we will waive premiums as long as totally disabled or to age 65.

There is a six month retroactive Elimination Period. The Insured must be continuously disabled for 6 months before the benefit is payable. Once the Insured has qualified, the Company will refund any premium paid during the six-month elimination period.

Total disability is the inability of the Insured to engage in employment for which the Insured is reasonably qualified by education, training or experience.

ACCIDENTAL DEATH BENEFIT RIDER

Provides accidental death benefit coverage to age 70, equal to the base plan death benefit (up to \$250,000).

Issue Ages: 18-59 (age last birthday)

Issue Amounts: \$50,000 – \$250,000

Field Underwriting Guidelines

Good field underwriting creates positive win/win situations. Asking your prospect a few questions before the application process can save time and frustration for everyone involved. If the information indicates your prospect will not qualify for Critical Illness Insurance, you can immediately shift gears to another product. Of course, underwriting is completed at the Home Office. It is a complex and in-depth process that weighs many health and risk factors.

PRE-SCREENING

Pre-screening Checklist

Please review the following checklist with your client. *These illnesses or conditions prevent the issuance of Critical Illness (CI) Insurance.* Other illnesses not listed may also make your client ineligible for coverage.

Your client is **not eligible** for CI if there is a history of:

- Cancer (some exceptions)*
- Diabetes (insulin dependent or uncontrolled)
- Heart Disease, including heart attack, angina, vascular surgery or angioplasty
- Major Organ Transplant
- AIDS, HIV+
- Alcohol Abuse, treated within past 2 years
- Drug Abuse
- Stroke or Transient Ischemic Attack (TIA)
- Kidney Failure or Disease (other than kidney stone)
- Cystic Fibrosis
- Hepatitis other than A
- Multiple Sclerosis
- Muscular Dystrophy
- Huntington's Chorea
- Permanent Paralysis
- Systemic Lupus Erythematosus
- Alzheimer's Disease
- Amyotrophic Lateral Sclerosis

*Applicants with certain cancers, including skin cancers other than melanoma or certain early stage cancers, may still be eligible for coverage.

Field Underwriting Guidelines (continued)

CI UNDERWRITING REQUIREMENTS

AMOUNTS	AGES					
	18-35	36-40	41-45	46-50	51-60	61-65
\$50,000-\$99,999	Non-Medical	Non-Medical	Non-Medical	Short form Paramedical HOS	Paramedical HOS Full blood profile with PSA	Paramedical HOS Full blood profile with PSA
\$100,000-\$250,000	Non-Medical HOS	Short form Paramedical HOS	Paramedical HOS Full blood profile	Paramedical HOS Full blood profile with PSA	Paramedical HOS Full blood profile with PSA ECG	Medical HOS Full blood profile with PSA ECG
\$250,001-\$500,000	Paramedical HOS Full blood profile	Paramedical HOS Full blood profile	Paramedical HOS Full blood profile ECG	Paramedical HOS Full blood profile with PSA ECG	Paramedical HOS Full blood profile with PSA ECG	Medical HOS Full blood profile with PSA ECG

HOS	Home Office Specimen
Full blood profile	Blood profile to include HIV test with other routine blood tests such as PSA where requested
ECG	Electrocardiogram

We reserve the right to request additional information for underwriting assessment

Field Underwriting Guidelines (continued)

FINANCIAL GUIDELINES

With earned income only:

Take the maximum of the following:

- 7 times earned income up to a maximum of \$250,000
- 6 times earned income up to a maximum of \$500,000
- Nonworking spouse: 50% of working spouse limit up to a maximum of \$250,000

For business situations over \$100,000, please send a cover letter outlining purposed and justification for the amount.

Financial documentation may be required for amounts over \$250,000.

For amounts greater than the guidelines, please send a cover letter outlining justification for the amount.

BUILD GUIDELINES

Build can result in an applicant being rated as a substandard risk or can cause the applicant to be declined. *Any combination of height and weight outside of this table will be declined.*

Build Table: Males and Females Ages 18 and Over

Height	Weight						
	At or below	At or below	Standard Range	At or above	At or above	At or above	At or above
4'8"	78	83	84-147	148	175	182	189
9"	81	86	87-151	152	180	188	195
10"	84	89	90-156	157	185	193	201
11"	87	92	93-161	162	190	199	207
5'0"	90	95	96-166	167	196	205	214
1"	93	98	99-172	173	202	212	221
2"	96	101	102-178	179	208	218	228
3"	99	104	105-184	185	214	225	235
4"	102	108	109-190	191	220	231	242
5"	105	111	112-196	197	226	238	249
6"	108	115	116-202	203	232	244	256
7"	111	118	119-208	209	238	251	263
8"	114	122	123-214	215	244	257	270
9"	118	126	127-220	221	250	264	277
10"	122	130	131-226	227	256	270	284
11"	126	134	135-232	233	262	277	291
6'0"	130	139	140-238	239	269	284	299
1"	134	143	144-245	246	276	292	307
2"	138	148	149-252	253	283	299	315
3"	143	153	154-259	260	290	307	323
4"	148	158	159-266	267	297	314	331
5"	153	163	164-273	274	304	322	339
6"	158	168	169-280	281	311	329	347
Rating Table: Male	(B)	(A)	STD	(A)	(B)	(C)	(D)
Rating Table: Female	(A)	STD	STD	(A)	(B)	(C)	(D)

Table rates in pounds and inches. Any final offer will depend on the results of the completed underwriting process.

