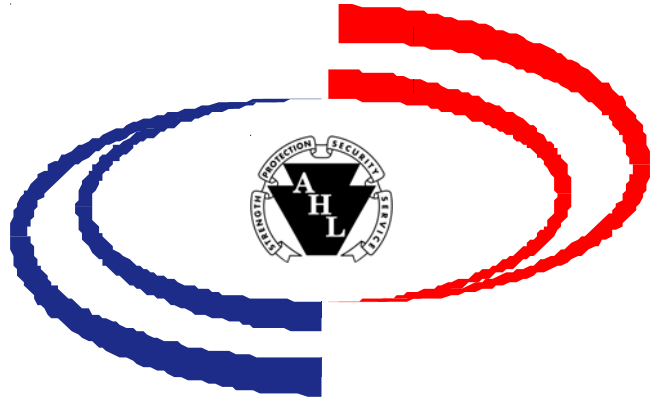







# NovaTerm



-  10, 15, 20, and 30-year level term
-  Minimum Amount: \$100,000
-  Male and Female Rates
- 
  - Super Preferred non-tobacco rates
  - Preferred non-tobacco rates
  - Standard non-tobacco rates
  - Preferred tobacco rates
  - Standard tobacco rates
-  Product Issue Ages (age nearest):

10- Year Level Term	Ages 20 - 70
15- Year Level Term	Ages 20 - 65
20- Year Level Term	Ages 20 - 60
30- Year Level Term	Ages 20 - 50



The American Home Life  
Insurance Company  
400 S. Kansas Ave • P.O. Box 1497  
Topeka, Kansas 66601-1497

**The American Home Life  
Insurance Company**  
Topeka, Kansas

NTI-1/07

**For Agent Use Only**

# NovaTerm

**Policy Features** ..... 2

## **Premium Rates Per \$1,000**

10-Year Level Term ..... 3  
15-Year Level Term ..... 4  
20-Year Level Term ..... 5  
30-Year Level Term ..... 6  
Ultimate ART ..... 7  
Ultimate ART ..... 8

## **Waiver of Premium Rates Per \$1,000**

10-Year Level Term ..... 9  
15-Year Level Term ..... 10  
20-Year Level Term ..... 11  
30-Year Level Term ..... 11-12  
Ultimate ART ..... 12

## **Underwriting Information**

Preferred Underwriting ..... 13  
Preferred Build Chart ..... 14  
Super Preferred Underwriting ..... 15  
Super Preferred Build Chart ..... 16  
Medical Requirement Guidelines ..... 17

**Additional Benefits Available** ..... 18

## **ADDITIONAL BENEFITS AVAILABLE**

Additional benefits can be added to NovaTerm policies. These benefits are listed below: (See your Additional Benefits pamphlet for more information.)

### **Waiver of Premium (WP)**

The Waiver of Premium Benefit (WP) continues insurance during total disability lasting 6 months or more prior to age 60. Waiver of premium is available at issue ages 15-55. The premiums for this benefit are shown on pages 9-12.

### **Children’s Term Insurance Benefit (CTIB)**

The CTIB benefit provides level term insurance on the life of each insured child. Each unit of CTIB provides \$1,000 of term insurance. The maximum number of units available is 10. The cost per unit is \$10 per year.

### **Accelerated Benefit Rider (ABR)**

The Accelerated Benefit Rider (ABR) enables the owner of an American Home Life policy to claim a portion of the policy’s death benefit prior to the death of the insured, if the insured is diagnosed as having a “terminal illness”. There is no charge for this rider. However, administrative fees are charged when the benefit is claimed.

## **TERM RIDERS**

NovaTerm  
Versa Term  
10-Year Level Term less than \$100,000  
20-Year Level Term less than \$100,000

Term Riders may be requested on the primary insured of a base policy, on the spouse, or a business partner of the insured.

**Term riders not available in Illinois.**

## **PREMIUM MODES**

Annual  
Semi-Annual (52%)  
Quarterly (26.5%)  
Monthly Automatic (Divide the A.P. by 12 and add \$.50)

**In Montana, Use Male Rates Only.**

## Medical Requirement Guidelines

Face Amount	Ages 20-30*	Ages 31-40	Ages 41-45
100,000 to 200,000	Paramedical HOS Blood Profile/HIV	Paramedical HOS Blood Profile/HIV	Paramedical HOS Blood Profile/HIV
200,001 to 300,000	Paramedical HOS Blood Profile/HIV	Paramedical HOS Blood Profile/HIV	Paramedical HOS Blood Profile/HIV
300,001 to 500,000	Paramedical HOS Blood Profile/HIV	Paramedical HOS Blood Profile/HIV	Paramedical HOS Blood Profile/HIV EKG
500,001 to 1,000,000	Paramedical HOS Blood Profile/HIV	Paramedical HOS Blood Profile/HIV EKG	Paramedical HOS Blood Profile/HIV EKG
1,000,001 to 2,000,000	MD Exam HOS Blood Profile/HIV EKG	MD Exam HOS Blood Profile/HIV EKG	MD Exam HOS Blood Profile/HIV EKG
2,000,001 to 5,000,000*	MD Exam HOS Blood Profile/HIV EKG	MD Exam HOS Blood Profile/HIV EKG	MD Exam HOS Blood Profile/HIV EKG
Face Amount	Ages 46-50	Ages 51-60	Ages 61 & Over*
100,000 to 200,000	Paramedical HOS Blood Profile/HIV	Paramedical HOS Blood Profile/HIV EKG	Paramedical HOS Blood Profile/HIV EKG
200,001 to 300,000	Paramedical HOS Blood Profile/HIV EKG	Paramedical HOS Blood Profile/HIV EKG	Paramedical HOS Blood Profile/HIV EKG
300,001 to 500,000	Paramedical HOS Blood Profile/HIV EKG	Paramedical HOS Blood Profile/HIV EKG	MD Exam HOS Blood Profile/HIV EKG
500,001 to 1,000,000	Paramedical HOS Blood Profile/HIV EKG	MD Exam HOS Blood Profile/HIV EKG	MD Exam HOS Blood Profile/HIV EKG
1,000,001 to 2,000,000	MD Exam HOS Blood Profile/HIV EKG	MD Exam HOS Blood Profile/HIV TM	MD Exam HOS Blood Profile/HIV TM
2,000,001 to 5,000,000*	MD Exam HOS Blood Profile/HIV TM	MD Exam HOS Blood Profile/HIV TM	MD Exam HOS Blood Profile/HIV TM

\*Over \$5,000,000 consult Home Office. The Company reserves the right to request any requirements determined necessary to properly appraise the risk.

## NovaTerm

The NovaTerm series of term products was developed in partnership with our reinsurer, Business Men's Assurance of Kansas City, MO. This partnership enables us to offer more competitive term products.

NovaTerm policies and riders are renewable to age 95. At the end of the first term period (10, 15, 20, or 30 years, respectively), coverage will continue as Ultimate ART until the policy anniversary nearest age 95. Each one-year renewal term period begins on the policy anniversary.

NovaTerm policies and riders contain an exchange (re-entry) option. If the exchange option is not exercised, the policy automatically becomes Ultimate ART. In this case, a new policy will not be issued. If the exchange (re-entry) option is exercised, the policyowner may apply for an additional benefit period by going through the underwriting process. When approved, a new policy will be issued. The exchange (re-entry) option must be exercised at least 60 days, but not more than 90 days, prior to the exchange option date shown in the Policy Specifications. The new policy will be issued at the insured's attained age, nearest birthday, on the Exchange Date.

