

# APSIT GROUP 10-YEAR LEVEL TERM LIFE INSURANCE

## AS A MEMBER OF AN APSIT SOCIETY, SEARCHING FOR LIFE INSURANCE HAS NEVER BEEN EASIER.

Your membership gives you access to quality coverage that's competitive and portable—even if you change jobs, your policy stays with you. Let APSIT help you protect your family's financial security by providing them with a cash benefit to help offset the bills and expenses you would be leaving behind should something happen to you.

### Why should I consider APSIT Group 10-Year Level Term Life Insurance?

The APSIT Insurance Program offers you competitive Group 10-Year Level Term Life Insurance to help ensure a secure foundation and financial future for your loved ones. Once you're approved for coverage, your rate is locked in, so you won't have to worry about fluctuations in the economy, or your age, health, or work situation. That's because with the APSIT plan, your rates are guaranteed not to increase for the full initial 10-year term.

### How can life insurance help protect my loved ones?

Group 10-Year Level Term Life Insurance can help your family continue to live comfortably should anything happen to you. It creates an instant estate to help supplement the loss of your (or your spouse's) income—making it easier for your family to pay for immediate expenses or long-term needs such as a mortgage or your children's education.

### Who is eligible for coverage?

All APSIT society members in good standing and their lawful spouses under age 65 who are residing in the United States (except NC, and VT); Puerto Rico; or Canada (except Quebec), and all unmarried dependent children ages 14 days through 22 years (24 if full-time student) are eligible to apply for coverage.

### What are my coverage options?

You have a wide range of coverage options to choose from—up to \$1,000,000!

MEMBER OPTIONS	SPOUSE OPTIONS	CHILD(REN) <sup>2</sup> OPTION
\$100,000 to \$1,000,000 <sup>1</sup>	\$100,000 to \$750,000 <sup>1</sup>	\$10,000 per child

<sup>1</sup>In \$10,000 multiples.

<sup>2</sup>6 months through age 22 (24 if full time student).

The total amount of coverage an individual may request under all Group Life Insurance Plans underwritten by New York Life Insurance Company may not exceed \$1,500,000. In addition,

**1 in 3**  
households will face immediate financial hardship after a primary wage earner's passing.\*

\*Durham, Ashley. "2016 Insurance Barometer Study." LIMRA. 2016. Web. 3 March 2017.

the total amount of coverage an individual insured may have under all group policies issued by New York Life Insurance Company to the Trustee of the APSIT Group Life Insurance Plan may not exceed the maximum benefit option for any insured person.

## What valuable features are included with the APSIT Group 10-Year Level Term Life Insurance Plan?

**It's portable:** Unlike insurance through an employer, your APSIT Group Level Term Life Insurance stays with you even if you change jobs, provided you maintain your APSIT society membership and pay your premiums when due.

**No exclusions:** Benefits are paid for death from any cause, at any time, anywhere in the world (subject to U.S. government regulations on restricted countries). 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 insurability provisions and non-payment of premium contributions.

### Am I eligible to receive any discounts?

In addition to competitive rates, the plan offers the following opportunities to save you money:

**Volume discount:** Members who apply for higher coverage amounts are eligible for volume discounts. If you or your spouse become insured for coverage amounts of \$250,000 to \$499,000, you'll receive a volume

### 30-Day Free Look

When you become insured, you will be sent a Certificate of Insurance summarizing your insurance coverage. If you are not completely satisfied with the terms of your certificate, you may return it, without claim, within 30 days. Your coverage will be invalidated and you will receive a full refund—no questions asked!

discount. For \$500,000 to \$1,000,000 of coverage, you'll receive an even bigger discount.

**Lower non-smoker rates:** If you and/or your spouse meet the highest underwriting standards, including qualifying as a non-smoker, you may qualify for "Preferred" (the plan's best) rates. Other non-smokers may qualify for "Select" (higher, but still very competitive) or "Standard" (the plan's highest) rates. (See Annual Premium Rates table for details.)

### Are there any specific benefits I should consider?

**Accelerated death benefit:** An insured member would be eligible to request one advance payment equal to 50% of your (or an insured dependent's) in force life insurance, to be paid while the insured is still alive. To qualify, the covered person must be diagnosed as terminally ill with a life expectancy of 12 months or less, as well as provide any other necessary medical information requested. You can use all of the money received under the accelerated death benefit in any way you choose to help ease the burden during a difficult time. The request must be made at least 12 months prior to the covered person's scheduled coverage termination age, and the amount of insurance payable after the covered person's death will be reduced by this payment. (Premium contributions will not be reduced.) 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. Please see the Certificate of Insurance for full terms, conditions, and limitations.

