

# Protector 2022

Simplified Issue and  
Graded Death Benefit

> AGENT REFERENCE GUIDE



Lafayette Life  
Insurance Company

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# Protector 2022 Simplified Issue | Graded Death Benefit

## > AGENT REFERENCE GUIDE

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### RATE CHARTS

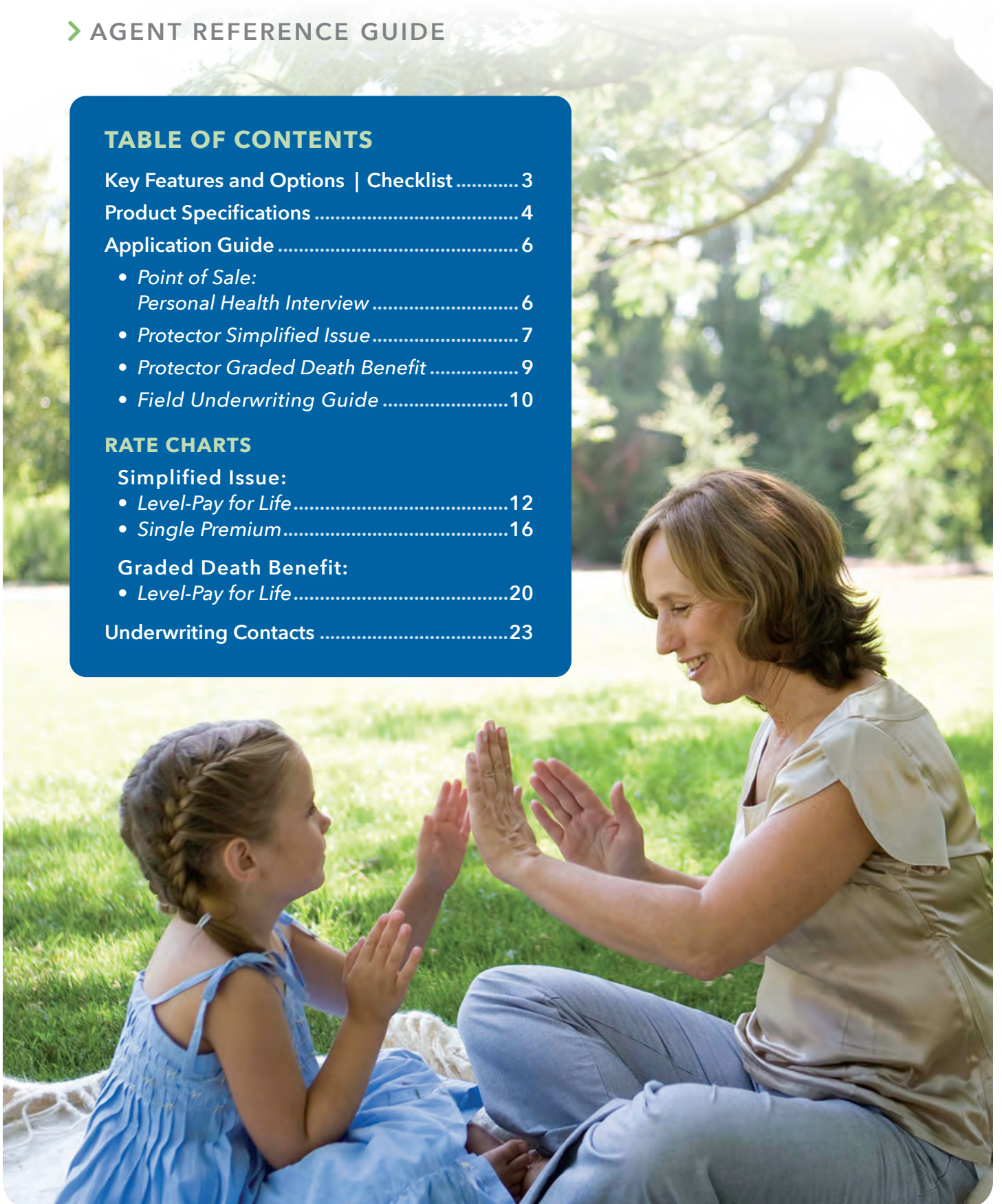
#### Simplified Issue:

- *Level-Pay for Life* .....
- *Single Premium* .....

#### Graded Death Benefit:

- *Level-Pay for Life* .....

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# Key Features and Options

**Simplicity.** The application for Protector only has a few simple health questions. If your clients answer them with a “no,” and they fit within a height and weight chart, a policy may be issued upon payment of the initial premium. There are no customary medical exams, blood or urine tests required.

**Guaranteed, Fixed-Level Premiums.** Premiums are guaranteed not to increase even as your clients grow older or their health declines. The premium they pay today will be the same premium they pay in later years.

**Guaranteed, Lifetime Coverage.<sup>1</sup>** When your clients purchase Protector, they are helping to ensure insurance protection for their entire life. As long as premiums are paid and policy loans<sup>2</sup> do not exceed the total cash value, their coverage cannot be terminated, even if they become uninsurable later in life.<sup>3</sup>

## Checklist

- Application:** Complete and have all parties sign Application (LL-1462) for your state, including NAIC replacement forms. NAIC replacement is required if they have ANY existing insurance.
- Premium:** Make premium check out to The Lafayette Life Insurance Company or complete preauthorized withdrawal (Form 1004).
- To Complete Preauthorized Withdrawal:**
  - Complete **all** fields of account holder information.
  - Indicate “Pending” in policy number field.
  - Check “Premium” box for Type.
  - Indicate date for withdrawal each month. Please note: withdrawal date may not occur on the 29th, 30th or 31st and must be within 12 days of premium due date.
  - If “Initial Premium Draft” is checked, the **first draft will draw immediately upon issue.** All subsequent drafts will occur on date indicated.
  - All account holders must sign and date.
- Give receipt to proposed insured, if you collect the initial premium by check.
- Have all medications available when calling Lafayette Life at 888-283-9368 to complete the personal health interview.
- Complete disclosure in forms packet, one copy to client, send one back with application.
- Complete any other forms that are specific for your state’s application packet and send to The Lafayette Life Insurance Company:

Fax: 877-267-4409

Email: [newbusiness@lafayettelife.com](mailto:newbusiness@lafayettelife.com)  
or [newbusiness@llic.com](mailto:newbusiness@llic.com)

Mail: Lafayette Life, New Business  
PO BOX 5740  
Cincinnati, OH 45201-5740

<sup>1</sup> Payment of any death benefit is subject to exclusions and limitations in the policy, and any applicable riders, including without limitations: payment of the required premium, suicide exclusion, contestable provisions and existing loans.

<sup>2</sup> Loans will accrue interest. Loans and advances will reduce the death benefit and cash surrender value if not repaid, and may cause the policy to lapse. The lapse or surrender of a policy with an outstanding loan may result in taxable income. The policy may be issued as a Modified Endowment Contract for tax purposes. If it is, then taking a loan or surrendering the policy could result in a taxable event. Have your clients consult an attorney or tax advisor regarding their specific legal or tax situation.

<sup>3</sup> Please see the Product Positioning section of Protector Graded Death Benefit for details on the modified benefit period.

# Product Specifications

## Protector 2022 Simplified Issue (ICC21 LL-03 2104 • ICC21 LL-04 2104)

### Product Positioning

Protector Simplified Issue Whole Life Insurance is a whole life, non-participating insurance product issued on a simplified issue basis. If six simple health questions can be answered with a “no,” and the proposed Insured fits into the height and weight chart, a policy may be issued.

No medical exams are required, just a personal history interview conducted over the phone. Discounted rates are available for non-tobacco users. The proposed Insured is considered a non-tobacco user if they have not smoked any cigarettes in the last 12 months.

### Product Features

**ISSUE AGES:** 40-85 (age last birthday)

#### PREMIUM PLANS

- Level-Pay for Life
- Single Premium

#### ISSUE LIMITS

**Face Amount Purchased by Single Premium:**

- Ages 40-80: The lesser of a maximum premium of \$100,000 or a maximum face of \$250,000 (see page 17)
- Ages 81-85: \$25,000 – maximum premium

**Level-Pay – Maximum Face Amounts:**

- Ages 40-80: \$50,000
- Ages 81-85: \$10,000

**Minimum: \$3,000, For All Ages and Premium Plans.**

#### APPLICATION

Use your state’s version of ICC14 LL-1462 (10/19) or ICC14 LL-1462-NO GDB (10/19).

Use your state’s version of the Disclosure Statement for Accelerated Death Benefit Rider: ICC14-LL-2716 11/14.

#### ACCELERATED DEATH BENEFIT RIDER<sup>1</sup>

The Accelerated Death Benefit Rider (ICC14 LLR-06 1408) may be exercised if either of the following apply:

- The insured’s life expectancy is 12 months or less due to a terminal illness.
- The insured is confined to an eligible nursing home and is expected to stay there until death due to a specific diagnosed accident or sickness condition.

The benefit available is the net death benefit (death benefit less any existing loans) at the time the accelerated death benefit is paid discounted for one year at the policy loan interest rate in effect at the time the benefit is paid.

<sup>1</sup> Automatically included on all Protector Simplified Issue Policies. Rider not available in California.

## Protector 2022 Graded Death Benefit (ICC21 LL-05 2104)

### Product Positioning

This is a companion product to Protector Simplified Issue Whole Life product. It is designed to provide coverage to prospective insureds who do not qualify for simplified issue because of their health. It is not designed to be a mass marketed sub-standard product.

The graded death benefit will be a return of premium accumulated at a 10% interest rate for the first three years, (but not to exceed \$1,000 for every \$1,000 of face amount) unless death is by accidental means. If death is by accidental means in the first three policy years, 100% of the death benefit will be paid.

### Product Features

**ISSUE AGES:** 40-85 (Age Last Birthday)

#### PREMIUM PLANS

- Level-Pay for Life

#### FACE AMOUNTS

- Ages 40-80: \$3,000 - \$25,000
- Ages 81-85: \$3,000 - \$10,000

#### APPLICATION

Use your state's version of ICC14 LL-1462 (10/19). During the Modified Benefit Period (first 3 years), the amount of insurance depends on whether or not death was accidental.

- **Accidental:** The death benefit is a level \$1,000 for every \$1,000 of face amount.
- **Not Accidental:** The death benefit is the annual mode gross premiums accumulated at 10% interest compounded annually (but not to exceed \$1,000) for every \$1,000 of face amount.