NovaTerm policies and riders can be converted at any time, while in force, until the policy anniversary on which the insured is 70. They may be converted to any plan of permanent insurance being offered by American Home Life at that time.

**10-Year Level Term  
Premium Rates Per \$1,000**

MINIMUM: \$100,000

POLICY FEE: \$50.00

I S S U E	A G E	MALE					I S S U E	A G E	FEMALE				
		NON TOBACCO			TOBACCO				NON TOBACCO			TOBACCO	
		S. PREF	PREF	STD	PREF	STD			S. PREF	PREF	STD	PREF	STD
20		\$0.49	\$0.60	\$0.84	\$1.23	\$1.80	20	\$0.41	\$0.50	\$0.72	\$1.00	\$1.50	
21		0.49	0.60	0.84	1.23	1.80	21	0.41	0.50	0.72	1.00	1.50	
22		0.49	0.60	0.84	1.23	1.80	22	0.41	0.50	0.72	1.00	1.50	
23		0.49	0.60	0.84	1.23	1.80	23	0.41	0.50	0.72	1.00	1.50	
24		0.49	0.60	0.84	1.23	1.80	24	0.41	0.50	0.72	1.00	1.50	
25		0.49	0.60	0.84	1.23	1.80	25	0.41	0.50	0.72	1.00	1.50	
26		0.49	0.60	0.84	1.24	1.81	26	0.41	0.50	0.72	1.02	1.51	
27		0.49	0.60	0.84	1.25	1.82	27	0.41	0.50	0.72	1.04	1.53	
28		0.49	0.60	0.84	1.27	1.84	28	0.41	0.50	0.72	1.04	1.55	
29		0.49	0.60	0.84	1.28	1.85	29	0.41	0.50	0.72	1.04	1.57	
30		0.49	0.60	0.85	1.29	1.86	30	0.41	0.50	0.72	1.05	1.58	
31		0.49	0.60	0.86	1.29	1.88	31	0.41	0.50	0.72	1.06	1.59	
32		0.50	0.61	0.86	1.30	1.89	32	0.41	0.50	0.72	1.06	1.60	
33		0.50	0.61	0.88	1.32	1.91	33	0.43	0.52	0.73	1.08	1.61	
34		0.50	0.61	0.88	1.33	1.92	34	0.43	0.52	0.73	1.08	1.62	
35		0.50	0.61	0.89	1.34	1.94	35	0.43	0.52	0.73	1.09	1.63	
36		0.53	0.65	0.93	1.43	2.03	36	0.44	0.53	0.76	1.17	1.74	
37		0.55	0.67	0.95	1.49	2.12	37	0.48	0.59	0.84	1.25	1.84	
38		0.59	0.72	1.02	1.62	2.29	38	0.49	0.60	0.88	1.36	1.97	
39		0.66	0.80	1.11	1.76	2.46	39	0.54	0.66	0.95	1.49	2.13	
40		0.72	0.87	1.20	1.94	2.68	40	0.58	0.70	1.02	1.63	2.31	
41		0.78	0.95	1.31	2.14	2.97	41	0.63	0.77	1.12	1.80	2.52	
42		0.84	1.03	1.43	2.38	3.27	42	0.68	0.83	1.20	1.95	2.71	
43		0.93	1.13	1.58	2.64	3.59	43	0.75	0.91	1.31	2.12	2.92	
44		1.01	1.23	1.74	2.95	4.00	44	0.79	0.96	1.38	2.26	3.10	
45		1.10	1.34	1.92	3.23	4.37	45	0.83	1.02	1.44	2.40	3.28	
46		1.23	1.50	2.14	3.62	4.90	46	0.92	1.13	1.58	2.62	3.62	
47		1.37	1.67	2.38	4.01	5.43	47	0.98	1.20	1.71	2.80	3.91	
48		1.48	1.80	2.57	4.37	5.93	48	1.03	1.26	1.81	2.96	4.19	
49		1.60	1.95	2.80	4.73	6.46	49	1.11	1.36	1.94	3.17	4.54	
50		1.71	2.09	2.99	5.05	6.90	50	1.17	1.43	2.06	3.33	4.85	
51		1.83	2.23	3.20	5.42	7.43	51	1.28	1.57	2.23	3.56	5.16	
52		1.95	2.38	3.40	5.72	7.87	52	1.36	1.66	2.37	3.82	5.51	
53		2.15	2.63	3.74	6.22	8.60	53	1.45	1.76	2.53	4.10	5.90	
54		2.36	2.88	4.10	6.75	9.38	54	1.56	1.90	2.73	4.36	6.25	
55		2.55	3.11	4.42	7.20	10.05	55	1.66	2.02	2.89	4.59	6.55	
56		2.94	3.58	5.08	8.20	11.71	56	1.80	2.20	3.11	4.88	7.06	
57		3.28	4.01	5.70	9.15	13.29	57	1.91	2.33	3.31	5.05	7.34	
58		3.54	4.31	6.13	9.67	14.20	58	2.13	2.60	3.67	5.46	8.03	
59		3.80	4.64	6.60	10.09	14.98	59	2.35	2.87	4.01	5.81	8.63	
60		4.01	4.89	6.96	10.27	15.42	60	2.54	3.10	4.33	6.08	9.09	
61		4.34	5.29	7.52	11.07	16.55	61	2.83	3.46	4.84	6.96	10.43	
62		4.59	5.60	7.95	11.71	17.34	62	3.11	3.79	5.34	7.76	11.63	
63		5.30	6.46	9.19	13.65	20.40	63	3.34	4.07	5.74	8.50	12.74	
64		6.10	7.44	10.58	15.81	23.65	64	3.59	4.37	6.20	9.21	13.81	
65		6.84	8.34	11.85	17.86	26.71	65	3.76	4.60	6.54	9.82	14.71	
66		8.01	9.77	14.02	21.36	31.77	66	4.22	5.15	7.28	10.72	16.13	
67		9.17	11.18	16.21	24.80	36.76	67	4.62	5.63	7.90	11.59	17.49	
68		10.36	12.64	18.45	28.05	41.54	68	5.28	6.44	8.94	12.89	19.54	
69		11.70	14.27	20.95	31.46	46.58	69	6.01	7.33	10.04	14.45	22.01	
70		12.92	15.75	23.25	34.36	50.90	70	6.72	8.19	11.09	15.69	24.00	

**Super Preferred Rating Build Chart**

Height	Males Max Wt. (lbs.)	Females Max Wt. (lbs.)
4'10"		124
4'11"		127
5'0"	156	130
5'1"	160	133
5'2"	164	136
5'3"	168	139
5'4"	173	143
5'5"	177	147
5'6"	183	152
5'7"	188	157
5'8"	194	162
5'9"	197	167
5'10"	204	172
5'11"	210	176
6'0"	216	180
6'1"	221	184
6'2"	228	188
6'3"	234	191
6'4"	240	194
6'5"	247	
6'6"	254	

In Montana, Use Male Rates Only.  
Term riders not available in Illinois.

## Super Preferred Underwriting Guidelines

### Super Preferred Non-Tobacco

Non-user of tobacco products for the past (3) years.

No death of a parent, brother, or sister under the age of 60 from cancer or cardiovascular disease.

No private aviation, hazardous avocations or occupations.

No DUI or "reckless driving" convictions within the last seven (7) years; no more than two (2) moving violations in the past three (3) years.

No personal history of vascular disease or life threatening cancer or diabetes; must be a standard risk without use of credits.

Never been treated or received counseling for alcohol or drug use.

