YOUR COST

The cost of this life 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 nonsmokers meeting the highest underwriting standard will qualify for "Preferred" rates. Other nonsmokers may qualify for the higher "Select" or "Standard" rates. (Note: Smoker may only qualify for "Standard" Rates.) Upon approval of your application, you will be notified of the rate classification for each approved person.

	Current 2024 "Preferred" Annual Premium Contributions† Per \$1,000 Benefit Amount													
	Face Amounts					Face A	mounts		Face Amounts					
			-249,000††			\$250,000-	499,000††		\$500,000- MAX††					
Issue	Male	10%	Female*	10%	Male	10%	Female*	10%	Male	10%	Female*	10%		
Age		Premium		Premium		Premium		Premium		Premium		Premium		
		Discount**		Discount**		Discount**		Discount**		Discount**		Discount**		
20-35	\$0.70	\$0.63	\$0.63	\$0.57	\$0.47	\$0.42	\$0.41	\$0.37	\$0.42	\$0.38	\$0.36	\$0.32		
36	0.71	0.64	0.64	0.58	0.48	0.43	0.42	0.38	0.42	0.38	0.36	0.32		
37	0.72	0.65	0.68	0.61	0.48	0.43	0.44	0.40	0.45	0.41	0.40	0.36		
38	0.77	0.69	0.71	0.64	0.52	0.47	0.48	0.43	0.47	0.42	0.42	0.38		
39	0.81	0.73	0.74	0.67	0.54	0.49	0.52	0.47	0.48	0.43	0.47	0.42		
40	0.84	0.76	0.78	0.70	0.58	0.52	0.54	0.49	0.53	0.48	0.50	0.45		
41	0.89	0.80	0.83	0.75	0.62	0.56	0.60	0.54	0.58	0.52	0.54	0.49		
42	0.95	0.86	0.88	0.79	0.70	0.63	0.65	0.59	0.65	0.59	0.60	0.54		
43	1.01	0.61	0.95	0.86	0.77	0.69	0.71	0.64	0.72	0.65	0.66	0.59		
44	1.07	0.96	1.01	0.91	0.84	0.76	0.77	0.69	0.78	0.70	0.72	0.65		
45	1.17	1.05	1.06	0.95	0.93	0.84	0.83	0.75	0.87	0.78	0.78	0.70		
46	1.26	1.13	1.13	1.02	1.01	0.91	0.89	0.80	0.96	0.86	0.84	0.76		
47	1.38	1.24	1.18	1.06	1.10	0.99	0.94	0.85	1.04	0.94	0.89	0.80		
48	1.48	1.33	1.24	1.12	1.18	1.06	1.00	0.90	1.12	1.01	0.94	0.85		
49	1.62	1.46	1.31	1.18	1.29	1.16	1.06	0.95	1.23	1.11	1.00	0.90		
50	1.76	1.58	1.38	1.24	1.41	1.27	1.13	1.02	1.35	1.22	1.08	0.97		
51	1.91	1.72	1.48	1.33	1.56	1.40	1.22	1.10	1.49	1.34	1.16	1.04		
52	2.04	1.84	1.59	1.43	1.73	1.56	1.32	1.19	1.66	1.49	1.26	1.13		
53	2.21	1.99	1.70	1.53	1.91	1.72	1.43	1.29	1.84	1.66	1.37	1.23		
54	2.40	2.16	1.82	1.64	2.10	1.89	1.56	1.40	2.04	1.84	1.49	1.34		
55	2.60	2.34	1.94	1.75	2.33	2.10	1.68	1.51	2.25	2.03	1.61	1.45		
56	2.82	2.54	2.04	1.84	2.55	2.30	1.79	1.61	2.46	2.21	1.72	1.55		
57	3.05	2.75	2.16	1.94	2.78	2.50	1.89	1.70	2.69	2.42	1.83	1.65		

^{**} These rates include the 10% premium discount currently in effect.

[†] Payable semiannually, or via the monthly Electronic Funds Transfer (EFT) option as described previously.

^{††} As previously noted, member and spouse benefits are available in \$10,000 multiples.

^{*}Male rates apply to all coverage issued to Montana residents, regardless of a person's sex.

Only nonsmokers meeting the highest underwriting standard will qualify for "Preferred" rates. Other nonsmokers may qualify for the higher "Select" or "Standard" rates. (Note: Smoker may only qualify for "Standard" Rates.) Upon approval of your application, you will be notified of the rate classification for each approved person.

