

YOUR COST

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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 2021 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 Discount**	Male Preferred Nonsmoker	Male Preferred Nonsmoker 20% Premium Discount**	Male Nonsmoker	Male Nonsmoker 20% Premium Discount**	Male Preferred Smoker	Male Preferred Smoker 20% Premium Discount**	Male Smoker	Male Smoker 20% Premium Discount**
20	\$0.76	\$0.62	\$0.81	\$0.65	\$0.93	\$0.75	\$1.92	\$1.54	\$2.21	\$1.78
21	0.76	0.62	0.81	0.65	0.93	0.75	1.92	1.54	2.21	1.78
22	0.76	0.62	0.81	0.65	0.93	0.75	1.92	1.54	2.21	1.78
23	0.76	0.62	0.81	0.65	0.93	0.75	1.92	1.54	2.21	1.78
24	0.76	0.62	0.81	0.65	0.93	0.75	1.92	1.54	2.21	1.78
25	0.76	0.62	0.81	0.65	0.93	0.75	1.92	1.54	2.21	1.78
26	0.76	0.62	0.81	0.65	0.93	0.75	1.92	1.54	2.22	1.78
27	0.78	0.63	0.81	0.65	0.93	0.75	1.92	1.54	2.22	1.78
28	0.78	0.63	0.81	0.65	0.94	0.75	1.93	1.55	2.23	1.78
29	0.79	0.63	0.81	0.65	0.94	0.75	1.93	1.55	2.23	1.78
30	0.79	0.63	0.81	0.65	0.94	0.75	1.93	1.55	2.25	1.80
31	0.79	0.63	0.82	0.66	0.95	0.76	1.99	1.59	2.30	1.85
32	0.79	0.63	0.83	0.67	0.96	0.78	2.05	1.64	2.37	1.90
33	0.79	0.63	0.84	0.68	0.98	0.78	2.10	1.68	2.45	1.96
34	0.79	0.63	0.85	0.68	0.99	0.79	2.17	1.74	2.50	2.01
35	0.79	0.63	0.85	0.68	1.00	0.80	2.22	1.78	2.57	2.06
36	0.81	0.65	0.89	0.72	1.03	0.83	2.34	1.88	2.71	2.18
37	0.84	0.68	0.91	0.73	1.07	0.86	2.45	1.96	2.85	2.28
38	0.85	0.68	0.95	0.76	1.11	0.89	2.55	2.04	2.98	2.38
39	0.89	0.72	0.98	0.78	1.15	0.93	2.65	2.13	3.11	2.49
40	0.91	0.73	1.00	0.81	1.19	0.95	2.76	2.22	3.25	2.61
41	0.95	0.76	1.05	0.85	1.26	1.02	2.98	2.38	3.51	2.82
42	0.99	0.79	1.09	0.88	1.33	1.07	3.19	2.55	3.78	3.03
43	1.01	0.82	1.13	0.91	1.40	1.12	3.40	2.72	4.05	3.25
44	1.05	0.85	1.17	0.94	1.46	1.18	3.60	2.88	4.32	3.46
45	1.09	0.88	1.21	0.98	1.54	1.23	3.82	3.06	4.59	3.68
46	1.17	0.94	1.30	1.05	1.65	1.32	4.17	3.34	5.01	4.02
47	1.25	1.01	1.40	1.13	1.76	1.42	4.51	3.62	5.43	4.35
48	1.34	1.08	1.50	1.20	1.88	1.51	4.85	3.88	5.85	4.68
49	1.42	1.14	1.60	1.28	2.00	1.60	5.20	4.17	6.28	5.03
50	1.50	1.20	1.70	1.36	2.10	1.68	5.55	4.45	6.70	5.36
51	1.65	1.33	1.85	1.48	2.30	1.85	6.10	4.88	7.35	5.88
52	1.81	1.45	2.03	1.63	2.50	2.01	6.63	5.31	8.03	6.43
53	1.97	1.58	2.20	1.76	2.70	2.17	7.18	5.75	8.69	6.95
54	2.12	1.70	2.37	1.90	2.90	2.33	7.72	6.18	9.35	7.48
55	2.28	1.83	2.54	2.03	3.10	2.48	8.26	6.62	10.01	8.02
56	2.50	2.00	2.80	2.24	3.40	2.73	9.09	7.28	11.03	8.83
57	2.72	2.18	3.04	2.43	3.71	2.98	9.91	7.93	12.05	9.65
58	2.94	2.35	3.30	2.64	4.01	3.22	10.75	8.60	13.07	10.46
59	3.16	2.53	3.55	2.84	4.31	3.45	11.57	9.26	14.09	11.28
60	3.38	2.71	3.80	3.05	4.61	3.69	12.40	9.92	15.10	12.08
61	3.60	2.88	4.05	3.25	4.92	3.94	13.22	10.58	16.12	12.90
62	3.82	3.06	4.30	3.45	5.22	4.18	14.05	11.24	17.14	13.72
63	4.04	3.23	4.56	3.65	5.52	4.42	14.88	11.91	18.15	14.53
64	4.26	3.42	4.81	3.85	5.83	4.67	15.70	12.57	19.17	15.34

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

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**The current 20% premium discount is effective through February 28, 2022. Although not guaranteed, the Group 10-Year Level Term Life Insurance coverage for ACP members has returned premium discounts for several years. 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 10 years of coverage. Then, if still eligible, you may reapply for 10-year level rates then in effect for a subsequent 10-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 guaranteed for 10 years. If you or your spouse are not approved for a subsequent 10-year term of guaranteed rates, or do not apply for a subsequent 10-year term, coverage will continue in force on a non-guaranteed basis with increasing premiums as the insured ages.

