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# Simplified Critical Illness Insurance

## PRODUCT GUIDE

**AssurityBalance®**

**For Agent use only.**  
Product availability and features vary by state.



# Product Guide for AssurityBalance® Simplified Critical Illness

## Important Notice

The individual contract is your ultimate authority for any questions you may have about the requirements of this product.

If your state requires a state specific contract or applications, these will be given to you by your General Agent or General Manager.

**Policy Form # CI-005**

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# AssurityBalance® Simplified Critical Illness Insurance – A cut above the rest!

- **Multiple Benefits** – up to triple the benefit amount – are paid if the insured suffers illnesses from each of the three categories.
- **Return of Premium Death Benefit** – a feature built in the base policy with no extra charge! Returns 100% of premiums, less any benefits paid, if insured dies of *any* cause.
- **No Waiting Period** - policy is effective on date of issue for all covered illnesses except for cancer which has a reduced benefit for the first 90 days.
- **Stroke** – covered after only 96 hours of impairment. Most competitors require neurological deficit to last 30 days
- **Level protection** – to age 75, no reduction in benefits
- **Major Organ Transplant** – benefit payable as soon as registered with UNOS – does not have to undergo transplant before receiving benefits
- **Advanced Alzheimer's coverage** – when insured is unable to perform 3 ADL
- **Benefit for Cancer in situ** – pays 25% of benefit, reduced benefit during the 1<sup>st</sup> 90 days
- **Angioplasty coverage** – pays 10% of benefit
- **Simplified Underwriting** – easy to understand

# Product Highlights

## ISSUE AGE

18 – 59 (age last birthday)

## SIMPLIFIED ISSUE

Short application, accept/reject, clear cut simple and straight forward. Generally, you will know when you take the application if an applicant will qualify.

## RATES

Male/Female, Tobacco/Non-tobacco

## MINIMUM/MAXIMUM ISSUE

\$5,000 – \$50,000

## BENEFIT

Pays a lump-sum benefit for first-ever diagnosis of several specified critical illness and procedures.

The amount payable for each Specified Critical Illness within a category is the percentage of the Benefit Amount listed in the chart below multiplied by the Benefit Amount. The insured can receive up to 100% of the benefits for each category.

If the insured collects for an illness in one category, the policy remains in force to provide coverage against illness in other categories. Diagnosis for a subsequent illness must be separated by at least 180 days from the prior illness. If the insured receives partial payment for an illness in one category, the remaining percentage up to a total of 100% can still be collected for other illnesses in that category.

Benefits for Coronary Bypass Surgery, Angioplasty, and Cancer in Situ are payable only once per lifetime.

Category	Specified Critical Illness	Percentage of Benefit Amount Payable for each Specified Critical Illness	Maximum Percentage of Benefit Amount for Category
Category 1	Invasive Cancer Cancer in Situ	100% 25%	100%
Category 2	Heart Attack Major Organ Transplant – Heart or Combination Transplant including Heart  Stroke Coronary Bypass Surgery Angioplasty	100% 100%  100% 25% 10%	100%
Category 3	Advanced Alzheimer's Disease Coma – not as a result of Stroke End-Stage Renal Failure Major Burns Major Organ Transplant – Other Than Heart Paralysis – not as a result of Stroke	100% 100% 100% 100% 100%  100%	100%

# Product Highlights (continued)

## RENEWABILITY

Guaranteed to age 75.

## BENEFIT USE RESTRICTIONS

None!

## POLICY TERMINATION

Upon payment of the full benefit for all categories or death.

## SURVIVAL PERIOD REQUIREMENTS

None. Beneficiaries receive benefit if insured meets disease definitions and dies of the first ever diagnosis of a covered disease or procedure.

## WAITING PERIOD

**Coverage begins immediately for all illnesses or procedures** except for invasive cancer and cancer in situ, which have a reduced benefit for the first 90 days of the policy – 10% of the Benefit Amount for Invasive Cancer or 2.5% of the Benefit Amount for Cancer in Situ.

