

## YOUR COST

The cost of this life insurance is based upon the member and spouse's gender, amount of insurance requested, usage of tobacco/nicotine products, health status, and attained age on the date coverage is issued. Premium contributions will vary depending upon the options chosen.

Only nonsmokers meeting the highest underwriting standards will qualify for "Preferred" rates. Other nonsmokers may qualify for the higher "Select" or "Standard" rates. (Note: Smokers may only qualify for "Standard" Rates.) Upon approval of your application, you will be notified of the rate classification for each approved person.

**Manitoba, Ontario and Saskatchewan, Canada Residents:** Please see tax notice under **Help Keep Your Costs Manageable.**

<b>Current 2020 "Preferred" Annual Premium Contributions† Per \$1,000 Benefit Amount</b>												
Issue Age	Face Amounts \$100,000-249,000††				Face Amounts \$250,000-499,000††				Face Amounts \$500,000-PLAN MAX††			
	MALE	10% Premium Discount**	FEMALE*	10% Premium Discount**	MALE	10% Premium Discount**	FEMALE*	10% Premium Discount**	MALE	10% Premium Discount**	FEMALE*	10% Premium Discount**
20-35	\$0.70	\$0.63	\$0.63	\$0.57	\$0.47	\$0.42	\$0.41	\$0.37	\$0.42	\$0.38	\$0.36	\$0.32
36	0.71	0.64	0.64	0.58	0.48	0.43	0.42	0.38	0.42	0.38	0.36	0.32
37	0.72	0.65	0.68	0.61	0.48	0.43	0.44	0.40	0.45	0.41	0.40	0.36
38	0.77	0.69	0.71	0.64	0.52	0.47	0.48	0.43	0.47	0.42	0.42	0.38
39	0.81	0.73	0.74	0.67	0.54	0.49	0.52	0.47	0.48	0.43	0.47	0.42
40	0.84	0.76	0.78	0.70	0.58	0.52	0.54	0.49	0.53	0.48	0.50	0.45
41	0.89	0.80	0.83	0.75	0.62	0.56	0.60	0.54	0.58	0.52	0.54	0.49
42	0.95	0.86	0.88	0.79	0.70	0.63	0.65	0.59	0.65	0.59	0.60	0.54
43	1.01	0.91	0.95	0.86	0.77	0.69	0.71	0.64	0.72	0.65	0.66	0.59
44	1.07	0.96	1.01	0.91	0.84	0.76	0.77	0.69	0.78	0.70	0.72	0.65
45	1.17	1.05	1.06	0.95	0.93	0.84	0.83	0.75	0.87	0.78	0.78	0.70
46	1.26	1.13	1.13	1.02	1.01	0.91	0.89	0.80	0.96	0.86	0.84	0.76
47	1.38	1.24	1.18	1.06	1.10	0.99	0.94	0.85	1.04	0.94	0.89	0.80
48	1.48	1.33	1.24	1.12	1.18	1.06	1.00	0.90	1.12	1.01	0.94	0.85
49	1.62	1.46	1.31	1.18	1.29	1.16	1.06	0.95	1.23	1.11	1.00	0.90
50	1.76	1.58	1.38	1.24	1.41	1.27	1.13	1.02	1.35	1.22	1.08	0.97
51	1.91	1.72	1.48	1.33	1.56	1.40	1.22	1.10	1.49	1.34	1.16	1.04
52	2.04	1.84	1.59	1.43	1.73	1.56	1.32	1.19	1.66	1.49	1.26	1.13
53	2.21	1.99	1.70	1.53	1.91	1.72	1.43	1.29	1.84	1.66	1.37	1.23
54	2.40	2.16	1.82	1.64	2.10	1.89	1.56	1.40	2.04	1.84	1.49	1.34
55	2.60	2.34	1.94	1.75	2.33	2.10	1.68	1.51	2.25	2.03	1.61	1.45
56	2.82	2.54	2.04	1.84	2.55	2.30	1.79	1.61	2.46	2.21	1.72	1.55
57	3.05	2.75	2.16	1.94	2.78	2.50	1.89	1.70	2.69	2.42	1.83	1.65

\*\* These rates include the 10% premium discount effective through February 28, 2021.

† Payable semiannually, or via the monthly Electronic Funds Transfer (EFT) option as described previously.

