

Enter the amount of coverage  
you are requesting

Enter Your Rate from table below  
based on your age

Monthly Premium

Bi-weekly Premium

500000

0.145

72.50

33.46

Age (as of September 1)	Your Rate* (Per \$1,000 of Total Coverage)	Your Spouse's Rate** (Per \$1,000 of Total Coverage)
<25	\$0.125	\$0.125
25–29	\$0.135	\$0.135
30–34	\$0.145	\$0.145
35–39	\$0.185	\$0.185
40–44	\$0.265	\$0.265
45–49	\$0.325	\$0.325
50–54	\$0.475	\$0.475
55–59	\$0.705	\$0.705
60–64	\$0.875	\$0.875
65–69	\$1.315	\$1.315
70–74	\$3.145	\$3.145