

Extends coverage to dependent children at no additional cost.

## **EMPLOYEE MONTHLY RATES**

	\$10,000	
AGE	Non-Tobacco	Тоbассо
18-29	\$3.78	\$5.98
30-39	\$5.94	\$9.42
40-49	\$10.82	\$17.06
50-59	\$17.78	\$28.18
60 & Over	\$29.14	\$46.14

\$20,000		
Non-Tobacco	Товассо	
\$6.14	\$10.54	
\$10.46	\$17.42	
\$20.22	\$32.70	
\$34.14	\$54.94	
\$56.86	\$90.86	

\$30,000		
Non-Tobacco	Товассо	
\$8.50	\$15.10	
\$14.98	\$25.42	
\$29.62	\$48.34	
\$50.50	\$81.70	
\$84.58	\$135.58	

## **SPOUSE MONTHLY RATES**

	\$5,000	
AGE	Non-Tobacco	Товассо
18-29	\$2.28	\$3.96
30-39	\$3.56	\$6.24
40-49	\$6.50	\$11.36
50-59	\$10.74	\$18.74
60-69	\$17.58	\$30.70

\$10,000		
Non-Tobacco	Товассо	
\$3.14	\$6.50	
\$5.70	\$11.06	
\$11.58	\$21.30	
\$20.06	\$36.06	
\$33.74	\$59.98	

\$15,000		
Non-Tobacco	Товассо	
\$4.00	\$9.04	
\$7.84	\$15.88	
\$16.66	\$31.24	
\$29.38	\$53.38	
\$49.90	\$89.26	



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This insert must be used in conjunction with SB-30455(GCI without Cancer) and any state specific deviations thereof.