†† As previously noted, member and spouse benefits under this Plan are available in \$10,000 multiples.

\*Male rates apply to all coverage issued to Montana residents, regardless of a person's sex.

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**Manitoba, Ontario and Saskatchewan, Canada Residents:** Please see tax notice under **Help Keep Your Costs Manageable.**

Current 2020 “Preferred” Annual Premium Contributions† Per \$1,000 Benefit Amount (CONTINUED)												
Issue Age	Face Amounts \$100,000-249,000††				Face Amounts \$250,000-499,000††				Face Amounts \$500,000-PLAN MAX††			
	MALE	10% Premium Discount**	FEMALE*	10% Premium Discount**	MALE	10% Premium Discount**	FEMALE*	10% Premium Discount**	MALE	10% Premium Discount**	FEMALE*	10% Premium Discount**
58	3.33	3.00	2.28	2.05	3.04	2.74	2.02	1.82	2.96	2.66	1.94	1.75
59	3.64	3.28	2.43	2.19	3.35	3.02	2.16	1.94	3.24	2.92	2.09	1.88
60	4.00	3.60	2.61	2.35	3.70	3.33	2.34	2.11	3.60	3.24	2.27	2.04
61	4.41	3.97	2.85	2.57	4.11	3.70	2.58	2.32	4.00	3.60	2.50	2.25
62	4.85	4.37	3.12	2.81	4.58	4.12	2.86	2.57	4.47	4.02	2.78	2.50
63	5.37	4.83	3.44	3.10	5.10	4.59	3.18	2.86	4.98	4.48	3.10	2.79
64	5.98	5.38	3.78	3.40	5.69	5.12	3.53	3.18	5.56	5.00	3.42	3.08

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<b>Current 2020 “Select” Annual Premium Contributions† Per \$1,000 Benefit Amount</b>												
Issue Age	Face Amounts \$100,000-249,000††				Face Amounts \$250,000-499,000††				Face Amounts \$500,000-PLAN MAX††			
	MALE	10% Premium Discount**	FEMALE*	10% Premium Discount**	MALE	10% Premium Discount**	FEMALE*	10% Premium Discount**	MALE	10% Premium Discount**	FEMALE*	10% Premium Discount**
20-35	\$0.78	\$0.70	\$0.72	\$0.65	\$0.56	\$0.50	\$0.48	\$0.43	\$0.52	\$0.47	\$0.45	\$0.41
36	0.82	0.74	0.74	0.67	0.59	0.53	0.52	0.47	0.54	0.49	0.47	0.42
37	0.84	0.76	0.77	0.69	0.60	0.54	0.54	0.49	0.56	0.50	0.48	0.43
38	0.88	0.79	0.81	0.73	0.65	0.59	0.58	0.52	0.60	0.54	0.53	0.48
39	0.93	0.84	0.86	0.77	0.70	0.63	0.62	0.56	0.65	0.59	0.58	0.52
40	0.98	0.88	0.90	0.81	0.75	0.68	0.66	0.59	0.70	0.63	0.62	0.56
41	1.04	0.94	0.96	0.86	0.81	0.73	0.72	0.65	0.75	0.68	0.68	0.61
42	1.12	1.01	1.02	0.92	0.88	0.79	0.78	0.70	0.83	0.75	0.74	0.67
43	1.19	1.07	1.11	1.00	0.95	0.86	0.87	0.78	0.90	0.81	0.81	0.73
44	1.29	1.16	1.18	1.06	1.05	0.95	0.94	0.85	0.99	0.89	0.89	0.80
45	1.38	1.24	1.26	1.13	1.14	1.03	1.01	0.91	1.08	0.97	0.96	0.86
46	1.50	1.35	1.32	1.19	1.25	1.13	1.08	0.97	1.19	1.07	1.02	0.92
47	1.62	1.46	1.40	1.26	1.38	1.24	1.16	1.04	1.32	1.19	1.10	0.99
48	1.77	1.59	1.48	1.33	1.52	1.37	1.24	1.12	1.46	1.31	1.18	1.06
49	1.92	1.73	1.56	1.40	1.66	1.49	1.31	1.18	1.60	1.44	1.25	1.13
50	2.10	1.89	1.67	1.50	1.83	1.65	1.41	1.27	1.77	1.59	1.35	1.22
51	2.28	2.05	1.76	1.58	2.02	1.82	1.50	1.35	1.94	1.75	1.44	1.30
52	2.46	2.21	1.86	1.67	2.21	1.99	1.62	1.46	2.13	1.92	1.55	1.40
53	2.69	2.42	1.98	1.78	2.40	2.16	1.73	1.56	2.34	2.11	1.66	1.49
54	2.92	2.63	2.10	1.89	2.64	2.38	1.86	1.67	2.56	2.30	1.79	1.61
55	3.18	2.86	2.26	2.03	2.90	2.61	1.98	1.78	2.81	2.53	1.92	1.73
56	3.45	3.11	2.40	2.16	3.17	2.85	2.14	1.93	3.08	2.77	2.06	1.85
57	3.74	3.37	2.56	2.30	3.42	3.08	2.28	2.05	3.32	2.99	2.22	2.00
58	4.06	3.65	2.75	2.48	3.75	3.38	2.48	2.23	3.65	3.29	2.40	2.16

