WHY SHOULD YOU CONSIDER 10-Year, 15-Year or 20-Year Level Term Life?

Guaranteed Premiums. The American College of Surgeons offers members three Level Term Life Insurance options with premiums guaranteed not to increase for the initial 10, 15, or 20-Year period. Coverage never reduces due to your age, and is guaranteed renewable up to age 85 (depending on the term you choose).

Members And Spouses Are Both Eligible. All ACS members under age 65 who reside in the 50 United States, District of Columbia, Puerto Rico and Canada (excludes Quebec) may apply for coverage. You can apply for coverage for your lawful spouse under age 65 and your unmarried dependent children from birth to age 25 provided that you are applying or currently enrolled.

After the initial guaranteed term, coverage automatically renews without evidence of insurability as follows:

- 10-Year Term insureds under age 65 will automatically renew at our 10-Year Level Term Life Renewal Rates which are higher than the initial term rates, based on your then attained age and expected to remain level for another 10 full years.
- All others (including those hitting the end of the 10-Year Term Renewal Rates) will automatically renew at our non-guaranteed renewal rates which are based on your then attained age and increase annually thereafter.

You also have the option to apply for a new 10-,15-, or 20-Year Term certificate of guaranteed level rates (based on your then attained age) provided you are under age 65 and meet all eligibility criteria. Submission of satisfactory medical evidence will be required. Rates will be based on your attained age, health and smoking status.

Fits Your Growing Needs. You may choose any benefit amount from $100,000 to $4,000,000 in $50,000 increments. Your spouse may have a benefit amount in $25,000 (minimum of $100,000) increments up to $2,000,000, not to exceed the member's amount. Each child may be insured for $10,000 (from live birth to 15 days of age, the benefit is limited to $100).

The maximum amount of life insurance an individual may have through the ACS Insurance Program underwritten by New York Life is $4,000,000 for members and $2,000,000 for spouses whether coverage is in one or several group policies. Children may only be covered under one group policy.

Optional Waiver of Premium (WOP) Benefit. This option (available to Members and Spouses under age 55) can help safeguard your coverage against loss of income due to a covered total disability.*

If you or your Spouse (if insured for this option) become totally disabled before age 60, and New York Life receives proof that the insured person had been totally disabled for at least 180 consecutive days, insurance on the disabled person can be continued without additional premium contributions for the duration of the disability, or until the premium due date on or next following the date such person reaches age 75 (10YT) or 80 (15YT), at which point premium will be required for the insurance to continue, and age 85 for the 20YT.

For an insured person who does not become totally disabled before age 60, this optional feature and associated premium will end. Complete details will be provided in your Certificate of Insurance.

** Total disability means an incapacity from an injury or sickness which: completely and continuously prevents an the insured person from doing the material and substantial duties of any occupation for which he or she is reasonably qualified by education, training or experience; or results in total and permanent loss of sight of both eyes; or results in severance, above the wrist or ankle of: both hands; both feet; or one hand and one foot; and is not a result of an attempt at suicide or an intentionally self-inflicted injury while insured under the Policy.*

Underwriting Requirements. All applicants must meet the New York Life underwriting requirements (satisfactory evidence of good health) to qualify. Neither the College nor the Insurance Trust participates in decisions concerning insurability of applicants. The Administrator follows the Insurance Company's eligibility guidelines to evaluate enrollment forms. All final decisions regarding insurability are the sole responsibility of New York Life Insurance Company.

Coverage Effective Date. Coverage is effective on the first of the month on or following the day your application is approved, provided the premium is paid when due and the insured is performing the normal activities* of a person in good health of like age on such effective date.

**Residents of NC, Normal Activities is replaced by the requirement that the health status of the proposed insured remain the same as stated on your application.*

Accelerated Death Benefit. To help your family cope with the financial hardship of a terminal illness, as a member you can request one advance payment equal to 50% of the insured's in-force life insurance to be paid while you are still alive. (Of course, the amount of insurance payable after an insured's death will be reduced by any payment made under this benefit. Premiums do not reduce.)

This money can be used to help cover high prescription drug costs, medical bills, outstanding debts, to help pay for experimental treatments, the cost of modifications to your home, or a family vacation.

To qualify, a terminally ill insured must be under age 69 and provide the insurance company with proof of terminal illness and anticipated life expectancy (24 months or less) as well as any other medically necessary information requested. For additional details and limitations, please see the Certificate of Insurance.

Please note that receipt of accelerated death benefits may affect your eligibility for public assistance programs and may be taxable. Prior to applying to receive such benefits, you should consult the appropriate social services agency and seek the advice of tax counsel.

Name Any Beneficiary. You may select any person, persons, trust or other legal entity as your beneficiary. If at the time of your death there is no surviving beneficiary, benefits will be paid to the executor or administrator of your estate, or at the option of New York Life, to the surviving relative(s) in the following order of survival: spouse; children equally; parents equally; or brothers and sisters equally. You are the automatic beneficiary for dependent insurance as described in the Certificate of Insurance. If you wish to name a different beneficiary for spouse coverage, contact the Administrator.

Continuing Coverage. Your Group Level Term Life protection can be renewed until you reach age 85 as long as you remain an ACS Member, your premiums are paid and the Group Policy is not terminated or changed by the policyholder to end insurance for the group which the covered person belongs. Insurance for your dependents will continue as long as your insurance remains in force (other than by reason of your death), premiums are paid, they do not become insured as members, your spouse remains your lawful spouse and under age 85, and children are under age 25 and remain unmarried. Coverage on your dependents can continue if you die as described in the Certificate of Insurance issued to all insured members.

Conversion Option. If your coverage involuntarily ends, it may be exchanged for an equal amount of individual whole life insurance, without any evidence of insurability required. This option must be exercised within 31 days. Complete details will be described in your Certificate of Insurance.

Policy Limitations. After two years from the effective date, your coverage is incontestable, except for provisions related to eligibility and nonpayment of premium contributions. Suicide is not covered for the first two years (subject to state law). The benefit for war-related death while on full-time active duty in the military, naval or air service of any country, except duty for training purposes of two months or less, is payable in the amount of insurance in force on the date of death, up to a maximum of $250,000, less any amount paid under the Accelerated Death Benefit.

Right to change Benefits and Rates. After the initial 10, 15, or 20 years, New York Life Insurance Company reserves the right to change rates on any premium due date and on any date on which benefits are changed, however this may only be done on a class-wide basis. (For example, a class of insureds is a group of people with all the same issue age and gender.) Benefit option amounts are subject to change by agreement between New York Life Insurance Company and the Trustees of the ACS Insurance Trust.

Member-Exclusive Costs. (Member and Spouse rates are provided on a separate sheet.) The cost of this level term life insurance is based upon the Term of Guaranteed Rates, your gender, your spouse's gender if applicable, amount of insurance requested, usage of tobacco/nicotine products, health status, and attained age on the date coverage is issued. Once approved, policy rates are guaranteed not to increase for the initial term of guaranteed rates.

Rate Categories. Super Preferred Non-Smoker, Preferred Non-Smoker, and Non-Smoker rate categories apply to applicants who are non-tobacco/nicotine users and can meet stricter underwriting standards. Preferred Smoker rates apply to tobacco/nicotine users who otherwise meet stricter underwriting standards. Smoker rates apply to tobacco/nicotine users with higher risk factors than those in the Preferred Smoker classification. Upon approval of your application, you will be notified of the rate classification for each approved person.

Volume Discounts. If you request $250,000 in coverage, you'll receive a discount in rates. Additional discounts are applied beginning at coverage amounts of $500,000 and again at $1,000,000. The more you request, the greater the discount. These volume discounts can have a significant impact on reducing your insurance costs.

30-Day No Obligation Free Look. When your application is approved, you will receive a Certificate of Insurance detailing your coverage under the group policy(s). You will have a full 30-days to review your certificate to determine if it is right for you. If it is not, simply return it to the plan administrator, without claim, within the 30-days for a full refund of any premium paid. No Questions Asked!

Insure your love with the American College of Surgeons Group 10-Year, 15-Year and 20-Year Level Term Life Insurance.

CONTACT US TODAY:

ACS-insurance.com | 800.433.1672

Mailing Address:
American College of Surgeons Insurance Program
P. O. Box 153054
Irving, TX 75015-3054
Phone: 1.800.433.1672
Fax: 1.469.417.1675

ACS AMERICAN COLLEGE OF SURGEONS

NEW YORK LIFE

Underwritten by:
New York Life Insurance Company
51 Madison Avenue
New York, NY 10010
on policy form GMR

NEW YORK LIFE and the NEW YORK LIFE Box Logo are trademarks of New York Life Insurance Company.

Administered* & Marketed by:
Amwins Group Benefits, LLC.
AR Ins. Lic. No. 248910, FL Lic. No. L048174
CA Insurance License No. 0D28750
TX Licensed Agent: Samuel Hamin Fleet, Lic. No.

**With respect to Canadian residents Amwins Group Benefits, LLC. is acting as administrator only.*

This is only a general description of the principal provisions and features of the coverage. The complete terms and conditions are set forth in the group policy issued to the Trustees of the American College of Surgeons Insurance Trust under Group Policy G-29004-0/GMR-FACE, (10YT), G-29005-0/GMR-FACE (20YT) and G-29006-0/GMR-FACE (15YT). A Certificate of Insurance is issued to the insured member once coverage is approved. The American College of Surgeons Insurance Trust incurs costs in connection with providing oversight and administrative support for this sponsored program. To provide and maintain this valuable membership benefit, it is reimbursed for these costs. ACS also receives a fee for the license of its name and logo for use in connect with this program. View the separate rate charts for current premium costs by initial

CURRENT 10-YEAR LEVEL TERM LIFE INSURANCE RATES

(as of 4/1/2025)

Member-Exclusive Cost: The cost of this level term life insurance is based upon the Term of Guaranteed Rates, your gender, your spouse's gender, if applicable, amount of insurance requested, usage of tobacco/nicotine products, health status, and attained age on the date coverage is issued. Once approved, rates are guaranteed not to increase for the initial term of guaranteed rates.

Rate Categories: Super Preferred Non-Smoker, Preferred Non-Smoker, and Non-Smoker rate categories apply to applicants who are non-tobacco/nicotine users and can meet stricter underwriting standards. Preferred Smoker rates apply to tobacco/nicotine users who otherwise meet stricter underwriting standards. Smoker rates apply to tobacco/nicotine users with higher risk factors than those in the Preferred Smoker classification. Upon approval of your application, you will be notified of the rate classification for each approved person.

Valuable Package Discount:
You can receive a 35% Package Discount in addition to our member exclusive rates. To qualify for this package discount, you must be insured in at least one coverage from each of the three product categories:

- Term Life Insurance: Level Term Life (10-,15- or 20-Year Term) and/or Traditional Term Life
- Disability Income Insurance: Long-Term Disability, Short-Term Disability and/or Office Overhead Expense Disability
- Supplemental Coverages: Accidental Death & Dismemberment Insurance and/or Supplemental Disability Insurance (for educational expense obligations)

  Once you qualify, the discount applies to all ACS coverages underwritten by New York Life Insurance Company from each of the three product categories.

IMPORTANT NOTICE TO RESIDENTS OF MANITOBA and ONTARIO, CANADA: Manitoba, Canada has enacted laws requiring 7% taxation; Ontario, Canada has enacted laws requiring 8% taxation; of all group insurance purchased by individuals. This tax will be added to the amount of any premium contributions due (in U.S. dollars), which is then reported and remitted to the respective province.

ACS AMERICAN COLLEGE OF SURGEONS

CURRENT RATE TABLES

as of 4/1/2025

Good News! ACS authorized New York Life to credit the base policy rates (shown below) by 35%, due to positive claims experience.