**NOTE:** The accelerated death benefit is not available to residents of Massachusetts.

### Will my coverage lapse after the initial 10-year term?

If still eligible, you and your spouse may reapply for a subsequent 10-year term at the rates in effect at that time, provided the insured is under age 65. Rates for the subsequent term would be determined based on your then current age, health, and tobacco/nicotine use and will be guaranteed for 10 years. If you don't apply or aren't approved for another 10-year term, your coverage will continue, but on a non-guaranteed rate basis, with increasing premiums as you age. Please call the Plan Administrator at 800.272.1637 for details.

### Where can I find more information?

To find out more about features, costs, eligibility, renewability, limitations, and exclusions, call the **APSIT Plan Administrator** at 800.272.1637 or visit us at: [apsitinsurance.com](http://apsitinsurance.com).

**Most experts say to have life insurance coverage equal to at least 7 to 10 times your annual income.\***

\*"Peace of Mind: Now and in Retirement." Secure Family, Secure Family, April 2016. Web. 3 March 2017.

## Important Details:

**Eligibility Requirements:** All APSIT society members under age 65 may request coverage for themselves, their lawful spouses under age 65, and all unmarried dependent children ages 14 days through 22 years (24 if a full-time student). In order to become insured, individuals must provide satisfactory evidence of insurability and pay the required premium.

A dependent who is also an APSIT society 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.

**You Name Your Beneficiary:** Your beneficiary is the person(s) last designated by you in writing and recorded by or on behalf of New York Life Insurance Company. You may change this beneficiary designation at any time by written request. You are the automatic beneficiary for dependent insurance, as described in the Certificate of Insurance. If you wish to name another beneficiary for spouse insurance, contact the Plan Administrator for the applicable forms.

**Ownership of Insurance:** "Owner" means the person or entity with rights of ownership of the 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 plan information 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 performing the normal activities of a person in good health of like age. (Residents of Maryland and North Carolina: Any reference to "performing normal activities of a person in good health of like age" is replaced by the requirement that the health status of any proposed insured person remain the same as stated in your application.)

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) or earlier if: (a) premium contributions are not paid when due; (b) APSIT society membership ends; (c) the group plan is terminated or modified by the policyholder to end insurance for the group of insureds to which the member belongs; or (d) the insured requests to terminate insurance. In addition, dependent coverage will terminate when the dependent spouse or child ceases to be an eligible dependent. Upon your death, coverage for your insured dependents may continue as described in the Certificate of Insurance.

**Important Information From New York Life Insurance Company:** This plan 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 request 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 a professional paramedic to contact you to perform these simple tests at your convenience, free of charge. The shorter application works in conjunction with a "tele-underwriter." The service provider that contacts you will take your personal health information confidentially over the phone while you're at home or at the office. If needed, your provider will make arrangements for any medical requirements with you during this call. New York Life Insurance Company relies on your answers and statements. Misstatements or failures to report information on your request form may be used as the basis for rescinding your insurance.

## How to Apply:

Before you request coverage, you must be a member in good standing with an APSIT society. To apply, visit [APSITinsurance.com](https://www.apsitinsurance.com). You can apply online or you can download the application for the product you would like to apply for. You may fax your completed and signed application to 866.817.9009 or send it via mail to:

**APSIT Group Insurance Program**  
1200 E. Glen Ave.  
Peoria Heights, IL 61616-5348

*For residents of Puerto Rico, completed applications and premium payments should be sent to:*

**Global Insurance Agency**  
P.O. Box 9023918  
San Juan, Puerto Rico, 00902-3918

In order to expedite claim payments, we request that you provide the following information for everyone you are requesting coverage on, as well as on any named beneficiary: full name, address, date of birth, social security number, and telephone number. Please call 800.272.1637 to complete this request. If you prefer, enclose a separate piece of paper with this information together with your application.