**After 90 days**, full benefit is payable – 100% of the Benefit Amount for Invasive Cancer or 25% of the Benefit Amount for Cancer in Situ.

## RETURN OF PREMIUM DEATH BENEFIT

If insured dies (**of any cause**), we will pay 100% of the premiums paid by the policy owner, less any benefits received, to the beneficiary.

## RIDERS AVAILABLE

- **Return of Premium Rider** – 100% of premium paid (less benefits received) are returned when policy expires at age 75. If terminated before then, a percentage of premiums paid (less benefits received) are returned. (See schedule on page 10.)
- **Waiver of Premium Rider** – premiums waived during any period of total disability of insured.
- **Accidental Death Benefit Rider**
- **Spouse Rider**
- **Children's Rider**

*Rates, benefits and policy provisions may vary by state and are subject to state approval.*

## Covered Illness Definitions

AssurityBalance® Critical Illness Insurance pays a lump sum benefit ***directly to the insured*** upon the first-ever confirmed diagnosis of a covered illness or listed procedure. If a partial benefit (cancer in situ, bypass, or angioplasty) is paid the benefit amount and premium are reduced accordingly.

Diagnosis and procedures must be made and/or performed by board certified physicians in the corresponding specialty. The illnesses and procedures covered are:

### CANCER

#### **Invasive Cancer**

**Defined as:** A malignant tumor that demonstrates uncontrolled growth with the spread of malignant cells beyond the tumor's original site and the invasion of tissue.

Leukemia and lymphoma are included.

#### **The following are not considered invasive cancer:**

- Pre-malignant lesions (such as intraepithelial neoplasia);
- Benign tumors or polyps;
- Early prostate cancer diagnosed as T1N0M0 or equivalent staging;
- Cancer in situ;
- Any skin cancer (other than invasive malignant melanoma in the dermis or deeper or skin malignancies that have become metastatic).

Invasive Cancer must be diagnosed pursuant to a pathological or clinical diagnosis.

#### **Cancer in Situ (25% of the benefit amount)**

**Defined as:** A diagnosis of cancer wherein the tumor cells still lie within the tissue of origin without having invaded neighboring tissue. Cancer in situ includes:

- early prostate cancer diagnosed as T1N0M0 or equivalent staging;
- melanoma not invading the dermis.

#### **The following are not considered cancer in situ:**

- Other skin malignancies;
- Pre-malignant lesions;
- Benign tumors or polyps

### HEART ATTACK

**Defined as:** An Acute Myocardial Infarction resulting in the death of a portion of the heart muscle (myocardium) due to a blockage of one or more coronary arteries and resulting in the loss of the normal function of the heart. The diagnosis must be made by a legally qualified physician, board certified in cardiology and based on both:

- new clinical presentation and electrocardiographic changes consistent with an evolving heart attack; and
- serial measurement of cardiac biomarkers showing a pattern and to a level consistent with a diagnosis of heart attack.

**Not covered:** Established (old) Myocardial Infarction.

## Covered Illness Definitions (continued)

### CORONARY BYPASS SURGERY (25% of the benefit amount)

**Defined as:**

The actual undergoing of coronary artery bypass surgery using either a saphenous vein or internal mammary artery graft for the treatment of coronary heart disease deemed medically necessary to correct a narrowing or blockage of one or more coronary arteries.

**Not covered:**

Other surgical or non-surgical techniques, such as laser relief or other intra-arterial procedures.

### ANGIOPLASTY (10% of the benefit amount)

**Defined as:**

The actual undergoing of a percutaneous transluminal angioplasty deemed medically necessary to correct a narrowing or blockage of one or more coronary arteries. A legally qualified physician board certified in cardiology must perform the procedure.

**Not covered:**

Other surgical or non-surgical techniques such as laser relief or other intra-arterial procedures.