Because the credit is based on actual experience, it cannot be promised or guaranteed beyond March 31, 2027. The ACS Trustees monitor the experience to help ensure a credit can continue beyond this date, although the % credit may change if experience warrants. Your base policy rate is guaranteed for the initial 10-year period. (Underwritten by New York Life Insurance Company, NY, NY 10010 policy form GMR)

NS=Non-Smoker

FACE AMOUNTS $100,000–$249,000*

ANNUAL RATES PER $1,000 OF FACE AMOUNT

Rates do not reflect 35% premium credit

See page 5 for WOP Rates

Attained Age	MALE					FEMALE**				
	Super Preferred NS	Preferred NS	NS	Preferred Smoker	Smoker	Super Preferred NS	Preferred NS	NS	Preferred Smoker	Smoker
20	0.84	0.89	1.02	2.10	2.42	0.77	0.85	0.87	1.48	1.60
21	0.84	0.89	1.02	2.10	2.42	0.77	0.85	0.87	1.48	1.60
22	0.84	0.89	1.02	2.10	2.42	0.77	0.85	0.87	1.48	1.60
23	0.84	0.89	1.02	2.10	2.42	0.77	0.85	0.87	1.48	1.60
24	0.84	0.89	1.02	2.10	2.42	0.77	0.85	0.87	1.48	1.60
25	0.84	0.89	1.02	2.10	2.42	0.77	0.85	0.87	1.48	1.60
26	0.84	0.89	1.02	2.10	2.43	0.77	0.85	0.88	1.51	1.64
27	0.85	0.89	1.02	2.10	2.43	0.78	0.85	0.89	1.54	1.69
28	0.85	0.89	1.03	2.11	2.44	0.78	0.85	0.90	1.57	1.73
29	0.86	0.89	1.03	2.11	2.44	0.79	0.85	0.91	1.60	1.78
30	0.86	0.89	1.03	2.11	2.45	0.79	0.85	0.92	1.63	1.82
31	0.86	0.90	1.04	2.17	2.52	0.79	0.86	0.93	1.70	1.90
32	0.86	0.91	1.05	2.24	2.59	0.80	0.87	0.95	1.77	1.99
33	0.86	0.92	1.07	2.30	2.67	0.80	0.88	0.96	1.85	2.07
34	0.86	0.93	1.08	2.37	2.74	0.81	0.89	0.98	1.92	2.16
35	0.86	0.94	1.09	2.43	2.81	0.81	0.90	0.99	1.99	2.24
36	0.89	0.97	1.13	2.55	2.96	0.83	0.92	1.04	2.13	2.42
37	0.92	1.00	1.17	2.67	3.11	0.85	0.94	1.08	2.26	2.60
38	0.94	1.04	1.22	2.78	3.25	0.88	0.97	1.13	2.40	2.77
39	0.97	1.07	1.26	2.90	3.40	0.90	0.99	1.17	2.53	2.95
40	1.00	1.10	1.30	3.02	3.55	0.92	1.01	1.22	2.67	3.13
41	1.04	1.15	1.38	3.25	3.84	0.96	1.07	1.30	2.92	3.46
42	1.08	1.19	1.45	3.48	4.13	1.01	1.13	1.38	3.17	3.78
43	1.11	1.24	1.53	3.71	4.43	1.05	1.19	1.47	3.42	4.11
44	1.15	1.28	1.60	3.94	4.72	1.10	1.25	1.55	3.67	4.43
45	1.19	1.33	1.68	4.17	5.01	1.14	1.31	1.63	3.92	4.76
46	1.28	1.43	1.80	4.55	5.47	1.22	1.40	1.74	4.09	5.24
47	1.37	1.54	1.93	4.93	5.93	1.29	1.50	1.85	4.26	5.72
48	1.46	1.64	2.05	5.30	6.39	1.37	1.59	1.97	4.43	6.20
49	1.55	1.75	2.18	5.68	6.85	1.44	1.69	2.08	4.60	6.68
50	1.64	1.85	2.30	6.06	7.31	1.52	1.78	2.19	4.77	7.16
51	1.81	2.03	2.52	6.65	8.03	1.62	1.90	2.33	5.37	7.80
52	1.98	2.22	2.74	7.24	8.76	1.72	2.01	2.46	5.96	8.43
53	2.15	2.40	2.95	7.84	9.48	1.83	2.13	2.60	6.56	9.07
54	2.32	2.59	3.17	8.43	10.21	1.93	2.24	2.73	7.15	9.70
55	2.49	2.77	3.39	9.02	10.93	2.03	2.36	2.87	7.75	10.34
56	2.73	3.05	3.72	9.92	12.04	2.20	2.56	3.12	8.58	11.22
57	2.97	3.32	4.05	10.82	13.15	2.37	2.77	3.37	9.41	12.10
58	3.21	3.60	4.38	11.73	14.26	2.53	2.97	3.63	10.24	12.99
59	3.45	3.87	4.71	12.63	15.37	2.70	3.18	3.88	11.07	13.87
60	3.69	4.15	5.04	13.53	16.48	2.87	3.38	4.13	11.90	14.75
61	3.93	4.43	5.37	14.43	17.59	3.04	3.58	4.38	12.73	15.63
62	4.17	4.70	5.70	15.33	18.70	3.21	3.79	4.63	13.56	16.51
63	4.41	4.98	6.03	16.24	19.81	3.37	3.99	4.89	14.39	17.40
64	4.65	5.25	6.36	17.14	20.92	3.54	4.20	5.14	15.22	18.28

Children's Rate. A single rate of $12.00 annually covers all children, regardless of the number.

* Maximum amount available to spouse is $2Mil

** Montana Residents - Male rates apply to all applicants.

G-29004-0

NS=Non-Smoker

FACE AMOUNTS $250,000–$499,000*

ANNUAL RATES PER $1,000 OF FACE AMOUNT

Rates do not reflect 35% premium credit

See page 5 for WOP Rates

Attained Age	MALE					FEMALE**				
	Super Preferred NS	Preferred NS	NS	Preferred Smoker	Smoker	Super Preferred NS	Preferred NS	NS	Preferred Smoker	Smoker
20	0.55	0.59	0.69	1.53	1.80	0.42	0.47	0.53	1.02	1.14
21	0.55	0.59	0.69	1.53	1.80	0.42	0.47	0.53	1.02	1.14
22	0.55	0.59	0.69	1.53	1.80	0.42	0.47	0.53	1.02	1.14
23	0.55	0.59	0.69	1.53	1.80	0.42	0.47	0.53	1.02	1.14
24	0.55	0.59	0.69	1.53	1.80	0.42	0.47	0.53	1.02	1.14
25	0.55	0.59	0.69	1.53	1.80	0.42	0.47	0.53	1.02	1.14
26	0.55	0.59	0.69	1.53	1.81	0.43	0.47	0.54	1.05	1.19
27	0.55	0.59	0.69	1.54	1.82	0.43	0.48	0.55	1.08	1.23
28	0.56	0.59	0.70	1.54	1.83	0.44	0.48	0.56	1.12	1.28
29	0.56	0.59	0.70	1.55	1.84	0.44	0.49	0.57	1.15	1.32
30	0.56	0.59	0.70	1.55	1.85	0.45	0.49	0.58	1.18	1.37
31	0.56	0.60	0.71	1.61	1.92	0.46	0.50	0.60	1.25	1.45
32	0.56	0.61	0.73	1.67	1.98	0.46	0.51	0.62	1.32	1.54
33	0.56	0.63	0.74	1.73	2.05	0.47	0.52	0.63	1.39	1.62
34	0.56	0.64	0.76	1.79	2.11	0.47	0.53	0.65	1.46	1.71
35	0.56	0.65	0.77	1.85	2.18	0.48	0.54	0.67	1.53	1.79
36	0.59	0.67	0.81	1.96	2.32	0.50	0.56	0.71	1.67	1.97
37	0.62	0.70	0.85	2.07	2.46	0.52	0.59	0.76	1.81	2.15
38	0.64	0.72	0.90	2.19	2.59	0.54	0.61	0.80	1.95	2.33
39	0.67	0.75	0.94	2.30	2.73	0.56	0.64	0.85	2.09	2.51
40	0.70	0.77	0.98	2.41	2.87	0.58	0.66	0.89	2.23	2.69
41	0.74	0.82	1.06	2.62	3.14	0.62	0.71	0.97	2.48	3.02
42	0.78	0.87	1.13	2.84	3.40	0.66	0.77	1.05	2.73	3.34
43	0.82	0.93	1.21	3.05	3.67	0.71	0.82	1.14	2.98	3.67
44	0.86	0.98	1.28	3.27	3.93	0.75	0.88	1.22	3.23	3.99
45	0.90	1.03	1.36	3.48	4.20	0.79	0.93	1.30	3.48	4.32
46	0.99	1.13	1.48	3.83	4.62	0.86	1.02	1.41	3.68	4.80
47	1.07	1.23	1.60	4.18	5.04	0.93	1.10	1.52	3.87	5.28
48	1.16	1.32	1.72	4.52	5.46	0.99	1.19	1.62	4.07	5.76
49	1.24	1.42	1.84	4.87	5.88	1.06	1.27	1.73	4.26	6.24
50	1.33	1.52	1.96	5.22	6.30	1.13	1.36	1.84	4.46	6.72
51	1.49	1.70	2.17	5.76	6.96	1.22	1.46	1.97	5.03	7.36
52	1.65	1.87	2.39	6.30	7.62	1.31	1.56	2.11	5.61	8.00
53	1.82	2.05	2.60	6.85	8.28	1.40	1.66	2.24	6.18	8.63
54	1.98	2.22	2.82	7.39	8.94	1.49	1.76	2.38	6.76	9.27
55	2.14	2.40	3.03	7.93	9.60	1.58	1.86	2.51	7.33	9.91
56	2.37	2.66	3.35	8.76	10.60	1.73	2.05	2.75	8.15	10.79
57	2.60	2.93	3.67	9.58	11.61	1.88	2.23	2.99	8.97	11.66
58	2.84	3.19	3.98	10.41	12.61	2.03	2.42	3.24	9.79	12.54
59	3.07	3.46	4.30	11.23	13.62	2.18	2.60	3.48	10.61	13.41
60	3.30	3.72	4.62	12.06	14.62	2.33	2.79	3.72	11.43	14.29
61	3.53	3.98	4.94	12.89	15.62	2.48	2.98	3.96	12.25	15.17
62	3.76	4.25	5.26	13.71	16.63	2.63	3.16	4.20	13.07	16.04
63	4.00	4.51	5.57	14.54	17.63	2.78	3.35	4.45	13.89	16.92
64	4.23	4.78	5.89	15.36	18.64	2.93	3.53	4.69	14.71	17.79

Children's Rate. A single rate of $12.00 annually covers all children, regardless of the number.