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Current 2021 Monthly Premium Contributions[†] Per \$10,000 Benefit Amount Face Amounts \$100,000^{††} - \$249,999^{††}

Issue Age	Female* Super Preferred Nonsmoker	Female* Super Preferred Nonsmoker Premium Discount**	Female* Preferred Nonsmoker	Female* Preferred Nonsmoker 20% Premium Discount**	Female* Nonsmoker	Female* Nonsmoker 20% Premium Discount**	Female* Preferred Smoker	Female* Preferred Smoker 20% Premium Discount**	Female* Smoker	Female* Smoker 20% Premium Discount**
20	\$0.70	\$0.57	\$0.78	\$0.63	\$0.80	\$0.64	\$1.35	\$1.08	\$1.39	\$1.12
21	0.70	0.57	0.78	0.63	0.80	0.64	1.35	1.08	1.39	1.12
22	0.70	0.57	0.78	0.63	0.80	0.64	1.35	1.08	1.39	1.12
23	0.70	0.57	0.78	0.63	0.80	0.64	1.35	1.08	1.39	1.12
24	0.70	0.57	0.78	0.63	0.80	0.64	1.35	1.08	1.39	1.12
25	0.70	0.57	0.78	0.63	0.80	0.64	1.35	1.08	1.39	1.12
26	0.70	0.57	0.78	0.63	0.80	0.65	1.38	1.11	1.43	1.15
27	0.71	0.58	0.78	0.63	0.81	0.65	1.40	1.13	1.47	1.18
28	0.71	0.58	0.78	0.63	0.82	0.66	1.44	1.15	1.50	1.20
29	0.72	0.58	0.78	0.63	0.83	0.67	1.46	1.18	1.55	1.24
30	0.72	0.58	0.78	0.63	0.84	0.68	1.49	1.19	1.58	1.27
31	0.72	0.58	0.79	0.63	0.85	0.68	1.55	1.25	1.65	1.33
32	0.73	0.58	0.80	0.64	0.87	0.70	1.62	1.30	1.73	1.38
33	0.73	0.58	0.80	0.65	0.88	0.71	1.70	1.36	1.80	1.45
34	0.74	0.59	0.81	0.65	0.90	0.72	1.75	1.41	1.88	1.51
35	0.74	0.59	0.82	0.66	0.90	0.73	1.82	1.46	1.95	1.56
36	0.75	0.61	0.84	0.68	0.95	0.76	1.95	1.56	2.10	1.68
37	0.78	0.63	0.85	0.68	0.99	0.79	2.07	1.66	2.26	1.82
38	0.80	0.65	0.89	0.72	1.03	0.83	2.20	1.76	2.40	1.93
39	0.82	0.66	0.90	0.73	1.07	0.86	2.31	1.85	2.56	2.05
40	0.84	0.68	0.92	0.74	1.11	0.89	2.45	1.96	2.72	2.18
41	0.88	0.71	0.98	0.78	1.19	0.95	2.67	2.14	3.01	2.42
42	0.92	0.74	1.03	0.83	1.26	1.02	2.90	2.33	3.29	2.63
43	0.96	0.78	1.09	0.88	1.35	1.08	3.13	2.51	3.57	2.86
44	1.00	0.81	1.15	0.92	1.42	1.14	3.36	2.69	3.85	3.08
45	1.04	0.83	1.20	0.96	1.49	1.19	3.59	2.88	4.14	3.32
46	1.11	0.89	1.28	1.03	1.59	1.28	3.75	3.00	4.56	3.65
47	1.18	0.95	1.37	1.10	1.70	1.36	3.90	3.13	4.97	3.98
48	1.25	1.01	1.45	1.17	1.80	1.45	4.05	3.25	5.40	4.32
49	1.31	1.05	1.55	1.24	1.90	1.53	4.21	3.38	5.82	4.66
50	1.39	1.12	1.63	1.31	2.00	1.61	4.37	3.50	6.23	4.98
51	1.48	1.18	1.74	1.39	2.13	1.71	4.92	3.94	6.79	5.43
52	1.57	1.26	1.84	1.48	2.25	1.81	5.46	4.38	7.34	5.88
53	1.67	1.34	1.95	1.56	2.38	1.91	6.01	4.82	7.90	6.32
54	1.76	1.42	2.05	1.64	2.50	2.00	6.55	5.25	8.45	6.76
55	1.85	1.48	2.16	1.73	2.63	2.11	7.10	5.68	9.00	7.20
56	2.01	1.62	2.35	1.88	2.85	2.28	7.86	6.29	9.77	7.82
57	2.17	1.74	2.54	2.03	3.09	2.48	8.62	6.90	10.54	8.43
58	2.31	1.85	2.72	2.18	3.32	2.66	9.38	7.51	11.30	9.05
59	2.47	1.98	2.91	2.33	3.55	2.85	10.15	8.12	12.08	9.67
60	2.63	2.11	3.10	2.48	3.78	3.03	10.90	8.73	12.84	10.28
61	2.78	2.23	3.28	2.63	4.01	3.22	11.66	9.33	13.61	10.89
62	2.94	2.35	3.47	2.78	4.24	3.39	12.43	9.95	14.37	11.50
63	3.09	2.48	3.65	2.93	4.48	3.58	13.19	10.55	15.15	12.12
64	3.24	2.59	3.85	3.08	4.70	3.77	13.95	11.16	15.92	12.74

