

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.

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.

American College of Surgeons Group 15-Year Level Term Life Insurance

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.

American College of Surgeons Group 15-Year Level Term Life Insurance

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.

American College of Surgeons Group 15-Year Level Term Life Insurance

NS=Non-Smoker

FACE AMOUNTS \$1,000,000-\$4,000,000* Rates do not reflect 35% premium credit

ANNUAL RATES PER \$1,000 OF FACE AMOUNT 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.

G-29006-0 ACS15YR25

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

NS=Non-Smoker

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.