\*\* These rates include the 10% premium discount effective through February 28, 2021.

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\*Male rates apply to all coverage issued to Montana residents, regardless of a person’s sex.

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<b>Current 2020 "Select" Annual Premium Contributions† Per \$1,000 Benefit Amount (CONTINUED)</b>												
Issue Age	Face Amounts \$100,000-249,000††				Face Amounts \$250,000-499,000††				Face Amounts \$500,000-PLAN MAX††			
	MALE	10% Premium Discount**	FEMALE*	10% Premium Discount**	MALE	10% Premium Discount**	FEMALE*	10% Premium Discount**	MALE	10% Premium Discount**	FEMALE*	10% Premium Discount**
59	4.43	3.99	2.94	2.65	4.11	3.70	2.67	2.40	4.00	3.60	2.58	2.32
60	4.88	4.39	3.18	2.86	4.54	4.09	2.87	2.58	4.43	3.99	2.79	2.51
61	5.38	4.84	3.48	3.13	5.04	4.54	3.18	2.86	4.92	4.43	3.10	2.79
62	5.97	5.37	3.78	3.40	5.64	5.08	3.50	3.15	5.51	4.96	3.41	3.07
63	6.63	5.97	4.17	3.75	6.30	5.67	3.87	3.48	6.16	5.54	3.77	3.39
64	7.38	6.64	4.56	4.10	7.05	6.35	4.25	3.83	6.89	6.20	4.14	3.73

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Current 2020 “Standard” Annual Premium Contributions† Per \$1,000 Benefit Amount												
Issue Age	Face Amounts \$100,000-249,000††				Face Amounts \$250,000-499,000††				Face Amounts \$500,000-PLAN MAX††			
	MALE	10% Premium Discount**	FEMALE*	10% Premium Discount**	MALE	10% Premium Discount**	FEMALE*	10% Premium Discount**	MALE	10% Premium Discount**	FEMALE*	10% Premium Discount**
20-23	\$1.91	\$1.72	\$1.62	\$1.46	\$1.66	\$1.49	\$1.40	\$1.26	\$1.60	\$1.44	\$1.34	\$1.21
24-25	1.92	1.73	1.62	1.46	1.68	1.51	1.40	1.26	1.61	1.45	1.34	1.21
26-27	1.92	1.73	1.62	1.46	1.68	1.51	1.40	1.26	1.62	1.46	1.34	1.21
28	1.94	1.75	1.64	1.48	1.70	1.53	1.41	1.27	1.64	1.48	1.35	1.22
29	1.96	1.76	1.64	1.48	1.71	1.54	1.41	1.27	1.65	1.49	1.35	1.22
30-34	1.97	1.77	1.67	1.50	1.73	1.56	1.42	1.28	1.66	1.49	1.36	1.22
35	2.03	1.83	1.70	1.53	1.79	1.61	1.46	1.31	1.72	1.55	1.40	1.26
36	2.12	1.91	1.78	1.60	1.86	1.67	1.54	1.39	1.80	1.62	1.48	1.33
37	2.25	2.03	1.91	1.72	1.98	1.78	1.66	1.49	1.92	1.73	1.60	1.44
38	2.39	2.15	2.06	1.85	2.14	1.93	1.82	1.64	2.06	1.85	1.74	1.57
39	2.58	2.32	2.25	2.03	2.33	2.10	1.98	1.78	2.25	2.03	1.92	1.73
40	2.79	2.51	2.40	2.16	2.54	2.29	2.15	1.94	2.46	2.21	2.08	1.87
41	3.05	2.75	2.58	2.32	2.79	2.51	2.33	2.10	2.70	2.43	2.25	2.03
42	3.35	3.02	2.76	2.48	3.08	2.77	2.51	2.26	2.99	2.69	2.43	2.19
43	3.69	3.32	2.99	2.69	3.41	3.07	2.72	2.45	3.30	2.97	2.63	2.37
44	4.06	3.65	3.20	2.88	3.77	3.39	2.94	2.65	3.66	3.29	2.85	2.57
45	4.44	4.00	3.44	3.10	4.14	3.73	3.17	2.85	4.04	3.64	3.08	2.77
46	4.88	4.39	3.69	3.32	4.56	4.10	3.41	3.07	4.46	4.01	3.30	2.97
47	5.34	4.81	3.96	3.56	5.04	4.54	3.66	3.29	4.92	4.43	3.57	3.21
48	5.85	5.27	4.25	3.83	5.52	4.97	3.95	3.56	5.40	4.86	3.84	3.46
49	6.36	5.72	4.54	4.09	6.03	5.43	4.24	3.82	5.90	5.31	4.13	3.72
50	6.89	6.20	4.84	4.36	6.54	5.89	4.53	4.08	6.40	5.76	4.42	3.98

