FOR RESIDENTS OF CALIFORNIA ONLY. (RESIDENTS OF OTHER STATES: CONTACT THE ADMINISTRATOR FOR THE PROPER FORM.)

06860 074030010101

GROUP 10-YEAR LEVEL TERM LIFE INSURANCE APPLICATION

To Apply:
Complete This Form And Return To:
ADMINISTRATOR
AMBA Administrators, Inc.
Sponsored by The State Bar of California
P.O. BOX 14536 • Des Moines, IA 50306

QUESTIONS?
Call: 1-800-343-0132
customerservice.service@getamba.com

Request for Group Insurance From:
New York Life Insurance Company
51 Madison Ave. • New York, NY 10010

PLEASE PRINT IN INK OR TYPE ALL ANSWERS.
DO NOT USE CORRECTION FLUID OR GEL PENS. INITIAL AND DATE ANY CHANGES YOU MAKE.

1. Member Information:

(Please make any necessary corrections to your full name and street address if shown below.)

Member's Social Security #: ☐☐☐ – ☐☐ – ☐☐☐☐

Name: _____
Last First MI

Spouse's Social Security (if applying) #: ☐☐☐ – ☐☐ – ☐☐☐☐

Add 1: _____

Add 2: _____

City, St., Zip: _____

Home Phone: (____)_____

Work Phone: (____)_____

Fax: (____)_____

Email Address: _____
AMBA will not share your email information

Marital Status: ❑ Married ❑ Divorced ❑ Single ❑ Widow(ed)
❑ Civil Union* ❑ Domestic Partner*

*Eligibility of Domestic Partner/Civil Union partners is determined by State law.

Are you presently insured under any CA BAR Insurance Plans? ❑ Yes ❑ No

If "Yes," indicate which Plan(s) and provide details (person insured and amount of insurance):

❑ Term Life ❑ 10-Year Level Term Life ❑ 20-Year Level Term Life

Details:_____

Do you or your spouse (if proposed for insurance) intend to reside outside the U.S. within the next 12 months?

Member: ❑ Yes, Country_____ For how long? _____ ❑ No

Spouse: ❑ Yes, Country_____ For how long? _____ ❑ No

	DATE OF BIRTH: MO. DAY YR.	HEIGHT:	WEIGHT:	SEX:
Member: _____	____/____/____	____ft. ____in.	_____lbs.	❑ M ❑ F
Spouse*: _____ Name (if proposed for insurance) First/MI/Last	____/____/____	____ft. ____in.	_____lbs.	❑ M ❑ F
Child(ren)*: _____ Name (if proposed for insurance) First/MI/Last	____/____/____			
_____ Name (if proposed for insurance) First/MI/Last	____/____/____			

*See Plan Information/Plan Details for definition of eligible dependents. If more than two children are proposed for insurance, attach a separate sheet. Please sign and date the additional sheet.

2. Licensing Information:

Are you now a licensed attorney with The State Bar of California? ❑ Yes ❑ No

License # _____ Exp. Date _____

BE SURE TO COMPLETE ALL PAGES AND SIGN LAST PAGE ➡

3. Payment Option: (Choose only one)

❑ **OPTION 1: ELECTRONIC FUNDS TRANSFER (EFT)**: I request and authorize the Association Member Benefits & Insurance Agency to make monthly withdrawals against the account specified on the attached and such bank to process these withdrawals as if I had signed them, for the purpose of collecting premium contributions due under this Group 10-Year Level Term Life Insurance Plan. (Enclose a VOIDED check.)

X _____

SIGNATURE(S) AS REQUIRED ON CHECKS ISSUED/WITHDRAWALS MADE AGAINST THIS ACCOUNT DATE

❑ **OPTION 2: PERIODIC BILLING:** ❑ Quarterly ❑ Semiannual ❑ Annual

4. Insurance Requested: (Refer to the Plan Information/Plan Details for eligibility, options and coverage description)

I HEREBY APPLY FOR THE FOLLOWING COVERAGES:

a. Total* Member Insurance Amount Requested: $_____(use $25,000 increments)

Initial Child Insurance Amount: $5,000 each eligible child ($1,000 for ages under 6 months): ❑
Note: Member coverage must be in force to request Child Coverage

b. Total* Spouse Insurance Amount Requested: $ _____(use $25,000 increments)

***Increased coverage requested in this application, if approved, will be issued in a separate, new Certificate of Insurance.**

c. Do you have other life insurance in force? If "Yes," total amount in all companies:
Member: $ _____ Spouse: $_____
Do you have other insurance applications pending? If "Yes," indicate amount and company:
Member: $_____Company _____ Spouse: $_____ Company _____

d. I hereby apply for the Waiver of Premium (WOP) benefit (available to members and spouse/DP under age 56, see brochure for cost).
Member: ❑ Yes ❑ No Spouse: ❑ Yes ❑ No

e. **TOBACCO/NICOTINE USE:** Have you and/or your spouse (if proposed for coverage) used tobacco or any nicotine substitute in any form (including nicotine patches, nicotine chewing gum, and electronic cigarettes)?

Member: ❑ Yes ❑ No If "Yes," _____ Spouse: ❑ Yes ❑ No If "Yes," _____
TYPE OF PRODUCT TYPE OF PRODUCT

f. When did you last use tobacco or nicotine product? _____/_____ When did you last use tobacco or nicotine products? _____/_____
MONTH/YEAR MONTH/YEAR

Is the insurance applied for intended to replace, discontinue or change an existing policy? Member: ❑ Yes ❑ No Spouse: ❑ Yes ❑ No

5. Beneficiary Designation: (Insert name, relationship and address)

I make the following beneficiary designation with respect to only the insurance requested in this application for Group 10-Year Level Term Life Insurance. The beneficiary for dependent child coverage shall be the insured member – or owner of the coverage, if other than the member – as provided in the Group Policy. 1.) If naming more than one beneficiary, note if each is to be primary and/or secondary, and the percentage of death proceeds to be distributed to each. 2.) If naming a trust, please indicate the full name and date of the trust. (Attach a separate sheet if necessary, then sign and date it.)

❑ Primary ❑ Secondary %: _____

Licensed Attorney (Applicant)

Beneficiary Name: _____
Last First MI

Beneficiary's Relationship to Member: _____
Beneficiary Social Security #: _____
Street Address: _____
City _____State _____ Zip Code_____

❑ Primary ❑ Secondary %: _____

Spouse Applicant

Beneficiary Name: _____
Last First MI

Beneficiary's Relationship to Member: _____
Beneficiary Social Security #: _____
Street Address: _____
City _____ State _____ Zip Code _____

5. Spouse's Beneficiary Designation: (Insert name, relationship and address)

I make the following beneficiary designation with respect to only the insurance requested in this application for Group 10-Year Level Term Life Insurance. The beneficiary for dependent child coverage shall be the insured member – or owner of the coverage, if other than the member – as provided in the Group Policy. 1.) If naming more than one beneficiary, note if each is to be primary and/or secondary, and the percentage of death proceeds to be distributed to each. 2.) If naming a trust, please indicate the full name and date of the trust. (Attach a separate sheet if necessary, then sign and date it.)

❑ Primary ❑ Secondary %: _____

Beneficiary Name: _____
Last First MI

Beneficiary's Relationship to Member: _____

Beneficiary Social Security #: _____

Street Address: _____

City _____ State _____ Zip Code_____

❑ Primary ❑ Secondary %: _____

Beneficiary Name: _____
Last First MI

Beneficiary's Relationship to Member: _____

Beneficiary Social Security #: _____

Street Address: _____

City _____ State _____ Zip Code _____

6. Statement of Health: (Please initial and date any changes you make on this form.)

To the best of your knowledge and belief, answer the following questions as they apply to you and all dependents to be insured:

	YES	NO
a. Are you or any other person to be insured disabled or receiving any disability or workers compensation benefits or on waiver of premium for life or health insurance?	❑	❑
b. Are you or any other person to be insured now ill, or receiving medical attention or surgical treatment?	❑	❑
c. During the past five years, has any person to be insured consulted any physician or other medical care practitioner other than for a routine physical examination, or checkup, or been hospitalized or had an operation or had any illness, disease or injury?	❑	❑
d. Are you or any other person to be insured taking any kind of medication or, so far as you know, in impaired physical or mental health?	❑	❑
e. Is any person to be insured now pregnant?	❑	❑

f. During the past five years, has any person to be insured ever been medically diagnosed by a physician as having or been treated for:

	YES	NO
1. Heart or circulatory trouble, high blood pressure, pain or pressure in chest?	❑	❑
2. Arthritis, back trouble, bone or joint disorder?	❑	❑
3. Fainting spells, convulsions, or epilepsy?	❑	❑
4. Sugar, blood, albumin or pus in urine?	❑	❑
5. Diabetes, kidney trouble, ulcers or digestive disorder?	❑	❑
6. Disorder of breasts or reproductive organs or functions?	❑	❑
7. Nervous or mental disorder, emotional condition or psychiatric care?	❑	❑
8. Cancer, tumor or cyst?	❑	❑
9. Varicose veins, hemorrhoids or hernia?	❑	❑
10. Disorder of eyes, ears, nose or sinuses?	❑	❑
11. Thyroid, liver or respiratory disorder?	❑	❑
12. Alcoholism or drug habit?	❑	❑
13. Disorder of the blood?	❑	❑
14. Other health or physical impairment including:		
(i). Being medically diagnosed as having Acquired Immune Deficiency Syndrome (AIDS) or AIDS-Related Complex (ARC)?	❑	❑
(ii). Chronic cough, persistent diarrhea, enlarged lymph glands, or chronic fatigue, in the past five years?	❑	❑
(iii). Any other impairment?	❑	❑

g. Have you or your spouse (if proposed for insurance) had a parent, brother or sister who, prior to age 60, had been medically diagnosed by a physician as having, or been treated for, cancer, a stroke, paralysis, hypertension, diabetes, heart disease, kidney disease, neuromuscular or mental illness? ❑ ❑

h. Within the past two years have you or your spouse (if proposed for insurance) participated in, or do either of you, within the next two years, plan to participate in: aircraft flying other than as passenger; scuba diving; ultralight flying; ballooning; parachuting; mountaineering; rodeo riding; snowmobiling; hang gliding; parasailing; bungee jumping; organized motorcycle racing, or any type of organized motorized racing? ❑ ❑

i. Driver's License No.: Member _____ Spouse _____

State in which issued: Member _____ Spouse _____

Have you or your spouse (if proposed for insurance) had a driver's license suspended or revoked, or had any moving violations, within the last five years? ❑ ❑

j. In the last seven years, have you or your spouse (if proposed for insurance) been convicted of a crime or served time in prison because of a conviction or have an arrest pending? ❑ ❑

IF YOU HAVE ANSWERED ANY QUESTIONS "YES" GIVE COMPLETE DETAILS BELOW.

(If you need more space, use a signed and dated separate sheet.
Please avoid the use of such terms as "etc.", "various" or "miscellaneous".)

Question Letter/No.	Name of Proposed Insured	Illness or Condition-Date of Onset-Duration-Treatment-Operations-Degree of Recovery and Date:	Name and address of Physicians or other Medical Care Practitioners and Hospitals where confined or treated:

I understand that New York Life Insurance Company has the right to require additional information and, if necessary, an examination by a physician. I ask New York Life to rely on all such statements made on this form, and any supplements to it, while considering this request. I also understand that the coverage afforded will be in consideration of the answers and statements set forth above.

AUTHORIZATION: I hereby authorize any licensed physician, medical practitioner, hospital, pharmacy, clinic or other medical or medically related facility, laboratory, insurance company or MIB, LLC. ("MIB"), or other organization, institution or person, that has any records or knowledge of me or my health to release information, including prescription drug records, maintained by physicians, pharmacy benefit managers, and other sources of information to New York Life Insurance Company, its reinsurers, its subsidiaries or the plan administrator about the physical and mental health of any persons proposed for insurance, including significant history, findings, diagnosis and treatment, but excluding psychotherapy notes for the purpose of evaluating my application for insurance. Health information obtained will not be re-disclosed without my authorization unless permitted by law, in which case it may not be protected under federal privacy rules. For example, New York Life may be required to provide it to insurance, regulatory, or other government agencies. In this case, the information may no longer be protected by the rules governing your AUTHORIZATION.

A photocopy of this AUTHORIZATION and request form shall be as valid as the original. In all circumstances, my authorized agent, representative or I may request a copy of this AUTHORIZATION. This AUTHORIZATION shall be valid for a period of 24 months from the date signed, unless sooner revoked. The AUTHORIZATION may be revoked at any time by sending written notice to New York Life Insurance Company. My revocation will not be effective to the extent that New York Life or any other person already has disclosed or collected information or taken other action in reliance on it, or to the extent that New York Life has a legal right to contest a claim under an insurance certificate or the certificate itself.

By signing and dating this application, the member **requests** the insurance indicated; and the member and any person proposed for insurance **consent** to authorize the disclosure of information to and from the providers noted above and in the IMPORTANT NOTICE, including making a brief report of our protected health information to MIB, LLC; and **attest** to having read the IMPORTANT NOTICE enclosed and Fraud Notice indicated below, including how our information is exchanged with MIB, and that to the best of our knowledge and belief, the answers provided to the questions are true and complete.

For your protection California law requires the following to appear on this form.
Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Member's Signature X _____ **Date** _____
(PLEASE SIGN AND DATE IN INK)

Spouse's Signature X _____ **Date** _____
(NECESSARY ONLY IF SPOUSE COVERAGE IS REQUESTED)

Owner Information is required if owner is other than Applicant
(If Owner is a Trust, please submit a copy of the document with this application.)

Full Name: Last | First | Middle Initial | Relationship to Proposed Insured | Daytime Phone

Mailing Address Street | City | State | Zip Code

Tax ID# | Date of Birth (/ /) | Social Security Number (☐☐☐ – ☐☐ – ☐☐☐☐)

G-30922-0

PAYMENT OF A PREMIUM CONTRIBUTION FOR INSURANCE DOES NOT MEAN THERE IS ANY COVERAGE IN FORCE BEFORE THE EFFECTIVE DATE AS SPECIFIED BY NEW YORK LIFE.

IMPORTANT NOTICE:

How New York Life Obtains Information and Underwrites Your Request For The Group 10-Year Level Term Life Insurance

In this notice, references to "you" and "your" include any person proposed for insurance. Information regarding insurability will be treated as confidential. In considering whether the person(s) in your request for insurance qualify for insurance, we will rely on the medical information you provide, and on the information you AUTHORIZE us to obtain from your physician, other medical practitioners and facilities, other insurance companies to which you have applied for insurance and MIB, LLC. ("MIB"). MIB is a not-for-profit organization of insurance companies, which operates an information exchange on behalf of its members. If you apply for life or health insurance coverage or a claim for benefits is submitted to an MIB member company, medical or non-medical information may be given to MIB and such information may then be furnished by MIB, upon request, to a member company.

Your AUTHORIZATION may be used for a period of 24 months from the date you signed the application for insurance, unless sooner revoked. The AUTHORIZATION may be revoked at any time by notifying New York Life in writing at the address provided. Your revocation will not be effective to the extent New York Life or any other person already has disclosed or collected information or taken other action in reliance on it, or to the extent that New York Life has a legal right to contest a claim under an insurance certificate or the certificate itself. The information New York Life obtains through your AUTHORIZATION may become subject to further disclosure. For example, New York Life may be required to provide it to insurance, regulatory or other government agencies. In this case, the information may no longer be protected by the rules governing your AUTHORIZATION.

MIB and other insurance companies may also furnish New York Life, its subsidiaries or the Plan Administrator with non-medical information (such as driving records, past convictions, hazardous sport or aviation activity, use of alcohol or drugs, and other application for insurance). The information provided may include information that may predate the time frame stated on the medical questions section, if any, on this application. This information may be used during the underwriting and claims processes, where permitted by law.

New York Life may release this information to the Plan Administrator, other insurance companies to which you may apply for life and health insurance, or to which a claim for benefits may be submitted and to others whom you authorize in writing. However, this will not be done in connection with test results concerning Acquired Immune Deficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV). We may also make a brief report of your protected health information to MIB, but we will not disclose our underwriting decision.

New York Life will not disclose such information to anyone except those you authorize or where required or permitted by law. Information in our files may be seen by New York Life and Plan Administrator employees, but only on a "need to know" basis in considering your request. Upon receipt of all requested information, we will make a determination as to whether your request for insurance can be approved.

If we cannot provide the coverage you requested, we will tell you why. If you feel our information is inaccurate, you will be given a chance to correct or complete the information in our files. Upon written request to New York Life or MIB, you will be provided with non-medical information. Generally, medical information will be given either directly to the proposed insured or to a medical professional designated by the proposed insured. Your request is handled in accordance with the Federal Fair Credit Reporting Act procedures. If you question the accuracy of the information provided by MIB, you may contact MIB and seek a correction. MIB's information office is: MIB, LLC. 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734, telephone 866-692-6901.

Information for consumers about MIB may be obtained on its Web site at www.mib.com.

