CHRONIC ILLNESS RIDER - CASE LEVEL RATES

Rider Form: CATLOSS - ACC - Rider 1/10 – *Weekly Premium Rates for 90-Day Elimination Period*

	12-Month Maximum Benefit Period			24-Month Maximum Benefit Period			36-Month Maximum Benefit Period		
Monthly Benefit	$1,000	$2,000	$3,000	$1,000	$2,000	$3,000	$1,000	$2,000	$3,000
Minimum ELOP Face Amount In Force to Qualify	$8,000	$10,000	$15,000	$10,000	$20,000	$30,000	$15,000	$30,000	$50,000
Code for Application	CL1	CL1	CL1	CL2	CL2	CL2	CL3	CL3	CL3
AGE									
18 - 25	$0.18	$0.36	$0.53	$0.28	$0.56	$0.84	$0.35	$0.70	$1.05
26	$0.19	$0.39	$0.58	$0.30	$0.61	$0.91	$0.38	$0.76	$1.13
27	$0.21	$0.41	$0.61	$0.33	$0.65	$0.98	$0.41	$0.81	$1.22
28	$0.22	$0.44	$0.66	$0.35	$0.69	$1.04	$0.44	$0.87	$1.30
29	$0.23	$0.46	$0.69	$0.37	$0.74	$1.11	$0.47	$0.93	$1.39
30	$0.25	$0.49	$0.74	$0.39	$0.79	$1.18	$0.49	$0.99	$1.48
31	$0.26	$0.52	$0.78	$0.42	$0.83	$1.24	$0.52	$1.04	$1.56
32	$0.27	$0.55	$0.82	$0.44	$0.87	$1.31	$0.55	$1.10	$1.65
33	$0.29	$0.57	$0.86	$0.46	$0.92	$1.38	$0.58	$1.16	$1.73
34	$0.30	$0.60	$0.90	$0.48	$0.96	$1.44	$0.61	$1.21	$1.82
35	$0.32	$0.63	$0.95	$0.50	$1.01	$1.51	$0.63	$1.27	$1.90
36	$0.34	$0.69	$1.03	$0.55	$1.10	$1.65	$0.69	$1.39	$2.08
37	$0.37	$0.75	$1.12	$0.60	$1.20	$1.80	$0.76	$1.52	$2.27
38	$0.40	$0.81	$1.21	$0.65	$1.29	$1.94	$0.82	$1.64	$2.46
39	$0.44	$0.87	$1.30	$0.69	$1.39	$2.08	$0.88	$1.76	$2.64
40	$0.47	$0.93	$1.39	$0.74	$1.49	$2.23	$0.94	$1.88	$2.82
41	$0.49	$0.99	$1.48	$0.79	$1.58	$2.37	$1.00	$2.00	$3.00
42	$0.53	$1.05	$1.58	$0.84	$1.68	$2.52	$1.06	$2.13	$3.19
43	$0.55	$1.11	$1.66	$0.89	$1.77	$2.66	$1.12	$2.25	$3.37
44	$0.58	$1.17	$1.75	$0.93	$1.87	$2.80	$1.19	$2.37	$3.56
45	$0.61	$1.23	$1.84	$0.98	$1.96	$2.94	$1.25	$2.49	$3.74
46	$0.69	$1.37	$2.06	$1.10	$2.20	$3.30	$1.40	$2.79	$4.19
47	$0.76	$1.52	$2.28	$1.22	$2.44	$3.67	$1.55	$3.10	$4.65
48	$0.84	$1.67	$2.50	$1.34	$2.68	$4.02	$1.70	$3.40	$5.10
49	$0.91	$1.81	$2.72	$1.46	$2.92	$4.38	$1.85	$3.70	$5.56
50	$0.98	$1.96	$2.94	$1.58	$3.16	$4.74	$2.00	$4.01	$6.01
51	$1.05	$2.10	$3.16	$1.70	$3.39	$5.09	$2.16	$4.31	$6.46
52	$1.13	$2.25	$3.38	$1.82	$3.63	$5.45	$2.31	$4.61	$6.92
53	$1.20	$2.40	$3.60	$1.94	$3.87	$5.81	$2.46	$4.91	$7.37
54	$1.27	$2.55	$3.82	$2.06	$4.12	$6.17	$2.61	$5.22	$7.83
55	$1.35	$2.69	$4.04	$2.18	$4.35	$6.53	$2.76	$5.52	$8.28
56	$1.54	$3.08	$4.62	$2.50	$4.99	$7.49	$3.17	$6.33	$9.50
57	$1.74	$3.47	$5.21	$2.82	$5.64	$8.45	$3.57	$7.15	$10.72
58	$1.93	$3.87	$5.80	$3.14	$6.27	$9.41	$3.98	$7.96	$11.94
59	$2.13	$4.26	$6.39	$3.46	$6.91	$10.37	$4.39	$8.77	$13.16
60	$2.33	$4.65	$6.98	$3.78	$7.55	$11.33	$4.79	$9.58	$14.38
61	$2.52	$5.04	$7.56	$4.10	$8.20	$12.29	$5.20	$10.40	$15.59
62	$2.72	$5.43	$8.15	$4.42	$8.84	$13.26	$5.61	$11.21	$16.82
63	$2.91	$5.83	$8.74	$4.74	$9.48	$14.21	$6.01	$12.02	$18.04
64	$3.11	$6.22	$9.32	$5.06	$10.12	$15.18	$6.42	$12.84	$19.26
65	$3.30	$6.61	$9.91	$5.38	$10.76	$16.14	$6.82	$13.65	$20.47
66	$3.50	$7.00	$10.49	$5.70	$11.40	$17.10	$7.23	$14.46	$21.69
67	$3.69	$7.39	$11.08	$6.02	$12.04	$18.06	$7.64	$15.28	$22.91
68	$3.89	$7.78	$11.67	$6.34	$12.68	$19.02	$8.05	$16.09	$24.13
69	$4.09	$8.17	$12.26	$6.66	$13.32	$19.98	$8.45	$16.90	$25.35
70	$4.28	$8.57	$12.85	$6.98	$13.96	$20.94	$8.86	$17.72	$26.57

All employees and spouses purchasing the ELOP Life insurance coverage must include this Rider.

Approved for use in: MA.