

State: District of Columbia **Filing Company:** Colorado Bankers Life Insurance Company
TOI/Sub-TOI: H071 Individual Health - Specified Disease - Limited Benefit/H071.001 Critical Illness
Product Name: CI Insurance Policy
Project Name/Number: CI Insurance Policy PX product/

Filing at a Glance

Company: Colorado Bankers Life Insurance Company
Product Name: CI Insurance Policy
State: District of Columbia
TOI: H071 Individual Health - Specified Disease - Limited Benefit
Sub-TOI: H071.001 Critical Illness
Filing Type: Rate
Date Submitted: 09/03/2013
SERFF Tr Num: FDLB-129187061
SERFF Status: Pending State Action
State Tr Num:
State Status:
Co Tr Num: P-CI-PX 2013 DC RATE FILING
Implementation: On Approval
Date Requested:
Author(s): Michael Hartman
Reviewer(s): Darniece Shirley (primary), Alula Selassie, Donghan Xu
Disposition Date:
Disposition Status:
Implementation Date:
State Filing Description:

State: District of Columbia **Filing Company:** Colorado Bankers Life Insurance Company
TOI/Sub-TOI: H071 Individual Health - Specified Disease - Limited Benefit/H071.001 Critical Illness
Product Name: CI Insurance Policy
Project Name/Number: CI Insurance Policy PX product/

General Information

Project Name: CI Insurance Policy PX product
 Project Number:
 Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending
 Date Approved in Domicile:
 Domicile Status Comments: This product is slated to be submitted to the domiciliary state, Colorado, shortly.
 Market Type: Individual
 Individual Market Type:
 Filing Status Changed: 09/24/2013
 State Status Changed:
 Created By: Michael Hartman
 Corresponding Filing Tracking Number:

Explanation for Combination/Other:
 Submission Type: New Submission
 Overall Rate Impact:

Deemer Date:
 Submitted By: Michael Hartman

Filing Description:
 Re: Colorado Bankers Life Insurance Company
 NAIC #84786 - FEIN #84-0674027
 New Rate Filing for:

P-CI-PX 2013 DC.....Critical Illness Insurance Policy

Dear Reviewer:

An affiliated Company, Colorado Bankers Life Insurance Company, (CBLIC), has requested Dearborn National Life Insurance Company to assist them with the filing of the above referenced forms. This is a new rate filing for recently submitted policy form P-CI-PX 2013 DC. The forms that relate to this rate filing were submitted under separate cover. Please see SERFF Tracking no. FDLB-129012957.

This rate filing was recently submitted and closed due to lack of a timely response by the Company. Please see SERFF tracking no. FDLB-129093451. This filing addresses the objection items from that filing, please see below.

P-CI-PX 2013 DC is an individual critical illness only insurance policy (not subject to ACA or PPCA) issued to ages 17-75 with a 35% reduction at age 65 and a 15% reduction at age 70. The policy pays a maximum of 150% of the initial face amount for the conditions that are covered other than covered skin cancer; and for covered skin cancer it pays a one time, fixed amount. The policy is a simplified issued policy at face amount levels of \$5,000-\$50,000 in increments of \$5,000.

Objection Items from previously submitted filing.

1. The Rate Review Data Detail section is completed with zero's or N/A as this is a new product filing.
2. The filing has not yet been submitted to Colorado, the domiciliary state, it is scheduled to be filed shortly.
3. Please see under the Supporting Documents tab an attachment from the consulting actuary regarding the detailed make-up of expenses as a percentage of premiums.
4. Please see the attached Supporting document from the consulting actuary regarding the interest rate assumptions.

If you have any questions or need additional information, please contact me toll free at 1-800-348-4512, ext. 6034, or directly at 630-824-6034 or michael_hartman@dearbornnational.com. Thank you for your prompt response.

State: District of Columbia **Filing Company:** Colorado Bankers Life Insurance Company
TOI/Sub-TOI: H071 Individual Health - Specified Disease - Limited Benefit/H071.001 Critical Illness
Product Name: CI Insurance Policy
Project Name/Number: CI Insurance Policy PX product/

Sincerely,

Michael R. Hartman, FLMI, PCS, AAPA, AIAA, AIRC, ARA, CCP
Advanced Contract Specialist

Company and Contact

Filing Contact Information

Michael Hartman, Advanced Contract Specialist	michael_hartman@dearbornnational.com
1020 31st Street	630-824-6034 [Phone]
Downers Grove, IL 60515	630-824-5428 [FAX]

Filing Company Information

Colorado Bankers Life Insurance Company	CoCode: 84786	State of Domicile: Colorado
5990 Greenwood Plaza Blvd., #325	Group Code: 917	Company Type: Life and Health
Greenwood Village, CO 80111	Group Name:	State ID Number:
(303) 220-8500 ext. [Phone]	FEIN Number: 84-0674027	

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	

State: District of Columbia**Filing Company:**

Colorado Bankers Life Insurance Company

TOI/Sub-TOI: H071 Individual Health - Specified Disease - Limited Benefit/H071.001 Critical Illness**Product Name:** CI Insurance Policy**Project Name/Number:** CI Insurance Policy PX product/

Correspondence Summary

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Darniece Shirley	09/23/2013	09/23/2013

Response Letters

Responded By	Created On	Date Submitted
Michael Hartman	09/24/2013	09/24/2013

State: District of Columbia Filing Company: Colorado Bankers Life Insurance Company
 TOI/Sub-TOI: H071 Individual Health - Specified Disease - Limited Benefit/H071.001 Critical Illness
 Product Name: CI Insurance Policy
 Project Name/Number: CI Insurance Policy PX product/

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	09/23/2013
Submitted Date	09/23/2013
Respond By Date	10/14/2013

Dear Michael Hartman,

Introduction:

Thank you for your recent filing. Please see below for additional information requested to continue review of the rate filing.

Objection 1

Comments: The Rate Review Data Detail section of the filing is missing. The State understands this is a new filing and not required, however completing would be preferred. Please correct, via post-submission update.

Objection 2

Comments: SERFF Tracking # FDLB-129012957 referenced in the General Information Tab is a rate filing. In addition, the forms associated with that rate filing reference forms P-AME 2012 DC. Please provide the corresponding forms SERFF Tracking # for the currently submitted rate filing SERFF # FDLB-129187061.

Objection 3

- Cover Letter All Filings (Supporting Document)
- Certificate of Authority to File (Supporting Document)
- Actuarial Memorandum (Supporting Document)
- Actuarial Justification (Supporting Document)
- District of Columbia and Countrywide Loss Ratio Analysis (P&C) (Supporting Document)
- District of Columbia and Countrywide Experience for the Last 5 Years (P&C) (Supporting Document)
- Actuarial Memorandum and Certifications (Supporting Document)
- Unified Rate Review Template (Supporting Document)
- Actuarial Response to previous objections (Supporting Document)
- Critical Illness Insurance Policy, P-CI-PX 2013 AK (Form)
- Critical Illness Insurance Policy Schedule Pages, P-CI-PX-PS 2013 (Form)
- Individual Insurance Application, A-CI-PX 2013 AK (Form)
- Critical Illness Spouse Rider, R-CI-PX Spouse 2013 AK (Form)
- Critical Illness Child Rider, R-CI-PX Child 2013 AK (Form)
- Critical Illness Policy Endorsement, E-CI-PX 2013 (Form)
- Reinstatement and Change Insurance Application, RA-CI-PX 2013 AK (Form)
- Outline of Coverage, OC-CI-PX 2013 AK (Form)
- Rates (monthly), [P-CI-PX 2013 DC] (Rate)
- Rates (weekly), [P-CI-PX 2013 DC] (Rate)

Comments: Please confirm: Dispositions with respects to this filing are being made on behalf of residents of the District of Columbia only.

Objection 4

- Cover Letter All Filings (Supporting Document)
- Certificate of Authority to File (Supporting Document)
- Actuarial Memorandum (Supporting Document)
- Actuarial Justification (Supporting Document)
- District of Columbia and Countrywide Loss Ratio Analysis (P&C) (Supporting Document)

State: District of Columbia **Filing Company:** Colorado Bankers Life Insurance Company
TOI/Sub-TOI: H071 Individual Health - Specified Disease - Limited Benefit/H071.001 Critical Illness
Product Name: CI Insurance Policy
Project Name/Number: CI Insurance Policy PX product/

- District of Columbia and Countrywide Experience for the Last 5 Years (P&C) (Supporting Document)
- Actuarial Memorandum and Certifications (Supporting Document)
- Unified Rate Review Template (Supporting Document)
- Actuarial Response to previous objections (Supporting Document)
- Critical Illness Insurance Policy, P-CI-PX 2013 AK (Form)
- Critical Illness Insurance Policy Schedule Pages, P-CI-PX-PS 2013 (Form)
- Individual Insurance Application, A-CI-PX 2013 AK (Form)
- Critical Illness Spouse Rider, R-CI-PX Spouse 2013 AK (Form)
- Critical Illness Child Rider, R-CI-PX Child 2013 AK (Form)
- Critical Illness Policy Endorsement, E-CI-PX 2013 (Form)
- Reinstatement and Change Insurance Application, RA-CI-PX 2013 AK (Form)
- Outline of Coverage, OC-CI-PX 2013 AK (Form)
- Rates (monthly), [P-CI-PX 2013 DC] (Rate)
- Rates (weekly), [P-CI-PX 2013 DC] (Rate)

Comments: Please note, this rate filing is subject to conformity with the corresponding forms filing. This department reserves the right to withdraw the filing if not.

Conclusion:

Sincerely,
Darniece Shirley

State: District of Columbia **Filing Company:** Colorado Bankers Life Insurance Company
TOI/Sub-TOI: H071 Individual Health - Specified Disease - Limited Benefit/H071.001 Critical Illness
Product Name: CI Insurance Policy
Project Name/Number: CI Insurance Policy PX product/

Response Letter

Response Letter Status Submitted to State
Response Letter Date 09/24/2013
Submitted Date 09/24/2013

Dear Darniece Shirley,

Introduction:

Thank you for your attention to this filing. Our responses to the objection items follow.

Response 1

Comments:

The rate review data detail section was completed with zero's as this is a new filing. I am not sure what you are asking to be completed if there is no data. Please advise.

Related Objection 1

Comments: The Rate Review Data Detail section of the filing is missing. The State understands this is a new filing and not required, however completing would be preferred. Please correct, via post-submission update.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

My apologies for the incorrect reference. The form filing that relates to this rate filing that should have been referenced is SERFF tracking no. FDLB-129093452.

Related Objection 2

Comments: SERFF Tracking # FDLB-129012957 referenced in the General Information Tab is a rate filing. In addition, the forms associated with that rate filing reference forms P-AME 2012 DC. Please provide the corresponding forms SERFF Tracking # for the currently submitted rate filing SERFF # FDLB-129187061.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

I confirm that dispositions with respect to this filing are being made on behalf of the residents of the District of Columbia only.

Related Objection 3

Applies To:

- Critical Illness Insurance Policy, P-CI-PX 2013 AK (Form)

State: District of Columbia **Filing Company:** Colorado Bankers Life Insurance Company
TOI/Sub-TOI: H071 Individual Health - Specified Disease - Limited Benefit/H071.001 Critical Illness
Product Name: CI Insurance Policy
Project Name/Number: CI Insurance Policy PX product/

- Critical Illness Insurance Policy Schedule Pages, P-CI-PX-PS 2013 (Form)
- Individual Insurance Application, A-CI-PX 2013 AK (Form)
- Critical Illness Spouse Rider, R-CI-PX Spouse 2013 AK (Form)
- Critical Illness Child Rider, R-CI-PX Child 2013 AK (Form)
- Critical Illness Policy Endorsement, E-CI-PX 2013 (Form)
- Reinstatement and Change Insurance Application, RA-CI-PX 2013 AK (Form)
- Outline of Coverage, OC-CI-PX 2013 AK (Form)
- Rates (monthly), [P-CI-PX 2013 DC] (Rate)
- Rates (weekly), [P-CI-PX 2013 DC] (Rate)
- Cover Letter All Filings (Supporting Document)
- Certificate of Authority to File (Supporting Document)
- Actuarial Memorandum (Supporting Document)
- Actuarial Justification (Supporting Document)
- District of Columbia and Countrywide Loss Ratio Analysis (P&C) (Supporting Document)
- District of Columbia and Countrywide Experience for the Last 5 Years (P&C) (Supporting Document)
- Actuarial Memorandum and Certifications (Supporting Document)
- Unified Rate Review Template (Supporting Document)
- Actuarial Response to previous objections (Supporting Document)

Comments: Please confirm: Dispositions with respects to this filing are being made on behalf of residents of the District of Columbia only.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 4

Comments:

Acknowledged.

Related Objection 4

Applies To:

- Critical Illness Insurance Policy, P-CI-PX 2013 AK (Form)
- Critical Illness Insurance Policy Schedule Pages, P-CI-PX-PS 2013 (Form)
- Individual Insurance Application, A-CI-PX 2013 AK (Form)
- Critical Illness Spouse Rider, R-CI-PX Spouse 2013 AK (Form)
- Critical Illness Child Rider, R-CI-PX Child 2013 AK (Form)
- Critical Illness Policy Endorsement, E-CI-PX 2013 (Form)
- Reinstatement and Change Insurance Application, RA-CI-PX 2013 AK (Form)
- Outline of Coverage, OC-CI-PX 2013 AK (Form)
- Rates (monthly), [P-CI-PX 2013 DC] (Rate)
- Rates (weekly), [P-CI-PX 2013 DC] (Rate)
- Cover Letter All Filings (Supporting Document)
- Certificate of Authority to File (Supporting Document)
- Actuarial Memorandum (Supporting Document)
- Actuarial Justification (Supporting Document)

State: District of Columbia **Filing Company:** Colorado Bankers Life Insurance Company
TOI/Sub-TOI: H071 Individual Health - Specified Disease - Limited Benefit/H071.001 Critical Illness
Product Name: CI Insurance Policy
Project Name/Number: CI Insurance Policy PX product/

- District of Columbia and Countrywide Loss Ratio Analysis (P&C) (Supporting Document)
- District of Columbia and Countrywide Experience for the Last 5 Years (P&C) (Supporting Document)
- Actuarial Memorandum and Certifications (Supporting Document)
- Unified Rate Review Template (Supporting Document)
- Actuarial Response to previous objections (Supporting Document)

Comments: Please note, this rate filing is subject to conformity with the corresponding forms filing. This department reserves the right to withdraw the filing if not.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you.

