



ACP 20-YEAR LEVEL TERM LIFE INSURANCE PROGRAM

Underwritten by New York Life Insurance Company
For American College of Physicians Members and Their Families

WHAT IS 20-YEAR LEVEL TERM INSURANCE?

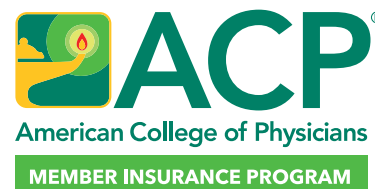
Term coverage is the purest kind of life insurance, with no costly savings features. Here is term life insurance you can depend on, for premiums that will not go up for a full 20 years and benefit options that will never go down. You can renew coverage up to age 75, subject to all termination of coverage provisions. Available to ACP members and spouses under age 55, the Group 20-Year Level Term Life Insurance Policy helps you protect your family from the financial burdens of your or your spouse's premature death. Your renewal is guaranteed until age 75, provided you pay premiums when due, remain a member of ACP, and the group policy remains in force.

You can select a coverage amount to help meet your needs, from \$100,000 up to \$2,000,000 (in \$10,000 units). The Policy features "Super Preferred" and "Preferred" Non-Smoker Rates and you can benefit from volume discounts when you apply for higher amounts of insurance. Plus, send no money until you are approved.

ELIGIBILITY

All ACP Members, Associates, Medical Students, Physician Affiliates, Non-Physician Affiliates, Fellows and Masters under age 55 may request coverage for themselves, their lawful spouse under age 55 and all unmarried dependent children ages 15 days to 23 years

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(25 if a full-time student). In order to become insured, individuals must provide satisfactory evidence of insurability and the required premium must be paid.

A dependent who is also a member is eligible for either member or dependent coverage, but not both. If both the member and spouse are covered as members, neither may insure the other as spouse and only one may insure any eligible children.

This coverage is available only for residents of the United States (except territories) and Puerto Rico.

A money-saving feature of the ACP Group 20-Year Level Term Life Insurance is the opportunity to receive a premium credits.

Premium Credits May Reduce Your Cost

A money-saving feature of the ACP Group 20-Year Level Term Life Insurance Policy is the opportunity to receive a premium credit. Premium credits reduce the

total cost of insurance. A 20% premium credit will be applied to semiannual premium contributions due through February 28, 2023. And in the future, if policy experience warrants, the Trustees may grant premium credits that can reduce your cost to renew coverage. Although not promised or guaranteed, premium credits have been granted for several years.

APPLY FOR UP TO \$2,000,000 OF COVERAGE

Choose the amount of Group 20-Year Level Term Life Insurance you need to help protect you and your family for the next 20 years – without the worry of premiums that could go up or benefits that could go down.

Amounts Of Life Insurance:

Members – \$100,000 up to \$2,000,000 in \$10,000 multiples.

Spouse – \$100,000 up to \$2,000,000 in \$10,000 multiples, not to exceed 100% of member's coverage.

Child(ren) – \$5,000

The total amount of coverage an individual may have under all group life insurance policies underwritten by New York Life Insurance Company may not exceed \$2,000,000. In addition, the total amount of coverage an individual may have under all policies issued by New York Life Insurance

Company to the Trustees of the ACP, Inc., Life Insurance Trust may not exceed the maximum benefit option for any insured person.

COVERAGE FEATURES

Pay Less If You're a Qualified Non-Smoker

Non-smokers meeting the highest underwriting standards may qualify for "Super-Preferred" (the Policy's best) rates. Other non-smokers may qualify for "Preferred Non-Smoker" or "Non-Smoker" rates. Smokers may only qualify for the "Preferred Smoker" or "Smoker" rates.

Save with Volume Discounts on Higher Amounts of Insurance

If you or your spouse becomes insured for coverage amounts of \$250,000 through \$499,999, you'll receive a volume discount; for amounts of \$500,000 through \$999,999 you will receive a discount; and for amounts of \$1,000,000 through \$2,000,000 of coverage, you'll receive an even bigger discount.

Continuing Insurance After the 20-Year Term Ends

Premiums are guaranteed to remain level for the first 20 years of coverage. At the end of the 20-year period, you may reapply for 20-year level term rates then in effect for a subsequent 20-year period, provided the insured person is under

age 55 and otherwise eligible. If your application for a subsequent 20-year term of guaranteed rates is approved, your premium contribution will be based on the insured person's age, health and tobacco/nicotine use at the time coverage becomes effective and will be guaranteed for a new 20-year term.

If you and your spouse are not approved for a subsequent 20-year term of guaranteed rates, or you do not apply for a subsequent 20-year term, coverage will continue in force on a non-guaranteed rate basis, under which premium contributions increase as the insured ages.

Help Keep Your Cost Manageable

Rates have been provided on a monthly basis per \$10,000 of coverage to make it easier for you to compare this Policy to other insurance coverages on the market today. Two modes of payment are available to suit your budget: semi-annual billing; and our monthly or semiannual Electronic Funds Transfer (EFT) option (your cost would be approximately one-half or one-twelfth, respectively, the amount you calculate from the rate chart.)

OTHER IMPORTANT INFORMATION

Valuable Living Benefit Provision "Accelerated Death Benefit"

The "Accelerated Death Benefit" option is available to help terminally ill insureds during a difficult, and often financially challenging time. Under this provision you may request one advance payment equal to 50% of your (or an insured dependent's) in force life insurance to be paid while the terminally ill person is still alive. The request must be made at least 12 months prior to the insured person's scheduled coverage termination age and the amount of insurance payable after the insured's death will be reduced by this payment. (Premium contributions will not be reduced.)

This money can be used to help cover high prescription drug costs ... medical bills ... outstanding debts ... to help pay for experimental treatments ... the cost of modifications to your home ... or for a family vacation – the choice is yours.

To qualify, a terminally ill insured must provide New York Life Insurance Company with proof of terminal illness and anticipated life expectancy (12 months or less), as well as any other necessary medical information requested.

For additional details and limitations, please see the Certificate of Insurance.

Please note that receipt of Accelerated Death Benefits may affect your eligibility for public assistance programs and may be taxable. Prior to applying to receive such benefits, you should consult with the appropriate social services agency and seek the advice of a qualified tax advisor.

Exclusions

Benefits are paid for death from any cause, at any time, anywhere in the world except suicide within 24 months from the issue date, whether sane or insane. The only amount payable will be a return of applicable contributions. **Missouri residents:** This exclusion does not apply unless it can be proved that suicide was intended at the time of application.

The validity of any amount of your life insurance which has been in force for two years during an insured's lifetime will not be contested except for insurance eligibility provisions and nonpayment of premium contributions.