After the Modified Benefit Period, the amount of insurance is a level \$1,000 for every \$1,000 of face amount.

#### NON-TOBACCO DISCOUNT AND ACCELERATED DEATH BENEFIT RIDER

Not Available.

*If Graded Death Benefit (GDB) is offered by Underwriting, an amendment will be required. New Business will send the required form 1603-SR (MEC), and the amendment that can be signed on delivery at that time.*



# Application Guide

## Point-of-Sale: Personal Health Interview

### Completing the PHI

Lafayette Life requires that a Personal Health Interview (PHI) be completed for each Protector Whole Life applicant. The PHI can be done at the time of the sale, or Lafayette Life can order it after the application is received in our office. Note, however, that significant time savings can be gained by completing the PHI at the time of the sale.

### The Process is Simple

- Complete the application.
- Call Lafayette Life at 888-283-9368. These are the people who will conduct the personal history interview.
- Identify yourself as a Lafayette Life agent needing a personal history interview.
- Give the Lafayette Life representative the applicant's name and address. You will then have the option of providing a list of the applicant's prescribed medications, or the applicant may provide the list later.
- The Lafayette Life representative will ask to speak to the applicant to:
  - Verify information on the application.
  - Obtain a list of currently prescribed medications and the reason for taking them (or verify the list provided by you).
  - Verify the reasons for which the insurance is being purchased.

### Lafayette Life Hours

- **Monday through Thursday:**  
8 a.m. to 8 p.m., Eastern Standard Time
- **Friday:** 8 a.m. to 6 p.m., Eastern Standard Time
- **Saturday:** 9 a.m. to 1 p.m., Eastern Standard Time
- **Service is not available on Sundays or National Holidays.**

If you are taking an application at a time when Lafayette Life is not available, you should do the following:

- Inform the applicant that he or she will be receiving a telephone call from Lafayette Life within a few days.
- Contact Lafayette Life at 888-283-9368 during business hours the next business day, and provide them with the applicant's name and telephone number and ask them to call the applicant.

If you do not make the call to Lafayette Life, the PHI will be ordered when the application is received in our office.

The Lafayette Life representative is not an underwriter. He or she will not be able to answer product questions or offer underwriting advice. For answers to these questions, you should contact the home office at:

- Phone: 800-443-8793
- Fax: 877-267-4409
- Email: [icenter@llic.com](mailto:icenter@llic.com)

## Application Guide: Protector Simplified Issue

### Part Two: Medical Questions #1-7 are required. Questions may vary by state.

If health questions one through six can be answered with a “no,” and the proposed insured fits into the height and weight chart, simplified issue will be underwritten.

If any of the health questions one through six are answered with a “yes,” the proposed insured will need to complete part three: additional medical questions, and graded death benefit will be underwritten.

The following is intended to provide additional information regarding the health information requested on the application. If you have any additional questions, please contact one of our new business personnel at 800-264-4409, x3750.

### Height and Weight

Height and weight are required to evaluate the general health of an applicant. They should be within the ranges of the unisex chart below.

**Q1:** Have you ever tested positive for exposure to HIV (human immunodeficiency virus) or been diagnosed as having or been treated for AIDS (acquired immune deficiency syndrome), ARC (AIDS-related complex) or any other immune deficiency disorder?

If this question is answered “yes,” the proposed insured is not eligible for Protector Simplified Issue policy.

**Q2:** Do you need any assistance performing any regular activities of daily living (ADLs) such as eating, bathing, dressing, walking, toileting or taking medications?

This would identify individuals whose overall health has deteriorated, but have not been diagnosed with any of the impairments listed in questions 1 and 2.

Under certain conditions, a “yes” answer to this question may still result in Protector Simplified Issue policy being issued. If, for example, a disability is injury related and there are no other health impairments, a policy may be issued. You should consult new business at 800-264-4409, x3750, if there are any questions.

**Q3:** During the past 24 months, have you been diagnosed as having, or been treated, or taken medication for the following:

If there has been a diagnosis or any form of treatment, including prescribed medication, within the past 24 months for any of the impairments listed in a, b, or c, then the applicable question should be answered “yes,” and coverage would not be available under this plan.

- a.) Alzheimer’s disease, dementia, epilepsy, paralysis, or any disease or disorder of the nervous system; melanoma, leukemia, or other cancer; liver disease including cirrhosis; chronic obstructive pulmonary disease (COPD); connective tissue disease; lupus; kidney failure; kidney dialysis; renal insufficiency; or any disorder of the blood?

### Height and Weight Chart

Height Ft. In.	Maximum Weight	Height Ft. In.	Maximum Weight	Height Ft. In.	Maximum Weight	Height Ft. In.	Maximum Weight	Height Ft. In.	Maximum Weight
4-10	198	5-3	236	5-8	272	6-1	312	6-6	352
4-11	205	5-4	242	5-9	280	6-2	320	6-7	359
5-0	213	5-5	249	5-10	287	6-3	328	6-8	367
5-1	219	5-6	257	5-11	295	6-4	336	6-9	374
5-2	228	5-7	264	6-0	304	6-5	342		

# Application Guide

## Application Guide: Protector Simplified Issue (continued)

If any of these conditions are present, the policy cannot be issued. Liver disease includes any type of hepatitis except hepatitis A. Neither the simplified issue policy nor the graded death benefit policy can be issued if the proposed insured is suffering from dementia.

- b.) Heart attack, stroke, congestive heart failure, irregular heart rhythm, pacemaker implant or any procedure to improve circulation to the heart or brain?

Heart surgery includes, but is not limited to: bypass surgery, valve repair or valve replacement surgery. Persons with a heart health history who are taking an anticoagulant drug, using nitrate medications, or drugs used for heart rhythm irregularities or medications used for congestive heart failure are not eligible for coverage.

An individual who had a heart attack more than 24 months ago and is fully recovered may answer "no" to this question if he or she is not taking any medications pertaining to the heart attack history. For the purposes of this question, aspirin therapy, blood pressure medication or cholesterol-lowering medications will not disqualify an applicant for coverage.

- c.) Alcohol or drug abuse?

Alcohol or drug abuse includes situations where a person's physician has recommended he or she decrease or discontinue their alcohol consumption.

- d.) Diabetes requiring insulin, diabetic complications, diabetic coma or insulin shock?

Diabetes requiring insulin is not an acceptable condition. Diabetics treated with diet or oral medication are acceptable, unless there have been diabetic complications such as retinopathy, neuropathy or amputations as a result of the diabetes.

**Q4:** Has the proposed insured used, in either synthetic or natural form, marijuana (cannabis) or marijuana products in the last 12 months? If no, select the answer that best describes the applicant's marijuana (cannabis) or marijuana product history:

- a.) Never used.
- b.) Quit over 5 years ago.
- c.) Quit over 2 years ago.
- d.) Quit over 1 year ago.

If currently using, we will want to know how often, and we could consider the applicant as a tobacco user. If no use in the prior 12 months, we could consider the applicant as a non-tobacco user. The applicant may be considered for Simplified Issue underwriting.

**Q5:** Has the proposed insured had any type of amputation caused by disease or any type of organ transplant?

If the applicant has required an amputation due to any medical condition or ever required an organ transplant, he or she is not eligible for coverage. Amputation due to accident or trauma may be considered.

**Q6:** During the past 12 months has the proposed insured used oxygen equipment to assist in breathing, or rejected advice to have any type of medical tests, surgery, or admission to a hospital or nursing facility except those tests related to the human immunodeficiency virus (AIDS virus)?

If medical advice to have surgery, diagnostic tests performed, or to be admitted to a hospital or nursing facility has been rejected, the proposed insured is not eligible for coverage.



**Q7:** During the past six months has the proposed insured been declined for life or health insurance, been a patient in the hospital for two or more days, or been admitted to a nursing facility, extended care or assisted living facility?

The proposed insured is not eligible for coverage if he or she has been declined for life or health

insurance, or been a patient in a hospital or nursing facility. There may be exceptions if the hospital stay were due to accidental injuries or involved treatment of previous injuries, as in knee replacement surgery. Exceptions are generally not made if the hospital stay was as a result of any kind of illness.

## Application Guide: Protector Graded Death Benefit

### Additional Medical Questions

If the proposed insured answers “yes” to any of the questions one through six, under part two: Medical Questions, he or she will probably be declined for coverage under Protector Simplified Issue policy.

In this case, Part Three: Additional Medical Questions, should also be filled out to determine if the proposed Insured qualifies for coverage under Protector Graded Death Benefit product.

Protector Graded Death Benefit Whole Life was developed to offer an insurance alternative to proposed insureds who have significant health histories and cannot qualify for Protector Simplified Issue policy. To apply for the graded death benefit plan once part two of the application has been completed, answer the additional questions under part three of the application.

### Part Three: Additional Medical Questions are required for GDB. Questions may vary by state.

**Q1:** Is the proposed insured employed on a full-time basis and now actively at work?

Someone is considered employed on a full-time basis and now actively at work if he or she is working more than 25 hours per week. If the answer to this question is “yes,” the proposed insured will

qualify for coverage under Protector Graded Death Benefit plan.

If the answer to this question is “no,” then the following health questions should be answered:

- a.) Is the proposed insured currently hospitalized or confined to a nursing facility?
- b.) Is the proposed insured bedridden, confined to a wheelchair, or receiving professional nursing care or services in the home?
- c.) Has the proposed insured been diagnosed by a member of the medical profession as having a terminal disease or illness that is expected to result in death within 24 months?

A terminal illness is one that has been diagnosed by a physician as resulting in an anticipated life expectancy of one year or less.

### Underwriting Guide

Sometimes it is easiest to identify an impairment by the types of medications that are being used to treat it. In the following chart, you will find many of the most commonly prescribed medications and the illness for which they are prescribed.

You, or the proposed insured, should have a list of the prescribed medications the proposed insured is taking for the personal history interview.

# Application Guide

## Field Underwriting Guide

The following is an alphabetical list of the most commonly prescribed medications that will cause a proposed insured to be declined for coverage under Protector Simplified Issue Policy. A Graded Death Benefit Whole Life Policy will be considered if available in your state.

