

AssurityBalance® Simplified Critical Illness Insurance



Annual Premium per \$1,000 Benefit

For all states except*: AR, CA, CO, FL, GA, ID, IL, IN, ME, MN, MT, NC, ND, NH, NJ, OK, PA, SD, TN, TX, UT, WA, WV

Issue Ages	Male		Female	
	Non-Tob	Tobacco	Non-Tob	Tobacco
18-25	3.85	4.99	3.37	4.21
26	4.41	5.86	3.67	4.73
27	4.97	6.73	3.97	5.26
28	5.53	7.60	4.27	5.78
29	6.09	8.47	4.57	6.31
30	6.65	9.34	4.87	6.83
31	7.15	10.12	5.15	7.31
32	7.66	10.90	5.42	7.79
33	8.16	11.69	5.70	8.27
34	8.67	12.47	5.97	8.75
35	9.17	13.25	6.25	9.23
36	9.97	14.99	6.84	10.48
37	10.77	16.73	7.43	11.73
38	11.58	18.47	8.03	12.98
39	12.38	20.21	8.62	14.23
40	13.18	21.95	9.21	15.48
41	14.01	23.78	9.83	16.80
42	14.84	25.60	10.45	18.12
43	15.67	27.43	11.07	19.44
44	16.50	29.25	11.69	20.76
45	17.33	31.08	12.31	22.08
46	18.32	32.72	12.82	22.92
47	19.31	34.35	13.34	23.76
48	20.30	35.99	13.85	24.59
49	21.29	37.62	14.37	25.43
50	22.28	39.26	14.88	26.27
51	23.38	41.04	15.38	27.07
52	24.48	42.82	15.89	27.86
53	25.58	44.59	16.39	28.66
54	26.68	46.37	16.90	29.45
55	27.78	48.15	17.40	30.25
56	28.88	50.12	18.10	31.10
57	29.98	52.20	18.70	32.06
58	31.08	54.30	19.40	33.00
59	32.28	56.42	20.00	33.95
60	34.08	59.13	21.68	38.73
61	35.88	61.84	23.36	43.50
62	37.68	64.55	25.03	48.28
63	39.48	67.26	26.71	53.06
64	41.28	69.97	28.39	57.83

For the following states only: AR, GA, ID, IL, ME, NC, ND, OK, TN, TX, WV

Issue Ages	Male		Female	
	Non-Tob	Tobacco	Non-Tob	Tobacco
18-25	4.04	5.24	3.54	4.42
26	4.63	6.15	3.85	4.97
27	5.22	7.07	4.17	5.52
28	5.81	7.98	4.48	6.07
29	6.39	8.89	4.80	6.63
30	6.98	9.81	5.11	7.17
31	7.51	10.63	5.41	7.68
32	8.04	11.45	5.69	8.18
33	8.57	12.27	5.99	8.68
34	9.10	13.09	6.27	9.19
35	9.63	13.91	6.56	9.69
36	10.47	15.74	7.18	11.00
37	11.31	17.57	7.80	12.32
38	12.16	19.39	8.43	13.63
39	13.00	21.22	9.05	14.94
40	13.84	23.05	9.67	16.25
41	14.71	24.97	10.32	17.64
42	15.58	26.88	10.97	19.03
43	16.45	28.80	11.62	20.41
44	17.33	30.71	12.27	21.80
45	18.20	32.63	12.93	23.18
46	19.24	34.36	13.46	24.07
47	20.28	36.07	14.01	24.95
48	21.32	37.79	14.54	25.82
49	22.35	39.50	15.09	26.70
50	23.39	41.22	15.62	27.58
51	24.55	43.09	16.15	28.42
52	25.70	44.96	16.68	29.25
53	26.86	46.82	17.21	30.09
54	28.01	48.69	17.75	30.92
55	29.17	50.56	18.27	31.76
56	30.32	52.63	19.01	32.66
57	31.48	54.81	19.64	33.66
58	32.63	57.02	20.37	34.65
59	33.89	59.24	21.00	35.65
60	35.78	62.09	22.76	40.66
61	37.67	64.93	24.52	45.68
62	39.56	67.78	26.29	50.69
63	41.45	70.62	28.05	55.71
64	43.34	73.47	29.81	60.72

