

Rates prepared for Mike C Test on 1/26/24 3:44 PM Nebraska - Bi-Weekly Rates Proposal - 240691

Group Accident Expense (Forms G H1708/G H1708C) (HSA Compatible)

24-Hour

	Coverage	Employee	Employee + Spouse	Employee + Children	Family
All Ages	Tier 2	\$6.73	\$11.69	\$13.83	\$20.47

Group Hospital Indemnity (Forms G H1730/G H1730C) (HSA Compatible)

Tier 2

	Employee	Employee & Spouse	Employee & Children	Family
All Ages	\$8.01	\$16.20	\$15.31	\$23.49

Group Short-Term Disability Income (Forms G H1808/G H1808C)

Class 1, Off-the-Job Coverage, Accident and Sickness

Benefit period: 26 Weeks; Elimination period: 0 days for injury; 7 days for sickness

Annual Income Weekly Benefit	\$21,750 \$250	\$26,000 \$300	\$30,500 \$350	\$34,750 \$400	\$39,000 \$450	\$43,500 \$500	\$47,750 \$550	\$52,000 \$600
Issue Age								
18 - 49	\$12.75	\$15.32	\$17.87	\$20.41	\$22.97	\$25.53	\$28.08	\$30.63
50 - 59	\$17.01	\$20.42	\$23.84	\$27.23	\$30.63	\$34.03	\$37.44	\$40.85
60 - 69	\$21.86	\$26.23	\$30.59	\$34.96	\$39.35	\$43.71	\$48.09	\$52.45
70+	\$28.44	\$34.14	\$39.82	\$45.50	\$51.21	\$56.88	\$62.58	\$68.26
Annual Income Weekly Benefit	\$56,500 \$650	\$60,750 \$700	\$65,000 \$750	\$69,500 \$800	\$73,750 \$850	\$78,000 \$900	\$82,500 \$950	\$86,750 \$1,000
Issue Age								
18 - 49	\$33.17	\$35.74	\$38.27	\$40.85	\$43.38	\$45.96	\$48.50	\$51.04
50 - 59	\$44.24	\$47.65	\$51.07	\$54.46	\$57.87	\$61.27	\$64.68	\$68.09
60 - 69	\$56.82	\$61.20	\$65.57	\$69.94	\$74.31	\$78.68	\$83.04	\$87.42
70+	\$73.94	\$79.65	\$85.33	\$91.03	\$96.70	\$102.40	\$108.08	\$113.76

Premium rates shown are for the combined policy and rider benefits as summarized in the proposal. Rates provided are illustrative and your actual premium rate may be different depending on your particular situation and plan choices. The policy may contain reductions of benefits, limitations and exclusions. Product availability, features, provisions and rates may vary by state. For complete benefit descriptions, limitations, conditions and exclusions, ask to review the policy/certificate. Products are underwritten by Assurity Life Insurance Company, Lincoln, NE.



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Group Critical Illness (Forms G H1715/G H1715C)(HSA Compatible)

Tier 1

Employee or Employee & Children - (rates based on employee's age; benefit amounts over \$30,000 require underwriting of all covered persons) Child benefit is equal to 25% of employee benefit.