* Maximum amount available to spouse is $2Mil

** Montana Residents - Male rates apply to all applicants.

NS=Non-Smoker

FACE AMOUNTS $500,000–$999,000*

ANNUAL RATES PER $1,000 OF FACE AMOUNT

Rates do not reflect 35% premium credit

See page 5 for WOP Rates

Attained Age	MALE					FEMALE**				
	Super Preferred NS	Preferred NS	NS	Preferred Smoker	Smoker	Super Preferred NS	Preferred NS	NS	Preferred Smoker	Smoker
20	0.40	0.43	0.56	1.29	1.55	0.27	0.32	0.39	0.74	0.85
21	0.40	0.43	0.56	1.29	1.55	0.27	0.32	0.39	0.74	0.85
22	0.40	0.43	0.56	1.29	1.55	0.27	0.32	0.39	0.74	0.85
23	0.40	0.43	0.56	1.29	1.55	0.27	0.32	0.39	0.74	0.85
24	0.40	0.43	0.56	1.29	1.55	0.27	0.32	0.39	0.74	0.85
25	0.40	0.43	0.56	1.29	1.55	0.27	0.32	0.39	0.74	0.85
26	0.40	0.43	0.56	1.30	1.56	0.27	0.32	0.40	0.77	0.89
27	0.40	0.43	0.56	1.31	1.57	0.28	0.33	0.41	0.80	0.94
28	0.40	0.44	0.57	1.31	1.59	0.28	0.33	0.43	0.84	0.98
29	0.40	0.44	0.57	1.32	1.60	0.29	0.34	0.44	0.87	1.03
30	0.40	0.44	0.57	1.33	1.61	0.29	0.34	0.45	0.90	1.07
31	0.40	0.44	0.58	1.39	1.68	0.30	0.35	0.47	0.97	1.15
32	0.40	0.44	0.60	1.45	1.74	0.31	0.35	0.49	1.03	1.22
33	0.41	0.45	0.61	1.51	1.81	0.31	0.36	0.50	1.10	1.30
34	0.41	0.45	0.63	1.57	1.87	0.32	0.36	0.52	1.16	1.37
35	0.41	0.45	0.64	1.63	1.94	0.33	0.37	0.54	1.23	1.45
36	0.43	0.47	0.69	1.74	2.07	0.35	0.40	0.58	1.36	1.61
37	0.44	0.49	0.73	1.85	2.21	0.37	0.43	0.63	1.48	1.78
38	0.46	0.52	0.78	1.96	2.34	0.40	0.46	0.67	1.61	1.94
39	0.47	0.54	0.82	2.07	2.48	0.42	0.49	0.72	1.73	2.11
40	0.49	0.56	0.87	2.18	2.61	0.44	0.52	0.76	1.86	2.27
41	0.54	0.62	0.94	2.39	2.87	0.48	0.57	0.84	2.09	2.57
42	0.59	0.68	1.02	2.60	3.13	0.52	0.62	0.92	2.32	2.86
43	0.63	0.74	1.09	2.81	3.40	0.57	0.68	1.00	2.54	3.16
44	0.68	0.80	1.17	3.02	3.66	0.61	0.73	1.08	2.77	3.45
45	0.73	0.86	1.24	3.23	3.92	0.65	0.78	1.16	3.00	3.75
46	0.81	0.96	1.36	3.57	4.33	0.71	0.86	1.27	3.19	4.18
47	0.89	1.06	1.49	3.91	4.74	0.77	0.94	1.39	3.38	4.62
48	0.98	1.17	1.61	4.26	5.15	0.84	1.01	1.50	3.58	5.05
49	1.06	1.27	1.74	4.60	5.56	0.90	1.09	1.62	3.77	5.49
50	1.14	1.37	1.86	4.94	5.97	0.96	1.17	1.73	3.96	5.92
51	1.29	1.54	2.07	5.47	6.61	1.05	1.27	1.86	4.47	6.50
52	1.44	1.71	2.28	6.00	7.25	1.14	1.37	2.00	4.98	7.07
53	1.59	1.89	2.50	6.54	7.89	1.22	1.46	2.13	5.50	7.65
54	1.74	2.06	2.71	7.07	8.53	1.31	1.56	2.27	6.01	8.22
55	1.89	2.23	2.92	7.60	9.17	1.40	1.66	2.40	6.52	8.80
56	2.10	2.49	3.24	8.41	10.15	1.54	1.83	2.64	7.26	9.59
57	2.32	2.75	3.56	9.21	11.13	1.68	2.00	2.88	8.00	10.39
58	2.53	3.00	3.89	10.02	12.11	1.83	2.18	3.12	8.74	11.18
59	2.75	3.26	4.21	10.82	13.09	1.97	2.35	3.36	9.48	11.98
60	2.96	3.52	4.53	11.63	14.07	2.11	2.52	3.60	10.22	12.77
61	3.17	3.78	4.85	12.44	15.05	2.25	2.69	3.84	10.96	13.56
62	3.39	4.04	5.17	13.24	16.03	2.39	2.86	4.08	11.70	14.36
63	3.60	4.29	5.50	14.05	17.01	2.54	3.04	4.32	12.44	15.15
64	3.82	4.55	5.82	14.85	17.99	2.68	3.21	4.56	13.18	15.95

Children's Rate. A single rate of $12.00 annually covers all children, regardless of the number.

* Maximum amount available to spouse is $2Mil

** Montana Residents - Male rates apply to all applicants.

NS=Non-Smoker

FACE AMOUNTS $1,000,000–$4,000,000*

ANNUAL RATES PER $1,000 OF FACE AMOUNT

Rates do not reflect 35% premium credit

See page 5 for WOP Rates

Attained Age	MALE					FEMALE**				
	Super Preferred NS	Preferred NS	NS	Preferred Smoker	Smoker	Super Preferred NS	Preferred NS	NS	Preferred Smoker	Smoker
20	0.31	0.38	0.50	1.21	1.46	0.21	0.25	0.33	0.66	0.77
21	0.31	0.38	0.50	1.21	1.46	0.21	0.25	0.33	0.66	0.77
22	0.31	0.38	0.50	1.21	1.46	0.21	0.25	0.33	0.66	0.77
23	0.31	0.38	0.50	1.21	1.46	0.21	0.25	0.33	0.66	0.77
24	0.31	0.38	0.50	1.21	1.46	0.21	0.25	0.33	0.66	0.77
25	0.31	0.38	0.50	1.21	1.46	0.21	0.25	0.33	0.66	0.77
26	0.31	0.38	0.50	1.22	1.47	0.22	0.26	0.34	0.69	0.81
27	0.31	0.38	0.50	1.22	1.48	0.22	0.26	0.35	0.72	0.85
28	0.32	0.38	0.51	1.23	1.50	0.23	0.27	0.36	0.76	0.90
29	0.32	0.38	0.51	1.23	1.51	0.23	0.27	0.37	0.79	0.94
30	0.32	0.38	0.51	1.24	1.52	0.24	0.28	0.38	0.82	0.98
31	0.32	0.38	0.52	1.30	1.59	0.25	0.29	0.40	0.88	1.06
32	0.33	0.38	0.54	1.36	1.65	0.25	0.29	0.42	0.95	1.14
33	0.33	0.39	0.55	1.41	1.72	0.26	0.30	0.43	1.01	1.21
34	0.34	0.39	0.57	1.47	1.78	0.26	0.30	0.45	1.08	1.29
35	0.34	0.39	0.58	1.53	1.85	0.27	0.31	0.47	1.14	1.37
36	0.36	0.42	0.62	1.64	1.98	0.29	0.34	0.51	1.26	1.53
37	0.38	0.44	0.67	1.75	2.11	0.31	0.37	0.56	1.39	1.69
38	0.39	0.47	0.71	1.87	2.25	0.34	0.39	0.60	1.51	1.84
39	0.41	0.49	0.76	1.98	2.38	0.36	0.42	0.65	1.64	2.00
40	0.43	0.52	0.80	2.09	2.51	0.38	0.45	0.69	1.76	2.16
41	0.47	0.58	0.88	2.29	2.77	0.42	0.50	0.77	1.98	2.45
42	0.52	0.64	0.95	2.50	3.02	0.46	0.55	0.85	2.21	2.74
43	0.56	0.69	1.03	2.70	3.28	0.50	0.61	0.93	2.43	3.03
44	0.61	0.75	1.10	2.91	3.53	0.54	0.66	1.01	2.66	3.32
45	0.65	0.81	1.18	3.11	3.79	0.58	0.71	1.09	2.88	3.61
46	0.73	0.91	1.30	3.44	4.19	0.64	0.79	1.20	3.07	4.03
47	0.81	1.00	1.41	3.78	4.59	0.70	0.86	1.31	3.26	4.46
48	0.90	1.10	1.53	4.11	4.98	0.77	0.94	1.41	3.46	4.88
49	0.98	1.19	1.64	4.45	5.38	0.83	1.01	1.52	3.65	5.31
50	1.06	1.29	1.76	4.78	5.78	0.89	1.09	1.63	3.84	5.73
51	1.21	1.46	1.97	5.30	6.40	0.97	1.18	1.76	4.33	6.29
52	1.35	1.62	2.17	5.81	7.03	1.05	1.28	1.89	4.82	6.85
53	1.50	1.79	2.38	6.33	7.65	1.13	1.37	2.03	5.32	7.41
54	1.64	1.95	2.58	6.84	8.28	1.21	1.47	2.16	5.81	7.97
55	1.79	2.12	2.79	7.36	8.90	1.29	1.56	2.29	6.30	8.53
56	1.99	2.36	3.10	8.14	9.84	1.43	1.73	2.52	7.02	9.30
57	2.19	2.61	3.41	8.92	10.79	1.57	1.89	2.75	7.74	10.07
58	2.40	2.85	3.71	9.70	11.73	1.70	2.06	2.99	8.45	10.83
59	2.60	3.10	4.02	10.48	12.68	1.84	2.22	3.22	9.17	11.60
60	2.80	3.34	4.33	11.26	13.62	1.98	2.39	3.45	9.89	12.37
61	3.00	3.58	4.64	12.04	14.56	2.12	2.56	3.68	10.61	13.14
62	3.20	3.83	4.95	12.82	15.51	2.26	2.72	3.91	11.33	13.91
63	3.41	4.07	5.25	13.60	16.45	2.39	2.89	4.15	12.04	14.67
64	3.61	4.32	5.56	14.38	17.40	2.53	3.05	4.38	12.76	15.44

Children's Rate. A single rate of $12.00 annually covers all children, regardless of the number.

* Maximum amount available to spouse is $2Mil

** Montana Residents - Male rates apply to all applicants.

NS=Non-Smoker

Optional Waiver of Premium (WOP) Rates

ANNUAL RATES PER $1,000 OF FACE AMOUNT*

Rates do not reflect 35% premium credit

Attained Age	MALE					FEMALE**				
	Super Preferred NS	Preferred NS	NS	Preferred Smoker	Smoker	Super Preferred NS	Preferred NS	NS	Preferred Smoker	Smoker
20	0.07	0.08	0.10	0.20	0.23	0.10	0.11	0.12	0.23	0.25
21	0.07	0.08	0.11	0.20	0.23	0.11	0.12	0.12	0.23	0.25
22	0.07	0.08	0.11	0.22	0.26	0.11	0.12	0.13	0.25	0.28
23	0.07	0.08	0.11	0.22	0.26	0.11	0.12	0.13	0.25	0.28
24	0.07	0.08	0.12	0.24	0.28	0.11	0.12	0.13	0.27	0.29
25	0.09	0.10	0.12	0.24	0.28	0.12	0.13	0.14	0.28	0.30
26	0.09	0.10	0.12	0.24	0.28	0.12	0.13	0.14	0.29	0.31
27	0.09	0.10	0.12	0.24	0.28	0.12	0.13	0.14	0.29	0.32
28	0.09	0.10	0.12	0.24	0.28	0.11	0.12	0.14	0.30	0.33
29	0.09	0.10	0.12	0.25	0.29	0.11	0.12	0.13	0.30	0.34
30	0.09	0.10	0.12	0.25	0.29	0.11	0.12	0.13	0.32	0.36
31	0.09	0.10	0.12	0.25	0.29	0.11	0.12	0.13	0.33	0.37
32	0.09	0.10	0.13	0.27	0.31	0.12	0.13	0.14	0.34	0.38
33	0.10	0.11	0.13	0.28	0.33	0.12	0.13	0.15	0.36	0.41
34	0.10	0.11	0.14	0.31	0.36	0.13	0.14	0.17	0.40	0.45
35	0.11	0.12	0.15	0.34	0.39	0.14	0.16	0.18	0.44	0.50
36	0.12	0.13	0.17	0.37	0.43	0.15	0.17	0.19	0.48	0.55
37	0.13	0.14	0.19	0.39	0.45	0.16	0.18	0.21	0.53	0.61
38	0.13	0.15	0.21	0.41	0.48	0.17	0.19	0.23	0.62	0.71
39	0.15	0.17	0.22	0.44	0.52	0.18	0.20	0.24	0.69	0.80
40	0.16	0.18	0.24	0.49	0.58	0.20	0.22	0.27	0.78	0.91
41	0.17	0.19	0.25	0.53	0.63	0.21	0.24	0.31	0.84	1.00
42	0.17	0.19	0.27	0.57	0.68	0.22	0.25	0.34	0.91	1.08
43	0.20	0.22	0.29	0.63	0.75	0.22	0.25	0.36	1.00	1.20
44	0.21	0.24	0.35	0.71	0.85	0.24	0.28	0.39	1.09	1.32
45	0.22	0.25	0.37	0.80	0.96	0.27	0.31	0.43	1.23	1.49
46	0.26	0.29	0.42	0.90	1.08	0.30	0.34	0.48	1.34	1.72
47	0.30	0.34	0.49	1.02	1.23	0.33	0.39	0.53	1.49	2.00
48	0.35	0.39	0.58	1.19	1.44	0.38	0.44	0.61	1.67	2.33
49	0.41	0.46	0.68	1.41	1.70	0.44	0.51	0.69	1.87	2.72
50	0.48	0.54	0.78	1.60	1.93	0.46	0.54	0.74	1.99	2.99
51	0.53	0.59	0.85	1.75	2.12	0.49	0.58	0.79	2.25	3.26
52	0.58	0.65	0.93	1.91	2.31	0.53	0.61	0.83	2.49	3.52
53	0.63	0.70	1.00	2.07	2.50	0.56	0.65	0.88	2.74	3.79
54	0.68	0.75	1.07	2.22	2.69	0.59	0.68	0.92	2.99	4.06

Children's Rate. A single rate of $12.00 annually covers all children, regardless of the number.