### STROKE

**Defined as:**

Any acute cerebrovascular accident producing neurological impairment and resulting in paralysis or other measurable objective neurological deficit persisting for at least **96 hours** and expected to be permanent.

**Not covered:**

TIAs (transient ischemic attacks), head injuries, chronic cerebrovascular insufficiency (restricted blood flow to the cerebrum), and reversible ischemic neurological deficits.

### MAJOR ORGAN TRANSPLANT

**Defined as:**

The clinical evidence of major organ(s) failure which requires the malfunctioning organ(s) or tissue of the Insured to be replaced with an organ(s) or tissue from a suitable human donor. The Insured must be registered by the United Network of Organ Sharing (UNOS).

- Entire heart
- Lung
- Liver
- Pancreas-Kidney
- Small intestine
- Pancreas
- Kidney
- Bone marrow

**Not covered:**

Organ **donor** or organ not listed.

### END-STAGE RENAL FAILURE

**Defined as:**

The chronic and irreversible failure of both kidneys requiring periodic and ongoing dialysis.

## Covered Illness Definitions (continued)

### MAJOR BURNS

***Defined as:***

Third degree burns covering at least 20% of the body surface.

### ADVANCED ALZHEIMER'S DISEASE

***Defined as:***

A progressive degenerative disease of the brain. In order to meet the definition of Advanced Alzheimer's Disease, the diagnosis must be supported by medical evidence that the Insured exhibits the loss of intellectual capacity resulting in impairment of memory and judgment. This impairment results in a significant reduction in mental and social functioning, such that the Insured requires permanent daily personal supervision and is unable to perform independently three or more of the following activities of daily living: transferring (moving in or out of a bed or chair), dressing, bathing, feeding, toileting, and continence. In order for Advanced Alzheimer's Disease to be covered under this Policy, the legally qualified physician making the diagnosis of Advanced Alzheimer's Disease must be a board certified neurologist.

**Not Covered**

Other dementing organic brain disorders or psychiatric illnesses

### PARALYSIS

***Defined as:***

Complete and permanent loss of the use of two or more limbs from a neurological injury for a continuous 180 days.

### COMA

***Defined as:***

Loss of consciousness (external stimulation produces only primitive avoidance reflexes) for a continuous 96 hours.

### RETURN OF PREMIUM DEATH BENEFIT FEATURE

***Defined as:***

If the insured dies while the policy is in force, we will return to the beneficiary 100% of premiums paid less any benefits paid under the policy.



# Riders

## SPOUSE RIDER

Same covered conditions as base policy including return of premium death benefit.

**Issue Ages:** 18 – 59 (age last birthday)

**Issue Amounts:** \$5,000 – \$50,000 can not exceed amount purchased by primary insured

<b>Underwriting Classes:</b>	Female Non-Tobacco	Male Non-Tobacco
	Female Tobacco	Male Tobacco

## CHILDREN'S RIDER

Same covered conditions as base plan. Covers all eligible children.

**Issue ages:** 15 days – 18 years (age last birthday)

**Issue Amounts:** Available are \$5,000 or \$10,000 Cannot exceed amount purchased by primary insured.

**Annual Premium:** \$12 per \$5,000 unit

Children are covered from 15 days until the child reaches age 21 (25 if a full time student) or is married.

## WAIVER OF PREMIUM RIDER

**Issue ages:** 18 – 55 (age last birthday)

**Underwriting Classes:** Male/female

Premiums are expressed as percentage of premiums. To calculate premium for waiver of premium multiply the applicable percentage by the premium for the base policy and all riders (other than return of premium rider).

Waives premium payments due to total disability. If the insured is totally disabled after age 60, we will waive premiums as long as totally disabled or to age 65.

There is a six month retroactive Elimination Period. The Insured must be continuously disabled for six months before the benefit is payable. Once the Insured has qualified, the Company will refund any premiums paid for the six-month elimination period.

Total disability means the inability of the Insured to engage in employment for which the Insured is reasonably qualified by education, training or experience.