***For NM Residents: PROTECTED PERSONS[1]** have a right of access to certain **CONFIDENTIAL ABUSE INFORMATION[2]** we maintain in our files and they may choose to receive such information directly. You have the right to register as a **PROTECTED PERSON** by sending a signed request to the Administrator at the address listed on the application. Please include your full name, date of birth and address.*

*[1]**PROTECTED PERSON** means a victim of domestic abuse; who has notified us that he/she is or has been a victim of domestic abuse; and who is an insured or prospective insured person.*

*[2]**CONFIDENTIAL ABUSE INFORMATION** means information about: acts of domestic abuse or abuse status; the work or home address or telephone number of a victim of domestic abuse; or the status of an applicant or insured family member, employer or associate of a victim of domestic abuse or a person with whom the applicant or insured is known to have a direct, close, personal, family or abuse-related relationship.*

New York Life Insurance Company **8/12 ed.**

Group 10-Year Level Term Life Insurance

For Members of The State Bar of California **and Their Families**

10 YEAR LEVEL TERM LIFE INSURANCE FEATURES AND HIGHLIGHTS

Term coverage is the purest kind of life insurance, with no costly savings features. Here is term life insurance you can depend on for a full ten years, for premiums that will not go up for 10 years and benefit amounts that will never go down. Available to members and spouses under age 70, the Group 10-Year Level Term Life Insurance helps you protect your family from the financial burdens of your or your spouse's premature death. Your coverage continues until age 80, provided you pay premiums when due, you remain a member and the group policy remains in force. You can select a coverage amount to help meet your needs, from $100,000 up to $3,000,000. The policy features "Preferred" and "Select" Non-Tobacco/Nicotine Use Rates and you can benefit from volume discounts when you apply for higher amounts of insurance. Plus, send no money until you are approved.

ELIGIBILITY

Members and their lawful spouses of The State Bar of California under age 70 may request coverage. Your children ages 6 months to 26 years are each eligible for $5,000 of life insurance. Children up to 6 months may be insured for $1,000 each. In order to become insured, individuals must provide satisfactory evidence of insurability and the required premium must be paid.

This coverage is available only for residents of the United States.

APPLY FOR UP TO $3,000,000 OF COVERAGE

Choose the amount of Group 10-Year Level Term Life Insurance you need to help protect you and your family for the next ten years – without the worry of premiums that could go up or benefits that could go down.

Amounts Of Insurance:
Members–$100,000 to $3,000,000 in $25,000 multiples.
Spouse–$100,000 to $3,000,000 in $25,000 multiples.

The total amount of coverage an individual may have under all group life insurance policies underwritten by New York Life Insurance Company may not exceed $3,000,000. In addition, the total amount of coverage an individual may have under all policies issued by New York Life Insurance Company to The State Bar of California may not exceed the maximum benefit option for any insured person.

FEATURES

Pay Less If You're a Qualified Non-Tobacco/Nicotine User
Non-Tobacco/Nicotine User meeting the highest underwriting standards may qualify for the Policy's best rates. Other insureds may qualify for higher, but still specially negotiated rates.

Continuing Insurance After the 10-Year Term Ends
Premiums are guaranteed to remain level for the first ten years of coverage. At the end of the 10-year period, you may reapply for 10-year level term rates then in effect for a subsequent 10-year period, provided the insured person is under age 70 and otherwise eligible. If your application for a subsequent 10-year term of guaranteed rates is approved, your premium contribution will be based on the insured person's age, health and tobacco/nicotine use at the time coverage becomes effective and will be guaranteed for a new 10-year term.

If you and your spouse are not approved for a subsequent 10-year term of guaranteed rates, or you do not apply for a subsequent 10-year term, coverage will continue in force, subject to the renewal terms of your certificate, on a non-guaranteed rate basis, under which premium contributions increase annually as the insured ages.

Help Keep Your Cost Manageable
Rates have been provided on an annual basis per $1,000 of coverage to make it easier for you to compare this coverage to other insurance coverages on the market today. Four modes of payment are available to suit your budget (monthly, quarterly, semiannually and annually).

OTHER IMPORTANT INFORMATION

Valuable Living Benefit Provision "Accelerated Death Benefit"
The "Accelerated Death Benefit" option is available to help terminally ill insureds during a difficult and often financially challenging time. Under this provision you may request one advance payment equal to 60% ($250,000 maximum) of your (or an insured dependent's) in force life insurance to be paid while the terminally ill person is still alive. The amount of insurance payable after the insured's death will be reduced by this payment. (Premium contributions will not be reduced.)

To qualify, a terminally ill insured must provide New York Life Insurance Company with proof of terminal illness and anticipated life expectancy (12 months or less), as well as any other necessary medical information requested. For additional details and limitations, please see the Certificate of Insurance.

Please note that receipt of Accelerated Death Benefits may affect your eligibility for public assistance programs and may be taxable. Prior to applying to receive such benefits, you should consult with the appropriate social services agency and seek the advice of a qualified tax advisor.

Exclusions

Coverage is payable for death by any cause except death from suicide during the first two years of coverage, whether sane or insane, for which the only benefit payable is the return of applicable premium contributions. The validity of any amount of life insurance which has been in force for two years during an insured's lifetime will not be contested except for insurance eligibility provisions and nonpayment of premium contributions.

Waiver of Premium Benefit Option

If you become totally disabled before age 60, the Waiver of Premium Benefit can help keep your life insurance coverage in force without requiring future premium payments, subject to policy provisions and approval requirements.

- Available to eligible members under age 56.
- Helps maintain coverage during a qualifying total disability.
- Premium payments may be waived while the benefit remains in effect.
- Provides added financial protection and peace of mind when you need it most.

Eligibility is subject to policy terms, conditions, limitations, and satisfactory proof of total disability.

You Name Your Beneficiary

You may select any person, persons, trust or other legal entity as your beneficiary. If, at the time of your death, there are no surviving beneficiaries, benefits will be paid to the executor or administrator of your estate, or at the option of New York Life Insurance Company, to the surviving relatives in the following order of survival: spouse; children equally; parents equally; or brothers and sisters equally.

Effective Date

Insurance will take effect on the first of the month after your application is approved by New York Life Insurance Company provided the initial contribution is paid within 31 days after the date you are billed (send no money now) and any person to be insured is actively performing the normal activities of a person in good health of like age on the date, NC residents (a person of like age) of approval. Any person who is not performing his/her normal daily activities as required will not become insured until the day he/she is performing such activities. Any person to be insured must also not be hospitalized on the date your insurance is to take effect. If so, insurance will take effect on the day after you are discharged.

When Coverage Ends

Coverage will end when the insured person reaches age 80 (26 for dependent children) or earlier if: (a) premium contributions are not paid when due, (b) the group policy is terminated or modified by New York Life or the Policyholder to end insurance for the class of insureds to which the person belongs, (c) membership ends and (d) if the insured requests to terminate insurance.

Renewal Payments And Claims

Once you are accepted into the Policy, you will have a 31-day grace period for your payment of renewal premium contributions. When you want to submit a claim, call or write the Administrator for claim forms.

TO APPLY

Consider Your Eligibility

Before you request coverage, you must be a member in good standing of the State Bar. Please wait until your application for membership is accepted before initiating your insurance requests. If you have any questions regarding membership, please call the association plan administrator directly at 1-800-343-0132.

Get Quicker, Easier Service When You Apply

The information provided when you fill out your Application can make the medical underwriting process quicker and easier. By providing complete and accurate information, you avoid delays that may occur while we wait for missing information to be received and shorten the time needed for underwriting decisions and approvals.

New York Life Insurance Company relies on your answers and statements. Misstatements or failures to report information on your Application may be used as the basis for rescinding your insurance.

The Group 10-Year Level Term Life Insurance is medically underwritten based on the information provided by you on the Application. It is important that you complete the form truthfully and completely. Your Application is subject to New York Life Insurance Company's approval and more medical information may be requested. A physical exam, EKG, blood test or other information may be required. If so, we will arrange for an independent professional paramedic to contact you to perform these simple tests at your convenience. The exam and blood test will be paid for by the policy.

1. Truthfully complete and sign the application. Be sure to indicate whether you are requesting coverage for your dependents.
2. Do not send any money until New York Life Insurance Company has approved your application and notifies you of the premium contribution due, based on the information you have provided.
3. Mail your completed application to:

   CA BAR Group Insurance Program
   P.O. BOX 14536
   Des Moines, IA 50306

Certificate Of Insurance

This information is only a brief description of the principal provisions and features of the policy. The complete terms and conditions are set forth in the group policy issued by New York Life Insurance Company to The State Bar of California.

When you become insured, you will be sent a Certificate of Insurance summarizing your benefits under the policy.

The State Bar receives sponsorship fees from insurance programs to offset the cost of program oversight, support member benefits and subsidize approved programs. For more details, visit the State Bar website: http://www.calbar.ca.gov/insurance.