You Name Your Beneficiary

You may select any person, persons, trust or other legal entity as your beneficiary. If, at the time of your death, there are no surviving beneficiaries, benefits will be paid to the executor or

administrator of your estate, or at the option of New York Life, to the surviving relatives in the following order of survival: spouse; children equally; parents equally; or brothers and sisters equally.

Ownership of Insurance

“Owner” means the person or entity with rights of ownership of this insurance as described in the Certificate of Insurance. If a transfer of ownership has been recorded by or on behalf of New York Life Insurance Company, or if initial ownership is by other than the member according to the information provided on the application, references throughout this brochure to “you” or “member” will mean “owner,” as applicable.

Effective Date

Insurance will take effect on the date your application is approved by New York Life Insurance Company provided the initial contribution is paid within 31 days after the date you are billed (send no money now) and any person to be insured is actively performing the normal activities of a person in good health of like age [*NC residents: a person of like age*] on the date of approval.

Any person who is not performing his/her normal daily activities as required will not become insured until the day he/she is performing such activities, provided such date is within

three months of the date insurance would have been effective and the person is still eligible.

When Coverage Ends

Coverage will end when the insured person reaches age 75 (23 for children, or 25 for children who are full-time students). Coverage will end earlier if: (a) premium contributions are not paid when due, (b) ACP membership ends, (c) the group policy is terminated or modified to end insurance for the group of insureds to which the member belongs or, (d) if the insured requests to terminate insurance. In addition, dependent coverage will terminate when the member’s coverage ends or when the eligibility requirements are no longer being met (although spouses may elect to continue coverage subject to certain conditions, as described in the Certificate of Insurance). Upon your death, coverage for your insured dependents may continue as described in the Certificate of Insurance.

Renewal Payments And Claims

Once you are accepted into the Policy, you will have a 31-day grace period for your payment of renewal premium contributions. When you want to submit a claim, call or write the Administrator for claim forms.

Certificate Of Insurance

This information is only a brief description of the principal provisions and features of this coverage. The complete terms and conditions are set forth in the group policy issued by New York Life Insurance Company to the Trustees of the American College of Physicians, Inc., Insurance Trust.

When you become insured, you will be sent a Certificate of Insurance summarizing your benefits under the Policy.

30-DAY FREE LOOK

If you’re not completely satisfied with the terms of your Certificate of Insurance, you may return it, without claim, within 30 days. Your coverage will be invalidated, and you will be sent a full refund, no questions asked!

TO APPLY

Consider Your Eligibility

Before you request coverage, you must be a member in good standing of ACP. Please wait until your application for membership is accepted before initiating your insurance requests. If you have any questions regarding membership, please call ACP directly at 1-800-523-1546.

Get Quicker, Easier Service When You Apply

The information provided

when you fill out your Application can make the medical underwriting process quicker and easier. By providing complete and accurate information, you avoid delays that may occur while we wait for missing information to be received and shorten the time needed for underwriting decisions and approvals.

New York Life Insurance Company relies on your answers and statements. Misstatements or failures to report information on your Application may be used as the basis for rescinding your insurance.

Group 20-Year Level Term Life Insurance is medically underwritten based on the information provided by you on the Application. It is

important that you complete the form truthfully and completely. Your Application is subject to New York Life Insurance Company's approval and more medical information may be requested. A physical exam, EKG, blood test, or other information may be required. If so, we will arrange for an independent professional paramedic to contact you to perform these simple tests at your convenience. The exam and blood test will be paid for by the Program.

1. Truthfully complete and sign the application. Be sure to indicate whether you are requesting coverage for your dependents.
2. Do not send any money

until New York Life Insurance Company has approved your application and notifies you of the premium contribution due, based on the information you have provided.

If your state of residence mandates recognition of a Domestic Partner as an eligible spouse, contact the Administrator for a Declaration of Domestic Partnership form or go to www.acpgroupinsurance.com to download the form.

3. Mail your completed application to:
ACP Group Insurance Program
P.O. Box 9947
Phoenix, AZ 85068-9918

Any Questions?

Please call us toll-free at 1-855-749-7908, between the hours of 7am and 5pm PT, Monday through Friday.

The ACP insurance trust incurs costs in connection with this sponsored program. To provide and maintain this valuable membership benefit, it is reimbursed for these costs. ACP also receives a fee for the license of its name and logo for use in connection with this program.

The Group 20-Year Level Term Life Insurance is underwritten by:



New York Life Insurance Company

51 Madison Avenue
New York, NY 10010
under Group Policy No.
G-29197-0 on Policy Form
GMR-FACE/G-29197-0

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The Group 20-Year Level Term Life Insurance is administered by:



A.G.I.A., Inc.
P.O. Box 9947
Phoenix, AZ. 85068-9918

A.G.I.A., Inc. is licensed/authorized to transact business in all 50 United States, and the District of Columbia. Their state of domicile is California. J. Christopher Burke California Insurance License #0F70947. J. Christopher Burke, Arkansas Insurance License #62442.

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 non-smokers meeting the highest underwriting standards will qualify for "Super-Preferred" rates. Other non-smokers may qualify for the higher "Preferred" or "Non-Smoker" rates. (Note: Smokers may only qualify for "Preferred Smoker" or "Smoker" Rates.) Upon approval of your application, you will be notified of the rate classification for each approved person.

Current 2022 Monthly Premium Contributions[†] Per \$10,000 Benefit Amount Face Amounts \$100,000[†] - \$249,999^{††}