This is intended to describe only principal features of the APSIT Group 10-Year Level Term Life Insurance Plan and is not a contract. A complete description is contained in the Certificate of Insurance including features, costs, eligibility, renewability, limitations and exclusions issued to each plan participant. Certain state restrictions apply. Benefits are provided under the Group Policy No. G-29134-0 on Policy Forms GMR-FACE/G-29134-0. This policy allows you to convert all or part of your coverage to an individual permanent life policy, regardless of your physical condition, provided you apply within 31 days after the date your insurance coverage terminates. See Certificate of Insurance for details on "When Coverage Ends." The complete terms, limitations, exclusions, and conditions will be set forth in the Group Policy issued by New York Life to the APSIT Insurance Trust.

**Underwritten by:**



New York Life Insurance Company  
51 Madison Avenue  
New York, NY 10010

**Brokered and Administered by:**



Pearl Insurance  
1200 E. Glen Ave.  
Peoria Heights, IL 61616

*California Insurance*  
*License #0F76076*

AR# 1322

**IMPORTANT NOTICE:  
How New York Life Obtains  
Information and Underwrites  
Your Request for Group 10-Year  
Level Term Life Insurance**

In this notice, references to "you" and "your" include any person proposed for insurance. Information regarding insurability will be treated as confidential. In considering whether the person(s) in your request for insurance qualify for insurance, we will rely on the medical information you provide, and on the information you AUTHORIZE us to obtain from your physician, other medical practitioners and facilities,

other insurance companies to which you have applied for insurance, and MIB, Inc. ("MIB"). MIB is a not-for-profit organization of insurance companies, which operates an information exchange on behalf of its members. If you apply for life or health insurance coverage, a claim for benefits is submitted to an MIB member company, medical or non-medical information may be given to MIB, and such information may then be furnished by MIB, upon request, to a member company.

Your AUTHORIZATION may be used for a period of 24 months from the date you signed the application for insurance, unless sooner revoked. The AUTHORIZATION may be revoked at any time by notifying New York Life in writing at the address provided. Your revocation will not be effective to the extent New York Life or any other person already has disclosed or collected information or taken other action in reliance on it, or to the extent that New York Life has a legal right to contest a claim under an insurance certificate or the certificate itself. The information New York Life obtains through your AUTHORIZATION may become subject to further disclosure. For example, New York Life may be required to provide it to insurance, regulatory, or other government agencies. In this case, the information may no longer be protected by the rules governing your AUTHORIZATION.

MIB and other insurance companies may also furnish New York Life, its subsidiaries or the Plan Administrator with non-medical information (such as driving records, past convictions, hazardous sport or aviation activity, use of alcohol or drugs, and other applications for insurance). The information provided may include information that may predate the time frame stated on the medical questions section, if any, on this application. This information may be used during the underwriting and claims processes, where permitted by law.

New York Life may release this information to the Plan Administrator, other insurance companies to which you may apply for life and health insurance, or to which a claim for benefits may be submitted, and to others whom you authorize in writing; however, this will not be done in connection with test results concerning Acquired Immune Deficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV). We may also make a brief report of your protected health information to MIB, but we will not disclose our underwriting decision.

New York Life will not disclose such information to anyone except those you authorize or where

required or permitted by law. Information in our files may be seen by New York Life and Plan Administrator employees, but only on a "need to know" basis in considering your request. Upon receipt of all requested information, we will make a determination as to whether your request for insurance can be approved.

If we cannot provide the coverage you requested, we will tell you why. If you feel our information is inaccurate, you will be given a chance to correct or complete the information in our files. Upon written request to New York Life or MIB, you will be provided with non-medical information. Generally, medical information will be given either directly to the proposed insured or to a medical professional designated by the proposed insured. Your request is handled in accordance with the Federal Fair Credit Reporting Act procedures. If you question the accuracy of the information provided by MIB, you may contact MIB and seek a correction. MIB's information office is: MIB, Inc., 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734, telephone 866-692-6901. For Canadian residents, the address is: MIB Information Office, 330 University Avenue, Suite 501, Toronto, Ontario, Canada M5G 1R7, telephone 416-597-0590. Information for consumers about MIB may be obtained on its website at [www.mib.com](http://www.mib.com).

For NM Residents: PROTECTED PERSONS<sup>1</sup> have a right of access to certain CONFIDENTIAL ABUSE INFORMATION<sup>2</sup> we maintain in our files and they may choose to receive such information directly. You have the right to register as a PROTECTED PERSON by sending a signed request to the Administrator at the address listed on the application. Please include your full name, date of birth, and address.