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Current 2021 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 Discount**	Male Preferred Nonsmoker	Male Preferred Nonsmoker 20% Premium Discount**	Male Nonsmoker	Male Nonsmoker 20% Premium Discount**	Male Preferred Smoker	Male Preferred Smoker 20% Premium Discount**	Male Smoker	Male Smoker 20% Premium Discount**
20	\$0.50	\$0.41	\$0.54	\$0.43	\$0.63	\$0.51	\$1.40	\$1.12	\$1.65	\$1.32
21	0.50	0.41	0.54	0.43	0.63	0.51	1.40	1.12	1.65	1.32
22	0.50	0.41	0.54	0.43	0.63	0.51	1.40	1.12	1.65	1.32
23	0.50	0.41	0.54	0.43	0.63	0.51	1.40	1.12	1.65	1.32
24	0.50	0.41	0.54	0.43	0.63	0.51	1.40	1.12	1.65	1.32
25	0.50	0.41	0.54	0.43	0.63	0.51	1.40	1.12	1.65	1.32
26	0.50	0.41	0.54	0.43	0.63	0.51	1.40	1.12	1.65	1.33
27	0.50	0.41	0.54	0.43	0.63	0.51	1.40	1.13	1.66	1.34
28	0.51	0.42	0.54	0.43	0.64	0.52	1.40	1.13	1.67	1.34
29	0.51	0.42	0.54	0.43	0.64	0.52	1.42	1.14	1.68	1.35
30	0.51	0.42	0.54	0.43	0.64	0.52	1.42	1.14	1.70	1.36
31	0.51	0.42	0.55	0.44	0.65	0.52	1.47	1.18	1.75	1.41
32	0.51	0.42	0.55	0.45	0.66	0.53	1.53	1.23	1.81	1.45
33	0.51	0.42	0.57	0.46	0.67	0.54	1.58	1.27	1.88	1.51
34	0.51	0.42	0.58	0.47	0.70	0.56	1.64	1.32	1.93	1.55
35	0.51	0.42	0.60	0.48	0.70	0.57	1.70	1.36	2.00	1.60
36	0.54	0.43	0.61	0.49	0.74	0.59	1.80	1.44	2.12	1.70
37	0.56	0.45	0.64	0.52	0.78	0.63	1.90	1.52	2.25	1.81
38	0.58	0.47	0.65	0.53	0.82	0.66	2.00	1.61	2.37	1.90
39	0.61	0.49	0.69	0.55	0.85	0.68	2.10	1.68	2.50	2.00
40	0.64	0.52	0.70	0.57	0.90	0.72	2.20	1.77	2.63	2.11
41	0.67	0.54	0.75	0.60	0.97	0.78	2.40	1.92	2.87	2.30
42	0.71	0.58	0.80	0.64	1.03	0.83	2.60	2.08	3.11	2.49
43	0.75	0.60	0.85	0.68	1.10	0.88	2.80	2.24	3.36	2.69
44	0.79	0.63	0.90	0.72	1.17	0.94	3.00	2.40	3.60	2.88
45	0.82	0.66	0.94	0.75	1.25	1.00	3.19	2.55	3.85	3.08
46	0.90	0.73	1.03	0.83	1.35	1.08	3.50	2.81	4.23	3.38
47	0.98	0.78	1.12	0.90	1.46	1.18	3.83	3.07	4.61	3.69
48	1.06	0.85	1.20	0.97	1.57	1.26	4.14	3.32	5.00	4.01
49	1.13	0.91	1.30	1.04	1.68	1.35	4.46	3.58	5.39	4.32
50	1.21	0.98	1.39	1.12	1.80	1.44	4.78	3.83	5.77	4.62
51	1.36	1.09	1.55	1.25	1.99	1.59	5.28	4.23	6.38	5.11
52	1.51	1.22	1.71	1.38	2.19	1.75	5.77	4.62	6.98	5.58
53	1.66	1.33	1.88	1.51	2.38	1.91	6.28	5.03	7.59	6.08
54	1.81	1.45	2.03	1.63	2.58	2.07	6.77	5.42	8.19	6.55
55	1.95	1.57	2.20	1.76	2.77	2.22	7.26	5.82	8.80	7.04
56	2.17	1.74	2.44	1.95	3.07	2.46	8.03	6.43	9.71	7.78
57	2.38	1.91	2.68	2.15	3.36	2.69	8.78	7.03	10.64	8.52
58	2.60	2.08	2.92	2.34	3.65	2.92	9.54	7.63	11.55	9.25
59	2.81	2.25	3.17	2.54	3.94	3.15	10.29	8.23	12.48	9.98
60	3.02	2.42	3.40	2.73	4.23	3.38	11.05	8.85	13.40	10.72
61	3.23	2.58	3.65	2.92	4.52	3.62	11.81	9.45	14.31	11.45
62	3.45	2.76	3.90	3.12	4.82	3.86	12.56	10.05	15.24	12.19
63	3.66	2.93	4.13	3.31	5.10	4.08	13.32	10.66	16.15	12.93
64	3.87	3.10	4.38	3.51	5.40	4.32	14.08	11.27	17.08	13.67

