




EMC National Life
CRITICAL ILLNESS
Agent Product and Rate Guide

– For Agent Use Only –





Today you are likely to survive a critical illness, but would your finances?

Based on a 10-year or 20-year term life policy with an Accelerated Benefit Rider, Critical Illness Insurance provides a lump-sum cash payment up to 100% of your life insurance benefit in the event you are diagnosed with a covered critical illness.

- Benefit options from \$10,000 to \$100,000
- No Medical Exams (simplified underwriting)
- A death benefit is paid if a critical illness does not occur.

The last thing you or your family need to worry about is money!



Critical Illness Covered Conditions

- **Cancer**
 - Advanced Stage
 - Early Stage Cancer (25% of the accelerated benefit)
- **Heart Attack**
- **Stroke**

Also Covered...

- Advanced Alzheimer's Disease
- Major Organ Transplant Surgery
- Blindness
- ALS (Amyotrophic Lateral Sclerosis or Lou Gehrig's Disease)
- Occupational HIV Infection
- Coronary Artery Bypass Surgery (25% of the accelerated benefit)
- Kidney Failure (End-Stage Renal Disease)
- Paralysis
- Severe Burns
- Terminal Illness
- Advanced Multiple Sclerosis (25% of the accelerated benefit)
- Coronary Angioplasty (10% of the accelerated benefit)

“Taking out this Critical Illness policy was one of the smartest things I have ever done in my life. At a time that is so hard and stressful I can focus my mind and energy on getting well. I have a peace in my heart knowing money and bills are not my priority.”

- Brenda K., Florida

“My patients did not only need insurance because they were going to die but because they were going to live.”

* Dr. Marius Barnard, renowned cardiac surgeon and inventor of critical illness insurance, as quoted in *Heart to Heart, Cover Magazine*, October, 2007; 13-14.

This brochure presents general information about EMC National Life Company's Critical Illness Insurance Policy form LP750 and rider form LP751 which may vary or be unavailable in some states. Premiums are guaranteed for one year and are subject to change after the first policy year. Any benefits paid under the Accelerated Benefit Rider are an advance of the policy death proceeds and will reduce or eliminate the amount payable upon death. For specific information about all policy provisions, benefits, and limitations it is important that you read your policy or contact your agent.

Unlike a death benefit, the critical illness accelerated cash benefit may be taxable. You should consult with a tax advisor to assess the tax impact of the accelerated benefit.

A cancer condition must first manifest itself on or after the 30th day following the date of issue of the rider. Your policy will provide a full explanation of the benefits, definitions, and limitations of this critical illness coverage. Critical Illness covered conditions may vary by state.

EMM101



All images used were obtained from iStockphoto

EMC National Life Company

4095 NW Urbandale Dr.
Urbandale, IA 50322
www.EMCNationalLife.com
800.232.5818

EMC, flag design and Count on EMC are registered trademarks of Employers Mutual Casualty Company.

Count on EMC
TO MAKE LIFE EASY

**CRITICAL ILLNESS INSURANCE
POLICY FORM LP750
ACCELERATED BENEFIT RIDER FORM LP751**

Today you are likely to survive a critical illness, but would your finances?

*Half of all bankruptcies in America stem from high medical expenses.**

When your clients get sick, they need to focus their energy on getting well, not on dealing with financial crisis. A Critical Illness policy covers expenses related to a critical illness that are not covered by health insurance. Expenses like:

- Mortgage Payments and Daily Living Costs
- Coinsurance & Deductibles
- Travel & Lodging

The Critical Illness benefit is paid as a lump-sum directly to your client.

Based on a 10-year or 20-year term life insurance policy with an Accelerated Benefit Rider, Critical Illness Insurance provides a lump-sum cash payment up to 100% of your client's life insurance benefit in the event he or she is diagnosed with a covered critical illness.

- Benefit options from \$10,000 to \$100,000
- No Medical Exams (simplified underwriting)
- A death benefit is paid if a critical illness does not occur.

The last thing your client or your client's family needs to worry about is money!