	Current 2024 "Preferred" Annual Premium Contributions† Per \$1,000 Benefit Amount (CONTINUED)													
			mounts 249,000††		Face Amounts \$250,000-499,000††				Face Amounts \$500,000- MAX††					
Issue Age	Male	10% Premium Discount**	Female*	Female* 10% Male 10% Female* 10% Male Premium Discount** Discount**						10% Premium Discount**	Female*	10% Premium Discount**		
58	3.33	3.00	2.28	2.05	3.04	2.74	2.02	1.82	2.96	2.66	1.94	1.75		
59 60	3.64 4.00	3.28 3.60	2.43 2.61	2.19 2.35	3.35 3.70	3.02	2.16 2.34	1.94 2.11	3.24 3.60	2.92 3.24	2.09 2.27	1.88 2.04		
61	4.41	3.97 4.37	2.85 3.12	2.57 2.81	4.11 4.58	3.70 4.12	2.58 2.86	2.32	4.00 4.47	3.60 4.02	2.50 2.78	2.25		
63	5.37	4.83	3.44	3.10	5.10	4.59	3.18	2.86	4.98	4.48	3.10	2.79		
64	5.98	5.38	3.78	3.40	5.69	5.12	3.53	3.18	5.56	5.00	3.42	3.08		

^{**} These rates include the 10% premium discount currently in effect.

[†] Payable semiannually, or via the monthly Electronic Funds Transfer (EFT) option as described previously.

^{††} As previously noted, member and spouse benefits are available in \$10,000 multiples.

^{*}Male rates apply to all coverage issued to Montana residents, regardless of a person's sex.

Only nonsmokers meeting the highest underwriting standard will qualify for "Preferred" rates. Other nonsmokers may qualify for the higher "Select" or "Standard" rates. (Note: Smoker may only qualify for "Standard" Rates.) Upon approval of your application, you will be notified of the rate classification for each approved person.

						2024 "Selec		0				
		Face A \$100,000-	mounts 249,000††			Face A	mounts 499,000††		Face Amounts \$500,000- MAX††			
Issue Age	Male	10% Premium Discount**	Female*	10% Premium Discount**	Male	10% Premium Discount**	Female*	10% Premium Discount**	Male	10% Premium Discount**	Female*	10% Premium Discount**
20-35 36	\$0.78 0.82	\$0.70 0.74	\$0.72 0.74	\$0.65 0.67	\$0.56 0.59	\$0.50 0.53	\$0.48 0.52	\$0.43 0.47	\$0.52 0.54	\$0.47 0.49	\$0.45 0.47	\$0.41 0.42
37	0.84	0.76	0.77	0.69	0.60	0.54 0.59	0.54 0.58	0.49	0.56	0.50 0.54	0.48	0.43 0.48
39	0.88	0.79	0.81 0.86	0.77	0.70	0.63	0.58	0.52 0.56	0.60	0.59	0.58	0.52
40	0.98	0.88	0.90 0.96	0.81 0.86	0.75 0.81	0.68	0.66 0.72	0.59 0.65	0.70	0.63	0.62 0.68	0.56 0.61
42	1.12	1.01	1.02	0.92	0.88	0.79	0.78	0.70	0.83	0.75	0.74	0.67
43	1.19	1.07 1.16	1.11 1.18	1.00	0.95 1.05	0.86 0.95	0.87 0.94	0.78 0.85	0.90	0.81	0.81	0.73
45	1.38	1.24	1.26	1.13	1.14	1.03	1.01	0.91	1.08	0.97	0.96	0.86
46	1.50	1.35 1.46	1.32	1.19 1.26	1.25 1.38	1.13 1.24	1.08	0.97 1.04	1.19	1.07 1.19	1.02	0.92
48	1.77	1.59	1.48	1.33	1.52	1.37	1.24	1.12	1.46	1.31	1.18	1.06
50	1.92 2.10	1.73 1.89	1.56 1.67	1.40 1.50	1.66	1.49 1.65	1.31 1.41	1.18 1.27	1.60	1.44 1.59	1.25 1.35	1.13
51	2.28	2.05	1.76	1.58	2.02	1.82	1.50	1.35	1.94	1.75	1.44	1.30
52	2.46	2.21 2.42	1.86 1.98	1.67 1.78	2.21 2.40	1.99 2.16	1.62 1.73	1.46 1.56	2.13	1.92 2.11	1.55 1.66	1.40 1.49
54	2.92	2.63	2.10	1.89	2.64	2.38	1.86	1.67	2.56	2.30	1.79	1.61
55 56	3.18	2.86 3.11	2.26 2.40	2.03 2.16	2.90 3.17	2.61 2.85	1.98 2.14	1.78 1.93	2.81 3.08	2.53 2.77	1.92 2.06	1.73 1.85
57	3.74	3.37	2.56	2.30	3.42	3.08	2.28	2.05	3.32	2.99	2.22	2.00
58	4.06	3.65	2.75	2.48	3.75	3.38	2.48	2.23	3.65	3.29	2.40	2.16

^{**} These rates include the 10% premium discount currently in effect.

[†] Payable semiannually, or via the monthly Electronic Funds Transfer (EFT) option as described previously.