* Maximum amount available to spouse is $2Mil

** Montana Residents - Male rates apply to all applicants.

CURRENT 15-YEAR LEVEL TERM LIFE INSURANCE RATES

(as of 4/1/2025)

Member-Exclusive Cost: The cost of this level term life insurance is based upon the Term of Guaranteed Rates, your gender, your spouse's gender, if applicable, amount of insurance requested, usage of tobacco/nicotine products, health status, and attained age on the date coverage is issued. Once approved, rates are guaranteed not to increase for the initial term of guaranteed rates.

Rate Categories: Super Preferred Non-Smoker, Preferred Non-Smoker, and Non-Smoker rate categories apply to applicants who are non-tobacco/nicotine users and can meet stricter underwriting standards. Preferred Smoker rates apply to tobacco/nicotine users who otherwise meet stricter underwriting standards. Smoker rates apply to tobacco/nicotine users with higher risk factors than those in the Preferred Smoker classification. Upon approval of your application, you will be notified of the rate classification for each approved person.

Valuable Package Discount:
You can receive a 35% Package Discount in addition to our member exclusive rates. To qualify for this package discount, you must be insured in at least one coverage from each of the three product categories:

- Term Life Insurance: Level Term Life (10-,15- or 20-Year Term) and/or Traditional Term Life
- Disability Income Insurance: Long-Term Disability, Short-Term Disability and/or Office Overhead Expense Disability
- Supplemental Coverages: Accidental Death & Dismemberment Insurance and/or Supplemental Disability Insurance (for educational expense obligations)

  Once you qualify, the discount applies to all ACS coverages underwritten by New York Life Insurance Company from each of the three product categories.

IMPORTANT NOTICE TO RESIDENTS OF MANITOBA and ONTARIO, CANADA: Manitoba, Canada has enacted laws requiring 7% taxation; Ontario, Canada has enacted laws requiring 8% taxation; of all group insurance purchased by individuals. This tax will be added to the amount of any premium contributions due (in U.S. dollars), which is then reported and remitted to the respective province.

ACS AMERICAN COLLEGE OF SURGEONS

CURRENT RATE TABLES

as of 4/1/2025

Good News! ACS authorized New York Life to credit the base policy rates (shown below) by 35%, due to positive claims experience.

Because the credit is based on actual experience, it cannot be promised or guaranteed beyond March 31, 2027 The ACS Trustees monitor the experience to help ensure a credit can continue beyond this date, although the % credit may change if experience warrants. Your base policy is guaranteed for the initial 15-year period. (Underwritten by New York Life Insurance Company, NY, NY 10010 policy form GMR)

NS=Non-Smoker

FACE AMOUNTS $100,000–$249,000*

ANNUAL RATES PER $1,000 OF FACE AMOUNT

Rates do not reflect 35% premium credit

See page 5 for WOP Rates

Attained Age	MALE					FEMALE**				
	Super Preferred NS	Preferred NS	NS	Preferred Smoker	Smoker	Super Preferred NS	Preferred NS	NS	Preferred Smoker	Smoker
20	**0.91**	**0.97**	**1.11**	**2.28**	**2.63**	**0.84**	**0.92**	**0.94**	**1.61**	**1.65**
21	0.91	0.97	1.11	2.28	2.63	0.84	0.92	0.94	1.61	1.65
22	0.91	0.97	1.11	2.28	2.63	0.84	0.92	0.94	1.61	1.65
23	0.91	0.97	1.11	2.28	2.63	0.84	0.92	0.94	1.61	1.65
24	0.91	0.97	1.11	2.28	2.63	0.84	0.92	0.94	1.61	1.65
25	**0.91**	**0.97**	**1.11**	**2.28**	**2.63**	**0.84**	**0.92**	**0.94**	**1.61**	**1.65**
26	0.91	0.97	1.11	2.28	2.64	0.84	0.92	0.96	1.64	1.69
27	0.92	0.97	1.11	2.28	2.64	0.85	0.92	0.97	1.67	1.75
28	0.92	0.97	1.12	2.29	2.65	0.85	0.92	0.98	1.70	1.78
29	0.93	0.97	1.12	2.29	2.65	0.86	0.92	0.99	1.74	1.83
30	**0.94**	**0.97**	**1.12**	**2.30**	**2.67**	**0.86**	**0.93**	**1.00**	**1.78**	**1.89**
31	0.95	0.99	1.14	2.39	2.77	0.87	0.95	1.02	1.87	1.99
32	0.95	1.01	1.17	2.49	2.87	0.89	0.97	1.05	1.96	2.10
33	0.96	1.03	1.20	2.58	2.99	0.90	0.99	1.08	2.07	2.21
34	0.98	1.06	1.23	2.69	3.11	0.92	1.01	1.11	2.18	2.33
35	**0.98**	**1.07**	**1.24**	**2.77**	**3.21**	**0.92**	**1.03**	**1.13**	**2.27**	**2.43**
36	1.04	1.13	1.32	2.98	3.46	0.97	1.07	1.21	2.49	2.69
37	1.08	1.18	1.38	3.14	3.66	1.00	1.11	1.27	2.66	2.90
38	1.11	1.23	1.44	3.28	3.83	1.04	1.14	1.33	2.83	3.10
39	1.15	1.27	1.50	3.45	4.05	1.07	1.18	1.39	3.01	3.33
40	**1.20**	**1.32**	**1.56**	**3.62**	**4.25**	**1.10**	**1.21**	**1.46**	**3.20**	**3.56**
41	1.26	1.39	1.67	3.92	4.64	1.16	1.29	1.57	3.52	3.97
42	1.32	1.45	1.77	4.24	5.03	1.23	1.38	1.68	3.86	4.37
43	1.37	1.53	1.89	4.58	5.46	1.30	1.47	1.81	4.22	4.81
44	1.42	1.58	1.98	4.88	5.84	1.36	1.55	1.92	4.54	5.21
45	**1.48**	**1.65**	**2.09**	**5.19**	**6.23**	**1.42**	**1.63**	**2.03**	**4.88**	**5.62**
46	1.60	1.79	2.26	5.70	6.86	1.53	1.75	2.18	5.13	6.24
47	1.73	1.94	2.43	6.21	7.47	1.63	1.89	2.33	5.37	6.84
48	1.85	2.08	2.60	6.71	8.09	1.74	2.01	2.50	5.61	7.46
49	1.97	2.22	2.77	7.21	8.70	1.83	2.15	2.64	5.84	8.06
50	**2.10**	**2.37**	**2.95**	**7.76**	**9.36**	**1.95**	**2.28**	**2.80**	**6.11**	**8.71**
51	2.33	2.62	3.25	8.57	10.35	2.09	2.45	3.00	6.92	9.55
52	2.57	2.88	3.55	9.39	11.36	2.23	2.61	3.19	7.73	10.39
53	2.80	3.12	3.84	10.21	12.34	2.38	2.77	3.39	8.54	11.22
54	3.03	3.39	4.14	11.02	13.35	2.52	2.93	3.57	9.35	12.05
55	**3.27**	**3.64**	**4.45**	**11.84**	**14.35**	**2.66**	**3.10**	**3.77**	**10.17**	**12.89**
56	3.64	4.06	4.96	13.21	16.04	2.93	3.41	4.16	11.43	14.20
57	4.00	4.47	5.45	14.56	17.70	3.19	3.73	4.54	12.66	15.48
58	4.35	4.88	5.94	15.91	19.34	3.43	4.03	4.92	13.89	16.74
59	4.72	5.29	6.44	17.27	21.02	3.69	4.35	5.31	15.14	18.02
60	**5.09**	**5.72**	**6.95**	**18.65**	**22.71**	**3.96**	**4.66**	**5.69**	**16.40**	**19.31**
61	5.46	6.15	7.46	20.04	24.43	4.22	4.97	6.08	17.68	20.63
62	5.84	6.58	7.98	21.46	26.18	4.49	5.31	6.48	18.98	21.95
63	6.22	7.03	8.51	22.91	27.95	4.75	5.63	6.90	20.30	23.32
64	6.61	7.46	9.04	24.37	29.74	5.03	5.97	7.31	21.64	24.69

Children's Rate. A single rate of $12.00 annually covers all children, regardless of the number.

