



# Group Critical Illness Insurance

## Limited Benefit Group Critical Illness

Extends coverage to dependent children at no additional cost.

EMPLOYEE MONTHLY RATES										
	\$10,000		\$15,000		\$20,000		\$25,000		\$30,000	
AGE	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
18-29	\$5.04	\$7.18	\$6.18	\$9.38	\$7.32	\$11.58	\$8.46	\$13.80	\$9.60	\$16.00
30-39	\$7.12	\$10.48	\$9.34	\$14.34	\$11.52	\$18.20	\$13.70	\$22.06	\$15.90	\$25.92
40-49	\$11.86	\$17.92	\$16.40	\$25.50	\$20.94	\$33.06	\$25.48	\$40.64	\$30.02	\$48.22
50-59	\$18.62	\$28.66	\$26.54	\$41.60	\$34.46	\$54.54	\$42.40	\$67.50	\$50.32	\$80.44
60 & Over	\$29.56	\$46.04	\$42.98	\$67.70	\$56.38	\$89.34	\$69.80	\$110.98	\$83.20	\$132.64

SPOUSE MONTHLY RATES										
	\$5,000		\$7,500		\$10,000		\$12,500		\$15,000	
AGE	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
18-29	\$3.58	\$5.22	\$4.00	\$6.44	\$4.40	\$7.70	\$4.84	\$8.92	\$5.24	\$10.14
30-39	\$4.84	\$7.42	\$5.88	\$9.76	\$6.92	\$12.10	\$7.94	\$14.44	\$9.00	\$16.78
40-49	\$7.68	\$12.38	\$10.12	\$17.18	\$12.58	\$22.00	\$15.04	\$26.82	\$17.48	\$31.60
50-59	\$11.76	\$19.52	\$16.28	\$27.92	\$20.78	\$36.30	\$25.30	\$44.68	\$29.78	\$53.08
60-69	\$18.40	\$31.10	\$26.20	\$45.28	\$34.04	\$59.44	\$41.84	\$73.62	\$49.66	\$87.78

This insert must be used in conjunction with SB-32278(FF) and any state specific deviations thereof.



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