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Current 2020 "Standard" Annual Premium Contributions† Per \$1,000 Benefit Amount (CONTINUED)												
Issue Age	Face Amounts \$100,000-249,000††				Face Amounts \$250,000-499,000††				Face Amounts \$500,000-PLAN MAX††			
	MALE	10% Premium Discount**	FEMALE*	10% Premium Discount**	MALE	10% Premium Discount**	FEMALE*	10% Premium Discount**	MALE	10% Premium Discount**	FEMALE*	10% Premium Discount**
51	7.40	6.66	5.15	4.64	7.04	6.34	4.83	4.35	6.88	6.19	4.72	4.25
52	7.89	7.10	5.46	4.91	7.52	6.77	5.15	4.64	7.36	6.62	5.03	4.53
53	8.40	7.56	5.80	5.22	8.03	7.23	5.48	4.93	7.86	7.07	5.34	4.81
54	8.99	8.09	6.14	5.53	8.61	7.75	5.80	5.22	8.42	7.58	5.67	5.10
55	9.66	8.69	6.48	5.83	9.24	8.32	6.15	5.54	9.06	8.15	6.00	5.40
56	10.41	9.37	6.80	6.12	9.98	8.98	6.46	5.81	9.77	8.79	6.30	5.67
57	11.20	10.08	7.10	6.39	10.76	9.68	6.75	6.08	10.55	9.50	6.60	5.94
58	12.10	10.89	7.42	6.68	11.64	10.48	7.06	6.35	11.42	10.28	6.90	6.21
59	13.16	11.84	7.83	7.05	12.68	11.41	7.46	6.71	12.42	11.18	7.30	6.57
60	14.39	12.95	8.37	7.53	13.89	12.50	7.98	7.18	13.62	12.26	7.82	7.04
61	15.74	14.17	9.06	8.15	15.20	13.68	8.67	7.80	14.92	13.43	8.49	7.64
62	17.20	15.48	9.89	8.90	16.62	14.96	9.48	8.53	16.32	14.69	9.29	8.36
63	18.92	17.03	10.84	9.76	18.30	16.47	10.40	9.36	17.97	16.17	10.19	9.17
64	21.02	18.92	11.90	10.71	20.40	18.36	11.44	10.30	20.03	18.03	11.21	10.09

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The current annual premium contribution for all eligible children is \$6.00 (\$5.40 with the 10% premium discount) for \$10,000 of life insurance

**NOTE:** Premiums are guaranteed to remain level for the first 10 years of coverage. Then, if still eligible, you may reapply for the 10-year level rates then in effect for a subsequent 10-year term. Rates for the subsequent term would be determined based on the insured person's then current age, health and tobacco/nicotine use and would be guaranteed for 10 years. If you or your spouse are not approved for a subsequent 10-year term of guaranteed rates, or do not apply for a subsequent 10-year term, coverage will continue in force on a non-guaranteed rate basis with increasing premiums as the insured ages.