To calculate the modal premium, multiply the number of units (benefit amount divided by 1,000) by the unit rate listed above, add the policy fee of \$50, multiply by the mode factor (annual, 1.00; semi-annual, 0.51; quarterly, 0.264; and monthly 0.088) and round to the nearest \$.01.

FOR AGENT USE ONLY. Not for use with consumers. Policy form I H0810 or CI 005. Product availability, features and rates may vary by state. The policy may contain reductions of benefits, limitations and exclusions. For complete details of coverage, please contact Assurity Life Insurance Company or ask to review the policy for more information.

AssurityBalance®
Simplified Critical Illness Insurance
Annual Premium per \$1,000 Benefit



For California only				
Issue Ages	Male		Female	
	Non-Tob	Tobacco	Non-Tob	Tobacco
18-25	3.77	4.89	3.30	4.13
26	4.32	5.74	3.60	4.64
27	4.87	6.60	3.89	5.15
28	5.42	7.45	4.18	5.66
29	5.97	8.30	4.48	6.18
30	6.52	9.15	4.77	6.69
31	7.01	9.92	5.05	7.16
32	7.51	10.68	5.31	7.63
33	8.00	11.46	5.59	8.10
34	8.50	12.22	5.85	8.58
35	8.99	12.99	6.13	9.05
36	9.77	14.69	6.70	10.27
37	10.55	16.40	7.28	11.50
38	11.35	18.10	7.87	12.72
39	12.13	19.81	8.45	13.95
40	12.92	21.51	9.03	15.17
41	13.73	23.30	9.63	16.46
42	14.54	25.09	10.24	17.76
43	15.36	26.88	10.85	19.05
44	16.17	28.67	11.46	20.34
45	16.98	30.46	12.06	21.64
46	17.95	32.07	12.56	22.46
47	18.92	33.66	13.07	23.28
48	19.89	35.27	13.57	24.10
49	20.86	36.87	14.08	24.92
50	21.83	38.47	14.58	25.74
51	22.91	40.22	15.07	26.53
52	23.99	41.96	15.57	27.30
53	25.07	43.70	16.06	28.09
54	26.15	45.44	16.56	28.86
55	27.22	47.19	17.05	29.65
56	28.30	49.12	17.74	30.48
57	29.38	51.16	18.33	31.42
58	30.46	53.21	19.01	32.34
59	31.63	55.29	19.60	33.27
60	33.40	57.95	21.25	37.96
61	35.16	60.60	22.89	42.63
62	36.93	63.26	24.53	47.31
63	38.69	65.91	26.18	52.00
64	40.45	68.57	27.82	56.68

To calculate the modal premium, multiply the number of units (benefit amount divided by 1,000) by the unit rate listed above, add the policy fee of \$50, multiply by the mode factor (annual, 1.00; semi-annual, 0.51; quarterly, 0.264; and monthly 0.088) and round to the nearest \$.01.

FOR AGENT USE ONLY. Not for use with consumers. Policy form I H0810. Product availability, features and rates may vary by state. The policy may contain reductions of benefits, limitations and exclusions. For complete details of coverage, please contact Assurity Life Insurance Company or ask to review the policy for more information.