<sup>1</sup>PROTECTED PERSON means a victim of domestic abuse: who has notified us that he/she is or has been a victim of domestic abuse and who is an insured person or prospective insured person.

<sup>2</sup>CONFIDENTIAL ABUSE INFORMATION means information about: acts of domestic abuse or abuse status; the work or home address or telephone number of a victim of domestic abuse; or the status of an applicant or insured as family member, employer, or associate of a victim of domestic abuse or a person with whom an applicant or insured is known to have a direct, close, personal, family, or abuse-related relationship.

**New York Life Insurance Company 8/12 ed**

# Current 2017 Annual Rates Per \$1,000 of Insurance for Non-residents of Montana\*

AGE	MALE (\$100,000–\$249,000)			MALE (\$250,000–\$499,000)			MALE (\$500,000–\$1,000,000)		
	PREFERRED	SELECT	STANDARD	PREFERRED	SELECT	STANDARD	PREFERRED	SELECT	STANDARD
20-23	\$0.69	\$0.78	\$1.90	\$0.46	\$0.55	\$1.65	\$0.41	\$0.51	\$1.59
24-25	\$0.69	\$0.78	\$1.91	\$0.46	\$0.55	\$1.67	\$0.41	\$0.51	\$1.60
26-27	\$0.69	\$0.78	\$1.92	\$0.46	\$0.55	\$1.68	\$0.41	\$0.51	\$1.61
28	\$0.69	\$0.78	\$1.93	\$0.46	\$0.55	\$1.69	\$0.41	\$0.51	\$1.63
29	\$0.69	\$0.78	\$1.95	\$0.46	\$0.55	\$1.70	\$0.41	\$0.51	\$1.64
30	\$0.69	\$0.78	\$1.96	\$0.46	\$0.55	\$1.72	\$0.41	\$0.51	\$1.65
31	\$0.69	\$0.78	\$1.96	\$0.46	\$0.55	\$1.72	\$0.41	\$0.51	\$1.65
32	\$0.69	\$0.78	\$1.96	\$0.46	\$0.55	\$1.72	\$0.41	\$0.51	\$1.65
33	\$0.69	\$0.78	\$1.96	\$0.46	\$0.55	\$1.72	\$0.41	\$0.51	\$1.65
34	\$0.69	\$0.78	\$1.96	\$0.46	\$0.55	\$1.72	\$0.41	\$0.51	\$1.65
35	\$0.69	\$0.78	\$2.02	\$0.46	\$0.55	\$1.78	\$0.41	\$0.51	\$1.71
36	\$0.70	\$0.81	\$2.11	\$0.47	\$0.58	\$1.86	\$0.42	\$0.53	\$1.79
37	\$0.72	\$0.84	\$2.24	\$0.48	\$0.60	\$1.98	\$0.44	\$0.55	\$1.91
