



AICPA Level Premium Term and Spouse Level Premium Term Life Insurance Rates

Visit cpai.com/lpt for more information, or to use our online rate calculator and apply.

These Rates Apply Only for Certificates Issued 06/01/2021 and Later

There are three different rate classes under the AICPA Level Premium Term and Spouse Level Premium Term (LPT) Life Insurance Plans—Standard, Select, and Preferred. Based on your or your spouse's health, if approved for coverage you and your spouse will receive either Preferred, Select or Standard rates—Preferred rates are the lowest rates available. LPT coverage is issued by **The Prudential Insurance Company of America** and is available exclusively to AICPA members and their spouses. Rates and amounts available are based on your age when you apply for coverage: up to \$2.5 million if you are less than age 55, up to \$2 million if you are age 55-64, and up to \$1.5 million if you are age 65.¹

Please note: Annual Cash Refunds are not reflected in the rates below. Annual Cash Refunds may help lower your cost of insurance. The AICPA Insurance Trust (Trust) reviews a number of factors in determining the amount, if any, of Annual Cash Refunds, such as premiums, claims, expenses, and other charges. These refunds vary year to year and are not guaranteed. The Trust has paid Annual Cash Refunds every year since each Life Insurance Plan's inception. However, the Trust may suspend the distribution of Annual Cash Refunds at any time. These refunds could vary based on a number of factors, such as your rate class, payment mode, engagement in certain wellness programs, and the premium you pay. Please note, when premiums are lowered, refunds may decrease as well.

Level Period Monthly Contribution Premium Rates per \$10,000 of Term Coverage

Male			10-Year Rates without Waiver or AD&D									
Insured's Age	\$100,000-\$249,000			\$250,000-\$499,000			\$500,000-\$999,000			\$1,000,000-\$2,500,000		
	Preferred	Select	Standard	Preferred	Select	Standard	Preferred	Select	Standard	Preferred	Select	Standard
18-25	\$0.48	\$0.62	-	\$0.34	\$0.48	\$1.72	\$0.26	\$0.40	\$1.46	\$0.24	\$0.36	\$1.32
26-27	0.48	0.62	-	0.36	0.48	1.72	0.26	0.40	1.46	0.24	0.36	1.32
28-30	0.48	0.62	-	0.36	0.50	1.72	0.28	0.40	1.46	0.24	0.36	1.32
31	0.50	0.64	-	0.38	0.52	1.74	0.30	0.42	1.48	0.26	0.38	1.34
32	0.50	0.66	-	0.38	0.54	1.76	0.30	0.44	1.50	0.26	0.40	1.36
33	0.52	0.70	-	0.40	0.58	1.78	0.32	0.48	1.52	0.28	0.42	1.38
34	0.54	0.72	-	0.42	0.60	1.78	0.34	0.50	1.52	0.30	0.46	1.40
35	0.56	0.76	-	0.44	0.64	1.80	0.36	0.54	1.54	0.32	0.48	1.42
36	0.60	0.82	-	0.46	0.70	1.94	0.38	0.58	1.70	0.36	0.52	1.58
37	0.64	0.86	-	0.52	0.76	2.08	0.42	0.64	1.84	0.38	0.58	1.74
38	0.68	0.94	-	0.56	0.82	2.24	0.46	0.70	2.02	0.42	0.64	1.90
39	0.74	1.02	-	0.60	0.90	2.38	0.50	0.76	2.18	0.46	0.70	2.08
40	0.78	1.08	-	0.66	0.96	2.50	0.54	0.82	2.30	0.52	0.76	2.20
41	0.80	1.16	-	0.70	1.04	2.68	0.58	0.88	2.48	0.56	0.80	2.42
42	0.84	1.20	-	0.74	1.08	2.90	0.60	0.94	2.74	0.58	0.86	2.66
43	0.88	1.26	-	0.76	1.12	3.14	0.64	0.96	3.00	0.60	0.90	2.96
44	0.90	1.32	-	0.80	1.20	3.44	0.66	1.02	3.34	0.62	0.94	3.30
45	0.96	1.38	-	0.84	1.26	3.80	0.70	1.08	3.72	0.66	1.00	3.70
46	1.02	1.48	-	0.90	1.38	4.04	0.76	1.18	3.96	0.72	1.08	3.96
47	1.12	1.62	-	1.00	1.52	4.32	0.84	1.30	4.24	0.78	1.20	4.22
48	1.22	1.80	-	1.10	1.68	4.62	0.92	1.44	4.54	0.88	1.34	4.54
49	1.34	1.96	-	1.22	1.84	4.98	1.02	1.58	4.90	0.96	1.50	4.88
50	1.48	2.14	-	1.36	2.04	5.36	1.14	1.74	5.28	1.08	1.64	5.26
51	1.60	2.34	-	1.48	2.22	5.80	1.26	1.90	5.72	1.16	1.80	5.70
52	1.72	2.52	-	1.58	2.40	6.32	1.34	2.06	6.24	1.26	1.96	6.22
53	1.82	2.68	-	1.70	2.56	7.02	1.44	2.18	6.94	1.34	2.08	6.92
54	1.94	2.86	-	1.82	2.74	7.82	1.56	2.34	7.74	1.44	2.22	7.72
55	2.04	3.04	-	1.92	2.92	8.60	1.64	2.50	8.52	1.54	2.36	8.48
56	2.20	3.26	-	2.04	3.14	9.84	1.74	2.70	9.76	1.64	2.54	9.72
57	2.38	3.52	-	2.22	3.42	11.18	1.90	2.94	11.10	1.78	2.78	11.08
58	2.54	3.80	-	2.42	3.68	12.58	2.06	3.16	12.50	1.94	3.00	12.48
59	2.74	4.10	-	2.60	3.96	14.02	2.22	3.42	13.94	2.10	3.22	13.92
60	2.96	4.44	-	2.84	4.34	15.48	2.44	3.74	15.40	2.30	3.54	15.36
61	3.24	4.88	-	3.10	4.76	16.90	2.68	4.10	16.82	2.52	3.88	16.78
62	3.54	5.36	-	3.40	5.20	18.28	2.94	4.50	18.20	2.76	4.26	18.18
63	3.88	5.88	-	3.76	5.76	19.70	3.24	4.98	19.64	3.06	4.70	19.58
64	4.28	6.50	-	4.14	6.36	21.00	3.58	5.50	20.94	3.38	5.20	20.90
65	4.72	7.16	-	4.58	7.02	22.48	3.96	6.08	22.42	3.74	5.76	22.38