30-DAY FREE LOOK
If you're not completely satisfied with the terms of your Certificate of Insurance, you may return it, without claim, within 30 days. Your coverage will be invalidated, and you will be sent a full refund, no questions asked!

The Group 10-Year Level Term Life Insurance is Underwritten by:

New York Life Insurance Company
51 Madison Avenue
New York, NY 10010
under Group Policy No. G-30922-0
on Policy Form GMR-FACE/G-30922-0

NEW YORK LIFE and the NEW YORK LIFE Box Logo are trademarks of New York Life Insurance Company. Other trademarks are the property of their respective owners.

The Group 10-Year Level Term Life Insurance is Administered by:

Association Member Benefits & Insurance Agency
CA BAR Group Insurance Program
P.O. BOX 14536
Des Moines, IA 50306

CA Insurance License #0I96562

Any questions?
1-800-343-0132
www.mybarbenefits.com

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YOUR COST

Current 2026-2027 Premium Contributions

Annual Rates per $1,000 of Face Amount

The cost of this life insurance is based upon the member and spouse's gender, amount of insurance requested, usage of tobacco/nicotine products, health status, and attained age on the date coverage is issued. Residents of Montana: male rates apply to all applicants, regardless of gender.

Only non-tobacco/nicotine users meeting the highest underwriting standards will qualify for "Super Preferred" rates. Other non-tobacco/nicotine users may qualify for the higher "Preferred" or "Select" rates. (Note: tobacco/nicotine users may only qualify for the Standard Tobacco User rates.) Upon approval of your Application, you will be notified of the rate classification for each approved person.

Band 1 - $100K-249K

Male Annual Premiums

Issue Age	Super Preferred	Preferred	Select	Standard Tobacco User
20	0.86	0.93	1.05	1.99
21	0.86	0.93	1.05	1.99
22	0.86	0.93	1.05	1.99
23	0.86	0.93	1.05	1.99
24	0.86	0.93	1.05	1.99
25	0.86	0.93	1.05	1.99
26	0.87	0.94	1.06	2.02
27	0.88	0.95	1.07	2.04
28	0.88	0.95	1.08	2.07
29	0.89	0.96	1.09	2.09
30	0.90	0.97	1.10	2.12
31	0.90	0.98	1.12	2.14
32	0.91	0.99	1.15	2.16
33	0.91	0.99	1.18	2.18
34	0.92	1.00	1.20	2.20
35	0.92	1.01	1.23	2.22
36	0.93	1.04	1.27	2.31
37	0.94	1.07	1.31	2.41
38	0.96	1.10	1.35	2.51
39	0.97	1.13	1.40	2.62
40	0.98	1.16	1.44	2.73
41	1.03	1.23	1.53	2.96
42	1.09	1.30	1.62	3.20
43	1.15	1.37	1.72	3.46
44	1.21	1.45	1.82	3.75
45	1.28	1.53	1.93	4.06
46	1.35	1.62	2.02	4.36
47	1.43	1.71	2.11	4.67
48	1.52	1.81	2.21	5.01
49	1.61	1.92	2.31	5.38
50	1.70	2.03	2.41	5.77
51	1.83	2.19	2.58	6.21
52	1.96	2.37	2.76	6.68
53	2.11	2.56	2.95	7.18
54	2.27	2.77	3.15	7.73
55	2.44	2.99	3.37	8.31
56	2.63	3.18	3.69	9.04
57	2.84	3.39	4.05	9.82
58	3.07	3.60	4.43	10.68
59	3.32	3.83	4.86	11.62
60	3.58	4.08	5.32	12.63
61	3.95	4.54	5.91	13.74
62	4.36	5.06	6.56	14.95
63	4.81	5.64	7.28	16.26
64	5.31	6.28	8.08	17.69
65	5.86	6.99	8.97	19.24
66	6.45	7.77	9.96	21.19
67	7.10	8.64	11.05	23.34
68	7.81	9.61	12.27	25.71
69	8.60	10.68	13.61	28.32

Female Annual Premiums

Issue Age	Super Preferred	Preferred	Select	Standard Tobacco User
20	0.84	0.87	0.88	1.69
21	0.84	0.87	0.88	1.69
22	0.84	0.87	0.88	1.69
23	0.84	0.87	0.88	1.69
24	0.84	0.87	0.88	1.69
25	0.84	0.87	0.88	1.69
26	0.85	0.87	0.89	1.71
27	0.86	0.88	0.90	1.73
28	0.86	0.88	0.91	1.76
29	0.87	0.89	0.92	1.78
30	0.88	0.89	0.93	1.80
31	0.88	0.90	0.96	1.81
32	0.89	0.91	1.00	1.83
33	0.89	0.92	1.03	1.84
34	0.90	0.93	1.07	1.86
35	0.90	0.94	1.11	1.87
36	0.91	0.97	1.15	1.96
37	0.92	1.00	1.20	2.05
38	0.94	1.03	1.24	2.15
39	0.95	1.06	1.29	2.25
40	0.96	1.09	1.34	2.36
41	1.00	1.15	1.41	2.53
42	1.04	1.22	1.49	2.71
43	1.08	1.28	1.57	2.90
44	1.12	1.35	1.65	3.11
45	1.17	1.43	1.74	3.33
46	1.23	1.49	1.83	3.54
47	1.29	1.56	1.91	3.76
48	1.35	1.63	2.01	3.99
49	1.42	1.70	2.11	4.24
50	1.49	1.78	2.21	4.51
51	1.60	1.90	2.29	4.85
52	1.72	2.02	2.37	5.22
53	1.85	2.16	2.46	5.61
54	1.98	2.30	2.55	6.03
55	2.13	2.45	2.64	6.49
56	2.26	2.59	2.86	7.04
57	2.40	2.75	3.10	7.63
58	2.54	2.91	3.35	8.27
59	2.70	3.08	3.63	8.97
60	2.86	3.26	3.93	9.72
61	3.06	3.52	4.27	10.55
62	3.28	3.80	4.65	11.46
63	3.51	4.10	5.05	12.44
64	3.76	4.43	5.49	13.50
65	4.02	4.78	5.97	14.66
66	4.30	5.14	6.49	15.81
67	4.60	5.54	7.06	17.05
68	4.92	5.96	7.68	18.38
69	5.26	6.41	8.35	19.82

For an annual premium of $7.00, you can cover all of your eligible for $5,000 each ($1,000 if under age 6 months). Note: Premiums are guaranteed to remain level for the first 10 years of coverage. Then, if still eligible, you may reapply for 10-year level rates then in effect for a subsequent 10-year term; rates for a subsequent term would be determined based on the insured person's then current age, health and tobacco/nicotine use and guaranteed for 10 years. If you or your spouse are not approved for a subsequent 10-year term of guaranteed rates, or do not apply for a subsequent 10-year term, coverage will continue in force on a non-guaranteed basis with increasing premiums as the insured ages.

YOUR COST

Current 2026-2027 Premium Contributions

Annual Rates per $1,000 of Face Amount

The cost of this life insurance is based upon the member and spouse's gender, amount of insurance requested, usage of tobacco/nicotine products, health status, and attained age on the date coverage is issued. Residents of Montana: male rates apply to all applicants, regardless of gender.

Only non-tobacco/nicotine users meeting the highest underwriting standards will qualify for "Super Preferred" rates. Other non-tobacco/nicotine users may qualify for the higher "Preferred" or "Select" rates. (Note: tobacco/nicotine users may only qualify for the Standard Tobacco User rates.) Upon approval of your Application, you will be notified of the rate classification for each approved person.

