

Group Term Life Insurance

Semi-annual Rates per \$50,000 Life Insurance Amount*

Male Rates

ISSUE AGE	Non-Smoker ▶	with 10% Premium Credit**	Smoker ▶	with 10% Premium Credit**
< 29	\$14.50	\$13.05	\$26.40	\$23.76
30-34	18.50	16.65	32.00	28.80
35-39	31.00	27.90	56.00	50.40
40-44	53.00	47.70	101.70	91.53
45-49	90.50	81.45	173.20	155.88
50-54	164.50	148.05	323.60	291.24
55-59	278.50	250.65	570.60	513.54
60-64***	306.00	275.40	616.30	554.67
65-69***	399.50	359.55	788.10	709.29
70-74***	425.00	382.50	839.80	755.82

Female Rates

ISSUE AGE	Non-Smoker ▶	with 10% Premium Credit**	Smoker ▶	with 10% Premium Credit**
< 29	\$8.60	\$7.74	\$15.50	\$13.95
30-34	10.40	9.36	19.00	17.10
35-39	18.00	16.20	31.50	28.35
40-44	26.90	24.21	49.00	44.10
45-49	47.40	42.66	85.40	76.86
50-54	81.20	73.08	147.20	132.48
55-59	126.80	114.12	226.20	203.58
60-64***	136.00	122.40	245.30	220.77
65-69***	193.90	174.51	347.90	313.11
70-74***	218.80	196.92	392.50	353.25

*For benefit amounts up to \$2,000,000.
 **7/1/17: 10% Premium Credit.
 ***For renewal purposes only.

Montana residents: Male rates apply to everyone, regardless of gender.

This coverage is not available in AK, LA, NH, OR, UT, or WA.

All rates are based upon Insured's attained age at both effective and renewal dates. Premiums will increase as the Insured enters each successive age category.

Coverage reduces to 80% at age 60, 60% at age 65, and 40% at age 70.

Coverage terminates on July 1, coinciding with or following attaining age 75.

For semi-annual rates per \$10,000, divide \$50,000 increment rates by five.

BROKERED AND ADMINISTERED BY:



1200 E. Glen Ave., Peoria Heights, IL 61616
 800.214.8122 | pearlinsurance.com

UNDERWRITTEN BY:

This plan is underwritten by The United States Life Insurance Company in the City of New York, NAIC No. 70106, domiciled in the state of New York with a principal place of business of One World Financial Center, 200 Liberty Street, New York, NY 10281. It is currently authorized to transact business in all states, plus DC, except PR. This summary is a brief description of benefits only and is subject to the terms, conditions, exclusions, and limitations of Group Policy No. G-197,690, Form No. G-19000. Coverage may vary or may not be available in all states.

The United States Life Insurance Company in the City of New York is responsible for the financial obligations of insurance products it issues and is a member of American International Group, Inc. (AIG).

MIB DISCLOSURE NOTICE: YOUR PRIVACY IS PROTECTED (Retain for your records)

Information regarding your insurability will be treated as confidential. The United States Life Insurance Company in the City of New York or its reinsurers may, however, make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information about you in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at 866.692.6901. If you question the accuracy of the information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is: 50 Braintree Hill Park, Ste. 400, Braintree, MA 02184-8734.

The United States Life Insurance Company in the City of New York, or its reinsurers, may also release information from its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.
 MIB-19431 (Form No. for NY only)

NOTICE AS REQUIRED UNDER THE FAIR CREDIT REPORTING ACT(S) (Retain for your records)

This is to inform you that as part of our procedure for processing your insurance application, an investigative consumer report may be requested for the preparation of a report whereby information is obtained through personal interviews with your neighbors, friends, or others with whom you are acquainted or who may have knowledge of any such items of information. This inquiry includes information as to your character, general reputation, personal characteristics, and mode of living. You have the right to make a written request to be informed as to whether or not such consumer report was requested, and if such report was requested, the name and address of the consumer reporting agency to whom the request was made. You may receive a copy of this report by contacting such agency.

FCRA-19432 (Form No. for NY only)