Blood pressure must be no higher than 140/90; treatment disqualifies for "super preferred".

Total cholesterol, untreated, not to exceed 220 mg/dl, Chol/HDL ratio of 5.0 or less.

Body build not to exceed limits set forth in the following chart:

15-Year Level Term											
Premium Rates Per \$1,000											
MINIMUM: \$100,000						POLICY FEE: \$50.00					
AGE	MALE					AGE	FEMALE				
	NON TOBACCO			TOBACCO			NON TOBACCO			TOBACCO	
	S. PREF	PREF	STD	PREF	STD		S. PREF	PREF	STD	PREF	STD
20	\$0.57	\$0.68	\$0.94	\$1.43	\$2.11	20	\$0.48	\$0.58	\$0.81	\$1.06	\$1.60
21	0.57	0.68	0.94	1.43	2.11	21	0.48	0.58	0.81	1.06	1.60
22	0.57	0.68	0.94	1.43	2.11	22	0.48	0.58	0.81	1.06	1.60
23	0.57	0.68	0.94	1.43	2.11	23	0.48	0.58	0.81	1.06	1.60
24	0.57	0.68	0.94	1.43	2.11	24	0.48	0.58	0.81	1.06	1.60
25	0.57	0.68	0.94	1.43	2.11	25	0.48	0.58	0.81	1.06	1.60
26	0.57	0.68	0.95	1.46	2.12	26	0.48	0.59	0.81	1.08	1.63
27	0.57	0.68	0.96	1.49	2.14	27	0.48	0.59	0.81	1.12	1.67
28	0.57	0.68	0.99	1.51	2.15	28	0.48	0.59	0.81	1.15	1.72
29	0.57	0.68	0.99	1.53	2.17	29	0.48	0.59	0.82	1.19	1.76
30	0.57	0.68	1.00	1.57	2.18	30	0.48	0.59	0.83	1.22	1.80
31	0.57	0.68	1.01	1.59	2.21	31	0.48	0.59	0.83	1.24	1.82
32	0.58	0.69	1.02	1.60	2.26	32	0.49	0.60	0.85	1.26	1.85
33	0.58	0.70	1.03	1.62	2.30	33	0.49	0.60	0.86	1.29	1.90
34	0.59	0.71	1.04	1.65	2.35	34	0.50	0.61	0.86	1.33	1.93
35	0.60	0.72	1.05	1.73	2.38	35	0.50	0.61	0.86	1.35	1.97
36	0.63	0.76	1.09	1.88	2.56	36	0.51	0.63	0.89	1.44	2.10
37	0.67	0.81	1.17	2.07	2.81	37	0.56	0.68	0.99	1.58	2.21
38	0.73	0.87	1.27	2.26	3.09	38	0.60	0.73	1.03	1.72	2.37
39	0.80	0.97	1.38	2.47	3.39	39	0.65	0.80	1.11	1.85	2.56
40	0.88	1.05	1.51	2.69	3.69	40	0.69	0.85	1.20	2.01	2.76
41	0.96	1.16	1.64	2.94	4.04	41	0.76	0.92	1.31	2.18	3.04
42	1.03	1.24	1.79	3.20	4.39	42	0.80	0.98	1.40	2.36	3.26
43	1.12	1.35	1.93	3.49	4.77	43	0.88	1.07	1.53	2.57	3.52
44	1.22	1.47	2.11	3.77	5.16	44	0.93	1.14	1.62	2.76	3.74
45	1.34	1.60	2.29	4.05	5.55	45	0.96	1.18	1.67	2.92	3.94
46	1.47	1.78	2.55	4.44	6.14	46	1.08	1.32	1.87	3.27	4.41
47	1.63	1.97	2.82	4.93	6.72	47	1.18	1.43	2.03	3.53	4.75
48	1.78	2.15	3.08	5.40	7.39	48	1.25	1.52	2.17	3.79	5.09
49	1.93	2.33	3.36	5.89	8.09	49	1.34	1.63	2.34	4.09	5.50
50	2.05	2.47	3.57	6.24	8.61	50	1.41	1.72	2.46	4.34	5.81
51	2.23	2.69	3.88	6.77	9.37	51	1.53	1.87	2.71	4.63	6.31
52	2.40	2.89	4.24	7.32	9.98	52	1.63	1.99	2.87	4.89	6.79
53	2.63	3.16	4.62	8.02	10.92	53	1.74	2.12	3.08	5.19	7.33
54	2.92	3.52	5.10	8.73	11.87	54	1.88	2.29	3.34	5.43	7.83
55	3.13	3.76	5.53	9.40	12.64	55	1.98	2.41	3.51	5.62	8.21
56	3.66	4.41	6.59	10.62	15.03	56	2.15	2.62	3.84	6.10	9.17
57	4.25	5.12	7.68	12.07	17.30	57	2.48	3.02	4.46	6.42	9.78
58	4.94	5.95	8.89	12.92	18.63	58	2.92	3.56	5.23	7.07	11.04
59	5.76	6.94	10.23	14.20	19.80	59	3.44	4.20	6.17	7.81	12.19
60	6.42	7.73	11.45	15.40	20.39	60	3.96	4.83	7.08	8.44	13.08
61	7.22	8.70	13.03	17.39	22.92	61	4.49	5.48	8.13	9.51	14.84
62	7.89	9.50	14.43	19.16	25.15	62	4.88	5.95	9.01	10.32	16.21
63	8.58	10.34	15.92	21.08	27.53	63	5.28	6.44	9.84	11.08	17.40
64	9.26	11.16	17.21	23.15	30.62	64	5.68	6.93	10.25	12.02	18.43
65	9.48	11.42	17.65	24.11	34.18	65	5.82	7.10	10.50	12.75	19.15

In Montana, Use Male Rates Only.  
Term riders not available in Illinois.