Sincerely,

Michael Hartman

State: District of Columbia

Filing Company:

Colorado Bankers Life Insurance Company

TOI/Sub-TOI: H071 Individual Health - Specified Disease - Limited Benefit/H071.001 Critical Illness

Product Name: CI Insurance Policy

Project Name/Number: CI Insurance Policy PX product/

Form Schedule

Lead Form Number: P-CI-PX 2013 DC

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Critical Illness Insurance Policy	P-CI-PX 2013 AK	POL	Initial		45.300	P-CI-PX 2013 AK.pdf
2		Critical Illness Insurance Policy Schedule Pages	P-CI-PX-PS 2013	SCH	Initial		45.300	P-CI-PX-PS 2013.pdf
3		Individual Insurance Application	A-CI-PX 2013 AK	AEF	Initial		45.300	A-CI-PX 2013 AK.pdf
4		Critical Illness Spouse Rider	R-CI-PX Spouse 2013 AK	POLA	Initial		45.300	R-CI-PX Spouse 2013 AK.pdf
5		Critical Illness Child Rider	R-CI-PX Child 2013 AK	POLA	Initial		45.300	P-CI-PX Child 2013 AK.pdf
6		Critical Illness Policy Endorsement	E-CI-PX 2013	POLA	Initial		45.300	E-CI-PX 2013.pdf
7		Reinstatement and Change Insurance Application	RA-CI-PX 2013 AK	AEF	Initial		45.300	RA-CI-PX 2013 AK.pdf
8		Outline of Coverage	OC-CI-PX 2013 AK	OUT	Initial		45.300	OC-CI-PX 2013 AK.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
------------	-------------	------------	-----------------------------

State: District of Columbia**Filing Company:**

Colorado Bankers Life Insurance Company

TOI/Sub-TOI: H071 Individual Health - Specified Disease - Limited Benefit/H071.001 Critical Illness**Product Name:** CI Insurance Policy**Project Name/Number:** CI Insurance Policy PX product/

CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

CRITICAL ILLNESS INSURANCE POLICY

Colorado Bankers Life Insurance Company agrees: (1) to pay the benefits described in this Policy, as provided in this Policy; and (2) to provide the other rights and benefits granted in this Policy. The benefits We must pay also depend on the other terms of this Policy.

The person insured under this Base Policy is the Primary Insured. The person who owns this Policy is referred to as "You", "Your" or "Yours". Colorado Bankers Life Insurance Company is referred to as "We", "Our" or "Us".

This Policy is a legal contract between You and Us. This Policy sets forth, in detail, both Your rights and obligations and Our rights and obligations. Defined terms are capitalized throughout this Policy. It is important, therefore, to READ YOUR POLICY CAREFULLY.

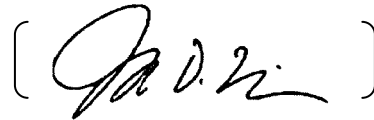
30-DAY RIGHT TO RETURN POLICY. If You are not satisfied with this Policy for any reason, You may cancel it by returning it to Us or to Our agent within 30 days of receipt. If You do so, this Policy will be void from the start, and We will promptly refund any premium payment, fees, or other charges You have paid Us for this Policy.

GUARANTEED RENEWABLE FOR LIFE. You may keep this Policy in force by paying all premiums as due. Your premium can be changed if We change the premium on all policies in Your Policy's premium class.

IN WITNESS WHEREOF, We have caused this Policy to be executed and issued.



Secretary



President

NOTICE TO BUYER: THIS IS A SPECIFIED DISEASE POLICY. THIS POLICY PROVIDES LIMITED BENEFITS. BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES. READ YOUR POLICY CAREFULLY.

This IS NOT A MEDICARE SUPPLEMENT policy. If you are eligible for Medicare, review the Guide to Health Insurance for People With Medicare available from the company.

This Policy is marketed under the Dearborn National® brand and the star logo and is underwritten by Colorado Bankers Life Insurance Company.

Policy Index

POLICY SPECIFICATIONS PAGE	3
A. GENERAL DEFINITIONS	5
B. DEFINITIONS OF COVERED CONDITIONS	5
C. CRITICAL ILLNESS BENEFITS FOR THE PRIMARY INSURED	7
1. Eligibility for the Primary Insured	7
2. Benefit Amount for the Primary Insured for each Covered Condition	7
3. Other Eligibility and Benefit Amount Rules for the Primary Insured	7
D. EXCLUSIONS AND LIMITATIONS	7
1. Waiting Period	7
2. Limitations	7
E. BENEFICIARY	8
1. Who is the Beneficiary	8
F. OWNERSHIP AND POLICY CHANGES	8
1. Owner in General	8
2. Joint Owner(s)	8
3. Rights of an Owner	8
4. How to Exercise Rights or Take Actions	8
G. PREMIUMS	8
1. General	8
2. Premium Change	8
3. When Payable	8
4. Where Payable	8
5. Payment Frequency	8
6. Grace Period	8
7. Ending for Non-Payment of Premium (Lapse)	8
H. REINSTATEMENT PROVISION	8
1. Reinstatement	8
I. CLAIM PROVISIONS	9
1. Notice of Claim	9
2. Claim Forms	9
3. Proof of Loss	9
4. Time of Payment of Claim	9
5. Payment of Claims	9
6. Physical Examination and Autopsy	9
J. GENERAL PROVISIONS	9
1. This Policy	9
2. Time Limit on Certain Defenses	9
3. Changes to Policy Provisions	9
4. Exercise of Rights and Options	9
5. Effective Date	9
6. When Policy Terminates	9
7. Misstatement of Age or Sex	10
8. Misstatement of Tobacco	10
9. Conformity to Law	10
10. Legal Actions	10

A. GENERAL DEFINITIONS

1. **Additional Occurrence.** The Diagnosis of a Covered Condition:
 - (a) other than Skin Cancer; and
 - (b) other than a Covered Condition of the type that caused the Initial Occurrence; and
 - (c) that happens after an Initial Occurrence.
2. **Application.** This is the application for this Policy, unless stated otherwise.
3. **Base Policy.** This means this Policy exclusive of any attached Riders, amendments, or endorsements providing Additional Benefits.
4. **Beneficiary.** This means the person(s) or party(s) entitled to receive payment of benefits under this Policy.
5. **Benefit Amount.** This is the value used to determine the amount payable under this Policy for each benefit other than Skin Cancer, for each Covered Person. The Benefit Amount for each Covered Person(s) is shown on the Policy Specifications page.
6. **Benefit Percentage.** The portion of the Benefit Amount payable for a Covered Condition other than Skin Cancer. The Benefit Percentages for each Covered Condition are shown on the Policy Specifications page. The amounts shown may be reduced for Additional Occurrences as provided in this Policy.
7. **Cancer Waiting Period.** This means a period of time equal to the number of days as shown on the Policy Specifications page. It applies to the following Covered Conditions: Invasive Cancer, Carcinoma in Situ, or Skin Cancer.
8. **Clinical Diagnosis.** This means a Diagnosis of Invasive Cancer, Carcinoma in Situ or Skin Cancer based on the study of symptoms and diagnostic test results. We will accept a Clinical Diagnosis of cancer only if the following conditions are met:
 - (a) A Pathological Diagnosis cannot be made because it is medically inappropriate or life threatening;
 - (b) There is medical evidence to support the Diagnosis; and
 - (c) A Legally Qualified Physician is treating the Primary Insured for Invasive Cancer.
9. **Covered Person.** This means the persons listed as Covered Person(s) on the Policy Specifications page.
10. **Diagnosis, Diagnosed.** This means the definitive establishment of a Covered Condition through the use of clinical and/or laboratory findings. The Diagnosis must be made by a Legally Qualified Physician who is a board certified specialist where required under this Policy.
11. **Initial Occurrence.** The initial Diagnosis of a Covered Condition, other than Skin Cancer:

- (a) made after any applicable Waiting Period (see **Section D.1**) has been satisfied; and
- (b) for which benefits under this Base Policy are eligible to be paid.

12. **Legally Qualified Physician.** A person - other than: You, or the Primary Insured, or a member of their immediate family(s), or a business associate of You or the Primary Insured - who is duly licensed and practicing medicine in the United States, and who is legally qualified to Diagnose and treat sickness and injuries. The physician must be providing services within the scope of his or her license, and must be a board certified specialist where required under this Policy.
13. **Pathological Diagnosis.** A Diagnosis of Invasive Cancer, Carcinoma in Situ or Skin Cancer based on a microscopic study of fixed tissue or preparations from the hemic (blood) system. This type of Diagnosis must be done by a Legally Qualified Physician who is a board certified pathologist and whose Diagnosis of malignancy conforms to the standards set by the American College of Pathology.
14. **Policy.** This means this policy including any attached riders, amendments or endorsements, unless stated otherwise.
15. **Policy Date.** This is the Policy Date shown in the Policy Specifications page. It is also the initial coverage date of the Base Policy.
16. **Primary Insured.** This means the person who is named as the "primary insured" or "proposed insured" or "insured 1" in the Application. That person is shown in the Policy Specifications page.
17. **Request.** This means a written directive, election, notice or request that is: (a) in a form acceptable to Us; (b) complete and in good order to accomplish its purpose; (c) signed by You; and (d) sent to Us at Our Administrative Office.
18. **Rider.** This means a document titled a rider that We attach or ask You to attach to this Policy. A rider confirms Additional Benefits under this Policy. When a rider is issued and attached to this Policy, that rider becomes part of this Policy once that rider goes into effect.

B. DEFINITIONS OF COVERED CONDITIONS

The following are the Covered Conditions under this Policy unless provided otherwise:

1. **Carcinoma in Situ.** This means a Diagnosis of cancer of the Primary Insured wherein the tumor cells lie within the tissue of origin without having invaded neighboring tissue. Carcinoma in Situ includes melanoma not invading the dermis. Carcinoma in Situ does not include:
 - (a) Non-malignant or pre-malignant lesions (such as intraepithelial neoplasia); or
 - (b) Benign tumors or polyps.

Carcinoma in Situ must be Diagnosed pursuant to a Pathological Diagnosis. If a Pathological Diagnosis is not possible, Diagnosis can be made pursuant to a Clinical Diagnosis.

2. **Coronary Angioplasty.** A Diagnosis of the Primary Insured as having a disease of the coronary arteries that necessitates a percutaneous transluminal angioplasty surgery to correct a narrowing or blockage of one or more coronary arteries. A Legally Qualified Physician board-certified as a cardiologist must make this Diagnosis. Other surgical or non-surgical techniques such as laser relief or any other intra-arterial procedures do not qualify under this Covered Condition. Procedures performed or recommended to be performed on a non-coronary artery do not qualify under this Covered Condition. If the Primary Insured is determined to be too ill to undergo the surgery, but otherwise meets the criteria for the need for the surgery, the surgery requirement will be waived.
3. **End-stage Renal Failure.** A Diagnosis of chronic and irreversible failure of both of the Primary Insured's kidneys for which dialysis on a regular basis (weekly or biweekly) is necessary. The Diagnosis must be made by a Legally Qualified Physician board-certified in nephrology.
4. **Heart Attack.** A Diagnosis of an acute myocardial infarction resulting in the death of a portion of the Primary Insured's heart muscle (myocardium) due to a blockage of one or more coronary arteries and resulting in the loss of the normal function of the heart. The Diagnosis must be made by a Legally Qualified Physician board-certified as a cardiologist and based on both:
 - (a) New clinical presentation and electrocardiographic changes consistent with an evolving Heart Attack; and
 - (b) Serial measurement of cardiac biomarkers showing a pattern and to a level consistent with a Diagnosis of Heart Attack.An established (old) myocardial infarction does not qualify under this Covered Condition.
5. **Invasive Cancer.** A Diagnosis of malignant neoplasm experienced by the Primary Insured, which is characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue, and which is not specifically otherwise excluded. Leukemias and lymphomas are included. The following are not considered Invasive Cancer:
 - (a) Non-malignant, noninvasive, dysplasia (all grades), or pre-malignant lesions (such as intraepithelial neoplasia); or
 - (b) Benign tumors or polyps; or
 - (c) Cancer in situ; or
 - (d) Any skin cancer (other than invasive malignant melanoma in the dermis or deeper or skin malignancies that have become metastatic).

Invasive Cancer must be Diagnosed pursuant to a Pathological Diagnosis. If a Pathological Diagnosis is not possible, Diagnosis can be made pursuant to a Clinical Diagnosis.