AssurityBalance®
Simplified Critical Illness Insurance
Annual Premium per \$1,000 Benefit



For the following states only: FL, MN				
Issue Ages	Male		Female	
	Non-Tob	Tobacco	Non-Tob	Tobacco
18-25	3.39	4.39	2.97	3.70
26	3.88	5.16	3.23	4.16
27	4.37	5.92	3.49	4.63
28	4.87	6.69	3.76	5.09
29	5.36	7.45	4.02	5.55
30	5.85	8.22	4.29	6.01
31	6.29	8.91	4.53	6.43
32	6.74	9.59	4.77	6.86
33	7.18	10.29	5.02	7.28
34	7.63	10.97	5.25	7.70
35	8.07	11.66	5.50	8.12
36	8.77	13.19	6.02	9.22
37	9.48	14.72	6.54	10.32
38	10.19	16.25	7.07	11.42
39	10.89	17.78	7.59	12.52
40	11.60	19.32	8.10	13.62
41	12.33	20.93	8.65	14.78
42	13.06	22.53	9.20	15.95
43	13.79	24.14	9.74	17.11
44	14.52	25.74	10.29	18.27
45	15.25	27.35	10.83	19.43
46	16.12	28.79	11.28	20.17
47	16.99	30.23	11.74	20.91
48	17.86	31.67	12.19	21.64
49	18.74	33.11	12.65	22.38
50	19.61	34.55	13.09	23.12
51	20.57	36.12	13.53	23.82
52	21.54	37.68	13.98	24.52
53	22.51	39.24	14.42	25.22
54	23.48	40.81	14.87	25.92
55	24.45	42.37	15.31	26.62
56	25.41	44.11	15.93	27.37
57	26.38	45.94	16.46	28.21
58	27.35	47.78	17.07	29.04
59	28.41	49.65	17.60	29.88

For Colorado only				
Issue Ages	Male		Female	
	Non-Tob	Tobacco	Non-Tob	Tobacco
18-25	3.70	4.79	3.24	4.03
26	4.24	5.62	3.53	4.53
27	4.77	6.46	3.82	5.04
28	5.31	7.29	4.10	5.54
29	5.84	8.13	4.39	6.05
30	6.38	8.96	4.68	6.55
31	6.86	9.71	4.94	7.01
32	7.35	10.46	5.21	7.47
33	7.83	11.21	5.47	7.93
34	8.32	11.96	5.74	8.39
35	8.80	12.71	6.00	8.85
36	9.57	14.38	6.57	10.05
37	10.34	16.05	7.13	11.25
38	11.10	17.72	7.70	12.45
39	11.87	19.39	8.26	13.65
40	12.64	21.06	8.83	14.85
41	13.44	22.81	9.42	16.12
42	14.23	24.56	10.02	17.38
43	15.03	26.31	10.61	18.65
44	15.82	28.06	11.21	19.91
45	16.62	29.81	11.80	21.18
46	17.57	31.38	12.29	21.98
47	18.52	32.95	12.79	22.79
48	19.47	34.52	13.28	23.59
49	20.42	36.09	13.78	24.40
50	21.37	37.66	14.27	25.20
51	22.43	39.36	14.75	25.96
52	23.48	41.07	15.24	26.73
53	24.54	42.77	15.72	27.49
54	25.59	44.48	16.21	28.26
55	26.65	46.18	16.69	29.02
56	27.75	47.94	17.18	29.80
57	28.90	49.77	17.68	30.60
58	30.10	51.67	18.19	31.42
59	31.35	53.64	18.71	32.26
60	33.00	56.34	20.41	36.90
61	34.65	59.03	22.12	41.54
62	36.30	61.73	23.82	46.19
63	37.95	64.42	25.53	50.83
64	39.60	67.12	27.23	55.47

To calculate the modal premium, multiply the number of units (benefit amount divided by 1,000) by the unit rate listed above, add the policy fee of \$50, multiply by the mode factor (annual, 1.00; semi-annual, 0.51; quarterly, 0.264; and monthly 0.088) and round to the nearest \$.01.

FOR AGENT USE ONLY. Not for use with consumers. Policy form I H0810 or CI 005. Product availability, features and rates may vary by state. The policy may contain reductions of benefits, limitations and exclusions. For complete details of coverage, please contact Assurity Life Insurance Company or ask to review the policy for more information.