Band 2 - $250K-499K

Male Annual Premiums

Issue Age	Super Preferred	Preferred	Select	Standard Tobacco User
20	0.44	0.54	0.69	1.32
21	0.44	0.54	0.69	1.32
22	0.44	0.54	0.69	1.32
23	0.44	0.54	0.69	1.32
24	0.44	0.54	0.69	1.32
25	0.44	0.54	0.69	1.32
26	0.44	0.54	0.69	1.33
27	0.44	0.55	0.69	1.33
28	0.45	0.55	0.69	1.34
29	0.45	0.56	0.69	1.34
30	0.45	0.56	0.69	1.35
31	0.45	0.56	0.69	1.40
32	0.45	0.56	0.69	1.46
33	0.46	0.57	0.70	1.52
34	0.46	0.57	0.70	1.58
35	0.46	0.57	0.70	1.64
36	0.47	0.59	0.73	1.74
37	0.49	0.61	0.77	1.85
38	0.51	0.63	0.80	1.97
39	0.52	0.65	0.84	2.09
40	0.54	0.67	0.88	2.22
41	0.58	0.72	0.94	2.37
42	0.63	0.77	1.01	2.53
43	0.68	0.83	1.08	2.71
44	0.74	0.89	1.16	2.89
45	0.80	0.96	1.24	3.09
46	0.85	1.03	1.34	3.34
47	0.91	1.10	1.44	3.61
48	0.97	1.17	1.56	3.90
49	1.03	1.25	1.68	4.22
50	1.10	1.34	1.81	4.56
51	1.21	1.46	1.95	4.96
52	1.32	1.60	2.10	5.40
53	1.45	1.75	2.27	5.88
54	1.59	1.91	2.45	6.40
55	1.74	2.09	2.64	6.96
56	1.91	2.28	2.88	7.64
57	2.10	2.50	3.15	8.39
58	2.30	2.73	3.43	9.22
59	2.53	2.98	3.75	10.13
60	2.78	3.26	4.09	11.12
61	3.08	3.61	4.57	12.24
62	3.41	4.00	5.11	13.48
63	3.78	4.44	5.71	14.85
64	4.19	4.92	6.39	16.35
65	4.64	5.45	7.14	18.00
66	5.14	6.04	7.98	19.85
67	5.69	6.69	8.92	21.89
68	6.31	7.42	9.97	24.13
69	6.99	8.22	11.15	26.61

Female Annual Premiums

Issue Age	Super Preferred	Preferred	Select	Standard Tobacco User
20	0.38	0.44	0.61	1.02
21	0.38	0.44	0.61	1.02
22	0.38	0.44	0.61	1.02
23	0.38	0.44	0.61	1.02
24	0.38	0.44	0.61	1.02
25	0.38	0.44	0.61	1.02
26	0.38	0.44	0.61	1.04
27	0.38	0.45	0.61	1.05
28	0.38	0.45	0.62	1.07
29	0.38	0.46	0.62	1.08
30	0.38	0.46	0.62	1.10
31	0.39	0.47	0.62	1.12
32	0.39	0.47	0.62	1.14
33	0.40	0.48	0.63	1.15
34	0.40	0.48	0.63	1.17
35	0.41	0.49	0.63	1.19
36	0.43	0.51	0.66	1.26
37	0.44	0.53	0.68	1.34
38	0.46	0.56	0.71	1.42
39	0.48	0.58	0.74	1.51
40	0.50	0.61	0.77	1.60
41	0.54	0.65	0.82	1.75
42	0.58	0.70	0.88	1.90
43	0.62	0.74	0.93	2.08
44	0.66	0.80	0.99	2.26
45	0.71	0.85	1.06	2.47
46	0.75	0.90	1.13	2.67
47	0.79	0.96	1.20	2.89
48	0.83	1.02	1.28	3.13
49	0.88	1.08	1.37	3.38
50	0.93	1.15	1.46	3.66
51	1.00	1.24	1.56	3.92
52	1.07	1.34	1.67	4.20
53	1.15	1.44	1.78	4.49
54	1.24	1.55	1.91	4.81
55	1.33	1.67	2.04	5.15
56	1.43	1.80	2.18	5.58
57	1.54	1.94	2.33	6.04
58	1.65	2.10	2.48	6.54
59	1.78	2.26	2.65	7.08
60	1.91	2.44	2.83	7.66
61	2.10	2.65	3.09	8.46
62	2.32	2.89	3.38	9.35
63	2.55	3.14	3.69	10.33
64	2.81	3.41	4.03	11.41
65	3.10	3.71	4.40	12.60
66	3.42	4.03	4.94	13.85
67	3.76	4.39	5.54	15.22
68	4.14	4.77	6.22	16.72
69	4.57	5.19	6.98	18.38

For an annual premium of $7.00, you can cover all of your eligible for $5,000 each ($1,000 if under age 6 months). Note: Premiums are guaranteed to remain level for the first 10 years of coverage. Then, if still eligible, you may reapply for 10-year level rates then in effect for a subsequent 10-year term; rates for a subsequent term would be determined based on the insured person's then current age, health and tobacco/nicotine use and guaranteed for 10 years. If you or your spouse are not approved for a subsequent 10-year term of guaranteed rates, or do not apply for a subsequent 10-year term, coverage will continue in force on a non-guaranteed basis with increasing premiums as the insured ages.

YOUR COST

Current 2026-2027 Premium Contributions

Annual Rates per $1,000 of Face Amount

The cost of this life insurance is based upon the member and spouse's gender, amount of insurance requested, usage of tobacco/nicotine products, health status, and attained age on the date coverage is issued. Residents of Montana: male rates apply to all applicants, regardless of gender.

Only non-tobacco/nicotine users meeting the highest underwriting standards will qualify for "Super Preferred" rates. Other non-tobacco/nicotine users may qualify for the higher "Preferred" or "Select" rates. (Note: tobacco/nicotine users may only qualify for the Standard Tobacco User rates.) Upon approval of your Application, you will be notified of the rate classification for each approved person.

Band 3 - $500K-999K

Male Annual Premiums

Issue Age	Super Preferred	Preferred	Select	Standard Tobacco User
20	0.32	0.40	0.52	1.15
21	0.32	0.40	0.52	1.15
22	0.32	0.40	0.52	1.15
23	0.32	0.40	0.52	1.15
24	0.32	0.40	0.52	1.15
25	0.32	0.40	0.52	1.15
26	0.32	0.40	0.53	1.18
27	0.32	0.40	0.53	1.20
28	0.33	0.41	0.54	1.23
29	0.33	0.41	0.54	1.26
30	0.33	0.41	0.55	1.29
31	0.33	0.41	0.55	1.35
32	0.33	0.42	0.56	1.42
33	0.34	0.42	0.56	1.48
34	0.34	0.43	0.57	1.56
35	0.34	0.43	0.57	1.63
36	0.36	0.45	0.60	1.73
37	0.38	0.47	0.64	1.84
38	0.40	0.50	0.68	1.96
39	0.42	0.52	0.72	2.08
40	0.44	0.55	0.76	2.21
41	0.48	0.60	0.82	2.36
42	0.52	0.65	0.89	2.52
43	0.57	0.71	0.96	2.70
44	0.62	0.77	1.04	2.88
45	0.67	0.84	1.12	3.08
46	0.72	0.91	1.22	3.33
47	0.78	0.98	1.32	3.60
48	0.84	1.06	1.43	3.89
49	0.91	1.15	1.56	4.21
50	0.98	1.24	1.69	4.55
51	1.08	1.36	1.83	4.94
52	1.20	1.48	1.99	5.36
53	1.33	1.62	2.15	5.82
54	1.47	1.77	2.33	6.32
55	1.63	1.94	2.53	6.86
56	1.80	2.13	2.77	7.55
57	1.98	2.34	3.03	8.32
58	2.18	2.57	3.31	9.16
59	2.40	2.82	3.62	10.09
60	2.65	3.09	3.96	11.11
61	2.93	3.43	4.44	12.23
62	3.25	3.80	4.98	13.46
63	3.60	4.22	5.59	14.82
64	3.98	4.68	6.27	16.31
65	4.41	5.19	7.03	17.95
66	4.88	5.77	7.88	19.80
67	5.41	6.42	8.82	21.85
68	5.99	7.14	9.89	24.10
69	6.63	7.95	11.08	26.59

Female Annual Premiums

Issue Age	Super Preferred	Preferred	Select	Standard Tobacco User
20	0.26	0.33	0.44	0.87
21	0.26	0.33	0.44	0.87
22	0.26	0.33	0.44	0.87
23	0.26	0.33	0.44	0.87
24	0.26	0.33	0.44	0.87
25	0.26	0.33	0.44	0.87
26	0.26	0.33	0.45	0.88
27	0.26	0.33	0.45	0.89
28	0.26	0.34	0.46	0.90
29	0.26	0.34	0.46	0.91
30	0.26	0.34	0.47	0.92
31	0.26	0.35	0.48	0.94
32	0.27	0.36	0.48	0.97
33	0.27	0.36	0.49	0.99
34	0.28	0.37	0.49	1.01
35	0.28	0.38	0.50	1.04
36	0.30	0.40	0.53	1.11
37	0.31	0.42	0.56	1.19
38	0.33	0.44	0.59	1.27
39	0.35	0.47	0.62	1.36
40	0.37	0.49	0.66	1.45
41	0.40	0.53	0.71	1.58
42	0.44	0.57	0.76	1.71
43	0.48	0.62	0.82	1.86
44	0.52	0.67	0.88	2.02
45	0.57	0.73	0.94	2.20
46	0.61	0.78	1.01	2.38
47	0.65	0.84	1.09	2.57
48	0.69	0.90	1.17	2.78
49	0.73	0.97	1.26	3.01
50	0.78	1.04	1.36	3.25
51	0.85	1.12	1.46	3.51
52	0.92	1.20	1.56	3.79
53	1.00	1.30	1.68	4.09
54	1.09	1.39	1.80	4.42
55	1.19	1.50	1.93	4.77
56	1.29	1.63	2.07	5.24
57	1.39	1.77	2.22	5.76
58	1.51	1.92	2.39	6.33
59	1.63	2.08	2.56	6.96
60	1.77	2.26	2.75	7.65
61	1.97	2.46	3.02	8.45
62	2.19	2.69	3.31	9.34
63	2.44	2.93	3.63	10.32
64	2.71	3.19	3.98	11.40
65	3.02	3.48	4.37	12.59
66	3.34	3.81	4.91	13.83
67	3.69	4.16	5.52	15.19
68	4.09	4.55	6.20	16.68
69	4.52	4.98	6.96	18.33

For an annual premium of $7.00, you can cover all of your eligible for $5,000 each ($1,000 if under age 6 months). Note: Premiums are guaranteed to remain level for the first 10 years of coverage. Then, if still eligible, you may reapply for 10-year level rates then in effect for a subsequent 10-year term; rates for a subsequent term would be determined based on the insured person's then current age, health and tobacco/nicotine use and guaranteed for 10 years. If you or your spouse are not approved for a subsequent 10-year term of guaranteed rates, or do not apply for a subsequent 10-year term, coverage will continue in force on a non-guaranteed basis with increasing premiums as the insured ages.