6. **Major Heart Surgery.** This means either Aortic Surgery, Coronary Artery Bypass Surgery or Heart Valve Replacement/Repair Surgery, as defined below.
 - (a) **Aortic Surgery.** A Diagnosis of the Primary Insured as having disease of the aorta that necessitates the Primary Insured actually undergoing surgery of the aorta needing excision and surgical replacement of a portion of the diseased aorta with a graft. The Diagnosis must be made by a Legally Qualified Physician board-certified as a cardiologist, cardio-vascular thoracic surgeon or vascular surgeon. For this definition, aorta means the thoracic and abdominal aorta but not its branches. Traumatic injury of the aorta causing aortic surgery does not qualify under this Covered Condition. If the Primary Insured is determined to be too ill to undergo the surgery, but otherwise meets the criteria for the need for the surgery, the surgery requirement will be waived.
 - (b) **Coronary Artery Bypass.** A Diagnosis of the Primary Insured as having a disease of the coronary artery that necessitates the Primary Insured actually undergoing coronary artery bypass surgery using 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 Diagnosis must be made by a Legally Qualified Physician board-certified as a cardiologist. Other surgical or nonsurgical techniques such as laser relief or any other intra-arterial procedures do not qualify under this Covered Condition. If the Primary Insured is determined to be too ill to undergo the surgery, but otherwise meets the criteria for the need for the surgery, the surgery requirement will be waived.
 - (c) **Heart Valve Replacement/Repair Surgery.** A Diagnosis of the Primary Insured as having a disease of the heart valve that necessitates the Primary Insured actually undergoing open heart surgery to replace or repair one or more valves. The Diagnosis must be made by a Legally Qualified Physician board-certified as a cardiologist or cardio-vascular surgeon. If the Primary Insured is determined to be too ill for surgery, but otherwise meets the criteria for the need for the surgery, the surgery requirement will be waived.
7. **Major Organ Transplant.** A Diagnosis, supported by clinical evidence of the Primary Insured's major organ(s) failure which requires the malfunctioning

organ(s) or tissue of the Primary Insured to be replaced with an organ(s) or tissue from a suitable human donor (excluding the Primary Insured) under generally accepted medical procedures. The organs and tissues covered by this definition are limited to: liver, lung, entire heart, small intestine, pancreas or kidney. Major Organ Transplant does not include bone marrow transplant. Also, the Primary Insured must be registered by the United Network of Organ Sharing (UNOS) in order for the Major Organ Transplant to be a Covered Condition under this Policy. If the Primary Insured is determined to be too ill for a transplant, but otherwise meets the criteria for being registered by the UNOS, the registration requirement will be waived.

8. **Skin Cancer.** A Diagnosis of basal cell carcinoma or squamous cell carcinoma of the skin, experienced by the Primary Insured, which does not meet the definition of Carcinoma in Situ or Invasive Cancer. Melanoma is not covered as Skin Cancer under this Covered Condition. The Diagnosis of Skin Cancer must be pursuant to a Pathological Diagnosis or Clinical Diagnosis.
9. **Stroke.** A Diagnosis of an acute cerebrovascular accident experienced by the Primary Insured, producing neurological impairment, resulting in paralysis or other measurable objective neurological deficit persisting for at least 96 hours and expected to be permanent, and characterized as Score 3 or higher on the Modified Rankin Scale. Transient ischemic attack (mini-stroke), head injury, chronic cerebrovascular insufficiency and reversible ischemic neurological deficits are excluded. The Diagnosis must be made by a Legally Qualified Physician board-certified as a neurologist.
10. **Terminal Illness.** A Diagnosis of an advanced or rapidly progressing incurable disabling terminal illness, as a result of which a Legally Qualified Physician certifies that the Primary Insured's life expectancy is no greater than 12 months.

C. CRITICAL ILLNESS BENEFITS FOR THE PRIMARY INSURED

1. Eligibility for the Primary Insured.

To be eligible for critical illness benefits under this Policy:

- (a) The Primary Insured:
 - (1) must be Diagnosed with a Covered Condition,
 - (2) after the Waiting Period (see **Section D.1**), if applicable, and while this Policy is in force, and satisfy the other rules under this Policy; and
- (b) A Request for benefits that complies with all of the rules for filing such a claim must be made to Us.

2. Benefit Amount for the Primary Insured for each Covered Condition.

- (a) Skin Cancer
The amount payable for Skin Cancer is the specific dollar amount shown for this Covered

Condition in Schedule of Covered Conditions and Benefits in the Policy Specifications Page.

(b) Covered Conditions other than Skin Cancer

(1) Initial Occurrence

The amount payable for the Initial Occurrence of a Covered Condition other than Skin Cancer is the percentage of the Benefit Amount for the Primary Insured, as shown for that Covered Condition in Schedule of Covered Conditions and Benefits in the Policy Specifications Page(s).

(2) Additional Occurrences

The amount payable for an Additional Occurrence of a Covered Condition other than Skin Cancer, after an Initial Occurrence, is the percentage of the Benefit Amount for the Primary Insured, as shown for that Covered Condition in Schedule of Covered Conditions and Benefits in the Policy Specifications Page, adjusted using the following rules.

- (i) The amount payable for each Additional Occurrence will be reduced, if necessary, so that the amount payable for it, when added to prior Covered Conditions which have been paid or are payable, does not exceed 150% of the Benefit Amount for the Primary Insured.
- (ii) Adjustments under **C.2(b)(2)(i)** above, are not affected by, and do not affect or apply to, the Skin Cancer benefit.

3. Other Eligibility and Benefit Amount Rules for the Primary Insured.

Benefits are payable only once for each Covered Condition. If one Covered Condition is caused by or contributes to another Covered Condition, We will pay only one benefit. The benefit payable will be the larger of the two. The total amount payable for an Initial Occurrence of a Covered Condition and all Additional Occurrences will not be greater than 150% of the Benefit Amount for the Primary Insured.

D. EXCLUSIONS AND LIMITATIONS

1. Waiting Period.

A loss for Invasive Cancer, Carcinoma in Situ or Skin Cancer, otherwise insured by this Policy, is not covered if it is Diagnosed within the Cancer Waiting Period after the Primary Insured's Policy Date.

2. Limitations.

No benefits will be payable for a Covered Condition if it results from any of the following:

- (a) being intoxicated or under the influence of any narcotic (other than under the direction of a Legally Qualified Physician);
- (b) suicide or injuries intentionally self-inflicted, whether sane or insane;

- (c) injury received during active participation in a riot or insurrection; or
- (d) the Primary Insured's participation or attempted participation in a felony or illegal occupation.

E. BENEFICIARY

1. Who is the Beneficiary

The Beneficiary is:

- (a) the Owner;
- (b) unless a different party is designated as the Beneficiary in the Application or that You name or change later by Request.

If none of these beneficiaries survives or exists at the time a benefit is payable, Your estate will be deemed the Beneficiary.

F. OWNERSHIP AND POLICY CHANGES

1. Owner in General.

The Owner is also called "You" and "Your" in this Policy. The party who is named in the Application as the Primary Insured is the Initial Owner of this Policy unless another person or party is specified in the Application as the owner. The Initial Owner is named in the Policy Specifications page.

2. Joint Owner(s).

Joint Owners are not permitted on this Policy.

3. Rights of an Owner.

As the Owner, You may: (a) change the ownership; (b) name or change the Beneficiary; and (c) elect any option or exercise any right granted by this Policy. You can take such actions regarding this Policy at any time while this Policy remains in force.

4. How to Exercise Rights or Take Actions.

You can make changes and exercise rights under this Policy by sending Us a Request. To be effective, a Request to make a change or exercise a right under this Policy must be received by Us at Our Administrative Office. Any such Request shall take effect as of the date the Request was signed by You. A Request to exercise a right or make a change will not affect any payments made or other action taken by Us before We received the Request at Our Administrative Office. You may change the Owner only during Your and the Primary Insured's lifetime.

G. PREMIUMS

1. General.

You must pay premiums when due, unless waived by Us. You must make all checks payable to Us. Once earned, We will not refund a premium except: (a) as stated in this Policy, or (b) as required by law. Premiums for any Riders will be added to the premium due for this Base Policy and will be the premium due for this Policy. The entire premium due for this Policy is due as a whole sum and is not payable separately for the Base Policy or any Rider.

2. Premium Change.

Your premium can be changed solely at Our choice if We change the premium on all policies in Your Policy's premium class. This will not be done unless We change premiums for all policies in the Primary Insured's premium class. We will give You 60 days advance written notice of any such premium change.

3. When Payable.

The first premium for this Policy is due before the Policy Date. All premiums after the first one are due in advance of the premium due date, unless waived by Us. You must pay Your premiums on time to keep this Policy in force.

4. Where Payable.

All premiums must be paid to Us either: (a) at Our Administrative Office; or (b) elsewhere through an authorized representative. Upon Request, We will give You a receipt signed by Our President or Secretary.

5. Payment Frequency.

The Initial Premium Frequency and the Initial Premium Amounts due for each frequency is shown in the Policy Specifications page. You can change Your payment frequency to any other frequency available. To do so, You must send Us a Request to make that change along with the full premium due for the new premium frequency.

6. Grace Period.

We allow a 31-day grace period for payments of every premium after the first premium payment. A payment will be deemed made within the grace period if delivery of it to Us is made within the grace period and the date of delivery can be documented. For Delivery by U.S. mail, a postmark within the grace period will confirm delivery within the grace period. This Policy will remain in force during a grace period.

7. Ending for Non-Payment of Premium (Lapse).

If You fail to pay a premium due by the end of its grace period, unless waived by Us, this Policy will end (lapse) on that date. In that case, all insurance under this Policy will end, and no longer be in force, at the end of the grace period.

H. REINSTATEMENT PROVISION

1. Reinstatement.

If this Policy ends (lapses) because a premium due for it was not paid, later acceptance of premium by Us or Our duly authorized agent, without requiring an application for reinstatement, will reinstate this Policy. However, if We or Our agent require an application for reinstatement and issue a conditional receipt for the premium tendered, the Policy will be reinstated upon Our approval of the application or, lacking such approval, upon the 45th day following the date of the conditional receipt unless We have previously notified You in writing of Our disapproval of the application.

The reinstated policy shall cover only loss resulting from accidental injury as may be sustained after the date of reinstatement and loss due to sickness as may begin more than 10 days after that date. In all other respects, Our rights and Your rights shall be the same as they were before the Policy lapsed, subject to any endorsements or riders attached to the reinstated policy.

Any premium accepted in connection with a reinstatement shall be applied to a period for which premium has not been previously paid, but not to any period more than 60 days prior to the date of reinstatement.

I. CLAIM PROVISIONS

1. Notice of Claim.

Written notice of claim must be given within 20 days after the commencement of any loss covered by this Policy, or as soon as is reasonably possible. Notice given by You or on Your behalf at Our Administrative Office or to any authorized agent of Ours, with information sufficient to identify You, shall be deemed notice to Us.

2. Claim Forms.

Upon receipt of a notice of claim, We will furnish to the claimant a claim form for filing proof of loss. If a claim form is not furnished within 10 days after giving the notice, the claimant shall be deemed to have complied with the requirements of this Policy as to proof of loss by submitting, within the time described in the Proof of Loss provision, written proof covering the occurrence, the character and the extent of the loss for which claim is made.

3. Proof of Loss.

Written proof of loss must be provided to Us at Our Administrative Office within 90 days after the date of loss. Failure to furnish proof within this 90 day period shall not invalidate or reduce a claim if it was not reasonably possible to give proof within that time. However, proof must be provided as soon as reasonably possible and in no event, except in the absence of legal capacity, more than one year from the time proof is otherwise required. To pay any claim for benefits, We will require proof of loss that satisfies the requirements for the payment of such benefits.

4. Time of Payment of Claim.

Benefits for loss covered by this Policy will be paid upon Our receipt of all due written proof of loss. If We do not pay benefits within 30 days after We receive Your Proof of Loss, or within 15 days of Our receipt of additional information needed to settle the claim, We shall pay interest equal to 15% per annum on such benefits.

5. Payment of Claims.

All benefits will be paid to the Beneficiary as provided in **Section. E.1**. If a benefit is to be paid to Your estate,

or to an individual who is not competent to give a valid release, We may pay up to \$1,000 of such benefit to one of Your relatives who is deemed by Us to be justly entitled to it. Such payment, made in good faith, fully releases Us to the extent of the payment.

6. Physical Examination and Autopsy.

At Our expense, We: (a) may have the person regarding whom a claim is filed examined by a physician of Our choice, or require that person take further tests as often as reasonably necessary in order for any benefits to be payable under this Policy; or (b) have the right to make an autopsy in case of death where it is not forbidden by law.

J. GENERAL PROVISIONS

1. This Policy.

We issued this Policy in consideration of the Application and payment of the first premium. This Policy, the attached Application and attached Riders and endorsements, if any, constitutes the entire contract of insurance.

2. Time Limit on Certain Defenses.

After 2 years from the Policy Date, no misstatements, except fraudulent misstatements, made by You in the application for the Policy shall be used to void the Policy or deny a claim for loss incurred after the expiration of the 2 year period.

After 2 years from the date of a reinstatement or increase in coverage under the Policy, no misstatements, except fraudulent misstatements, made by You in the application for reinstatement or change of coverage shall be used to void the Policy or deny a claim for loss incurred after the expiration of the 2 year period.

3. Changes to Policy Provisions.

Only Our President or Secretary can change, waive or modify a policy provision. To be valid, all such changes must be in writing.

4. Exercise of Rights and Options.

Unless provided otherwise, You or any other party with rights under this Policy may exercise those rights only by completing a Request to do so.

5. Effective Date.

Except as provided in the Application or any receipt given at the time the Application is taken, this Policy will take effect on the Policy Date, if on that date: (a) the Primary Insured is still alive; (b) the Primary Insured's health remains as stated in the Application; (c) We have issued this Policy; and (d) You have paid Us the first premium due on it.

6. When Policy Terminates.

This Policy will terminate, and no longer be in force, and provide no further coverage upon the earliest of: (a) the Primary Insured's death; (b) the date You Request cancellation of coverage; or (c) upon Our payment of

150% of the Benefit Amount for the Primary Insured.
See also **Section G.7.**

7. Misstatement of Age.

If Your age is incorrectly stated, We will make a fair adjustment of the premiums, benefits or both. The adjustment will be based on the premiums and benefits that would have been payable had We known the correct information.

8. Misstatement of Tobacco or Sex.

If Your tobacco or Sex use is incorrectly stated, We will make a fair adjustment of the premiums, benefits or both. The adjustment will be based on the premiums and benefits that would have been payable had We known the correct information.

9. Conformity to Law.

This Policy is subject to the laws of the State where it is delivered, which will be the initial owner's address if no other delivery address is documented in Our records. If any part of this Policy does not comply with that law, it will be treated as if it does.

10. Legal Actions.

No legal action may be brought to recover on this Policy before 60 days after all due written proof of loss has been furnished as required by this Policy. No such action may be brought after 3 years from the time written proof of loss is required to be furnished.