AssurityBalance®
Simplified Critical Illness Insurance
Annual Premium per \$1,000 Benefit



For Montana only				
Issue Ages	Male		Female	
	Non-Tob	Tobacco	Non-Tob	Tobacco
18-25	3.61	4.60	3.61	4.60
26	4.04	5.30	4.04	5.30
27	4.47	6.00	4.47	6.00
28	4.90	6.69	4.90	6.69
29	5.33	7.39	5.33	7.39
30	5.76	8.09	5.76	8.09
31	6.15	8.72	6.15	8.72
32	6.54	9.35	6.54	9.35
33	6.93	9.98	6.93	9.98
34	7.32	10.61	7.32	10.61
35	7.71	11.24	7.71	11.24
36	8.41	12.74	8.41	12.74
37	9.10	14.23	9.10	14.23
38	9.81	15.73	9.81	15.73
39	10.50	17.22	10.50	17.22
40	11.20	18.72	11.20	18.72
41	11.92	20.29	11.92	20.29
42	12.65	21.86	12.65	21.86
43	13.37	23.44	13.37	23.44
44	14.10	25.01	14.10	25.01
45	14.82	26.58	14.82	26.58
46	15.57	27.82	15.57	27.82
47	16.33	29.06	16.33	29.06
48	17.08	30.29	17.08	30.29
49	17.83	31.53	17.83	31.53
50	18.58	32.77	18.58	32.77
51	19.38	34.06	19.38	34.06
52	20.19	35.34	20.19	35.34
53	20.99	36.63	20.99	36.63
54	21.79	37.91	21.79	37.91
55	22.59	39.20	22.59	39.20
56	23.49	40.61	23.49	40.61
57	24.34	42.13	24.34	42.13
58	25.24	43.65	25.24	43.65
59	26.14	45.19	26.14	45.19
60	27.88	48.93	27.88	48.93
61	29.62	52.67	29.62	52.67
62	31.36	56.42	31.36	56.42
63	33.10	60.16	33.10	60.16
64	34.84	63.90	34.84	63.90

For Pennsylvania only				
Issue Ages	Male		Female	
	Non-Tob	Tobacco	Non-Tob	Tobacco
18-25	4.44	5.76	3.89	4.86
26	5.09	6.77	4.24	5.47
27	5.74	7.78	4.59	6.07
28	6.39	8.78	4.93	6.68
29	7.03	9.78	5.28	7.29
30	7.68	10.79	5.62	7.89
31	8.26	11.69	5.95	8.45
32	8.84	12.60	6.26	9.00
33	9.43	13.50	6.59	9.55
34	10.01	14.40	6.90	10.11
35	10.59	15.30	7.22	10.66
36	11.52	17.31	7.90	12.10
37	12.44	19.33	8.58	13.55
38	13.38	21.33	9.27	14.99
39	14.30	23.34	9.96	16.43
40	15.22	25.36	10.64	17.88
41	16.18	27.47	11.35	19.40
42	17.14	29.57	12.07	20.93
43	18.10	31.68	12.78	22.45
44	19.06	33.78	13.50	23.98
45	20.02	35.89	14.22	25.50
46	21.16	37.80	14.81	26.48
47	22.31	39.68	15.41	27.45
48	23.45	41.57	15.99	28.40
49	24.59	43.45	16.60	29.37
50	28.07	49.46	18.74	33.10
51	29.46	51.71	19.38	34.10
52	30.84	53.95	20.02	35.10
53	32.23	56.18	20.65	36.11
54	33.61	58.43	21.30	37.10
55	35.00	60.67	21.92	38.11
56	36.38	63.16	22.81	39.19
57	37.78	65.77	23.57	40.39
58	39.16	68.42	24.44	41.58
59	40.67	71.09	25.20	42.78
60	42.94	74.50	27.31	48.80
61	45.21	77.92	29.43	54.81
62	47.47	81.33	31.54	60.83
63	49.74	84.75	33.66	66.84
64	52.01	88.16	35.77	72.86

To calculate the modal premium, multiply the number of units (benefit amount divided by 1,000) by the unit rate listed above, add the policy fee of \$50, multiply by the mode factor (annual, 1.00; semi-annual, 0.51; quarterly, 0.264; and monthly 0.088) and round to the nearest \$.01.