YOUR COST

Current 2026-2027 Premium Contributions

Annual Rates per $1,000 of Face Amount

The cost of this life insurance is based upon the member and spouse's gender, amount of insurance requested, usage of tobacco/nicotine products, health status, and attained age on the date coverage is issued. Residents of Montana: male rates apply to all applicants, regardless of gender.

Only non-tobacco/nicotine users meeting the highest underwriting standards will qualify for "Super Preferred" rates. Other non-tobacco/nicotine users may qualify for the higher "Preferred" or "Select" rates. (Note: tobacco/nicotine users may only qualify for the Standard Tobacco User rates.) Upon approval of your Application, you will be notified of the rate classification for each approved person.

Band 4 - $1,000,000-3,000,000

Male Annual Premiums

Issue Age	Super Preferred	Preferred	Select	Standard Tobacco User
20	0.22	0.30	0.45	0.98
21	0.22	0.30	0.45	0.98
22	0.22	0.30	0.45	0.98
23	0.22	0.30	0.45	0.98
24	0.22	0.30	0.45	0.98
25	0.22	0.30	0.45	0.98
26	0.22	0.30	0.45	1.03
27	0.22	0.30	0.45	1.07
28	0.22	0.30	0.45	1.12
29	0.22	0.30	0.45	1.18
30	0.22	0.30	0.45	1.23
31	0.22	0.30	0.45	1.28
32	0.23	0.30	0.45	1.34
33	0.23	0.31	0.46	1.40
34	0.24	0.31	0.46	1.46
35	0.24	0.31	0.46	1.53
36	0.26	0.33	0.50	1.65
37	0.27	0.35	0.54	1.77
38	0.29	0.38	0.58	1.90
39	0.31	0.40	0.63	2.05
40	0.33	0.43	0.68	2.20
41	0.36	0.48	0.74	2.34
42	0.40	0.53	0.80	2.49
43	0.44	0.58	0.87	2.64
44	0.49	0.64	0.94	2.81
45	0.54	0.71	1.02	2.99
46	0.59	0.77	1.10	3.25
47	0.65	0.84	1.19	3.53
48	0.71	0.92	1.29	3.84
49	0.78	1.00	1.40	4.17
50	0.85	1.09	1.51	4.53
51	0.94	1.19	1.64	4.92
52	1.05	1.30	1.78	5.34
53	1.17	1.42	1.94	5.81
54	1.30	1.55	2.11	6.31
55	1.44	1.69	2.29	6.85
56	1.60	1.87	2.50	7.54
57	1.78	2.06	2.72	8.31
58	1.98	2.28	2.97	9.15
59	2.20	2.52	3.24	10.08
60	2.45	2.78	3.53	11.10
61	2.73	3.12	3.98	12.21
62	3.04	3.50	4.48	13.43
63	3.39	3.93	5.05	14.77
64	3.77	4.40	5.70	16.25
65	4.20	4.94	6.42	17.87
66	4.68	5.54	7.24	19.65
67	5.21	6.22	8.16	21.60
68	5.80	6.98	9.21	23.76
69	6.46	7.83	10.38	26.12

Female Annual Premiums

Issue Age	Super Preferred	Preferred	Select	Standard Tobacco User
20	0.19	0.24	0.34	0.72
21	0.19	0.24	0.34	0.72
22	0.19	0.24	0.34	0.72
23	0.19	0.24	0.34	0.72
24	0.19	0.24	0.34	0.72
25	0.19	0.24	0.34	0.72
26	0.19	0.24	0.34	0.73
27	0.19	0.24	0.34	0.75
28	0.19	0.25	0.35	0.76
29	0.19	0.25	0.35	0.78
30	0.19	0.25	0.35	0.79
31	0.19	0.25	0.36	0.83
32	0.19	0.25	0.37	0.87
33	0.20	0.26	0.38	0.91
34	0.20	0.26	0.39	0.95
35	0.20	0.26	0.40	1.00
36	0.22	0.28	0.43	1.08
37	0.24	0.30	0.45	1.16
38	0.26	0.32	0.48	1.24
39	0.28	0.34	0.52	1.34
40	0.30	0.37	0.55	1.44
41	0.32	0.40	0.59	1.55
42	0.35	0.44	0.63	1.66
43	0.38	0.48	0.67	1.79
44	0.41	0.53	0.72	1.93
45	0.44	0.58	0.77	2.07
46	0.48	0.63	0.84	2.24
47	0.52	0.69	0.92	2.43
48	0.57	0.74	1.00	2.63
49	0.62	0.81	1.09	2.84
50	0.68	0.88	1.19	3.08
51	0.75	0.96	1.28	3.36
52	0.82	1.04	1.39	3.67
53	0.90	1.13	1.49	4.00
54	0.98	1.22	1.61	4.36
55	1.08	1.33	1.74	4.76
56	1.17	1.45	1.89	5.23
57	1.27	1.58	2.04	5.75
58	1.38	1.71	2.21	6.32
59	1.50	1.87	2.40	6.95
60	1.63	2.03	2.60	7.64
61	1.80	2.24	2.87	8.41
62	1.99	2.46	3.16	9.26
63	2.19	2.71	3.49	10.20
64	2.42	2.99	3.85	11.23
65	2.67	3.29	4.25	12.37
66	2.95	3.64	4.80	13.61
67	3.25	4.02	5.42	14.97
68	3.59	4.44	6.12	16.47
69	3.96	4.90	6.92	18.12

For an annual premium of $7.00, you can cover all of your eligible for $5,000 each ($1,000 if under age 6 months). Note: Premiums are guaranteed to remain level for the first 10 years of coverage. Then, if still eligible, you may reapply for 10-year level rates then in effect for a subsequent 10-year term; rates for a subsequent term would be determined based on the insured person's then current age, health and tobacco/nicotine use and guaranteed for 10 years. If you or your spouse are not approved for a subsequent 10-year term of guaranteed rates, or do not apply for a subsequent 10-year term, coverage will continue in force on a non-guaranteed basis with increasing premiums as the insured ages.

WAIVER OF PREMIUM COST

Current 2026-2027 Premium Contributions

Annual Rates per $1,000 of Face Amount

The cost of this life insurance is based upon the member and spouse's gender, amount of insurance requested, usage of tobacco/nicotine products, health status, and attained age on the date coverage is issued. Residents of Montana: male rates apply to all applicants, regardless of gender.

Only non-tobacco/nicotine users meeting the highest underwriting standards will qualify for "Super Preferred" rates. Other non-tobacco/nicotine users may qualify for the higher "Preferred" or "Select" rates. (Note: tobacco/nicotine users may only qualify for the Standard Tobacco User rates.) Upon approval of your Application, you will be notified of the rate classification for each approved person.