* Maximum amount available to spouse is $2Mil

** Montana Residents - Male rates apply to all applicants.

G-29006-0

NS=Non-Smoker

FACE AMOUNTS $250,000–$499,000*

ANNUAL RATES PER $1,000 OF FACE AMOUNT

Rates do not reflect 35% premium credit

See page 5 for WOP Rates

Attained Age	MALE					FEMALE**				
	Super Preferred NS	Preferred NS	NS	Preferred Smoker	Smoker	Super Preferred NS	Preferred NS	NS	Preferred Smoker	Smoker
20	**0.63**	**0.67**	**0.79**	**1.74**	**2.05**	**0.48**	**0.54**	**0.60**	**1.16**	**1.23**
21	0.63	0.67	0.79	1.74	2.05	0.48	0.54	0.60	1.16	1.23
22	0.63	0.67	0.79	1.74	2.05	0.48	0.54	0.60	1.16	1.23
23	0.63	0.67	0.79	1.74	2.05	0.48	0.54	0.60	1.16	1.23
24	0.63	0.67	0.79	1.74	2.05	0.48	0.54	0.60	1.16	1.23
25	**0.63**	**0.67**	**0.79**	**1.74**	**2.05**	**0.48**	**0.54**	**0.60**	**1.16**	**1.23**
26	0.63	0.67	0.79	1.75	2.07	0.49	0.54	0.62	1.20	1.29
27	0.63	0.67	0.79	1.76	2.08	0.49	0.55	0.63	1.23	1.34
28	0.64	0.67	0.80	1.76	2.09	0.50	0.55	0.64	1.28	1.39
29	0.64	0.67	0.80	1.77	2.10	0.50	0.56	0.65	1.31	1.43
30	**0.64**	**0.68**	**0.81**	**1.78**	**2.13**	**0.52**	**0.56**	**0.67**	**1.36**	**1.50**
31	0.65	0.70	0.82	1.87	2.23	0.53	0.58	0.70	1.45	1.60
32	0.66	0.71	0.85	1.95	2.32	0.54	0.60	0.73	1.54	1.71
33	0.66	0.74	0.87	2.04	2.42	0.55	0.61	0.74	1.64	1.82
34	0.67	0.76	0.90	2.13	2.51	0.56	0.63	0.77	1.74	1.93
35	**0.67**	**0.78**	**0.92**	**2.22**	**2.62**	**0.58**	**0.65**	**0.80**	**1.84**	**2.04**
36	0.72	0.81	0.98	2.38	2.82	0.61	0.68	0.86	2.03	2.27
37	0.76	0.86	1.05	2.55	3.03	0.64	0.73	0.94	2.23	2.52
38	0.79	0.89	1.11	2.71	3.21	0.67	0.75	0.99	2.41	2.74
39	0.84	0.94	1.17	2.87	3.41	0.70	0.80	1.06	2.61	2.97
40	**0.88**	**0.97**	**1.23**	**3.03**	**3.61**	**0.73**	**0.83**	**1.12**	**2.80**	**3.22**
41	0.94	1.04	1.34	3.32	3.98	0.79	0.90	1.23	3.14	3.63
42	1.00	1.11	1.44	3.63	4.35	0.84	0.98	1.34	3.49	4.05
43	1.06	1.20	1.57	3.95	4.75	0.92	1.06	1.47	3.86	4.52
44	1.12	1.27	1.66	4.25	5.10	0.97	1.14	1.58	4.19	4.92
45	**1.17**	**1.34**	**1.78**	**4.54**	**5.48**	**1.03**	**1.21**	**1.70**	**4.54**	**5.35**
46	1.30	1.49	1.95	5.04	6.07	1.13	1.34	1.85	4.84	5.99
47	1.41	1.63	2.11	5.52	6.66	1.23	1.45	2.01	5.12	6.64
48	1.54	1.75	2.29	6.01	7.25	1.32	1.58	2.15	5.41	7.27
49	1.65	1.89	2.45	6.48	7.83	1.41	1.69	2.30	5.67	7.90
50	**1.79**	**2.04**	**2.63**	**7.01**	**8.46**	**1.52**	**1.83**	**2.47**	**5.99**	**8.57**
51	2.02	2.30	2.93	7.79	9.41	1.65	1.97	2.66	6.80	9.45
52	2.24	2.54	3.25	8.57	10.37	1.78	2.12	2.87	7.63	10.34
53	2.49	2.80	3.55	9.36	11.31	1.91	2.27	3.06	8.44	11.20
54	2.72	3.04	3.87	10.13	12.26	2.04	2.41	3.26	9.27	12.08
55	**2.95**	**3.30**	**4.17**	**10.92**	**13.22**	**2.18**	**2.56**	**3.46**	**10.09**	**12.96**
56	3.31	3.72	4.68	12.24	14.81	2.42	2.86	3.84	11.39	14.32
57	3.67	4.14	5.18	13.52	16.39	2.65	3.15	4.22	12.66	15.64
58	4.04	4.54	5.66	14.81	17.94	2.89	3.44	4.61	13.93	16.95
59	4.40	4.96	6.17	16.11	19.53	3.13	3.73	4.99	15.22	18.27
60	**4.77**	**5.38**	**6.68**	**17.43**	**21.13**	**3.37**	**4.03**	**5.38**	**16.52**	**19.63**
61	5.14	5.80	7.20	18.78	22.76	3.61	4.34	5.77	17.85	20.99
62	5.52	6.24	7.72	20.13	24.42	3.86	4.64	6.17	19.19	22.38
63	5.92	6.67	8.24	21.51	26.09	4.11	4.96	6.58	20.55	23.78
64	6.31	7.13	8.78	22.90	27.79	4.37	5.26	6.99	21.93	25.20

Children's Rate. A single rate of $12.00 annually covers all children, regardless of the number.

* Maximum amount available to spouse is $2Mil

** Montana Residents - Male rates apply to all applicants.

NS=Non-Smoker

FACE AMOUNTS $500,000–$999,000*

ANNUAL RATES PER $1,000 OF FACE AMOUNT

Rates do not reflect 35% premium credit

See page 5 for WOP Rates

Attained Age	MALE					FEMALE**				
	Super Preferred NS	Preferred NS	NS	Preferred Smoker	Smoker	Super Preferred NS	Preferred NS	NS	Preferred Smoker	Smoker
20	**0.46**	**0.50**	**0.65**	**1.50**	**1.80**	**0.31**	**0.37**	**0.45**	**0.86**	**0.94**
21	0.46	0.50	0.65	1.50	1.80	0.31	0.37	0.45	0.86	0.94
22	0.46	0.50	0.65	1.50	1.80	0.31	0.37	0.45	0.86	0.94
23	0.46	0.50	0.65	1.50	1.80	0.31	0.37	0.45	0.86	0.94
24	0.46	0.50	0.65	1.50	1.80	0.31	0.37	0.45	0.86	0.94
25	**0.46**	**0.50**	**0.65**	**1.50**	**1.80**	**0.31**	**0.37**	**0.45**	**0.86**	**0.94**
26	0.46	0.50	0.65	1.51	1.81	0.31	0.37	0.46	0.89	0.99
27	0.47	0.50	0.66	1.53	1.84	0.33	0.39	0.48	0.94	1.04
28	0.47	0.52	0.67	1.54	1.87	0.33	0.39	0.50	0.99	1.09
29	0.47	0.52	0.67	1.56	1.89	0.34	0.40	0.52	1.03	1.16
30	**0.48**	**0.53**	**0.68**	**1.59**	**1.92**	**0.35**	**0.41**	**0.54**	**1.08**	**1.22**
31	0.48	0.53	0.69	1.66	2.01	0.36	0.42	0.56	1.16	1.30
32	0.48	0.53	0.72	1.74	2.08	0.37	0.42	0.59	1.23	1.39
33	0.49	0.54	0.74	1.82	2.18	0.37	0.43	0.60	1.33	1.50
34	0.50	0.55	0.76	1.90	2.27	0.39	0.44	0.63	1.41	1.58
35	**0.50**	**0.55**	**0.78**	**1.99**	**2.36**	**0.40**	**0.45**	**0.66**	**1.50**	**1.68**
36	0.54	0.59	0.86	2.17	2.58	0.44	0.50	0.72	1.70	1.91
37	0.55	0.62	0.92	2.32	2.77	0.46	0.54	0.79	1.86	2.12
38	0.58	0.66	0.98	2.47	2.95	0.50	0.58	0.84	2.03	2.32
39	0.60	0.69	1.04	2.63	3.15	0.53	0.62	0.91	2.20	2.54
40	**0.63**	**0.72**	**1.11**	**2.79**	**3.34**	**0.56**	**0.66**	**0.97**	**2.38**	**2.76**
41	0.70	0.80	1.21	3.08	3.70	0.62	0.73	1.08	2.69	3.14
42	0.77	0.88	1.33	3.38	4.07	0.68	0.81	1.20	3.02	3.54
43	0.83	0.97	1.44	3.70	4.48	0.75	0.90	1.32	3.34	3.95
44	0.90	1.06	1.55	3.99	4.84	0.81	0.96	1.43	3.66	4.34
45	**0.97**	**1.14**	**1.65**	**4.29**	**5.21**	**0.86**	**1.04**	**1.54**	**3.99**	**4.73**
46	1.08	1.28	1.82	4.78	5.79	0.95	1.15	1.70	4.27	5.31
47	1.20	1.43	2.00	5.26	6.38	1.04	1.26	1.87	4.55	5.91
48	1.33	1.58	2.18	5.76	6.96	1.14	1.37	2.03	4.84	6.49
49	1.44	1.72	2.36	6.23	7.54	1.22	1.48	2.20	5.11	7.07
50	**1.56**	**1.87**	**2.54**	**6.75**	**8.16**	**1.31**	**1.60**	**2.37**	**5.41**	**7.68**
51	1.78	2.12	2.85	7.53	9.10	1.45	1.75	2.56	6.15	8.51
52	1.99	2.37	3.16	8.31	10.04	1.58	1.90	2.77	6.90	9.31
53	2.21	2.63	3.48	9.09	10.97	1.70	2.03	2.96	7.65	10.11
54	2.43	2.88	3.78	9.87	11.91	1.83	2.18	3.17	8.39	10.90
55	**2.65**	**3.12**	**4.09**	**10.65**	**12.85**	**1.96**	**2.33**	**3.36**	**9.14**	**11.72**
56	2.99	3.54	4.61	11.96	14.43	2.19	2.60	3.75	10.32	12.96
57	3.33	3.95	5.11	13.23	15.99	2.41	2.87	4.14	11.49	14.18
58	3.66	4.34	5.63	14.51	17.54	2.65	3.16	4.52	12.66	15.38
59	4.01	4.76	6.15	15.80	19.11	2.88	3.43	4.91	13.84	16.61
60	**4.36**	**5.18**	**6.67**	**17.11**	**20.70**	**3.10**	**3.71**	**5.30**	**15.04**	**17.85**
61	4.70	5.61	7.19	18.45	22.32	3.34	3.99	5.69	16.25	19.10
62	5.07	6.04	7.73	19.79	23.96	3.57	4.27	6.10	17.49	20.39
63	5.42	6.46	8.28	21.16	25.62	3.83	4.58	6.51	18.74	21.67
64	5.80	6.91	8.83	22.54	27.30	4.07	4.87	6.92	20.00	22.99

Children's Rate. A single rate of $12.00 annually covers all children, regardless of the number.

* Maximum amount available to spouse is $2Mil

** Montana Residents - Male rates apply to all applicants.

NS=Non-Smoker

FACE AMOUNTS $1,000,000–$4,000,000*

ANNUAL RATES PER $1,000 OF FACE AMOUNT

Rates do not reflect 35% premium credit

See page 5 for WOP Rates

Attained Age	MALE					FEMALE**				
	Super Preferred NS	Preferred NS	NS	Preferred Smoker	Smoker	Super Preferred NS	Preferred NS	NS	Preferred Smoker	Smoker
20	**0.37**	**0.46**	**0.60**	**1.45**	**1.75**	**0.25**	**0.30**	**0.40**	**0.79**	**0.88**
21	0.37	0.46	0.60	1.45	1.75	0.25	0.30	0.40	0.79	0.88
22	0.37	0.46	0.60	1.45	1.75	0.25	0.30	0.40	0.79	0.88
23	0.37	0.46	0.60	1.45	1.75	0.25	0.30	0.40	0.79	0.88
24	0.37	0.46	0.60	1.45	1.75	0.25	0.30	0.40	0.79	0.88
25	**0.37**	**0.46**	**0.60**	**1.45**	**1.75**	**0.25**	**0.30**	**0.40**	**0.79**	**0.88**
26	0.37	0.46	0.60	1.47	1.77	0.26	0.31	0.41	0.83	0.93
27	0.38	0.46	0.61	1.48	1.79	0.27	0.32	0.42	0.87	0.98
28	0.39	0.46	0.62	1.49	1.82	0.28	0.33	0.44	0.92	1.04
29	0.39	0.47	0.63	1.51	1.85	0.28	0.33	0.45	0.97	1.09
30	**0.40**	**0.47**	**0.63**	**1.53**	**1.88**	**0.30**	**0.35**	**0.47**	**1.01**	**1.15**
31	0.40	0.47	0.64	1.61	1.97	0.31	0.36	0.49	1.09	1.25
32	0.41	0.47	0.67	1.69	2.05	0.31	0.36	0.52	1.18	1.34
33	0.41	0.49	0.69	1.76	2.15	0.32	0.37	0.54	1.26	1.44
34	0.43	0.49	0.72	1.84	2.23	0.33	0.38	0.56	1.35	1.54
35	**0.43**	**0.49**	**0.73**	**1.93**	**2.33**	**0.34**	**0.39**	**0.59**	**1.44**	**1.64**
36	0.46	0.54	0.80	2.12	2.56	0.37	0.44	0.66	1.63	1.87
37	0.49	0.57	0.87	2.27	2.74	0.40	0.48	0.73	1.81	2.09
38	0.51	0.61	0.93	2.44	2.93	0.44	0.51	0.78	1.97	2.28
39	0.54	0.64	1.00	2.60	3.13	0.47	0.55	0.85	2.16	2.50
40	**0.57**	**0.69**	**1.06**	**2.77**	**3.32**	**0.50**	**0.60**	**0.91**	**2.33**	**2.71**
41	0.63	0.77	1.17	3.05	3.69	0.56	0.67	1.03	2.64	3.11
42	0.70	0.86	1.28	3.37	4.07	0.62	0.74	1.14	2.98	3.50
43	0.76	0.94	1.40	3.68	4.47	0.68	0.83	1.27	3.31	3.93
44	0.83	1.03	1.50	3.98	4.83	0.74	0.90	1.38	3.64	4.31
45	**0.89**	**1.11**	**1.62**	**4.28**	**5.21**	**0.80**	**0.98**	**1.50**	**3.96**	**4.72**
46	1.01	1.26	1.80	4.76	5.80	0.89	1.09	1.66	4.25	5.30
47	1.13	1.39	1.96	5.26	6.39	0.97	1.20	1.82	4.54	5.90
48	1.26	1.54	2.14	5.75	6.97	1.08	1.32	1.97	4.84	6.49
49	1.37	1.67	2.30	6.24	7.55	1.16	1.42	2.13	5.12	7.07
50	**1.50**	**1.83**	**2.49**	**6.76**	**8.18**	**1.26**	**1.54**	**2.31**	**5.43**	**7.70**
51	1.72	2.08	2.81	7.55	9.12	1.38	1.68	2.51	6.17	8.52
52	1.93	2.32	3.11	8.33	10.08	1.50	1.83	2.71	6.91	9.33
53	2.16	2.58	3.42	9.11	11.01	1.63	1.97	2.92	7.65	10.13
54	2.37	2.82	3.73	9.88	11.96	1.75	2.12	3.12	8.39	10.94
55	**2.60**	**3.07**	**4.05**	**10.67**	**12.91**	**1.87**	**2.26**	**3.32**	**9.14**	**11.75**
56	2.93	3.47	4.56	11.98	14.48	2.10	2.55	3.71	10.33	13.01
57	3.26	3.88	5.07	13.26	16.05	2.33	2.81	4.09	11.51	14.23
58	3.60	4.27	5.56	14.54	17.58	2.55	3.09	4.48	12.67	15.42
59	3.93	4.68	6.07	15.83	19.16	2.78	3.35	4.87	13.86	16.65
60	**4.26**	**5.09**	**6.59**	**17.15**	**20.74**	**3.02**	**3.64**	**5.25**	**15.06**	**17.89**
61	4.60	5.49	7.12	18.48	22.35	3.25	3.93	5.65	16.29	19.16
62	4.95	5.92	7.66	19.83	23.99	3.50	4.21	6.05	17.53	20.43
63	5.32	6.34	8.18	21.20	25.64	3.73	4.51	6.47	18.77	21.73
64	5.67	6.79	8.73	22.59	27.33	3.97	4.79	6.88	20.04	23.04