### A - B

abacavir  
Abilify  
Adriamycin  
Agenerase  
Aggrenox  
Akineton  
Aldactone  
Alkeran  
altretamine  
amatadine  
amiloride  
aminoglu  
amprenavir  
anastrozole  
Antabuse  
Aricept  
Arimidex  
Artane  
asparaginase  
Atamet  
Atripla  
basiliximab  
becaplermin  
benztropine  
bexarotene  
Bexxar  
BiCNU  
biperden  
Blenoxane  
bleomycin  
busulfan

### C - D

Carbamazepine  
carbidopa  
carbidopa+levodopa  
carboplatin  
Cardilate  
carmustine  
carvedilol  
CeeNU  
Celilanid  
Cellcept  
Cerubidine  
chlorambucil  
cisplatin  
clopidogrel  
Cogentin  
Cognex  
Combivir  
Coreg  
Cosmegan  
Coumadin  
Crixivan  
Crustodigin  
cyclophosphamide  
Cytadren  
cytarabine  
Cytosar  
Cytoxan  
dacarbazine  
dactinomycin  
daunorubicin  
delavirdine  
Cytoxan  
Dabigatran  
dacarbazine  
Demadex  
Depakote  
Deslanoside  
dexrazoxane

didanosine  
Digifortis  
Digiglusin  
digitalis  
Digitoxin  
Digoxin  
Dipyridamole  
disulfiram  
docetaxel  
donepezil  
doxorubicin  
DTIC  
Dyrenium

### E - F

Edecrin  
efairenz  
Eldepryl  
Ellence  
Elspar  
Emcyt  
epirubicin  
Epivir  
epotein alfa  
Ergamisol erythryl-tetranitrate  
estramustine  
ethacrynic-acid  
etoposide  
Eulixin  
Exelon  
Fareston  
Femara  
Flourouracil  
Fludara  
fludarabine  
5-fluorouracil  
flutamide  
Fortovase  
furosemide

### G - K

galantimine  
gemcitabine  
Gleevec  
Gliadel  
Haloperidol  
Herceptin  
Hexalen  
Hivid  
Humalog  
Human Insulin  
Humilin  
Hydren  
hydroxyurea  
hyoscyamine  
Ifex  
ifosfamide  
Iletin  
imatinib  
Imdur  
indinavir  
Infergen  
Insulin aspart  
Insulin glargine  
insulin lispro  
interferon alfa  
Intron  
Invirase  
Ismo  
Isordil isosorbide dinitrate  
isosorbide-mononitrate  
Kaletra

## L - M

lamivudine  
lamivudine+ zidovudine  
Lanoxicaps  
Lanoxin  
Lantus  
Lasix  
letrozole  
Leukeran  
leuprolide  
levamisole  
Levbid  
Levsin  
Levsinex  
Lithium  
Iomustine  
Lovenox  
Ludoysn  
Lupron  
Lysodren  
Matulane  
mechlore-Thiamine  
melphalan  
Memantine HCL  
6-mercapto-Purine  
Methadone  
methotrexate  
Metolazone  
Midamex  
Mithracin  
mitomycinC  
mitotane  
mitoxantrone  
Monoket  
Morphine  
Mustargen  
Mutamycin  
Myleran

## N - R

naloxone  
naltrexone  
Namenda  
Narcan  
Navelbine  
nelfinavir  
nevirapine  
nitroglycerin  
Nolvadex  
Norvir  
Novatrone  
Novolin  
NovoLog  
NovoPen  
NuLev  
Onconvin  
paclitaxel  
Paraplatin  
pentaerythritol-tetranitrate  
pergolide  
Peritrate  
Permax  
Platinol  
Plavix  
Pletal  
plicamycin  
Pradaxa  
Prednisone  
procarbazine  
Procrit  
Purinethol  
Purodigin

## R - S

Ranexa  
ranolazine  
Rebetron  
Referon  
Regranex  
Reminyl  
Rescriptor  
Retrovir  
ReVia  
Rheumatrex  
ribavirin  
ritonavir  
ritonavir+lopinavir  
Rituxan  
rituximab  
Rivaroxaban  
rivastigmine  
ropinirole  
saquinavir  
selegiline  
senofovir  
Seroquel  
Simulect  
Sinemet  
Sorbitrate  
Sotalol  
Spironolactone  
stavudine  
Sustiva  
Symmetrel  
tacrine  
tamoxifen

## T - Z

Targretin  
Tasmer  
Taxol  
Taxotere  
Tegretol  
6-thioguanine  
Thioplex  
thiotepa  
Ticlid  
ticlopidine  
tolcapone  
toremifene  
toremide  
tositumomab  
tratuzumab  
Triamterene  
trihexphenidyl  
Velban  
Velosulin  
VePesid  
Videx  
vinblasine  
vincristine  
Viracept  
Viramiune  
Viread  
Warfarin  
Xarelto  
Xeljanz  
zalcitabine  
Zaroxolyn  
Zerit  
Ziagon  
zidovudine  
Zinacard

# Simplified Issue • Level-Pay for Life

(see page 14 for rates)

MALE, Level-Pay For Life • \$3,000 minimum

Monthly Calculator

Age	\$ 5,000		\$ 10,000		\$ 15,000		\$ 20,000		\$ 25,000		\$ 50,000	
	NT	T	NT	T	NT	T	NT	T	NT	T	NT	T
40	12.61	17.75	22.67	32.95	32.73	48.16	42.79	63.36	52.85	78.56	103.15	154.57
41	12.89	18.18	23.24	33.80	33.58	49.43	43.93	65.06	54.27	80.69	106.00	158.82
42	13.18	18.62	23.82	34.69	34.45	50.76	45.08	66.83	55.72	82.90	108.89	163.24
43	13.48	19.07	24.41	35.59	35.34	52.11	46.27	68.63	57.21	85.15	111.86	167.75
44	13.79	19.53	25.03	36.52	36.27	53.50	47.52	70.48	58.76	87.47	114.96	172.38
45	14.11	20.01	25.66	37.47	37.22	54.93	48.77	72.39	60.33	89.85	118.11	177.14
46	14.51	20.63	26.46	38.71	38.42	56.79	50.37	74.87	62.33	92.95	122.10	183.35
47	14.92	21.27	27.29	39.99	39.67	58.71	52.04	77.44	64.41	96.16	126.27	189.76
48	15.35	21.94	28.14	41.33	40.94	60.72	53.74	80.10	66.53	99.49	130.52	196.44
49	15.79	22.63	29.04	42.71	42.28	62.79	55.52	82.88	68.77	102.96	134.98	203.36
50	16.25	23.35	29.95	44.14	43.66	64.94	57.36	85.73	71.06	106.53	139.57	210.50
51	16.72	24.08	30.90	45.62	45.07	67.15	59.25	88.69	73.42	110.22	144.29	217.90
52	17.22	24.85	31.88	47.15	46.55	69.45	61.22	91.75	75.88	114.05	149.22	225.55
53	17.72	25.64	32.90	48.74	48.07	71.83	63.24	94.93	78.41	118.02	154.28	233.50
54	18.25	26.46	33.95	50.38	49.65	74.29	65.35	98.21	81.05	122.12	159.55	241.70
55	18.79	27.31	35.04	52.08	51.28	76.84	67.52	101.61	83.77	126.37	164.99	250.20
56	19.55	28.68	36.56	54.82	53.56	80.95	70.57	107.08	87.57	133.22	172.59	263.88
57	20.35	30.13	38.16	57.71	55.96	85.28	73.76	112.86	91.57	140.44	180.58	278.33
58	21.19	31.65	39.83	60.75	58.47	89.85	77.11	118.95	95.75	148.05	188.96	293.55
59	22.07	33.26	41.58	63.96	61.10	94.67	80.61	125.38	100.13	156.08	197.71	309.61
60	22.98	34.95	43.42	67.35	63.85	99.76	84.29	132.16	104.72	164.56	206.89	326.57
61	23.94	36.74	45.34	70.93	66.73	105.12	88.13	139.32	109.52	173.51	216.50	344.46
62	24.95	38.63	47.35	74.72	69.74	110.80	92.14	146.88	114.54	182.96	226.53	363.38
63	26.00	40.63	49.45	78.70	72.90	116.78	96.36	154.85	119.81	192.93	237.07	383.31
64	27.10	42.73	51.65	82.91	76.21	123.09	100.76	163.27	125.31	203.45	248.07	404.35
65	28.25	44.95	53.96	87.35	79.66	129.74	105.37	172.14	131.07	214.54	259.59	426.53
66	29.69	47.16	56.83	91.77	83.97	136.37	111.11	180.98	138.25	225.59	273.96	448.63
67	31.21	49.49	59.87	96.42	88.52	143.36	117.18	190.30	145.84	237.24	289.13	471.92
68	32.81	51.94	63.06	101.32	93.32	150.71	123.57	200.09	153.83	249.48	305.11	496.40
69	34.50	54.51	66.44	106.47	98.39	158.43	130.34	210.39	162.29	262.35	322.02	522.16
70	36.28	57.22	70.01	111.89	103.75	166.57	137.48	221.24	171.21	275.91	339.87	549.27
71	38.17	60.07	73.78	117.60	109.40	175.12	145.01	232.65	180.63	290.17	358.70	577.79
72	40.15	63.07	77.76	123.59	115.36	184.11	152.97	244.63	190.57	305.15	378.59	607.75
73	42.25	66.23	81.96	129.91	121.66	193.58	161.36	257.26	201.07	320.94	399.59	639.33
74	44.47	69.55	86.39	136.55	128.32	203.55	170.24	270.56	212.16	337.56	421.77	672.56
75	46.81	73.04	91.08	143.54	135.34	214.03	179.61	284.53	223.87	355.02	445.19	707.50
76	49.73	77.76	96.91	152.97	144.09	228.19	191.27	303.40	238.45	378.61	474.34	754.67
77	52.84	82.79	103.13	163.04	153.42	243.28	203.71	323.53	254.00	403.77	505.45	804.99
78	56.15	88.17	109.75	173.78	163.35	259.40	216.95	345.02	270.56	430.63	538.56	858.71
79	59.68	93.90	116.82	185.24	173.95	276.59	231.08	367.93	288.21	459.28	573.88	916.00
80	63.45	100.01	124.35	197.46	185.24	294.92	246.14	392.38	307.04	489.83	611.53	977.12
81	67.46	106.53	132.37	210.51								
82	71.74	113.49	140.92	224.43								
83	76.29	120.91	150.03	239.28								
84	81.15	128.83	159.76	255.12								
85	86.33	137.28	170.11	272.02								

\$30 policy fee included. Ages 40-80 = \$50,000 maximum face amount; Ages 81-85 = \$10,000 maximum face amount.  
 Montana - Please use male rates to comply with your unisex state requirements. All rates are effective as of 10/25/2021.