## RETURN OF PREMIUM RIDER

**Issue ages:** 18 – 59 (age last birthday)

Provides for a return of a percentage of the total premiums paid for the policy and any riders, including the premium paid for the return of premium rider less any premiums that have been waived and partial benefit payments. There are no benefits under this rider in the event of death or if the full benefit amount is paid.

The rider is designed to return 100% of premiums, less any claims, when the policy terminates at age 75. Return of premium is payable as follows:

# Riders (continued)

## RETURN OF PREMIUM SCHEDULE

Policy Year	Return Percentage			
	Issue Age 18 – 45	Issue Age 46 - 50	Issue Age 51 – 55	Issue Age 56 – 59
1 – 5	0%	0%	0%	0%
6	1%	2%	3%	5%
7	2%	4%	6%	10%
8	3%	6%	9%	15%
9	4%	8%	12%	20%
10	5%	10%	15%	25%
11	7%	13%	22%	40%
12	9%	16%	29%	55%
13	11%	19%	35%	70%
14	13%	22%	43%	85%
15	15%	25%	50%	100%
16	17%	30%	60%	
17	19%	35%	70%	
18	21%	40%	80%	
19	23%	45%	90%	
20	25%	50%	100%	
21	30%	60%		
22	35%	70%		
23	40%	80%		
24	45%	90%		
25	50%	100%		
26	60%			
27	70%			
28	80%			
29	90%			
30+	100%			

**ACCIDENTAL DEATH BENEFIT RIDER** – Provides accidental death benefit coverage to age 70.

**Issue Ages:** 18 – 59 (age last birthday)

**Issue Amounts:** \$5,000 – \$50,000

# Underwriting Guidelines

Simplified issue Critical Illness Insurance is accept/reject. If the proposed insured answers “yes” to any questions B1 – B4, C1 – C6 on the application, they will not be eligible for coverage.

An MIB will be completed for every applicant. If there is a code that relates to an application question, a telephone inspection will be completed and followed up with an APS.

Periodic telephone inspections will be completed to confirm answers to application questions.

***Your client is not eligible for Simplified Issue Critical Illness if the Proposed Insured:***

1. Is receiving Medicare or Medicaid
2. Has been postponed or declined for Critical Illness coverage
3. Plans to live or travel outside the US and Canada for more than two months during the next 24 months
4. In the past two years, received medical care from a member of the medical profession for / or experienced symptoms of the following:
  - Disorder of the heart or circulatory system
  - Unexplained weight loss
  - Unexplained dizziness
  - Fibrocystic breast disease, recurrent breast tumors, or unexplained tumors/growths
  - Abnormal pap smear
  - Unexplained fatigue
5. Has ever received medical care or been diagnosed with the following:
  - Stroke (including Transient Ischemic Attack)
  - Hepatitis B or C
  - Alcoholism
  - Drug abuse
  - Cancer (other than skin cancer)
  - Skin cancer (2 or more occurrences)
  - Melanoma
  - Abnormal kidney functions
  - Alzheimer's or senile dementia
  - Recurrent Human Papilloma virus (HPV) or Sexually Transmitted Disease (within the past 5 years)
  - Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), Human Immunodeficiency. Virus infection (symptomatic or asymptomatic) or any AIDS related condition
  - Diabetes
  - Systolic blood pressure 150 or greater last six months
  - Diastolic blood pressure 95 or greater last six months
  - Any disease or disorder of the nervous system
  - Heart attack
  - Cirrhosis
  - Ulcerative colitis
  - Crohn's disease

## Underwriting Guidelines (continued)

6. During the past two years been advised by a member of the medical profession:
  - a) of any abnormal diagnostic test results or been advised to have any diagnostic tests (includes self-administered) which have not yet been completed
  - b) to undergo any treatment, hospitalization or surgery which has not yet been completed
7. During the past five years, the proposed insured was unable to perform any of the following activities on his/her own: transferring in or out of a chair or bed, dressing, bathing, feeding, toileting or continence.
8. Have **two or more** of the natural parents, brothers or sisters, either living or deceased, been diagnosed with the **same condition(s)** from the following list:
  - Heart disease, stroke, diabetes, kidney disease or breast cancer prior to age 60
  - Colorectal cancer or Alzheimer's or senile dementia prior to age 75
  - Any other same cancer in both relatives prior to age 55

