



# 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	\$4.76	\$6.76	\$5.82	\$8.84	\$6.90	\$10.92	\$7.98	\$13.02	\$9.06	\$15.10
30-39	\$6.72	\$9.90	\$8.80	\$13.54	\$10.86	\$17.18	\$12.92	\$20.82	\$15.00	\$24.46
40-49	\$11.18	\$16.90	\$15.46	\$24.06	\$19.74	\$31.18	\$24.04	\$38.34	\$28.32	\$45.50
50-59	\$17.56	\$27.04	\$25.04	\$39.24	\$32.52	\$51.46	\$40.00	\$63.68	\$47.46	\$75.90
60 & Over	\$27.88	\$43.44	\$40.54	\$63.88	\$53.18	\$84.28	\$65.84	\$104.70	\$78.48	\$125.14

### 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	\$3.38	\$4.92	\$3.76	\$6.08	\$4.16	\$7.26	\$4.56	\$8.42	\$4.94	\$9.58
30-39	\$4.56	\$7.00	\$5.54	\$9.22	\$6.54	\$11.42	\$7.50	\$13.62	\$8.48	\$15.82
40-49	\$7.24	\$11.68	\$9.56	\$16.22	\$11.86	\$20.76	\$14.18	\$25.30	\$16.50	\$29.82
50-59	\$11.10	\$18.42	\$15.36	\$26.34	\$19.60	\$34.26	\$23.86	\$42.16	\$28.10	\$50.08
60-69	\$17.36	\$29.34	\$24.72	\$42.72	\$32.10	\$56.08	\$39.48	\$69.44	\$46.84	\$82.80

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

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