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20	\$0.38	\$0.31	\$0.43	\$0.35	\$0.48	\$0.38	\$0.93	\$0.75	\$0.99	\$0.79
21	0.38	0.31	0.43	0.35	0.48	0.38	0.93	0.75	0.99	0.79
22	0.38	0.31	0.43	0.35	0.48	0.38	0.93	0.75	0.99	0.79
23	0.38	0.31	0.43	0.35	0.48	0.38	0.93	0.75	0.99	0.79
24	0.38	0.31	0.43	0.35	0.48	0.38	0.93	0.75	0.99	0.79
25	0.38	0.31	0.43	0.35	0.48	0.38	0.93	0.75	0.99	0.79
26	0.39	0.32	0.43	0.35	0.49	0.39	0.96	0.78	1.03	0.83
27	0.39	0.32	0.44	0.35	0.50	0.41	0.99	0.79	1.07	0.86
28	0.40	0.32	0.44	0.35	0.51	0.42	1.02	0.82	1.11	0.89
29	0.40	0.32	0.45	0.36	0.52	0.42	1.05	0.85	1.15	0.92
30	0.41	0.33	0.45	0.36	0.53	0.43	1.08	0.87	1.19	0.95
31	0.42	0.34	0.45	0.37	0.55	0.44	1.15	0.92	1.26	1.02
32	0.42	0.34	0.46	0.38	0.56	0.45	1.20	0.97	1.34	1.08
33	0.43	0.35	0.47	0.38	0.57	0.46	1.27	1.02	1.40	1.13
34	0.43	0.35	0.48	0.38	0.60	0.48	1.34	1.08	1.48	1.18
35	0.44	0.35	0.49	0.39	0.61	0.49	1.40	1.12	1.55	1.25
36	0.45	0.37	0.51	0.42	0.65	0.52	1.53	1.23	1.71	1.38
37	0.47	0.38	0.54	0.43	0.70	0.56	1.65	1.33	1.86	1.49
38	0.49	0.39	0.55	0.45	0.73	0.58	1.79	1.43	2.02	1.62
39	0.51	0.42	0.58	0.47	0.78	0.63	1.91	1.53	2.18	1.75
40	0.53	0.43	0.60	0.48	0.81	0.65	2.04	1.63	2.35	1.88
41	0.56	0.45	0.65	0.52	0.89	0.72	2.27	1.82	2.63	2.11
42	0.60	0.48	0.70	0.57	0.96	0.78	2.50	2.00	2.90	2.33
43	0.65	0.52	0.75	0.60	1.04	0.83	2.73	2.18	3.20	2.56
44	0.69	0.55	0.80	0.65	1.11	0.89	2.95	2.37	3.47	2.78
45	0.72	0.58	0.85	0.68	1.19	0.95	3.19	2.55	3.75	3.01
46	0.79	0.63	0.93	0.75	1.29	1.03	3.37	2.70	4.18	3.35
47	0.85	0.68	1.00	0.81	1.39	1.12	3.55	2.84	4.60	3.68
48	0.90	0.73	1.09	0.88	1.48	1.18	3.73	2.98	5.01	4.02
49	0.97	0.78	1.16	0.93	1.58	1.27	3.90	3.13	5.43	4.35
50	1.03	0.83	1.25	1.00	1.68	1.35	4.09	3.28	5.85	4.68
51	1.11	0.89	1.34	1.08	1.80	1.45	4.60	3.68	6.40	5.13
52	1.20	0.96	1.43	1.15	1.93	1.55	5.14	4.12	6.96	5.58
53	1.28	1.03	1.52	1.22	2.05	1.64	5.66	4.53	7.51	6.02
54	1.36	1.09	1.61	1.29	2.18	1.75	6.20	4.96	8.07	6.46
55	1.45	1.16	1.70	1.37	2.30	1.84	6.71	5.38	8.62	6.90
56	1.58	1.27	1.88	1.51	2.52	2.02	7.47	5.98	9.40	7.52
57	1.72	1.38	2.04	1.63	2.74	2.19	8.22	6.58	10.15	8.13
58	1.85	1.48	2.21	1.78	2.96	2.38	8.97	7.18	10.91	8.73
59	2.00	1.60	2.38	1.91	3.19	2.55	9.72	7.78	11.67	9.34
60	2.13	1.71	2.55	2.05	3.40	2.73	10.47	8.38	12.45	9.96
61	2.27	1.82	2.73	2.18	3.63	2.91	11.23	8.98	13.20	10.57
62	2.40	1.93	2.90	2.32	3.85	3.08	11.98	9.58	13.96	11.18
63	2.55	2.04	3.07	2.46	4.08	3.27	12.73	10.18	14.73	11.78
64	2.68	2.15	3.23	2.58	4.30	3.44	13.48	10.78	15.49	12.39

[†]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 coverage are available in \$10,000 units.