POLICY SPECIFICATIONS PAGE

General Information			
Initial Owner:	[John Doe] [Apartment 000] [123 Main St.] [Anywhere, US 00000]	Policy No.: Policy Date:	[1234567] [01/01/2013]
Primary Insured: Sex:	[John Doe] [male]	Primary Insured's Birthdate: Policy Specifications Page issue date:	[01/01/1978] [01/01/2013]
Cancer Waiting Period:	30 days		

Coverage Information					
<u>Covered Person(s)</u>	<u>Type of Coverage</u>	<u>Issue Age</u>	<u>Benefit Amount¹</u>	<u>Coverage Start Date</u>	<u>Rate Class</u>
Primary Insured	Critical Illness Insurance	[35]	[\$5,000 - \$50,000]	[01/01/2013]	[Non-Tobacco]
[Insured Spouse, Jane Doe]	[Critical Illness Spouse Rider]	[35]	[\$5,000 - \$50,000]	[01/01/2013]	[Non-Tobacco]
[Insured Child, Joe Doe]	[Critical Illness Child Rider]	[35]	[\$1,250 - \$12,500]	[01/01/2013]	[N/A]
[Insured Child, Jill Doe]	[Critical Illness Child Rider]	N/A	[\$1,250 - \$12,500]	[01/01/2013]	[N/A]
[Insured Child, Jill Doe]	[Critical Illness Child Rider]	N/A	[\$1,250 - \$12,500]	[01/01/2013]	[N/A]
[Insured Child, Jill Doe]	[Critical Illness Child Rider]	N/A	[\$1,250 - \$12,500]	[01/01/2013]	[N/A]
[Insured Child, Jill Doe]	[Critical Illness Child Rider]	N/A	[\$1,250 - \$12,500]	[01/01/2013]	[N/A]

¹ Each Covered Persons' Critical Illness Insurance Benefit Amount decreases by 35% of the Benefit Amount at such Covered Person's age 65 and decreases an additional 15% of the Benefit Amount at such Covered Person's age 70. Premium is not reduced as a result of these decreases. The Benefit Amount shown is not payable for Skin Cancer. See the next page for the amount payable as a Skin Cancer benefit.

Premium Information	
Premium Frequency:	[Monthly]
Total Premium Amounts:	[\$0.00]

POLICY SPECIFICATIONS PAGE

Schedule of Covered Conditions and Benefits

COVERED CONDITION

BENEFIT

Covered Conditions – Benefit Based On A Fixed Dollar Amount

Specified Dollar Benefit

Skin Cancer – Primary Insured	[\$250.00]
[Skin Cancer – Insured Spouse]	[\$250.00]
[Skin Cancer – Insured Child(ren)]	[\$75.00]

Covered Conditions – Benefit Based on a Percentage of Benefit Amount

Percentage of Benefit Amount Payable*

End Stage Renal Failure	100%
Heart Attack	100%
Invasive Cancer	100%
Major Organ Transplant	100%
Stroke	100%
Terminal Illness	100%
Carcinoma In Situ	25%
Major Heart Surgery	25%
Coronary Angioplasty	10%

* The percentages shown in this table are for the Initial Occurrence of the Covered Conditions listed. This Policy will pay benefits for multiple Covered Conditions, but the total paid for all Covered Conditions other than Skin Cancer will not exceed 150% of the Benefit Amount for the affected Covered Person. This means that if 100% of the Benefit Amount was paid for an Initial Occurrence of a Covered Condition other than Skin Cancer for an affected Covered Person, such Covered Person could not receive more than 50% for any other Covered Condition, other than Skin Cancer. This also means that if one of the Covered Conditions other than Skin Cancer occurs as an Additional Occurrence, the amount payable for that Covered Condition may be less than the percentage shown in this table. For the details as to how much is payable for Additional Occurrences of a Covered Condition other than Skin Cancer after an Initial Occurrence, see the terms of the Policy.

1. PRIMARY INSURED AND BENEFICIARY INFORMATION

Last Name		First Name		MI	State of Birth	Sex	Phone Number
Primary Street Address		City	State	Zip Code	Date of Birth	Age	
Social Security Number	Primary Beneficiary – Name/Relationship				US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No		Email Address

2. OWNER (If Other than Primary Insured)

Last Name		First Name		MI	Sex	Tax ID# or Social Security #	
Primary Street Address			City		State	Zip Code	
Relationship to Primary Insured				Email Address			

3. POLICY DATA (RIDERS NOT AVAILABLE IN ALL STATES)

Individual Critical Illness Policy (Complete this section if applying for Critical Illness Insurance)

Base Policy Benefit Amount - on the Primary Insured: \$5,000 \$10,000 \$15,000 \$20,000 \$25,000 \$30,000 \$35,000
 \$40,000 \$45,000 \$50,000

[Critical Illness Riders:

Spouse - Spouse's Benefit Amount is the same as the Base Policy Benefit Amount.]

Child - Each Child's Benefit Amount is 25% of the Base Policy Benefit Amount.]

Premiums Payable:

EFT (Must complete separate payment authorization): Monthly Semi-Monthly Bi-Weekly Weekly Monthly - Payroll Deduction]

Direct Billing: Annual Semi-Annual Quarterly ***All premium payments must be made payable only to CBL***

[Total Premium Due: \$ _____ Premium Submitted with Application: \$ _____]

PERSONS TO BE COVERED UNDER EITHER SPOUSE OR CHILD RIDER(S)

Insured Spouse (Name)	Sex	Date of Birth / /	Social Security Number	State of Birth	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No
Insured Child 1 (Name)	Sex	Date of Birth / /	Insured Child 2 (Name)		Sex Date of Birth / /

If additional insured children, attach separate page to application with name, sex and date of birth.

4. MEDICAL QUESTIONS

(IMPORTANT! - Circle, mark or highlight any condition which applies, and for any "Yes" answer, give complete details below).

- (A) Has any Person Proposed for Coverage ever been diagnosed with or treated by a medical professional for disorder or disease of the liver, kidney (including diabetes), digestive system, or lungs? Yes No
- (B) Has any Person Proposed for Coverage ever been diagnosed with or treated by a medical professional for heart disease (including angina, heart attack, congestive heart failure, or heart bypass) or cerebrovascular disease (including Transient Ischemic Attack (TIA) or stroke (blockages for hemorrhage))?. Yes No
- (C) Has any Person Proposed for Coverage ever been diagnosed with or treated by a medical professional for Cancer (including melanoma, leukemia, lymphoma, malignant tumors, or skin cancers)? Yes No
- (D) Has any Person Proposed for Coverage ever been diagnosed with or treated for or been told by a member of the medical profession he/she will require treatment for a disorder of the Immune System including Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or any other AIDS-related condition, or had a positive test for the AIDS virus Human Immunodeficiency Virus (HIV)? Yes No
- (E) Has any Person Proposed for Coverage used any tobacco products in the past 12 months? Yes No

If you answered "Yes" to any of the questions (A) through (E), above, explain below (if not enough room attach separate page):

Question Number	Person proposed for coverage	Description of condition, treatment and current status

[Products and services marketed under the Dearborn National® brand and the star logo are underwritten and/or provided by Colorado Bankers Life Insurance Company® (Greenwood Village, CO), licensed in 49 states (excluding New York where it is not licensed and does not solicit business), the District of Columbia, Guam and Puerto Rico. Colorado Bankers Life Insurance Company is a separate company that does not provide Blue Cross and Blue Shield of Illinois (BCBSIL), Blue Cross and Blue Shield of New Mexico (BCBSNM), Blue Cross and Blue Shield of Oklahoma (BCBSOK), or Blue Cross and Blue Shield of Texas (BCBSTX) products or services. Colorado Bankers Life Insurance Company is solely responsible for the life insurance coverage provided. BSBSIL, BCBSNM, BCBSOK, BCBSTX are Divisions of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.]

CRITICAL ILLNESS RIDER - SPOUSE

Colorado Bankers Life Insurance Company, also referred to as "We," "Our," or "Us" in this rider, will pay the benefits described in this rider (the "Rider") if the Insured Spouse: (a) is Diagnosed as having a Covered Condition, and (b) is eligible for benefits under this Rider, and (c) meets all the other terms and requirements of this Rider. Those benefits are payable to the Beneficiary, as described in the Policy.

The amount of the benefit payable under this Rider will depend on the Covered Condition that the Insured Spouse experiences. Covered Conditions are defined in **Section B** of this Rider. The specific percentage of the Benefit Amount payable for each Covered Condition is given in the Policy.

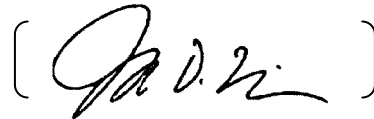
The Policy and this Rider must be in force for this Rider to provide any benefits. If the Policy or this Rider ends, this Rider provides no benefits.

This Rider is made a part of the Policy (the "Policy") to which it is attached. The terms of the Policy also apply to this Rider except as they are changed by the terms of this Rider. All terms of the Policy not inconsistent with this Rider apply to this Rider. Defined terms are capitalized throughout this Rider. This Rider is issued in exchange for an Application or Request and additional payment of the premium due for it.

IN WITNESS WHEREOF, We have caused this Rider to be executed.



Secretary



President

CRITICAL ILLNESS INSURANCE COVERAGE

This rider is marketed under the Dearborn National[®] brand and the star logo and is underwritten by Colorado Bankers Life Insurance Company.

Rider Index

<u>Section</u>	<u>Page</u>	<u>Section</u>	<u>Page</u>
A. General Rider Definitions	2	2. Limitations.....	4
B. Definitions of Covered Conditions for this Rider	2	E. Other Provisions.....	4
C. Basic Benefit and Operation of this Rider.....	3	1. Rider Effective Date	4
1. Eligibility.....	3	2. Time Limit on Certain Defenses	4
2. Benefit Amount for the Insured Spouse for each Covered Condition.....	4	3. Conversion.....	4
3. Other Eligibility and Benefit Amount Rules under this Rider.....	4	4. Termination.....	5
D. Exclusions and Limitations.....	4	5. Premium.....	5
1. Waiting Period.....	4	6. Reinstatement	5
		7. Changes to this Rider's Terms	5

A. General Rider Definitions

The following definitions and those found in **Section B** apply to this Rider. Other terms used in this Rider are defined in the Base Policy.

1. **Diagnosis, Diagnosed.** This means the definitive establishment of a Covered Condition through the use of clinical and/or laboratory findings. The Diagnosis must be made by a Legally Qualified Physician who is a board certified specialist where required under this Rider.
2. **Insured Spouse.** This means the individual insured as the "Spouse" under the Policy to which this Rider is attached. This person must be the Legal Spouse of the Primary Insured. A person only has coverage as an Insured Spouse if such coverage is indicated in the Policy Specifications Page.
3. **Legally Qualified Physician.** A person - other than: You, the Insured Spouse, or a member of their immediate family(s), or a business associate of You or the Insured Spouse - who is duly licensed and practicing medicine in the United States, and who is legally qualified to Diagnose and treat sickness and injuries. The physician must be providing services within the scope of his or her license, and must be a board certified specialist where required under this Rider.
4. **Legally Recognized Marriage.** This means a marriage, civil union, or domestic partnership that is recognized as such under applicable law.
5. **Legal Spouse.** This means a person who is the husband, wife or partner of another in a Legally Recognized Marriage.

B. Definitions of Covered Conditions for this Rider

The following are the Covered Conditions under this Rider unless provided otherwise:

1. **Carcinoma in Situ.** This means a Diagnosis of cancer of the Insured Spouse wherein the tumor cells lie within the tissue of origin without having invaded neighboring tissue. Carcinoma in Situ includes melanoma not invading the dermis. Carcinoma in Situ does not include:

(a) Non-malignant or pre-malignant lesions (such as intraepithelial neoplasia); or

(b) Benign tumors or polyps.

Carcinoma in Situ must be Diagnosed pursuant to a Pathological Diagnosis. If a Pathological Diagnosis is not possible, Diagnosis can be made pursuant to a Clinical Diagnosis.

2. **Coronary Angioplasty.** A Diagnosis of the Insured Spouse as having a disease of the coronary arteries that necessitates a percutaneous transluminal angioplasty surgery to correct a narrowing or blockage of one or more coronary arteries. A Legally Qualified Physician board-certified as a cardiologist must make this Diagnosis. Other surgical or non-surgical techniques such as laser relief or any other intra-arterial procedures do not qualify under this Covered Condition. Procedures performed or recommended to be performed on a non-coronary artery do not qualify under this Covered Condition. If the Insured Spouse is determined to be too ill to undergo the surgery, but otherwise meets the criteria for the need for the surgery, the surgery requirement will be waived.
3. **End-stage Renal Failure.** A Diagnosis of chronic and irreversible failure of both of the Insured Spouse's kidneys for which dialysis on a regular basis (weekly or biweekly) is necessary. The Diagnosis must be made by a Legally Qualified Physician board-certified in nephrology.
4. **Heart Attack.** A Diagnosis of an acute myocardial infarction resulting in the death of a portion of the Insured Spouse's heart muscle (myocardium) due to a blockage of one or more coronary arteries and resulting in the loss of the normal function of the heart. The Diagnosis must be made by a Legally Qualified Physician board-certified as a cardiologist and based on both:
 - (a) New clinical presentation and electro-cardiographic changes consistent with an evolving Heart Attack; and
 - (b) Serial measurement of cardiac biomarkers showing a pattern and to a level consistent with a Diagnosis of Heart Attack.

An established (old) myocardial infarction does not qualify under this Covered Condition.

5. Invasive Cancer. A Diagnosis of malignant neoplasm experienced by the Insured Spouse, which is characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue, and which is not specifically otherwise excluded. Leukemias and lymphomas are included. The following are not considered Invasive Cancer:

- (a) Non-malignant, noninvasive, dysplasia (all grades), or pre-malignant lesions (such as intraepithelial neoplasia); or
- (b) Benign tumors or polyps; or
- (c) Cancer in situ; or
- (d) Any skin cancer (other than invasive malignant melanoma in the dermis or deeper or skin malignancies that have become metastatic).

Invasive Cancer must be Diagnosed pursuant to a Pathological Diagnosis. If a Pathological Diagnosis is not possible, Diagnosis can be made pursuant to a Clinical Diagnosis.

