Reliance Standard Voluntary Plans
Critical Illness Insurance
Premium Table

Sample Company

Scheduled Benefit:

Each eligible employee may elect for himself and/or his eligible spouse an amount of insurance shown in the table below.

Employee/Spouse Premiums:

To find you and your spouse's premium -

- Determine your age band:
  - Your age = your age at your last birthday.
  - Spouse age = spouse age at last birthday. Your spouse must be under age 70 in order to be eligible.
  - For employees age 70 or older, benefit amounts are reduced according to the age-based reduction chart shown in the Plan Highlights. When selecting an amount of insurance, you must select at pre-age 70 benefit amount.
- Select a benefit from:
  - Select an employee and spouse benefit from the table below.
- Employee and spouse rates change as insured moves from one age bracket to the next, based on the age determination rules.

Tobacco User Monthly Premiums

Benefit Amount	Age 0-29	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64	Age 65-69	Age 70-74	Age 75-79	Age 80-84	Age 85+
$1,000	$0.43	$0.74	$0.98	$1.48	$2.35	$3.32	$4.42	$6.08	$8.89	$14.31	$21.31	$27.66	$44.41
$2,000	$0.86	$1.48	$1.95	$2.96	$4.70	$6.64	$8.85	$12.16	$17.78	$28.62	$42.61	$55.32	$88.83
$3,000	$1.29	$2.22	$2.93	$4.44	$7.05	$9.96	$13.27	$18.24	$26.67	$42.94	$63.92	$82.98	$133.24
$4,000	$1.72	$2.96	$3.90	$5.92	$9.40	$13.28	$17.69	$24.32	$35.56	$57.25	$85.23	$110.64	$177.65
$5,000	$2.15	$3.70	$4.88	$7.40	$11.75	$16.60	$22.12	$30.40	$44.45	$71.56	$106.54	$138.30	$222.07
$6,000	$2.58	$4.43	$5.86	$8.88	$14.10	$19.91	$26.54	$36.48	$53.34	$85.87	$127.84	$165.95	$266.48
$7,000	$3.01	$5.17	$6.83	$10.36	$16.45	$23.23	$30.96	$42.56	$62.23	$100.18	$149.15	$193.61	$310.89
$8,000	$3.44	$5.91	$7.81	$11.84	$18.80	$26.55	$35.38	$48.64	$71.12	$114.50	$170.46	$221.27	$355.30
$9,000	$3.87	$6.65	$8.78	$13.32	$21.15	$29.87	$39.81	$54.72	$80.01	$128.81	$191.76	$248.93	$399.72
$10,000	$4.30	$7.39	$9.76	$14.80	$23.50	$33.19	$44.23	$60.80	$88.90	$143.12	$213.07	$276.59	$444.13
$11,000	$4.73	$8.13	$10.74	$16.28	$25.85	$36.51	$48.65	$66.88	$97.79	$157.43	$234.38	$304.25	$488.54
$12,000	$5.16	$8.87	$11.71	$17.76	$28.20	$39.83	$53.08	$72.96	$106.68	$171.74	$255.68	$331.91	$532.96
$13,000	$5.59	$9.61	$12.69	$19.24	$30.55	$43.15	$57.50	$79.04	$115.57	$186.06	$276.99	$359.57	$577.37
$14,000	$6.02	$10.35	$13.66	$20.72	$32.90	$46.47	$61.92	$85.12	$124.46	$200.37	$298.30	$387.23	$621.78
$15,000	$6.45	$11.09	$14.64	$22.20	$35.25	$49.79	$66.35	$91.20	$133.35	$214.68	$319.61	$414.89	$666.20
$16,000	$6.88	$11.82	$15.62	$23.68	$37.60	$53.10	$70.77	$97.28	$142.24	$228.99	$340.91	$442.54	$710.61
$17,000	$7.31	$12.56	$16.59	$25.16	$39.95	$56.42	$75.19	$103.36	$151.13	$243.30	$362.22	$470.20	$755.02
$18,000	$7.74	$13.30	$17.57	$26.64	$42.30	$59.74	$79.61	$109.44	$160.02	$257.62	$383.53	$497.86	$799.43
$19,000	$8.17	$14.04	$18.54	$28.12	$44.65	$63.06	$84.04	$115.52	$168.91	$271.93	$404.83	$525.52	$843.85
$20,000	$8.60	$14.78	$19.52	$29.60	$47.00	$66.38	$88.46	$121.60	$177.80	$286.24	$426.14	$553.18	$888.26
$21,000	$9.03	$15.52	$20.50	$31.08	$49.35	$69.70	$92.88	$127.68	$186.69	$300.55	$447.45	$580.84	$932.67

Reliance Standard Voluntary Plans
Critical Illness Insurance
Premium Table
Plan Holder: Sample Company

Scheduled Benefit:

Each eligible employee may elect for himself and/or his eligible spouse an amount of insurance shown in the table below.