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

**The current 20% premium discount is effective through February 28, 2022. Although not guaranteed, the Group 10-Year Level Term Life Insurance coverage for ACP members has returned premium discounts for several years. 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 10 years of coverage. Then, if still eligible, you may reapply for 10-year level rates then in effect for a subsequent 10-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 guaranteed for 10 years. If you or your spouse are not approved for a subsequent 10-year term of guaranteed rates, or do not apply for a subsequent 10-year term, coverage will continue in force on a non-guaranteed 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 2021 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 Discount**	Male Preferred Nonsmoker	Male Preferred Nonsmoker 20% Premium Discount**	Male Nonsmoker	Male Nonsmoker 20% Premium Discount**	Male Preferred Smoker	Male Preferred Smoker 20% Premium Discount**	Male Smoker	Male Smoker 20% Premium Discount**
20	\$0.36	\$0.29	\$0.39	\$0.32	\$0.51	\$0.42	\$1.18	\$0.95	\$1.42	\$1.14
21	0.36	0.29	0.39	0.32	0.51	0.42	1.18	0.95	1.42	1.14
22	0.36	0.29	0.39	0.32	0.51	0.42	1.18	0.95	1.42	1.14
23	0.36	0.29	0.39	0.32	0.51	0.42	1.18	0.95	1.42	1.14
24	0.36	0.29	0.39	0.32	0.51	0.42	1.18	0.95	1.42	1.14
25	0.36	0.29	0.39	0.32	0.51	0.42	1.18	0.95	1.42	1.14
26	0.36	0.29	0.39	0.32	0.51	0.42	1.19	0.95	1.43	1.15
27	0.36	0.29	0.39	0.32	0.51	0.42	1.20	0.96	1.44	1.15
28	0.36	0.29	0.40	0.32	0.52	0.42	1.20	0.96	1.45	1.17
29	0.36	0.29	0.40	0.32	0.52	0.42	1.20	0.97	1.46	1.18
30	0.36	0.29	0.40	0.32	0.52	0.42	1.21	0.98	1.47	1.18
31	0.36	0.29	0.40	0.32	0.53	0.43	1.27	1.02	1.54	1.23
32	0.36	0.29	0.40	0.32	0.55	0.44	1.33	1.07	1.59	1.28
33	0.37	0.30	0.41	0.33	0.55	0.45	1.38	1.11	1.65	1.33
34	0.37	0.30	0.41	0.33	0.57	0.46	1.44	1.15	1.71	1.38
35	0.37	0.30	0.41	0.33	0.58	0.47	1.49	1.19	1.77	1.42
36	0.39	0.32	0.43	0.35	0.63	0.51	1.59	1.28	1.90	1.52
37	0.40	0.32	0.45	0.36	0.66	0.53	1.70	1.36	2.02	1.62
38	0.42	0.34	0.47	0.38	0.71	0.58	1.80	1.44	2.14	1.72
39	0.43	0.35	0.49	0.39	0.75	0.60	1.90	1.52	2.27	1.82
40	0.45	0.36	0.51	0.42	0.80	0.64	2.00	1.60	2.39	1.92
41	0.49	0.39	0.56	0.45	0.85	0.68	2.19	1.75	2.63	2.11
42	0.54	0.43	0.62	0.50	0.93	0.75	2.38	1.91	2.86	2.29
43	0.57	0.46	0.67	0.54	1.00	0.80	2.57	2.06	3.11	2.49
44	0.62	0.50	0.73	0.58	1.07	0.86	2.76	2.22	3.35	2.68
45	0.66	0.53	0.79	0.63	1.13	0.91	2.95	2.37	3.59	2.88
46	0.74	0.59	0.88	0.71	1.25	1.00	3.27	2.62	3.96	3.18
47	0.81	0.65	0.97	0.78	1.36	1.09	3.58	2.87	4.34	3.48
48	0.90	0.72	1.07	0.86	1.47	1.18	3.90	3.13	4.72	3.78
49	0.97	0.78	1.16	0.93	1.59	1.28	4.21	3.38	5.10	4.08
50	1.07	0.83	1.25	1.01	1.70	1.37	4.52	3.62	5.47	4.38
51	1.18	0.95	1.40	1.13	1.90	1.52	5.01	4.02	6.05	4.85
52	1.31	1.05	1.56	1.25	2.09	1.68	5.50	4.40	6.65	5.32
53	1.45	1.17	1.73	1.38	2.29	1.83	5.99	4.79	7.23	5.78
54	1.59	1.28	1.89	1.52	2.48	1.98	6.48	5.18	7.81	6.25
55	1.73	1.38	2.04	1.63	2.67	2.14	6.96	5.58	8.40	6.73
56	1.92	1.54	2.28	1.83	2.96	2.38	7.70	6.17	9.30	7.45
57	2.12	1.70	2.52	2.02	3.26	2.62	8.44	6.75	10.20	8.13
58	2.31	1.85	2.75	2.20	3.56	2.85	9.18	7.35	11.10	8.88
59	2.52	2.02	2.99	2.39	3.85	3.08	9.91	7.93	12.00	9.60
60	2.71	2.18	3.22	2.58	4.15	3.32	10.65	8.52	12.90	10.32
61	2.90	2.33	3.46	2.78	4.45	3.56	11.40	9.12	13.80	11.04
62	3.10	2.48	3.70	2.96	4.74	3.79	12.13	9.71	14.69	11.75
63	3.30	2.64	3.93	3.15	5.04	4.03	12.88	10.31	15.59	12.48
64	3.50	2.80	4.17	3.34	5.32	4.27	13.61	10.89	16.49	13.19

[†]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 coverage are available in \$10,000 units.