CRITICAL ILLNESS COVERED CONDITIONS

- Cancer
 - Advanced Stage
 - Early Stage Cancer (25% of the accelerated benefit)
- Heart Attack
- Stroke
- Advanced Alzheimer's Disease
- Kidney Failure (End-Stage Renal Disease)
- Major Organ Transplant Surgery
- Paralysis
- Blindness
- Severe Burns
- ALS (Amyotrophic Lateral Sclerosis or Lou Gehrig's Disease)
- Terminal Illness
- Occupational HIV Infection
- Advanced Multiple Sclerosis (25% of the accelerated benefit)
- Coronary Artery Bypass Surgery (25% of the accelerated benefit)
- Coronary Angioplasty (10% of the accelerated benefit)

A cancer condition must first manifest itself on or after the 30th day following the date of issue of the rider. The policy will provide a full explanation of the benefits, definitions, and limitations of this critical illness coverage. Critical Illness covered conditions may vary by state.

"Taking out this Critical Illness policy was one of the smartest things I have ever done in my life. At a time that is so hard and stressful I can focus my mind and energy on getting well. I have a peace in my heart knowing money and bills are not my priority."

- Brenda K., Florida

* Wegner, Jonathan, *Critical Illness Policies Sell, But Some Question the Need*, Omaha World Herald, 4 June, 2005; 01D

PRODUCT FEATURES

UNDERWRITING

- Guaranteed to Issue available
- Short form application
- No medical exam
- Simplified Issue also available

ISSUE LIMITS

- \$10,000 minimum
- \$100,000 maximum

ISSUE AGES

- 18-65
- Age bands are based on actual age as of **policy effective date**

RATES

- Male/Female
- Tobacco/Nontobacco
- Current premiums are guaranteed for one policy year
- Ten-year or term to age 70 or twenty-year or term to age 70, whichever is less

RIDERS

- Accelerated Benefit Rider

The policy, the rider, and their provisions may vary or be unavailable in some states. Please refer to state specific policy form LP750 and rider LP751 for all contractual provisions, benefits, and limitations.

OTHER IMPORTANT FEATURES

- Renewal provision (before age 70)
 - The policy may be renewed without evidence of insurability at the end of the benefit period. We will issue the policy on the policy form then being issued by us which provides coverage most similar to that provided by this policy. The insured must request the renewal in writing within 90 days prior to the end of the benefit period and pay the premium for the new policy. The policy will expire without a written request from the insured.
 - The amount of insurance will be the same as the current term insurance benefit provided by the existing policy.
 - If the accelerated benefit rider is active at time of renewal and available on a policy form being issued by us, it will be included with the new policy.
 - If any benefits have been previously paid for a covered condition under the policy, no benefit for the same covered condition will be payable under the new Rider on a renewed policy.
 - Premium rates for the new policy and/or accelerated benefit rider will be based on the attained age and class of the insured.
- Renewal provision (at age 70)
 - The policy will expire at age 70. The insured has the opportunity to renew the policy at Annual Renewable Term (ART) rates with a 50% reduction in the term benefit amount. The accelerated benefits, if included on the original policy, will continue. The insured must request the renewal in writing within 90 days prior to the end of the benefit period and pay the premium for the new policy. The policy will expire without a written request from the insured.
 - If the accelerated benefit rider is active at time of renewal and available on a policy form being issued by us, it will be included with the new policy.
 - The initial premium rates for the new policy and/or accelerated benefit rider will be based on the attained age and class of the insured.
 - If any benefits have been previously paid for a covered condition under the policy, no benefit for the same covered condition will be payable under the new Rider on a renewed policy.
- Guaranteed Convertible
 - During the five years prior to the end of the benefit period, the policy may be converted, without evidence of insurability, to any level premium permanent plan the Company is offering.
 - The accelerated benefit rider is not convertible.
 - The amount of insurance will be the current term insurance benefit provided by the existing policy.
 - Premium rates for the new policy will be based on the attained age of the insured.