6. Major Heart Surgery. This means either Aortic Surgery, Coronary Artery Bypass Surgery or Heart Valve Replacement/Repair Surgery, as defined below.

- (a) **Aortic Surgery.** A Diagnosis of the Insured Spouse as having disease of the aorta that necessitates the Insured Spouse actually undergoing surgery of the aorta needing excision and surgical replacement of a portion of the diseased aorta with a graft. The Diagnosis must be made by a Legally Qualified Physician board-certified as a cardiologist, cardiovascular thoracic surgeon or vascular surgeon. For this definition, aorta means the thoracic and abdominal aorta but not its branches. Traumatic injury of the aorta causing aortic surgery does not qualify under this Covered Condition. If the Insured Spouse is determined to be too ill to undergo the surgery, but otherwise meets the criteria for the need for the surgery, the surgery requirement will be waived.
- (b) **Coronary Artery Bypass.** A Diagnosis of the Insured Spouse as having a disease of the coronary artery that necessitates the Insured Spouse actually undergoing coronary artery bypass surgery using 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 Diagnosis must be made by a Legally Qualified Physician board-certified as a cardiologist. Other surgical or nonsurgical techniques such as laser relief or any other intra-arterial procedures do not qualify under this Covered Condition. If the Insured Spouse is determined to be too ill to undergo the surgery, but otherwise meets the criteria for the need for the surgery, the surgery requirement will be waived.

(c) **Heart Valve Replacement/Repair Surgery.** A Diagnosis of the Insured Spouse as having a disease of the heart valve that necessitates the Insured Spouse actually undergoing open heart surgery to replace or repair one or more valves. The Diagnosis must be made by a Legally Qualified Physician board-certified as a cardiologist or cardiovascular surgeon. If the Insured Spouse is determined to be too ill for surgery, but otherwise meets the criteria for the need for the surgery, the surgery requirement will be waived.

7. Major Organ Transplant. A Diagnosis, supported by clinical evidence of the Insured Spouse's major organ(s) failure which requires the malfunctioning organ(s) or tissue of the Insured Spouse to be replaced with an organ(s) or tissue from a suitable human donor (excluding the Insured Spouse) under generally accepted medical procedures. The organs and tissues covered by this definition are limited to: liver, lung, entire heart, small intestine, pancreas or kidney. Major Organ Transplant does not include bone marrow transplant. Also, the Insured Spouse must be registered by the United Network of Organ Sharing (UNOS) in order for the Major Organ Transplant to be a Covered Condition under this Policy. If the Insured Spouse is determined to be too ill for a transplant, but otherwise meets the criteria for being registered by the UNOS, the registration requirement will be waived.

8. Skin Cancer. A Diagnosis of basal cell carcinoma or squamous cell carcinoma of the skin, experienced by the Insured Spouse which does not meet the definition of Carcinoma in Situ or Invasive Cancer. Melanoma is not covered as Skin Cancer under this Covered Condition. The Diagnosis of Skin Cancer must be pursuant to a Pathological Diagnosis or Clinical Diagnosis.

9. Stroke. A Diagnosis of an acute cerebrovascular accident experienced by the Insured Spouse, producing neurological impairment, resulting in paralysis or other measurable objective neurological deficit persisting for at least 96 hours and expected to be permanent, and characterized as Score 3 or higher on the Modified Rankin Scale. Transient ischemic attack (mini-stroke), head injury, chronic cerebrovascular insufficiency and reversible ischemic neurological deficits are excluded. The Diagnosis must be made by a Legally Qualified Physician board-certified as a neurologist.

10. Terminal Illness. A Diagnosis of an advanced or rapidly progressing incurable disabling terminal illness, as a result of which a Legally Qualified Physician certifies that the Insured Spouse's life expectancy is no greater than 12 months.

C. Basic Benefit and Operation of this Rider

1. Eligibility.

To be eligible for critical illness benefits under this Rider:

- (a) The Insured Spouse:
 - (1) must be Diagnosed with a Covered Condition,

(2) after any applicable Waiting Period (see **Section D.1**), and while this Rider is in force, and satisfy the other rules under the Policy and this Rider; and

(b) A Request for benefits that complies with all of the rules for filing such a claim must be made to Us.

2. Benefit Amount for the Insured Spouse for each Covered Condition.

(a) Skin Cancer

The amount payable for Skin Cancer is the specific dollar amount shown for this Covered Condition in Schedule of Covered Conditions and Benefits in the Policy Specifications Page.

(b) Covered Conditions other than Skin Cancer

(1) Initial Occurrence

The amount payable for the Initial Occurrence of a Covered Condition other than Skin Cancer is the percentage of the Benefit Amount for the Insured Spouse, as shown for that Covered Condition in Schedule of Covered Conditions and Benefits in the Policy Specifications Page(s).

(2) Additional Occurrences

The amount payable for an Additional Occurrence of a Covered Condition other than Skin Cancer, after an Initial Occurrence, is the percentage of the Benefit Amount for the Insured Spouse, as shown for that Covered Condition in Schedule of Covered Conditions and Benefits in the Policy Specifications Page, adjusted using the following rules.

(i) The amount payable for each Additional Occurrence will be reduced, if necessary, so that the amount payable for it, when added to prior Covered Conditions which have been paid or are payable, does not exceed 150% of the Benefit Amount for the Insured Spouse.

(ii) Adjustments under **C.2(b)(2)(i)** above, are not affected by, and do not affect or apply to, the Skin Cancer benefit.

3. Other Eligibility and Benefit Amount Rules under this Rider.

Benefits are payable only once for each Covered Condition. If one Covered Condition is caused by or contributes to another Covered Condition, We will pay only one benefit. The benefit payable will be the larger of the two. The total amount payable for an Initial Occurrence of a Covered Condition and all Additional Occurrences will not be greater than 150% of the Benefit Amount for the Insured Spouse.

D. Exclusions and Limitations

1. Waiting Period.

A loss for Invasive Cancer, Carcinoma in Situ or Skin Cancer, otherwise insured by this Rider, is not covered if it is Diagnosed within the Cancer Waiting Period after the Insured Spouse's Rider Effective Date.

2. Limitations.

No benefits will be payable for a Covered Condition if it results from any of the following:

(a) being intoxicated or under the influence of any narcotic (other than under the direction of a Legally Qualified Physician);

(b) suicide or injuries intentionally self-inflicted, whether sane or insane;

(c) injury received during active participation in a riot or insurrection; or

(d) the Insured Spouse's participation or attempted participation in a felony or illegal occupation.

E. Other Provisions

1. Rider Effective Date

This Rider will be effective on the Coverage Start Date for the Insured Spouse shown in the Policy Specifications Page, unless provided otherwise.

2. Time Limit on Certain Defenses

After 2 years from the Rider Effective Date, no misstatements, except fraudulent misstatements, made by You or the Insured Spouse in the application for the Rider shall be used to void the Rider or deny a claim for loss incurred by the Insured Spouse after the expiration of the 2 year period.

After 2 years from the date of a reinstatement or increase in coverage under this Rider, no misstatements, except fraudulent misstatements, made by You or the Insured Spouse in the application for reinstatement or change of coverage shall be used to void this Rider or deny a claim for loss incurred by the Insured Spouse after the expiration of the 2 year period.

3. Conversion

The Insured Spouse can convert this Rider to his or her own critical illness policy if the Policy terminates due to:

(a) payment of benefits for conditions incurred by the Primary Insured;

(b) the Primary Insured's death; or

(c) the legal divorce of the Insured Spouse and Primary Insured.

The Insured Spouse must Request conversion within 31 days of termination of the Policy. Evidence of insurability will not be required. The conversion policy will provide the Insured Spouse the same coverage and Benefit Amount provided by this Rider at the time of conversion. The Waiting Period, if applicable, and Time Limit on Certain Defenses will be waived to the extent the same period has been met under this Rider. If benefits for any Covered Condition have been paid under this Rider, benefits for such Covered Condition will be excluded under the conversion policy. If benefits for an Initial Occurrence of a Covered Condition has been paid under this Rider: (1) it will be not be available under the conversion policy; and (2) benefits for that Covered Condition as an Initial Occurrence will have been deemed to have been made under the conversion policy.

The premium for the conversion policy will be based upon the age and gender of the Insured Spouse when

this Rider was issued. In the event that the policy to which this Rider is attached is no longer offered, We will issue the most comparable policy available.

4. Termination

This Rider will end on the first to occur of: (a) the date the Policy terminates; (b) the date of the Primary Insured's death; (c) the date of the Insured Spouse's death; (d) the date the Insured Spouse and Primary Insured divorce; (e) the date You Request cancellation of this Rider; or (f) upon payment of 150% of the Benefit Amount for the Insured Spouse. See also **Section E.5(b)**.

5. Premium

(a) **General.** The premiums for this Rider are shown on the Policy Specifications page of the Policy. Premiums for this Rider are payable, together with, at the same time as, and under the same conditions as the premium for the Policy, unless waived by Us. When this Rider terminates, its premiums will no longer be included in the premiums due for the Policy.

(b) **Ending for Non-Payment of Premium.** If You fail to pay a premium for the Policy due by the end of its grace period, unless waived by Us, this Rider will end on that date. In that case, all insurance under this Rider will end and no longer be in force as of the end of the grace period.

6. Reinstatement

This Rider may be reinstated on the same terms as the Policy.

7. Changes to this Rider's Terms

Only Our President or Secretary can change, waive or modify a rider or policy provision. To be valid, all such changes must be in writing.

CRITICAL ILLNESS RIDER - CHILD

Colorado Bankers Life Insurance Company, also referred to as "We," "Our," or "Us" in this rider, will pay the benefits described in this rider (the "Rider") if any Insured Child: (a) is Diagnosed as having a Covered Condition, and (b) is eligible for benefits under this Rider, and (c) meets all the other terms and requirements of this Rider. Those benefits are payable to the Beneficiary, as described in the Policy.

The amount of the benefit payable under this Rider will depend on the Covered Condition that an Insured Child experiences. Covered Conditions are defined in **Section B** of this Rider. The specific percentage of the Benefit Amount payable for each Covered Condition is given in the Policy.

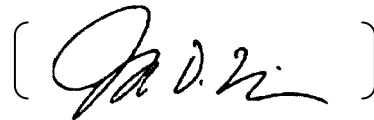
The Policy and this Rider must be in force for this Rider to provide any benefits. If the Policy or this Rider ends, this Rider provides no benefits.

This Rider is made a part of the Policy (the "Policy") to which it is attached. The terms of the Policy also apply to this Rider except as they are changed by the terms of this Rider. All terms of the Policy not inconsistent with this Rider apply to this Rider. Defined terms are capitalized throughout this Rider. This Rider is issued in exchange for an Application or Request and additional payment of the premium due for it.

IN WITNESS WHEREOF, We have caused this Rider to be executed.



Secretary



President

CRITICAL ILLNESS INSURANCE COVERAGE

This rider is marketed under the Dearborn National[®] brand and the star logo and is underwritten by Colorado Bankers Life Insurance Company.

Rider Index

<u>Section</u>	<u>Page</u>	<u>Section</u>	<u>Page</u>
A. General Rider Definitions	2	E. Other Provisions.....	4
B. Definitions of Covered Conditions for this Rider	2	1. Newborn and Newly Adopted Children.....	4
C. Basic Benefit and Operation of this Rider.....	4	2. Rider Effective Date	4
1. Eligibility.	4	3. Coverage Start Date.....	4
2. Benefit Amount for each Insured Child for each Covered Condition.	4	4. Time Limit on Certain Defenses.....	4
3. Other Eligibility and Benefit Amount Rules under this Rider.....	4	5. Conversion.....	5
D. Exclusions and Limitations.....	4	6. Continuation.....	5
1. Waiting Period.....	4	7. Termination.....	5
2. Limitations.....	4	8. Premium.....	5
		9. Reinstatement	5
		10. Changes to this Rider's Terms.....	5

A. General Rider Definitions

The following definitions and those found in **Section B** apply to this Rider. Other terms used in this Rider are defined in the Base Policy.

1. **Diagnosis, Diagnosed.** This means the definitive establishment of a Covered Condition through the use of clinical and/or laboratory findings. The Diagnosis must be made by a Legally Qualified Physician who is a board certified specialist where required under this Rider.
2. **Insured Child.** This means:
 - (a) A person who is named as an Insured Child in the Policy Specifications pages or endorsements or amendments thereto, or
 - (b) a Newborn or newly adopted child, see **Section E.1**; and who is:
 - (c) the natural or adopted child of the Primary Insured and/or the Primary Insured's Spouse who are covered by this Rider and
 - (d) less than 26 years of age;
 - (e) unmarried; and
 - (f) chiefly dependent upon the Primary Insured and/or the Primary Insured's Spouse for support.

An adopted child includes a child legally placed for adoption with the Primary Insured or Primary Insured's Spouse.
3. **Legally Qualified Physician.** This means a person - other than: You, an Insured Child, or a member of their immediate family(s), or a business associate of You or an Insured Child - who is duly licensed and practicing medicine in the United States, and who is legally qualified to Diagnose and treat sickness and injuries. The physician must be providing services within the scope of his or her license, and must be a board certified specialist where required under this Rider.
4. **Legally Recognized Marriage.** This means a marriage, civil union, or domestic partnership that is recognized as such under applicable law.

5. **Legal Spouse.** This means a person who is the husband, wife, or partner of another in a Legally Recognized Marriage.
6. **Spouse.** This means the Legal Spouse of the Primary Insured.

B. Definitions of Covered Conditions for this Rider

The following are the Covered Conditions under this Rider unless provided otherwise:

1. **Carcinoma in Situ.** This means a Diagnosis of cancer of an Insured Child wherein the tumor cells lie within the tissue of origin without having invaded neighboring tissue. Carcinoma in Situ includes melanoma not invading the dermis. Carcinoma in Situ does not include:
 - (a) Non-malignant or pre-malignant lesions (such as intraepithelial neoplasia); or
 - (b) Benign tumors or polyps.