Issue Age	Male Super Preferred Nonsmoker	Male Super Preferred Nonsmoker 20% Premium Credit**	Male Preferred Nonsmoker	Male Preferred Nonsmoker 20% Premium Credit**	Male Nonsmoker	Male Nonsmoker 20% Premium Credit**	Male Preferred Smoker	Male Preferred Smoker 20% Premium Credit**	Male Smoker	Male Smoker 20% Premium Credit**
20	\$0.95	\$0.76	\$1.01	\$0.82	\$1.28	\$1.03	\$2.70	\$2.17	\$3.20	\$2.57
21	0.95	0.76	1.01	0.82	1.28	1.03	2.70	2.17	3.20	2.57
22	0.95	0.76	1.01	0.82	1.28	1.03	2.70	2.17	3.20	2.57
23	0.95	0.76	1.01	0.82	1.28	1.03	2.70	2.17	3.20	2.57
24	0.95	0.76	1.01	0.82	1.28	1.03	2.70	2.17	3.20	2.57
25	0.95	0.76	1.01	0.82	1.28	1.03	2.70	2.17	3.20	2.57
26	0.95	0.76	1.01	0.82	1.28	1.03	2.70	2.17	3.20	2.57
27	0.95	0.76	1.01	0.82	1.28	1.03	2.70	2.17	3.20	2.57
28	0.95	0.76	1.01	0.82	1.28	1.03	2.70	2.17	3.20	2.57
29	0.95	0.76	1.01	0.82	1.28	1.03	2.70	2.17	3.20	2.57
30	0.95	0.76	1.01	0.82	1.28	1.03	2.70	2.17	3.20	2.57
31	0.97	0.78	1.04	0.83	1.31	1.05	2.84	2.28	3.37	2.70
32	0.99	0.79	1.07	0.86	1.35	1.08	2.99	2.39	3.54	2.83
33	1.00	0.81	1.10	0.88	1.39	1.12	3.12	2.50	3.70	2.96
34	1.02	0.82	1.12	0.90	1.42	1.14	3.27	2.62	3.86	3.09
35	1.04	0.83	1.16	0.93	1.45	1.17	3.40	2.73	4.02	3.22
36	1.10	0.88	1.20	0.97	1.53	1.23	3.63	2.91	4.30	3.44
37	1.15	0.93	1.25	1.01	1.60	1.28	3.85	3.08	4.56	3.65
38	1.21	0.98	1.30	1.05	1.67	1.34	4.06	3.25	4.84	3.88
39	1.27	1.02	1.35	1.08	1.75	1.40	4.29	3.43	5.10	4.08
40	1.34	1.08	1.40	1.12	1.83	1.47	4.50	3.61	5.37	4.30
41	1.40	1.12	1.49	1.19	1.97	1.58	4.91	3.93	5.89	4.72
42	1.46	1.18	1.59	1.28	2.10	1.68	5.32	4.26	6.40	5.13
43	1.53	1.23	1.68	1.35	2.25	1.81	5.74	4.59	6.92	5.54
44	1.59	1.28	1.77	1.42	2.39	1.92	6.14	4.92	7.44	5.95
45	1.65	1.33	1.86	1.49	2.54	2.03	6.55	5.25	7.95	6.37
46	1.83	1.47	2.07	1.66	2.78	2.23	7.17	5.74	8.70	6.97
47	2.00	1.61	2.26	1.82	3.04	2.43	7.80	6.24	9.45	7.57
48	2.17	1.74	2.46	1.98	3.29	2.63	8.42	6.74	10.20	8.16
49	2.35	1.88	2.66	2.13	3.54	2.83	9.05	7.24	10.95	8.77
50	2.52	2.02	2.85	2.28	3.79	3.03	9.65	7.73	11.70	9.37
51	2.83	2.27	3.20	2.57	4.21	3.38	10.60	8.48	12.84	10.28
52	3.15	2.52	3.55	2.84	4.64	3.72	11.55	9.24	13.98	11.18
53	3.46	2.78	3.90	3.12	5.05	4.05	12.49	9.99	15.11	12.09
54	3.78	3.03	4.23	3.38	5.48	4.38	13.43	10.75	16.25	13.01

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

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

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

**The current 20% premium credit is effective through February 28, 2023.

The current annual premium for all eligible children is \$12.00 for \$5,000 of life insurance.

Note: Premiums are guaranteed to remain level for the first 20 years of coverage. Then, if still eligible, you may reapply for the 20-year level rates then in effect for a subsequent 20-year term; rates for a subsequent term would be determined based on the insured person's then current age, health and tobacco/nicotine use and would be guaranteed for 20 years. If you or your spouse are not approved for a subsequent 20-year term of guaranteed rates, or do not apply for a subsequent 20-year term, coverage will continue in force on non-guaranteed rate basis with increasing premiums as the insured ages.

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 non-smokers meeting the highest underwriting standards will qualify for "Super-Preferred" rates. Other non-smokers may qualify for the higher "Preferred" or "Non-Smoker" rates. (Note: Smokers may only qualify for "Preferred Smoker" or "Smoker" Rates.) Upon approval of your application, you will be notified of the rate classification for each approved person.

Current 2022 Monthly Premium Contributions[†] Per \$10,000 Benefit Amount Face Amounts \$100,000[†] - \$249,999^{††}

Issue Age	Female* Super Preferred Nonsmoker	Female* Super Preferred Nonsmoker 20% Premium Credit**	Female* Preferred Nonsmoker	Female* Preferred Nonsmoker 20% Premium Credit**	Female* Nonsmoker	Female* Nonsmoker 20% Premium Credit**	Female* Preferred Smoker	Female* Preferred Smoker 20% Premium Credit**	Female* Smoker	Female* Smoker 20% Premium Credit**
20	\$0.80	\$0.65	\$0.89	\$0.72	\$1.04	\$0.83	\$1.91	\$1.53	\$2.19	\$1.75
21	0.80	0.65	0.89	0.72	1.04	0.83	1.91	1.53	2.19	1.75
22	0.80	0.65	0.89	0.72	1.04	0.83	1.91	1.53	2.19	1.75
23	0.80	0.65	0.89	0.72	1.04	0.83	1.91	1.53	2.19	1.75
24	0.80	0.65	0.89	0.72	1.04	0.83	1.91	1.53	2.19	1.75
25	0.80	0.65	0.89	0.72	1.04	0.83	1.91	1.53	2.19	1.75
26	0.80	0.65	0.89	0.72	1.04	0.83	1.91	1.53	2.19	1.75
27	0.80	0.65	0.89	0.72	1.04	0.83	1.91	1.53	2.19	1.75
28	0.80	0.65	0.89	0.72	1.04	0.83	1.91	1.53	2.19	1.75
29	0.80	0.65	0.89	0.72	1.04	0.83	1.91	1.53	2.19	1.75
30	0.80	0.65	0.89	0.72	1.04	0.83	1.91	1.53	2.19	1.75
31	0.82	0.66	0.91	0.73	1.08	0.87	2.05	1.64	2.36	1.89
32	0.84	0.68	0.94	0.75	1.11	0.89	2.19	1.75	2.53	2.03
33	0.85	0.68	0.96	0.78	1.15	0.93	2.34	1.88	2.69	2.15
34	0.88	0.71	0.99	0.79	1.19	0.95	2.47	1.98	2.86	2.29
35	0.89	0.72	1.01	0.82	1.24	0.99	2.61	2.09	3.03	2.43
36	0.91	0.73	1.04	0.83	1.29	1.03	2.82	2.26	3.30	2.65
37	0.94	0.75	1.07	0.86	1.35	1.08	3.04	2.43	3.57	2.86
38	0.97	0.78	1.10	0.88	1.40	1.12	3.26	2.62	3.85	3.08
39	1.00	0.80	1.13	0.91	1.45	1.17	3.48	2.78	4.12	3.30
40	1.02	0.82	1.16	0.93	1.51	1.22	3.69	2.95	4.39	3.52
41	1.10	0.88	1.25	1.01	1.65	1.32	4.06	3.25	4.85	3.88
42	1.17	0.94	1.35	1.08	1.77	1.42	4.45	3.56	5.31	4.25
43	1.25	1.00	1.45	1.16	1.91	1.53	4.82	3.86	5.77	4.62
44	1.31	1.05	1.54	1.23	2.04	1.63	5.20	4.16	6.23	4.98
45	1.39	1.12	1.63	1.31	2.18	1.75	5.57	4.46	6.69	5.35
46	1.50	1.20	1.77	1.42	2.35	1.88	5.74	4.59	7.32	5.86
47	1.62	1.30	1.91	1.53	2.54	2.03	5.90	4.72	7.95	6.37
48	1.74	1.39	2.06	1.65	2.71	2.18	6.06	4.85	8.59	6.88
49	1.85	1.48	2.20	1.76	2.90	2.32	6.24	4.99	9.22	7.38
50	1.97	1.58	2.35	1.88	3.07	2.46	6.40	5.13	9.85	7.88
51	2.14	1.72	2.55	2.04	3.32	2.66	7.60	6.08	10.74	8.59
52	2.32	1.86	2.75	2.20	3.57	2.86	8.80	7.05	11.63	9.31
53	2.50	2.00	2.95	2.37	3.83	3.07	10.01	8.02	12.53	10.03
54	2.68	2.15	3.16	2.53	4.09	3.28	11.21	8.98	13.41	10.73