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

**The current 20% premium discount is effective through February 28, 2022. Although not guaranteed, the Group 10-Year Level Term Life Insurance coverage for ACP members has returned premium discounts for several years. 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 10 years of coverage. Then, if still eligible, you may reapply for 10-year level rates then in effect for a subsequent 10-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 guaranteed for 10 years. If you or your spouse are not approved for a subsequent 10-year term of guaranteed rates, or do not apply for a subsequent 10-year term, coverage will continue in force on a non-guaranteed 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 2021 Monthly Premium Contributions[†] Per \$10,000 Benefit Amount Face Amounts \$500,000[†] - \$999,999^{††}

Issue Age	Female* Super Preferred Nonsmoker	Female* Super Preferred Nonsmoker Premium Discount**	Female* Preferred Nonsmoker	Female* Preferred Nonsmoker 20% Premium Discount**	Female* Nonsmoker	Female* Nonsmoker 20% Premium Discount**	Female* Preferred Smoker	Female* Preferred Smoker 20% Premium Discount**	Female* Smoker	Female* Smoker 20% Premium Discount**
20	\$0.25	\$0.20	\$0.29	\$0.23	\$0.35	\$0.28	\$0.67	\$0.54	\$0.74	\$0.59
21	0.25	0.20	0.29	0.23	0.35	0.28	0.67	0.54	0.74	0.59
22	0.25	0.20	0.29	0.23	0.35	0.28	0.67	0.54	0.74	0.59
23	0.25	0.20	0.29	0.23	0.35	0.28	0.67	0.54	0.74	0.59
24	0.25	0.20	0.29	0.23	0.35	0.28	0.67	0.54	0.74	0.59
25	0.25	0.20	0.29	0.23	0.35	0.28	0.67	0.54	0.74	0.59
26	0.25	0.20	0.29	0.23	0.36	0.29	0.70	0.57	0.78	0.63
27	0.25	0.21	0.30	0.24	0.37	0.30	0.73	0.58	0.81	0.65
28	0.25	0.21	0.30	0.24	0.39	0.32	0.76	0.62	0.85	0.68
29	0.26	0.22	0.30	0.25	0.40	0.32	0.80	0.64	0.90	0.72
30	0.26	0.22	0.30	0.25	0.41	0.33	0.82	0.66	0.93	0.75
31	0.27	0.22	0.32	0.26	0.43	0.35	0.89	0.72	1.00	0.80
32	0.28	0.23	0.32	0.26	0.45	0.36	0.94	0.75	1.06	0.85
33	0.28	0.23	0.33	0.27	0.45	0.37	1.00	0.81	1.13	0.91
34	0.29	0.23	0.33	0.27	0.47	0.38	1.06	0.85	1.19	0.95
35	0.30	0.24	0.34	0.28	0.49	0.39	1.12	0.90	1.26	1.02
36	0.32	0.26	0.36	0.29	0.53	0.43	1.25	1.00	1.40	1.12
37	0.34	0.28	0.39	0.32	0.57	0.46	1.35	1.08	1.55	1.24
38	0.36	0.29	0.42	0.34	0.61	0.49	1.47	1.18	1.68	1.35
39	0.38	0.31	0.45	0.36	0.65	0.53	1.58	1.27	1.83	1.47
40	0.40	0.32	0.47	0.38	0.70	0.56	1.70	1.37	1.98	1.58
41	0.44	0.35	0.52	0.42	0.76	0.62	1.91	1.53	2.23	1.78
42	0.47	0.38	0.56	0.45	0.84	0.68	2.12	1.70	2.49	1.99
43	0.52	0.42	0.62	0.50	0.91	0.73	2.32	1.86	2.75	2.20
44	0.55	0.45	0.66	0.53	0.99	0.79	2.54	2.03	3.00	2.41
45	0.60	0.48	0.71	0.58	1.06	0.85	2.75	2.20	3.26	2.62
46	0.65	0.52	0.79	0.63	1.16	0.93	2.92	2.34	3.64	2.92
47	0.70	0.57	0.85	0.68	1.27	1.02	3.10	2.48	4.02	3.22
48	0.76	0.62	0.92	0.74	1.37	1.10	3.28	2.63	4.40	3.52
49	0.82	0.66	1.00	0.80	1.48	1.18	3.45	2.77	4.78	3.83
50	0.88	0.71	1.07	0.86	1.58	1.27	3.63	2.91	5.15	4.12
51	0.96	0.78	1.16	0.93	1.70	1.37	4.10	3.28	5.66	4.53
52	1.04	0.83	1.25	1.01	1.83	1.47	4.56	3.65	6.15	4.93
53	1.11	0.89	1.34	1.08	1.95	1.56	5.04	4.03	6.66	5.33
54	1.20	0.96	1.43	1.15	2.08	1.67	5.50	4.41	7.15	5.73
55	1.28	1.03	1.52	1.22	2.20	1.76	5.97	4.78	7.66	6.13
56	1.40	1.13	1.67	1.34	2.41	1.93	6.65	5.33	8.35	6.68
57	1.54	1.23	1.83	1.47	2.64	2.12	7.33	5.87	9.05	7.24
58	1.67	1.34	2.00	1.60	2.85	2.28	8.00	6.41	9.73	7.78
59	1.80	1.45	2.15	1.73	3.08	2.47	8.69	6.95	10.43	8.35
60	1.93	1.55	2.30	1.85	3.30	2.64	9.36	7.49	11.11	8.89
61	2.06	1.65	2.46	1.98	3.51	2.82	10.05	8.04	11.80	9.45
62	2.19	1.75	2.62	2.10	3.74	2.99	10.72	8.58	12.50	10.00
63	2.32	1.86	2.78	2.23	3.95	3.17	11.00	9.12	13.19	10.55
64	2.45	1.97	2.94	2.35	4.18	3.35	12.08	9.67	13.89	11.12

[†]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 coverage are available in \$10,000 units.