20-Year Level Term Premium Rates Per \$1,000											
MINIMUM: \$100,000						POLICY FEE: \$50.00					
A G E	MALE					A G E	FEMALE				
	NON TOBACCO		TOBACCO				NON TOBACCO		TOBACCO		
	S. PREF	PREF	STD	PREF	STD		S. PREF	PREF	STD	PREF	STD
20	\$0.63	\$0.77	\$1.11	\$1.50	\$2.35	20	\$0.52	\$0.64	\$0.93	\$1.11	\$1.67
21	0.63	0.77	1.11	1.50	2.35	21	0.52	0.64	0.93	1.11	1.67
22	0.63	0.77	1.11	1.50	2.35	22	0.52	0.64	0.93	1.11	1.67
23	0.63	0.77	1.11	1.50	2.35	23	0.52	0.64	0.93	1.11	1.67
24	0.63	0.77	1.11	1.50	2.35	24	0.52	0.64	0.93	1.11	1.67
25	0.63	0.77	1.11	1.50	2.35	25	0.52	0.64	0.93	1.11	1.67
26	0.63	0.77	1.11	1.51	2.35	26	0.53	0.65	0.93	1.15	1.73
27	0.63	0.77	1.13	1.52	2.35	27	0.55	0.68	0.93	1.20	1.78
28	0.63	0.77	1.13	1.53	2.35	28	0.55	0.68	0.95	1.24	1.85
29	0.63	0.77	1.13	1.54	2.35	29	0.57	0.69	0.95	1.29	1.91
30	0.63	0.77	1.13	1.58	2.35	30	0.58	0.71	0.95	1.34	1.97
31	0.66	0.80	1.16	1.69	2.54	31	0.59	0.72	0.97	1.36	2.03
32	0.68	0.83	1.18	1.80	2.66	32	0.60	0.73	1.00	1.40	2.08
33	0.70	0.86	1.21	1.91	2.80	33	0.61	0.74	1.02	1.43	2.14
34	0.72	0.88	1.25	2.02	2.93	34	0.61	0.75	1.05	1.49	2.21
35	0.74	0.90	1.29	2.15	3.00	35	0.61	0.75	1.06	1.60	2.24
36	0.80	0.97	1.42	2.41	3.28	36	0.63	0.77	1.10	1.76	2.45
37	0.88	1.07	1.56	2.65	3.62	37	0.69	0.84	1.20	1.93	2.65
38	0.97	1.18	1.73	2.91	3.99	38	0.73	0.89	1.26	2.09	2.87
39	1.06	1.29	1.88	3.20	4.39	39	0.77	0.95	1.35	2.26	3.11
40	1.16	1.41	2.05	3.45	4.75	40	0.82	0.99	1.44	2.40	3.35
41	1.28	1.56	2.28	3.81	5.25	41	0.90	1.10	1.57	2.62	3.71
42	1.39	1.70	2.48	4.16	5.73	42	0.95	1.16	1.71	2.83	4.00
43	1.54	1.88	2.70	4.54	6.22	43	1.04	1.27	1.84	3.03	4.31
44	1.69	2.06	2.96	4.91	6.74	44	1.10	1.34	2.01	3.28	4.59
45	1.80	2.20	3.20	5.25	7.20	45	1.18	1.43	2.14	3.47	4.78
46	2.08	2.54	3.63	5.79	7.98	46	1.31	1.59	2.37	3.77	5.38
47	2.30	2.81	4.04	6.36	8.70	47	1.43	1.75	2.57	4.01	5.80
48	2.49	3.04	4.44	6.93	9.39	48	1.57	1.92	2.80	4.28	6.20
49	2.71	3.30	4.82	7.52	10.19	49	1.70	2.07	3.04	4.55	6.69
50	2.85	3.50	5.10	7.90	10.70	50	1.80	2.20	3.24	4.75	7.00
51	3.23	3.94	5.74	8.80	11.88	51	2.01	2.46	3.60	5.18	7.65
52	3.59	4.37	6.35	9.58	12.91	52	2.20	2.68	3.92	5.56	8.20
53	3.99	4.87	7.07	10.48	14.10	53	2.43	2.96	4.35	5.96	8.84
54	4.48	5.46	8.02	11.44	15.36	54	2.72	3.31	4.86	6.50	9.40
55	4.80	5.85	8.50	12.30	16.40	55	3.00	3.65	5.35	6.90	9.80
56	5.73	6.99	10.34	13.77	18.51	56	3.53	4.30	6.29	7.75	10.74
57	6.49	7.91	11.66	15.01	21.08	57	4.05	4.94	7.21	8.51	11.41
58	7.32	8.93	13.12	17.42	22.58	58	4.64	5.66	8.24	9.36	12.54
59	8.28	10.10	14.63	20.12	23.91	59	5.32	6.49	9.41	10.32	13.81
60	8.50	10.30	15.00	21.30	25.00	60	5.95	7.25	10.50	11.10	14.85

## Preferred Rating Build Chart

Height	Males Max Wt. (lbs.)	Females Max Wt. (lbs.)
4'10"		134
4'11"		137
5'0"	165	140
5'1"	169	143
5'2"	173	146
5'3"	177	149
5'4"	183	153
5'5"	189	157
5'6"	194	162
5'7"	200	167
5'8"	205	172
5'9"	211	177
5'10"	217	182
5'11"	222	186
6'0"	228	190
6'1"	233	194
6'2"	240	198
6'3"	247	201
6'4"	250	204
6'5"	257	
6'6"	265	

In Montana, Use Male Rates Only.  
Term riders not available in Illinois.

## Preferred Underwriting Guidelines\*

### Preferred Non-Tobacco

Non-user of tobacco products for the past (1) year.

No death of a parent, brother, or sister under the age of 60 from cancer or cardiovascular disease.

No private aviation, hazardous avocations or occupations.

No DUI or "reckless driving" convictions within the last five (5) years; no more than two (2) moving violations in the past three (3) years.

No personal history of vascular disease or life threatening cancer; must be a standard risk without use of credits.

No treatment or counseling regarding drug or alcohol use within the last seven (7) years.

Blood pressure, treated or untreated, must be no higher than 140/90.

Total cholesterol, treated or untreated, not to exceed 250 mg/dl, Chol/HDL ratio of 6.5 or less.

Body build not to exceed limits set forth in the following chart:

\* Preferred Tobacco guidelines equal Preferred Non-tobacco guidelines with the distinction of tobacco usage.

### Standard Non-Tobacco

Non-user of tobacco products for the past 12 months.

<b>30-Year Level Term</b>											
<b>Premium Rates Per \$1,000</b>											
MINIMUM: \$100,000						POLICY FEE: \$50.00					
I S S U E	MALE					I S S U E	FEMALE				
	NON TOBACCO			TOBACCO			NON TOBACCO			TOBACCO	
	S. PREF	PREF	STD	PREF	STD		S. PREF	PREF	STD	PREF	STD
20	\$0.73	\$0.85	\$1.25	\$1.90	\$2.50	20	\$0.58	\$0.68	\$1.00	\$1.24	\$1.70
21	0.73	0.85	1.25	1.90	2.50	21	0.58	0.68	1.00	1.24	1.70
22	0.73	0.85	1.25	1.90	2.50	22	0.58	0.68	1.00	1.24	1.70
23	0.73	0.85	1.25	1.90	2.50	23	0.58	0.68	1.00	1.24	1.70
24	0.73	0.85	1.25	1.90	2.50	24	0.58	0.68	1.00	1.24	1.70
25	0.73	0.85	1.25	1.90	2.50	25	0.58	0.68	1.00	1.24	1.70
26	0.73	0.89	1.30	1.99	2.57	26	0.58	0.69	1.04	1.30	1.80
27	0.73	0.89	1.30	2.02	2.60	27	0.58	0.69	1.04	1.36	1.85
28	0.73	0.89	1.30	2.05	2.65	28	0.58	0.69	1.04	1.42	1.94
29	0.76	0.93	1.35	2.12	2.90	29	0.58	0.71	1.04	1.54	2.10
30	0.83	1.00	1.45	2.30	3.15	30	0.63	0.77	1.13	1.67	2.25
31	0.92	1.13	1.65	2.55	3.51	31	0.69	0.84	1.23	1.81	2.47
32	1.02	1.24	1.82	2.82	3.87	32	0.75	0.91	1.34	1.95	2.67
33	1.13	1.38	2.02	3.11	4.25	33	0.81	0.99	1.47	2.12	2.89
34	1.25	1.52	2.23	3.44	4.67	34	0.88	1.07	1.59	2.29	3.13
35	1.39	1.65	2.35	3.70	5.00	35	0.96	1.17	1.70	2.48	3.30
36	1.54	1.88	2.73	4.14	5.63	36	1.06	1.29	1.91	2.69	3.67
37	1.71	2.09	3.02	4.53	6.16	37	1.15	1.40	2.09	2.93	3.96
38	1.90	2.31	3.35	4.94	6.73	38	1.27	1.55	2.29	3.18	4.27
39	2.10	2.56	3.69	5.39	7.34	39	1.39	1.69	2.49	3.43	4.59
40	2.30	2.80	3.70	5.70	7.75	40	1.52	1.85	2.66	3.65	4.90
41	2.56	3.12	4.50	6.38	8.66	41	1.68	2.04	2.99	4.01	5.33
42	2.83	3.45	4.95	6.93	9.37	42	1.84	2.24	3.28	4.32	5.74
43	3.12	3.81	5.43	7.52	10.12	43	2.01	2.45	3.59	4.66	6.17
44	3.44	4.19	5.98	8.13	10.90	44	2.21	2.70	3.95	5.05	6.67
45	3.75	4.30	6.00	8.60	11.50	45	2.44	2.90	4.00	5.35	7.10
46	4.20	5.12	7.28	9.50	12.67	46	2.69	3.28	4.77	5.88	7.75
47	4.62	5.63	8.04	10.26	13.66	47	2.97	3.62	5.24	6.33	8.34
48	5.04	6.15	8.79	11.06	14.64	48	3.28	4.00	5.76	6.81	9.00
49	5.50	6.71	9.00	11.94	15.68	49	3.60	4.39	6.33	7.34	9.72
50	5.75	6.80	9.25	12.60	16.50	50	3.90	4.70	6.50	7.85	10.35

In Montana, Use Male Rates Only.  
Term riders not available in Illinois.