Band 1 - $100K-249K

Male Annual Premiums

Issue Age	Super Preferred	Preferred	Select	Standard Tobacco User
20	0.11	0.12	0.13	0.25
21	0.11	0.12	0.13	0.25
22	0.11	0.12	0.13	0.25
23	0.11	0.12	0.13	0.25
24	0.11	0.12	0.13	0.25
25	0.11	0.12	0.13	0.25
26	0.11	0.12	0.13	0.26
27	0.11	0.12	0.13	0.26
28	0.11	0.12	0.13	0.26
29	0.11	0.12	0.14	0.27
30	0.11	0.12	0.14	0.27
31	0.13	0.13	0.15	0.29
32	0.13	0.14	0.17	0.31
33	0.13	0.15	0.18	0.33
34	0.15	0.16	0.20	0.35
35	0.15	0.17	0.21	0.38
36	0.16	0.17	0.22	0.40
37	0.16	0.18	0.22	0.41
38	0.16	0.19	0.23	0.43
39	0.16	0.19	0.23	0.45
40	0.17	0.20	0.25	0.46
41	0.17	0.21	0.26	0.50
42	0.19	0.22	0.28	0.55
43	0.20	0.23	0.29	0.59
44	0.21	0.25	0.31	0.64
45	0.22	0.26	0.33	0.69
46	0.24	0.29	0.36	0.78
47	0.27	0.32	0.40	0.87
48	0.30	0.36	0.43	0.98
49	0.33	0.39	0.47	1.10
50	0.36	0.43	0.51	1.23
51	0.41	0.48	0.57	1.37
52	0.45	0.55	0.63	1.53
53	0.50	0.61	0.70	1.71
54	0.56	0.68	0.78	1.91
55	0.62	0.76	0.86	2.12

Female Annual Premiums

Issue Age	Super Preferred	Preferred	Select	Standard Tobacco User
20	0.11	0.11	0.11	0.21
21	0.11	0.11	0.11	0.21
22	0.11	0.11	0.11	0.21
23	0.11	0.11	0.11	0.21
24	0.11	0.11	0.11	0.21
25	0.11	0.11	0.11	0.21
26	0.11	0.11	0.12	0.22
27	0.11	0.11	0.12	0.22
28	0.11	0.11	0.12	0.22
29	0.11	0.11	0.12	0.23
30	0.11	0.11	0.12	0.23
31	0.12	0.12	0.13	0.25
32	0.13	0.13	0.14	0.26
33	0.13	0.14	0.15	0.28
34	0.14	0.15	0.17	0.30
35	0.15	0.16	0.19	0.32
36	0.16	0.17	0.20	0.33
37	0.16	0.17	0.20	0.35
38	0.16	0.17	0.21	0.36
39	0.16	0.18	0.22	0.38
40	0.16	0.19	0.23	0.40
41	0.17	0.20	0.24	0.43
42	0.18	0.21	0.25	0.46
43	0.18	0.22	0.27	0.49
44	0.19	0.23	0.28	0.53
45	0.20	0.24	0.29	0.57
46	0.22	0.27	0.32	0.63
47	0.24	0.29	0.35	0.71
48	0.26	0.32	0.39	0.78
49	0.29	0.35	0.43	0.86
50	0.32	0.38	0.47	0.96
51	0.35	0.42	0.51	1.07
52	0.40	0.46	0.54	1.20
53	0.44	0.51	0.58	1.34
54	0.49	0.57	0.63	1.49
55	0.54	0.63	0.67	1.66

For an annual premium of $7.00, you can cover all of your eligible for $5,000 each ($1,000 if under age 6 months). Note: Premiums are guaranteed to remain level for the first 10 years of coverage. Then, if still eligible, you may reapply for 10-year level rates then in effect for a subsequent 10-year term; rates for a subsequent term would be determined based on the insured person's then current age, health and tobacco/nicotine use and guaranteed for 10 years. If you or your spouse are not approved for a subsequent 10-year term of guaranteed rates, or do not apply for a subsequent 10-year term, coverage will continue in force on a non-guaranteed basis with increasing premiums as the insured ages.

WAIVER OF PREMIUM COST

Current 2026-2027 Premium Contributions

Annual Rates per $1,000 of Face Amount

The cost of this life insurance is based upon the member and spouse's gender, amount of insurance requested, usage of tobacco/nicotine products, health status, and attained age on the date coverage is issued. Residents of Montana: male rates apply to all applicants, regardless of gender.

Only non-tobacco/nicotine users meeting the highest underwriting standards will qualify for "Super Preferred" rates. Other non-tobacco/nicotine users may qualify for the higher "Preferred" or "Select" rates. (Note: tobacco/nicotine users may only qualify for the Standard Tobacco User rates.) Upon approval of your Application, you will be notified of the rate classification for each approved person.

Band 2 - $250K-499K

Male Annual Premiums

Issue Age	Super Preferred	Preferred	Select	Standard Tobacco User
20	0.05	0.07	0.09	0.17
21	0.05	0.07	0.09	0.17
22	0.05	0.07	0.09	0.17
23	0.05	0.07	0.09	0.17
24	0.05	0.07	0.09	0.17
25	0.05	0.07	0.09	0.17
26	0.05	0.07	0.09	0.17
27	0.05	0.07	0.09	0.17
28	0.05	0.07	0.09	0.17
29	0.05	0.07	0.09	0.17
30	0.05	0.07	0.09	0.17
31	0.06	0.08	0.09	0.19
32	0.07	0.08	0.10	0.21
33	0.07	0.09	0.11	0.23
34	0.08	0.09	0.11	0.25
35	0.08	0.10	0.12	0.28
36	0.08	0.10	0.12	0.30
37	0.08	0.10	0.13	0.32
38	0.09	0.11	0.14	0.33
39	0.09	0.11	0.14	0.36
40	0.09	0.11	0.15	0.38
41	0.10	0.12	0.16	0.40
42	0.11	0.13	0.17	0.43
43	0.12	0.14	0.18	0.46
44	0.13	0.15	0.20	0.49
45	0.14	0.16	0.21	0.52
46	0.15	0.18	0.24	0.60
47	0.17	0.20	0.27	0.68
48	0.19	0.23	0.31	0.76
49	0.21	0.26	0.34	0.86
50	0.23	0.28	0.38	0.97
51	0.27	0.32	0.43	1.10
52	0.30	0.37	0.48	1.24
53	0.35	0.42	0.54	1.40
54	0.39	0.47	0.60	1.58
55	0.44	0.53	0.67	1.78

Female Annual Premiums

Issue Age	Super Preferred	Preferred	Select	Standard Tobacco User
20	0.05	0.06	0.08	0.13
21	0.05	0.06	0.08	0.13
22	0.05	0.06	0.08	0.13
23	0.05	0.06	0.08	0.13
24	0.05	0.06	0.08	0.13
25	0.05	0.06	0.08	0.13
26	0.05	0.06	0.08	0.13
27	0.05	0.06	0.08	0.13
28	0.05	0.06	0.08	0.14
29	0.05	0.06	0.08	0.14
30	0.05	0.06	0.08	0.14
31	0.05	0.06	0.09	0.15
32	0.06	0.07	0.09	0.16
33	0.06	0.07	0.09	0.18
34	0.06	0.08	0.10	0.19
35	0.07	0.08	0.11	0.20
36	0.07	0.09	0.11	0.21
37	0.07	0.09	0.11	0.23
38	0.08	0.09	0.12	0.24
39	0.08	0.10	0.13	0.26
40	0.08	0.10	0.13	0.27
41	0.09	0.11	0.14	0.30
42	0.10	0.12	0.15	0.32
43	0.11	0.12	0.16	0.35
44	0.11	0.14	0.17	0.38
45	0.12	0.14	0.18	0.42
46	0.13	0.16	0.20	0.48
47	0.15	0.18	0.22	0.54
48	0.16	0.20	0.25	0.61
49	0.18	0.22	0.28	0.69
50	0.20	0.24	0.31	0.78
51	0.22	0.27	0.34	0.87
52	0.25	0.31	0.38	0.96
53	0.27	0.34	0.42	1.07
54	0.30	0.38	0.47	1.19
55	0.34	0.43	0.52	1.31

For an annual premium of $7.00, you can cover all of your eligible for $5,000 each ($1,000 if under age 6 months). Note: Premiums are guaranteed to remain level for the first 10 years of coverage. Then, if still eligible, you may reapply for 10-year level rates then in effect for a subsequent 10-year term; rates for a subsequent term would be determined based on the insured person's then current age, health and tobacco/nicotine use and guaranteed for 10 years. If you or your spouse are not approved for a subsequent 10-year term of guaranteed rates, or do not apply for a subsequent 10-year term, coverage will continue in force on a non-guaranteed basis with increasing premiums as the insured ages.

WAIVER OF PREMIUM COST

Current 2026-2027 Premium Contributions

Annual Rates per $1,000 of Face Amount

The cost of this life insurance is based upon the member and spouse's gender, amount of insurance requested, usage of tobacco/nicotine products, health status, and attained age on the date coverage is issued. Residents of Montana: male rates apply to all applicants, regardless of gender.

Only non-tobacco/nicotine users meeting the highest underwriting standards will qualify for "Super Preferred" rates. Other non-tobacco/nicotine users may qualify for the higher "Preferred" or "Select" rates. (Note: tobacco/nicotine users may only qualify for the Standard Tobacco User rates.) Upon approval of your Application, you will be notified of the rate classification for each approved person.