FOR AGENT USE ONLY. Not for use with consumers. Policy form I H0810. Product availability, features and rates may vary by state. The policy may contain reductions of benefits, limitations and exclusions. For complete details of coverage, please contact Assurity Life Insurance Company or ask to review the policy for more information.

AssurityBalance®
Simplified Critical Illness Insurance
Annual Premium per \$1,000 Benefit



For South Dakota only				
Issue Ages	Male		Female	
	Non-Tob	Tobacco	Non-Tob	Tobacco
18-25	4.24	5.49	3.71	4.63
26	4.85	6.45	4.04	5.20
27	5.47	7.40	4.37	5.79
28	6.08	8.36	4.70	6.36
29	6.70	9.32	5.03	6.94
30	7.32	10.27	5.36	7.51
31	7.87	11.13	5.67	8.04
32	8.43	11.99	5.96	8.57
33	8.98	12.86	6.27	9.10
34	9.54	13.72	6.57	9.63
35	10.09	14.58	6.88	10.15
36	10.97	16.49	7.52	11.53
37	11.85	18.40	8.17	12.90
38	12.74	20.32	8.83	14.28
39	13.62	22.23	9.48	15.65
40	14.50	24.15	10.13	17.03
41	15.41	26.16	10.81	18.48
42	16.32	28.16	11.50	19.93
43	17.24	30.17	12.18	21.38
44	18.15	32.18	12.86	22.84
45	19.06	34.19	13.54	24.29
46	20.15	35.99	14.10	25.21
47	21.24	37.79	14.67	26.14
48	22.33	39.59	15.24	27.05
49	23.42	41.38	15.81	27.97
50	26.74	47.11	17.86	31.52
51	28.06	49.25	18.46	32.48
52	29.38	51.38	19.07	33.43
53	30.70	53.51	19.67	34.39
54	32.02	55.64	20.28	35.34
55	33.34	57.78	20.88	36.30
56	34.66	60.14	21.72	37.32
57	35.98	62.64	22.44	38.47
58	37.30	65.16	23.28	39.60
59	38.74	67.70	24.00	40.74
60	40.90	70.95	26.01	46.40
61	43.06	74.20	28.03	52.06
62	45.22	77.46	30.04	57.72
63	47.38	80.71	32.06	63.38
64	49.54	83.96	34.07	69.04

For Utah only				
Issue Ages	Male		Female	
	Non-Tob	Tobacco	Non-Tob	Tobacco
18-25	3.88	5.02	3.40	4.23
26	4.44	5.90	3.70	4.76
27	5.01	6.78	4.00	5.29
28	5.57	7.65	4.31	5.82
29	6.14	8.53	4.61	6.35
30	6.70	9.41	4.91	6.88
31	7.21	10.20	5.19	7.36
32	7.72	10.98	5.46	7.84
33	8.22	11.77	5.74	8.33
34	8.73	12.55	6.01	8.81
35	9.24	13.34	6.29	9.29
36	10.05	15.09	6.89	10.55
37	10.86	16.85	7.48	11.81
38	11.66	18.60	8.08	13.07
39	12.47	20.36	8.67	14.33
40	13.28	22.11	9.27	15.59
41	14.11	23.95	9.89	16.92
42	14.95	25.79	10.52	18.25
43	15.78	27.62	11.14	19.58
44	16.62	29.46	11.77	20.91
45	17.45	31.30	12.39	22.24
46	18.45	32.95	12.91	23.08
47	19.45	34.60	13.43	23.93
48	20.44	36.24	13.94	24.77
49	21.44	37.89	14.46	25.62
50	22.44	39.54	14.98	26.46
51	23.55	41.33	15.49	27.26
52	24.66	43.12	16.00	28.06
53	25.76	44.91	16.50	28.87
54	26.87	46.70	17.01	29.67
55	27.98	48.49	17.52	30.47
56	29.14	50.35	18.05	31.29
57	30.35	52.28	18.60	32.13
58	31.61	54.28	19.17	32.99
59	32.92	56.36	19.76	33.87
60	34.65	59.18	21.53	38.74
61	36.38	62.01	23.29	43.62
62	38.12	64.83	25.06	48.49
63	39.85	67.66	26.82	53.37
64	41.58	70.48	28.59	58.24