Field Underwriting Guidelines (continued)

FAMILY HEALTH HISTORY AND RISK

Family history is an important predictive factor for many diseases. Family history can impact an applicant's ability to qualify for critical illness coverage.

Cancer, Heart Disease, Diabetes, Motor Neuron Disease and Alzheimer's all demonstrate a genetic disposition. If your client has a family history, you can call the Underwriting Contact Center for help in determining the possible rating.

Family history risk varies with:

- the number of affected first-degree relatives (mother, father, brothers, sisters)
- the relative's age at diagnosis (not at death)
- the current age of applicant
- the sex of the applicant (in some cases)

The following factors serve as a general guide for determining applicant's rating. If you have any questions please check with the Underwriting Contact Center for complete information. **800/276-7619, ext. 4264**

Cancer

- **One first-degree relative** diagnosed under age 60 Generally STD
- **Two or more first-degree relatives** diagnosed under age 60 Table B–Decline

Please check with the Contact Center for applicants with a family history of breast or colon cancer.

Cerebrovascular and cardiovascular

Heart Disease, Blood Vessel Disease, or Stroke

- **One first-degree relative** diagnosed with disease of heart, blood vessels or stroke
age 55+ Generally STD
under age 55 STD-Table B
- **Two first-degree relatives** STD-Table B

Field Underwriting Guidelines (continued)

Accidental Death Benefit Rider Rates

(Per thousand of Death Benefit)

<u>Issue Age</u>	<u>Rate Per \$1,000</u>
18	1.21
19	1.20
20	1.19
21	1.15
22	1.11
23	1.07
24	1.03
25	1.00
26	0.96
27	0.93
28	0.90
29	0.88
30	0.85
31	0.82
32	0.80
33	0.81
34	0.82
35	0.82
36	0.83
37	0.84
38	0.85
39	0.87
40	0.88
41	0.89
42	0.90
43	0.92
44	0.93
45	0.95
46	0.96
47	0.98
48	0.99
49	1.01
50	1.03
51	1.05
52	1.07
53	1.09
54	1.12
55	1.14
56	1.17
57	1.20
58	1.23
59	1.26

Waiver of Premium Rider Rates

Apply percentage to premiums to be waived (including policy fee)

Coverage To Age 60

<u>Issue Age</u>	<u>Male</u>	<u>Female</u>
18	4%	5%
19	4%	5%
20	4%	5%
21	4%	5%
22	4%	5%
23	4%	5%
24	4%	5%
25	4%	5%
26	5%	6%
27	5%	6%
28	5%	6%
29	5%	6%
30	5%	6%
31	5%	6%
32	5%	6%
33	5%	6%
34	5%	6%
35	5%	6%
36	6%	7%
37	6%	7%
38	6%	7%
39	6%	7%
40	6%	7%
41	6%	8%
42	6%	8%
43	7%	8%
44	7%	8%
45	7%	8%
46	7%	9%
47	8%	9%
48	8%	9%
49	8%	10%
50	9%	10%
51	9%	11%
52	10%	11%
53	10%	12%
54	11%	13%
55	12%	13%

Field Underwriting Guidelines (continued)