Please note: Gender-based rates are not available in Montana, male rates apply.

¹ Rates are based on your spouse's age when they apply for coverage. The amount of Spouse coverage cannot exceed the amount you are eligible for as a member.

Level Period Monthly Contribution Premium Rates per \$10,000 of Term Coverage

Male			20-Year Rates without Waiver or AD&D									
Insured's Age	\$100,000-\$249,000			\$250,000-\$499,000			\$500,000-\$999,000			\$1,000,000-\$2,500,000		
	Preferred	Select	Standard	Preferred	Select	Standard	Preferred	Select	Standard	Preferred	Select	Standard
18-25	\$0.70	\$1.00	-	\$0.54	\$0.86	\$2.54	\$0.48	\$0.78	\$2.44	\$0.46	\$0.74	\$2.34
26-30	0.70	1.00	-	0.54	0.86	2.66	0.48	0.78	2.44	0.46	0.74	2.34
31	0.70	1.02	-	0.58	0.88	2.66	0.50	0.80	2.44	0.48	0.76	2.34
32	0.72	1.04	-	0.62	0.94	2.66	0.54	0.82	2.44	0.50	0.78	2.34
33	0.74	1.06	-	0.66	0.98	2.66	0.56	0.86	2.44	0.52	0.80	2.34
34	0.76	1.08	-	0.70	1.04	2.66	0.58	0.88	2.44	0.54	0.84	2.34
35	0.76	1.12	-	0.72	1.08	2.66	0.60	0.92	2.44	0.56	0.86	2.34
36	0.80	1.22	-	0.76	1.18	2.86	0.64	1.00	2.66	0.58	0.94	2.56
37	0.86	1.32	-	0.82	1.30	3.04	0.68	1.10	2.86	0.64	1.04	2.78
38	0.92	1.46	-	0.88	1.42	3.28	0.74	1.22	3.10	0.68	1.14	3.02
39	1.00	1.60	-	0.94	1.58	3.48	0.80	1.34	3.32	0.74	1.24	3.26
40	1.08	1.74	-	1.02	1.68	3.64	0.86	1.42	3.50	0.80	1.36	3.42
41	1.18	1.86	-	1.10	1.82	3.90	0.94	1.54	3.78	0.88	1.44	3.72
42	1.26	1.96	-	1.18	1.92	4.22	1.00	1.62	4.12	0.94	1.54	4.06
43	1.34	2.06	-	1.28	2.00	4.56	1.08	1.70	4.48	1.00	1.60	4.48
44	1.42	2.16	-	1.36	2.12	5.00	1.16	1.80	4.96	1.08	1.68	4.94
45	1.52	2.30	-	1.46	2.24	5.50	1.24	1.90	5.50	1.16	1.78	5.50
46	1.64	2.52	-	1.58	2.46	5.80	1.34	2.08	5.80	1.24	1.94	5.78
47	1.78	2.78	-	1.72	2.74	6.12	1.46	2.32	6.10	1.36	2.18	6.04
48	1.96	3.12	-	1.90	3.06	6.48	1.60	2.60	6.48	1.50	2.42	6.38
49	2.16	3.44	-	2.08	3.38	6.90	1.78	2.88	6.88	1.66	2.74	6.74
50	2.38	3.80	-	2.30	3.76	7.34	1.96	3.20	7.32	1.82	3.00	7.14
51	2.60	4.18	-	2.54	4.12	7.88	2.16	3.50	7.84	2.02	3.32	7.60
52	2.84	4.52	-	2.76	4.48	8.50	2.34	3.80	8.44	2.20	3.62	8.16
53	3.08	4.84	-	3.00	4.78	9.32	2.54	4.06	9.28	2.38	3.86	8.90
54	3.34	5.20	-	3.26	5.12	10.28	2.76	4.36	10.20	2.58	4.12	9.72
55	3.64	5.54	-	3.56	5.48	11.20	3.02	4.66	11.12	2.84	4.40	10.54