**FEMALE, Level-Pay For Life • \$3,000 minimum****Monthly Calculator**

Age	\$ 5,000		\$ 10,000		\$ 15,000		\$ 20,000		\$ 25,000		\$ 50,000	
	NT	T	NT	T	NT	T	NT	T	NT	T	NT	T
40	12.10	15.89	21.66	29.23	31.21	42.57	40.77	55.91	50.32	69.25	98.09	135.96
41	12.35	16.24	22.15	29.92	31.95	43.61	41.75	57.29	51.55	70.98	100.56	139.40
42	12.61	16.59	22.66	30.63	32.72	44.68	42.77	58.72	52.83	72.76	103.11	142.97
43	12.86	16.96	23.18	31.37	33.49	45.77	43.81	60.18	54.12	74.59	105.70	146.63
44	13.13	17.33	23.72	32.11	34.30	46.89	44.88	61.68	55.46	76.46	108.38	150.37
45	13.41	17.71	24.27	32.88	35.13	48.04	45.99	63.21	56.84	78.37	111.14	154.19
46	13.71	18.20	24.87	33.86	36.03	49.51	47.19	65.16	58.35	80.81	114.16	159.08
47	14.02	18.71	25.49	34.87	36.96	51.03	48.43	67.18	59.90	83.34	117.26	164.14
48	14.34	19.23	26.12	35.91	37.91	52.59	49.69	69.28	61.48	85.96	120.40	169.36
49	14.66	19.77	26.78	36.99	38.89	54.21	51.00	71.43	63.11	88.66	123.68	174.76
50	15.00	20.33	27.45	38.11	39.89	55.88	52.34	73.66	64.79	91.44	127.03	180.33
51	15.34	20.90	28.14	39.25	40.93	57.60	53.72	75.96	66.51	94.31	130.48	186.07
52	15.70	21.49	28.85	40.43	42.00	59.38	55.15	78.32	68.30	97.26	134.05	191.97
53	16.06	22.10	29.57	41.66	43.08	61.21	56.59	80.77	70.10	100.32	137.66	198.09
54	16.43	22.74	30.32	42.93	44.20	63.11	58.09	83.30	71.97	103.49	141.40	204.43
55	16.82	23.39	31.09	44.23	45.36	65.06	59.64	85.90	73.91	106.74	145.27	210.93
56	17.40	24.40	32.25	46.24	47.10	68.09	61.95	89.93	76.80	111.78	151.05	221.00
57	18.00	25.45	33.45	48.35	48.90	71.25	64.35	94.15	79.79	117.05	157.04	231.54
58	18.62	26.55	34.70	50.55	50.77	74.55	66.84	98.55	82.92	122.55	163.29	242.55
59	19.27	27.71	35.99	52.87	52.71	78.03	69.43	103.19	86.15	128.35	169.75	254.15
60	19.95	28.92	37.34	55.29	54.74	81.66	72.13	108.04	89.53	134.41	176.50	266.26
61	20.65	30.20	38.75	57.84	56.85	85.49	74.95	113.14	93.05	140.78	183.56	279.01
62	21.38	31.53	40.21	60.51	59.05	89.49	77.88	118.47	96.71	147.45	190.87	292.36
63	22.14	32.93	41.74	63.31	61.33	93.69	80.92	124.07	100.51	154.45	198.48	306.34
64	22.93	34.40	43.32	66.24	63.70	98.09	84.08	129.93	104.47	161.78	206.38	321.00
65	23.76	35.93	44.97	69.31	66.17	102.69	87.38	136.07	108.59	169.45	214.63	336.35
66	25.11	37.80	47.68	73.06	70.24	108.31	92.80	143.57	115.37	178.82	228.18	355.09
67	26.55	39.78	50.56	77.01	74.56	114.24	98.57	151.47	122.57	188.70	242.59	374.85
68	28.09	41.87	53.63	81.19	79.16	120.51	104.70	159.83	130.24	199.16	257.93	395.76
69	29.72	44.08	56.88	85.60	84.05	127.13	111.21	168.66	138.38	210.18	274.21	417.82
70	31.45	46.41	60.36	90.27	89.26	134.13	118.17	177.99	147.07	221.85	291.59	441.15
71	33.30	48.87	64.05	95.19	94.80	141.51	125.55	187.83	156.29	234.15	310.04	465.76
72	35.26	51.47	67.97	100.39	100.69	149.30	133.40	198.22	166.11	247.14	329.67	491.73
73	37.35	54.21	72.16	105.88	106.96	157.54	141.76	209.20	176.57	260.87	350.58	519.18
74	39.58	57.11	76.60	111.67	113.63	166.23	150.65	220.80	187.68	275.36	372.81	548.17
75	41.94	60.18	81.33	117.80	120.72	175.43	160.11	233.05	199.50	290.68	396.44	578.81
76	44.35	63.67	86.16	124.78	127.96	185.90	169.76	247.01	211.57	308.13	420.58	613.70
77	46.92	67.36	91.28	132.18	135.65	196.99	180.01	261.80	224.38	326.61	446.21	650.68
78	49.64	71.29	96.72	140.02	143.81	208.76	190.89	277.49	237.98	346.23	473.41	689.90
79	52.52	75.45	102.49	148.34	152.46	221.24	202.44	294.13	252.41	367.03	502.27	731.51
80	55.58	79.86	108.61	157.17	161.64	234.47	214.68	311.78	267.71	389.09	532.87	775.63
81	58.83	84.54	115.12	166.53								
82	62.28	89.50	122.01	176.45								
83	65.94	94.77	129.34	186.98								
84	69.83	100.35	137.11	198.14								
85	73.95	106.27	145.35	209.98								

\$30 policy fee included. Ages 40-80 = \$50,000 maximum face amount; Ages 81-85 = \$10,000 maximum face amount.  
Montana - Please use male rates to comply with your unisex state requirements. All rates are effective as of 10/25/2021.

# Simplified Issue • Level-Pay for Life

MALE, Level-Pay for Life

Annual Rates per Thousand and Cash Values

Age	NT	T	Cash Values at Age								
			Age	1	2	3	4	5	10	15	20
40	23.67	35.77	40	0.00	0.00	7.68	19.10	30.91	96.46	172.99	259.53
41	24.34	36.77	41	0.00	0.00	8.41	20.35	32.71	101.22	180.70	269.99
42	25.02	37.81	42	0.00	0.00	9.26	21.76	34.70	106.27	188.76	280.77
43	25.72	38.87	43	0.00	0.00	10.25	23.33	36.88	111.59	197.14	291.82
44	26.45	39.96	44	0.00	0.00	11.29	25.00	39.20	117.10	205.76	303.09
45	27.19	41.08	45	0.00	0.00	12.40	26.79	41.65	122.82	214.61	314.59
46	28.13	42.54	46	0.00	0.00	13.60	28.67	44.21	128.73	223.68	326.34
47	29.11	44.05	47	0.00	0.00	14.86	30.62	46.84	134.82	232.94	338.37
48	30.11	45.62	48	0.00	0.15	16.14	32.61	49.55	141.08	242.38	350.70
49	31.16	47.25	49	0.00	0.69	17.41	34.62	52.30	147.47	251.94	363.34
50	32.24	48.93	50	0.00	1.20	18.69	36.67	55.12	153.99	261.69	376.27
51	33.35	50.67	51	0.00	1.71	19.99	38.76	58.00	160.66	271.65	389.47
52	34.51	52.47	52	0.00	2.21	21.32	40.91	60.97	167.47	281.89	402.88
53	35.70	54.34	53	0.00	2.71	22.67	43.11	64.01	174.39	292.44	416.42
54	36.94	56.27	54	0.00	3.21	24.05	45.36	67.12	181.44	303.33	430.06
55	38.22	58.27	55	0.00	3.68	25.44	47.65	70.28	188.63	314.55	443.77
56	40.01	61.49	56	0.00	4.14	26.84	49.96	73.49	196.01	326.06	457.58
57	41.89	64.89	57	0.00	4.57	28.22	52.28	76.72	203.61	337.79	471.57
58	43.86	68.47	58	0.00	4.94	29.59	54.61	79.97	211.51	349.67	485.79
59	45.92	72.25	59	0.00	5.28	30.92	56.92	83.23	219.75	361.67	500.29
60	48.08	76.24	60	0.00	5.55	32.22	59.23	86.55	228.32	373.78	515.05
61	50.34	80.45	61	0.00	5.74	33.49	61.56	89.98	237.19	386.05	530.03
62	52.70	84.90	62	0.00	5.88	34.76	63.99	93.59	246.30	398.56	545.24
63	55.18	89.59	63	0.00	5.99	36.09	66.57	97.45	255.59	411.41	560.55
64	57.77	94.54	64	0.00	6.12	37.55	69.39	101.61	265.03	424.63	575.69
65	60.48	99.76	65	0.00	6.31	39.18	72.45	106.04	274.56	438.20	590.48
66	63.86	104.96	66	0.00	7.47	41.84	76.54	111.47	284.87	452.57	605.01
67	67.43	110.44	67	0.00	10.55	46.39	82.45	118.59	296.65	468.18	619.32
68	71.19	116.20	68	0.00	13.77	51.07	88.44	125.74	308.73	483.88	632.38
69	75.17	122.26	69	0.00	17.03	55.74	94.38	132.81	321.12	499.36	643.95
70	79.37	128.64	70	0.00	20.26	60.34	100.22	139.82	333.86	514.42	653.91
71	83.80	135.35	71	0.00	23.41	64.85	106.01	146.86	346.93	528.79	662.21
72	88.48	142.40	72	0.00	26.51	69.35	111.88	154.14	360.43	542.19	668.99
73	93.42	149.83	73	0.00	29.65	74.00	118.06	161.87	374.24	554.28	674.46
74	98.64	157.65	74	0.00	32.96	78.97	124.72	170.18	388.05	564.79	679.06
75	104.15	165.87	75	0.00	36.57	84.43	131.98	179.11	401.62	573.52	683.72
76	111.01	176.97	76	0.00	40.59	90.41	139.80	188.58	414.53	580.31	688.68
77	118.33	188.81	77	0.00	44.97	96.83	148.04	198.51	426.29	585.19	693.28
78	126.12	201.45	78	0.00	49.62	103.51	156.62	208.59	436.29	588.29	697.26
79	134.43	214.93	79	0.00	54.40	110.42	165.23	218.30	444.07	590.04	700.21
80	143.29	229.31	80	0.10	59.34	117.30	173.42	227.32	449.29	591.59	701.67
81	152.73	244.66	81	2.80	64.25	123.74	180.87	235.18	451.74	593.30	701.47
82	162.79	261.03	82	5.32	68.56	129.29	187.02	241.24	451.40	594.35	699.80
83	173.51	278.50	83	7.39	72.11	133.63	191.42	244.98	448.56	594.52	696.63
84	184.95	297.14	84	9.11	74.81	136.52	193.72	246.15	444.08	593.48	692.19
85	197.13	317.02	85	10.28	76.29	137.49	193.57	244.51	439.72	590.73	687.05

\$30 policy fee included. Ages 40-80 = \$50,000 maximum face amount; Ages 81-85 = \$10,000 maximum face amount.  
 Premium Factors: monthly (preauthorized withdrawal) .085, Quarterly .26, Semiannually .51  
 Montana - Please use male rates to comply with your unisex state requirements. All rates are effective as of 10/25/2021.