38	\$0.76	\$0.87	\$2.38	\$0.51	\$0.64	\$2.13	\$0.46	\$0.59	\$2.05
39	\$0.80	\$0.92	\$2.58	\$0.53	\$0.69	\$2.32	\$0.48	\$0.64	\$2.24
40	\$0.84	\$0.97	\$2.78	\$0.57	\$0.74	\$2.53	\$0.52	\$0.69	\$2.45
41	\$0.88	\$1.03	\$3.04	\$0.61	\$0.80	\$2.78	\$0.57	\$0.74	\$2.70
42	\$0.94	\$1.11	\$3.34	\$0.69	\$0.87	\$3.07	\$0.64	\$0.82	\$2.98
43	\$1.00	\$1.18	\$3.68	\$0.76	\$0.94	\$3.40	\$0.71	\$0.89	\$3.30
44	\$1.06	\$1.28	\$4.05	\$0.83	\$1.04	\$3.76	\$0.78	\$0.98	\$3.66
45	\$1.16	\$1.38	\$4.43	\$0.92	\$1.13	\$4.14	\$0.86	\$1.08	\$4.03
46	\$1.26	\$1.49	\$4.87	\$1.00	\$1.24	\$4.56	\$0.95	\$1.18	\$4.45
47	\$1.37	\$1.62	\$5.34	\$1.09	\$1.38	\$5.03	\$1.03	\$1.32	\$4.91
48	\$1.47	\$1.76	\$5.84	\$1.17	\$1.51	\$5.51	\$1.11	\$1.45	\$5.39
49	\$1.61	\$1.91	\$6.36	\$1.28	\$1.65	\$6.02	\$1.22	\$1.59	\$5.89
50	\$1.75	\$2.09	\$6.88	\$1.40	\$1.82	\$6.53	\$1.34	\$1.76	\$6.39
51	\$1.90	\$2.27	\$7.39	\$1.55	\$2.01	\$7.03	\$1.48	\$1.93	\$6.87
52	\$2.04	\$2.46	\$7.88	\$1.72	\$2.20	\$7.51	\$1.65	\$2.12	\$7.35
53	\$2.20	\$2.68	\$8.40	\$1.90	\$2.40	\$8.02	\$1.83	\$2.33	\$7.85
54	\$2.40	\$2.91	\$8.98	\$2.10	\$2.63	\$8.60	\$2.03	\$2.55	\$8.41
55	\$2.59	\$3.17	\$9.65	\$2.32	\$2.89	\$9.24	\$2.24	\$2.80	\$9.05
56	\$2.82	\$3.44	\$10.40	\$2.54	\$3.16	\$9.97	\$2.46	\$3.07	\$9.76
57	\$3.04	\$3.73	\$11.19	\$2.77	\$3.41	\$10.75	\$2.68	\$3.31	\$10.54
58	\$3.32	\$4.05	\$12.09	\$3.03	\$3.74	\$11.64	\$2.95	\$3.64	\$11.41
59	\$3.63	\$4.42	\$13.15	\$3.34	\$4.10	\$12.67	\$3.53	\$3.99	\$12.42
60	\$3.99	\$4.87	\$14.38	\$3.69	\$4.53	\$13.88	\$3.59	\$4.42	\$13.61
61	\$4.40	\$5.37	\$15.73	\$4.10	\$5.04	\$15.19	\$3.99	\$4.92	\$14.91
62	\$4.84	\$5.96	\$17.19	\$4.57	\$5.64	\$16.62	\$4.46	\$5.50	\$16.31
63	\$5.36	\$6.62	\$18.91	\$5.09	\$6.29	\$18.30	\$4.97	\$6.15	\$17.96
64	\$5.97	\$7.37	\$21.01	\$5.68	\$7.04	\$20.40	\$5.55	\$6.88	\$20.02