Please note: Gender-based rates are not available in Montana, male rates apply.

Level Period Monthly Contribution Premium Rates per \$10,000 of Term Coverage

Female			10-Year Rates without Waiver or AD&D									
Insured's Age	\$100,000-\$249,000			\$250,000-\$499,000			\$500,000-\$999,000			\$1,000,000-\$2,500,000		
	Preferred	Select	Standard	Preferred	Select	Standard	Preferred	Select	Standard	Preferred	Select	Standard
18-25	\$0.42	\$0.50	-	\$0.28	\$0.38	\$1.32	\$0.22	\$0.30	\$1.10	\$0.18	\$0.26	\$0.98
26-28	0.42	0.52	-	0.28	0.40	1.32	0.22	0.32	1.10	0.18	0.28	0.98
29	0.42	0.54	-	0.28	0.42	1.32	0.22	0.34	1.10	0.18	0.30	0.98
30	0.42	0.56	-	0.28	0.44	1.32	0.22	0.36	1.10	0.18	0.32	0.98
31	0.44	0.58	-	0.30	0.46	1.32	0.24	0.38	1.10	0.20	0.34	0.98
32	0.44	0.62	-	0.32	0.50	1.32	0.24	0.40	1.10	0.20	0.36	0.98
33	0.46	0.64	-	0.34	0.54	1.32	0.26	0.44	1.10	0.22	0.40	0.98
34	0.48	0.68	-	0.36	0.56	1.32	0.28	0.46	1.10	0.24	0.44	0.98
35	0.50	0.72	-	0.38	0.60	1.32	0.30	0.50	1.10	0.26	0.46	0.98
36	0.52	0.76	-	0.40	0.66	1.44	0.32	0.56	1.22	0.28	0.52	1.10
37	0.54	0.82	-	0.44	0.70	1.54	0.36	0.60	1.34	0.32	0.56	1.24
38	0.58	0.86	-	0.46	0.74	1.60	0.38	0.62	1.42	0.34	0.58	1.32
39	0.60	0.90	-	0.48	0.78	1.72	0.38	0.66	1.54	0.36	0.62	1.42
40	0.62	0.92	-	0.48	0.82	1.84	0.40	0.68	1.66	0.36	0.64	1.58
41	0.64	0.98	-	0.52	0.86	2.00	0.42	0.72	1.84	0.38	0.68	1.76
42	0.68	1.04	-	0.54	0.92	2.18	0.46	0.78	2.04	0.42	0.72	1.98
43	0.70	1.08	-	0.58	0.94	2.40	0.48	0.80	2.28	0.44	0.76	2.20
44	0.74	1.16	-	0.60	1.02	2.62	0.52	0.86	2.50	0.48	0.80	2.48
45	0.76	1.22	-	0.64	1.08	2.88	0.54	0.92	2.80	0.50	0.86	2.76
46	0.80	1.30	-	0.68	1.14	3.04	0.58	0.98	2.96	0.52	0.92	2.92
47	0.86	1.38	-	0.72	1.26	3.22	0.60	1.08	3.14	0.56	1.00	3.12
48	0.94	1.52	-	0.80	1.40	3.46	0.68	1.20	3.38	0.62	1.12	3.34
49	1.00	1.62	-	0.86	1.52	3.70	0.74	1.30	3.62	0.68	1.22	3.60
50	1.08	1.78	-	0.96	1.66	3.96	0.82	1.42	3.88	0.76	1.34	3.86
51	1.18	1.90	-	1.04	1.80	4.26	0.88	1.54	4.18	0.84	1.46	4.14
52	1.26	2.04	-	1.12	1.94	4.58	0.96	1.68	4.50	0.90	1.56	4.46
53	1.34	2.20	-	1.22	2.10	4.94	1.04	1.82	4.86	0.96	1.70	4.84
54	1.44	2.40	-	1.32	2.28	5.38	1.12	1.96	5.30	1.06	1.84	5.26
55	1.58	2.62	-	1.46	2.50	5.84	1.24	2.16	5.76	1.16	2.02	5.72
56	1.78	2.94	-	1.64	2.86	6.28	1.40	2.46	6.16	1.34	2.30	6.16
57	1.98	3.34	-	1.90	3.24	6.76	1.62	2.80	6.58	1.50	2.64	6.64
58	2.26	3.80	-	2.12	3.70	7.30	1.82	3.18	7.08	1.70	3.00	7.20
59	2.52	4.26	-	2.40	4.16	7.90	2.06	3.58	7.64	1.92	3.38	7.78
60	2.78	4.68	-	2.64	4.58	8.58	2.26	3.96	8.26	2.14	3.72	8.48
61	2.96	5.02	-	2.84	4.92	9.34	2.44	4.24	8.94	2.28	4.00	9.24
62	3.08	5.28	-	2.98	5.14	10.16	2.56	4.44	9.70	2.40	4.18	10.04
63	3.16	5.38	-	3.04	5.28	11.04	2.62	4.54	10.48	2.48	4.30	10.92
64	3.26	5.56	-	3.14	5.46	11.98	2.70	4.72	11.34	2.54	4.44	11.84
65	3.42	5.82	-	3.28	5.70	12.94	2.82	4.92	12.22	2.66	4.66	12.82

