

AssurityBalance®
Simplified Disability Income Insurance
Annual Premium per \$100 Monthly Benefit



For all states except the following: MT, NJ									
Occupation Class 1									
Issue Age	Gender	Benefit Period/Elimination Period							
		6 mon/30 day		6 mon/60 day		6 mon/90 day		6 mon/180 day	
		Non-Tob	Tobacco	Non-Tob	Tobacco	Non-Tob	Tobacco	Non-Tob	Tobacco
18-39	Male	11.38	13.39	8.54	10.05	3.26	3.84	2.87	3.38
	Female	17.06	20.07	12.80	15.06	4.89	5.75	4.30	5.06
40-49	Male	17.72	20.85	14.01	16.48	7.13	8.39	6.27	7.38
	Female	24.81	29.19	19.62	23.08	9.99	11.75	8.79	10.34
50+	Male	26.30	30.94	22.10	26.00	14.30	16.82	12.58	14.80
	Female	28.93	34.04	24.31	28.60	15.73	18.51	13.84	16.28
Issue Age	Gender	Benefit Period/Elimination Period							
		12 mon/30 day		12 mon/60 day		12 mon/90 day		12 mon/180 day	
		Non-Tob	Tobacco	Non-Tob	Tobacco	Non-Tob	Tobacco	Non-Tob	Tobacco
18-39	Male	16.61	19.54	13.03	15.33	6.37	7.49	5.61	6.60
	Female	24.92	29.32	19.54	22.99	9.56	11.25	8.41	9.89
40-49	Male	26.62	31.32	21.90	25.76	13.13	15.45	11.55	13.59
	Female	37.27	43.85	30.66	36.07	18.38	21.62	16.17	19.02
50+	Male	40.83	48.04	35.60	41.88	25.90	30.47	22.79	26.81
	Female	44.91	52.84	39.16	46.07	28.49	33.52	25.07	29.49
Issue Age	Gender	Benefit Period/Elimination Period							
		24 mon/30 day		24 mon/60 day		24 mon/90 day		24 mon/180 day	
		Non-Tob	Tobacco	Non-Tob	Tobacco	Non-Tob	Tobacco	Non-Tob	Tobacco
18-39	Male	22.93	26.98	18.56	21.84	10.44	12.28	9.19	10.81
	Female	34.39	40.46	27.83	32.74	15.66	18.42	13.78	16.21
40-49	Male	39.02	45.91	33.08	38.92	22.06	25.95	19.41	22.84
	Female	54.63	64.27	46.32	54.49	30.88	36.33	27.17	31.96
50+	Male	62.63	73.68	56.13	66.04	44.06	51.84	38.77	45.61
	Female	68.89	81.05	61.74	72.64	48.46	57.01	42.64	50.16

To calculate the modal premium, multiply the number of units (benefit amount divided by 100) by the unit rate listed above, add the policy fee of \$40 and multiply by the mode factor (annual, 1.00; semi-annual, 0.51; quarterly, 0.264; and monthly, 0.088) and round to the nearest \$0.01.

For agent use only. Not for use with consumers. Policy form I D0710. Product availability, features and rates may vary by state. The policy may contain reductions of benefits, limitations and exclusions. For complete details of coverage, please contact Assurity Life Insurance Company or ask to review the policy for more information.