**Ultimate ART**  
**Premium Rates Per \$1,000**

MINIMUM: \$100,000 POLICY FEE: \$50.00

A T T E N D E	MALE					A T T E N D E	FEMALE				
	NON TOBACCO		TOBACCO				NON TOBACCO		TOBACCO		
	S. PREF	PREF	STD	PREF	STD		S. PREF	PREF	STD	PREF	STD
30	2.60	2.60	2.60	4.50	4.50	30	1.92	1.92	1.92	3.35	3.35
31	2.61	2.61	2.61	4.50	4.50	31	1.97	1.97	1.97	3.53	3.53
32	2.63	2.63	2.63	4.55	4.55	32	2.02	2.02	2.02	3.63	3.63
33	2.65	2.65	2.65	4.68	4.68	33	2.05	2.05	2.05	3.78	3.78
34	2.70	2.70	2.70	4.85	4.85	34	2.13	2.13	2.13	3.96	3.96
35	2.78	2.78	2.78	5.00	5.00	35	2.23	2.23	2.23	4.21	4.21
36	2.84	2.84	2.84	5.17	5.17	36	2.28	2.28	2.28	4.37	4.37
37	2.87	2.87	2.87	5.35	5.35	37	2.37	2.37	2.37	4.56	4.56
38	2.98	2.98	2.98	5.64	5.64	38	2.38	2.38	2.38	4.61	4.61
39	3.06	3.06	3.06	5.91	5.91	39	2.39	2.39	2.39	4.70	4.70
40	3.14	3.14	3.14	6.23	6.23	40	2.40	2.40	2.40	4.77	4.77
41	3.27	3.27	3.27	6.51	6.51	41	2.41	2.41	2.41	4.86	4.86
42	3.44	3.44	3.44	6.83	6.83	42	2.43	2.43	2.43	4.98	4.98
43	3.63	3.63	3.63	7.38	7.38	43	2.47	2.47	2.47	5.13	5.13
44	3.84	3.84	3.84	8.03	8.03	44	2.51	2.51	2.51	5.29	5.29
45	4.08	4.08	4.08	8.68	8.68	45	2.57	2.57	2.57	5.48	5.48
46	4.26	4.26	4.26	9.23	9.23	46	2.71	2.71	2.71	5.83	5.83
47	4.44	4.44	4.44	9.83	9.83	47	2.90	2.90	2.90	6.29	6.29
48	4.45	4.45	4.45	10.01	10.01	48	3.09	3.09	3.09	6.85	6.85
49	4.46	4.46	4.46	10.23	10.23	49	3.29	3.29	3.29	7.46	7.46
50	4.48	4.48	4.48	10.64	10.64	50	3.51	3.51	3.51	8.08	8.08
51	4.85	4.85	4.85	11.48	11.48	51	3.90	3.90	3.90	9.03	9.03
52	5.35	5.35	5.35	12.64	12.64	52	4.34	4.34	4.34	10.07	10.07
53	5.89	5.89	5.89	13.94	13.94	53	4.81	4.81	4.81	11.16	11.16
54	6.57	6.57	6.57	15.58	15.58	54	5.31	5.31	5.31	12.36	12.36
55	7.42	7.42	7.42	17.42	17.42	55	5.85	5.85	5.85	13.62	13.62
56	8.29	8.29	8.29	19.31	19.31	56	6.47	6.47	6.47	14.97	14.97
57	9.22	9.22	9.22	21.30	21.30	57	7.12	7.12	7.12	16.41	16.41
58	10.02	10.02	10.02	22.87	22.87	58	7.82	7.82	7.82	17.81	17.81
59	10.94	10.94	10.94	24.68	24.68	59	8.52	8.52	8.52	19.35	19.35
60	12.04	12.04	12.04	26.88	26.88	60	9.25	9.25	9.25	20.96	20.96
61	13.39	13.39	13.39	29.60	29.60	61	10.04	10.04	10.04	22.62	22.62
62	15.04	15.04	15.04	32.88	32.88	62	10.90	10.90	10.90	24.50	24.50
63	16.89	16.89	16.89	36.53	36.53	63	11.79	11.79	11.79	26.37	26.37
64	18.83	18.83	18.83	40.26	40.26	64	12.75	12.75	12.75	28.35	28.35
65	20.88	20.88	20.88	43.94	43.94	65	13.81	13.81	13.81	30.51	30.51
66	22.96	22.96	22.96	47.49	47.49	66	14.99	14.99	14.99	32.81	32.81
67	25.07	25.07	25.07	50.94	50.94	67	16.28	16.28	16.28	35.39	35.39
68	27.34	27.34	27.34	54.57	54.57	68	17.71	17.71	17.71	38.22	38.22
69	29.69	29.69	29.69	58.16	58.16	69	19.29	19.29	19.29	41.30	41.30
70	32.54	32.54	32.54	62.52	62.52	70	21.03	21.03	21.03	44.73	44.73
71	35.72	35.72	35.72	67.29	67.29	71	23.03	23.03	23.03	48.64	48.64
72	39.91	39.91	39.91	73.77	73.77	72	25.26	25.26	25.26	52.96	52.96
73	44.32	44.32	44.32	80.29	80.29	73	27.69	27.69	27.69	57.61	57.61
74	48.96	48.96	48.96	86.87	86.87	74	30.35	30.35	30.35	62.71	62.71
75	54.04	54.04	54.04	94.53	94.53	75	33.30	33.30	33.30	67.84	67.84
76	59.58	59.58	59.58	103.30	103.30	76	36.83	36.83	36.83	73.44	73.44
77	66.49	66.49	66.49	116.86	116.86	77	41.06	41.06	41.06	79.45	79.45
78	74.60	74.60	74.60	135.66	135.66	78	45.80	45.80	45.80	85.93	85.93
79	84.00	84.00	84.00	157.54	157.54	79	50.99	50.99	50.99	92.94	92.94

Ultimate ART Rates Continued on Page 8

In Montana, Use Male Rates Only.  
Term riders not available in Illinois.