**FEMALE, Level-Pay for Life**

**Annual Rates per Thousand and Cash Values**

Age	NT	T	Cash Values at Age								
			Age	1	2	3	4	5	10	15	20
40	22.48	31.39	40	0.00	0.00	8.01	19.00	30.36	92.59	164.07	244.95
41	23.06	32.20	41	0.00	0.00	8.83	20.32	32.17	96.87	171.01	254.54
42	23.66	33.04	42	0.00	0.00	9.72	21.70	34.03	101.31	178.19	264.41
43	24.27	33.90	43	0.00	0.00	10.62	23.10	35.94	105.91	185.60	274.51
44	24.90	34.78	44	0.00	0.00	11.52	24.52	37.90	110.65	193.24	284.87
45	25.55	35.68	45	0.00	0.00	12.42	25.97	39.91	115.55	201.12	295.47
46	26.26	36.83	46	0.00	0.00	13.34	27.46	41.97	120.63	209.23	306.31
47	26.99	38.02	47	0.00	0.00	14.30	29.01	44.13	125.90	217.60	317.42
48	27.73	39.25	48	0.00	0.38	15.29	30.63	46.38	131.38	226.21	328.79
49	28.50	40.52	49	0.00	0.76	16.33	32.31	48.71	137.06	235.07	340.42
50	29.29	41.83	50	0.00	1.17	17.40	34.05	51.14	142.94	244.16	352.31
51	30.10	43.18	51	0.00	1.58	18.50	35.87	53.67	149.03	253.50	364.49
52	30.94	44.57	52	0.00	1.99	19.65	37.75	56.29	155.30	263.06	376.97
53	31.79	46.01	53	0.00	2.41	20.83	39.70	59.01	161.75	272.87	389.77
54	32.67	47.50	54	0.00	2.85	22.06	41.73	61.84	168.39	282.92	402.90
55	33.58	49.03	55	0.00	3.28	23.33	43.82	64.75	175.20	293.22	416.36
56	34.94	51.40	56	0.00	3.71	24.62	45.97	67.75	182.20	303.79	430.14
57	36.35	53.88	57	0.00	4.14	25.94	48.17	70.82	189.37	314.66	444.21
58	37.82	56.47	58	0.00	4.55	27.27	50.42	73.95	196.71	325.85	458.56
59	39.34	59.20	59	0.00	4.94	28.62	52.69	77.15	204.25	337.39	473.19
60	40.93	62.05	60	0.00	5.30	29.95	54.99	80.40	211.98	349.27	488.08
61	42.59	65.05	61	0.00	5.61	31.28	57.33	83.72	219.96	361.52	503.15
62	44.31	68.19	62	0.00	5.89	32.62	59.70	87.11	228.21	374.10	518.25
63	46.10	71.48	63	0.00	6.13	33.96	62.12	90.58	236.79	387.03	533.35
64	47.96	74.93	64	0.00	6.34	35.31	64.58	94.16	245.72	400.31	548.32
65	49.90	78.54	65	0.00	6.50	36.65	67.11	97.83	255.01	413.93	563.02
66	53.09	82.95	66	0.00	6.60	38.01	69.69	101.65	264.68	427.79	577.26
67	56.48	87.60	67	0.00	6.67	39.39	72.38	105.64	274.70	441.75	590.94
68	60.09	92.52	68	0.00	7.32	41.42	75.79	110.42	285.53	456.08	604.25
69	63.92	97.71	69	0.00	10.13	45.62	81.38	117.36	298.26	471.45	617.66
70	68.01	103.20	70	0.00	13.11	50.09	87.29	124.68	311.40	486.57	630.28
71	72.35	108.99	71	0.00	16.30	54.83	93.54	132.36	324.82	501.20	642.12
72	76.97	115.10	72	0.00	19.68	59.83	100.10	140.37	338.35	515.18	653.24
73	81.89	121.56	73	0.00	23.24	65.07	106.90	148.66	351.88	528.43	663.62
74	87.12	128.38	74	0.00	26.95	70.50	113.96	157.25	365.25	540.83	673.58
75	92.68	135.59	75	0.00	30.80	76.11	121.26	166.11	378.25	552.27	683.56
76	98.36	143.80	76	0.00	34.78	81.94	128.80	175.13	390.61	562.78	693.29
77	104.39	152.50	77	0.00	38.93	87.99	136.49	184.13	402.17	572.41	702.17
78	110.79	161.73	78	0.00	43.26	94.14	144.12	193.03	412.85	581.18	709.96
79	117.58	171.52	79	0.00	47.60	100.15	151.57	201.62	422.47	589.43	716.36
80	124.78	181.90	80	0.00	51.74	105.93	158.67	209.66	430.87	597.75	721.04
81	132.43	192.92	81	0.00	55.72	111.42	165.27	216.90	438.14	605.86	723.97
82	140.54	204.59	82	0.58	59.53	116.52	171.17	223.28	444.47	613.05	725.43
83	149.16	216.98	83	2.53	62.97	120.93	176.20	228.75	449.86	619.02	725.40
84	158.30	230.11	84	4.24	65.83	124.56	180.40	233.22	454.89	623.42	724.04
85	168.00	244.04	85	5.57	68.09	127.53	183.75	236.69	460.51	625.87	721.81

\$30 policy fee included. Ages 40-80 = \$50,000 maximum face amount; Ages 81-85 = \$10,000 maximum face amount.  
 Premium Factors: monthly (preauthorized withdrawal) .085, Quarterly .26, Semiannually .51  
 Montana - Please use male rates to comply with your unisex state requirements. All rates are effective as of 10/25/2021.

# Simplified Issue • Single Premium

## Single Premium – Rates per 1,000 of Face Amount/Death Benefit

Age	Male		Female	
	NT	T	NT	T
40	421.36	499.56	362.44	426.83
41	432.63	510.18	372.94	437.11
42	444.20	521.02	383.74	447.65
43	456.07	532.09	394.85	458.43
44	468.27	543.39	406.29	469.48
45	480.79	554.94	418.06	480.79
46	491.30	566.60	427.87	491.66
47	502.04	578.51	437.90	502.77
48	513.02	590.66	448.18	514.13
49	524.23	603.08	458.69	525.75
50	535.69	615.75	469.45	537.63
51	547.40	628.69	480.46	549.79
52	559.37	641.90	491.74	562.21
53	571.60	655.39	503.27	574.92
54	584.09	669.16	515.08	587.91
55	596.86	683.22	527.16	601.20
56	608.42	696.87	539.16	614.88
57	620.21	710.78	551.43	628.87
58	632.23	724.98	563.99	643.18
59	644.47	739.46	576.83	657.81
60	656.96	754.23	589.96	672.77
61	669.69	769.29	603.39	688.08
62	682.66	784.66	617.13	703.74

Age	Male		Female	
	NT	T	NT	T
63	695.89	800.33	631.18	719.75
64	709.37	816.32	645.54	736.12
65	723.11	832.62	660.24	752.87
66	735.65	846.78	674.65	768.64
67	748.41	861.17	689.37	784.75
68	761.39	875.82	704.42	801.19
69	774.60	890.71	719.79	817.97
70	788.03	905.85	735.50	835.11
71	801.70	921.25	751.55	852.60
72	815.60	936.91	767.95	870.47
73	829.75	952.84	784.71	888.70
74	844.14	969.04	801.83	907.32
75	858.78	985.52	819.33	926.33
76	870.47	986.24	832.38	932.77
77	882.33	986.96	845.64	939.25
78	894.34	987.68	859.12	945.78
79	906.52	988.41	872.80	952.35
80	918.86	989.13	886.71	958.97
81	931.38	989.85	900.84	965.63
82	944.06	990.58	915.19	972.34
83	956.91	991.30	929.77	979.10
84	969.94	992.02	944.58	985.90
85	983.15	992.75	959.63	992.75

Use this table if you know the **Face Amount/Death Benefit** and want to calculate the **Premium**.

- For example:**
- Female, age 51, No-Tobacco, desires a \$100,000 Policy.
  - The premium for this coverage would be: (\$480.46 x 100) + \$50 policy fee = \$48,096.

**Policy Limitation:** Policy may only be issued at the lessor of: Maximum Premium of \$100,000 or Maximum Face Amount of \$250,000.

- For example:**
- Female, age 65, No-Tobacco
  - Face Amount: \$250,000

The premium for \$250,000 face amount is: **\$165,110**.

$(250 \times 660.24) + \$50$  policy fee = **\$165,110**, which exceeds the Maximum Premium of \$100,000.

A \$100,000 premium would purchase  $(\$100,000 - \$50 \text{ policy fee}) \times 1.5146 = \$151,384$  in death benefit.

The face amount would be adjusted to **\$151,384** to comply with policy limitations.