Benefit Amount	Age 0-29	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64	Age 65-69	Age 70-74	Age 75-79	Age 80-84	Age 85+
$22,000	$9.46	$16.26	$21.47	$32.56	$51.70	$73.02	$97.31	$133.76	$195.58	$314.86	$468.75	$608.50	$977.09
$23,000	$9.89	$17.00	$22.45	$34.04	$54.05	$76.34	$101.73	$139.84	$204.47	$329.18	$490.06	$636.16	$1,021.50
$24,000	$10.32	$17.74	$23.42	$35.52	$56.40	$79.66	$106.15	$145.92	$213.36	$343.49	$511.37	$663.82	$1,065.91
$25,000	$10.75	$18.48	$24.40	$37.00	$58.75	$82.98	$110.58	$152.00	$222.25	$357.80	$532.68	$691.48	$1,110.33
$26,000	$11.18	$19.21	$25.38	$38.48	$61.10	$86.29	$115.00	$158.08	$231.14	$372.11	$553.98	$719.13	$1,154.74
$27,000	$11.61	$19.95	$26.35	$39.96	$63.45	$89.61	$119.42	$164.16	$240.03	$386.42	$575.29	$746.79	$1,199.15
$28,000	$12.04	$20.69	$27.33	$41.44	$65.80	$92.93	$123.84	$170.24	$248.92	$400.74	$596.60	$774.45	$1,243.56
$29,000	$12.47	$21.43	$28.30	$42.92	$68.15	$96.25	$128.27	$176.32	$257.81	$415.05	$617.90	$802.11	$1,287.98
$30,000	$12.90	$22.17	$29.28	$44.40	$70.50	$99.57	$132.69	$182.40	$266.70	$429.36	$639.21	$829.77	$1,332.39

Please read this important information

- You may not have coverage as both an employee and as a dependent.
- Employee must have coverage in order for spouse and dependent children to be covered.

Please note, these rates are approximate and subject to change.

Reliance Standard Voluntary Plans
Critical Illness Insurance
Premium Table
Plan Holder: Sample Company

Scheduled Benefit:
Each eligible employee may elect for himself and/or his eligible spouse an amount of insurance shown in the table below.