ACCELERATED BENEFIT RIDER (LP751)

Benefits and provisions may vary by state. See state specific policy form for complete policy details.

Covered Conditions

- Advanced Stage Cancer
- Heart Attack
- Stroke
- Advanced Alzheimer's Disease
- Kidney Failure (End Stage Renal Disease)
- Major Organ Transplant Surgery
- Paralysis
- Blindness
- Severe Burns
- ALS (Amyotrophic Lateral Sclerosis or Lou Gehrig's Disease)
- Terminal Illness
- Occupational HIV Infection
- Early Stage Cancer (25%)
- Coronary Artery Bypass Surgery (25%)
- Advanced Multiple Sclerosis (25%)
- Coronary Angioplasty (10%)

- **Rider Benefit:** According to the terms of the accelerated benefit rider, EMC National Life Company will pay the owner the accelerated benefit upon receipt of due proof of the occurrence, experienced by the insured, of any one of the covered conditions defined in the benefit section of this rider. The accelerated benefit is payable only once regardless of the subsequent occurrence of the same or a different condition. A cancer condition must first manifest itself on or after the 30th day following the date of issue of this rider. We will pay 25% of the accelerated benefit upon occurrence of early stage cancer, 25% of the accelerated benefit upon occurrence of coronary artery bypass surgery, 25% of the accelerated benefit upon occurrence of advanced multiple sclerosis, and 10% of the accelerated benefit upon occurrence of coronary angioplasty. This payment will reduce any future accelerations.
- **Consequences of Receiving Accelerated Death Benefit:** Any benefits under this rider are an advance of this policy's death proceeds and will reduce the amount payable upon death under the terms of the policy to which this rider is attached.

This rider provides an accelerated benefit for the covered conditions defined below. Whether or not a tax liability will be incurred when a benefit is paid under this rider depends on the facts and circumstances under which the payment is made and received as well as how the Internal Revenue Service interprets applicable provisions of the Internal Revenue Code. The recipient of a benefit should consult his or her tax advisor to assess any tax impact of the benefit. We make no representations about the tax impact of the benefit.

• Examples

- **If an insured has a \$20,000 policy and is diagnosed with advanced stage cancer, we would pay \$20,000 upon diagnosis. The policy will terminate upon payout of the benefit.**
- **If an insured has a \$100,000 policy, and has a first occurrence coronary angioplasty, we would pay \$10,000 (10% benefit). If the insured then has coronary artery bypass surgery, we would pay \$25,000 (25% benefit) of \$100,000.**

• Exceptions

- **Pre-existing Conditions:** Benefits are not payable for any of the covered conditions caused by or resulting from a pre-existing condition unless the covered condition is diagnosed 12 months after the issue date of the rider. A pre-existing condition is defined as an illness or condition for which the insured has received medical consultation, treatment, care, services or for which medication has been prescribed during the 24 months immediately preceding the effective date of the rider.
- **Benefits Are Not Provided For:** Self-inflicted injuries or attempt at suicide; chronic alcoholism or drug addiction unless addiction results from administration of drugs for treatment by a physician; or injury or sickness caused by war or any act of war, declared or undeclared; or injury or sickness caused by engaging in an illegal occupation or activity.

DATE OF ENTITLEMENT

For Advanced Stage Cancer, Heart Attack, Stroke, Advanced Alzheimer's Disease, Paralysis, Blindness, Severe Burns, Terminal Illness, Amyotrophic Lateral Sclerosis (ALS) or Lou Gehrig's Disease, Occupational Human Immunodeficiency Virus (HIV) Infection, Early Stage Cancer and Advanced Multiple Sclerosis, the date of entitlement shall be the date of diagnosis. For Major Organ Transplant Surgery, Coronary Artery Bypass Surgery, and Coronary Angioplasty, the date of entitlement shall be the date the operation takes place. For Kidney Failure, the date of entitlement shall be the earlier of the date regular dialysis begins or renal transplant surgery takes place.