To calculate the modal premium, multiply the number of units (benefit amount divided by 1,000) by the unit rate listed above, add the policy fee of \$50, multiply by the mode factor (annual, 1.00; semi-annual, 0.51; quarterly, 0.264; and monthly 0.088) and round to the nearest \$.01.

FOR AGENT USE ONLY. Not for use with consumers. Policy form I H0810 or CI 005. Product availability, features and rates may vary by state. The policy may contain reductions of benefits, limitations and exclusions. For complete details of coverage, please contact Assurity Life Insurance Company or ask to review the policy for more information.

AssurityBalance®
Simplified Critical Illness Insurance
Annual Premium per \$1,000 Benefit



For Indiana Only				
Issue Ages	Male		Female	
	Non-Tob	Tobacco	Non-Tob	Tobacco
18-25	3.85	4.99	3.37	4.21
26	4.41	5.86	3.67	4.73
27	4.97	6.73	3.97	5.26
28	5.53	7.60	4.27	5.78
29	6.09	8.47	4.57	6.31
30	6.65	9.34	4.87	6.83
31	7.15	10.12	5.15	7.31
32	7.66	10.90	5.42	7.79
33	8.16	11.69	5.70	8.27
34	8.67	12.47	5.97	8.75
35	9.17	13.25	6.25	9.23
36	9.97	14.99	6.84	10.48
37	10.77	16.73	7.43	11.73
38	11.58	18.47	8.03	12.98
39	12.38	20.21	8.62	14.23
40	13.18	21.95	9.21	15.48
41	14.01	23.78	9.83	16.80
42	14.84	25.60	10.45	18.12
43	15.67	27.43	11.07	19.44
44	16.50	29.25	11.69	20.76
45	17.33	31.08	12.31	22.08
46	18.32	32.72	12.82	22.92
47	19.31	34.35	13.34	23.76
48	20.30	35.99	13.85	24.59
49	21.29	37.62	14.37	25.43
50	22.28	39.26	14.88	26.27
51	23.38	41.04	15.38	27.07
52	24.48	42.82	15.89	27.86
53	25.58	44.59	16.39	28.66
54	26.68	46.37	16.90	29.45
55	27.78	48.15	17.40	30.25
56	28.88	50.12	18.10	31.10
57	29.98	52.20	18.70	32.06
58	31.08	54.30	19.40	33.00
59	32.28	56.42	20.00	33.95
60	33.41	58.39	20.70	35.14
61	34.58	60.43	21.42	36.37
62	35.79	62.55	22.17	37.64
63	37.04	64.74	22.95	38.96
64	38.34	67.01	23.75	40.32