For example, if a proposed insured had a father who had a heart attack at age 52 and a brother with a heart attack at age 48, the applicant would not be eligible for coverage. If an applicant has a father who was diagnosed with diabetes at age 59 and a brother who had a stroke at 53, that applicant would be eligible since it is not the same condition.

# Underwriting Guidelines (continued)

## BUILD GUIDELINES

The proposed insured must be within the minimum and maximum weight for their height to be eligible for coverage.

<b>Build Table</b>		
Males and Females ages 18 and over		
<b>Height</b>	<b>Weight in Pounds</b>	
	<u>Min</u>	<u>Max</u>
4'8"	74	168
9"	77	174
10"	80	180
11"	83	186
5'0"	86	192
1"	89	198
2"	92	204
3"	95	210
4"	98	217
5"	101	224
6"	104	231
7"	107	238
8"	110	245
9"	113	252
10"	117	260
11"	121	268
6'0"	125	276
1"	129	284
2"	133	292
3"	137	300
4"	142	308
5"	147	316
6"	152	324

## SIMPLIFIED ISSUE CRITICAL ILLNESS BASE PLAN

**Issue ages:** 18 – 59 (age last birthday)

**Issue amounts:** \$5,000 – \$50,000

**Policy fee:** \$50

Underwriting Classes:	Female Non-Tobacco	Male Non-Tobacco
	Female Tobacco	Male Tobacco

# Underwriting Guidelines (continued)

<b>Base Policy</b>				
<b>Annual Rates per 1000</b>				
<b>\$50.00 Policy Fee (no fee for Spouse rider)</b>				
<b>Age</b>	<b>Male Non-Tobacco</b>	<b>Male Tobacco</b>	<b>Female Non-Tobacco</b>	<b>Female Tobacco</b>
18	3.85	4.99	3.37	4.21
19	3.85	4.99	3.37	4.21
20	3.85	4.99	3.37	4.21
21	3.85	4.99	3.37	4.21
22	3.85	4.99	3.37	4.21
23	3.85	4.99	3.37	4.21
24	3.85	4.99	3.37	4.21
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

# Underwriting Guidelines (continued)

## Accidental Death Benefit Rider Rates

(Per thousand of Death Benefit)

<u>Issue Age</u>	<u>Rate Per \$1,000</u>
18	1.21
19	1.20
<b>20</b>	<b>1.19</b>
21	1.15
22	1.11
23	1.07
24	1.03
<b>25</b>	<b>1.00</b>
26	0.96
27	0.93
28	0.90
29	0.88
<b>30</b>	<b>0.85</b>
31	0.82
32	0.80
33	0.81
34	0.82
<b>35</b>	<b>0.82</b>
36	0.83
37	0.84
38	0.85
39	0.87
<b>40</b>	<b>0.88</b>
41	0.89
42	0.90
43	0.92
44	0.93
<b>45</b>	<b>0.95</b>
46	0.96
47	0.98
48	0.99
49	1.01
<b>50</b>	<b>1.03</b>
51	1.05
52	1.07
53	1.09
54	1.12
<b>55</b>	<b>1.14</b>
56	1.17
57	1.20
58	1.23
59	1.26

## Waiver of Premium Rider Rates

Apply percentage to premiums to be waived  
(including policy fee)  
Coverage To Age 60