Carcinoma in Situ must be Diagnosed pursuant to a Pathological Diagnosis. If a Pathological Diagnosis is not possible, Diagnosis can be made pursuant to a Clinical Diagnosis.
2. **Coronary Angioplasty.** A Diagnosis of an Insured Child as having a disease of the coronary arteries that necessitates a percutaneous transluminal angioplasty surgery to correct a narrowing or blockage of one or more coronary arteries. A Legally Qualified Physician board-certified as a cardiologist must make the Diagnosis. Other surgical or non-surgical techniques such as laser relief or any other intra-arterial procedures do not qualify under this Covered Condition. Procedures performed or recommended to be performed on a non-coronary artery do not qualify under this Covered Condition. If an Insured Child is determined to be too ill to undergo the surgery, but otherwise meets the criteria for the need for the surgery, the surgery requirement will be waived.
3. **End-stage Renal Failure.** A Diagnosis of chronic and irreversible failure of both of an Insured Child's kidneys for which dialysis on a regular basis (weekly or biweekly)

is necessary. The Diagnosis must be made by a Legally Qualified Physician board-certified in nephrology.

4. **Heart Attack.** A Diagnosis of an acute myocardial infarction resulting in the death of a portion of an Insured Child's heart muscle (myocardium) due to a blockage of one or more coronary arteries and resulting in the loss of the normal function of the heart. The Diagnosis must be made by a Legally Qualified Physician board-certified as a cardiologist and based on both:

- (a) New clinical presentation and electro-cardiographic changes consistent with an evolving Heart Attack; and
- (b) Serial measurement of cardiac biomarkers showing a pattern and to a level consistent with a Diagnosis of Heart Attack.

An established (old) myocardial infarction does not qualify under this Covered Condition.

5. **Invasive Cancer.** A Diagnosis of malignant neoplasm experienced by an Insured Child, which is characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue, and which is not specifically otherwise excluded. Leukemias and lymphomas are included. The following are not considered Invasive Cancer:

- (a) Non-malignant, noninvasive, dysplasia (all grades), or pre-malignant lesions (such as intraepithelial neoplasia); or
- (b) Benign tumors or polyps; or
- (c) Cancer in situ; or
- (d) Any skin cancer (other than invasive malignant melanoma in the dermis or deeper or skin malignancies that have become metastatic).

Invasive Cancer must be Diagnosed pursuant to a Pathological Diagnosis. If a Pathological Diagnosis is not possible, Diagnosis can be made pursuant to a Clinical Diagnosis.

6. **Major Heart Surgery.** This means either Aortic Surgery, Coronary Artery Bypass Surgery or Heart Valve Replacement/Repair Surgery, as defined below.

- (a) **Aortic Surgery.** A Diagnosis of an Insured Child as having disease of the aorta that necessitates that Insured Child actually undergoing surgery of the aorta to excise and surgically replace a portion of the diseased aorta with a graft. The Diagnosis must be made by a Legally Qualified Physician board-certified as a cardiologist, cardio-vascular thoracic surgeon or vascular surgeon. For this definition, aorta means the thoracic and abdominal aorta but not its branches. Traumatic injury of the aorta causing aortic surgery does not qualify under this Covered Condition. If an Insured Child is determined to be too ill to undergo the surgery, but otherwise meets the criteria for the need for the surgery, the surgery requirement will be waived.
- (b) **Coronary Artery Bypass.** A Diagnosis of an Insured Child as having a disease of the coronary artery that necessitates that Insured Child actually

undergoing coronary artery bypass surgery using 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 Diagnosis must be made by a Legally Qualified Physician board-certified as a cardiologist. Other surgical or nonsurgical techniques such as laser relief or any other intra-arterial procedures do not qualify under this Covered Condition. If an Insured Child is determined to be too ill to undergo the surgery, but otherwise meets the criteria for the need for the surgery, the surgery requirement will be waived.

- (c) **Heart Valve Replacement/Repair Surgery.** A Diagnosis of an Insured Child as having a disease of the heart valve that necessitates that Insured Child actually undergoing open heart surgery to replace or repair one or more valves. The Diagnosis must be made by a Legally Qualified Physician board-certified as a cardiologist or cardio-vascular surgeon. If an Insured Child is determined to be too ill for surgery, but otherwise meets the criteria for the need for the surgery, the surgery requirement will be waived.

7. **Major Organ Transplant.** A Diagnosis, supported by clinical evidence of an Insured Child's major organ(s) failure which requires the malfunctioning organ(s) or tissue of an Insured Child to be replaced with an organ(s) or tissue from a suitable human donor (excluding an Insured Child) under generally accepted medical procedures. The organs and tissues covered by this definition are limited to: liver, lung, entire heart, small intestine, pancreas or kidney. Major Organ Transplant does not include bone marrow transplant. Also, an Insured Child must be registered by the United Network of Organ Sharing (UNOS) in order for the Major Organ Transplant to be a Covered Condition under this Policy. If an Insured Child is determined to be too ill for a transplant, but otherwise meets the criteria for being registered by the UNOS, the registration requirement will be waived.

8. **Skin Cancer.** A Diagnosis of basal cell carcinoma or squamous cell carcinoma of the skin, experienced by an Insured Child which does not meet the definition of Carcinoma in Situ or Invasive Cancer. Melanoma is not covered as Skin Cancer under this Covered Condition. The Diagnosis of Skin Cancer must be pursuant to a Pathological Diagnosis or Clinical Diagnosis.

9. **Stroke.** A Diagnosis of an acute cerebrovascular accident experienced by an Insured Child, producing neurological impairment, resulting in paralysis or other measurable objective neurological deficit persisting for at least 96 hours and expected to be permanent, and characterized as Score 3 or higher on the Modified Rankin Scale. Transient ischemic attack (mini-stroke), head injury, chronic cerebrovascular insufficiency and reversible ischemic neurological deficits are excluded.

The Diagnosis must be made by a Legally Qualified Physician board-certified as a neurologist.

- 10. Terminal Illness.** A Diagnosis of an advanced or rapidly progressing incurable disabling terminal illness, as a result of which a Legally Qualified Physician certifies that an Insured Child's life expectancy is no greater than 12 months.

C. Basic Benefit and Operation of this Rider

1. Eligibility.

To be eligible for critical illness benefits under this Rider:

- (a) An Insured Child:
- (1) must be Diagnosed with a Covered Condition,
 - (2) after any applicable Waiting Period (see **Section D.1**), and while this Rider is in force, and satisfy the other rules under the Policy and this Rider; and
- (b) A Request for benefits that complies with all of the rules for filing such a claim must be made to Us.

2. Benefit Amount for each Insured Child for each Covered Condition.

(a) Skin Cancer

The amount payable for Skin Cancer is the specific dollar amount shown for this Covered Condition for Insured Children in Schedule of Covered Conditions and Benefits in the Policy Specifications Page.

(b) Covered Conditions other than Skin Cancer

(1) Initial Occurrence

The amount payable for the Initial Occurrence of a Covered Condition other than Skin Cancer for each Insured Child is the percentage of the Benefit Amount for that Insured Child, as shown for that Covered Condition in Schedule of Covered Conditions and Benefits in the Policy Specifications Page(s).

(2) Additional Occurrences

The amount payable for an Additional Occurrence of a Covered Condition other than Skin Cancer for each Insured Child, after an Initial Occurrence, is the percentage of the Benefit Amount for that Insured Child, as shown for that Covered Condition in Schedule of Covered Conditions and Benefits in the Policy Specifications Page, adjusted using the following rules.

- (i) For each Insured Child, the amount payable for each Additional Occurrence of that Insured Child will be reduced, if necessary, so that the amount payable for it, when added to prior Covered Conditions which have been paid or are payable for that Insured Child, does not exceed 150% of the Benefit Amount for that Insured Child.

- (ii) Adjustments under **C.2(b)(2)(i)** above, are not affected by, and do not affect or apply to, the Skin Cancer benefit.

3. Other Eligibility and Benefit Amount Rules under this Rider.

For each Insured Child, benefits are payable only once for each Covered Condition. If one Covered Condition is caused by or contributes to another Covered Condition, We will pay only one benefit. The benefit payable will be the larger of the two. For each Insured Child, the total amount payable for an Initial Occurrence of a Covered Condition and all Additional Occurrences will not be greater than 150% of the Benefit Amount for that Insured Child.

D. Exclusions and Limitations

1. Waiting Period.

A loss for Invasive Cancer, Carcinoma in Situ or Skin Cancer of an Insured Child, otherwise insured by this Rider, is not covered if it occurs within the Cancer Waiting Period after that Insured Child's Coverage Start Date. The Waiting Period does not apply to newborn or newly adopted children added after this Rider is in force.

2. Limitations.

No benefits will be payable for a Covered Condition if it results from any of the following:

- (a) being intoxicated or under the influence of any narcotic (other than under the direction of a Legally Qualified Physician);
- (b) suicide or injuries intentionally self-inflicted, whether sane or insane;
- (c) injury received during active participation in a riot or insurrection; or
- (d) an Insured Child's participation or attempted participation in a felony or illegal occupation.

E. Other Provisions

1. Newborn and Newly Adopted Children

A newborn or newly adopted child may be added as an Insured Child after the Rider Effective Date, while this Rider is in force. Coverage for such a child will begin on the date of birth for a biological child or date of placement for an adopted child.

2. Rider Effective Date

This Rider will be effective on the earliest Coverage Start Date for any Insured Child, as shown on the Policy Specifications page or amendment or endorsement to the Policy.

3. Coverage Start Date

The Coverage Start Date for each Insured Child is shown on the Policy Specifications page or amendment or endorsement to the Policy.

4. Time Limit on Certain Defenses

After 2 years from an Insured Child's Coverage Start Date, no misstatements, except fraudulent misstatements, made by You or an Insured Child in the application for the Rider shall be used to void the

coverage for that Insured Child under this Rider or deny a claim for loss incurred by an Insured Child after the expiration of the 2 year period.

After 2 years from the date of a reinstatement or increase in coverage under this Rider, no misstatements, except fraudulent misstatements, made by You or the Insured Child in the application for reinstatement or change of coverage shall be used to void the coverage for that Insured Child or deny a claim for loss incurred by an Insured Child after the expiration of the 2 year period.

5. Conversion

Each Insured Child can convert his or her coverage under this Rider to his or her own critical illness policy if the Policy terminates due to:

- (a) payment of benefits for the Primary Insured; or
- (b) the Primary Insured's death.

An Insured Child must Request conversion within 31 days of termination of the Policy. Evidence of insurability will not be required. The conversion policy will provide an Insured Child the same coverage and Benefit Amount provided that Insured Child by this Rider at the time of conversion. The Waiting Period, if applicable, and Time Limit on Certain Defenses will be waived to the extent the same period has been met under this Rider. If benefits for any Covered Condition for an Insured Child have been paid under this Rider, benefits for such Covered Condition will be excluded under the conversion policy for that Insured Child. If benefits for an Initial Occurrence of a Covered Condition for an Insured Child has been paid under this Rider: (1) it will be not be available under the conversion policy; and (2) benefits for that Covered Condition as an Initial Occurrence will have been deemed to have been made under the conversion policy. The premium for a conversion policy on an Insured Child will be based upon the age and gender of that Insured Child on such Insured Child's Coverage Start Date under this Rider. In the event that the policy to which this Rider is attached is no longer offered, We will issue a comparable policy, if available.

6. Continuation

We will continue coverage under this Rider if, on the date an Insured Child's coverage would terminate due to an Insured Child's age, an Insured Child is: (a) not capable of self-sustaining employment because of mental or physical disability; and (b) chiefly dependent upon the Primary Insured or Primary Insured's Spouse for support and maintenance. Notice and proof of such incapacity must be provided to us within 31 days of the date by which coverage would otherwise terminate. We may request additional proof in order to continue coverage, but will not request this more frequently than annually.

7. Termination

- (a) This Rider will end for each Insured Child on the first to occur of:
 - (1) the date the Policy terminates;
 - (2) the date of the Primary Insured's death;
 - (3) the date You Request cancellation of this Rider;or

- (4) upon payment of 150% of the Benefit Amount for such Insured Child.

See also **Section E.8(b)**.

- (b) The coverage under this Rider will end for each Insured Child on the first to occur of:

- (1) the date the Rider ends;
- (2) upon payment of 150% of the Benefit Amount for such Insured Child;
- (3) the date such child no longer meets the definition of Insured Child due to age, marriage or financial dependency, except as provided in the Continuation provision (see **Section E.6**); or
- (4) the date an Insured Child whose coverage is extended pursuant to the Continuation provision no longer meets the requirements of that provision.

See also **Section E.8(b)**.

8. Premium

- (a) **General.** The premiums for this Rider are shown on the Policy Specifications page of the Policy. Premiums for this Rider are payable, together with, at the same time as, and under the same conditions as the premium for the Policy, unless waived by Us. When this Rider terminates, its premiums will no longer be included in the premiums due for the Policy.
- (b) **Ending for Non-Payment of Premium.** If You fail to pay a premium for the Policy due by the end of its grace period, unless waived by Us, this Rider will end on that date. In that case, all insurance under this Rider will end and no longer be in force as of the end of the grace period.

9. Reinstatement

This Rider may be reinstated on the same terms as the Policy.

10. Changes to this Rider's Terms

Only Our President or Secretary can change, waive or modify a rider or policy provision. To be valid, all such changes must be in writing.

CRITICAL ILLNESS POLICY ENDORSEMENT

Primary Insured: [John Doe] **Policy No.:** [1234567]
Policy Form Number: [Form #] **Policy Date:** [01/01/2013]

This Endorsement is made a part of the Policy (the "Policy") to which it is attached and amends the Policy.

The Critical Illness Insurance Benefits of the Policy to which this Endorsement is attached are reduced based on prior benefits paid.