DEFINITIONS

Advanced Stage Cancer: Advanced Stage Cancer means a disease which is manifested by the presence of a malignant neoplasm, which is characterized by uncontrolled and abnormal growth and spread of malignant cells and the invasion of tissue. The diagnosis of Advanced Stage Cancer must be made by a Legally Qualified Physician who is board certified as an Oncologist and must be supported by a Pathological Diagnosis or histological evidence. In the event that a Pathological Diagnosis cannot be made, a Clinical Diagnosis will be accepted. For the purposes of this definition, it does not consider any of the following to be Advanced Stage Cancer:

- Early cancer diagnosed as a T1N0M0 or equivalent staging; or
- Cancer in situ; or
- Melanoma staged as a Clark's I or II, a Breslow's less than or equal to 1 mm in depth, or equivalent staging; or
- Chronic Lymphocytic Leukemia RAI stage 0-1 or equivalent staging; or
- Localized carcinoid tumors; or
- Any skin cancer (including a malignant melanoma staged as a Clark's I or II, a Breslow's less than or equal to 1 mm in depth, or equivalent staging); or
- Any pre-malignant, precancerous neoplasms, or conditions with malignant potential such as intraepithelial neoplasia, leukoplakia, hyperplasia, polycythemia, moles, polyps and other lesions.

Heart Attack: Heart Attack (Myocardial Infarction) means the death of a portion of the heart muscle, resulting from blockage of one or more coronary arteries and resulting in the loss of the normal function of the heart. The diagnosis of Heart Attack must be made by a Legally Qualified Physician who is board certified as a Cardiologist and be based on the following:

1. new clinical presentation and electrocardiographic changes consistent with an evolving Heart Attack; and
2. serial elevation of cardiac biochemical markers or the serial elevation of cardiac enzymes to a level consistent with a diagnosis of Heart Attack.

Heart Attack does not include an incidental finding of electrocardiographic changes suggesting an established (old) myocardial infarction.

Stroke: Stroke means a cerebrovascular accident or infarction (death) of brain tissue caused by hemorrhage, embolism, or thrombosis producing measurable, objective neurological deficit persisting for at least 96 hours following the occurrence of the Stroke and which condition is expected to be permanent. The diagnosis of Stroke must be made by a Legally Qualified Physician who is board certified as a Neurologist. Stroke does not include Transient Ischemic Attack (ministroke), head injury, chronic cerebrovascular insufficiency and reversible ischemic neurological deficits.

Advanced Alzheimer's Disease: Advanced Alzheimer's Disease means the Insured must exhibit loss of intellectual capacity involving impairment of memory and judgment as measured by clinical evidence and standardized testing. It must result in significant reduction in mental and social functioning such that the Insured requires Substantial Assistance in performing at least three of the five Activities of Daily Living (as defined below) for at least 90 days. No other dementing organic brain disorders or psychiatric illnesses shall meet the definition of Advanced Alzheimer's Disease, nor will they be considered a Critical Illness Covered Condition. The diagnosis of Advanced Alzheimer's Disease must be made by a Legally Qualified Physician who is board certified as a Neurologist.

Activities of Daily Living (ADLs) refers to certain basic daily tasks necessary to maintain a person's health and safety. In this Rider, ADLs refer to the following activities:

- **Transferring and Mobility** – The ability to move in or out of a bed, chair or wheelchair or the ability to move from place to place, via a manual wheelchair.
- **Continence** – The ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including but not limited to caring for a catheter or a colostomy bag).
- **Eating** – Feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by a feeding tube.
- **Dressing** – Putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs.
- **Bathing and Toileting** – Washing oneself by sponge bath; or in either tub or shower, including the task of getting into or out of a tub. Getting to and from the toilet and performing associated personal hygiene.

Substantial Assistance: Substantial Assistance means the physical assistance of another person without which the Insured would be unable to perform the ADL. Inability to perform at least three activities of daily living must be reviewed and certified by a Legally Qualified Physician.

