

**CREDIT DISABILITY INSURANCE
SINGLE PREMIUM RATES PER \$100 OF INITIAL
INSURED INDEBTEDNESS**

Benefits Payable After:

Original number of equal monthly <u>installments</u>	<u>the 14th day of disability</u>		<u>the 30th day of disability</u>		Original number of equal monthly <u>installments</u>	<u>the 14th day of disability</u>		<u>the 30th day of disability</u>	
	<u>Retroactive to first day</u>	<u>Non- retroactive</u>	<u>Retroactive to first day</u>	<u>Non- retroactive</u>		<u>Retroactive to first day</u>	<u>Non- retroactive</u>	<u>Retroactive to first day</u>	<u>Non- retroactive</u>
6	1.22	1.37	0.71	0.55	36	2.23	2.88	1.37	1.54
7	1.28	1.54	0.78	0.64	37	2.25	2.90	1.37	1.55
8	1.35	1.64	0.83	0.71	38	2.28	2.94	1.38	1.57
9	1.40	1.71	0.89	0.77	39	2.30	2.96	1.39	1.58
10	1.46	1.78	0.94	0.84	40	2.32	2.99	1.40	1.59
11	1.51	1.86	0.97	0.89	41	2.34	3.03	1.41	1.61
12	1.55	1.92	1.00	0.94	42	2.35	3.04	1.42	1.62
13	1.60	1.98	1.02	0.99	43	2.37	3.08	1.43	1.63
14	1.64	2.04	1.04	1.04	44	2.38	3.10	1.44	1.65
15	1.67	2.09	1.06	1.08	45	2.41	3.12	1.45	1.66
16	1.71	2.14	1.09	1.12	46	2.44	3.16	1.46	1.67
17	1.75	2.20	1.11	1.16	47	2.46	3.17	1.47	1.68
18	1.78	2.23	1.13	1.20	48	2.46	3.20	1.48	1.69
19	1.81	2.28	1.13	1.23	49	2.48	3.23	1.49	1.71
20	1.84	2.32	1.16	1.27	50	2.50	3.25	1.50	1.72
21	1.87	2.36	1.17	1.30	51	2.52	3.28	1.51	1.73
22	1.90	2.40	1.18	1.31	52	2.54	3.31	1.51	1.74
23	1.93	2.44	1.20	1.33	53	2.56	3.33	1.52	1.75
24	1.95	2.47	1.21	1.35	54	2.58	3.36	1.53	1.77
25	1.98	2.52	1.23	1.36	55	2.59	3.37	1.53	1.78
26	2.00	2.55	1.25	1.38	56	2.61	3.39	1.55	1.79
27	2.03	2.58	1.25	1.40	57	2.62	3.42	1.55	1.80
28	2.06	2.62	1.27	1.41	58	2.64	3.46	1.56	1.80
29	2.08	2.66	1.28	1.43	59	2.66	3.47	1.57	1.82
30	2.10	2.69	1.29	1.46	60	2.67	3.49	1.58	1.83
31	2.13	2.72	1.30	1.47	61	2.70	3.52	1.59	1.84
32	2.15	2.76	1.32	1.48	62	2.72	3.53	1.60	1.85
33	2.18	2.78	1.33	1.49	63	2.73	3.55	1.61	1.86
34	2.19	2.82	1.34	1.51	64	2.75	3.58	1.62	1.87
35	2.21	2.85	1.35	1.52	65	2.76	3.60	1.62	1.88

CREDIT DISABILITY INSURANCE (continued)

Benefits Payable After:

Original number of equal monthly <u>installments</u>	<u>the 14th day of disability</u>		<u>the 30th day of disability</u>		Original number of equal monthly <u>installments</u>	<u>the 14th day of disability</u>		<u>the 30th day of disability</u>	
	<u>Retroactive to first day</u>	<u>Non- retroactive</u>	<u>Retroactive to first day</u>	<u>Non- retroactive</u>		<u>Retroactive to first day</u>	<u>Non- retroactive</u>	<u>Retroactive to first day</u>	<u>Non- retroactive</u>
66	2.78	3.63	1.63	1.89	94	3.17	4.18	1.83	2.15
67	2.80	3.65	1.64	1.90	95	3.19	4.19	1.83	2.16
68	2.82	3.67	1.65	1.91	96	3.20	4.22	1.84	2.16
69	2.83	3.69	1.65	1.92	97	3.21	4.23	1.85	2.17
70	2.84	3.70	1.66	1.94	98	3.23	4.24	1.85	2.18
71	2.86	3.73	1.67	1.95	99	3.24	4.27	1.86	2.19
72	2.87	3.75	1.68	1.95	100	3.25	4.28	1.86	2.20
73	2.88	3.78	1.69	1.96	101	3.26	4.31	1.87	2.21
74	2.90	3.80	1.69	1.97	102	3.27	4.32	1.88	2.22
75	2.92	3.81	1.70	1.98	103	3.29	4.34	1.88	2.22
76	2.93	3.84	1.71	1.99	104	3.30	4.35	1.88	2.23
77	2.94	3.85	1.72	2.00	105	3.31	4.37	1.89	2.24
78	2.96	3.87	1.72	2.00	106	3.33	4.39	1.90	2.25
79	2.98	3.89	1.73	2.01	107	3.34	4.40	1.90	2.26
80	2.99	3.91	1.73	2.03	108	3.35	4.42	1.91	2.27
81	2.99	3.94	1.74	2.04	109	3.36	4.43	1.92	2.27
82	3.01	3.95	1.75	2.05	110	3.38	4.45	1.93	2.27
83	3.03	3.97	1.76	2.05	111	3.39	4.48	1.93	2.28
84	3.04	4.00	1.76	2.06	112	3.39	4.49	1.93	2.29
85	3.05	4.01	1.76	2.07	113	3.40	4.50	1.94	2.30
86	3.07	4.02	1.77	2.08	114	3.42	4.53	1.95	2.31
87	3.09	4.05	1.78	2.09	115	3.43	4.54	1.95	2.32
88	3.10	4.07	1.79	2.10	116	3.44	4.55	1.96	2.32
89	3.11	4.08	1.79	2.11	117	3.45	4.56	1.97	2.33
90	3.12	4.11	1.80	2.12	118	3.46	4.58	1.97	2.34
91	3.13	4.13	1.81	2.12	119	3.48	4.60	1.97	2.35
92	3.14	4.15	1.81	2.13	120	3.50	4.62	1.98	2.36
93	3.16	4.16	1.82	2.14					