Please note: Gender-based rates are not available in Montana, male rates apply.

Level Period Monthly Contribution Premium Rates per \$10,000 of Term Coverage

Female			20-Year Rates without Waiver or AD&D									
Insured's Age	\$100,000-\$249,000			\$250,000-\$499,000			\$500,000-\$999,000			\$1,000,000-\$2,500,000		
	Preferred	Select	Standard	Preferred	Select	Standard	Preferred	Select	Standard	Preferred	Select	Standard
18-25	\$0.60	\$0.86	-	\$0.42	\$0.64	\$1.74	\$0.36	\$0.56	\$1.74	\$0.34	\$0.52	\$1.70
26-27	0.60	0.86	-	0.42	0.66	2.02	0.36	0.56	1.80	0.34	0.52	1.70
28	0.60	0.86	-	0.42	0.66	2.02	0.36	0.58	1.80	0.34	0.54	1.70
29	0.60	0.86	-	0.42	0.68	2.02	0.36	0.58	1.80	0.34	0.54	1.70
30	0.60	0.86	-	0.42	0.68	2.02	0.36	0.58	1.80	0.34	0.54	1.70
31	0.60	0.88	-	0.44	0.74	2.04	0.38	0.62	1.84	0.36	0.56	1.72
32	0.60	0.92	-	0.44	0.82	2.10	0.38	0.68	1.88	0.40	0.66	1.78
33	0.62	0.96	-	0.50	0.88	2.14	0.42	0.74	1.94	0.40	0.70	1.82
34	0.62	0.98	-	0.52	0.92	2.18	0.44	0.78	1.98	0.40	0.74	1.86
35	0.62	1.02	-	0.56	0.98	2.22	0.48	0.82	2.02	0.44	0.78	1.90
36	0.64	1.08	-	0.60	1.04	2.38	0.50	0.86	2.18	0.46	0.82	2.08
37	0.68	1.14	-	0.64	1.10	2.56	0.54	0.92	2.38	0.50	0.88	2.28
38	0.72	1.24	-	0.68	1.20	2.70	0.58	1.00	2.52	0.52	0.94	2.44
39	0.78	1.34	-	0.74	1.30	2.86	0.62	1.08	2.70	0.56	1.00	2.62
40	0.84	1.44	-	0.78	1.40	3.04	0.64	1.18	2.88	0.60	1.10	2.80
41	0.90	1.56	-	0.84	1.50	3.26	0.70	1.26	3.12	0.64	1.18	3.04
42	0.94	1.66	-	0.90	1.60	3.48	0.76	1.34	3.36	0.70	1.26	3.30
43	1.00	1.74	-	0.96	1.72	3.74	0.80	1.44	3.62	0.74	1.34	3.56
44	1.06	1.84	-	1.00	1.80	4.00	0.84	1.50	3.90	0.78	1.40	3.84
45	1.12	1.94	-	1.06	1.88	4.30	0.88	1.58	4.22	0.82	1.48	4.18
46	1.20	2.06	-	1.14	2.02	4.52	0.96	1.70	4.44	0.88	1.58	4.42
47	1.30	2.22	-	1.24	2.16	4.80	1.04	1.82	4.72	0.96	1.70	4.68
48	1.42	2.40	-	1.32	2.34	5.12	1.10	1.96	5.04	1.02	1.86	5.00
49	1.56	2.62	-	1.44	2.54	5.48	1.22	2.16	5.40	1.12	2.00	5.36
50	1.70	2.84	-	1.58	2.78	5.88	1.32	2.36	5.80	1.24	2.22	5.76
51	1.84	3.12	-	1.74	3.06	6.34	1.46	2.58	6.26	1.36	2.44	6.22
52	1.98	3.42	-	1.90	3.38	6.82	1.60	2.88	6.74	1.50	2.70	6.72
