

**Gold**

- \$4,000/month LOI Injury
    - 0 day for 5 years
  - \$5,000/month BOE Injury
  - \$300,000 AD&D (Family)
  - Base Fracture Accident Benefit
  - Lifestyle Protection Enhancer
- Monthly Premium: \$387.30**

**Silver**

- \$2,500/month LOI Injury
    - 0 day for 5 years
  - \$2,500/month BOE Injury
  - \$200,000 AD&D (Family)
  - Base Fracture Accident Benefit
  - Lifestyle Protection Enhancer
- Monthly Premium: \$243.70**

**Bronze**

- \$2,000/month LOI Injury
    - 0 day for 5 years
  - \$1,000/month BOE Injury
  - \$100,000 AD&D (Single)
  - Base Fracture Accident Benefit
  - Lifestyle Protection Enhancer
- Monthly Premium: \$168.70**

Loss of Income (LOI) – Injury (Includes \$10,000 Accident Medical Treatment Benefit)

**CLASS BB RATE CHART**

Coverage	EP/BP	\$1,000	\$1,500	\$2,000	\$2,500	\$3,000	\$3,500	\$4,000	\$4,500	\$5,000
24 Hour	0/5	\$52.50	\$78.75	\$105.00	\$131.25	\$157.50	\$183.75	\$210.00	\$236.25	\$262.50
	30/5	\$34.70	\$52.05	\$69.40	\$86.75	\$104.10	\$121.45	\$138.80	\$156.15	\$173.50

Two-year Benefit Period and Illness rates also available.

Business Overhead Expense (BOE) – Injury

**CLASS BB RATE CHART**

	\$1,000	\$1,500	\$2,000	\$2,500	\$3,000	\$3,500	\$4,000	\$4,500	\$5,000
Injury Premiums	\$19.70	\$29.55	\$39.40	\$49.25	\$59.10	\$68.95	\$78.80	\$88.65	\$98.50

Illness rates also available.

Fracture Accident Benefit

PLAN	MONTHLY PREMIUM
Primary	\$10.00
Base	\$20.00

Accidental Death & Dismemberment (AD&D)

PLAN	\$50,000	\$100,000	\$200,000	\$300,000
Single	\$6.00	\$12.00	\$24.00	\$36.00
Family <sup>1</sup>	\$7.80	\$15.60	\$31.20	\$46.80

\$50,000 AD&D = Accident Medical Reimbursement Benefit \$10,000<sup>2</sup>  
 \$100,000 AD&D = Accident Medical Reimbursement Benefit \$20,000<sup>2</sup>  
 \$200,000 AD&D = Accident Medical Reimbursement Benefit \$40,000<sup>2</sup>  
 \$300,000 AD&D = Accident Medical Reimbursement Benefit \$100,000<sup>2</sup>

Lifestyle Protection Enhancer

MONTHLY PREMIUM
\$12.00

Requested Coverage

COVERAGE				MONTHLY PREMIUM
Personal Injury	Monthly Benefit \$ _____	EP _____	BP _____	\$ _____
Business Overhead Expense	Monthly Benefit \$ _____	EP _____	BP _____	\$ _____
Accidental Death & Dismemberment	Principal Sum \$ _____	<input type="radio"/> Single	<input type="radio"/> Family	\$ _____
Fracture	<input type="radio"/> Primary	<input type="radio"/> Base		\$ _____
Lifestyle Protection Enhancer				\$ _____
<b>Total Monthly Premium</b>				\$ _____

1. Accident Medical Reimbursement Benefit (AMRB) not applicable to covered Spouses/Dependent Children where family coverage is selected). 2. Requires ownership of a Loss of Income plan. Benefits payable after the Accident Medical Treatment Benefit (AMTB) provided under the Loss of Income Coverage reaches either \$10,000 maximum or 365 days. Note: Please refer to the policy booklet for complete details. In the event of any inconsistencies, the actual policy wording a rates will apply. Class BB Package rates illustrated. OCT18