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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 2021 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 Discount**	Male Preferred Nonsmoker	Male Preferred Nonsmoker 20% Premium Discount**	Male Nonsmoker	Male Nonsmoker 20% Premium Discount**	Male Preferred Smoker	Male Preferred Smoker 20% Premium Discount**	Male Smoker	Male Smoker 20% Premium Discount**
20	\$0.28	\$0.23	\$0.35	\$0.28	\$0.45	\$0.37	\$1.10	\$0.88	\$1.34	\$1.08
21	0.28	0.23	0.35	0.28	0.45	0.37	1.10	0.88	1.34	1.08
22	0.28	0.23	0.35	0.28	0.45	0.37	1.10	0.88	1.34	1.08
23	0.28	0.23	0.35	0.28	0.45	0.37	1.10	0.88	1.34	1.08
24	0.28	0.23	0.35	0.28	0.45	0.37	1.10	0.88	1.34	1.08
25	0.28	0.23	0.35	0.28	0.45	0.37	1.10	0.88	1.34	1.08
26	0.28	0.23	0.35	0.28	0.45	0.37	1.11	0.89	1.35	1.08
27	0.28	0.23	0.35	0.28	0.45	0.37	1.11	0.89	1.35	1.08
28	0.29	0.23	0.35	0.28	0.46	0.38	1.12	0.90	1.37	1.10
29	0.29	0.23	0.35	0.28	0.46	0.38	1.12	0.90	1.38	1.11
30	0.29	0.23	0.35	0.28	0.46	0.38	1.13	0.91	1.39	1.12
31	0.29	0.23	0.35	0.28	0.47	0.38	1.19	0.95	1.45	1.17
32	0.30	0.24	0.35	0.28	0.49	0.39	1.25	1.00	1.51	1.22
33	0.30	0.24	0.35	0.28	0.50	0.41	1.29	1.03	1.57	1.26
34	0.30	0.25	0.35	0.28	0.52	0.42	1.35	1.08	1.63	1.31
35	0.30	0.25	0.35	0.28	0.53	0.43	1.40	1.12	1.70	1.36
36	0.33	0.27	0.38	0.31	0.56	0.45	1.50	1.20	1.81	1.45
37	0.35	0.28	0.40	0.32	0.61	0.49	1.60	1.28	1.93	1.55
38	0.35	0.28	0.43	0.35	0.65	0.52	1.71	1.38	2.06	1.65
39	0.37	0.30	0.45	0.36	0.70	0.56	1.81	1.45	2.18	1.75
40	0.39	0.32	0.47	0.38	0.73	0.58	1.91	1.53	2.30	1.84
41	0.43	0.35	0.53	0.43	0.80	0.65	2.10	1.68	2.54	2.03
42	0.47	0.38	0.58	0.47	0.87	0.70	2.29	1.83	2.76	2.22
43	0.51	0.42	0.63	0.51	0.94	0.75	2.47	1.98	3.00	2.41
44	0.55	0.45	0.69	0.55	1.00	0.81	2.66	2.13	3.23	2.58
45	0.60	0.48	0.74	0.59	1.08	0.87	2.85	2.28	3.47	2.78
46	0.66	0.53	0.83	0.67	1.19	0.95	3.15	2.52	3.84	3.08
47	0.74	0.59	0.91	0.73	1.29	1.03	3.46	2.78	4.20	3.37
48	0.82	0.66	1.00	0.81	1.40	1.12	3.76	3.02	4.56	3.65
49	0.90	0.72	1.09	0.88	1.50	1.20	4.08	3.27	4.93	3.95
50	0.97	0.78	1.18	0.95	1.61	1.29	4.38	3.51	5.30	4.24
51	1.10	0.88	1.34	1.08	1.80	1.45	4.85	3.88	5.86	4.69
52	1.24	0.99	1.48	1.18	1.99	1.59	5.32	4.26	6.44	5.15
53	1.37	1.10	1.64	1.32	2.18	1.75	5.80	4.64	7.01	5.62
54	1.50	1.20	1.79	1.43	2.36	1.89	6.26	5.02	7.59	6.08
55	1.64	1.32	1.94	1.55	2.55	2.05	6.75	5.40	8.15	6.53
56	1.82	1.46	2.16	1.73	2.84	2.28	7.45	5.97	9.01	7.22
57	2.00	1.61	2.39	1.92	3.12	2.50	8.17	6.54	9.89	7.92
58	2.20	1.76	2.61	2.09	3.40	2.72	8.89	7.12	10.75	8.60
59	2.38	1.91	2.84	2.28	3.68	2.95	9.60	7.68	11.62	9.30
60	2.56	2.05	3.05	2.45	3.96	3.18	10.32	8.26	12.48	9.98
61	2.75	2.20	3.28	2.63	4.25	3.40	11.03	8.83	13.35	10.68
62	2.93	2.35	3.50	2.81	4.54	3.63	11.75	9.40	14.21	11.38
63	3.12	2.50	3.73	2.98	4.81	3.85	12.46	9.98	15.08	12.07
64	3.30	2.65	3.95	3.17	5.10	4.08	13.18	10.55	15.95	12.76

[†]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 coverage are available in \$10,000 units.