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**The current 20% premium credit is effective through February 28, 2023.

The current annual premium for all eligible children is \$12.00 for \$5,000 of life insurance.

Note: Premiums are guaranteed to remain level for the first 20 years of coverage. Then, if still eligible, you may reapply for the 20-year level rates then in effect for a subsequent 20-year term; rates for a subsequent term would be determined based on the insured person's then current age, health and tobacco/nicotine use and would be guaranteed for 20 years. If you or your spouse are not approved for a subsequent 20-year term of guaranteed rates, or do not apply for a subsequent 20-year term, coverage will continue in force on non-guaranteed rate basis with increasing premiums as the insured ages.

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 non-smokers meeting the highest underwriting standards will qualify for "Super-Preferred" rates. Other non-smokers may qualify for the higher "Preferred" or "Non-Smoker" rates. (Note: Smokers may only qualify for "Preferred Smoker" or "Smoker" Rates.) Upon approval of your application, you will be notified of the rate classification for each approved person.

Current 2022 Monthly Premium Contributions[†] Per \$10,000 Benefit Amount Face Amounts \$250,000 - \$499,999^{††}

Issue Age	Male Super Preferred Nonsmoker	Male Super Preferred Nonsmoker 20% Premium Credit**	Male Preferred Nonsmoker	Male Preferred Nonsmoker 20% Premium Credit**	Male Nonsmoker	Male Nonsmoker 20% Premium Credit**	Male Preferred Smoker	Male Preferred Smoker 20% Premium Credit**	Male Smoker	Male Smoker 20% Premium Credit**
20	\$0.70	\$0.57	\$0.75	\$0.60	\$0.98	\$0.78	\$2.14	\$1.72	\$2.58	\$2.07
21	0.70	0.57	0.75	0.60	0.98	0.78	2.14	1.72	2.58	2.07
22	0.70	0.57	0.75	0.60	0.98	0.78	2.14	1.72	2.58	2.07
23	0.70	0.57	0.75	0.60	0.98	0.78	2.14	1.72	2.58	2.07
24	0.70	0.57	0.75	0.60	0.98	0.78	2.14	1.72	2.58	2.07
25	0.70	0.57	0.75	0.60	0.98	0.78	2.14	1.72	2.58	2.07
26	0.70	0.57	0.75	0.60	0.98	0.78	2.14	1.72	2.58	2.07
27	0.70	0.57	0.75	0.60	0.98	0.78	2.14	1.72	2.58	2.07
28	0.70	0.57	0.75	0.60	0.98	0.78	2.14	1.72	2.58	2.07
29	0.70	0.57	0.75	0.60	0.98	0.78	2.14	1.72	2.58	2.07
30	0.70	0.57	0.75	0.60	0.98	0.78	2.14	1.72	2.58	2.07
31	0.71	0.58	0.78	0.63	1.01	0.82	2.28	1.83	2.73	2.18
32	0.73	0.58	0.81	0.65	1.05	0.85	2.40	1.93	2.89	2.32
33	0.74	0.59	0.84	0.68	1.08	0.87	2.54	2.03	3.03	2.43
34	0.75	0.60	0.87	0.70	1.11	0.89	2.67	2.14	3.19	2.55
35	0.75	0.61	0.90	0.73	1.15	0.93	2.80	2.25	3.35	2.68
36	0.81	0.65	0.94	0.75	1.22	0.98	3.00	2.41	3.59	2.88
37	0.88	0.71	0.99	0.79	1.30	1.04	3.21	2.58	3.84	3.08
38	0.93	0.75	1.03	0.83	1.37	1.10	3.41	2.53	4.09	3.28
39	0.99	0.79	1.08	0.87	1.45	1.16	3.62	2.90	4.33	3.47
40	1.04	0.83	1.12	0.90	1.52	1.22	3.82	3.06	4.58	3.67
41	1.11	0.89	1.21	0.98	1.66	1.33	4.20	3.37	5.05	4.05
42	1.18	0.95	1.30	1.05	1.88	1.45	4.58	3.67	5.52	4.42
43	1.25	1.01	1.40	1.12	1.94	1.55	4.96	3.98	6.00	4.81
44	1.31	1.05	1.49	1.19	2.08	1.67	5.34	4.28	6.47	5.18
45	1.39	1.12	1.58	1.27	2.22	1.78	5.71	4.58	6.95	5.56
46	1.55	1.24	1.77	1.42	2.46	1.98	6.30	5.04	7.62	6.10
47	1.71	1.38	1.97	1.58	2.71	2.18	6.87	5.50	8.31	6.65
48	1.88	1.51	2.15	1.73	2.95	2.36	7.44	5.95	9.00	7.20
49	2.04	1.63	2.35	1.88	3.20	2.56	8.02	6.42	9.68	7.75
50	2.20	1.77	2.53	2.03	3.44	2.75	8.59	6.88	10.36	8.29
51	2.50	2.01	2.86	2.29	3.85	3.08	9.45	7.57	11.41	9.13
52	2.81	2.25	3.20	2.56	4.26	3.42	10.32	8.26	12.45	9.96
53	3.11	2.49	3.53	2.83	4.67	3.74	11.19	8.95	13.49	10.79
54	3.42	2.74	3.85	3.08	5.07	4.06	12.06	9.65	14.54	11.63

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

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

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

**The current 20% premium credit is effective through February 28, 2023.

The current annual premium for all eligible children is \$12.00 for \$5,000 of life insurance.