<u>Issue Age</u>	<u>Male</u>	<u>Female</u>
18	4%	5%
19	4%	5%
<b>20</b>	<b>4%</b>	<b>5%</b>
21	4%	5%
22	4%	5%
23	4%	5%
24	4%	5%
<b>25</b>	<b>4%</b>	<b>5%</b>
26	5%	6%
27	5%	6%
28	5%	6%
29	5%	6%
<b>30</b>	<b>5%</b>	<b>6%</b>
31	5%	6%
32	5%	6%
33	5%	6%
34	5%	6%
<b>35</b>	<b>5%</b>	<b>6%</b>
36	6%	7%
37	6%	7%
38	6%	7%
39	6%	7%
<b>40</b>	<b>6%</b>	<b>7%</b>
41	6%	8%
42	6%	8%
43	7%	8%
44	7%	8%
<b>45</b>	<b>7%</b>	<b>8%</b>
46	7%	9%
47	8%	9%
48	8%	9%
49	8%	10%
<b>50</b>	<b>9%</b>	<b>10%</b>
51	9%	11%
52	10%	11%
53	10%	12%
54	11%	13%
<b>55</b>	<b>12%</b>	<b>13%</b>

# Underwriting Guidelines (continued)

## RETURN OF PREMIUM RIDER FACTORS

The premium for the Return of Premium Rider is equal to the sum of the base policy premium, including the policy fee and the premium for all other riders attached to the base policy, times the Return of Premium Factor corresponding to the issue age of the insured.

Issue Age	Factor	Issue Age	Factor
18-25	.30	41	.41
26	.31	42	.40
<b>27</b>	<b>.32</b>	<b>43</b>	<b>.38</b>
28	.34	44	.37
29	.35	45	.36
<b>30</b>	<b>.36</b>	<b>46</b>	<b>.43</b>
31	.37	47	.50
32	.38	48	.58
<b>33</b>	<b>.40</b>	<b>49</b>	<b>.65</b>
34	.42	50	.72
35	.42	51	.82
<b>36</b>	<b>.42</b>	<b>52</b>	<b>.91</b>
37	.42	53	1.01
38	.42	54	1.10
<b>39</b>	<b>.42</b>	<b>55</b>	<b>1.20</b>
40	.42	56	1.30
		57	1.39
		<b>58</b>	<b>1.49</b>
		59	1.58



## Simplified Issue Critical Illness

**Premium Calculation Worksheet** (Round all premiums to 2 decimal places)

Base Premium: Benefit Amount \_\_\_\_\_ times \_\_\_\_\_ equals \$ \_\_\_\_\_  
 (# of thousands) Premium per thousand

Spouse Rider Premium: Benefit Amount \_\_\_\_\_ times \_\_\_\_\_ equals \$ \_\_\_\_\_  
 (# of thousands) Premium per thousand

Children's Rider Premium: \$5,000 - \$12.00  
 10,000 - \$24.00 \$ \_\_\_\_\_

Accidental Death Benefit Rider Premium: Benefit Amount \_\_\_\_\_ times \_\_\_\_\_ equals \$ \_\_\_\_\_  
 (# of thousands) Premium per thousand

Annual Policy Fee: \$50.00 \$ \_\_\_\_\_

Premium Subtotal: \$ \_\_\_\_\_

Waiver of Premium Rider Premium: \_\_\_\_\_ times \_\_\_\_\_ equals \$ \_\_\_\_\_  
 WP % Premium Subtotal

Premium Subject to Ret. of Premium: \_\_\_\_\_ Plus \_\_\_\_\_ \$ \_\_\_\_\_  
 Premium Subtotal Waiver of Premium Rider Premium

ROP Rider Premium: \_\_\_\_\_ times \_\_\_\_\_ equals \$ \_\_\_\_\_  
 Premium Subject to Return of Premium ROP %

Total Annual Premium: \_\_\_\_\_ Plus \_\_\_\_\_ Plus \_\_\_\_\_ \$ \_\_\_\_\_  
 Premium Subtotal Waiver of Premium Rider Premium ROP Rider Premium

Premium Calculations

Semiannual: Multiply the Annual premium by .51  
 Quarterly: Multiply the Annual premium by .264  
 Monthly: Multiply the Annual premium by .088