

CRITICAL ILLNESS WITHOUT CANCER - OPTION A ANNUAL PREMIUMS (Total premium must be greater than or equal to \$15.00/mo. or \$180.00/yr.)

Base premium rates

Policy form CIC1039-FL

FOR EACH \$10,000 LUMP-SUM INCREMENT:

Issue age	Nontobacco	Tobacco	Children ¹
18-29	\$14.40	\$26.40	\$8.40
30-39	\$31.20	\$58.80	\$8.40
40-49	\$64.80	\$122.40	\$8.40
50-54	\$93.60	\$177.60	\$8.40
55-59	\$114.00	\$216.00	\$8.40
60-64	\$129.60	\$246.00	\$8.40
65-69	\$142.80	\$271.20	\$8.40
70-74	\$166.80	\$316.80	\$8.40
75-79	\$192.00	\$364.80	\$8.40
80-85	\$216.00	\$410.40	\$8.40

Premium rates with Return of Premium

Policy form CIC1039-FL (ROP form R1022ROPFL)

FOR EACH \$10,000 LUMP-SUM INCREMENT:

Issue age	Nontobacco	Tobacco	Children ¹
18-29	\$2736	\$50.16	\$15.96
30-39	\$59.28	\$111.72	\$15.96
40-49	\$123.12	\$232.56	\$15.96
50-54	\$173.16	\$328.56	\$15.54
55-59	\$199.50	\$378.00	\$14.70
60-64	\$213.84	\$405.90	\$13.86
65-69	\$214.20	\$406.80	\$12.60
70-74	\$216.84	\$411.84	\$10.92

CRITICAL ILLNESS WITHOUT CANCER - OPTION B ANNUAL PREMIUMS (Total premium must be greater than or equal to \$15.00/mo. or \$180.00/yr.)

ADD THIS FLAT RATE TO YOUR OPTION A TOTAL FOR EACH INDIVIDUAL

Base premium rates

Policy form CIC1039-FL

FOR PLAN B INDEMNITY BENEFITS (LUMP-SUM NOT INCLUDED):

Issue age	Nontobacco	Tobacco	Children ¹
18-29	\$31.20	\$34.80	\$1.20
30-39	\$42.00	\$51.60	\$1.20
40-49	\$58.80	\$81.60	\$1.20
50-54	\$72.00	\$105.60	\$1.20
55-59	\$82.80	\$124.80	\$1.20
60-64	\$93.60	\$146.40	\$1.20
65-69	\$102.00	\$162.00	\$1.20
70-74	\$117.60	\$192.00	\$1.20
75-79	\$132.00	\$220.80	\$1.20
80-85	\$135.60	\$228.00	\$1.20

Premium rates with Return of Premium

Policy form CIC1039-FL (ROP form R1022ROPFL)

FOR PLAN B INDEMNITY BENEFITS (LUMP-SUM NOT INCLUDED):

Issue age	Nontobacco	Tobacco	Children ¹
18-29	\$59.28	\$66.12	\$2.28
30-39	\$79.80	\$98.04	\$2.28
40-49	\$111.72	\$155.04	\$2.28
50-54	\$133.20	\$195.36	\$2.22
55-59	\$144.90	\$218.40	\$2.10
60-64	\$154.44	\$241.56	\$1.98
65-69	\$153.00	\$243.00	\$1.80
70-74	\$152.88	\$249.60	\$1.56

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FOR EACH \$10,000 LUMP-SUM INCREMENT:

Issue age	Nontobacco	Tobacco	Children ¹
18-29	\$40.80	\$76.80	\$20.40
30-39	\$92.40	\$175.20	\$20.40
40-49	\$186.00	\$351.60	\$20.40
50-54	\$271.20	\$512.40	\$20.40
55-59	\$339.60	\$642.00	\$20.40
60-64	\$405.60	\$769.20	\$20.40
65-69	\$460.80	\$873.60	\$20.40
70-74	\$518.40	\$981.60	\$20.40
75-79	\$564.00	\$1,068.00	\$20.40
80-85	\$598.80	\$1,132.80	\$20.40

Premium rates with Return of Premium

Policy form CIC1039-FL (ROP form R1022ROPFL)

FOR EACH \$10,000 LUMP-SUM INCREMENT:

Issue age	Nontobacco	Tobacco	Children ¹
18-29	\$77.52	\$145.92	\$38.76
30-39	\$175.56	\$332.88	\$38.76
40-49	\$353.40	\$668.04	\$38.76
50-54	\$501.72	\$947.94	\$37.74
55-59	\$594.30	\$1,123.50	\$35.70
60-64	\$669.24	\$1,269.18	\$33.66
65-69	\$691.20	\$1,310.40	\$30.60
70-74	\$673.92	\$1,276.08	\$26.52

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ADD THIS FLAT RATE TO YOUR OPTION A TOTAL FOR EACH INDIVIDUAL

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FOR PLAN B INDEMNITY BENEFITS (LUMP-SUM NOT INCLUDED):

Issue age	Nontobacco	Tobacco	Children ¹
18-29	\$75.60	\$93.60	\$13.20
30-39	\$106.80	\$146.40	\$13.20
40-49	\$157.20	\$235.20	\$13.20
50-54	\$194.40	\$307.20	\$13.20
55-59	\$223.20	\$360.00	\$13.20
60-64	\$252.00	\$415.20	\$13.20
65-69	\$267.60	\$445.20	\$13.20
70-74	\$297.60	\$502.80	\$13.20
75-79	\$324.00	\$553.20	\$13.20
80-85	\$332.40	\$572.40	\$13.20

Premium rates with Return of Premium

Policy form CIC1039-FL (ROP form R1022ROPFL)

FOR PLAN B INDEMNITY BENEFITS (LUMP-SUM NOT INCLUDED):

Issue age	Nontobacco	Tobacco	Children ¹
18-29	\$143.64	\$177.84	\$25.08
30-39	\$202.92	\$278.16	\$25.08
40-49	\$298.68	\$446.88	\$25.08
50-54	\$359.64	\$568.32	\$24.42
55-59	\$390.60	\$630.00	\$23.10
60-64	\$415.80	\$685.08	\$21.78
65-69	\$401.40	\$667.80	\$19.80
70-74	\$386.88	\$653.64	\$17.16

HEIGHT AND WEIGHT CHART

Height	Minimum	Maximum
Up to 4'10	79	199
4'11	81	205
5'0	84	212
5'1	86	220
5'2	90	227
5'3	93	234
5'4	96	242
5'5	98	249
5'6	101	257
5'7	104	265
5'8	107	273
5'9	110	281
5'10	113	289
5'11	116	298
6'0	120	306
6'1	124	315
6'2	127	323
6'3	131	332
6'4	134	341
6'5	137	350
6'6	141	359
6'7	145	368
6'8	148	378
6'9 or taller	152	387

DIRECT:

SEMI-ANNUALLY = 0.5 * ANNUAL | MONTHLY PAC = 0.08333 * ANNUAL

PAYROLL:

09-PAY = 0.11111 * ANNUAL 24-PAY = 0.04167 * ANNUAL
 10-PAY = 0.1 * ANNUAL 26-PAY = 0.03846 * ANNUAL
 13-PAY = 0.07692 * ANNUAL 52-PAY = 0.01923 * ANNUAL

¹Coverage for child(ren) is a \$10,000 lump-sum, regardless of adult lump-sum amount.

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