Children's Rate. A single rate of $12.00 annually covers all children, regardless of the number.

* Maximum amount available to spouse is $2Mil

** Montana Residents - Male rates apply to all applicants.

NS=Non-Smoker

Optional Waiver of Premium (WOP) Rates

ANNUAL RATES PER $1,000 OF FACE AMOUNT*

Rates do not reflect 35% premium credit

Attained Age	MALE					FEMALE**				
	Super Preferred NS	Preferred NS	NS	Preferred Smoker	Smoker	Super Preferred NS	Preferred NS	NS	Preferred Smoker	Smoker
20	0.08	0.09	0.10	0.21	0.25	0.11	0.12	0.12	0.25	0.26
21	0.08	0.09	0.12	0.21	0.25	0.12	0.13	0.12	0.25	0.26
22	0.08	0.09	0.12	0.24	0.28	0.12	0.13	0.14	0.28	0.28
23	0.08	0.09	0.12	0.24	0.28	0.12	0.13	0.14	0.28	0.28
24	0.08	0.09	0.13	0.26	0.30	0.12	0.13	0.14	0.29	0.30
25	0.10	0.11	0.13	0.26	0.30	0.13	0.14	0.15	0.31	0.31
26	0.10	0.11	0.13	0.26	0.30	0.13	0.14	0.15	0.31	0.32
27	0.10	0.11	0.13	0.26	0.30	0.13	0.14	0.15	0.32	0.33
28	0.10	0.11	0.13	0.26	0.30	0.12	0.13	0.15	0.32	0.34
29	0.10	0.11	0.13	0.27	0.31	0.12	0.13	0.15	0.33	0.34
30	0.10	0.11	0.13	0.27	0.31	0.12	0.13	0.14	0.35	0.37
31	0.10	0.11	0.13	0.28	0.32	0.12	0.13	0.14	0.37	0.39
32	0.10	0.11	0.14	0.30	0.34	0.13	0.14	0.15	0.38	0.40
33	0.11	0.12	0.15	0.32	0.37	0.13	0.14	0.17	0.41	0.43
34	0.12	0.13	0.16	0.35	0.41	0.14	0.16	0.19	0.45	0.48
35	0.13	0.14	0.17	0.39	0.45	0.16	0.18	0.21	0.50	0.54
36	0.13	0.15	0.19	0.43	0.50	0.18	0.19	0.23	0.56	0.61
37	0.15	0.17	0.22	0.46	0.53	0.19	0.21	0.24	0.63	0.68
38	0.16	0.17	0.24	0.49	0.57	0.20	0.22	0.27	0.73	0.80
39	0.18	0.20	0.26	0.52	0.61	0.22	0.24	0.29	0.82	0.90
40	0.19	0.21	0.29	0.59	0.69	0.24	0.26	0.32	0.93	1.03
41	0.20	0.23	0.30	0.64	0.76	0.26	0.29	0.37	1.01	1.14
42	0.21	0.23	0.33	0.70	0.83	0.27	0.30	0.41	1.10	1.25
43	0.24	0.27	0.36	0.78	0.93	0.28	0.31	0.44	1.24	1.41
44	0.26	0.29	0.43	0.87	1.05	0.30	0.34	0.48	1.35	1.55
45	0.27	0.31	0.46	0.99	1.19	0.33	0.38	0.54	1.53	1.76
46	0.33	0.36	0.53	1.13	1.36	0.38	0.43	0.60	1.68	2.05
47	0.38	0.43	0.62	1.29	1.55	0.42	0.49	0.67	1.88	2.40
48	0.44	0.50	0.74	1.51	1.82	0.48	0.56	0.78	2.11	2.80
49	0.52	0.58	0.86	1.79	2.16	0.55	0.65	0.88	2.38	3.28
50	0.61	0.69	1.00	2.05	2.47	0.60	0.70	0.95	2.55	3.64
51	0.68	0.76	1.10	2.26	2.73	0.64	0.75	1.02	2.89	3.99
52	0.75	0.84	1.20	2.48	3.00	0.68	0.80	1.08	3.23	4.34
53	0.82	0.91	1.30	2.69	3.25	0.73	0.85	1.15	3.57	4.69
54	0.88	0.99	1.40	2.91	3.52	0.77	0.90	1.21	3.91	5.04

Children's Rate. A single rate of $12.00 annually covers all children, regardless of the number.

* Maximum amount available to spouse is $2Mil

** Montana Residents - Male rates apply to all applicants.

CURRENT 20-YEAR LEVEL TERM LIFE INSURANCE RATES

(as of 4/1/2025)

Member-Exclusive Cost: The cost of this level term life insurance is based upon the Term of Guaranteed Rates, your gender, your spouse's gender, if applicable, amount of insurance requested, usage of tobacco/nicotine products, health status, and attained age on the date coverage is issued. Once approved, rates are guaranteed not to increase for the initial term of guaranteed rates.

Rate Categories: Super Preferred Non-Smoker, Preferred Non-Smoker, and Non-Smoker rate categories apply to applicants who are non-tobacco/nicotine users and can meet stricter underwriting standards. Preferred Smoker rates apply to tobacco/nicotine users who otherwise meet stricter underwriting standards. Smoker rates apply to tobacco/nicotine users with higher risk factors than those in the Preferred Smoker classification. Upon approval of your application, you will be notified of the rate classification for each approved person.

Valuable Package Discount:
You can receive a 35% Package Discount in addition to our member exclusive rates. To qualify for this package discount, you must be insured in at least one coverage from each of the three product categories:

- Life Insurance: Level Term Life (10-,15- or 20-Year Term) and/or Traditional Term Life
- Disability Income Insurance: Long-Term Disability, Short-Term Disability and/or Office Overhead Expense Disability
- Supplemental Coverages: Accidental Death & Dismemberment Insurance and/or Supplemental Disability Insurance (for educational expense obligations)

  Once you qualify, the discount applies to all ACS coverages underwritten by New York Life Insurance Company from each of the three product categories.

IMPORTANT NOTICE TO RESIDENTS OF MANITOBA and ONTARIO, CANADA: Manitoba, Canada has enacted laws requiring 7% taxation; Ontario, Canada has enacted laws requiring 8% taxation; of all group insurance purchased by individuals. This tax will be added to the amount of any premium contributions due (in U.S. dollars), which is then reported and remitted to the respective province.

ACS AMERICAN COLLEGE OF SURGEONS

CURRENT RATE TABLES

as of 4/1/2025

Good News! ACS authorized New York Life to credit the base policy rates (shown below) by 35%, due to positive claims experience.

Because the credit is based on actual experience, it cannot be promised or guaranteed beyond March 31, 2027. The ACS Trustees monitor the experience to help ensure a credit can continue beyond this date, although the % credit may change if experience warrants. Your base policy is guaranteed for the initial 20-year period. (Underwritten by New York Life Insurance Company, NY, NY 10010 policy form GMR)

NS=Non-Smoker

FACE AMOUNTS $100,000–$249,000*

ANNUAL RATES PER $1,000 OF FACE AMOUNT

Rates do not reflect 35% premium credit

See page 5 for WOP Rates

Attained Age	MALE					FEMALE**				
	Super Preferred NS	Preferred NS	NS	Preferred Smoker	Smoker	Super Preferred NS	Preferred NS	NS	Preferred Smoker	Smoker
20	**1.04**	**1.11**	**1.40**	**2.95**	**3.50**	**0.88**	**0.97**	**1.14**	**2.09**	**2.39**
21	1.04	1.11	1.40	2.95	3.50	0.88	0.97	1.14	2.09	2.39
22	1.04	1.11	1.40	2.95	3.50	0.88	0.97	1.14	2.09	2.39
23	1.04	1.11	1.40	2.95	3.50	0.88	0.97	1.14	2.09	2.39
24	1.04	1.11	1.40	2.95	3.50	0.88	0.97	1.14	2.09	2.39
25	**1.04**	**1.11**	**1.40**	**2.95**	**3.50**	**0.88**	**0.97**	**1.14**	**2.09**	**2.39**
26	1.04	1.11	1.40	2.95	3.50	0.88	0.97	1.14	2.09	2.39
27	1.04	1.11	1.40	2.95	3.50	0.88	0.97	1.14	2.09	2.39
28	1.04	1.11	1.40	2.95	3.50	0.88	0.97	1.14	2.09	2.39
29	1.04	1.11	1.40	2.95	3.50	0.88	0.97	1.14	2.09	2.39
30	**1.04**	**1.11**	**1.40**	**2.95**	**3.50**	**0.88**	**0.97**	**1.14**	**2.09**	**2.39**
31	1.06	1.14	1.44	3.10	3.68	0.90	1.00	1.18	2.24	2.58
32	1.08	1.17	1.48	3.26	3.86	0.92	1.03	1.22	2.39	2.76
33	1.10	1.20	1.52	3.41	4.04	0.94	1.05	1.26	2.55	2.94
34	1.12	1.23	1.55	3.57	4.22	0.96	1.08	1.30	2.70	3.13
35	**1.14**	**1.27**	**1.59**	**3.72**	**4.39**	**0.97**	**1.11**	**1.35**	**2.85**	**3.31**
36	1.20	1.32	1.67	3.96	4.69	1.00	1.14	1.41	3.08	3.61
37	1.26	1.37	1.75	4.20	4.98	1.03	1.17	1.47	3.32	3.90
38	1.33	1.43	1.83	4.44	5.28	1.06	1.20	1.53	3.56	4.20
39	1.39	1.48	1.91	4.68	5.57	1.09	1.24	1.59	3.80	4.50
40	**1.46**	**1.53**	**2.00**	**4.92**	**5.86**	**1.12**	**1.27**	**1.65**	**4.03**	**4.79**
41	1.53	1.63	2.15	5.36	6.43	1.20	1.37	1.80	4.44	5.29
42	1.60	1.74	2.30	5.81	6.99	1.28	1.47	1.94	4.85	5.80
43	1.67	1.84	2.46	6.26	7.55	1.36	1.58	2.09	5.26	6.30
44	1.74	1.94	2.61	6.70	8.12	1.44	1.68	2.23	5.67	6.80
45	**1.81**	**2.04**	**2.77**	**7.15**	**8.68**	**1.52**	**1.78**	**2.38**	**6.08**	**7.30**
46	2.00	2.26	3.04	7.83	9.50	1.64	1.94	2.57	6.26	7.99
47	2.19	2.47	3.32	8.51	10.32	1.77	2.09	2.77	6.44	8.68
48	2.37	2.69	3.59	9.19	11.13	1.90	2.25	2.96	6.62	9.37
49	2.56	2.91	3.86	9.87	11.95	2.02	2.40	3.16	6.81	10.06
50	**2.75**	**3.12**	**4.14**	**10.54**	**12.77**	**2.15**	**2.56**	**3.35**	**6.99**	**10.75**
51	3.09	3.50	4.60	11.57	14.01	2.34	2.78	3.63	8.30	11.72
52	3.44	3.87	5.06	12.60	15.25	2.54	3.00	3.90	9.61	12.69
53	3.78	4.25	5.52	13.63	16.49	2.73	3.23	4.18	10.93	13.67
54	4.13	4.62	5.98	14.65	17.74	2.93	3.45	4.46	12.24	14.64
55	**4.42**	**4.92**	**6.40**	**16.02**	**19.44**	**3.01**	**3.51**	**4.56**	**11.48**	**15.84**
56	4.93	5.46	7.08	17.59	21.34	3.32	3.90	5.05	13.45	17.18
57	5.41	6.06	7.76	19.15	23.24	3.63	4.29	5.52	15.37	18.49
58	5.91	6.60	8.45	20.70	25.11	3.95	4.70	6.04	17.30	19.85
59	6.39	7.21	9.13	22.25	27.02	4.30	5.10	6.51	19.21	21.17
60	**7.08**	**7.96**	**10.12**	**23.64**	**28.54**	**4.78**	**5.67**	**7.27**	**20.98**	**23.05**
61	7.60	8.55	10.86	25.23	30.45	5.11	6.08	7.77	22.46	24.54
62	8.12	9.14	11.60	26.82	32.36	5.44	6.48	8.28	23.95	26.02
63	8.64	9.73	12.33	28.42	34.28	5.77	6.88	8.79	25.43	27.51
64	9.16	10.33	13.07	30.01	36.19	6.11	7.28	9.29	26.92	29.00