\*Montana residents: Male rates apply to everyone regardless of gender.

An administrative fee of \$.50 will be added to your premium bill for all modes other than annually.

# Current 2017 Annual Rates Per \$1,000 of Insurance for Non-residents of Montana\*

AGE	FEMALE (\$100,000–\$249,000)			FEMALE (\$250,000–\$499,000)			FEMALE (\$500,000–\$1,000,000)		
	PREFERRED	SELECT	STANDARD	PREFERRED	SELECT	STANDARD	PREFERRED	SELECT	STANDARD
20-27	\$0.62	\$0.71	\$1.62	\$0.40	\$0.48	\$1.39	\$0.35	\$0.44	\$1.33
28-29	\$0.62	\$0.71	\$1.63	\$0.40	\$0.48	\$1.40	\$0.35	\$0.44	\$1.34
30-34	\$0.62	\$0.71	\$1.66	\$0.40	\$0.48	\$1.41	\$0.35	\$0.44	\$1.35
35	\$0.62	\$0.71	\$1.69	\$0.40	\$0.48	\$1.45	\$0.35	\$0.44	\$1.39
36	\$0.63	\$0.73	\$1.77	\$0.41	\$0.51	\$1.53	\$0.36	\$0.46	\$1.47
37	\$0.67	\$0.76	\$1.90	\$0.43	\$0.53	\$1.65	\$0.39	\$0.48	\$1.59
38	\$0.70	\$0.80	\$2.05	\$0.47	\$0.57	\$1.81	\$0.42	\$0.52	\$1.74
39	\$0.73	\$0.85	\$2.24	\$0.51	\$0.61	\$1.98	\$0.46	\$0.57	\$1.91
40	\$0.77	\$0.89	\$2.40	\$0.54	\$0.66	\$2.14	\$0.49	\$0.61	\$2.07
41	\$0.82	\$0.96	\$2.58	\$0.59	\$0.72	\$2.32	\$0.54	\$0.67	\$2.24
42	\$0.87	\$1.02	\$2.76	\$0.64	\$0.78	\$2.50	\$0.59	\$0.73	\$2.42
43	\$0.94	\$1.10	\$2.98	\$0.70	\$0.86	\$2.71	\$0.65	\$0.80	\$2.62
44	\$1.00	\$1.17	\$3.19	\$0.76	\$0.93	\$2.93	\$0.71	\$0.88	\$2.84
45	\$1.05	\$1.25	\$3.43	\$0.82	\$1.00	\$3.16	\$0.77	\$0.95	\$3.07
46	\$1.12	\$1.31	\$3.68	\$0.88	\$1.07	\$3.40	\$0.83	\$1.02	\$3.30
47	\$1.17	\$1.39	\$3.95	\$0.93	\$1.15	\$3.66	\$0.88	\$1.09	\$3.56
48	\$1.23	\$1.47	\$4.24	\$0.99	\$1.23	\$3.94	\$0.93	\$1.17	\$3.84
49	\$1.30	\$1.55	\$4.53	\$1.05	\$1.30	\$4.23	\$0.99	\$1.24	\$4.12
50	\$1.38	\$1.66	\$4.83	\$1.12	\$1.40	\$4.52	\$1.07	\$1.34	\$4.41
51	\$1.47	\$1.75	\$5.14	\$1.21	\$1.50	\$4.82	\$1.15	\$1.43	\$4.71
52	\$1.58	\$1.86	\$5.46	\$1.32	\$1.61	\$5.14	\$1.26	\$1.54	\$5.02
53	\$1.69	\$1.97	\$5.79	\$1.42	\$1.72	\$5.47	\$1.36	\$1.65	\$5.34
54	\$1.81	\$2.10	\$6.13	\$1.55	\$1.85	\$5.79	\$1.48	\$1.78	\$5.66
55	\$1.93	\$2.25	\$6.48	\$1.67	\$1.98	\$6.14	\$1.60	\$1.91	\$6.00
56	\$2.04	\$2.40	\$6.79	\$1.78	\$2.13	\$6.45	\$1.71	\$2.05	\$6.30
57	\$2.16	\$2.55	\$7.09	\$1.88	\$2.28	\$6.74	\$1.82	\$2.21	\$6.59
58	\$2.27	\$2.74	\$7.41	\$2.01	\$2.47	\$7.05	\$1.93	\$2.39	\$6.90
59	\$2.42	\$2.93	\$7.82	\$2.15	\$2.66	\$7.45	\$2.08	\$2.58	\$7.29
60	\$2.60	\$3.18	\$8.36	\$2.33	\$2.66	\$7.98	\$2.26	\$2.78	\$7.81
61	\$2.84	\$3.47	\$9.05	\$2.57	\$3.18	\$8.66	\$2.49	\$3.09	\$8.48
62	\$3.11	\$3.78	\$9.88	\$2.85	\$3.49	\$9.47	\$2.77	\$3.40	\$9.28
63	\$3.43	\$4.16	\$10.83	\$3.18	\$3.86	\$10.39	\$3.09	\$3.76	\$10.18
64	\$3.78	\$4.56	\$11.89	\$3.52	\$4.24	\$11.43	\$3.42	\$4.14	\$11.20

\*Montana residents: Male rates apply to everyone regardless of gender.

An administrative fee of \$.50 will be added to your premium bill for all modes other than annually.

## Rates for Children: \$1.20 Annual Premium Per \$1,000 of Insurance (\$10,000 maximum coverage for each child)

The premium contributions shown reflect the current rates and benefit structure and are payable semiannually (direct billed on March 1 and September 1) or monthly via Pre-Authorized Check Payment Plan or credit card. Send no money now—you will be billed for the appropriate premium upon approval of your application.

Premiums are guaranteed to remain level for the first 10 years of coverage. At the end of the 10-year period, the insured member or insured spouse may elect to reapply for 10-Year Level Term Rates covering subsequent 10-year periods based on their then current age, health, and tobacco/nicotine use, if he or she is less than age 65. The insured member's or insured spouse's contribution will automatically be calculated on a non-guaranteed basis if he or she: (1) is not approved for the 10-Year

Level Term Rates; (2) is age 65 or over; or (3) does not elect to reapply for 10-Year Level Term Rates. Please call the Plan Administrator for details.

The cost of this 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 "Preferred" rates. Other non-smokers may qualify for higher "Select" or "Standard" rates. Smokers qualify for "Standard" rates only. Upon approval of your application, you will be notified of the rate classification for each approved person.