Note: Premiums are guaranteed to remain level for the first 20 years of coverage. Then, if still eligible, you may reapply for the 20-year level rates then in effect for a subsequent 20-year term; rates for a subsequent term would be determined based on the insured person's then current age, health and tobacco/nicotine use and would be guaranteed for 20 years. If you or your spouse are not approved for a subsequent 20-year term of guaranteed rates, or do not apply for a subsequent 20-year term, coverage will continue in force on non-guaranteed rate basis with increasing premiums as the insured ages.

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 non-smokers meeting the highest underwriting standards will qualify for "Super-Preferred" rates. Other non-smokers may qualify for the higher "Preferred" or "Non-Smoker" rates. (Note: Smokers may only qualify for "Preferred Smoker" or "Smoker" Rates.) Upon approval of your application, you will be notified of the rate classification for each approved person.

Current 2022 Monthly Premium Contributions[†] Per \$10,000 Benefit Amount Face Amounts \$250,000 - \$499,999^{††}

Issue Age	Female* Super Preferred Nonsmoker	Female* Super Preferred Nonsmoker 20% Premium Credit**	Female* Preferred Nonsmoker	Female* Preferred Nonsmoker 20% Premium Credit**	Female* Nonsmoker	Female* Nonsmoker 20% Premium Credit**	Female* Preferred Smoker	Female* Preferred Smoker 20% Premium Credit**	Female* Smoker	Female* Smoker 20% Premium Credit**
20	\$0.49	\$0.39	\$0.56	\$0.45	\$0.75	\$0.60	\$1.54	\$1.23	\$1.81	\$1.45
21	0.49	0.39	0.56	0.45	0.75	0.60	1.54	1.23	1.81	1.45
22	0.49	0.39	0.56	0.45	0.75	0.60	1.54	1.23	1.81	1.45
23	0.49	0.39	0.56	0.45	0.75	0.60	1.54	1.23	1.81	1.45
24	0.49	0.39	0.56	0.45	0.75	0.60	1.54	1.23	1.81	1.45
25	0.49	0.39	0.56	0.45	0.75	0.60	1.54	1.23	1.81	1.45
26	0.49	0.39	0.56	0.45	0.75	0.60	1.54	1.23	1.81	1.45
27	0.49	0.39	0.56	0.45	0.75	0.60	1.54	1.23	1.81	1.45
28	0.49	0.39	0.56	0.45	0.75	0.60	1.54	1.23	1.81	1.45
29	0.49	0.39	0.56	0.45	0.75	0.60	1.54	1.23	1.81	1.45
30	0.49	0.39	0.56	0.45	0.75	0.60	1.54	1.23	1.81	1.45
31	0.51	0.42	0.60	0.48	0.79	0.63	1.66	1.33	1.98	1.58
32	0.53	0.43	0.61	0.49	0.82	0.66	1.80	1.45	2.14	1.72
33	0.55	0.44	0.64	0.52	0.85	0.68	1.94	1.55	2.30	1.85
34	0.56	0.45	0.66	0.53	0.90	0.73	2.08	1.67	2.47	1.98
35	0.58	0.47	0.70	0.56	0.94	0.75	2.21	1.78	2.64	2.12
36	0.62	0.50	0.72	0.58	1.00	0.80	2.44	1.95	2.91	2.33
37	0.65	0.52	0.75	0.61	1.06	0.85	2.65	2.12	3.18	2.55
38	0.67	0.54	0.79	0.63	1.11	0.89	2.86	2.29	3.45	2.77
39	0.70	0.57	0.81	0.65	1.17	0.94	3.09	2.48	3.73	2.98
40	0.73	0.58	0.84	0.68	1.24	0.99	3.30	2.65	4.00	3.20
41	0.80	0.64	0.93	0.75	1.36	1.09	3.67	2.94	4.45	3.57
42	0.85	0.68	1.01	0.82	1.49	1.19	4.04	3.23	4.90	3.93
43	0.92	0.74	1.10	0.88	1.62	1.30	4.40	3.53	5.36	4.29
44	1.00	0.80	1.19	0.95	1.75	1.40	4.77	3.82	5.80	4.65
45	1.06	0.85	1.27	1.02	1.88	1.51	5.14	4.12	6.26	5.02
46	1.16	0.93	1.40	1.12	2.05	1.64	5.32	4.26	6.89	5.52
47	1.26	1.02	1.53	1.23	2.21	1.78	5.51	4.42	7.51	6.02
48	1.36	1.09	1.65	1.33	2.39	1.92	5.70	4.56	8.14	6.52
49	1.47	1.18	1.77	1.42	2.56	2.05	5.89	4.72	8.76	7.02
50	1.57	1.26	1.90	1.53	2.74	2.19	6.07	4.86	9.38	7.51
51	1.73	1.38	2.09	1.68	2.99	2.39	7.23	5.78	10.26	8.22
52	1.90	1.52	2.27	1.82	3.23	2.58	8.40	6.72	11.15	8.92
53	2.05	1.64	2.45	1.97	3.48	2.78	9.55	7.64	12.01	9.62
54	2.20	1.77	2.64	2.12	3.73	2.98	10.71	8.58	12.90	10.32

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

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

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

**The current 20% premium credit is effective through February 28, 2023.

The current annual premium for all eligible children is \$12.00 for \$5,000 of life insurance.

Note: Premiums are guaranteed to remain level for the first 20 years of coverage. Then, if still eligible, you may reapply for the 20-year level rates then in effect for a subsequent 20-year term; rates for a subsequent term would be determined based on the insured person's then current age, health and tobacco/nicotine use and would be guaranteed for 20 years. If you or your spouse are not approved for a subsequent 20-year term of guaranteed rates, or do not apply for a subsequent 20-year term, coverage will continue in force on non-guaranteed rate basis with increasing premiums as the insured ages.

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 non-smokers meeting the highest underwriting standards will qualify for "Super-Preferred" rates. Other non-smokers may qualify for the higher "Preferred" or "Non-Smoker" rates. (Note: Smokers may only qualify for "Preferred Smoker" or "Smoker" Rates.) Upon approval of your application, you will be notified of the rate classification for each approved person.