Benefits for the following Covered Condition[s] have been previously paid and are hereby excluded:

- [Carcinoma in Situ]
- [Coronary Angioplasty]
- [End Stage Renal Failure]
- [Heart Attack]
- [Invasive Cancer]
- [Major Heart Surgery]
- [Major Organ Transplant]
- [Skin Cancer]
- [Stroke]
- [Terminal Illness]

[The total amount previously paid for an Initial Occurrence of a Covered Condition and all Additional Occurrences is [0%-100%] of the Benefit Amount of the Primary Insured. [0%-100%] of the Benefit Amount remains available for any Additional Occurrences.]

[The Skin Cancer Benefit has been previously paid and is excluded under this Policy.]

IN WITNESS WHEREOF, We have caused this Endorsement to be executed.

[]
Secretary

[]
President

Signed and Acknowledged by: _____
Signature of Owner Date

CRITICAL ILLNESS INSURANCE COVERAGE

This endorsement is marketed under the Dearborn National[®] brand and the star logo and is underwritten by Colorado Bankers Life Insurance Company.

1. PRIMARY INSURED INFORMATION

Last Name	First Name	MI	Policy Number	Sex	Phone Number
Primary Street Address	City	State	Zip Code	Date of Birth	Age

2. COVERAGE AND RIDERS TO BE REINSTATED

Critical Illness Policy
 [Critical Illness Riders: Spouse - Spouse's Benefit Amount is the same as the Base Policy Benefit Amount.]
 Child - Each Child's Benefit Amount is 25% of the Base Policy Benefit Amount.]

Premiums Payable:

EFT (Must complete separate payment authorization): Monthly Semi-Monthly Bi-Weekly Weekly Monthly - Payroll Deduction]

Direct Billing: Annual Semi-Annual Quarterly All premium payments must be made payable only to CBL

[Total Premium Due: \$ _____ Premium Submitted with Application: \$ _____]

PERSONS TO BE COVERED UNDER EITHER SPOUSE OR CHILD RIDER(S)

Insured Spouse (Name)	Sex	Date of Birth	Social Security Number	State of Birth	US Citizen
		/ /			<input type="checkbox"/> Yes <input type="checkbox"/> No
Insured Child 1 (Name)	Sex	Date of Birth	Insured Child 2 (Name)	Sex	Date of Birth
		/ /			/ /

If additional insured children, attach separate page to application with name, sex and date of birth.

3. MEDICAL QUESTIONS

(A) Has any Person Proposed for Coverage ever been diagnosed with or treated by a medical professional for disorder or disease of the liver, kidney (including diabetes), digestive system, or lungs? Yes No

(B) Has any Person Proposed for Coverage ever been diagnosed with or treated by a medical professional for heart disease (including angina, heart attack, congestive heart failure, or heart bypass) or cerebrovascular disease (including Transient Ischemic Attack (TIA) or stroke (blockages for hemorrhage))? Yes No

(C) Has any Person Proposed for Coverage ever been diagnosed with or treated by a medical professional for Cancer (including melanoma, leukemia, lymphoma, malignant tumors, or skin cancers)? Yes No

(D) Has any Person Proposed for Coverage ever been diagnosed with or treated for or been told by a member of the medical profession he/she will require treatment for a disorder of the Immune System including Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or any other AIDS-related condition, or had a positive test for the AIDS virus Human Immunodeficiency Virus (HIV)? Yes No

(E) Has any Person Proposed for Coverage used any tobacco products in the past 12 months? Yes No

If you answered "Yes" to any of the questions (A) through (E), above, explain below (if not enough room, attach separate page):

Question Number	Person proposed for coverage	Description of condition, treatment and current status

5. EXISTING COVERAGE INFORMATION

Does any person proposed for coverage intend to replace existing accident or health insurance coverage with the coverage to be reinstated?..... Yes No

6. GENERAL INFORMATION

(A) **I (we) understand** that: (1) if on the application date: (a) the first premium for the insurance applied for is fully paid by a draft or cash equivalent that is honored, or (b) a valid authorization for its premium payment has been signed by the applicant, then the insurance applied for will take effect on that date, and (c) if it does take effect on that date, such insurance will continue until: (i) a policy providing such coverage goes into effect, or (ii) notice is given to me (us) that such insurance did not become, or is no longer, effective; otherwise (2) the insurance applied for in this application will take affect only if and when a policy providing such coverage goes into effect.

(B) The information given in this application is true to the best of my (our) knowledge and belief; statements made are deemed representations not warranties, and this application will be the basis for any insurance issued from it.

(C) **I (we) understand** that false statements or misrepresentations made in this application may result in loss of coverage under the policy subject to the Time Limit on Certain Defenses provision of the policy.

(D) **I (we) understand** that the agent is not authorized to: (a) accept risks or pass on a person to be insured's qualifications for insurance; (b) make or change insurance contracts; or (c) waive any of **CBL's** rights or requirements.

(E) **I (we) understand** that any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

____ (Applicant's Initials) I (Applicant/Owner) authorize CBL, if I have given my email address in this application, to send all present and future notices regarding the insurance applied for, to me at that email address.

[Products and services marketed under the Dearborn National[®] brand and the star logo are underwritten and/or provided by Colorado Bankers Life Insurance Company[®] (Greenwood Village, CO), licensed in 49 states (excluding New York where it is not licensed and does not solicit business), the District of Columbia, Guam and Puerto Rico. Colorado Bankers Life Insurance Company is a separate company that does not provide Blue Cross and Blue Shield of Illinois (BCBSIL), Blue Cross and Blue Shield of New Mexico (BCBSNM), Blue Cross and Blue Shield of Oklahoma (BCBSOK), or Blue Cross and Blue Shield of Texas (BCBSTX) products or services. Colorado Bankers Life Insurance Company is solely responsible for the life insurance coverage provided. BSBSIL, BCBSNM, BCBSOK, BCBSTX are Divisions of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.]

DATED AT _____ THIS _____ DAY OF _____, 20____.
CITY STATE

Primary Insured's Signature

Owner's Signature (*only if Owner is other than the Primary Insured*)

CRITICAL ILLNESS INSURANCE COVERAGE THE POLICY PROVIDES LIMITED BENEFITS

BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES

OUTLINE OF COVERAGE

Read Your Policy Carefully — This outline of coverage provides a very brief description of the important features of coverage. This is not the insurance contract and only the actual policy provisions will control. The Policy itself sets forth in detail the rights and obligations of both the Owner ("You" or "Your") and Colorado Bankers Life Insurance Company ("We", "Our" or "Us"). It is, therefore, important that you READ YOUR POLICY CAREFULLY!

This IS NOT A MEDICARE SUPPLEMENT policy. If you are eligible for Medicare, review the Guide to Health Insurance for People With Medicare available from the company.

Critical Illness coverage is designed to provide, to persons insured, restricted coverage paying benefits ONLY when certain losses occur as a result of critical illnesses. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

A. DESCRIPTION OF BENEFITS

1. Eligibility.

To be eligible for critical illness benefits under the Policy:

- (a) A Covered Person:
 - (1) must be Diagnosed with a Covered Condition,
 - (2) after any applicable Waiting Period (see **Section C.1**), and while the Policy is in force, and satisfy the other rules under the Policy; and
- (b) A Request for benefits that complies with all of the rules for filing such a claim must be made to Us.

2. Benefit Amount for each Covered Condition.

- (a) Skin Cancer
A specific dollar amount is payable for Skin Cancer. This amount is shown in **Section B**.
- (b) Covered Conditions other than Skin Cancer
 - (1) Initial Occurrence
The amount payable for the Initial Occurrence of a Covered Condition other than Skin Cancer is the percentage of the Benefit Amount for the Covered Person, as shown for that Covered Condition in **Section B**.
The Primary Insured's Benefit Amount is shown in the application. [The Insured Spouse's Benefit

Amount is the same as the Primary Insured's Benefit Amount.] [Each Insured Child's Benefit Amount is 25% of the Primary Insured's Benefit Amount.]

Each Covered Persons' Critical Illness Insurance Benefit Amount decreases by 35% of the Benefit Amount at such Covered Person's age 65 and decreases an additional 15% of the Benefit Amount at such Covered Person's age 70. Premium is not reduced as a result of these decreases.

(2) Additional Occurrences

The amount payable for an Additional Occurrence of a Covered Condition other than Skin Cancer, after an Initial Occurrence, is the percentage of the Benefit Amount for the Covered Person as shown for that Covered Condition in **Section B**, adjusted using the following rules.

- (i) The amount payable for each Additional Occurrence will be reduced, if necessary, so that the amount payable for it, when added to prior Covered Conditions which have been paid or are payable, does not exceed

The Policy is marketed under the Dearborn National® brand and the star logo and is underwritten by Colorado Bankers Life Insurance Company.

150% of the Benefit Amount for the Primary Insured.

- (ii) Adjustments under **A.2(b)(2)(i)** above, are not affected by, and do not affect or apply to, the Skin Cancer benefit.

3. Other Eligibility and Benefit Amount Rules.

Benefits are payable only once for each Covered Condition. If one Covered Condition is caused by or contributes to another Covered Condition, We will pay only one benefit. The benefit payable will be the larger of the two. The total amount payable for an Initial Occurrence of a Covered Condition and all Additional Occurrences will not be greater than 150% of the Benefit Amount for any Covered Person. A detailed example of this payout is provided at the end of this Outline of Coverage.

Upon payment of 150% of the Benefit Amount for a Covered Person, such Covered Person's insurance will terminate. This is true even if the Skin Cancer benefit was never paid for such Covered Person.

B. AMOUNT PAYABLE FOR EACH COVERED CONDITION

1. Covered Conditions eligible for 100% of the Benefit Amount, as reduced by any prior amounts paid.

- (a) End Stage Renal Failure
- (b) Heart Attack
- (c) Invasive Cancer
- (d) Major Organ Transplant
- (e) Stroke
- (f) Terminal Illness

2. Covered Conditions eligible for 25% of the Benefit Amount, as reduced by any prior amounts paid.

- (a) Carcinoma in Situ
- (b) Major Heart Surgery

3. Covered Conditions eligible for 10% of the Benefit Amount, as reduced by any prior amounts paid.

- (a) Coronary Angioplasty

4. Skin Cancer Benefit.

The amount payable for Skin Cancer equals:

- [\$250.00] for the Primary Insured
- [[\$250.00] for the Insured Spouse]
- [[\$75.00] for each Insured Child.]

C. EXCLUSIONS AND LIMITATIONS

1. Waiting Period.

A loss for Invasive Cancer, Carcinoma in Situ or Skin Cancer, otherwise insured by the Policy, is not covered if it is Diagnosed within the 30 Day Cancer Waiting Period after the Covered Person's Coverage Start Date.

2. Limitations.

No benefits will be payable for a Covered Condition if it results from any of the following:

- (a) being intoxicated or under the influence of any narcotic (other than under the direction of a Legally Qualified Physician);
- (b) suicide or injuries intentionally self-inflicted, whether

sane or insane;

- (c) injury received during active participation in a riot or insurrection; or
- (d) the Covered Person's participation or attempted participation in a felony or illegal occupation.

D. GUARANTEED RENEWABLE FOR LIFE

You may keep the Policy in force by paying all premiums as due. Your premium can be changed if We change the premium on all policies in Your Policy's premium class.

E. PREMIUM

Premium is due in advance. We allow a 31-day grace period for payments of every premium after the first premium payment.

F. GENERIC ILLUSTRATION

Here is a detailed example showing how payment of an Initial Occurrence and multiple Additional Occurrence benefits would impact the Benefit Amount.

If the Primary Insured was Diagnosed with Carcinoma in Situ after the Waiting Period and the Primary Insured met the conditions of the Policy, We would pay 25% of the Benefit Amount. Thereafter, no more than a total of 125% of the Benefit Amount would be payable for any Additional Occurrences of a Covered Condition, other than Skin Cancer.

If the Primary Insured later was Diagnosed with Heart Attack and met all of the conditions of the Policy, We would pay 100% of the Benefit Amount. Thereafter, no more than a total of 25% of the Benefit Amount would be payable for any Additional Occurrences of a Covered Condition, other than Skin Cancer.

If the Primary Insured was then Diagnosed with Invasive Cancer and met all of the conditions of the Policy, We would pay 25% of the Benefit Amount, as that would be all that remains and the Policy would terminate.

State: District of Columbia **Filing Company:** Colorado Bankers Life Insurance Company
TOI/Sub-TOI: H071 Individual Health - Specified Disease - Limited Benefit/H071.001 Critical Illness
Product Name: CI Insurance Policy
Project Name/Number: CI Insurance Policy PX product/

Rate Information

Rate data applies to filing.

Filing Method: SERFF
Rate Change Type: Neutral
Overall Percentage of Last Rate Revision: 0.000%
Effective Date of Last Rate Revision:
Filing Method of Last Filing: n/a

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Colorado Bankers Life Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

State: District of Columbia

Filing Company:

Colorado Bankers Life Insurance Company

TOI/Sub-TOI: H071 Individual Health - Specified Disease - Limited Benefit/H071.001 Critical Illness

Product Name: CI Insurance Policy

Project Name/Number: CI Insurance Policy PX product/

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Rates (monthly)	P-CI-PX 2013 DC	New		CI rates (P-CI-PX 2013 et al) - MONTHLY v6-14-13.pdf,
2		Rates (weekly)	P-CI-PX 2013 DC	New		CI rates (P-CI-PX 2013 et al) - WEEKLY v6-14-13.pdf,

Exhibit 1
Colorado Bankers Life Insurance Company
Critical Illness Insurance Policy
Monthly Premium Rates
Form Series: P-CI-PX 2013, et. al.