Band 3 - $500K-999K

Male Annual Premiums

Issue Age	Super Preferred	Preferred	Select	Standard Tobacco User
20	0.04	0.05	0.07	0.15
21	0.04	0.05	0.07	0.15
22	0.04	0.05	0.07	0.15
23	0.04	0.05	0.07	0.15
24	0.04	0.05	0.07	0.15
25	0.04	0.05	0.07	0.15
26	0.04	0.05	0.07	0.15
27	0.04	0.05	0.07	0.15
28	0.04	0.05	0.07	0.16
29	0.04	0.05	0.07	0.16
30	0.04	0.05	0.07	0.16
31	0.05	0.06	0.08	0.18
32	0.05	0.06	0.08	0.20
33	0.05	0.06	0.08	0.23
34	0.06	0.07	0.09	0.25
35	0.06	0.07	0.10	0.28
36	0.06	0.08	0.10	0.30
37	0.06	0.08	0.11	0.31
38	0.07	0.08	0.12	0.33
39	0.07	0.09	0.12	0.35
40	0.08	0.09	0.13	0.38
41	0.08	0.10	0.14	0.40
42	0.09	0.11	0.15	0.43
43	0.10	0.12	0.16	0.46
44	0.11	0.13	0.18	0.49
45	0.11	0.14	0.19	0.52
46	0.13	0.16	0.22	0.59
47	0.15	0.18	0.25	0.67
48	0.16	0.21	0.28	0.76
49	0.19	0.24	0.32	0.86
50	0.21	0.26	0.36	0.97
51	0.24	0.30	0.40	1.09
52	0.28	0.34	0.46	1.23
53	0.32	0.39	0.51	1.39
54	0.36	0.44	0.57	1.56
55	0.41	0.49	0.64	1.75

Female Annual Premiums

Issue Age	Super Preferred	Preferred	Select	Standard Tobacco User
20	0.03	0.04	0.06	0.11
21	0.03	0.04	0.06	0.11
22	0.03	0.04	0.06	0.11
23	0.03	0.04	0.06	0.11
24	0.03	0.04	0.06	0.11
25	0.03	0.04	0.06	0.11
26	0.03	0.04	0.06	0.11
27	0.03	0.04	0.06	0.11
28	0.03	0.04	0.06	0.11
29	0.03	0.04	0.06	0.12
30	0.03	0.04	0.06	0.12
31	0.03	0.05	0.07	0.13
32	0.04	0.05	0.07	0.14
33	0.04	0.06	0.07	0.15
34	0.04	0.06	0.08	0.16
35	0.05	0.06	0.09	0.18
36	0.05	0.07	0.09	0.19
37	0.05	0.07	0.09	0.20
38	0.06	0.07	0.10	0.21
39	0.06	0.08	0.10	0.23
40	0.06	0.08	0.11	0.25
41	0.07	0.09	0.12	0.27
42	0.07	0.10	0.13	0.29
43	0.08	0.10	0.14	0.32
44	0.09	0.11	0.15	0.34
45	0.10	0.12	0.16	0.37
46	0.11	0.14	0.18	0.42
47	0.12	0.16	0.20	0.48
48	0.13	0.17	0.23	0.54
49	0.15	0.20	0.26	0.61
50	0.17	0.22	0.29	0.69
51	0.19	0.25	0.32	0.78
52	0.21	0.28	0.36	0.87
53	0.24	0.31	0.40	0.97
54	0.27	0.34	0.44	1.09
55	0.30	0.38	0.49	1.22

For an annual premium of $7.00, you can cover all of your eligible for $5,000 each ($1,000 if under age 6 months). Note: Premiums are guaranteed to remain level for the first 10 years of coverage. Then, if still eligible, you may reapply for 10-year level rates then in effect for a subsequent 10-year term; rates for a subsequent term would be determined based on the insured person's then current age, health and tobacco/nicotine use and guaranteed for 10 years. If you or your spouse are not approved for a subsequent 10-year term of guaranteed rates, or do not apply for a subsequent 10-year term, coverage will continue in force on a non-guaranteed basis with increasing premiums as the insured ages.

WAIVER OF PREMIUM COST

Current 2026-2027 Premium Contributions

Annual Rates per $1,000 of Face Amount

The cost of this life insurance is based upon the member and spouse's gender, amount of insurance requested, usage of tobacco/nicotine products, health status, and attained age on the date coverage is issued. Residents of Montana: male rates apply to all applicants, regardless of gender.

Only non-tobacco/nicotine users meeting the highest underwriting standards will qualify for "Super Preferred" rates. Other non-tobacco/nicotine users may qualify for the higher "Preferred" or "Select" rates. (Note: tobacco/nicotine users may only qualify for the Standard Tobacco User rates.) Upon approval of your Application, you will be notified of the rate classification for each approved person.

Band 4 - $1,000,000-3,000,000

Male Annual Premiums

Issue Age	Super Preferred	Preferred	Select	Standard Tobacco User
20	0.03	0.04	0.06	0.12
21	0.03	0.04	0.06	0.12
22	0.03	0.04	0.06	0.12
23	0.03	0.04	0.06	0.12
24	0.03	0.04	0.06	0.12
25	0.03	0.04	0.06	0.12
26	0.03	0.04	0.06	0.13
27	0.03	0.04	0.06	0.14
28	0.03	0.04	0.06	0.14
29	0.03	0.04	0.06	0.15
30	0.03	0.04	0.06	0.16
31	0.03	0.04	0.06	0.17
32	0.03	0.04	0.07	0.19
33	0.03	0.05	0.07	0.21
34	0.04	0.05	0.07	0.23
35	0.04	0.05	0.08	0.26
36	0.04	0.06	0.08	0.28
37	0.05	0.06	0.09	0.30
38	0.05	0.06	0.10	0.32
39	0.05	0.07	0.11	0.35
40	0.06	0.07	0.12	0.37
41	0.06	0.08	0.13	0.40
42	0.07	0.09	0.14	0.42
43	0.08	0.10	0.15	0.45
44	0.08	0.11	0.16	0.48
45	0.09	0.12	0.17	0.51
46	0.11	0.14	0.20	0.58
47	0.12	0.16	0.22	0.66
48	0.14	0.18	0.25	0.75
49	0.16	0.20	0.29	0.85
50	0.18	0.23	0.32	0.96
51	0.21	0.26	0.36	1.09
52	0.24	0.30	0.41	1.23
53	0.28	0.34	0.46	1.38
54	0.32	0.38	0.52	1.56
55	0.37	0.43	0.58	1.75

Female Annual Premiums

Issue Age	Super Preferred	Preferred	Select	Standard Tobacco User
20	0.02	0.03	0.04	0.09
21	0.02	0.03	0.04	0.09
22	0.02	0.03	0.04	0.09
23	0.02	0.03	0.04	0.09
24	0.02	0.03	0.04	0.09
25	0.02	0.03	0.04	0.09
26	0.02	0.03	0.04	0.09
27	0.02	0.03	0.04	0.10
28	0.02	0.03	0.05	0.10
29	0.02	0.03	0.05	0.10
30	0.02	0.03	0.05	0.10
31	0.03	0.03	0.05	0.11
32	0.03	0.04	0.05	0.13
33	0.03	0.04	0.06	0.14
34	0.03	0.04	0.06	0.15
35	0.03	0.04	0.07	0.17
36	0.04	0.05	0.07	0.18
37	0.04	0.05	0.07	0.20
38	0.04	0.05	0.08	0.21
39	0.05	0.06	0.09	0.23
40	0.05	0.06	0.09	0.24
41	0.05	0.07	0.10	0.26
42	0.06	0.08	0.11	0.28
43	0.06	0.08	0.11	0.30
44	0.07	0.09	0.12	0.33
45	0.07	0.10	0.13	0.35
46	0.08	0.11	0.15	0.40
47	0.10	0.13	0.17	0.46
48	0.11	0.14	0.20	0.51
49	0.13	0.16	0.22	0.58
50	0.14	0.19	0.25	0.65
51	0.17	0.21	0.28	0.74
52	0.19	0.24	0.32	0.84
53	0.21	0.27	0.35	0.95
54	0.24	0.30	0.40	1.07
55	0.28	0.34	0.44	1.21

For an annual premium of $7.00, you can cover all of your eligible for $5,000 each ($1,000 if under age 6 months). Note: Premiums are guaranteed to remain level for the first 10 years of coverage. Then, if still eligible, you may reapply for 10-year level rates then in effect for a subsequent 10-year term; rates for a subsequent term would be determined based on the insured person's then current age, health and tobacco/nicotine use and guaranteed for 10 years. If you or your spouse are not approved for a subsequent 10-year term of guaranteed rates, or do not apply for a subsequent 10-year term, coverage will continue in force on a non-guaranteed basis with increasing premiums as the insured ages.