Current 2022 Monthly Premium Contributions[†] Per \$10,000 Benefit Amount Face Amounts \$500,000 - \$999,999^{††}

Issue Age	Male Super Preferred Nonsmoker	Male Super Preferred Nonsmoker 20% Premium Credit**	Male Preferred Nonsmoker	Male Preferred Nonsmoker 20% Premium Credit**	Male Nonsmoker	Male Nonsmoker 20% Premium Credits**	Male Preferred Smoker	Male Preferred Smoker 20% Premium Credit**	Male Smoker	Male Smoker 20% Premium Credit**
20	\$0.54	\$0.43	\$0.61	\$0.49	\$0.85	\$0.68	\$1.94	\$1.55	\$2.36	\$1.89
21	0.54	0.43	0.61	0.49	0.85	0.68	1.94	1.55	2.36	1.89
22	0.54	0.43	0.61	0.49	0.85	0.68	1.94	1.55	2.36	1.89
23	0.54	0.43	0.61	0.49	0.85	0.68	1.94	1.55	2.36	1.89
24	0.54	0.43	0.61	0.49	0.85	0.68	1.94	1.55	2.36	1.89
25	0.54	0.43	0.61	0.49	0.85	0.68	1.94	1.55	2.36	1.89
26	0.54	0.43	0.61	0.49	0.85	0.68	1.94	1.55	2.36	1.89
27	0.54	0.43	0.61	0.49	0.85	0.68	1.94	1.55	2.36	1.89
28	0.54	0.43	0.61	0.49	0.85	0.68	1.94	1.55	2.36	1.89
29	0.54	0.43	0.61	0.49	0.85	0.68	1.94	1.55	2.36	1.89
30	0.54	0.43	0.61	0.49	0.85	0.68	1.94	1.55	2.36	1.89
31	0.55	0.45	0.63	0.51	0.90	0.72	2.08	1.67	2.52	2.02
32	0.57	0.46	0.64	0.52	0.93	0.75	2.20	1.77	2.66	2.13
33	0.58	0.47	0.65	0.53	0.97	0.78	2.35	1.88	2.81	2.25
34	0.60	0.48	0.66	0.53	1.00	0.81	2.47	1.98	2.96	2.38
35	0.61	0.49	0.69	0.55	1.04	0.83	2.60	2.08	3.11	2.49
36	0.65	0.52	0.72	0.58	1.11	0.89	2.80	2.25	3.36	2.69
37	0.67	0.54	0.75	0.61	1.19	0.95	3.01	2.42	3.60	2.88
38	0.71	0.58	0.80	0.64	1.27	1.02	3.21	2.58	3.85	3.08
39	0.74	0.59	0.83	0.67	1.35	1.08	3.41	2.73	4.10	3.28
40	0.78	0.63	0.87	0.70	1.42	1.14	3.62	2.90	4.34	3.48
41	0.85	0.68	0.97	0.78	1.55	1.25	4.00	3.20	4.80	3.84
42	0.94	0.75	1.08	0.87	1.70	1.36	4.37	3.50	5.27	4.22
43	1.01	0.82	1.19	0.95	1.84	1.48	4.75	3.80	5.74	4.59
44	1.10	0.88	1.30	1.04	1.98	1.58	5.12	4.10	6.20	4.96
45	1.18	0.95	1.40	1.13	2.11	1.69	5.50	4.40	6.66	5.33
46	1.34	1.08	1.60	1.28	2.36	1.89	6.06	4.85	7.34	5.88
47	1.49	1.19	1.80	1.44	2.61	2.09	6.62	5.30	8.00	6.41
48	1.65	1.32	1.99	1.59	2.85	2.28	7.20	5.76	8.68	6.95
49	1.80	1.45	2.18	1.75	3.10	2.48	7.76	6.22	9.35	7.48
50	1.95	1.57	2.37	1.90	3.35	2.68	8.33	6.67	10.02	8.02
51	2.25	1.80	2.69	2.15	3.75	3.01	9.18	7.35	11.05	8.84
52	2.53	2.03	3.02	2.42	4.17	3.34	10.04	8.03	12.07	9.66
53	2.81	2.25	3.35	2.68	4.58	3.67	10.90	8.72	13.09	10.48
54	3.10	2.48	3.66	2.93	4.98	3.98	11.75	9.40	14.11	11.29

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

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

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

**The current 20% premium credit is effective through February 28, 2023.

The current annual premium for all eligible children is \$12.00 for \$5,000 of life insurance.

Note: Premiums are guaranteed to remain level for the first 20 years of coverage. Then, if still eligible, you may reapply for the 20-year level rates then in effect for a subsequent 20-year term; rates for a subsequent term would be determined based on the insured person's then current age, health and tobacco/nicotine use and would be guaranteed for 20 years. If you or your spouse are not approved for a subsequent 20-year term of guaranteed rates, or do not apply for a subsequent 20-year term, coverage will continue in force on non-guaranteed rate basis with increasing premiums as the insured ages.

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 non-smokers meeting the highest underwriting standards will qualify for "Super-Preferred" rates. Other non-smokers may qualify for the higher "Preferred" or "Non-Smoker" rates. (Note: Smokers may only qualify for "Preferred Smoker" or "Smoker" Rates.) Upon approval of your application, you will be notified of the rate classification for each approved person.

Current 2022 Monthly Premium Contributions[†] Per \$10,000 Benefit Amount Face Amounts \$500,000 - \$999,999^{††}