AssurityBalance®
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For all states except the following: MT, NJ									
Occupation Class 2									
Issue Age	Gender	Benefit Period/Elimination Period							
		6 mon/30 day		6 mon/60 day		6 mon/90 day		6 mon/180 day	
		Non-Tob	Tobacco	Non-Tob	Tobacco	Non-Tob	Tobacco	Non-Tob	Tobacco
18-39	Male	21.08	24.80	16.86	19.84	9.02	10.61	7.94	9.34
	Female	31.62	37.20	25.29	29.75	13.53	15.92	11.91	14.01
40-49	Male	30.68	36.09	25.05	29.47	14.60	17.18	12.85	15.12
	Female	38.35	45.12	31.32	36.85	18.25	21.47	16.06	18.89
50+	Male	44.20	52.00	37.55	44.18	25.20	29.65	22.18	26.09
	Female	46.41	54.60	39.43	46.39	26.46	31.13	23.28	27.39
Issue Age	Gender	Benefit Period/Elimination Period							
		12 mon/30 day		12 mon/60 day		12 mon/90 day		12 mon/180 day	
		Non-Tob	Tobacco	Non-Tob	Tobacco	Non-Tob	Tobacco	Non-Tob	Tobacco
18-39	Male	30.14	35.46	25.02	29.44	15.51	18.25	13.65	16.06
	Female	45.21	53.19	37.53	44.15	23.27	27.38	20.48	24.09
40-49	Male	45.43	53.45	38.44	45.22	25.45	29.94	22.40	26.35
	Female	56.79	66.81	48.05	56.53	31.82	37.44	28.00	32.94
50+	Male	67.84	79.81	59.65	70.18	44.44	52.28	39.11	46.01
	Female	71.23	83.80	62.63	73.68	46.66	54.89	41.06	48.31
Issue Age	Gender	Benefit Period/Elimination Period							
		24 mon/30 day		24 mon/60 day		24 mon/90 day		24 mon/180 day	
		Non-Tob	Tobacco	Non-Tob	Tobacco	Non-Tob	Tobacco	Non-Tob	Tobacco
18-39	Male	41.00	48.24	35.03	41.21	23.93	28.15	21.06	24.78
	Female	61.50	72.35	52.54	61.81	35.89	42.22	31.58	37.15
40-49	Male	65.95	77.59	57.42	67.55	41.59	48.93	36.60	43.06
	Female	82.44	96.99	71.78	84.45	51.99	61.16	45.75	53.82
50+	Male	103.28	121.51	93.22	109.67	74.53	87.68	65.59	77.16
	Female	108.45	127.59	97.88	115.15	78.26	92.07	68.87	81.02

To calculate the modal premium, multiply the number of units (benefit amount divided by 100) by the unit rate listed above, add the policy fee of \$40 and multiply by the mode factor (annual, 1.00; semi-annual, 0.51; quarterly, 0.264; and monthly, 0.088) and round to the nearest \$0.01.

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For Montana Only								
Occupation Class 1								
Issue Age	Benefit Period/Elimination Period							
	6 mon/30 day		6 mon/60 day		6 mon/90 day		6 mon/180 day	
	Non-Tob	Tobacco	Non-Tob	Tobacco	Non-Tob	Tobacco	Non-Tob	Tobacco
18-39	15.54	18.28	11.46	13.49	3.89	4.58	3.42	4.03
40-49	21.11	24.84	16.63	19.56	8.32	9.78	7.31	8.61
50+	28.57	33.62	24.01	28.25	15.54	18.28	13.67	16.08
Issue Age	Benefit Period/Elimination Period							
	12 mon/30 day		12 mon/60 day		12 mon/90 day		12 mon/180 day	
	Non-Tob	Tobacco	Non-Tob	Tobacco	Non-Tob	Tobacco	Non-Tob	Tobacco
18-39	21.78	25.62	16.82	19.79	7.60	8.94	6.69	7.87
40-49	31.49	37.05	25.83	30.38	15.31	18.01	13.47	15.84
50+	44.36	52.19	38.68	45.50	28.14	33.11	24.76	29.13
Issue Age	Benefit Period/Elimination Period							
	24 mon/30 day		24 mon/60 day		24 mon/90 day		24 mon/180 day	
	Non-Tob	Tobacco	Non-Tob	Tobacco	Non-Tob	Tobacco	Non-Tob	Tobacco
18-39	29.32	34.49	23.41	27.55	12.45	14.64	10.96	12.89
40-49	45.95	54.06	38.87	45.73	25.72	30.26	22.63	26.63
50+	68.05	80.05	60.98	71.75	47.87	56.32	42.12	49.55