Children's Rate. A single rate of $12.00 annually covers all children, regardless of the number.

* Maximum amount available to spouse is $2Mil

** Montana Residents - Male rates apply to all applicants.

G-29005-0

NS=Non-Smoker

FACE AMOUNTS $250,000–$499,000*

ANNUAL RATES PER $1,000 OF FACE AMOUNT

Rates do not reflect 35% premium credit

See page 5 for WOP Rates

Attained Age	MALE					FEMALE**				
	Super Preferred NS	Preferred NS	NS	Preferred Smoker	Smoker	Super Preferred NS	Preferred NS	NS	Preferred Smoker	Smoker
20	**0.77**	**0.82**	**1.07**	**2.34**	**2.82**	**0.54**	**0.62**	**0.82**	**1.68**	**1.98**
21	0.77	0.82	1.07	2.34	2.82	0.54	0.62	0.82	1.68	1.98
22	0.77	0.82	1.07	2.34	2.82	0.54	0.62	0.82	1.68	1.98
23	0.77	0.82	1.07	2.34	2.82	0.54	0.62	0.82	1.68	1.98
24	0.77	0.82	1.07	2.34	2.82	0.54	0.62	0.82	1.68	1.98
25	**0.77**	**0.82**	**1.07**	**2.34**	**2.82**	**0.54**	**0.62**	**0.82**	**1.68**	**1.98**
26	0.77	0.82	1.07	2.34	2.82	0.54	0.62	0.82	1.68	1.98
27	0.77	0.82	1.07	2.34	2.82	0.54	0.62	0.82	1.68	1.98
28	0.77	0.82	1.07	2.34	2.82	0.54	0.62	0.82	1.68	1.98
29	0.77	0.82	1.07	2.34	2.82	0.54	0.62	0.82	1.68	1.98
30	**0.77**	**0.82**	**1.07**	**2.34**	**2.82**	**0.54**	**0.62**	**0.82**	**1.68**	**1.98**
31	0.78	0.85	1.11	2.49	2.98	0.56	0.65	0.86	1.82	2.16
32	0.80	0.89	1.15	2.63	3.15	0.58	0.67	0.90	1.97	2.34
33	0.81	0.92	1.18	2.77	3.31	0.60	0.70	0.94	2.12	2.52
34	0.82	0.95	1.22	2.92	3.48	0.62	0.73	0.99	2.27	2.70
35	**0.83**	**0.99**	**1.26**	**3.06**	**3.65**	**0.64**	**0.76**	**1.03**	**2.42**	**2.88**
36	0.89	1.03	1.34	3.28	3.92	0.68	0.79	1.09	2.66	3.18
37	0.96	1.08	1.42	3.51	4.19	0.71	0.83	1.16	2.89	3.47
38	1.02	1.13	1.50	3.73	4.46	0.74	0.86	1.22	3.13	3.77
39	1.08	1.18	1.58	3.95	4.73	0.77	0.89	1.28	3.37	4.07
40	**1.14**	**1.23**	**1.66**	**4.17**	**5.00**	**0.80**	**0.92**	**1.35**	**3.61**	**4.36**
41	1.22	1.33	1.82	4.59	5.52	0.87	1.02	1.49	4.01	4.86
42	1.29	1.43	1.97	5.00	6.03	0.94	1.11	1.63	4.41	5.35
43	1.37	1.53	2.12	5.42	6.55	1.01	1.21	1.77	4.81	5.85
44	1.44	1.63	2.27	5.83	7.06	1.09	1.30	1.91	5.21	6.34
45	**1.52**	**1.73**	**2.43**	**6.24**	**7.58**	**1.16**	**1.39**	**2.05**	**5.61**	**6.84**
46	1.69	1.94	2.69	6.87	8.32	1.27	1.53	2.24	5.81	7.52
47	1.87	2.15	2.96	7.50	9.07	1.38	1.67	2.42	6.02	8.20
48	2.05	2.35	3.22	8.12	9.82	1.49	1.81	2.61	6.22	8.88
49	2.23	2.56	3.49	8.75	10.56	1.61	1.94	2.80	6.43	9.56
50	**2.41**	**2.76**	**3.75**	**9.37**	**11.31**	**1.72**	**2.08**	**2.99**	**6.63**	**10.24**
51	2.74	3.13	4.20	10.32	12.45	1.89	2.28	3.26	7.89	11.20
52	3.07	3.49	4.65	11.26	13.58	2.07	2.48	3.53	9.16	12.16
53	3.40	3.85	5.10	12.21	14.72	2.24	2.68	3.80	10.42	13.11
54	3.74	4.21	5.54	13.16	15.86	2.41	2.88	4.07	11.69	14.07
55	**3.87**	**4.35**	**5.80**	**14.24**	**17.22**	**2.40**	**2.85**	**4.07**	**10.89**	**15.09**
56	4.37	4.88	6.46	15.69	18.97	2.68	3.20	4.53	12.79	16.42
57	4.83	5.47	7.13	17.11	20.69	2.96	3.54	4.99	14.65	17.72
58	5.31	5.98	7.81	18.54	22.42	3.24	3.90	5.49	16.50	19.04
59	5.79	6.57	8.46	19.98	24.16	3.53	4.26	5.94	18.35	20.34
60	**6.56**	**7.42**	**9.55**	**21.45**	**25.78**	**4.08**	**4.88**	**6.79**	**20.20**	**22.35**
61	7.06	7.98	10.26	22.92	27.54	4.38	5.23	7.28	21.65	23.82
62	7.56	8.55	10.97	24.39	29.29	4.67	5.59	7.77	23.10	25.28
63	8.06	9.12	11.68	25.86	31.05	4.97	5.95	8.26	24.55	26.75
64	8.56	9.69	12.39	27.33	32.81	5.27	6.31	8.75	26.00	28.21

Children's Rate. A single rate of $12.00 annually covers all children, regardless of the number.

* Maximum amount available to spouse is $2Mil

** Montana Residents - Male rates apply to all applicants.

G-29005-0

NS=Non-Smoker

FACE AMOUNTS $500,000–$999,000*

ANNUAL RATES PER $1,000 OF FACE AMOUNT

Rates do not reflect 35% premium credit

See page 5 for WOP Rates

Attained Age	MALE					FEMALE**				
	Super Preferred NS	Preferred NS	NS	Preferred Smoker	Smoker	Super Preferred NS	Preferred NS	NS	Preferred Smoker	Smoker
20	**0.59**	**0.67**	**0.94**	**2.12**	**2.58**	**0.40**	**0.47**	**0.68**	**1.42**	**1.70**
21	0.59	0.67	0.94	2.12	2.58	0.40	0.47	0.68	1.42	1.70
22	0.59	0.67	0.94	2.12	2.58	0.40	0.47	0.68	1.42	1.70
23	0.59	0.67	0.94	2.12	2.58	0.40	0.47	0.68	1.42	1.70
24	0.59	0.67	0.94	2.12	2.58	0.40	0.47	0.68	1.42	1.70
25	**0.59**	**0.67**	**0.94**	**2.12**	**2.58**	**0.40**	**0.47**	**0.68**	**1.42**	**1.70**
26	0.59	0.67	0.94	2.12	2.58	0.40	0.47	0.68	1.42	1.70
27	0.59	0.67	0.94	2.12	2.58	0.40	0.47	0.68	1.42	1.70
28	0.59	0.67	0.94	2.12	2.58	0.40	0.47	0.68	1.42	1.70
29	0.59	0.67	0.94	2.12	2.58	0.40	0.47	0.68	1.42	1.70
30	**0.59**	**0.67**	**0.94**	**2.12**	**2.58**	**0.40**	**0.47**	**0.68**	**1.42**	**1.70**
31	0.61	0.69	0.98	2.27	2.75	0.42	0.49	0.73	1.56	1.87
32	0.63	0.70	1.02	2.41	2.91	0.44	0.51	0.77	1.70	2.04
33	0.64	0.72	1.06	2.56	3.07	0.46	0.53	0.82	1.84	2.21
34	0.66	0.73	1.10	2.70	3.24	0.48	0.55	0.86	1.98	2.38
35	**0.67**	**0.75**	**1.14**	**2.84**	**3.40**	**0.50**	**0.58**	**0.91**	**2.12**	**2.55**
36	0.71	0.79	1.22	3.06	3.67	0.53	0.62	0.97	2.35	2.82
37	0.74	0.83	1.30	3.29	3.94	0.56	0.66	1.04	2.57	3.10
38	0.78	0.87	1.39	3.51	4.20	0.59	0.70	1.11	2.80	3.38
39	0.81	0.91	1.47	3.73	4.47	0.63	0.74	1.17	3.03	3.66
40	**0.85**	**0.95**	**1.55**	**3.95**	**4.74**	**0.66**	**0.78**	**1.24**	**3.25**	**3.94**
41	0.94	1.06	1.70	4.36	5.24	0.73	0.87	1.38	3.63	4.40
42	1.03	1.18	1.85	4.77	5.75	0.80	0.96	1.52	4.01	4.87
43	1.11	1.30	2.01	5.18	6.26	0.87	1.04	1.66	4.39	5.33
44	1.20	1.42	2.16	5.59	6.76	0.94	1.13	1.80	4.76	5.79
45	**1.29**	**1.54**	**2.31**	**6.00**	**7.27**	**1.01**	**1.22**	**1.94**	**5.14**	**6.26**
46	1.46	1.75	2.58	6.62	8.01	1.12	1.35	2.13	5.34	6.90
47	1.63	1.96	2.85	7.23	8.74	1.22	1.48	2.32	5.54	7.54
48	1.80	2.17	3.12	7.85	9.47	1.33	1.61	2.51	5.74	8.18
49	1.97	2.38	3.38	8.47	10.21	1.44	1.74	2.70	5.94	8.82
50	**2.14**	**2.59**	**3.65**	**9.09**	**10.94**	**1.55**	**1.88**	**2.89**	**6.14**	**9.46**
51	2.45	2.94	4.10	10.02	12.05	1.71	2.07	3.16	7.32	10.36
52	2.76	3.30	4.55	10.95	13.17	1.88	2.26	3.43	8.50	11.26
53	3.07	3.65	5.00	11.89	14.28	2.04	2.45	3.70	9.68	12.16
54	3.38	4.00	5.44	12.82	15.40	2.21	2.64	3.97	10.86	13.06
55	**3.54**	**4.19**	**5.73**	**13.98**	**16.80**	**2.26**	**2.65**	**4.00**	**10.12**	**14.07**
56	4.00	4.75	6.42	15.40	18.50	2.50	2.97	4.48	11.89	15.27
57	4.43	5.29	7.10	16.80	20.21	2.76	3.28	4.93	13.64	16.53
58	4.88	5.80	7.76	18.21	21.93	3.06	3.66	5.42	15.36	17.76
59	5.34	6.32	8.43	19.61	23.62	3.32	3.98	5.87	17.13	19.03
60	**6.02**	**7.13**	**9.47**	**21.01**	**25.14**	**3.79**	**4.54**	**6.70**	**18.89**	**20.85**
61	6.49	7.69	10.19	22.46	26.87	4.07	4.88	7.19	20.26	22.23
62	6.96	8.24	10.90	23.91	28.59	4.35	5.22	7.69	21.63	23.60
63	7.42	8.80	11.62	25.36	30.32	4.64	5.56	8.18	22.99	24.98
64	7.89	9.35	12.34	26.81	32.04	4.92	5.90	8.67	24.36	26.36