Kidney Failure: Kidney Failure (End-Stage Renal Disease), means the chronic and irreversible failure of both kidneys which requires treatment with regular and ongoing dialysis. The diagnosis of Kidney Failure must be made by a Legally Qualified Physician who is board certified as a Nephrologist.

Major Organ Transplant Surgery: Major Organ Transplant Surgery means the clinical evidence of major organ(s) failure which requires the malfunctioning organ(s) of the Insured to be replaced with an organ(s) from a suitable human donor (excluding the Insured) under generally accepted medical procedures. The organs covered by this definition are limited to liver, kidney, lung, entire heart, small intestine, pancreas, and pancreas-kidney. In order for the Major Organ Transplant to be covered under this Rider, the Insured must be registered by the United Network of Organ Sharing (UNOS).

Paralysis: Paralysis means the complete and permanent loss of the use of two or more limbs through neurological injury confirmed to have been present for a continuous period of at least 180 days. The confirming diagnosis of Paralysis must be made by a Legally Qualified Physician who is board certified as a Neurologist. A limb means an arm or leg of the Insured.

Blindness: Blindness means the permanent and uncorrectable loss of sight in both eyes. In order for the diagnosis of Blindness to be covered under this Policy, the Insured's corrected visual acuity must be worse than 20/200 in both eyes or the Insured's field of vision must be less than 20 degrees in both eyes. The diagnosis of Blindness must be made by a Legally Qualified Physician who is board certified as an Ophthalmologist.

Severe Burns: Severe Burns means third degree burns covering at least 20% of the surface area of the Insured's body. The diagnosis of Severe Burns must be made by a Legally Qualified Physician.

Amyotrophic Lateral Sclerosis or Lou Gehrig's Disease (ALS): ALS (Amyotrophic Lateral Sclerosis or Lou Gehrig's Disease) means a chronic, progressive disease marked by gradual degeneration of the nerve cells in the central nervous system that control voluntary muscle movement which leads to muscle weakness and atrophy. No other motor neuron diseases shall meet the definition of ALS, nor will they be considered a Critical Illness Covered Condition. The diagnosis of ALS must be made by a Legally Qualified Physician who is board certified as a Neurologist.

Terminal Illness: Terminal Illness means an Insured who has a life expectancy of 12 months or less. Diagnosis of Terminal Illness requires the following:

1. The Company must be furnished satisfactory proof by a Legally Qualified Physician that the Insured's life expectancy is 12 months or less from the date acceleration is requested by the owner.
2. The Company reserves the right to obtain a second medical opinion at the Company's expense.

Occupational HIV Infection: Occupational HIV Infection means infection with Human Immunodeficiency Virus (HIV) resulting from an accidental injury which occurred in the United States after the issue date of the Rider, and which exposed the Insured to HIV-contaminated blood or bodily fluids during the course of the duties of the Insured's normal occupation.

Payment under this Rider requires satisfaction of ALL of the following:

1. The accidental injury must be reported to the Company within 14 days of the accidental injury.
2. An HIV test must be taken within 14 days of the accidental injury and the result must be negative.
3. An HIV test must be taken between 90 days and 180 days after the accidental injury and the result must be positive.
4. The accidental injury must have been reported, investigated and documented in accordance with workplace legislation and regulations.

The following are excluded:

- HIV infection acquired via sexual transmission
- HIV infection acquired via intravenous drug use
- HIV infection determined not to be the result of an accident.

Early Stage Cancer: Early Stage Cancer means a diagnosis of cancer wherein the malignant cells are contained within the tissue of origin without invasion of neighboring tissue. For the purpose of this definition, Early Stage Cancer will also include early diagnosed malignancies staged as a TisN0M0 and T1N0M0, or equivalent staging, and malignant melanoma diagnosed as a Clarks I or II, Breslow's less than or equal to 1mm in depth, or equivalent staging. Diagnosis of Early Stage Cancer must be made by a Legally Qualified Physician who is board certified as an Oncologist and must be supported by a Pathological Diagnosis or histological evidence. In the event that a Pathological Diagnosis cannot be made, a Clinical Diagnosis will be accepted.