^{††} As previously noted, member and spouse benefits are available in \$10,000 multiples.

^{*}Male rates apply to all coverage issued to Montana residents, regardless of a person's sex.

Only nonsmokers meeting the highest underwriting standards will qualify for "Preferred" rates. Other nonsmokers may qualify for the higher "Select" or "Standard" rates. (Note: Smokers may only qualify for "Standard" Rates.) Upon approval of your application, you will be notified of the rate classification for each approved person.

	Current 2024 "Select" Annual Premium Contributions† Per \$1,000 Benefit Amount (CONTINUED)													
		Face A	mounts			Face A	mounts		Face Amounts					
		\$100,000-	249,000++		\$100,000-249,000++				\$100,000-249,000++					
Issue	Male	10%	Female*	10%	Male	10%	Female*	10%	Male	10%	Female*	10%		
Age		Premium		Premium		Premium		Premium		Premium		Premium		
		Discount**		Discount**		Discount**		Discount**		Discount**		Discount**		
59	4.43	3.99	2.94	2.65	4.11	3.70	2.67	2.40	4.00	3.60	2.58	2.32		
60	4.88	4.39	3.18	2.86	4.54	4.09	2.87	2.58	4.43	3.99	2.79	2.51		
61	5.38	4.84	3.48	3.13	5.04	4.54	3.18	2.86	4.92	4.43	3.10	2.79		
62	5.97	5.37	3.78	3.40	5.64	5.08	3.50	3.15	5.51	4.96	3.41	3.07		
63	6.63	5.97	4.17	3.75	6.30	5.67	3.87	3.48	6.16	5.54	3.77	3.39		
64	7.38	6.64	4.56	4.10	7.05	6.35	4.25	3.83	6.89	6.20	4.14	3.73		

^{**} These rates include the 10% premium discount currently in effect.

[†] Payable semiannually, or via the monthly Electronic Funds Transfer (EFT) option as described previously.

^{††} As previously noted, member and spouse benefits are available in \$10,000 multiples.

^{*}Male rates apply to all coverage issued to Montana residents, regardless of a person's sex.

Only nonsmokers meeting the highest underwriting standard will qualify for "Preferred" rates. Other nonsmokers may qualify for the higher "Select" or "Standard" rates. (Note: Smoker may only qualify for "Standard" Rates.) Upon approval of your application, you will be notified of the rate classification for each approved person.

						2024 "Standa							
					Premium (Contributions	† Per \$1,00	0					
			mounts			Face A			Face Amounts				
			249,000††			\$250,000-			\$500,000- MAX††				
Issue	Male	10%	Female*	10%	Male	10%	Female*	10%	Male	10%	Female*	10%	
Age		Premium		Premium		Premium		Premium		Premium		Premium	
		Discount**		Discount**		Discount**		Discount**		Discount**		Discount**	
20-23	\$1.91	\$1.72	\$1.62	\$1.46	\$1.66	\$1.49	\$1.40	\$1.26	\$1.60	\$1.44	\$1.34	\$1.21	
24-25	1.92	1.73	1.62	1.46	1.68	1.51	1.40	1.26	1.61	1.45	1.34	1.21	
26-27	1.92	1.73	1.62	1.46	1.68	1.51	1.40	1.26	1.62	1.46	1.34	1.21	
28	1.94	1.75	1.64	1.48	1.70	1.53	1.41	1.27	1.64	1.48	1.35	1.22	
29	1.96	1.76	1.64	1.48	1.71	1.54	1.41	1.27	1.65	1.49	1.35	1.22	
30-34	1.97	1.77	1.67	1.50	1.73	1.56	1.42	1.28	1.66	1.49	1.36	1.22	
35	2.03	1.83	1.70	1.53	1.79	1.61	1.46	1.31	1.72	1.55	1.40	1.26	
36	2.12	1.91	1.78	1.60	1.86	1.67	1.54	1.39	1.80	1.62	1.48	1.33	
37	2.25	2.03	1.91	1.72	1.98	1.78	1.66	1.49	1.92	1.73	1.60	1.44	
38	2.39	2.15	2.06	1.85	2.14	1.93	1.82	1.64	2.06	1.85	1.74	1.57	
39	2.58	2.32	2.25	2.03	2.33	2.10	1.98	1.78	2.25	2.03	1.92	1.73	
40	2.79	2.51	2.40	2.16	2.54	2.29	2.15	1.94	2.46	2.21	2.08	1.87	
41	3.05	2.75	2.58	2.32	2.79	2.51	2.33	2.10	2.70	2.43	2.25	2.03	
42	3.35	3.02	2.76	2.48	3.08	2.77	2.51	2.26	2.99	2.69	2.43	2.19	
43	3.69	3.32	2.99	2.69	3.41	3.07	2.72	2.45	3.30	2.97	2.63	2.37	
44	4.06	3.65	3.20	2.88	3.77	3.39	2.94	2.65	3.66	3.29	2.85	2.57	
45	4.44	4.00	3.44	3.10	4.14	3.73	3.17	2.85	4.04	3.64	3.08	2.77	
46	4.88	4.39	3.69	3.32	4.56	4.10	3.41	3.07	4.46	4.01	3.30	2.97	
47	5.34	4.81	3.96	3.56	5.04	5.54	3.66	3.29	4.92	4.43	3.57	3.21	
48	5.85	5.27	4.25	3.83	5.52	4.97	3.95	3.56	5.40	4.86	3.84	3.46	
49	6.36	5.72	4.54	4.09	6.03	5.43	4.24	3.82	5.90	5.31	4.13	3.72	
50	6.89	6.20	4.84	4.36	6.54	5.89	4.53	4.08	6.40	5.76	4.42	3.98	