Children's Rate. A single rate of $12.00 annually covers all children, regardless of the number.

* Maximum amount available to spouse is $2Mil

** Montana Residents - Male rates apply to all applicants.

G-29005-0

NS=Non-Smoker

FACE AMOUNTS $1,000,000–$4,000,000*

ANNUAL RATES PER $1,000 OF FACE AMOUNT

Rates do not reflect 35% premium credit

See page 5 for WOP Rates

Attained Age	MALE					FEMALE**				
	Super Preferred NS	Preferred NS	NS	Preferred Smoker	Smoker	Super Preferred NS	Preferred NS	NS	Preferred Smoker	Smoker
20	**0.51**	**0.61**	**0.88**	**2.02**	**2.47**	**0.35**	**0.42**	**0.62**	**1.33**	**1.60**
21	0.51	0.61	0.88	2.02	2.47	0.35	0.42	0.62	1.33	1.60
22	0.51	0.61	0.88	2.02	2.47	0.35	0.42	0.62	1.33	1.60
23	0.51	0.61	0.88	2.02	2.47	0.35	0.42	0.62	1.33	1.60
24	0.51	0.61	0.88	2.02	2.47	0.35	0.42	0.62	1.33	1.60
25	**0.51**	**0.61**	**0.88**	**2.02**	**2.47**	**0.35**	**0.42**	**0.62**	**1.33**	**1.60**
26	0.51	0.61	0.88	2.02	2.47	0.35	0.42	0.62	1.33	1.60
27	0.51	0.61	0.88	2.02	2.47	0.35	0.42	0.62	1.33	1.60
28	0.51	0.61	0.88	2.02	2.47	0.35	0.42	0.62	1.33	1.60
29	0.51	0.61	0.88	2.02	2.47	0.35	0.42	0.62	1.33	1.60
30	**0.51**	**0.61**	**0.88**	**2.02**	**2.47**	**0.35**	**0.42**	**0.62**	**1.33**	**1.60**
31	0.53	0.63	0.92	2.16	2.63	0.37	0.44	0.67	1.47	1.77
32	0.55	0.64	0.96	2.30	2.79	0.39	0.46	0.71	1.60	1.94
33	0.58	0.66	1.00	2.43	2.94	0.41	0.48	0.76	1.74	2.10
34	0.60	0.67	1.04	2.57	3.10	0.43	0.50	0.80	1.88	2.27
35	**0.62**	**0.69**	**1.08**	**2.71**	**3.26**	**0.45**	**0.52**	**0.84**	**2.01**	**2.43**
36	0.65	0.73	1.16	2.93	3.52	0.48	0.56	0.91	2.23	2.70
37	0.69	0.78	1.24	3.15	3.78	0.52	0.60	0.97	2.45	2.97
38	0.73	0.82	1.31	3.36	4.05	0.55	0.64	1.04	2.67	3.24
39	0.76	0.86	1.39	3.58	4.31	0.58	0.68	1.10	2.89	3.51
40	**0.80**	**0.91**	**1.47**	**3.80**	**4.57**	**0.61**	**0.72**	**1.17**	**3.11**	**3.78**
41	0.89	1.02	1.62	4.19	5.06	0.68	0.81	1.30	3.48	4.24
42	0.97	1.13	1.77	4.59	5.55	0.75	0.89	1.44	3.84	4.69
43	1.06	1.24	1.92	4.99	6.04	0.81	0.98	1.57	4.21	5.14
44	1.14	1.36	2.06	5.38	6.53	0.88	1.07	1.71	4.58	5.59
45	**1.23**	**1.47**	**2.21**	**5.78**	**7.02**	**0.94**	**1.15**	**1.84**	**4.95**	**6.04**
46	1.39	1.67	2.47	6.38	7.73	1.05	1.28	2.03	5.14	6.65
47	1.56	1.87	2.73	6.97	8.44	1.15	1.40	2.21	5.34	7.27
48	1.72	2.07	2.99	7.57	9.15	1.25	1.53	2.40	5.54	7.89
49	1.88	2.28	3.25	8.17	9.86	1.36	1.66	2.58	5.74	8.50
50	**2.05**	**2.48**	**3.51**	**8.76**	**10.57**	**1.46**	**1.78**	**2.77**	**5.93**	**9.12**
51	2.34	2.82	3.94	9.66	11.64	1.62	1.97	3.03	7.07	9.99
52	2.64	3.16	4.38	10.56	12.71	1.78	2.15	3.29	8.20	10.85
53	2.94	3.50	4.81	11.45	13.78	1.94	2.33	3.55	9.33	11.72
54	3.24	3.84	5.24	12.35	14.85	2.10	2.51	3.81	10.46	12.59
55	**3.46**	**4.08**	**5.57**	**13.47**	**16.27**	**2.11**	**2.54**	**3.89**	**9.72**	**13.57**
56	3.85	4.54	6.19	14.82	17.90	2.37	2.88	4.35	11.45	14.76
57	4.29	5.09	6.86	16.21	19.52	2.66	3.17	4.79	13.17	15.94
58	4.69	5.57	7.49	17.55	21.12	2.92	3.49	5.24	14.81	17.11
59	5.12	6.12	8.15	18.90	22.74	3.20	3.78	5.68	16.51	18.31
60	**5.77**	**6.85**	**9.12**	**20.19**	**24.18**	**3.62**	**4.35**	**6.44**	**18.13**	**20.04**
61	6.22	7.38	9.81	21.58	25.83	3.89	4.68	6.91	19.43	21.36
62	6.67	7.92	10.50	22.97	27.48	4.17	5.01	7.38	20.74	22.68
63	7.12	8.45	11.18	24.36	29.13	4.44	5.34	7.85	22.04	24.00
64	7.56	8.99	11.87	25.75	30.78	4.71	5.67	8.32	23.35	25.31

Children's Rate. A single rate of $12.00 annually covers all children, regardless of the number.

* Maximum amount available to spouse is $2Mil

** Montana Residents - Male rates apply to all applicants.

NS=Non-Smoker

Optional Waiver of Premium (WOP) Rates

ANNUAL RATES PER $1,000 OF FACE AMOUNT*

Rates do not reflect 35% premium credit

Attained Age	MALE					FEMALE**				
	Super Preferred NS	Preferred NS	NS	Preferred Smoker	Smoker	Super Preferred NS	Preferred NS	NS	Preferred Smoker	Smoker
20	0.09	0.10	0.13	0.28	0.33	0.11	0.12	0.15	0.33	0.38
21	0.09	0.10	0.15	0.28	0.33	0.12	0.14	0.15	0.33	0.38
22	0.09	0.10	0.15	0.31	0.37	0.12	0.14	0.16	0.36	0.41
23	0.09	0.10	0.15	0.31	0.37	0.12	0.14	0.16	0.36	0.41
24	0.09	0.10	0.16	0.34	0.40	0.12	0.14	0.16	0.38	0.43
25	0.11	0.12	0.16	0.34	0.40	0.13	0.15	0.18	0.40	0.45
26	0.11	0.12	0.16	0.34	0.40	0.13	0.15	0.18	0.40	0.45
27	0.11	0.12	0.16	0.34	0.40	0.13	0.15	0.17	0.40	0.45
28	0.11	0.12	0.16	0.33	0.40	0.13	0.14	0.17	0.40	0.45
29	0.11	0.12	0.16	0.35	0.41	0.13	0.14	0.17	0.39	0.45
30	0.11	0.12	0.16	0.35	0.41	0.12	0.14	0.16	0.41	0.47
31	0.12	0.12	0.16	0.36	0.43	0.12	0.14	0.17	0.44	0.51
32	0.12	0.13	0.18	0.39	0.46	0.14	0.15	0.18	0.46	0.53
33	0.13	0.14	0.19	0.42	0.50	0.14	0.15	0.20	0.50	0.58
34	0.13	0.15	0.20	0.47	0.55	0.15	0.17	0.22	0.56	0.65
35	0.15	0.16	0.22	0.52	0.61	0.17	0.19	0.25	0.63	0.73
36	0.16	0.17	0.25	0.57	0.68	0.18	0.21	0.26	0.69	0.81
37	0.18	0.19	0.28	0.61	0.72	0.20	0.22	0.28	0.78	0.92
38	0.19	0.20	0.31	0.66	0.78	0.21	0.23	0.31	0.91	1.08
39	0.22	0.23	0.33	0.71	0.85	0.22	0.25	0.33	1.03	1.22
40	0.23	0.25	0.37	0.80	0.95	0.24	0.27	0.36	1.17	1.39
41	0.25	0.26	0.39	0.87	1.05	0.27	0.30	0.42	1.28	1.52
42	0.26	0.28	0.43	0.95	1.15	0.28	0.32	0.48	1.39	1.66
43	0.30	0.33	0.47	1.06	1.28	0.29	0.34	0.51	1.54	1.85
44	0.32	0.36	0.56	1.20	1.46	0.32	0.37	0.56	1.69	2.03
45	0.34	0.38	0.61	1.37	1.66	0.36	0.42	0.63	1.90	2.28
46	0.41	0.46	0.72	1.55	1.88	0.40	0.48	0.71	2.05	2.62
47	0.48	0.54	0.85	1.76	2.14	0.46	0.54	0.80	2.26	3.04
48	0.57	0.64	1.02	2.07	2.50	0.53	0.62	0.92	2.49	3.52
49	0.67	0.76	1.21	2.45	2.96	0.61	0.73	1.05	2.77	4.09
50	0.80	0.91	1.40	2.78	3.37	0.66	0.78	1.14	2.92	4.49
51	0.90	1.02	1.55	3.05	3.69	0.71	0.85	1.23	3.47	4.90
52	1.00	1.13	1.71	3.32	4.02	0.78	0.92	1.32	4.02	5.31
53	1.10	1.24	1.86	3.59	4.35	0.83	0.99	1.42	4.57	5.72
54	1.20	1.35	2.02	3.86	4.68	0.90	1.05	1.51	5.12	6.12

Children's Rate. A single rate of $12.00 annually covers all children, regardless of the number.

* Maximum amount available to spouse is $2Mil

** Montana Residents - Male rates apply to all applicants.