

Deductions per year: 26

Group Critical Illness (GCI6000) for OK

Applicable to policy forms GCI6000-P, GCI6000-C,
R-GCI6000-CB, R-GCI6000-BB, R-GCI6000-HB,
R-GCI6000-INF, R-GCI6000-PD

- Plan 1 - Critical Illness, Wellbeing Assistance Benefit - \$50 Benefit

Non-Tobacco Rates

	ISSUE AGE	NAMED INSURED	NAMED INSURED AND SPOUSE	NAMED INSURED AND DEPENDENT CHILD(REN)	NAMED INSURED, SPOUSE AND DEPENDENT CHILD(REN)
\$10,000	18-24	\$2.36	\$3.51	\$2.36	\$3.51
	25-29	\$2.72	\$4.06	\$2.72	\$4.06
	30-34	\$3.09	\$4.62	\$3.09	\$4.62
	35-39	\$3.97	\$6.00	\$3.97	\$6.00
	40-44	\$4.89	\$7.34	\$4.89	\$7.34
	45-49	\$6.32	\$9.70	\$6.32	\$9.70
	50-54	\$7.99	\$12.37	\$7.99	\$12.37
	55-59	\$10.11	\$15.65	\$10.11	\$15.65
	60-64	\$13.34	\$20.63	\$13.34	\$20.63
	65-69	\$14.45	\$22.30	\$14.45	\$22.30
70-74	\$16.43	\$25.34	\$16.43	\$25.34	
\$20,000	18-24	\$3.37	\$4.94	\$3.37	\$4.94
	25-29	\$4.11	\$6.05	\$4.11	\$6.05
	30-34	\$4.85	\$7.16	\$4.85	\$7.16
	35-39	\$6.60	\$9.93	\$6.60	\$9.93
	40-44	\$8.45	\$12.60	\$8.45	\$12.60
	45-49	\$11.31	\$17.31	\$11.31	\$17.31
	50-54	\$14.63	\$22.66	\$14.63	\$22.66
	55-59	\$18.88	\$29.22	\$18.88	\$29.22
	60-64	\$25.34	\$39.19	\$25.34	\$39.19
	65-69	\$27.56	\$42.51	\$27.56	\$42.51
70-74	\$31.52	\$48.60	\$31.52	\$48.60	
\$30,000	18-24	\$4.39	\$6.37	\$4.39	\$6.37
	25-29	\$5.49	\$8.03	\$5.49	\$8.03
	30-34	\$6.60	\$9.70	\$6.60	\$9.70
	35-39	\$9.23	\$13.85	\$9.23	\$13.85
	40-44	\$12.00	\$17.86	\$12.00	\$17.86
	45-49	\$16.29	\$24.93	\$16.29	\$24.93
	50-54	\$21.28	\$32.96	\$21.28	\$32.96
	55-59	\$27.65	\$42.79	\$27.65	\$42.79
	60-64	\$37.34	\$57.74	\$37.34	\$57.74
	65-69	\$40.66	\$62.73	\$40.66	\$62.73
70-74	\$46.62	\$71.86	\$46.62	\$71.86	

(Continued...)

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R-GCI6000-CB, R-GCI6000-BB, R-GCI6000-HB,
R-GCI6000-INF, R-GCI6000-PD

Group Critical Illness (GCI6000) for OK

- Plan 1 - Critical Illness, Wellbeing Assistance Benefit - \$50 Benefit

Tobacco Rates

	ISSUE AGE	NAMED INSURED	NAMED INSURED AND SPOUSE	NAMED INSURED AND DEPENDENT CHILD(REN)	NAMED INSURED, SPOUSE AND DEPENDENT CHILD(REN)
\$10,000	18-24	\$3.14	\$4.66	\$3.14	\$4.66
	25-29	\$3.83	\$5.68	\$3.83	\$5.68
	30-34	\$4.52	\$6.70	\$4.52	\$6.70
	35-39	\$6.09	\$9.10	\$6.09	\$9.10
	40-44	\$7.71	\$11.54	\$7.71	\$11.54
	45-49	\$10.34	\$15.79	\$10.34	\$15.79
	50-54	\$13.29	\$20.59	\$13.29	\$20.59
	55-59	\$17.17	\$26.50	\$17.17	\$26.50
	60-64	\$22.99	\$35.45	\$22.99	\$35.45
	65-69	\$24.92	\$38.50	\$24.92	\$38.50
	70-74	\$28.48	\$43.99	\$28.48	\$43.99
\$20,000	18-24	\$4.94	\$7.25	\$4.94	\$7.25
	25-29	\$6.32	\$9.28	\$6.32	\$9.28
	30-34	\$7.71	\$11.31	\$7.71	\$11.31
	35-39	\$10.85	\$16.11	\$10.85	\$16.11
	40-44	\$14.08	\$21.00	\$14.08	\$21.00
	45-49	\$19.34	\$29.50	\$19.34	\$29.50
	50-54	\$25.25	\$39.10	\$25.25	\$39.10
	55-59	\$33.00	\$50.91	\$33.00	\$50.91
	60-64	\$44.63	\$68.82	\$44.63	\$68.82
	65-69	\$48.51	\$74.91	\$48.51	\$74.91
	70-74	\$55.62	\$85.90	\$55.62	\$85.90
\$30,000	18-24	\$6.74	\$9.83	\$6.74	\$9.83
	25-29	\$8.82	\$12.88	\$8.82	\$12.88
	30-34	\$10.89	\$15.93	\$10.89	\$15.93
	35-39	\$15.60	\$23.13	\$15.60	\$23.13
	40-44	\$20.45	\$30.46	\$20.45	\$30.46
	45-49	\$28.34	\$43.20	\$28.34	\$43.20
	50-54	\$37.20	\$57.60	\$37.20	\$57.60
	55-59	\$48.83	\$75.33	\$48.83	\$75.33
	60-64	\$66.28	\$102.19	\$66.28	\$102.19
	65-69	\$72.09	\$111.33	\$72.09	\$111.33
	70-74	\$82.76	\$127.80	\$82.76	\$127.80

Important Notice

Insurance coverage has exclusions and limitations that may affect benefits payable. For a complete description of benefits, limitations and exclusions, please refer to an outline of coverage, sample policy/certificate, proposal description or see your Colonial Life benefits counselor. Coverage type, benefits and rates vary by state. Coverage may not be available in all states. Rates provided are illustrative and your actual premium may be different depending on your particular situation and plan choices.

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