

Extends coverage to dependent children at no additional cost.

## **EMPLOYEE MONTHLY RATES**

	\$10,000			\$20,000			\$30,000		
AGE	Non-Tobacco	Товассо		Non-Tobacco	Товассо		Non-Tobacco	Тоbассо	
18-29	\$5.40	\$9.12		\$8.82	\$16.24		\$12.24	\$23.38	
30-39	\$9.76	\$16.68		\$17.54	\$31.36		\$25.30	\$46.06	
40-49	\$19.36	\$33.40		\$36.76	\$64.84		\$54.14	\$96.26	
50-59	\$35.14	\$61.14		\$68.30	\$120.28		\$101.46	\$179.42	
60 & Over	\$59.08	\$103.10		\$116.18	\$204.24		\$173.26	\$305.34	

## **SPOUSE MONTHLY RATES**

	\$5,000		\$10,000			\$15,000	
AGE	Non-Tobacco	Товассо	Non-Tobacco	Tobacco		Non-Tobacco	Торассо
18-29	\$3.08	\$5.56	\$4.18	\$9.16		\$5.28	\$12.72
30-39	\$5.42	\$9.94	\$8.86	\$17.90		\$12.30	\$25.84
40-49	\$10.70	\$19.68	\$19.40	\$37.40		\$28.10	\$55.12
50-59	\$19.26	\$35.62	\$36.52	\$69.26		\$53.78	\$102.90
60-69	\$32.30	\$59.88	\$62.62	\$117.78		\$92.92	\$175.70

This insert must be used in conjunction with SB-30480(FF)(GCI with Cancer) and any state specific deviations thereof.

Underwritten and administered by:



9000 Cameron Parkway • Oklahoma City, Oklahoma 73114 800-654-8489 • americanfidelity.com Marketed by:



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