Occupation Class 2								
Issue Age	Benefit Period/Elimination Period							
	6 mon/30 day		6 mon/60 day		6 mon/90 day		6 mon/180 day	
	Non-Tob	Tobacco	Non-Tob	Tobacco	Non-Tob	Tobacco	Non-Tob	Tobacco
18-39	27.11	31.89	21.39	25.17	10.76	12.65	9.47	11.14
40-49	35.00	41.18	28.51	33.54	16.44	19.35	14.47	17.03
50+	47.44	55.81	40.30	47.42	27.05	31.82	23.80	28.00
Issue Age	Benefit Period/Elimination Period							
	12 mon/30 day		12 mon/60 day		12 mon/90 day		12 mon/180 day	
	Non-Tob	Tobacco	Non-Tob	Tobacco	Non-Tob	Tobacco	Non-Tob	Tobacco
18-39	37.91	44.61	31.12	36.61	18.50	21.76	16.28	19.15
40-49	51.61	60.72	43.59	51.28	28.67	33.72	25.23	29.68
50+	72.81	85.66	64.02	75.32	47.69	56.11	41.97	49.38
Issue Age	Benefit Period/Elimination Period							
	24 mon/30 day		24 mon/60 day		24 mon/90 day		24 mon/180 day	
	Non-Tob	Tobacco	Non-Tob	Tobacco	Non-Tob	Tobacco	Non-Tob	Tobacco
18-39	50.87	59.84	43.05	50.65	28.54	33.57	25.11	29.54
40-49	74.72	87.91	64.96	76.43	46.84	55.11	41.22	48.50
50+	110.85	130.41	100.05	117.70	79.99	94.10	70.39	82.81

To calculate the modal premium, multiply the number of units (benefit amount divided by 100) by the unit rate listed above, add the policy fee of \$40 and multiply by the mode factor (annual, 1.00; semi-annual, 0.51; quarterly, 0.264; and monthly, 0.088) and round to the nearest \$0.01.

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For New Jersey Only									
Occupation Class 1									
Issue Age	Gender	Benefit Period/Elimination Period							
		6 mon/90 day		12 mon/90 day		24 mon/90 day		24 mon/180 day	
		Non-Tob	Tobacco	Non-Tob	Tobacco	Non-Tob	Tobacco	Non-Tob	Tobacco
18-39	Male	4.30	5.07	7.86	9.24	12.51	14.71	10.50	12.35
	Female	6.45	7.59	11.79	13.88	18.76	22.07	15.75	18.53
40-49	Male	9.41	11.07	16.27	19.14	26.47	31.14	22.18	26.10
	Female	13.19	15.51	22.78	26.79	37.06	43.60	31.05	36.53
50+	Male	18.88	22.20	32.13	37.80	52.89	62.23	44.31	52.13
	Female	20.76	24.43	35.35	41.59	58.17	68.43	48.73	57.33

Occupation Class 2									
Issue Age	Gender	Benefit Period/Elimination Period							
		6 mon/90 day		12 mon/90 day		24 mon/90 day		24 mon/180 day	
		Non-Tob	Tobacco	Non-Tob	Tobacco	Non-Tob	Tobacco	Non-Tob	Tobacco
18-39	Male	11.91	14.01	19.32	22.74	28.95	34.05	24.07	28.32
	Female	17.86	21.01	28.99	34.11	43.41	51.07	36.09	42.46
40-49	Male	19.27	22.68	31.67	37.26	50.12	58.96	41.83	49.21
	Female	24.09	28.34	39.60	46.59	62.65	73.70	52.29	61.51
50+	Male	33.26	39.14	55.25	65.00	89.64	105.46	74.96	88.18
	Female	34.93	41.09	58.01	68.25	94.13	110.74	78.71	92.59

To calculate the modal premium, multiply the number of units (benefit amount divided by 100) by the unit rate listed above, add the policy fee of \$40 and multiply by the mode factor (annual, 1.00; semi-annual, 0.51; quarterly, 0.264; and monthly, 0.088) and round to the nearest \$0.01.

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