Issue Age	Female* Super Preferred Nonsmoker	Female* Super Preferred Nonsmoker 20% Premium Credit**	Female* Preferred Nonsmoker	Female* Preferred Nonsmoker 20% Premium Credit**	Female* Nonsmoker	Female* Nonsmoker 20% Premium Credit**	Female* Preferred Smoker	Female* Preferred Smoker 20% Premium Credit**	Female* Smoker	Female* Smoker 20% Premium Credit**
20	\$0.36	\$0.29	\$0.43	\$0.35	\$0.62	\$0.50	\$1.30	\$1.04	\$1.55	\$1.25
21	0.36	0.29	0.43	0.35	0.62	0.50	1.30	1.04	1.55	1.25
22	0.36	0.29	0.43	0.35	0.62	0.50	1.30	1.04	1.55	1.25
23	0.36	0.29	0.43	0.35	0.62	0.50	1.30	1.04	1.55	1.25
24	0.36	0.29	0.43	0.35	0.62	0.50	1.30	1.04	1.55	1.25
25	0.36	0.29	0.43	0.35	0.62	0.50	1.30	1.04	1.55	1.25
26	0.36	0.29	0.43	0.35	0.62	0.50	1.30	1.04	1.55	1.25
27	0.36	0.29	0.43	0.35	0.62	0.50	1.30	1.04	1.55	1.25
28	0.36	0.29	0.43	0.35	0.62	0.50	1.30	1.04	1.55	1.25
29	0.36	0.29	0.43	0.35	0.62	0.50	1.30	1.04	1.55	1.25
30	0.36	0.29	0.43	0.35	0.62	0.50	1.30	1.04	1.55	1.25
31	0.38	0.31	0.45	0.36	0.66	0.53	1.43	1.15	1.71	1.38
32	0.40	0.32	0.46	0.38	0.70	0.57	1.55	1.25	1.86	1.49
33	0.42	0.34	0.48	0.38	0.75	0.60	1.68	1.35	2.02	1.62
34	0.44	0.35	0.50	0.41	0.79	0.63	1.81	1.45	2.18	1.75
35	0.45	0.37	0.53	0.43	0.83	0.67	1.94	1.55	2.34	1.88
36	0.48	0.38	0.56	0.45	0.89	0.72	2.15	1.73	2.58	2.07
37	0.51	0.42	0.60	0.48	0.95	0.76	2.35	1.88	2.84	2.28
38	0.54	0.43	0.64	0.52	1.01	0.82	2.56	2.05	3.10	2.48
39	0.57	0.46	0.67	0.54	1.07	0.86	2.77	2.22	3.35	2.68
40	0.60	0.48	0.71	0.58	1.13	0.91	2.98	2.38	3.60	2.88
41	0.66	0.53	0.81	0.64	1.26	1.02	3.32	2.66	4.03	3.23
42	0.73	0.58	0.88	0.71	1.39	1.12	3.67	2.94	4.46	3.58
43	0.80	0.64	0.95	0.76	1.52	1.12	4.02	3.22	4.88	3.91
44	0.85	0.68	1.03	0.83	1.65	1.32	4.36	3.49	5.30	4.25
45	0.92	0.74	1.11	0.89	1.77	1.42	4.70	3.77	5.74	4.59
46	1.02	0.82	1.24	0.99	1.95	1.56	4.89	3.92	6.32	5.06
47	1.11	0.89	1.35	1.08	2.12	1.70	5.07	4.06	6.90	5.53
48	1.21	0.98	1.47	1.18	2.30	1.84	5.25	4.21	7.50	6.00
49	1.31	1.05	1.59	1.28	2.47	1.98	5.44	4.35	8.08	6.47
50	1.42	1.14	1.72	1.38	2.67	2.12	5.62	4.50	8.67	6.94
51	1.56	1.25	1.90	1.52	2.90	2.32	6.70	5.37	9.50	7.60
52	1.72	1.38	2.07	1.66	3.14	2.52	7.79	6.23	10.32	8.26
53	1.86	1.49	2.25	1.80	3.39	2.72	8.87	7.10	11.15	8.92
54	2.02	1.62	2.41	1.93	3.64	2.92	9.95	7.17	11.97	9.58

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

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

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

**The current 20% premium credit is effective through February 28, 2023.

The current annual premium for all eligible children is \$12.00 for \$5,000 of life insurance.

Note: Premiums are guaranteed to remain level for the first 20 years of coverage. Then, if still eligible, you may reapply for the 20-year level rates then in effect for a subsequent 20-year term; rates for a subsequent term would be determined based on the insured person's then current age, health and tobacco/nicotine use and would be guaranteed for 20 years. If you or your spouse are not approved for a subsequent 20-year term of guaranteed rates, or do not apply for a subsequent 20-year term, coverage will continue in force on non-guaranteed rate basis with increasing premiums as the insured ages.

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 non-smokers meeting the highest underwriting standards will qualify for "Super-Preferred" rates. Other non-smokers may qualify for the higher "Preferred" or "Non-Smoker" rates. (Note: Smokers may only qualify for "Preferred Smoker" or "Smoker" Rates.) Upon approval of your application, you will be notified of the rate classification for each approved person.

Current 2022 Monthly Premium Contributions[†] Per \$10,000 Benefit Amount Face Amounts \$1,000,000 - \$2,000,000^{††}

Issue Age	Male Super Preferred Nonsmoker	Male Super Preferred Nonsmoker 20% Premium Credit**	Male Preferred Nonsmoker	Male Preferred Nonsmoker 20% Premium Credit**	Male Nonsmoker	Male Nonsmoker 20% Premium Credit**	Male Preferred Smoker	Male Preferred Smoker 20% Premium Credit**	Male Smoker	Male Smoker 20% Premium Credit**
20	\$0.46	\$0.38	\$0.55	\$0.45	\$0.80	\$0.65	\$1.85	\$1.48	\$2.26	\$1.82
21	0.46	0.38	0.55	0.45	0.80	0.65	1.85	1.48	2.26	1.82
22	0.46	0.38	0.55	0.45	0.80	0.65	1.85	1.48	2.26	1.82
23	0.46	0.38	0.55	0.45	0.80	0.65	1.85	1.48	2.26	1.82
24	0.46	0.38	0.55	0.45	0.80	0.65	1.85	1.48	2.26	1.82
25	0.46	0.38	0.55	0.45	0.80	0.65	1.85	1.48	2.26	1.82
26	0.46	0.38	0.55	0.45	0.80	0.65	1.85	1.48	2.26	1.82
27	0.46	0.38	0.55	0.45	0.80	0.65	1.85	1.48	2.26	1.82
28	0.46	0.38	0.55	0.45	0.80	0.65	1.85	1.48	2.26	1.82
29	0.46	0.38	0.55	0.45	0.80	0.65	1.85	1.48	2.26	1.82
30	0.46	0.38	0.55	0.45	0.80	0.65	1.85	1.48	2.26	1.82
31	0.46	0.38	0.57	0.46	0.84	0.68	1.98	1.58	2.40	1.93
32	0.50	0.41	0.58	0.47	0.88	0.71	2.10	1.68	2.55	2.05
33	0.53	0.43	0.60	0.48	0.91	0.73	2.22	1.78	2.69	2.15
34	0.55	0.44	0.61	0.49	0.95	0.76	2.35	1.88	2.84	2.28
35	0.56	0.45	0.63	0.51	0.99	0.79	2.48	1.98	2.99	2.39
36	0.60	0.48	0.66	0.53	1.06	0.85	2.68	2.15	3.22	2.58
37	0.63	0.51	0.71	0.58	1.13	0.91	2.89	2.32	3.46	2.78
38	0.66	0.53	0.75	0.60	1.20	0.96	3.08	2.47	3.71	2.98
39	0.70	0.56	0.79	0.63	1.27	1.02	3.28	2.63	3.95	3.16
40	0.73	0.58	0.83	0.67	1.35	1.08	3.48	2.78	4.19	3.35
41	0.81	0.65	0.93	0.75	1.48	1.18	3.84	3.08	4.64	3.72
42	0.89	0.72	1.03	0.83	1.62	1.30	4.20	3.37	5.09	4.08
43	0.97	0.78	1.13	0.91	1.75	1.41	4.57	3.66	5.53	4.43
44	1.04	0.83	1.25	1.00	1.89	1.52	4.93	3.95	5.98	4.78
45	1.12	0.90	1.35	1.08	2.02	1.62	5.30	4.24	6.43	5.15
46	1.27	1.02	1.53	1.23	2.26	1.82	5.85	4.68	7.08	5.67
47	1.43	1.15	1.71	1.38	2.50	2.00	6.39	5.12	7.73	6.18
48	1.57	1.26	1.90	1.52	2.74	2.19	6.94	5.55	8.39	6.72
49	1.72	1.38	2.09	1.68	2.98	2.38	7.49	5.99	9.04	7.23
50	1.88	1.51	2.27	1.82	3.21	2.58	8.03	6.43	9.69	7.75
51	2.14	1.72	2.58	2.07	3.60	2.88	8.85	7.08	10.66	8.53
52	2.41	1.93	2.90	2.32	4.01	3.22	9.68	7.75	11.65	9.32
53	2.69	2.15	3.20	2.57	4.40	3.53	10.50	8.40	12.63	10.11
54	2.96	2.38	3.51	2.82	4.80	3.84	11.32	9.06	13.61	10.89