^{**} These rates include the 10% premium discount currently in effect.

 $[\]dagger$ Payable semiannually, or via the monthly Electronic Funds Transfer (EFT) option as described previously.

^{††}As previously noted, member and spouse benefits are available in \$10,000 multiples.

^{*}Male rates apply to all coverage issued to Montana residents, regardless of a person's sex.

Only nonsmokers meeting the highest underwriting standard will qualify for "Preferred" rates. Other nonsmokers may qualify for the higher "Select" or "Standard" rates. (Note: Smoker may only qualify for "Standard" Rates.) Upon approval of your application, you will be notified of the rate classification for each approved person.

Manitoba and Ontario, Canada Residents: Please see tax notice under Help Keep Your Costs Manageable.

						ustandard" \$1,000 Benef)			
	Face Amounts \$100,000-249,000††						mounts 499,000††		Face Amounts \$500,000- MAX††			
Issue Age	Male	10% Premium Discount**	Female*	10% Premium Discount**	Male	10% Premium Discount**	Female*	10% Premium Discount**	Male	10% Premium Discount**	Female*	10% Premium Discount**
51	7.40	6.66	5.15	4.64	7.04	6.34	4.83	4.35	6.88	6.19	4.72	4.25
52	7.89	7.10	5.46	4.91	7.52	6.77	5.15	4.64	7.36	6.62	5.03	4.53
53	8.40	7.56	5.80	5.22	8.03	7.23	5.48	4.93	7.86	7.07	5.34	4.81
54	8.99	8.09	6.14	5.53	8.61	7.75	5.80	5.22	8.42	7.58	5.67	5.10
55	9.66	8.69	6.48	5.83	9.24	8.32	6.15	5.54	9.06	8.15	6.00	5.40
56	10.41	9.37	6.80	6.12	9.98	8.98	4.46	5.81	9.77	8.79	6.30	5.67
57	11.20	10.08	7.10	6.39	10.76	9.68	6.75	6.08	10.55	9.50	6.60	5.94
58	12.10	10.89	7.42	6.68	11.64	10.48	7.06	6.35	11.42	10.28	6.90	6.21
59	13.16	11.84	7.83	7.05	12.68	11.41	7.46	6.71	12.42	11.18	7.30	6.57
60	14.39	12.95	8.37	7.53	13.89	12.50	7.98	7.18	13.62	12.26	7.82	7.04
61	15.74	14.17	9.06	8.15	15.20	13.68	8.67	7.80	14.92	13.43	8.49	7.64
62	17.20	15.48	9.89	8.90	16.62	14.96	9.48	8.53	16.32	14.69	9.29	8.36
63	18.92	17.03	10.84	9.76	18.30	16.47	10.40	9.36	17.97	16.17	10.19	9.17
64	21.02	18.92	11.90	10.71	20.40	18.36	11.44	10.30	20.03	18.03	11.21	10.09

^{**} These rates include the 10% premium discount currently in effect.

The current annual premium contribution for all eligible children is \$6.00 (\$5.40 with the 10% premium discount) for \$10,000 of life insurance

NOTE: Premiums are guaranteed to remain level for the first 10 years of coverage. Then, if still eligible, you may reapply for the 10-year level rates then in effect for a subsequent 10-year term. Rates for the subsequent term would be determined based on the insured person's then current age, health and tobacco/nicotine use and would be guaranteed for 10 years. If you or your spouse are not approved for a subsequent 10-year term of guaranteed rates, or do not apply for a subsequent 10-year term, coverage will continue in force on a non-guaranteed rate basis with increasing premiums as the insured ages.

[†] Payable semiannually, or via the monthly Electronic Funds Transfer (EFT) option as described previously.

^{††}As previously noted, member and spouse benefits are available in \$10,000 multiples.

^{*}Male rates apply to all coverage issued to Montana residents, regardless of a person's sex.