

Critical Illness Insurance Monthly Premium Rates
COLORADO, SOUTH DAKOTA & WASHINGTON
 INDIVIDUAL – NON-NICOTINE

Benefit Amount: \$20,000

Age	MALE Self Only	FEMALE Self Only	MALE OR FEMALE with Spouse*
18	\$10.78	\$11.38	\$15.18
19	\$10.78	\$11.38	\$15.18
20	\$10.78	\$11.38	\$15.18
21	\$10.78	\$11.38	\$15.18
22	\$10.78	\$11.38	\$15.18
23	\$11.18	\$11.78	\$15.98
24	\$11.58	\$12.18	\$16.78
25	\$11.98	\$12.58	\$17.58
26	\$12.38	\$12.98	\$18.38
27	\$12.78	\$13.38	\$19.18
28	\$13.38	\$13.78	\$20.18
29	\$13.98	\$14.38	\$21.38
30	\$14.58	\$14.98	\$22.58
31	\$15.38	\$15.58	\$23.98
32	\$16.18	\$16.18	\$25.38
33	\$16.98	\$16.98	\$26.98
34	\$17.98	\$17.78	\$28.78
35	\$18.78	\$18.58	\$30.38
36	\$19.78	\$19.38	\$32.18
37	\$20.98	\$20.38	\$34.38
38	\$22.38	\$21.38	\$36.78
39	\$23.78	\$22.38	\$39.18
40	\$25.18	\$23.58	\$41.78
41	\$26.98	\$24.78	\$44.78
42	\$28.78	\$25.98	\$47.78
43	\$30.58	\$27.18	\$50.78
44	\$32.38	\$28.38	\$53.78

Age	MALE Self Only	FEMALE Self Only	MALE OR FEMALE with Spouse*
45	\$34.38	\$29.78	\$57.18
46	\$36.38	\$31.18	\$60.58
47	\$38.58	\$32.58	\$64.18
48	\$40.98	\$33.98	\$67.98
49	\$43.58	\$35.38	\$71.98
50	\$46.18	\$36.78	\$75.98
51	\$48.98	\$38.38	\$80.38
52	\$51.98	\$39.98	\$84.98
53	\$54.98	\$41.58	\$89.58
54	\$57.98	\$43.38	\$94.38
55	\$61.18	\$44.98	\$99.18
56	\$64.58	\$46.98	\$104.58
57	\$68.18	\$48.98	\$110.18
58	\$71.98	\$51.18	\$116.18
59	\$75.98	\$53.58	\$122.58
60	\$80.18	\$56.18	\$129.38
61	\$84.58	\$58.78	\$136.38
62	\$89.18	\$61.58	\$143.78
63	\$93.78	\$64.38	\$151.18
64	\$98.58	\$67.38	\$158.98
65	\$103.98	\$70.78	\$167.78
66	\$109.78	\$74.38	\$177.18
67	\$116.38	\$78.38	\$187.78
68	\$124.58	\$83.58	\$201.18
69	\$134.78	\$89.78	\$217.58
70	\$148.18	\$98.58	\$239.78

Note: Each dependent child is automatically covered with a \$2,500 Benefit Amount – at no additional cost

* Premium rates shown above assume an opposite gender spouse who is the same age and nicotine status as the policyholder. Different rates apply for nicotine users – see other page.

Critical Illness Insurance Monthly Premium Rates
COLORADO, SOUTH DAKOTA & WASHINGTON
 INDIVIDUAL – NICOTINE

Benefit Amount: \$20,000

Age	MALE Self Only	FEMALE Self Only	MALE OR FEMALE with Spouse*
18	\$13.38	\$12.78	\$19.18
19	\$13.38	\$12.78	\$19.18
20	\$13.38	\$12.78	\$19.18
21	\$13.38	\$12.78	\$19.18
22	\$13.38	\$12.78	\$19.18
23	\$13.98	\$13.38	\$20.38
24	\$14.78	\$13.98	\$21.78
25	\$15.58	\$14.38	\$22.98
26	\$16.38	\$15.18	\$24.58
27	\$17.18	\$15.78	\$25.98
28	\$18.38	\$16.58	\$27.98
29	\$19.58	\$17.38	\$29.98
30	\$20.98	\$18.38	\$32.38
31	\$22.38	\$19.38	\$34.78
32	\$23.98	\$20.38	\$37.38
33	\$25.78	\$21.58	\$40.38
34	\$27.58	\$22.98	\$43.58
35	\$29.78	\$24.38	\$47.18
36	\$31.98	\$25.98	\$50.98
37	\$34.38	\$27.58	\$54.98
38	\$37.18	\$29.18	\$59.38
39	\$40.38	\$31.18	\$64.58
40	\$43.78	\$33.18	\$69.98
41	\$47.58	\$35.38	\$75.98
42	\$51.58	\$37.78	\$82.38
43	\$55.18	\$40.18	\$88.38
44	\$58.98	\$42.78	\$94.78

Age	MALE Self Only	FEMALE Self Only	MALE OR FEMALE with Spouse*
45	\$63.18	\$45.58	\$101.78
46	\$67.58	\$48.38	\$108.98
47	\$72.18	\$51.58	\$116.78
48	\$77.38	\$54.58	\$124.98
49	\$82.78	\$57.78	\$133.58
50	\$88.58	\$61.18	\$142.78
51	\$94.78	\$64.78	\$152.58
52	\$101.38	\$68.58	\$162.98
53	\$107.98	\$72.38	\$173.38
54	\$114.78	\$76.18	\$183.98
55	\$122.18	\$80.38	\$195.58
56	\$129.98	\$84.78	\$207.78
57	\$138.18	\$89.38	\$220.58
58	\$146.78	\$94.38	\$234.18
59	\$155.78	\$99.58	\$248.38
60	\$165.18	\$104.98	\$263.18
61	\$175.18	\$110.78	\$278.98
62	\$185.78	\$116.78	\$295.58
63	\$195.78	\$122.58	\$311.38
64	\$206.38	\$128.58	\$327.98
65	\$217.98	\$135.18	\$346.18
66	\$230.18	\$142.18	\$365.38
67	\$243.78	\$149.98	\$386.78
68	\$261.98	\$159.58	\$414.58
69	\$284.38	\$171.38	\$448.78
70	\$315.58	\$187.98	\$496.58

Note: Each dependent child is automatically covered with a \$2,500 Benefit Amount – at no additional cost

* Premium rates shown above assume an opposite gender spouse who is the same age and nicotine status as the policyholder. Different rates apply for non-nicotine – see other page.