53	2.12	3.80	-	2.10	3.72	7.38	1.78	3.16	7.30	1.66	2.96	7.28
54	2.32	4.14	-	2.32	4.10	7.98	1.96	3.48	7.90	1.82	3.28	7.88
55	2.56	4.50	-	2.50	4.44	8.64	2.12	3.78	8.56	1.98	3.56	8.54

Please note: Gender-based rates are not available in Montana, male rates apply.

Additional Coverage Options

The cost for the Optional Accidental Death & Dismemberment (AD&D) coverage and Disability Waiver, also known as Waiver of Contribution, is in addition to the cost of your LPT coverage. Rates are shown per \$10,000 of the LPT coverage amount you choose. The Waiver option is not available for Spouse coverage.

Dependent Child Coverage includes all eligible dependent children; cost deducted from any future Annual Cash Refunds.....\$6.00/year.

Optional AD&D Rate per \$10,000 [†]					
AD&D amount is equal to Term Life Insurance. Cost is based on the Insured's Age and Term Period elected.					
Insured's Age	10-Year Level Period	20-Year Level Period	Insured's Age	10-Year Level Period	20-Year Level Period
18-46	\$0.20	\$0.20	59	\$0.24	-
47-50	0.20	0.22	60	0.26	-
51-54	0.20	0.24	61	0.26	-
55	0.20	0.26	62	0.28	-
56	0.22	-	63	0.28	-
57	0.22	-	64	0.30	-
58	0.24	-	65	0.30	-

[†]Optional AD&D coverage ends at attained age 75

Optional Disability Waiver

Premium contributions are waived if you become totally disabled.* Not available for age 60 or over.
Cost is based on the Member's Age, Gender, Term Period, and LPT coverage amount elected.

Male	10-Year Rate per \$10,000			
Member's Age	\$100,000-249,000	\$250,000-499,000	\$500,000-999,000	\$1,000,000 & up
18-36	\$0.08	\$0.06	\$0.04	\$0.04
37	0.08	0.06	0.04	0.04
38	0.10	0.06	0.06	0.04
39	0.10	0.06	0.06	0.06
40	0.10	0.08	0.06	0.06
41	0.12	0.08	0.06	0.06
42	0.12	0.10	0.08	0.08
43	0.14	0.10	0.10	0.08
44	0.16	0.12	0.10	0.10
45	0.18	0.14	0.12	0.12
46	0.18	0.16	0.14	0.14
47	0.22	0.18	0.16	0.16
48	0.24	0.20	0.18	0.18
49	0.26	0.22	0.20	0.20
50	0.30	0.24	0.24	0.22
51	0.32	0.28	0.26	0.26
52	0.36	0.30	0.30	0.28
53	0.38	0.34	0.32	0.32
54	0.44	0.40	0.38	0.36
55	0.48	0.44	0.42	0.42
56	0.54	0.48	0.48	0.46
57	0.58	0.54	0.52	0.52
58	0.66	0.60	0.58	0.58
59	0.72	0.68	0.66	0.64