For New Hampshire only				
Issue Ages	Male		Female	
	Non-Tob	Tobacco	Non-Tob	Tobacco
18-25	3.69	4.78	3.23	4.03
26	4.22	5.61	3.52	4.52
27	4.76	6.44	3.80	5.03
28	5.29	7.27	4.09	5.53
29	5.83	8.10	4.38	6.03
30	6.37	8.94	4.66	6.54
31	6.85	9.69	4.93	6.99
32	7.33	10.43	5.19	7.45
33	7.81	11.18	5.45	7.91
34	8.29	11.92	5.71	8.37
35	8.78	12.68	5.99	8.83
36	9.55	14.34	6.55	10.02
37	10.32	16.01	7.11	11.22
38	11.08	17.67	7.68	12.42
39	11.85	19.34	8.24	13.61
40	12.62	21.00	8.81	14.81
41	13.40	22.75	9.40	16.07
42	14.20	24.50	9.99	17.34
43	14.99	26.24	10.58	18.60
44	15.79	27.99	11.18	19.86
45	16.58	29.74	11.78	21.13
46	17.53	31.30	12.26	21.93
47	18.48	32.87	12.76	22.73
48	19.42	34.43	13.24	23.53
49	20.37	36.00	13.74	24.34
50	21.32	37.56	14.23	25.14
51	22.37	39.26	14.72	25.90
52	23.43	40.96	15.20	26.66
53	24.47	42.66	15.68	27.43
54	25.53	44.37	16.16	28.19
55	26.58	46.08	16.64	28.95
56	27.68	47.83	17.15	29.73
57	28.83	49.67	17.67	30.52
58	30.03	51.57	18.21	31.34
59	31.27	53.54	18.77	32.18
60	32.92	56.22	20.45	36.81
61	34.56	58.91	22.13	41.44
62	36.21	61.59	23.80	46.07
63	37.85	64.28	25.48	50.70
64	39.50	66.96	27.16	55.33

To calculate the modal premium, multiply the number of units (benefit amount divided by 1,000) by the unit rate listed above, add the policy fee of \$50, multiply by the mode factor (annual, 1.00; semi-annual, 0.51; quarterly, 0.264; and monthly 0.088) and round to the nearest \$.01.

FOR AGENT USE ONLY. Not for use with consumers. Policy form I H0810 or CI 005. Product availability, features and rates may vary by state. The policy may contain reductions of benefits, limitations and exclusions. For complete details of coverage, please contact Assurity Life Insurance Company or ask to review the policy for more information.

AssurityBalance®
Simplified Critical Illness Insurance
Annual Premium per \$1,000 Benefit



For Washington only				
Issue Ages	Male		Female	
	Non-Tob	Tobacco	Non-Tob	Tobacco
18-25	3.59	4.65	3.15	3.91
26	4.12	5.46	3.43	4.40
27	4.63	6.27	3.71	4.89
28	5.16	7.08	3.98	5.38
29	5.67	7.89	4.26	5.87
30	6.19	8.70	4.54	6.36
31	6.66	9.43	4.80	6.81
32	7.14	10.16	5.06	7.25
33	7.60	10.88	5.31	7.70
34	8.08	11.61	5.57	8.15
35	8.54	12.34	5.83	8.59
36	9.29	13.96	6.38	9.76
37	10.04	15.58	6.92	10.92
38	10.78	17.20	7.48	12.09
39	11.52	18.83	8.02	13.25
40	12.27	20.45	8.57	14.42
41	13.05	22.15	9.15	15.65
42	13.82	23.84	9.73	16.87
43	14.59	25.54	10.30	18.11
44	15.36	27.24	10.88	19.33
45	16.14	28.94	11.46	20.56
46	17.06	30.47	11.93	21.34
47	17.98	31.99	12.42	22.13
48	18.90	33.51	12.89	22.90
49	19.83	35.04	13.38	23.69
50	20.75	36.56	13.85	24.47
51	21.78	38.21	14.32	25.20
52	22.80	39.87	14.80	25.95
53	23.83	41.52	15.26	26.69
54	24.84	43.18	15.74	27.44
55	25.87	44.83	16.20	28.17
56	26.94	46.54	16.68	28.93
57	28.06	48.32	17.17	29.71
58	29.22	50.17	17.66	30.50
59	30.44	52.08	18.17	31.32
60	32.04	54.70	19.82	35.83
61	33.64	57.31	21.48	40.33
62	35.24	59.93	23.13	44.84
63	36.84	62.54	24.79	49.35
64	38.45	65.17	26.44	53.85