Non-Tobac	co	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	
	18-24	\$0.61	\$1.21	\$1.80	\$2.39	\$3.00	\$3.60	
	25-29	\$0.83	\$1.64	\$2.44	\$3.24	\$4.04	\$4.86	
	30-34	\$1.13	\$2.22	\$3.31	\$4.40	\$5.49	\$6.59	
	35-39	\$1.65	\$3.24	\$4.84	\$6.42	\$8.02	\$9.60	
Issue	40-44	\$2.28	\$4.48	\$6.67	\$8.87	\$11.06	\$13.26	
Age	45-49	\$3.29	\$6.44	\$9.60	\$12.75	\$15.91	\$19.07	
	50-54	\$4.74	\$9.31	\$13.88	\$18.44	\$23.01	\$27.56	
	55-59	\$6.79	\$13.32	\$19.87	\$26.41	\$32.96	\$39.50	
	60-64	\$8.69	\$17.12	\$25.56	\$34.00	\$42.44	\$50.87	
	65-69	\$11.60	\$22.94	\$34.29	\$45.63	\$56.97	\$68.31	
	70+	\$17.39	\$34.43	\$51.48	\$68.53	\$85.56	\$102.60	
Tobaccc		\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	
	18-24	\$0.94	\$1.85	\$2.77	\$3.69	\$4.60	\$5.52	
	25-29	\$1.33	\$2.61	\$3.89	\$5.18	\$6.47	\$7.75	
	30-34	\$1.86	4				1	
		٦١.٥٥	\$3.69	\$5.49	\$7.30	\$9.11	\$10.92	
	35-39	\$2.79	\$3.69 \$5.50	\$5.49 \$8.20	\$7.30 \$10.91			
Issue	35-39 40-44					\$9.11	\$10.92	
Issue Age		\$2.79	\$5.50	\$8.20	\$10.91	\$9.11 \$13.61	\$10.92 \$16.31	
	40-44	\$2.79 \$3.91	\$5.50 \$7.69	\$8.20 \$11.45	\$10.91 \$15.23	\$9.11 \$13.61 \$19.01	\$10.92 \$16.31 \$22.78	
	40-44 45-49	\$2.79 \$3.91 \$5.68	\$5.50 \$7.69 \$11.17	\$8.20 \$11.45 \$16.65	\$10.91 \$15.23 \$22.14	\$9.11 \$13.61 \$19.01 \$27.62	\$10.92 \$16.31 \$22.78 \$33.11	
	40-44 45-49 50-54	\$2.79 \$3.91 \$5.68 \$8.26	\$5.50 \$7.69 \$11.17 \$16.23	\$8.20 \$11.45 \$16.65 \$24.22	\$10.91 \$15.23 \$22.14 \$32.19	\$9.11 \$13.61 \$19.01 \$27.62 \$40.18	\$10.92 \$16.31 \$22.78 \$33.11 \$48.16	
	40-44 45-49 50-54 55-59	\$2.79 \$3.91 \$5.68 \$8.26 \$11.83	\$5.50 \$7.69 \$11.17 \$16.23 \$23.30	\$8.20 \$11.45 \$16.65 \$24.22 \$34.80	\$10.91 \$15.23 \$22.14 \$32.19 \$46.28	\$9.11 \$13.61 \$19.01 \$27.62 \$40.18 \$57.75	\$10.92 \$16.31 \$22.78 \$33.11 \$48.16 \$69.23	

Employee & Spouse or Family - (rates based on employee's age; benefit amounts over \$30,000 require underwriting of all covered persons) Spouse benefit is equal to 50% of employee benefit. Child benefit is equal to 25% of employee benefit.

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Non-Toba	ссо	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	
	18-24	\$0.90	\$1.79	\$2.66	\$3.56	\$4.43	\$5.32	
	25-29	\$1.23	\$2.40	\$3.58	\$4.77	\$5.94	\$7.12	
	30-34	\$1.69	\$3.30	\$4.91	\$6.52	\$8.12	\$9.72	
	35-39	\$2.49	\$4.85	\$7.20	\$9.56	\$11.92	\$14.28	
Issue	40-44	\$3.44	\$6.70	\$9.97	\$13.23	\$16.50	\$19.75	
Age	45-49	\$4.97	\$9.68	\$14.40	\$19.11	\$23.82	\$28.53	
	50-54	\$7.20	\$14.03	\$20.86	\$27.69	\$34.52	\$41.35	
	55-59	\$10.28	\$20.08	\$29.89	\$39.69	\$49.50	\$59.31	
	60-64	\$13.15	\$25.81	\$38.46	\$51.10	\$63.77	\$76.41	
	65-69	\$17.54	\$34.56	\$51.57	\$68.58	\$85.60	\$102.60	
	70+	\$26.25	\$51.83	\$77.39	\$102.95	\$128.53	\$154.09	
Tobaccc	0	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	
	18-24	\$1.40	\$2.75	\$4.12	\$5.48	\$6.84	\$8.20	
	25-29	\$1.98	\$3.87	\$5.78	\$7.68	\$9.57	\$11.46	
	30-34	\$2.80	\$5.50	\$8.17	\$10.87	\$13.55	\$16.24	
	35-39	\$4.22	\$8.24	\$12.28	\$16.30	\$20.33	\$24.35	
Issue	40-44	\$5.91	\$11.53	\$17.17	\$22.79	\$28.43	\$34.06	
Age	45-49	\$8.59	\$16.80	\$25.00	\$33.21	\$41.42	\$49.62	
	50-54	\$12.50	\$24.45	\$36.41	\$48.36	\$60.32	\$72.28	
	55-59	\$17.93	\$35.14	\$52.35	\$69.56	\$86.77	\$103.99	
		4	700.11	702.00	705.50	400		
	60-64	\$23.00	\$45.25	\$67.51	\$89.76	\$112.01	\$134.28	

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