Early Stage Cancer does not include the following:

- Any skin cancer (other than eligible malignant melanomas); or
- Any pre-malignant, precancerous neoplasms, conditions with malignant potential, such as intraepithelial neoplasia, leukoplakia, hyperplasia, polycythemia, moles, polyps and other lesions.

Coronary Artery Bypass Surgery: Coronary Artery Bypass Surgery means either a saphenous vein or internal mammary artery graft for the treatment of coronary heart disease, deemed Medically Necessary to correct a narrowing or blockage of one or more coronary arteries. The procedure must be performed by a Legally Qualified Physician who is board certified as a Cardiothoracic Surgeon.

Advanced Multiple Sclerosis: Advanced Multiple Sclerosis means an unequivocal diagnosis of Advanced Multiple Sclerosis, characterized by well-defined neurological abnormalities persisting for a continuous period of at least six months. Neurological abnormalities in this context must be evidenced by the typical symptoms of demyelination of the brain or the spinal cord with resultant impairment and must be confirmed by evidence of multiple areas of demyelination by MRI scanning. All other possible conditions must be excluded prior to a definitive diagnosis of Advanced Multiple Sclerosis. The condition must result in significant reduction in social functioning such that the Insured requires Substantial Assistance in performing at least three of the five Activities of Daily Living (as defined below) for at least 90 days. The Legally Qualified Physician making the diagnosis of Multiple Sclerosis must be board certified as a Neurologist.

Activities of Daily Living (ADLs) refers to certain basic daily tasks necessary to maintain a person's health and safety. In this Rider, ADLs refer to the following activities:

- **Transferring and Mobility** – The ability to move in or out of a bed, chair or wheelchair or the ability to move from place to place, via a manual wheelchair.
- **Continence** – The ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including but not limited to caring for a catheter or a colostomy bag).
- **Eating** – Feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by a feeding tube.
- **Dressing** – Putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs.
- **Bathing and Toileting** – Washing oneself by sponge bath; or in either tub or shower, including the task of getting into or out of a tub. Getting to and from the toilet and performing associated personal hygiene.

Substantial Assistance: Substantial Assistance means the physical assistance of another person without which the Insured would be unable to perform the ADL. Inability to perform at least three activities of daily living must be reviewed and certified by a Legally Qualified Physician.

Coronary Angioplasty: Coronary Angioplasty means the actual undergoing of a percutaneous transluminal angioplasty, atherectomy, laser therapy or insertion of stent that is deemed Medically Necessary to correct a narrowing or blockage of one or more coronary arteries. The procedure must be performed by a Legally Qualified Physician who is board certified as a Cardiologist.

10-Year Plan Rates

Current premiums are guaranteed for one policy year.

\$10,000 BENEFIT AMOUNT				
	NonTobacco		Tobacco	
Age Band	Female	Male	Female	Male
18 - 29	\$5.25	\$4.34	\$7.07	\$6.15
30 - 34	\$6.17	\$5.25	\$8.38	\$7.87
35 - 39	\$7.98	\$6.66	\$11.11	\$10.91
40 - 44	\$11.00	\$9.59	\$15.66	\$16.15
45 - 49	\$14.75	\$14.65	\$22.01	\$24.75
50 - 54	\$18.58	\$21.72	\$29.80	\$36.16
55 - 59	\$22.82	\$29.49	\$40.69	\$52.33
60 - 64	\$29.99	\$41.10	\$59.08	\$76.25
65	\$37.87	\$51.91	\$79.08	\$100.19
\$15,000 BENEFIT AMOUNT				
	NonTobacco		Tobacco	
Age Band	Female	Male	Female	Male
18 - 29	\$7.87	\$6.51	\$10.59	\$9.24
30 - 34	\$9.24	\$7.87	\$12.58	\$11.81
35 - 39	\$11.96	\$10.00	\$16.68	\$16.36
40 - 44	\$16.51	\$14.39	\$23.49	\$24.23
45 - 49	\$22.12	\$21.97	\$33.02	\$37.12
50 - 54	\$27.87	\$32.57	\$44.70	\$54.24
55 - 59	\$34.23	\$44.24	\$61.05	\$78.49
60 - 64	\$45.00	\$61.66	\$88.63	\$114.38
65	\$56.81	\$77.86	\$118.62	\$150.29
\$20,000 BENEFIT AMOUNT				
	NonTobacco		Tobacco	
Age Band	Female	Male	Female	Male
18 - 29	\$10.50	\$8.68	\$14.13	\$12.32
30 - 34	\$12.33	\$10.50	\$16.77	\$15.75
35 - 39	\$15.95	\$13.33	\$22.23	\$21.82
40 - 44	\$22.02	\$19.19	\$31.32	\$32.32
45 - 49	\$29.50	\$29.30	\$44.03	\$49.50
50 - 54	\$37.16	\$43.43	\$59.60	\$72.31
55 - 59	\$45.65	\$58.98	\$81.40	\$104.65
60 - 64	\$60.00	\$82.22	\$118.17	\$152.50
65	\$75.75	\$103.82	\$158.17	\$200.38