**30-Year Level Term**  
**Waiver of Premium Rates Per \$1,000**

A T T E N D E	MALE					A T T E N D E	FEMALE				
	NON TOBACCO		TOBACCO				NON TOBACCO		TOBACCO		
	S. PREF	PREF	STD	PREF	STD		S. PREF	PREF	STD	PREF	STD
30	0.10	0.12	0.17	0.28	0.38	30	0.08	0.09	0.14	0.20	0.27
31	0.11	0.14	0.20	0.31	0.42	31	0.08	0.10	0.15	0.22	0.30
32	0.12	0.15	0.22	0.35	0.47	32	0.09	0.11	0.16	0.24	0.33
33	0.14	0.17	0.25	0.39	0.53	33	0.10	0.12	0.18	0.26	0.36
34	0.16	0.19	0.28	0.43	0.59	34	0.11	0.13	0.20	0.29	0.39
35	0.18	0.21	0.31	0.48	0.65	35	0.12	0.15	0.22	0.32	0.43
36	0.21	0.25	0.37	0.55	0.75	36	0.14	0.17	0.26	0.36	0.49
37	0.24	0.29	0.42	0.63	0.85	37	0.16	0.19	0.29	0.41	0.55
38	0.27	0.33	0.47	0.70	0.95	38	0.18	0.22	0.32	0.45	0.60
39	0.30	0.37	0.54	0.78	1.07	39	0.20	0.25	0.36	0.50	0.67
40	0.34	0.42	0.55	0.85	1.16	40	0.23	0.28	0.40	0.55	0.73
41	0.39	0.48	0.69	0.98	1.33	41	0.26	0.31	0.46	0.62	0.82
42	0.45	0.55	0.79	1.11	1.50	42	0.29	0.36	0.52	0.69	0.92
43	0.52	0.64	0.91	1.26	1.70	43	0.34	0.41	0.60	0.78	1.04
44	0.61	0.75	1.06	1.45	1.94	44	0.39	0.48	0.70	0.90	1.19
45	0.71	0.82	1.14	1.64	2.19	45	0.46	0.55	0.76	1.02	1.35
46	0.86	1.04	1.48	1.94	2.58	46	0.55	0.67	0.97	1.20	1.58
47	1.02	1.24	1.77	2.26	3.00	47	0.65	0.80	1.15	1.39	1.83
48	1.19	1.46	2.08	2.62	3.47	48	0.78	0.95	1.37	1.61	2.13
49	1.40	1.70	2.29	3.03	3.98	49	0.91	1.11	1.61	1.86	2.47
50	1.55	1.84	2.50	3.40	4.46	50	1.05	1.27	1.76	2.12	2.80

*30-Year Level Term Waiver of Premium Rates Ages 20 - 29  
On Previous Page.*

In Montana, Use Male Rates Only.  
Term riders not available in Illinois.

**Ultimate ART**  
**Waiver of Premium Rates Per \$1,000**

A T T E N D E	MALE					A T T E N D E	FEMALE				
	NON TOBACCO		TOBACCO				NON TOBACCO		TOBACCO		
	S. PREF	PREF	STD	PREF	STD		S. PREF	PREF	STD	PREF	STD
30	0.32	0.32	0.32	0.52	0.52	30	0.23	0.23	0.23	0.40	0.40
31	0.32	0.32	0.32	0.52	0.52	31	0.24	0.24	0.24	0.43	0.43
32	0.32	0.32	0.32	0.52	0.52	32	0.24	0.24	0.24	0.43	0.43
33	0.32	0.32	0.32	0.54	0.54	33	0.25	0.25	0.25	0.46	0.46
34	0.33	0.33	0.33	0.56	0.56	34	0.26	0.26	0.26	0.48	0.48
35	0.35	0.35	0.35	0.65	0.65	35	0.28	0.28	0.28	0.52	0.52
36	0.36	0.36	0.36	0.69	0.69	36	0.29	0.29	0.29	0.55	0.55
37	0.37	0.37	0.37	0.74	0.74	37	0.30	0.30	0.30	0.59	0.59
38	0.39	0.39	0.39	0.80	0.80	38	0.32	0.32	0.32	0.61	0.61
39	0.41	0.41	0.41	0.86	0.86	39	0.32	0.32	0.32	0.63	0.63
40	0.44	0.44	0.44	0.93	0.93	40	0.34	0.34	0.34	0.68	0.68
41	0.48	0.48	0.48	1.01	1.01	41	0.35	0.35	0.35	0.71	0.71
42	0.51	0.51	0.51	1.09	1.09	42	0.36	0.36	0.36	0.75	0.75
43	0.57	0.57	0.57	1.24	1.24	43	0.39	0.39	0.39	0.80	0.80
44	0.63	0.63	0.63	1.43	1.43	44	0.41	0.41	0.41	0.87	0.87
45	0.71	0.71	0.71	1.65	1.65	45	0.45	0.45	0.45	0.94	0.94
46	0.78	0.78	0.78	1.89	1.89	46	0.50	0.50	0.50	1.06	1.06
47	0.86	0.86	0.86	2.16	2.16	47	0.56	0.56	0.56	1.23	1.23
48	0.92	0.92	0.92	2.38	2.38	48	0.65	0.65	0.65	1.42	1.42
49	0.99	0.99	0.99	2.60	2.60	49	0.72	0.72	0.72	1.65	1.65
50	1.21	1.21	1.21	2.87	2.87	50	0.95	0.95	0.95	2.18	2.18
51	1.38	1.38	1.38	3.28	3.28	51	1.11	1.11	1.11	2.58	2.58
52	1.62	1.62	1.62	3.82	3.82	52	1.31	1.31	1.31	3.04	3.04
53	1.88	1.88	1.88	4.44	4.44	53	1.53	1.53	1.53	3.55	3.55
54	2.19	2.19	2.19	5.20	5.20	54	1.77	1.77	1.77	4.13	4.13
55	2.59	2.59	2.59	6.10	6.10	55	2.05	2.05	2.05	4.77	4.77