Female	10-Year Rate per \$10,000			
Member's Age	\$100,000-249,000	\$250,000-499,000	\$500,000-999,000	\$1,000,000 & up
18-36	\$0.08	\$0.04	\$0.04	0.04
37	0.08	0.06	0.04	0.04
38	0.08	0.06	0.04	0.04
39	0.08	0.06	0.06	0.04
40	0.10	0.06	0.06	0.06
41	0.10	0.08	0.06	0.06
42	0.12	0.08	0.08	0.06
43	0.12	0.10	0.08	0.08
44	0.14	0.10	0.10	0.08
45	0.16	0.12	0.10	0.10
46	0.18	0.14	0.12	0.12
47	0.18	0.14	0.14	0.14
48	0.20	0.16	0.14	0.14
49	0.22	0.18	0.16	0.16
50	0.24	0.20	0.18	0.18
51	0.26	0.22	0.20	0.20
52	0.28	0.24	0.22	0.22
53	0.30	0.26	0.24	0.24
54	0.34	0.28	0.28	0.26
55	0.36	0.32	0.30	0.30
56	0.38	0.34	0.32	0.32
57	0.42	0.38	0.36	0.34
58	0.44	0.40	0.38	0.38
59	0.48	0.44	0.42	0.40

Male	20-Year Rate per \$10,000			
Member's Age	\$100,000-249,000	\$250,000-499,000	\$500,000-999,000	\$1,000,000 & up
18-31	\$0.12	\$0.10	\$0.08	\$0.08
32	0.12	0.10	0.08	0.08
33	0.14	0.10	0.08	0.08
34	0.14	0.10	0.10	0.08
35	0.14	0.10	0.10	0.08
36	0.14	0.10	0.10	0.10
37	0.16	0.12	0.10	0.10
38	0.16	0.12	0.12	0.10
39	0.18	0.14	0.12	0.12
40	0.20	0.14	0.14	0.12
41	0.22	0.16	0.16	0.14
42	0.24	0.18	0.18	0.16
43	0.28	0.20	0.20	0.18
44	0.30	0.24	0.22	0.22
45	0.34	0.26	0.24	0.24
46	0.36	0.28	0.26	0.26
47	0.40	0.30	0.28	0.28
48	0.44	0.34	0.32	0.32
49	0.46	0.38	0.36	0.36
50	0.52	0.40	0.40	0.38
51	0.58	0.44	0.42	0.42
52	0.64	0.48	0.46	0.46
53	0.72	0.52	0.52	0.50
54	0.80	0.58	0.56	0.56
55	0.90	0.64	0.62	0.62

Female	20-Year Rate per \$10,000			
Member's Age	\$100,000-249,000	\$250,000-499,000	\$500,000-999,000	\$1,000,000 & up
18-31	\$0.10	\$0.08	\$0.06	\$0.06
32	0.12	0.08	0.06	0.06
33	0.12	0.08	0.08	0.06
34	0.12	0.08	0.08	0.06
35	0.12	0.10	0.08	0.08
36	0.14	0.10	0.08	0.08
37	0.14	0.10	0.08	0.08
38	0.14	0.10	0.10	0.10
39	0.16	0.12	0.10	0.10
40	0.16	0.12	0.12	0.10
41	0.18	0.14	0.12	0.12
42	0.18	0.14	0.14	0.12
43	0.20	0.16	0.14	0.14
44	0.22	0.18	0.16	0.16
45	0.24	0.20	0.18	0.18
46	0.26	0.22	0.20	0.20
47	0.28	0.24	0.22	0.22
48	0.32	0.26	0.26	0.24
49	0.34	0.30	0.28	0.28
50	0.36	0.32	0.32	0.30
51	0.40	0.36	0.34	0.34
52	0.44	0.40	0.38	0.36
53	0.48	0.42	0.42	0.40
54	0.52	0.46	0.46	0.44
55	0.58	0.52	0.50	0.50

*Optional Disability Waiver is not available under the Spouse LPT Plan. Please note: Gender-based rates are not available in Montana, male rates apply.

Preferred rates are reflected above. For more information regarding Standard and Select Waiver rates, please call 800.223.7473.

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