Non-Tobacco User Monthly Premiums

Benefit Amount	Age 0-29	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64	Age 65-69	Age 70-74	Age 75-79	Age 80-84	Age 85+
$1,000	$0.35	$0.54	$0.67	$0.91	$1.37	$1.90	$2.67	$4.02	$6.30	$10.34	$17.72	$24.74	$42.32
$2,000	$0.70	$1.09	$1.33	$1.82	$2.73	$3.79	$5.34	$8.04	$12.60	$20.68	$35.43	$49.47	$84.64
$3,000	$1.06	$1.63	$2.00	$2.74	$4.10	$5.69	$8.01	$12.06	$18.91	$31.02	$53.15	$74.21	$126.97
$4,000	$1.41	$2.17	$2.66	$3.65	$5.46	$7.59	$10.68	$16.08	$25.21	$41.36	$70.86	$98.94	$169.29
$5,000	$1.76	$2.72	$3.33	$4.56	$6.83	$9.49	$13.36	$20.10	$31.51	$51.71	$88.58	$123.68	$211.61
$6,000	$2.11	$3.26	$3.99	$5.47	$8.19	$11.38	$16.03	$24.11	$37.81	$62.05	$106.30	$148.41	$253.93
$7,000	$2.46	$3.80	$4.66	$6.38	$9.56	$13.28	$18.70	$28.13	$44.11	$72.39	$124.01	$173.15	$296.25
$8,000	$2.82	$4.34	$5.32	$7.30	$10.92	$15.18	$21.37	$32.15	$50.42	$82.73	$141.73	$197.88	$338.58
$9,000	$3.17	$4.89	$5.99	$8.21	$12.29	$17.07	$24.04	$36.17	$56.72	$93.07	$159.44	$222.62	$380.90
$10,000	$3.52	$5.43	$6.65	$9.12	$13.65	$18.97	$26.71	$40.19	$63.02	$103.41	$177.16	$247.35	$423.22
$11,000	$3.87	$5.97	$7.32	$10.03	$15.02	$20.87	$29.38	$44.21	$69.32	$113.75	$194.88	$272.09	$465.54
$12,000	$4.22	$6.52	$7.98	$10.94	$16.38	$22.76	$32.05	$48.23	$75.62	$124.09	$212.59	$296.82	$507.86
$13,000	$4.58	$7.06	$8.65	$11.86	$17.75	$24.66	$34.72	$52.25	$81.93	$134.43	$230.31	$321.56	$550.19
$14,000	$4.93	$7.60	$9.31	$12.77	$19.11	$26.56	$37.39	$56.27	$88.23	$144.77	$248.02	$346.29	$592.51
$15,000	$5.28	$8.15	$9.98	$13.68	$20.48	$28.46	$40.07	$60.29	$94.53	$155.12	$265.74	$371.03	$634.83
$16,000	$5.63	$8.69	$10.64	$14.59	$21.84	$30.35	$42.74	$64.30	$100.83	$165.46	$283.46	$395.76	$677.15
$17,000	$5.98	$9.23	$11.31	$15.50	$23.21	$32.25	$45.41	$68.32	$107.13	$175.80	$301.17	$420.50	$719.47
$18,000	$6.34	$9.77	$11.97	$16.42	$24.57	$34.15	$48.08	$72.34	$113.44	$186.14	$318.89	$445.23	$761.80
$19,000	$6.69	$10.32	$12.64	$17.33	$25.94	$36.04	$50.75	$76.36	$119.74	$196.48	$336.60	$469.97	$804.12
$20,000	$7.04	$10.86	$13.30	$18.24	$27.30	$37.94	$53.42	$80.38	$126.04	$206.82	$354.32	$494.70	$846.44
$21,000	$7.39	$11.40	$13.97	$19.15	$28.67	$39.84	$56.09	$84.40	$132.34	$217.16	$372.04	$519.44	$888.76
$22,000	$7.74	$11.95	$14.63	$20.06	$30.03	$41.73	$58.76	$88.42	$138.64	$227.50	$389.75	$544.17	$931.08
$23,000	$8.10	$12.49	$15.30	$20.98	$31.40	$43.63	$61.43	$92.44	$144.95	$237.84	$407.47	$568.91	$973.41
$24,000	$8.45	$13.03	$15.96	$21.89	$32.76	$45.53	$64.10	$96.46	$151.25	$248.18	$425.18	$593.64	$1,015.73
$25,000	$8.80	$13.58	$16.63	$22.80	$34.13	$47.43	$66.78	$100.48	$157.55	$258.53	$442.90	$618.38	$1,058.05
$26,000	$9.15	$14.12	$17.29	$23.71	$35.49	$49.32	$69.45	$104.49	$163.85	$268.87	$460.62	$643.11	$1,100.37
$27,000	$9.50	$14.66	$17.96	$24.62	$36.86	$51.22	$72.12	$108.51	$170.15	$279.21	$478.33	$667.85	$1,142.69
$28,000	$9.86	$15.20	$18.62	$25.54	$38.22	$53.12	$74.79	$112.53	$176.46	$289.55	$496.05	$692.58	$1,185.02
$29,000	$10.21	$15.75	$19.29	$26.45	$39.59	$55.01	$77.46	$116.55	$182.76	$299.89	$513.76	$717.32	$1,227.34
$30,000	$10.56	$16.29	$19.95	$27.36	$40.95	$56.91	$80.13	$120.57	$189.06	$310.23	$531.48	$742.05	$1,269.66

Dependent Child(ren):
Your dependent child(ren) is eligible for a benefit amount of 25% of your Critical Illness benefit election, limited to a maximum of $12,500.

To calculate Dependent Child(ren) Benefit:
Employee Benefit Amount x 25% = Dependent Child(ren) Benefit. No rounding needed.

To calculate Dependent Child(ren) Premium:
Dependent Child(ren) Benefit/1000 x 0.761.
Please Note: *One rate and benefit amount for all eligible children in family, regardless of number.*

Please read this important information

- You may not have coverage as both an employee and as a dependent.
- Employee must have coverage in order for spouse and dependent children to be covered.

Please note, these rates are approximate and subject to change.