



Rate Sheet prepared by on 11/13/2008 4:22:02 PM
California Payroll Premium Rates are Monthly for Industry Class A

PERSONAL CANCER INDEMNITY LEVEL ONE - Series A-75100

		Premium	SD*	BBR* (5 units)	Total
18-64	INDIVIDUAL	\$20.40	\$1.00	\$3.00	\$24.40
18-64	ONE-PARENT FAMILY	\$23.80	\$1.50	\$4.50	\$29.80
18-64	TWO-PARENT FAMILY	\$33.20	\$2.00	\$6.50	\$41.70

SD = Optional Specified Disease Rider (Series A-75052) premium*

BBR = Optional Building Benefit Rider (Series A-75050) premium 1-5 units*

PERSONAL CANCER INDEMNITY LEVEL THREE - Series A-75300

		Premium	SD*	BBR* (5 units)	Total
18-64	INDIVIDUAL	\$36.20	\$1.00	\$3.00	\$40.20
18-64	ONE-PARENT FAMILY	\$43.90	\$1.50	\$4.50	\$49.90
18-64	TWO-PARENT FAMILY	\$60.50	\$2.00	\$6.50	\$69.00

SD = Optional Specified Disease Rider (Series A-75052) premium*

BBR = Optional Building Benefit Rider (Series A-75050) premium 1-5 units*