

AssurityBalance® Critical Illness Insurance (CI)

Base Policy Sample Rates for: AR, GA, ID, ME, NC, ND, OK, PA, UT, WV

Annual Premium per \$1,000 Monthly Benefit

\$50 Policy Fee

BAND 1 Issue Age	MALE		FEMALE		BAND 2 Issue Age	MALE		FEMALE	
	Select Non-tob	Tobacco	Select Non-tob	Tobacco		Select Non-tob	Tobacco	Select Non-tob	Tobacco
18	4.92	5.65	4.05	4.64	18	4.35	4.92	3.62	4.20
19	4.92	5.65	4.05	4.64	19	4.35	4.92	3.62	4.20
20	4.92	5.65	4.05	4.64	20	4.35	4.92	3.62	4.20
21	5.22	5.94	4.20	4.92	21	4.49	5.22	3.77	4.35
22	5.37	6.23	4.35	5.22	22	4.78	5.50	3.77	4.64
23	5.65	6.67	4.49	5.50	23	4.92	5.80	3.92	4.78
24	5.80	6.95	4.64	5.80	24	5.07	6.09	4.05	5.07
25	6.09	7.39	4.78	6.09	25	5.37	6.52	4.20	5.37
26	6.23	7.68	5.07	6.37	26	5.50	6.81	4.35	5.65
27	6.52	8.12	5.22	6.67	27	5.65	7.25	4.64	5.94
28	6.67	8.55	5.37	7.10	28	5.94	7.54	4.78	6.23
29	6.95	9.12	5.65	7.39	29	6.09	7.97	4.92	6.52
30	7.25	9.57	5.80	7.82	30	6.37	8.40	5.07	6.95
31	7.39	10.00	6.09	8.19	31	6.52	8.84	5.37	7.25
32	7.68	10.57	6.23	8.69	32	6.81	9.27	5.50	7.68
33	7.97	11.16	6.52	9.12	33	6.95	9.85	5.65	8.12
34	8.26	11.74	6.67	9.71	34	7.25	10.29	5.94	8.55
35	8.40	12.32	6.95	10.14	35	7.39	10.87	6.09	8.99
36	8.84	13.34	7.25	11.01	36	7.82	11.74	6.37	9.71
37	9.27	14.49	7.68	11.89	37	8.12	12.75	6.67	10.44
38	9.71	15.65	7.97	12.75	38	8.55	13.77	7.10	11.16
39	10.14	16.96	8.40	13.62	39	8.99	14.92	7.39	12.02
40	10.72	18.26	8.69	14.64	40	9.42	16.09	7.68	12.89
41	11.16	19.56	9.12	15.65	41	9.85	17.24	8.12	13.77
42	11.74	21.01	9.57	16.66	42	10.29	18.54	8.40	14.64
43	12.17	22.61	10.00	17.82	43	10.72	19.86	8.84	15.65
44	12.75	24.20	10.44	18.98	44	11.16	21.30	9.12	16.66
45	13.34	25.79	10.87	20.14	45	11.74	22.75	9.57	17.68
46	13.91	27.38	11.16	21.01	46	12.17	24.06	9.85	18.54
47	14.64	29.13	11.59	22.03	47	12.75	25.65	10.14	19.24
48	15.21	30.86	11.89	22.89	48	13.47	27.10	10.44	20.14
49	15.94	32.60	12.17	23.91	49	14.06	28.69	10.72	21.01
50	16.52	34.35	12.61	24.78	50	14.64	30.28	11.01	21.74
51	17.24	36.23	12.89	25.65	51	15.21	31.88	11.30	22.61
52	17.97	37.97	13.19	26.66	52	15.79	33.47	11.59	23.33
53	18.54	39.85	13.47	27.53	53	16.37	35.07	11.74	24.20
54	19.13	41.59	13.62	28.40	54	16.96	36.66	12.02	24.93
55	19.86	43.32	13.91	29.13	55	17.39	38.25	12.17	25.65
56	20.72	44.92	14.34	30.00	56	18.26	39.42	12.61	26.38
57	21.59	46.37	14.64	30.86	57	18.98	40.72	12.89	27.24
58	22.46	47.82	15.07	31.73	58	19.86	42.02	13.34	27.96
59	23.48	49.27	15.51	32.60	59	20.58	43.32	13.62	28.69
60	24.34	50.72	15.94	33.47	60	21.44	44.63	14.06	29.41
61	25.21	52.16	16.37	34.35	61	22.17	45.79	14.34	30.10
62	26.08	53.61	16.66	35.07	62	23.04	47.09	14.78	30.86
63	26.95	55.06	17.09	35.93	63	23.76	48.39	15.07	31.73
64	27.96	56.51	17.54	36.80	64	24.63	49.70	15.36	32.46

This policy may contain reductions of benefits, limitations and exclusions. For costs and complete details of the coverage, please contact Assurity Life Insurance Company or ask to review the policy for more information.

Policy availability, rates and features may vary by state.

Assurity Life Insurance Company
PO Box 82533, Lincoln, NE 68501-2533
(800) 276-7619, www.assurity.com