Annual Premium Rates per \$1,000 of Maximum Benefit Amount								
Issue Age	Male Lives				Female Lives			
	Non-Tobacco		Tobacco		Non-Tobacco		Tobacco	
	Band 1	Band 2	Band 1	Band 2	Band 1	Band 2	Band 1	Band 2
18	4.69	4.14	5.38	4.69	3.86	3.45	4.42	4.00
19	4.69	4.14	5.38	4.69	3.86	3.45	4.42	4.00
20	4.69	4.14	5.38	4.69	3.86	3.45	4.42	4.00
21	4.97	4.28	5.66	4.97	4.00	3.59	4.69	4.14
22	5.11	4.55	5.93	5.24	4.14	3.59	4.97	4.42
23	5.38	4.69	6.35	5.52	4.28	3.73	5.24	4.55
24	5.52	4.83	6.62	5.80	4.42	3.86	5.52	4.83
25	5.80	5.11	7.04	6.21	4.55	4.00	5.80	5.11
26	5.93	5.24	7.31	6.49	4.83	4.14	6.07	5.38
27	6.21	5.38	7.73	6.90	4.97	4.42	6.35	5.66
28	6.35	5.66	8.14	7.18	5.11	4.55	6.76	5.93
29	6.62	5.80	8.69	7.59	5.38	4.69	7.04	6.21
30	6.90	6.07	9.11	8.00	5.52	4.83	7.45	6.62
31	7.04	6.21	9.52	8.42	5.80	5.11	7.80	6.90
32	7.31	6.49	10.07	8.83	5.93	5.24	8.28	7.31
33	7.59	6.62	10.63	9.38	6.21	5.38	8.69	7.73
34	7.87	6.90	11.18	9.80	6.35	5.66	9.25	8.14
35	8.00	7.04	11.73	10.35	6.62	5.80	9.66	8.56
36	8.42	7.45	12.70	11.18	6.90	6.07	10.49	9.25
37	8.83	7.73	13.80	12.14	7.31	6.35	11.32	9.94
38	9.25	8.14	14.90	13.11	7.59	6.76	12.14	10.63
39	9.66	8.56	16.15	14.21	8.00	7.04	12.97	11.45
40	10.21	8.97	17.39	15.32	8.28	7.31	13.94	12.28
41	10.63	9.38	18.63	16.42	8.69	7.73	14.90	13.11
42	11.18	9.80	20.01	17.66	9.11	8.00	14.95	13.94
43	11.59	10.21	21.53	18.91	9.52	8.42	16.97	14.90
44	12.14	10.63	23.05	20.29	9.94	8.69	18.08	15.87
45	12.70	11.18	24.56	21.67	10.35	9.11	19.18	16.84
46	13.25	11.59	26.08	22.91	10.63	9.38	20.01	17.66
47	13.94	12.14	27.74	24.43	11.04	9.66	20.98	18.32
48	14.49	12.83	29.39	25.81	11.32	9.94	21.80	19.18
49	15.18	13.39	31.05	27.32	11.59	10.21	22.77	20.01
50	15.73	13.94	32.71	28.84	12.01	10.49	23.60	20.70
51	16.42	14.49	34.50	30.36	12.28	10.76	24.43	21.53
52	17.11	15.04	36.16	31.88	12.56	11.04	25.39	22.22
53	17.66	15.59	37.95	33.40	12.83	11.18	26.22	23.05
54	18.22	16.15	39.61	34.91	12.97	11.45	27.05	23.74
55	18.91	16.56	41.26	36.43	13.25	11.59	27.74	24.43
56	19.73	17.39	42.78	37.54	13.66	12.01	28.57	25.12
57	20.56	18.08	44.16	38.78	13.94	12.28	29.39	25.94
58	21.39	18.91	45.54	40.02	14.35	12.70	30.22	26.63
59	22.36	19.60	46.92	41.26	14.77	12.97	31.05	27.32
60	23.18	20.42	48.30	42.50	15.18	13.39	31.88	28.01
61	24.01	21.11	49.68	43.61	15.59	13.66	32.71	28.67
62	24.84	21.94	51.06	44.85	15.87	14.08	33.40	29.39
63	25.67	22.63	52.44	46.09	16.28	14.35	34.22	30.22
64	26.63	23.46	53.82	47.33	16.70	14.63	35.05	30.91

Band 1: Initial Maximum Benefit Amount of \$50,000 to \$99,999
Band 2: Initial Maximum Benefit Amount of \$100,000 to \$500,000

For individuals, add \$50 policy fee
Use for spouse rates

Modal factors: Monthly = .088, Quarterly = .264, Semi-annual = .51 (Applied after the policy fee is added.)

Field Underwriting Guidelines (continued)

Critical Illness Premium Calculation Worksheet (Round all premiums to 2 decimal places)

Base Premium: Benefit Amount _____ times _____ equals \$ _____
 (# of thousands) Premium per thousand

Spouse Rider Premium: Benefit Amount _____ times _____ equals \$ _____
 (# of thousands) Premium per thousand

Children's Rider Premium: \$5,000 - \$12.00
 10,000 - \$24.00 \$ _____

Accidental Death Benefit Rider Premium: Benefit Amount _____ times _____ equals \$ _____
 (# of thousands) Premium per thousand

Annual Policy Fee: \$50.00 \$ _____

Premium Subtotal: \$ _____

Waiver of Premium Rider Premium: _____ times _____ equals \$ _____
 WP % Premium Subtotal

Total Annual Premium: _____ Plus _____ \$ _____
 Premium Subtotal Waiver of Premium Rider Premium

Premium Calculations

- Semiannual: Multiply the Annual premium by .51
- Quarterly: Multiply the Annual premium by .264
- Monthly: Multiply the Annual premium by .088