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

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Note: Premiums are guaranteed to remain level for the first 10 years of coverage. Then, if still eligible, you may reapply for 10-year level rates then in effect for a subsequent 10-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 guaranteed for 10 years. If you or your spouse are not approved for a subsequent 10-year term of guaranteed rates, or do not apply for a subsequent 10-year term, coverage will continue in force on a non-guaranteed 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 2021 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 Premium Discount**	Female* Preferred Nonsmoker	Female* Preferred Nonsmoker 20% Premium Discount**	Female* Nonsmoker	Female* Nonsmoker 20% Premium Discount**	Female* Preferred Smoker	Female* Preferred Smoker 20% Premium Discount**	Female* Smoker	Female* Smoker 20% Premium Discount**
20	\$0.19	\$0.15	\$0.23	\$0.18	\$0.30	\$0.24	\$0.60	\$0.48	\$0.66	\$0.53
21	0.19	0.15	0.23	0.18	0.30	0.24	0.60	0.48	0.66	0.53
22	0.19	0.15	0.23	0.18	0.30	0.24	0.60	0.48	0.66	0.53
23	0.19	0.15	0.23	0.18	0.30	0.24	0.60	0.48	0.66	0.53
24	0.19	0.15	0.23	0.18	0.30	0.24	0.60	0.48	0.66	0.53
25	0.19	0.15	0.23	0.18	0.30	0.24	0.60	0.48	0.66	0.53
26	0.20	0.16	0.24	0.19	0.30	0.25	0.63	0.51	0.70	0.57
27	0.20	0.16	0.24	0.19	0.32	0.26	0.65	0.53	0.74	0.59
28	0.20	0.17	0.25	0.20	0.33	0.27	0.70	0.56	0.79	0.63
29	0.20	0.17	0.25	0.20	0.34	0.28	0.72	0.58	0.81	0.65
30	0.21	0.18	0.25	0.21	0.35	0.28	0.75	0.60	0.85	0.68
31	0.23	0.18	0.26	0.22	0.36	0.29	0.80	0.65	0.92	0.74
32	0.23	0.18	0.26	0.22	0.38	0.31	0.87	0.70	0.99	0.79
33	0.24	0.19	0.27	0.22	0.39	0.32	0.92	0.74	1.05	0.85
34	0.24	0.19	0.27	0.22	0.41	0.33	0.99	0.79	1.12	0.90
35	0.25	0.20	0.28	0.23	0.43	0.35	1.04	0.83	1.19	0.95
36	0.26	0.22	0.30	0.25	0.46	0.38	1.15	0.93	1.33	1.07
37	0.28	0.23	0.34	0.28	0.51	0.42	1.27	1.02	1.47	1.18
38	0.30	0.25	0.35	0.28	0.55	0.44	1.38	1.11	1.60	1.28
39	0.33	0.27	0.38	0.31	0.60	0.48	1.50	1.20	1.74	1.39
40	0.35	0.28	0.41	0.33	0.63	0.51	1.61	1.29	1.88	1.51
41	0.38	0.31	0.45	0.37	0.70	0.57	1.81	1.45	2.13	1.71
42	0.42	0.34	0.50	0.41	0.78	0.63	2.02	1.62	2.38	1.91
43	0.45	0.37	0.55	0.45	0.85	0.68	2.22	1.78	2.64	2.12
44	0.49	0.39	0.60	0.48	0.92	0.74	2.44	1.95	2.89	2.32
45	0.53	0.43	0.65	0.52	1.00	0.80	2.64	2.12	3.14	2.52
46	0.58	0.47	0.72	0.58	1.10	0.88	2.81	2.25	3.50	2.81
47	0.64	0.52	0.79	0.63	1.20	0.96	2.99	2.39	3.88	3.11
48	0.70	0.57	0.85	0.68	1.29	1.03	3.17	2.54	4.25	3.40
49	0.75	0.61	0.92	0.74	1.39	1.12	3.35	2.68	4.61	3.69
50	0.81	0.65	1.00	0.80	1.49	1.19	3.51	2.82	4.98	3.98
51	0.89	0.72	1.08	0.87	1.61	1.29	3.96	3.18	5.48	4.38
52	0.96	0.78	1.17	0.94	1.73	1.38	4.41	3.53	5.96	4.78
53	1.03	0.83	1.25	1.01	1.85	1.48	4.87	3.90	6.45	5.16
54	1.10	0.88	1.35	1.08	1.98	1.58	5.32	4.26	6.94	5.55
55	1.18	0.95	1.43	1.15	2.10	1.68	5.77	4.62	7.42	5.94
56	1.30	1.05	1.58	1.27	2.30	1.85	6.43	5.15	8.10	6.48
57	1.44	1.15	1.73	1.38	2.52	2.02	7.09	5.68	8.77	7.02
58	1.55	1.25	1.89	1.52	2.74	2.19	7.75	6.20	9.43	7.55
59	1.68	1.35	2.03	1.63	2.95	2.36	8.40	6.73	10.10	8.08
60	1.81	1.45	2.19	1.75	3.16	2.53	9.06	7.25	10.77	8.62
61	1.94	1.55	2.35	1.88	3.37	2.70	9.72	7.78	11.44	9.15
62	2.07	1.66	2.49	1.99	3.58	2.87	10.38	8.31	12.10	9.68
63	2.19	1.75	2.65	2.12	3.80	3.05	11.03	8.83	12.77	10.22
64	2.31	1.85	2.80	2.24	4.01	3.22	11.70	9.36	13.45	10.76

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