20-Year Plan Rates

Current premiums are guaranteed for one policy year.

\$10,000 BENEFIT AMOUNT				
	NonTobacco		Tobacco	
Age Band	Female	Male	Female	Male
18 - 29	\$5.55	\$4.75	\$7.47	\$7.08
30 - 34	\$7.38	\$6.36	\$10.51	\$9.70
35 - 39	\$9.80	\$8.38	\$14.14	\$14.04
40 - 44	\$13.33	\$12.23	\$19.80	\$20.81
45 - 49	\$17.88	\$18.68	\$27.78	\$31.91
50 - 54	\$22.22	\$26.56	\$36.97	\$45.25
55 - 59	\$25.96	\$34.34	\$47.47	\$60.20
60 - 64	\$32.33	\$44.44	\$63.53	\$81.61
65	\$39.59	\$54.54	\$82.62	\$105.95
\$15,000 BENEFIT AMOUNT				
	NonTobacco		Tobacco	
Age Band	Female	Male	Female	Male
18 - 29	\$8.33	\$7.13	\$11.20	\$10.61
30 - 34	\$11.06	\$9.54	\$15.76	\$14.55
35 - 39	\$14.70	\$12.58	\$21.21	\$21.06
40 - 44	\$20.00	\$18.34	\$29.70	\$31.21
45 - 49	\$26.81	\$28.03	\$41.66	\$47.86
50 - 54	\$33.33	\$39.84	\$55.45	\$67.88
55 - 59	\$38.94	\$51.51	\$71.20	\$90.30
60 - 64	\$48.49	\$66.66	\$95.29	\$122.41
65	\$59.39	\$81.81	\$123.93	\$158.93
\$20,000 BENEFIT AMOUNT				
	NonTobacco		Tobacco	
Age Band	Female	Male	Female	Male
18 - 29	\$11.10	\$9.50	\$14.93	\$14.15
30 - 34	\$14.75	\$12.72	\$21.02	\$19.40
35 - 39	\$19.60	\$16.77	\$28.28	\$28.08
40 - 44	\$26.67	\$24.45	\$39.60	\$41.62
45 - 49	\$35.75	\$37.37	\$55.55	\$63.82
50 - 54	\$44.43	\$53.12	\$73.43	\$90.50
55 - 59	\$51.92	\$68.68	\$94.93	\$120.40
60 - 64	\$64.65	\$88.88	\$127.05	\$163.22
65	\$79.18	\$109.08	\$165.23	\$211.90

Other benefit amounts available upon request.



EMC
National Life Company

P.O. Box 9202 ■ Des Moines, IA 50306-9202
1.800.232.5818 ■ www.EMCNationalLife.com

EMC, flag design and *Count on EMC* are registered trademarks of Employers Mutual Casualty Company.

– For Agent Use Only –
– Not For Use With the Public –

Count
on **EMC**