To calculate the modal premium, multiply the number of units (benefit amount divided by 1,000) by the unit rate listed above, add the policy fee of \$50, multiply by the mode factor (annual, 1.00; semi-annual, 0.51; quarterly, 0.264; and monthly 0.088) and round to the nearest \$.01.

FOR AGENT USE ONLY. Not for use with consumers. Policy form I H0810 or CI 005. Product availability, features and rates may vary by state. The policy may contain reductions of benefits, limitations and exclusions. For complete details of coverage, please contact Assurity Life Insurance Company or ask to review the policy for more information.

AssurityBalance®
Simplified Critical Illness Insurance
Annual Premium per \$1,000 Benefit



For New Jersey Only									
Issue Ages	Male		Female		Issue Ages	Male		Female	
	Non-Tob	Tobacco	Non-Tob	Tobacco		Non-Tob	Tobacco	Non-Tob	Tobacco
18-20	3.98	5.12	3.52	4.69	43	16.21	28.38	11.56	19.66
21	3.99	5.17	3.56	4.74	44	17.07	30.27	12.21	20.92
22	4.01	5.22	3.61	4.78	45	17.93	32.16	12.86	22.30
23	4.02	5.27	3.66	4.82	46	19.00	33.85	13.46	23.28
24	4.04	5.32	3.71	4.86	47	20.07	35.54	14.05	24.26
25	4.05	5.37	3.75	4.91	48	21.14	37.24	14.65	25.23
26	4.63	6.25	4.05	5.45	49	22.21	38.93	15.24	26.21
27	5.21	7.13	4.34	5.99	50	23.28	40.62	15.84	27.19
28	5.79	8.00	4.64	6.53	51	24.43	42.47	16.73	28.80
29	6.37	8.88	4.93	7.08	52	25.58	44.31	17.61	30.41
30	6.95	9.76	5.23	7.62	53	26.73	46.15	18.50	32.03
31	7.48	10.58	5.58	8.15	54	27.88	47.99	19.39	33.64
32	8.00	11.40	5.93	8.69	55	29.03	49.83	20.27	35.26
33	8.53	12.21	6.28	9.22	56	32.43	54.77	23.23	41.68
34	9.06	13.03	6.63	9.75	57	35.83	59.71	26.19	48.11
35	9.59	13.85	6.98	10.29	58	39.23	64.65	29.16	54.54
36	10.40	15.62	7.50	11.40	59	42.64	69.58	32.12	60.96
37	11.20	17.39	8.03	12.52	60	46.04	74.52	35.08	67.39
38	12.01	19.16	8.56	13.63	61	49.71	79.82	38.31	74.50
39	12.82	20.93	9.09	14.75	62	53.67	85.49	41.84	82.36
40	13.63	22.71	9.62	15.86	63	57.95	91.56	45.70	91.05
41	14.49	24.60	10.27	17.13	64	62.57	98.06	49.92	100.66
42	15.35	26.49	10.92	18.39					

To calculate the modal premium, multiply the number of units (benefit amount divided by 1,000) by the unit rate listed above, add the policy fee of \$50, multiply by the mode factor (annual, 1.00; semi-annual, 0.51; quarterly, 0.264; and monthly 0.088) and round to the nearest \$.01.

FOR AGENT USE ONLY. Not for use with consumers. Policy form I H0810 or CI 005. Product availability, features and rates may vary by state. The policy may contain reductions of benefits, limitations and exclusions. For complete details of coverage, please contact Assurity Life Insurance Company or ask to review the policy for more information.