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

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

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

**The current 20% premium credit is effective through February 28, 2023.

The current annual premium for all eligible children is \$12.00 for \$5,000 of life insurance.

Note: Premiums are guaranteed to remain level for the first 20 years of coverage. Then, if still eligible, you may reapply for the 20-year level rates then in effect for a subsequent 20-year term; rates for a subsequent term would be determined based on the insured person's then current age, health and tobacco/nicotine use and would be guaranteed for 20 years. If you or your spouse are not approved for a subsequent 20-year term of guaranteed rates, or do not apply for a subsequent 20-year term, coverage will continue in force on non-guaranteed rate basis with increasing premiums as the insured ages.

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 non-smokers meeting the highest underwriting standards will qualify for "Super-Preferred" rates. Other non-smokers may qualify for the higher "Preferred" or "Non-Smoker" rates. (Note: Smokers may only qualify for "Preferred Smoker" or "Smoker" Rates.) Upon approval of your application, you will be notified of the rate classification for each approved person.

Current 2022 Monthly Premium Contributions[†] Per \$10,000 Benefit Amount Face Amounts \$1,000,000 - \$2,000,000^{††}

Issue Age	Female* Super Preferred Nonsmoker	Female* Super Preferred Nonsmoker 20% Premium Credit**	Female* Preferred Nonsmoker	Female* Preferred Nonsmoker 20% Premium Credit**	Female* Nonsmoker	Female* Nonsmoker 20% Premium Credit**	Female* Preferred Smoker	Female* Preferred Smoker 20% Premium Credit**	Female* Smoker	Female* Smoker 20% Premium Credit**
20	\$0.32	\$0.26	\$0.38	\$0.31	\$0.56	\$0.45	\$1.21	\$0.98	\$1.46	\$1.18
21	0.32	0.26	0.38	0.31	0.56	0.45	1.21	0.98	1.46	1.18
22	0.32	0.26	0.38	0.31	0.56	0.45	1.21	0.98	1.46	1.18
23	0.32	0.26	0.38	0.31	0.56	0.45	1.21	0.98	1.46	1.18
24	0.32	0.26	0.38	0.31	0.56	0.45	1.21	0.98	1.46	1.18
25	0.32	0.26	0.38	0.31	0.56	0.45	1.21	0.98	1.46	1.18
26	0.32	0.26	0.38	0.31	0.56	0.45	1.21	0.98	1.46	1.18
27	0.32	0.26	0.38	0.31	0.56	0.45	1.21	0.98	1.46	1.18
28	0.32	0.26	0.38	0.31	0.56	0.45	1.21	0.98	1.46	1.18
29	0.32	0.26	0.38	0.31	0.56	0.45	1.21	0.98	1.46	1.18
30	0.32	0.26	0.38	0.31	0.56	0.45	1.21	0.98	1.46	1.18
31	0.34	0.28	0.40	0.32	0.61	0.49	1.35	1.08	1.62	1.30
32	0.35	0.28	0.42	0.34	0.65	0.52	1.46	1.18	1.77	1.42
33	0.37	0.30	0.44	0.35	0.70	0.56	1.59	1.28	1.92	1.54
34	0.39	0.32	0.45	0.37	0.73	0.58	1.72	1.38	2.08	1.67
35	0.41	0.33	0.47	0.38	0.76	0.62	1.84	1.48	2.22	1.78
36	0.44	0.35	0.51	0.42	0.83	0.67	2.04	1.63	2.47	1.98
37	0.47	0.38	0.55	0.44	0.89	0.72	2.25	1.80	2.72	2.18
38	0.50	0.41	0.58	0.47	0.95	0.76	2.45	1.96	2.96	2.38
39	0.53	0.43	0.62	0.50	1.00	0.81	2.65	2.12	3.21	2.58
40	0.55	0.45	0.65	0.53	1.07	0.86	2.85	2.28	3.46	2.78
41	0.62	0.50	0.74	0.59	1.19	0.95	3.19	2.55	3.88	3.11
42	0.69	0.55	0.81	0.65	1.31	1.05	3.51	2.82	4.30	3.44
43	0.74	0.59	0.90	0.72	1.44	1.15	3.85	3.08	4.70	3.77
44	0.80	0.65	0.98	0.78	1.56	1.25	4.20	3.36	5.12	4.10
45	0.85	0.68	1.05	0.85	1.68	1.35	4.54	3.63	5.53	4.43
46	0.96	0.78	1.17	0.94	1.85	1.48	4.70	3.77	6.10	4.88
47	1.05	0.85	1.28	1.03	2.02	1.62	4.89	3.92	6.66	5.33
48	1.15	0.92	1.40	1.12	2.20	1.76	5.07	4.06	7.23	5.78
49	1.25	1.00	1.52	1.22	2.36	1.89	5.25	4.21	7.79	6.23
50	1.34	1.08	1.63	1.31	2.54	2.03	5.43	4.35	8.35	6.68
51	1.48	1.18	1.80	1.45	2.77	2.22	6.48	5.18	9.15	7.33
52	1.63	1.31	1.97	1.58	3.01	2.42	7.51	6.02	9.95	7.96
53	1.77	1.42	2.13	1.71	3.25	2.61	8.55	6.84	10.74	8.59
54	1.92	1.54	2.30	1.84	3.49	2.79	9.59	7.68	11.54	9.23

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