

**Institute of Management Accountants, 65972-0**  
**Tobacco User, Non-Tobacco (NT) Preferred, and Non-Tobacco (NT) Super-Preferred Class**  
**10 Years Semiannual Level Premium Rates per \$5,000**  
**Rates shown are as of June 1, 2020**

Issue Age	Volume Band: \$200,000 through \$495,000						Volume Band: \$500,000 through \$1,000,000					
	Male			Female			Male			Female		
	Tobacco	NT-Preferred	NT-Super Preferred	Tobacco	NT-Preferred	NT-Super Preferred	Tobacco	NT-Preferred	NT-Super Preferred	Tobacco	NT-Preferred	NT-Super Preferred
18-26	3.27	1.42	1.17	2.18	1.26	1.04	3.04	1.35	1.13	1.95	1.20	1.01
27	3.32	1.45	1.17	2.28	1.29	1.04	3.09	1.39	1.13	2.05	1.23	1.01
28	3.42	1.45	1.17	2.41	1.29	1.04	3.19	1.39	1.13	2.18	1.23	1.01
29	3.55	1.45	1.20	2.56	1.29	1.04	3.32	1.39	1.13	2.33	1.23	1.01
30	3.72	1.45	1.20	2.73	1.29	1.04	3.49	1.39	1.13	2.50	1.23	1.01
31	3.92	1.48	1.20	2.93	1.29	1.04	3.69	1.42	1.13	2.70	1.23	1.01
32	4.17	1.48	1.20	3.15	1.29	1.04	3.94	1.42	1.13	2.92	1.23	1.01
33	4.45	1.48	1.23	3.41	1.29	1.04	4.22	1.42	1.17	3.18	1.23	1.01
34	4.77	1.51	1.23	3.68	1.29	1.04	4.54	1.45	1.17	3.45	1.23	1.01
35	5.14	1.51	1.23	4.00	1.29	1.07	4.91	1.45	1.17	3.77	1.23	1.04
36	5.53	1.51	1.23	4.34	1.32	1.07	5.30	1.45	1.17	4.11	1.26	1.04
37	5.97	1.54	1.23	4.71	1.35	1.10	5.74	1.48	1.17	4.48	1.29	1.07
38	6.46	1.54	1.32	5.11	1.48	1.20	6.23	1.48	1.26	4.88	1.42	1.13
39	7.00	1.64	1.35	5.51	1.58	1.32	6.77	1.58	1.29	5.28	1.51	1.26
40	7.61	1.70	1.48	5.92	1.70	1.39	7.38	1.64	1.42	5.69	1.64	1.32
41	8.29	2.05	1.61	6.35	1.86	1.51	8.05	1.95	1.54	6.11	1.80	1.45
42	9.03	2.27	1.80	6.78	2.02	1.64	8.80	2.17	1.73	6.55	1.92	1.58
43	9.83	2.43	1.95	7.22	2.24	1.80	9.59	2.33	1.89	6.99	2.14	1.73
44	10.65	2.71	2.14	7.69	2.43	1.95	10.42	2.61	2.05	7.45	2.33	1.89
45	11.72	2.93	2.43	8.40	2.61	2.11	11.36	2.80	2.33	8.05	2.52	2.02
46	12.55	3.21	2.58	8.87	2.77	2.27	12.20	3.09	2.49	8.52	2.65	2.17
47	13.39	3.62	2.84	9.35	3.02	2.43	13.03	3.47	2.71	8.99	2.90	2.33
48	14.29	3.94	3.06	9.85	3.21	2.58	13.93	3.78	2.93	9.50	3.09	2.49
49	15.30	4.32	3.34	10.39	3.37	2.74	14.94	4.16	3.21	10.04	3.24	2.65
50	16.42	4.79	3.65	10.97	3.65	2.90	16.06	4.60	3.50	10.62	3.50	2.77
51	17.52	5.26	4.03	11.51	3.91	3.15	17.17	5.04	3.87	11.16	3.75	3.02
52	18.70	5.73	4.47	12.07	4.19	3.43	18.35	5.51	4.28	11.72	4.03	3.31
53	19.97	6.27	4.95	12.67	4.47	3.69	19.62	6.02	4.76	12.32	4.28	3.53
54	21.36	6.87	5.48	13.32	4.82	4.03	21.01	6.58	5.26	12.98	4.63	3.87
55	22.79	7.56	6.05	14.01	5.17	4.35	22.44	7.25	5.80	13.67	4.95	4.16
56	24.18	8.25	6.65	14.74	5.58	4.63	23.84	7.94	6.39	14.40	5.36	4.44
57	25.63	8.91	7.25	15.50	5.95	4.91	25.29	8.57	6.96	15.16	5.70	4.73
58	27.35	9.80	7.97	16.33	6.46	5.29	27.02	9.42	7.65	15.99	6.21	5.07
59	29.56	10.74	8.76	17.26	6.99	5.61	29.23	10.30	8.41	16.93	6.71	5.39
60	30.68	11.31	9.24	17.35	7.11	5.79	30.36	10.86	8.88	17.04	6.84	5.55
61	31.82	11.91	9.76	18.35	7.54	6.14	31.89	11.45	9.38	18.03	7.39	5.83
62	33.41	12.63	10.29	19.45	7.99	6.51	33.48	12.13	9.94	19.11	7.98	6.12
63	35.08	13.39	10.86	20.61	8.47	6.90	35.16	12.86	10.54	20.26	8.38	6.49
64	36.84	14.19	11.45	21.91	8.98	7.24	37.02	13.63	11.17	21.47	9.05	6.88
65	38.68	15.04	12.13	23.16	9.52	7.67	39.13	14.46	11.84	22.76	9.76	7.29
66	40.61	15.94	12.86	24.55	10.09	8.14	41.09	15.32	12.55	24.13	10.55	7.73
67	42.64	16.90	13.70	26.02	10.69	8.67	43.14	16.24	13.31	25.58	11.39	8.19
68	44.77	17.91	14.59	27.58	11.33	9.23	48.39	17.22	14.11	27.11	12.30	8.68
69	47.01	19.00	15.54	29.24	12.01	9.82	50.81	18.26	14.96	28.74	13.29	9.20
70	49.83	20.23	16.55	30.99	12.73	10.41	53.50	19.36	15.88	30.46	14.35	9.76

Coverage does not reduce during a level term period.\*

**Accidental Death & Dismemberment**

.60/5,000 under age 65

.90/5,000 age 65 to 80

For \$5,000 Dependent Child Coverage, rate is .95

For \$10,000 Dependent Child Coverage, rate is 1.90

Premiums are based on the applicant's age at date of issue and on attained age at renewal dates.

\*The initial premium will not change for the first 10 years unless the insurance company exercises its right to change premium rates for all insureds covered under the group policy with 60 days advance written notice.

The classes of rates are "Preferred" and "Tobacco." Non-tobacco users may qualify for the higher "Preferred" rates. (Note: tobacco users may only qualify for the "Tobacco" rates.) Upon approval of your application by the insurer, you will be notified of the rate classification for each approved person.

Acceptance into this plan is subject to medical evidence of insurability as determined by ReliaStar Life. Depending on your age, amount of coverage you apply for and your answers on the application, a medical examination, medical test(s) or other evidence of good health may be required. Any exams/tests requested by the company will be conducted at your convenience at no expense to you.

Note: If you elect the Accidental Death and Dismemberment (AD&D) option, you will receive the same level of coverage as your 10-Year Level Life Insurance.