### Formula:

$(\text{Single Premium} - \$50.00^*) \times \text{Factor} = \text{Face Amount}$

$(\text{Face Amount} / \text{Factor}) + \$50.00^* = \text{Single Premium}$

\* Denotes policy fee.

Face amounts purchased by Single Premium: Ages 81-85 = \$25,000 maximum premium.

Montana – Please use male rates to comply with your unisex state requirements. All rates are effective as of 10/25/2021.



## Single Premium – Face Amount of Insurance Per Dollar

Age	Male		Female	
	NT	T	NT	T
40	2.3733	2.0018	2.7591	2.3429
41	2.3114	1.9601	2.6814	2.2878
42	2.2512	1.9193	2.6059	2.2339
43	2.1926	1.8794	2.5326	2.1814
44	2.1355	1.8403	2.4613	2.1300
45	2.0799	1.8020	2.3920	2.0799
46	2.0354	1.7649	2.3372	2.0339
47	1.9919	1.7286	2.2836	1.9890
48	1.9492	1.6930	2.2312	1.9450
49	1.9076	1.6582	2.1801	1.9020
50	1.8668	1.6240	2.1302	1.8600
51	1.8268	1.5906	2.0813	1.8189
52	1.7877	1.5579	2.0336	1.7787
53	1.7495	1.5258	1.9870	1.7394
54	1.7121	1.4944	1.9414	1.7009
55	1.6754	1.4637	1.8970	1.6633
56	1.6436	1.4350	1.8547	1.6263
57	1.6124	1.4069	1.8135	1.5902
58	1.5817	1.3793	1.7731	1.5548
59	1.5517	1.3523	1.7336	1.5202
60	1.5222	1.3259	1.6950	1.4864
61	1.4932	1.2999	1.6573	1.4533
62	1.4649	1.2744	1.6204	1.4210

Age	Male		Female	
	NT	T	NT	T
63	1.4370	1.2495	1.5843	1.3894
64	1.4097	1.2250	1.5491	1.3585
65	1.3829	1.2010	1.5146	1.3283
66	1.3593	1.1809	1.4823	1.3010
67	1.3362	1.1612	1.4506	1.2743
68	1.3134	1.1418	1.4196	1.2481
69	1.2910	1.1227	1.3893	1.2225
70	1.2690	1.1039	1.3596	1.1974
71	1.2473	1.0855	1.3306	1.1729
72	1.2261	1.0673	1.3022	1.1488
73	1.2052	1.0495	1.2744	1.1252
74	1.1846	1.0319	1.2471	1.1021
75	1.1644	1.0147	1.2205	1.0795
76	1.1448	1.0140	1.2014	1.0721
77	1.1334	1.0132	1.1825	1.0647
78	1.1181	1.0125	1.1640	1.0573
79	1.1031	1.0117	1.1457	1.0500
80	1.0883	1.0110	1.1278	1.0428
81	1.0737	1.0103	1.1101	1.0356
82	1.0593	1.0095	1.0927	1.0284
83	1.0450	1.0088	1.0755	1.0213
84	1.0310	1.0080	1.0587	1.0143
85	1.0171	1.0073	1.0421	1.0073

Use this table if you know the **Dollar Amount** the client wishes to spend and want to determine the **Face Amount** to be applied for.

- For example:**
- Male, age 67, No-Tobacco, has \$100,000 to spend.
  - The face amount would be  $(\$100,000 - \$50 \text{ policy fee}) \times 1.3362 = \$133,553$ .

**Policy Limitation:** Policy may only be issued at the lessor of: **Maximum Premium of \$100,000 or Maximum Face Amount of \$250,000.**

- For example:**
- Female, age 40, No-Tobacco
  - Premium: \$100,000

A \$100,000 premium will purchase \$275,772.05 of face amount.

$(\$100,000 - \$50 \text{ policy fee}) \times 2.7591 = \$275,772.05$ , which exceeds the Maximum Face Amount \$250,000.

The face amount of \$250,000  $(250 \times 362.44) + \$50 \text{ policy fee} = \$90,660$  premium.

The policy premium would be adjusted to \$90,660 to comply with policy limitations.

### Formula:

$(\text{Single Premium} - \$50.00^*) \times \text{Factor} = \text{Face Amount}$

$(\text{Face Amount} / \text{Factor}) + \$50.00^* = \text{Single Premium}$

\* Denotes policy fee.

Face amounts purchased by Single Premium: Ages 81-85 = \$25,000 maximum premium.

Montana – Please use male rates to comply with your unisex state requirements. All rates are effective as of 10/25/2021.

# Simplified Issue • Single Premium

MALE, Single Premium

Annual Rates per Thousand and Cash Values

Age	NT	T	Cash Values at Age								
			Age	1	2	3	4	5	10	15	20
40	421.36	499.56	40	255.69	263.56	271.66	280.04	288.71	336.82	392.99	456.51
41	432.63	510.18	41	263.56	271.66	280.04	288.71	297.69	347.44	405.14	469.97
42	444.20	521.02	42	271.66	280.04	288.71	297.69	306.97	358.36	417.58	483.64
43	456.07	532.09	43	280.04	288.71	297.69	306.97	316.58	369.60	430.30	497.49
44	468.27	543.39	44	288.71	297.69	306.97	316.58	326.54	381.14	443.28	511.51
45	480.79	554.94	45	297.69	306.97	316.58	326.54	336.82	392.99	456.51	525.70
46	491.30	566.60	46	306.97	316.58	326.54	336.82	347.44	405.14	469.97	540.06
47	502.04	578.51	47	316.58	326.54	336.82	347.44	358.36	417.58	483.64	554.61
48	513.02	590.66	48	326.54	336.82	347.44	358.36	369.60	430.30	497.49	569.34
49	524.23	603.08	49	336.82	347.44	358.36	369.60	381.14	443.28	511.51	584.25
50	535.69	615.75	50	347.44	358.36	369.60	381.14	392.99	456.51	525.70	599.31
51	547.40	628.69	51	358.36	369.60	381.14	392.99	405.14	469.97	540.06	614.46
52	559.37	641.90	52	369.60	381.14	392.99	405.14	417.58	483.64	554.61	629.65
53	571.60	655.39	53	381.14	392.99	405.14	417.58	430.30	497.49	569.34	644.80
54	584.09	669.16	54	392.99	405.14	417.58	430.30	443.28	511.51	584.25	659.87
55	596.86	683.22	55	405.14	417.58	430.30	443.28	456.51	525.70	599.31	674.84
56	608.42	696.87	56	417.58	430.30	443.28	456.51	469.97	540.06	614.46	689.70
57	620.21	710.78	57	430.30	443.28	456.51	469.97	483.64	554.61	629.65	704.47
58	632.23	724.98	58	443.28	456.51	469.97	483.64	497.49	569.34	644.80	719.15
59	644.47	739.46	59	456.51	469.97	483.64	497.49	511.51	584.25	659.87	733.73
60	656.96	754.23	60	469.97	483.64	497.49	511.51	525.70	599.31	674.84	748.19
61	669.69	769.29	61	483.64	497.49	511.51	525.70	540.06	614.46	689.70	762.47
62	682.66	784.66	62	497.49	511.51	525.70	540.06	554.61	629.65	704.47	776.54
63	695.89	800.33	63	511.51	525.70	540.06	554.61	569.34	644.80	719.15	790.31
64	709.37	816.32	64	525.70	540.06	554.61	569.34	584.25	659.87	733.73	803.64
65	723.11	832.62	65	540.06	554.61	569.34	584.25	599.31	674.84	748.19	816.44
66	735.65	846.78	66	554.61	569.34	584.25	599.31	614.46	689.70	762.47	828.61
67	748.41	861.17	67	569.34	584.25	599.31	614.46	629.65	704.47	776.54	840.05
68	761.39	875.82	68	584.25	599.31	614.46	629.65	644.80	719.15	790.31	850.64
69	774.60	890.71	69	599.31	614.46	629.65	644.80	659.87	733.73	803.64	860.35
70	788.03	905.85	70	614.46	629.65	644.80	659.87	674.84	748.19	816.44	869.18
71	801.70	921.25	71	629.65	644.80	659.87	674.84	689.70	762.47	828.61	877.14
72	815.60	936.91	72	644.80	659.87	674.84	689.70	704.47	776.54	840.05	884.35
73	829.75	952.84	73	659.87	674.84	689.70	704.47	719.15	790.31	850.64	890.91
74	844.14	969.04	74	674.84	689.70	704.47	719.15	733.73	803.64	860.35	897.02
75	858.78	985.52	75	689.70	704.47	719.15	733.73	748.19	816.44	869.18	902.98
76	870.47	986.24	76	704.47	719.15	733.73	748.19	762.47	828.61	877.14	908.86
77	882.33	986.96	77	719.15	733.73	748.19	762.47	776.54	840.05	884.35	914.48
78	894.34	987.68	78	733.73	748.19	762.47	776.54	790.31	850.64	890.91	919.79
79	906.52	988.41	79	748.19	762.47	776.54	790.31	803.64	860.35	897.02	924.70
80	918.86	989.13	80	762.47	776.54	790.31	803.64	816.44	869.18	902.98	929.13
81	931.38	989.85	81	776.54	790.31	803.64	816.44	828.61	877.14	908.86	933.10
82	944.06	990.58	82	790.31	803.64	816.44	828.61	840.05	884.35	914.48	936.71
83	956.91	991.30	83	803.64	816.44	828.61	840.05	850.64	890.91	919.79	939.99
84	969.94	992.02	84	816.44	828.61	840.05	850.64	860.35	897.02	924.70	942.98
85	983.15	992.75	85	828.61	840.05	850.64	860.35	869.18	902.98	929.13	945.81

\$50 policy fee not included. Ages 40-80 = \$100,000 maximum or maximum face amount of \$250,000 (see page 15); Ages 81-85 = \$25,000 maximum premium.  
 Montana - Please use male rates to comply with your unisex state requirements. All rates are effective as of 10/25/2021.