**20-Year Level Term  
Waiver of Premium Rates Per \$1,000**

I L L I N O I S S U E	A G E	MALE					I L L I N O I S S U E	A G E	FEMALE				
		NON TOBACCO			TOBACCO				NON TOBACCO			TOBACCO	
		S. PREF	PREF	STD	PREF	STD			S. PREF	PREF	STD	PREF	STD
20		\$0.08	\$0.09	\$0.13	\$0.18	\$0.28	20	\$0.06	\$0.08	\$0.11	\$0.13	\$0.20	
21		0.08	0.09	0.13	0.18	0.28	21	0.06	0.08	0.11	0.13	0.20	
22		0.08	0.09	0.13	0.18	0.28	22	0.06	0.08	0.11	0.13	0.20	
23		0.08	0.09	0.13	0.18	0.28	23	0.06	0.08	0.11	0.13	0.20	
24		0.08	0.09	0.13	0.18	0.28	24	0.06	0.08	0.11	0.13	0.20	
25		0.08	0.09	0.13	0.18	0.28	25	0.06	0.08	0.11	0.13	0.20	
26		0.08	0.09	0.13	0.18	0.28	26	0.06	0.08	0.11	0.14	0.21	
27		0.08	0.09	0.14	0.18	0.28	27	0.07	0.08	0.11	0.14	0.21	
28		0.08	0.09	0.14	0.18	0.28	28	0.07	0.08	0.11	0.15	0.22	
29		0.08	0.09	0.13	0.18	0.28	29	0.07	0.08	0.11	0.15	0.23	
30		0.08	0.09	0.13	0.19	0.28	30	0.07	0.08	0.11	0.16	0.23	
31		0.08	0.10	0.14	0.21	0.31	31	0.07	0.09	0.12	0.17	0.25	
32		0.08	0.10	0.14	0.22	0.33	32	0.07	0.09	0.12	0.17	0.26	
33		0.09	0.11	0.15	0.24	0.35	33	0.08	0.09	0.13	0.18	0.27	
34		0.09	0.11	0.16	0.26	0.37	34	0.08	0.10	0.13	0.19	0.28	
35		0.10	0.12	0.17	0.28	0.39	35	0.08	0.10	0.14	0.21	0.29	
36		0.11	0.13	0.19	0.32	0.44	36	0.08	0.10	0.15	0.23	0.33	
37		0.12	0.15	0.22	0.37	0.50	37	0.10	0.12	0.17	0.27	0.37	
38		0.14	0.17	0.25	0.41	0.57	38	0.10	0.13	0.18	0.30	0.41	
39		0.15	0.19	0.27	0.47	0.64	39	0.11	0.14	0.20	0.33	0.45	
40		0.17	0.21	0.31	0.52	0.72	40	0.12	0.15	0.22	0.36	0.50	
41		0.20	0.24	0.35	0.59	0.81	41	0.14	0.17	0.24	0.41	0.57	
42		0.22	0.27	0.40	0.66	0.92	42	0.15	0.19	0.27	0.45	0.64	
43		0.26	0.32	0.45	0.76	1.04	43	0.17	0.21	0.31	0.51	0.72	
44		0.30	0.37	0.53	0.88	1.21	44	0.20	0.24	0.36	0.59	0.82	
45		0.34	0.42	0.61	1.00	1.37	45	0.22	0.27	0.41	0.66	0.91	
46		0.42	0.52	0.74	1.18	1.63	46	0.27	0.32	0.48	0.77	1.10	
47		0.51	0.62	0.89	1.40	1.92	47	0.32	0.39	0.57	0.88	1.28	
48		0.59	0.72	1.05	1.64	2.22	48	0.37	0.45	0.66	1.01	1.47	
49		0.69	0.84	1.22	1.91	2.59	49	0.43	0.53	0.77	1.16	1.70	
50		0.77	0.95	1.38	2.13	2.89	50	0.49	0.59	0.88	1.28	1.89	
51		0.92	1.13	1.64	2.52	3.40	51	0.57	0.70	1.03	1.48	2.19	
52		1.08	1.32	1.92	2.89	3.90	52	0.66	0.81	1.18	1.68	2.48	
53		1.27	1.55	2.25	3.34	4.49	53	0.77	0.94	1.38	1.90	2.81	
54		1.50	1.82	2.68	3.82	5.13	54	0.91	1.11	1.62	2.17	3.14	
55		1.68	2.05	2.98	4.31	5.74	55	1.05	1.28	1.87	2.42	3.43	

In Montana, Use Male Rates Only.  
Term riders not available in Illinois.

**30-Year Level Term  
Waiver of Premium Rates Per \$1,000**

I L L I N O I S S U E	A G E	MALE					I L L I N O I S S U E	A G E	FEMALE				
		NON TOBACCO			TOBACCO				NON TOBACCO			TOBACCO	
		S. PREF	PREF	STD	PREF	STD			S. PREF	PREF	STD	PREF	STD
20		\$0.09	\$0.10	\$0.15	\$0.23	\$0.30	20	\$0.07	\$0.08	\$0.12	\$0.15	\$0.20	
21		0.09	0.10	0.15	0.23	0.30	21	0.07	0.08	0.12	0.15	0.20	
22		0.09	0.10	0.15	0.23	0.30	22	0.07	0.08	0.12	0.15	0.20	
23		0.09	0.10	0.15	0.23	0.30	23	0.07	0.08	0.12	0.15	0.20	
24		0.09	0.10	0.15	0.23	0.30	24	0.07	0.08	0.12	0.15	0.20	
25		0.09	0.10	0.15	0.23	0.30	25	0.07	0.08	0.12	0.15	0.20	
26		0.09	0.11	0.16	0.24	0.31	26	0.07	0.08	0.13	0.16	0.22	
27		0.09	0.11	0.16	0.24	0.31	27	0.07	0.08	0.13	0.16	0.22	
28		0.09	0.11	0.16	0.25	0.32	28	0.07	0.08	0.12	0.17	0.23	
29		0.09	0.11	0.16	0.25	0.35	29	0.07	0.08	0.12	0.18	0.25	

*30-Year Level Term Waiver of Premium Rates Ages 30 - 50  
Continued on Next Page.*

**Ultimate ART  
Premium Rates Per \$1,000**

MINIMUM: \$100,000 POLICY FEE: \$50.00

I L L I N O I S S U E	A G E	MALE					I L L I N O I S S U E	A G E	FEMALE				
		NON TOBACCO			TOBACCO				NON TOBACCO			TOBACCO	
		S. PREF	PREF	STD	PREF	STD			S. PREF	PREF	STD	PREF	STD
80		94.34	94.34	94.34	181.94	181.94	80	56.86	56.86	56.86	100.49	100.49	
81		106.18	106.18	106.18	208.01	208.01	81	65.20	65.20	65.20	111.85	111.85	
82		119.48	119.48	119.48	236.76	236.76	82	74.77	74.77	74.77	124.28	124.28	
83		134.98	134.98	134.98	268.15	268.15	83	85.26	85.26	85.26	136.55	136.55	
84		153.47	153.47	153.47	301.94	301.94	84	97.77	97.77	97.77	149.84	149.84	
85		175.67	175.67	175.67	343.22	343.22	85	112.17	112.17	112.17	163.39	163.39	
86		202.14	202.14	202.14	389.61	389.61	86	126.23	126.23	126.23	174.99	174.99	
87		233.37	233.37	233.37	442.70	442.70	87	146.37	146.37	146.37	194.17	194.17	
88		269.68	269.68	269.68	504.31	504.31	88	168.24	168.24	168.24	213.74	213.74	
89		313.11	313.11	313.11	571.02	571.02	89	192.32	192.32	192.32	233.85	233.85	
90		364.57	364.57	364.57	642.39	642.39	90	215.96	215.96	215.96	252.53	252.53	
91		421.85	421.85	421.85	705.85	705.85	91	231.42	231.42	231.42	261.85	261.85	
92		491.18	491.18	491.18	767.94	767.94	92	256.74	256.74	256.74	283.03	283.03	
93		574.81	574.81	574.81	831.08	831.08	93	292.51	292.51	292.51	315.18	315.18	
94		677.42	677.42	677.42	897.87	897.87	94	337.58	337.58	337.58	359.02	359.02	

In Montana, Use Male Rates Only.  
Term riders not available in Illinois.