**FEMALE, Single Premium**

**Annual Rates per Thousand and Cash Values**

Age	NT	T	Cash Values at Age								
			Age	1	2	3	4	5	10	15	20
40	362.44	426.83	40	255.69	263.56	271.66	280.04	288.71	336.82	392.99	456.51
41	372.94	437.11	41	263.56	271.66	280.04	288.71	297.69	347.44	405.14	469.97
42	383.74	447.65	42	271.66	280.04	288.71	297.69	306.97	358.36	417.58	483.64
43	394.85	458.43	43	280.04	288.71	297.69	306.97	316.58	369.60	430.30	497.49
44	406.29	469.48	44	288.71	297.69	306.97	316.58	326.54	381.14	443.28	511.51
45	418.06	480.79	45	297.69	306.97	316.58	326.54	336.82	392.99	456.51	525.70
46	427.87	491.66	46	306.97	316.58	326.54	336.82	347.44	405.14	469.97	540.06
47	437.90	502.77	47	316.58	326.54	336.82	347.44	358.36	417.58	483.64	554.61
48	448.18	514.13	48	326.54	336.82	347.44	358.36	369.60	430.30	497.49	569.34
49	458.69	525.75	49	336.82	347.44	358.36	369.60	381.14	443.28	511.51	584.25
50	469.45	537.63	50	347.44	358.36	369.60	381.14	392.99	456.51	525.70	599.31
51	480.46	549.79	51	358.36	369.60	381.14	392.99	405.14	469.97	540.06	614.46
52	491.74	562.21	52	369.60	381.14	392.99	405.14	417.58	483.64	554.61	629.65
53	503.27	574.92	53	381.14	392.99	405.14	417.58	430.30	497.49	569.34	644.80
54	515.08	587.91	54	392.99	405.14	417.58	430.30	443.28	511.51	584.25	659.87
55	527.16	601.20	55	405.14	417.58	430.30	443.28	456.51	525.70	599.31	674.84
56	539.16	614.88	56	417.58	430.30	443.28	456.51	469.97	540.06	614.46	689.70
57	551.43	628.87	57	430.30	443.28	456.51	469.97	483.64	554.61	629.65	704.47
58	563.99	643.18	58	443.28	456.51	469.97	483.64	497.49	569.34	644.80	719.15
59	576.83	657.81	59	456.51	469.97	483.64	497.49	511.51	584.25	659.87	733.73
60	589.96	672.77	60	469.97	483.64	497.49	511.51	525.70	599.31	674.84	748.19
61	603.39	688.08	61	483.64	497.49	511.51	525.70	540.06	614.46	689.70	762.47
62	617.13	703.74	62	497.49	511.51	525.70	540.06	554.61	629.65	704.47	776.54
63	631.18	719.75	63	511.51	525.70	540.06	554.61	569.34	644.80	719.15	790.31
64	645.54	736.12	64	525.70	540.06	554.61	569.34	584.25	659.87	733.73	803.64
65	660.24	752.87	65	540.06	554.61	569.34	584.25	599.31	674.84	748.19	816.44
66	674.65	768.64	66	554.61	569.34	584.25	599.31	614.46	689.70	762.47	828.61
67	689.37	784.75	67	569.34	584.25	599.31	614.46	629.65	704.47	776.54	840.05
68	704.42	801.19	68	584.25	599.31	614.46	629.65	644.80	719.15	790.31	850.64
69	719.79	817.97	69	599.31	614.46	629.65	644.80	659.87	733.73	803.64	860.35
70	735.50	835.11	70	614.46	629.65	644.80	659.87	674.84	748.19	816.44	869.18
71	751.55	852.60	71	629.65	644.80	659.87	674.84	689.70	762.47	828.61	877.14
72	767.95	870.47	72	644.80	659.87	674.84	689.70	704.47	776.54	840.05	884.35
73	784.71	888.70	73	659.87	674.84	689.70	704.47	719.15	790.31	850.64	890.91
74	801.83	907.32	74	674.84	689.70	704.47	719.15	733.73	803.64	860.35	897.02
75	819.33	926.33	75	689.70	704.47	719.15	733.73	748.19	816.44	869.18	902.98
76	832.38	932.77	76	704.47	719.15	733.73	748.19	762.47	828.61	877.14	908.86
77	845.64	939.25	77	719.15	733.73	748.19	762.47	776.54	840.05	884.35	914.48
78	859.12	945.78	78	733.73	748.19	762.47	776.54	790.31	850.64	890.91	919.79
79	872.80	952.35	79	748.19	762.47	776.54	790.31	803.64	860.35	897.02	924.70
80	886.71	958.97	80	762.47	776.54	790.31	803.64	816.44	869.18	902.98	929.13
81	900.84	965.63	81	776.54	790.31	803.64	816.44	828.61	877.14	908.86	933.10
82	915.19	972.34	82	790.31	803.64	816.44	828.61	840.05	884.35	914.48	936.71
83	929.77	979.10	83	803.64	816.44	828.61	840.05	850.64	890.91	919.79	939.99
84	944.58	985.90	84	816.44	828.61	840.05	850.64	860.35	897.02	924.70	942.98
85	959.63	992.75	85	828.61	840.05	850.64	860.35	869.18	902.98	929.13	945.81

\$50 policy fee not included. Ages 40-80 = \$100,000 maximum or maximum face amount of \$250,000 (see page 15); Ages 81-85 = \$25,000 maximum premium.  
 Montana - Please use male rates to comply with your unisex state requirements. All rates are effective as of 10/25/2021.

# Graded Death Benefit • Level-Pay for Life

See page 21-22 for Rates

## MALE, Level-Pay for Life – Monthly PAW

Age	\$3,000	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000
40	12.23	18.69	34.83	50.97	67.12	83.26
41	12.59	19.29	36.03	52.77	69.51	86.25
42	12.97	19.91	37.27	54.63	72.00	89.36
43	13.35	20.55	38.56	56.56	74.56	92.57
44	13.75	21.22	39.89	58.56	77.23	95.90
45	14.17	21.91	41.28	60.64	80.00	99.37
46	14.68	22.76	42.97	63.18	83.39	103.59
47	15.21	23.64	44.74	65.83	86.92	108.01
48	15.76	24.57	46.58	68.60	90.61	112.63
49	16.34	25.53	48.50	71.48	94.45	117.43
50	16.94	26.53	50.51	74.49	98.46	122.44
51	17.57	27.58	52.61	77.63	102.66	127.69
52	18.22	28.67	54.79	80.91	107.03	133.15
53	18.91	29.81	57.08	84.34	111.61	138.87
54	19.62	31.00	59.46	87.91	116.37	144.82
55	20.37	32.25	61.95	91.65	121.35	151.05
56	21.22	33.66	64.78	95.89	127.01	158.12
57	22.11	35.15	67.75	100.36	132.96	165.56
58	23.04	36.71	70.86	105.02	139.18	173.34
59	24.02	38.34	74.12	109.91	145.69	181.48
60	25.05	40.04	77.54	115.03	152.52	190.02
61	26.12	41.83	81.12	120.40	159.68	198.96
62	27.24	43.71	84.86	126.02	167.18	208.34
63	28.42	45.67	88.79	131.91	175.03	218.15
64	29.66	47.73	92.91	138.08	183.26	228.44
65	30.95	49.88	97.21	144.55	191.88	239.21
66	32.80	52.97	103.39	153.82	204.24	254.66
67	34.78	56.27	109.98	163.70	217.41	271.13
68	36.88	59.77	116.99	174.22	231.44	288.66
69	39.12	63.51	124.47	185.42	246.38	307.34
70	41.51	67.49	132.42	197.36	262.29	327.23
71	44.05	71.72	140.90	210.07	279.24	348.42
72	46.76	76.24	149.93	223.62	297.31	371.00
73	49.65	81.05	159.55	238.06	316.56	395.06
74	52.72	86.17	169.80	253.42	337.04	420.67
75	56.00	91.63	180.72	269.80	358.89	447.97
76	62.07	101.75	200.94	300.14	399.33	498.53
77	68.82	113.00	223.46	333.91	444.36	554.82
78	76.34	125.54	248.52	371.51	494.50	617.48
79	84.72	139.49	276.44	413.38	550.32	687.27
80	94.04	155.04	307.52	460.01	612.49	764.98
81	104.42	172.34	342.13			
82	115.98	191.61	380.66			
83	128.86	213.07	423.58			
84	143.19	236.95	471.36			
85	159.15	263.56	524.56			

## FEMALE, Level-Pay for Life – Monthly PAW

Age	\$3,000	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000
40	10.78	16.26	29.97	43.68	57.39	71.10
41	11.08	16.77	30.98	45.20	59.42	73.63
42	11.40	17.29	32.04	46.78	61.52	76.27
43	11.72	17.84	33.12	48.41	63.70	78.99
44	12.06	18.40	34.26	50.11	65.96	81.81
45	12.41	18.99	35.43	51.87	68.31	84.75
46	12.84	19.70	36.85	54.00	71.15	88.29
47	13.28	20.44	38.33	56.21	74.10	91.99
48	13.75	21.21	39.87	58.54	77.20	95.86
49	14.23	22.02	41.49	60.96	80.43	99.90
50	14.73	22.86	43.16	63.47	83.78	104.08
51	15.26	23.74	44.92	66.11	87.30	108.48
52	15.81	24.65	46.75	68.85	90.95	113.05
53	16.38	25.60	48.65	71.71	94.76	117.81
54	16.98	26.60	50.65	74.70	98.75	122.80
55	17.60	27.64	52.73	77.81	102.90	127.99
56	18.30	28.80	55.05	81.29	107.54	133.79
57	19.03	30.01	57.48	84.94	112.40	139.87
58	19.79	31.28	60.02	88.75	117.49	146.22
59	20.59	32.61	62.68	92.74	122.81	152.87
60	21.42	34.00	65.46	96.91	128.37	159.82
61	22.30	35.46	68.37	101.29	134.20	167.11
62	23.21	36.98	71.42	105.85	140.28	174.72
63	24.17	38.58	74.60	110.63	146.66	182.69
64	25.17	40.25	77.95	115.64	153.34	191.04
65	26.21	41.99	81.43	120.87	160.31	199.75
66	27.77	44.59	86.62	128.66	170.70	212.73
67	29.43	47.36	92.17	136.97	181.78	226.59
68	31.21	50.31	98.07	145.83	193.60	241.36
69	33.09	53.46	104.36	155.27	206.18	257.08
70	35.11	56.81	111.07	165.33	219.59	273.85
71	37.25	60.38	118.22	176.05	233.89	291.72
72	39.54	64.19	125.83	187.48	249.12	310.76
73	41.97	68.26	133.96	199.67	265.37	331.08
74	44.57	72.58	142.61	212.64	282.68	352.71
75	47.34	77.20	151.84	226.49	301.14	375.79
76	52.10	85.14	167.73	250.32	332.91	415.50
77	57.38	93.93	185.31	276.69	368.07	459.45
78	63.21	103.65	204.76	305.86	406.96	508.07
79	69.67	114.41	226.27	338.13	449.99	561.85
80	76.81	126.31	250.08	373.84	497.61	621.37
81	84.71	139.48	276.41			
82	93.45	154.05	305.56			
83	103.12	170.17	337.80			
84	113.83	188.01	373.47			
85	125.67	207.74	412.94			

\$30 policy fee included. Ages 40-80 = \$25,000 maximum face amount; Ages 81-85 = \$10,000 maximum face amount.  
 Montana – Please use male rates to comply with your unisex state requirements. All rates are effective as of 10/25/2021.



**MALE, Level-Pay for Life**

**Annual Rates per Thousand and Cash Values**

Age	Male	Cash Values at Age							
		1	2	3	4	5	10	15	20
40	37.98	0.00	3.20	16.08	27.41	39.12	104.11	179.99	265.80
41	39.39	0.00	3.63	17.04	28.88	41.13	109.05	187.84	276.35
42	40.85	0.00	4.09	18.06	30.45	43.27	114.21	195.97	287.16
43	42.36	0.00	4.58	19.16	32.12	45.54	119.58	204.36	298.20
44	43.93	0.00	5.10	20.31	33.90	47.97	125.16	213.01	309.45
45	45.56	0.00	5.66	21.54	35.79	50.52	130.94	221.88	320.94
46	47.55	0.00	6.25	22.84	37.77	53.17	136.90	230.96	332.66
47	49.63	0.00	6.88	24.22	39.84	55.91	143.05	240.24	344.66
48	51.80	0.00	7.55	25.68	41.99	58.77	149.40	249.72	356.99
49	54.06	0.00	8.25	27.21	44.25	61.75	155.96	259.40	369.68
50	56.42	0.00	8.98	28.82	46.61	64.87	162.72	269.31	382.71
51	58.89	0.00	9.76	30.52	49.09	68.12	169.68	279.48	396.03
52	61.46	0.00	10.59	32.32	51.68	71.51	176.82	289.96	409.59
53	64.15	0.00	11.46	34.21	54.40	75.05	184.14	300.79	423.31
54	66.95	0.00	12.38	36.20	57.24	78.73	191.63	312.01	437.15
55	69.88	0.00	13.35	38.30	60.21	82.54	199.34	323.60	451.10
56	73.21	0.00	14.36	40.49	63.29	86.49	207.29	335.52	465.19
57	76.71	0.00	15.43	42.78	66.49	90.56	215.55	347.72	479.49
58	80.37	0.00	16.55	45.19	69.81	94.76	224.19	360.13	494.06
59	84.20	0.00	17.72	47.70	73.24	99.10	233.25	372.72	508.94
60	88.22	0.00	18.94	50.31	76.81	103.62	242.74	385.49	524.11
61	92.43	0.00	20.22	53.03	80.53	108.38	252.61	398.47	539.53
62	96.84	0.00	21.99	56.30	84.88	113.82	263.12	411.99	555.39
63	101.46	0.00	25.22	61.06	90.75	120.83	274.88	426.65	571.93
64	106.30	0.00	28.65	66.11	97.00	128.27	286.83	441.70	588.28
65	111.37	0.00	32.30	71.46	103.62	136.08	298.94	457.08	604.24
66	118.64	0.00	36.06	76.91	110.34	143.99	311.04	472.61	619.47
67	126.39	0.00	40.06	82.61	117.31	152.07	323.37	488.39	633.78
68	134.64	0.00	44.28	88.52	124.42	160.24	336.01	504.26	646.89
69	143.43	0.63	48.69	94.57	131.61	168.46	349.03	519.95	658.59
70	152.79	2.96	53.27	100.69	138.85	176.75	362.46	535.26	668.77
71	162.76	5.40	58.01	106.84	146.14	185.16	376.25	549.94	677.38
72	173.39	7.97	62.90	113.00	153.54	193.81	390.43	563.66	684.52
73	184.71	10.69	67.96	119.22	161.12	202.79	404.79	576.05	690.36
74	196.76	13.57	73.26	125.52	168.96	212.12	418.98	586.79	695.28
75	209.61	16.67	78.85	131.94	177.02	221.71	432.66	595.65	700.13
76	233.40	19.52	83.65	135.84	182.77	229.10	443.78	601.27	704.23
77	259.89	22.60	88.49	138.76	187.60	235.72	452.93	604.45	707.52
78	289.38	25.91	92.63	144.08	194.78	244.40	461.80	606.92	710.97
79	322.22	29.30	95.92	149.48	201.89	252.63	468.48	608.04	713.38
80	358.79	32.70	98.20	153.77	207.57	259.24	472.04	608.46	713.99
81	399.50	36.12	98.87	156.16	211.18	263.47	472.02	608.35	712.52
82	444.84	39.08	100.17	158.84	214.61	267.00	470.02	608.12	709.99
83	495.33	40.86	103.39	162.84	218.68	270.44	467.15	608.19	706.86
84	551.54	41.34	104.90	164.60	219.94	270.66	462.16	606.70	702.20
85	614.13	39.93	103.97	163.33	217.73	267.15	456.51	602.99	696.43

\$30 policy fee included. Ages 40-80 = \$25,000 maximum face amount; Ages 81-85 = \$10,000 maximum face amount.  
 Montana - Please use male rates to comply with your unisex state requirements. All rates are effective as of 10/25/2021.

# Graded Death Benefit • Level-Pay for Life

FEMALE, Level-Pay for Life

Annual Rates per Thousand and Cash Values

Age	Female	Cash Values at Age							
		1	2	3	4	5	10	15	20
40	32.26	0.00	2.20	13.81	24.74	36.03	97.90	168.97	249.37
41	33.45	0.00	2.62	14.74	26.15	37.93	102.24	175.95	258.98
42	34.69	0.00	3.06	15.71	27.62	39.88	106.76	183.17	268.86
43	35.97	0.00	3.52	16.74	29.14	41.91	111.44	190.64	279.00
44	37.30	0.00	4.01	17.82	30.73	44.03	116.31	198.38	289.42
45	38.68	0.00	4.53	18.95	32.40	46.25	121.39	206.40	300.12
46	40.35	0.00	5.06	20.13	34.16	48.57	126.68	214.68	311.09
47	42.09	0.00	5.63	21.38	35.98	51.00	132.18	223.22	322.32
48	43.91	0.00	6.22	22.69	37.92	53.55	137.91	232.03	333.83
49	45.81	0.00	6.85	24.08	39.94	56.21	143.86	241.09	345.61
50	47.78	0.00	7.52	25.54	42.05	59.00	150.04	250.42	357.68
51	49.85	0.00	8.22	27.07	44.29	61.94	156.46	260.02	370.04
52	52.00	0.00	8.96	28.70	46.63	65.00	163.09	269.87	382.72
53	54.24	0.00	9.74	30.41	49.09	68.22	169.94	279.98	395.74
54	56.59	0.00	10.57	32.21	51.68	71.57	177.02	290.36	409.10
55	59.03	0.00	11.45	34.12	54.38	75.08	184.31	301.03	422.81
56	61.76	0.00	12.37	36.11	57.22	78.74	191.84	312.00	436.85
57	64.62	0.00	13.34	38.22	60.17	82.53	199.59	323.30	451.21
58	67.61	0.00	14.36	40.43	63.26	86.48	207.58	334.98	465.89
59	70.74	0.00	15.44	42.76	66.48	90.58	215.83	347.04	480.86
60	74.01	0.00	16.58	45.20	69.84	94.85	224.37	359.50	496.13
61	77.44	0.00	17.77	47.75	73.36	99.30	233.22	372.37	511.59
62	81.02	0.00	19.02	50.44	77.02	103.93	242.43	385.63	527.13
63	84.77	0.00	20.34	53.25	80.85	108.75	252.04	399.27	542.67
64	88.70	0.00	22.17	56.63	85.26	114.18	262.39	413.56	558.30
65	92.80	0.00	25.45	61.49	91.16	121.09	274.22	429.04	574.29
66	98.91	0.00	28.81	66.41	97.16	128.18	286.39	444.68	589.75
67	105.43	0.00	32.34	71.56	103.45	135.60	298.99	460.44	604.64
68	112.38	0.00	36.06	76.94	110.04	143.38	312.01	476.24	618.91
69	119.78	0.00	40.00	82.58	116.95	151.54	325.44	491.93	632.47
70	127.67	0.00	44.16	88.49	124.19	160.06	339.23	507.33	645.22
71	136.08	0.64	48.57	94.65	131.74	168.92	353.27	522.22	657.20
72	145.04	2.97	53.24	101.08	139.58	178.08	367.38	536.45	668.45
73	154.60	5.47	58.18	107.74	147.67	187.52	381.46	549.95	678.98
74	164.78	8.14	63.38	114.59	155.98	197.22	395.36	562.61	689.06
75	175.64	11.00	68.85	121.59	164.51	207.16	408.85	574.31	699.13
76	194.33	13.71	73.89	127.23	171.78	215.82	420.67	584.35	708.42
77	215.01	16.59	79.04	132.41	178.54	223.87	431.29	593.24	716.67
78	237.89	19.67	84.25	136.78	184.41	231.02	440.49	600.90	723.61
79	263.20	22.95	89.39	139.87	189.02	236.86	447.96	607.55	728.88
80	291.21	26.41	93.58	145.38	195.79	244.52	455.98	615.50	733.35
81	322.19	29.83	96.85	150.12	201.63	251.01	462.62	623.02	735.99
82	356.48	33.23	98.86	153.46	205.83	255.76	467.69	629.23	736.91
83	394.41	36.49	99.04	154.77	207.91	258.43	471.03	633.68	735.97
84	436.38	39.30	98.73	155.39	209.26	260.22	474.09	636.68	733.76
85	482.81	40.90	101.20	158.53	212.75	263.81	479.67	639.16	731.69

\$30 policy fee included. Ages 40-80 = \$25,000 maximum face amount; Ages 81-85 = \$10,000 maximum face amount.  
 Montana - Please use male rates to comply with your unisex state requirements. All rates are effective as of 10/25/2021.



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