**10-Year Level Term  
Waiver of Premium Rates Per \$1,000**

AGE	MALE					AGE	FEMALE				
	NON TOBACCO		TOBACCO				NON TOBACCO		TOBACCO		
	S. PREF	PREF	STD	PREF	STD		S. PREF	PREF	STD	PREF	STD
20	\$0.06	\$0.07	\$0.10	\$0.15	\$0.22	20	\$0.05	\$0.06	\$0.09	\$0.12	\$0.18
21	0.06	0.07	0.10	0.15	0.22	21	0.05	0.06	0.09	0.12	0.18
22	0.06	0.07	0.10	0.15	0.22	22	0.05	0.06	0.09	0.12	0.18
23	0.06	0.07	0.10	0.15	0.22	23	0.05	0.06	0.09	0.12	0.18
24	0.06	0.07	0.10	0.15	0.22	24	0.05	0.06	0.09	0.12	0.18
25	0.06	0.07	0.10	0.15	0.22	25	0.05	0.06	0.09	0.12	0.18
26	0.06	0.07	0.10	0.15	0.22	26	0.05	0.06	0.09	0.12	0.18
27	0.06	0.07	0.10	0.15	0.22	27	0.05	0.06	0.09	0.13	0.19
28	0.06	0.07	0.10	0.15	0.22	28	0.05	0.06	0.09	0.13	0.19
29	0.06	0.07	0.10	0.16	0.22	29	0.05	0.06	0.09	0.13	0.19
30	0.06	0.07	0.10	0.16	0.22	30	0.05	0.06	0.09	0.13	0.19
31	0.06	0.07	0.10	0.15	0.23	31	0.05	0.06	0.09	0.13	0.19
32	0.06	0.08	0.11	0.16	0.23	32	0.05	0.06	0.09	0.13	0.20
33	0.06	0.08	0.11	0.16	0.24	33	0.05	0.06	0.09	0.13	0.20
34	0.06	0.08	0.11	0.17	0.24	34	0.05	0.07	0.09	0.14	0.20
35	0.07	0.08	0.12	0.18	0.26	35	0.06	0.07	0.10	0.14	0.22
36	0.07	0.09	0.12	0.19	0.27	36	0.06	0.07	0.10	0.16	0.23
37	0.08	0.09	0.13	0.21	0.29	37	0.07	0.08	0.12	0.17	0.25
38	0.08	0.10	0.15	0.23	0.33	38	0.07	0.09	0.13	0.19	0.28
39	0.10	0.12	0.16	0.26	0.36	39	0.08	0.10	0.14	0.22	0.31
40	0.11	0.13	0.18	0.29	0.41	40	0.09	0.11	0.15	0.25	0.35
41	0.12	0.15	0.20	0.33	0.46	41	0.10	0.12	0.17	0.28	0.39
42	0.13	0.16	0.23	0.38	0.52	42	0.11	0.13	0.19	0.31	0.43
43	0.16	0.19	0.26	0.44	0.60	43	0.13	0.15	0.22	0.35	0.49
44	0.18	0.22	0.31	0.52	0.71	44	0.14	0.17	0.24	0.40	0.55
45	0.21	0.25	0.36	0.61	0.82	45	0.16	0.19	0.27	0.45	0.62
46	0.25	0.31	0.44	0.74	1.00	46	0.19	0.23	0.32	0.54	0.74
47	0.30	0.37	0.52	0.88	1.19	47	0.22	0.26	0.38	0.62	0.86
48	0.35	0.43	0.61	1.03	1.40	48	0.24	0.30	0.43	0.70	0.99
49	0.41	0.49	0.71	1.20	1.64	49	0.28	0.35	0.49	0.80	1.15
50	0.46	0.56	0.81	1.36	1.86	50	0.32	0.39	0.56	0.90	1.31
51	0.52	0.64	0.92	1.55	2.13	51	0.37	0.45	0.64	1.02	1.48
52	0.59	0.72	1.03	1.73	2.38	52	0.41	0.50	0.72	1.15	1.67
53	0.68	0.84	1.19	1.98	2.73	53	0.46	0.56	0.80	1.30	1.87
54	0.79	0.96	1.37	2.25	3.13	54	0.52	0.63	0.91	1.46	2.09
55	0.89	1.09	1.54	2.52	3.51	55	0.58	0.71	1.01	1.60	2.29

In Montana, Use Male Rates Only.  
Term riders not available in Illinois.

**15-Year Level Term  
Waiver of Premium Rates Per \$1,000**

AGE	MALE					AGE	FEMALE				
	NON TOBACCO		TOBACCO				NON TOBACCO		TOBACCO		
	S. PREF	PREF	STD	PREF	STD		S. PREF	PREF	STD	PREF	STD
20	\$0.07	\$0.08	\$0.11	\$0.17	\$0.25	20	\$0.06	\$0.07	\$0.10	0.13	\$0.19
21	0.07	0.08	0.11	0.17	0.25	21	0.06	0.07	0.10	0.13	0.19
22	0.07	0.08	0.11	0.17	0.25	22	0.06	0.07	0.10	0.13	0.19
23	0.07	0.08	0.11	0.17	0.25	23	0.06	0.07	0.10	0.13	0.19
24	0.07	0.08	0.11	0.17	0.25	24	0.06	0.07	0.10	0.13	0.19
25	0.07	0.08	0.11	0.17	0.25	25	0.06	0.07	0.10	0.13	0.19
26	0.07	0.08	0.11	0.17	0.25	26	0.06	0.07	0.10	0.13	0.20
27	0.07	0.08	0.11	0.18	0.26	27	0.06	0.07	0.10	0.13	0.20
28	0.07	0.08	0.12	0.18	0.26	28	0.06	0.07	0.10	0.14	0.21
29	0.07	0.08	0.12	0.18	0.26	29	0.06	0.07	0.10	0.14	0.21
30	0.07	0.08	0.12	0.19	0.26	30	0.06	0.07	0.10	0.15	0.21
31	0.07	0.08	0.12	0.20	0.27	31	0.06	0.07	0.10	0.15	0.22
32	0.07	0.09	0.13	0.20	0.28	32	0.06	0.07	0.10	0.16	0.23
33	0.07	0.09	0.13	0.20	0.29	33	0.06	0.07	0.11	0.16	0.24
34	0.08	0.09	0.13	0.21	0.30	34	0.06	0.08	0.11	0.17	0.25
35	0.08	0.09	0.14	0.22	0.31	35	0.06	0.08	0.11	0.17	0.26
36	0.09	0.10	0.15	0.25	0.35	36	0.07	0.09	0.12	0.19	0.28
37	0.09	0.11	0.16	0.29	0.39	37	0.08	0.09	0.14	0.22	0.31
38	0.10	0.12	0.18	0.32	0.44	38	0.09	0.10	0.15	0.24	0.34
39	0.12	0.14	0.20	0.36	0.49	39	0.09	0.12	0.16	0.27	0.37
40	0.13	0.16	0.23	0.40	0.55	40	0.10	0.13	0.18	0.30	0.41
41	0.15	0.18	0.25	0.45	0.62	41	0.12	0.14	0.20	0.34	0.47
42	0.16	0.20	0.29	0.51	0.70	42	0.13	0.16	0.22	0.38	0.52
43	0.19	0.23	0.32	0.59	0.80	43	0.15	0.18	0.26	0.43	0.59
44	0.22	0.26	0.38	0.67	0.92	44	0.17	0.20	0.29	0.49	0.67
45	0.25	0.30	0.44	0.77	1.05	45	0.18	0.22	0.32	0.56	0.75
46	0.30	0.36	0.52	0.90	1.25	46	0.22	0.27	0.38	0.67	0.90
47	0.36	0.43	0.62	1.08	1.48	47	0.26	0.31	0.45	0.78	1.04
48	0.42	0.51	0.73	1.28	1.76	48	0.30	0.36	0.52	0.90	1.21
49	0.49	0.59	0.85	1.49	2.05	49	0.34	0.41	0.59	1.04	1.39
50	0.55	0.67	0.96	1.69	2.33	50	0.38	0.46	0.66	1.17	1.57
51	0.64	0.77	1.11	1.94	2.68	51	0.44	0.53	0.78	1.32	1.81
52	0.73	0.87	1.28	2.21	3.02	52	0.49	0.60	0.87	1.48	2.05
53	0.84	1.01	1.47	2.55	3.47	53	0.55	0.67	0.98	1.65	2.33
54	0.97	1.18	1.70	2.91	3.96	54	0.63	0.76	1.12	1.81	2.61
55	1.10	1.32	1.94	3.29	4.42	55	0.69	0.84	1.23	1.97	2.87

In Montana, Use Male Rates Only.  
Term riders not available in Illinois.