Premiums for \$5,000 Benefit Amount, with \$250 Skin Cancer Benefit

Issue Age	Non-Tobacco				Tobacco			
	Male		Female		Male		Female	
	Individual & Individual/Child	Individual/Spouse & Family	Individual & Individual/Child	Individual/Spouse & Family	Individual & Individual/Child	Individual/Spouse & Family	Individual & Individual/Child	Individual/Spouse & Family
17	\$0.90	\$1.85	\$0.95	\$1.85	\$1.10	\$2.15	\$1.10	\$2.20
18	\$0.98	\$2.04	\$1.05	\$2.05	\$1.23	\$2.41	\$1.22	\$2.46
19	\$1.06	\$2.23	\$1.15	\$2.25	\$1.36	\$2.67	\$1.34	\$2.72
20	\$1.14	\$2.42	\$1.25	\$2.45	\$1.49	\$2.93	\$1.46	\$2.98
21	\$1.22	\$2.61	\$1.35	\$2.65	\$1.62	\$3.19	\$1.58	\$3.24
22	\$1.30	\$2.80	\$1.45	\$2.85	\$1.75	\$3.45	\$1.70	\$3.50
23	\$1.45	\$3.06	\$1.58	\$3.11	\$1.98	\$3.84	\$1.87	\$3.90
24	\$1.60	\$3.32	\$1.71	\$3.37	\$2.21	\$4.23	\$2.04	\$4.30
25	\$1.75	\$3.58	\$1.84	\$3.63	\$2.44	\$4.62	\$2.21	\$4.70
26	\$1.90	\$3.84	\$1.97	\$3.89	\$2.67	\$5.01	\$2.38	\$5.10
27	\$2.05	\$4.10	\$2.10	\$4.15	\$2.90	\$5.40	\$2.55	\$5.50
28	\$2.29	\$4.56	\$2.30	\$4.62	\$3.29	\$6.08	\$2.83	\$6.20
29	\$2.53	\$5.02	\$2.50	\$5.09	\$3.68	\$6.76	\$3.11	\$6.90
30	\$2.77	\$5.48	\$2.70	\$5.56	\$4.07	\$7.44	\$3.39	\$7.60
31	\$3.01	\$5.94	\$2.90	\$6.03	\$4.46	\$8.12	\$3.67	\$8.30
32	\$3.25	\$6.40	\$3.10	\$6.50	\$4.85	\$8.80	\$3.95	\$9.00
33	\$3.63	\$7.05	\$3.40	\$7.17	\$5.49	\$9.85	\$4.38	\$10.08
34	\$4.01	\$7.70	\$3.70	\$7.84	\$6.13	\$10.90	\$4.81	\$11.16
35	\$4.39	\$8.35	\$4.00	\$8.51	\$6.77	\$11.95	\$5.24	\$12.24
36	\$4.77	\$9.00	\$4.30	\$9.18	\$7.41	\$13.00	\$5.67	\$13.32
37	\$5.15	\$9.65	\$4.60	\$9.85	\$8.05	\$14.05	\$6.10	\$14.40
38	\$5.73	\$10.65	\$5.00	\$10.86	\$9.09	\$15.73	\$6.75	\$16.12
39	\$6.31	\$11.65	\$5.40	\$11.87	\$10.13	\$17.41	\$7.40	\$17.84
40	\$6.89	\$12.65	\$5.80	\$12.88	\$11.17	\$19.09	\$8.05	\$19.56
41	\$7.47	\$13.65	\$6.20	\$13.89	\$12.21	\$20.77	\$8.70	\$21.28
42	\$8.05	\$14.65	\$6.60	\$14.90	\$13.25	\$22.45	\$9.35	\$23.00
43	\$8.84	\$15.89	\$7.07	\$16.17	\$14.70	\$24.71	\$10.18	\$25.32
44	\$9.63	\$17.13	\$7.54	\$17.44	\$16.15	\$26.97	\$11.01	\$27.64
45	\$10.42	\$18.37	\$8.01	\$18.71	\$17.60	\$29.23	\$11.84	\$29.96
46	\$11.21	\$19.61	\$8.48	\$19.98	\$19.05	\$31.49	\$12.67	\$32.28
47	\$12.00	\$20.85	\$8.95	\$21.25	\$20.50	\$33.75	\$13.50	\$34.60
48	\$12.95	\$22.30	\$9.46	\$22.72	\$22.33	\$36.59	\$14.53	\$37.49
49	\$13.90	\$23.75	\$9.97	\$24.19	\$24.16	\$39.43	\$15.56	\$40.38
50	\$14.85	\$25.20	\$10.48	\$25.66	\$25.99	\$42.27	\$16.59	\$43.27
51	\$15.80	\$26.65	\$10.99	\$27.13	\$27.82	\$45.11	\$17.62	\$46.16
52	\$16.75	\$28.10	\$11.50	\$28.60	\$29.65	\$47.95	\$18.65	\$49.05
53	\$17.81	\$29.69	\$12.03	\$30.19	\$31.88	\$51.34	\$19.81	\$52.43
54	\$18.87	\$31.28	\$12.56	\$31.78	\$34.11	\$54.73	\$20.97	\$55.81
55	\$19.93	\$32.87	\$13.09	\$33.37	\$36.34	\$58.12	\$22.13	\$59.19
56	\$20.99	\$34.46	\$13.62	\$34.96	\$38.57	\$61.51	\$23.29	\$62.57
57	\$22.05	\$36.05	\$14.15	\$36.55	\$40.80	\$64.90	\$24.45	\$65.95
58	\$22.90	\$37.33	\$14.58	\$37.81	\$42.86	\$68.02	\$25.49	\$69.01
59	\$23.75	\$38.61	\$15.01	\$39.07	\$44.92	\$71.14	\$26.53	\$72.07
60	\$24.60	\$39.89	\$15.44	\$40.33	\$46.98	\$74.26	\$27.57	\$75.13
61	\$25.45	\$41.17	\$15.87	\$41.59	\$49.04	\$77.38	\$28.61	\$78.19
62	\$26.30	\$42.45	\$16.30	\$42.85	\$51.10	\$80.50	\$29.65	\$81.25
63	\$26.13	\$42.18	\$16.25	\$42.69	\$51.15	\$80.52	\$29.66	\$81.38
64	\$25.96	\$41.91	\$16.20	\$42.53	\$51.20	\$80.54	\$29.67	\$81.51
65	\$25.79	\$41.64	\$16.15	\$42.37	\$51.25	\$80.56	\$29.68	\$81.64
66	\$25.62	\$41.37	\$16.10	\$42.21	\$51.30	\$80.58	\$29.69	\$81.77
67	\$25.45	\$41.10	\$16.05	\$42.05	\$51.35	\$80.60	\$29.70	\$81.90
68	\$25.92	\$42.06	\$16.55	\$43.06	\$52.08	\$81.84	\$30.24	\$83.20
69	\$26.39	\$43.02	\$17.05	\$44.07	\$52.81	\$83.08	\$30.78	\$84.50
70	\$26.86	\$43.98	\$17.55	\$45.08	\$53.54	\$84.32	\$31.32	\$85.80
71	\$27.33	\$44.94	\$18.05	\$46.09	\$54.27	\$85.56	\$31.86	\$87.10
72	\$27.80	\$45.90	\$18.55	\$47.10	\$55.00	\$86.80	\$32.40	\$88.40
73	\$28.27	\$46.86	\$19.05	\$48.11	\$55.73	\$88.04	\$32.94	\$89.70
74	\$28.74	\$47.82	\$19.55	\$49.12	\$56.46	\$89.28	\$33.48	\$91.00
75	\$29.21	\$48.78	\$20.05	\$50.13	\$57.19	\$90.52	\$34.02	\$92.30

Exhibit 1
Colorado Bankers Life Insurance Company
Critical Illness Insurance Policy
Monthly Premium Rates
Form Series: P-CI-PX 2013, et. al.

Premiums for \$10,000 Benefit Amount, with \$250 Skin Cancer Benefit

Issue Age	Non-Tobacco				Tobacco			
	Male		Female		Male		Female	
	Individual & Individual/Child	Individual/Spouse & Family	Individual & Individual/Child	Individual/Spouse & Family	Individual & Individual/Child	Individual/Spouse & Family	Individual & Individual/Child	Individual/Spouse & Family
17	\$1.75	\$3.65	\$1.85	\$3.65	\$2.15	\$4.25	\$2.15	\$4.35
18	\$1.91	\$4.02	\$2.05	\$4.04	\$2.41	\$4.76	\$2.39	\$4.86
19	\$2.07	\$4.39	\$2.25	\$4.43	\$2.67	\$5.27	\$2.63	\$5.37
20	\$2.23	\$4.76	\$2.45	\$4.82	\$2.93	\$5.78	\$2.87	\$5.88
21	\$2.39	\$5.13	\$2.65	\$5.21	\$3.19	\$6.29	\$3.11	\$6.39
22	\$2.55	\$5.50	\$2.85	\$5.60	\$3.45	\$6.80	\$3.35	\$6.90
23	\$2.84	\$6.02	\$3.11	\$6.12	\$3.90	\$7.58	\$3.69	\$7.70
24	\$3.13	\$6.54	\$3.37	\$6.64	\$4.35	\$8.36	\$4.03	\$8.50
25	\$3.42	\$7.06	\$3.63	\$7.16	\$4.80	\$9.14	\$4.37	\$9.30
26	\$3.71	\$7.58	\$3.89	\$7.68	\$5.25	\$9.92	\$4.71	\$10.10
27	\$4.00	\$8.10	\$4.15	\$8.20	\$5.70	\$10.70	\$5.05	\$10.90
28	\$4.48	\$9.00	\$4.55	\$9.12	\$6.48	\$12.04	\$5.61	\$12.28
29	\$4.96	\$9.90	\$4.95	\$10.04	\$7.26	\$13.38	\$6.17	\$13.66
30	\$5.44	\$10.80	\$5.35	\$10.96	\$8.04	\$14.72	\$6.73	\$15.04
31	\$5.92	\$11.70	\$5.75	\$11.88	\$8.82	\$16.06	\$7.29	\$16.42
32	\$6.40	\$12.60	\$6.15	\$12.80	\$9.60	\$17.40	\$7.85	\$17.80
33	\$7.14	\$13.89	\$6.74	\$14.13	\$10.86	\$19.49	\$8.70	\$19.95
34	\$7.88	\$15.18	\$7.33	\$15.46	\$12.12	\$21.58	\$9.55	\$22.10
35	\$8.62	\$16.47	\$7.92	\$16.79	\$13.38	\$23.67	\$10.40	\$24.25
36	\$9.36	\$17.76	\$8.51	\$18.12	\$14.64	\$25.76	\$11.25	\$26.40
37	\$10.10	\$19.05	\$9.10	\$19.45	\$15.90	\$27.85	\$12.10	\$28.55
38	\$11.25	\$21.02	\$9.89	\$21.44	\$17.97	\$31.18	\$13.39	\$31.96
39	\$12.40	\$22.99	\$10.68	\$23.43	\$20.04	\$34.51	\$14.68	\$35.37
40	\$13.55	\$24.96	\$11.47	\$25.42	\$22.11	\$37.84	\$15.97	\$38.78
41	\$14.70	\$26.93	\$12.26	\$27.41	\$24.18	\$41.17	\$17.26	\$42.19
42	\$15.85	\$28.90	\$13.05	\$29.40	\$26.25	\$44.50	\$18.55	\$45.60
43	\$17.40	\$31.34	\$13.98	\$31.90	\$29.12	\$48.98	\$20.20	\$50.20
44	\$18.95	\$33.78	\$14.91	\$34.40	\$31.99	\$53.46	\$21.85	\$54.80
45	\$20.50	\$36.22	\$15.84	\$36.90	\$34.86	\$57.94	\$23.50	\$59.40
46	\$22.05	\$38.66	\$16.77	\$39.40	\$37.73	\$62.42	\$25.15	\$64.00
47	\$23.60	\$41.10	\$17.70	\$41.90	\$40.60	\$66.90	\$26.80	\$68.60
48	\$25.47	\$43.96	\$18.71	\$44.80	\$44.23	\$72.54	\$28.85	\$74.34
49	\$27.34	\$46.82	\$19.72	\$47.70	\$47.86	\$78.18	\$30.90	\$80.08
50	\$29.21	\$49.68	\$20.73	\$50.60	\$51.49	\$83.82	\$32.95	\$85.82
51	\$31.08	\$52.54	\$21.74	\$53.50	\$55.12	\$89.46	\$35.00	\$91.56
52	\$32.95	\$55.40	\$22.75	\$56.40	\$58.75	\$95.10	\$37.05	\$97.30
53	\$35.04	\$58.53	\$23.79	\$59.53	\$63.18	\$101.83	\$39.35	\$104.01
54	\$37.13	\$61.66	\$24.83	\$62.66	\$67.61	\$108.56	\$41.65	\$110.72
55	\$39.22	\$64.79	\$25.87	\$65.79	\$72.04	\$115.29	\$43.95	\$117.43
56	\$41.31	\$67.92	\$26.91	\$68.92	\$76.47	\$122.02	\$46.25	\$124.14
57	\$43.40	\$71.05	\$27.95	\$72.05	\$80.90	\$128.75	\$48.55	\$130.85
58	\$45.07	\$73.57	\$28.80	\$74.53	\$84.99	\$134.95	\$50.62	\$136.93
59	\$46.74	\$76.09	\$29.65	\$77.01	\$89.08	\$141.15	\$52.69	\$143.01
60	\$48.41	\$78.61	\$30.50	\$79.49	\$93.17	\$147.35	\$54.76	\$149.09
61	\$50.08	\$81.13	\$31.35	\$81.97	\$97.26	\$153.55	\$56.83	\$155.17
62	\$51.75	\$83.65	\$32.20	\$84.45	\$101.35	\$159.75	\$58.90	\$161.25
63	\$51.42	\$83.13	\$32.11	\$84.15	\$101.46	\$159.81	\$58.93	\$161.53
64	\$51.09	\$82.61	\$32.02	\$83.85	\$101.57	\$159.87	\$58.96	\$161.81
65	\$50.76	\$82.09	\$31.93	\$83.55	\$101.68	\$159.93	\$58.99	\$162.09
66	\$50.43	\$81.57	\$31.84	\$83.25	\$101.79	\$159.99	\$59.02	\$162.37
67	\$50.10	\$81.05	\$31.75	\$82.95	\$101.90	\$160.05	\$59.05	\$162.65
68	\$51.04	\$82.97	\$32.75	\$84.97	\$103.36	\$162.53	\$60.13	\$165.25
69	\$51.98	\$84.89	\$33.75	\$86.99	\$104.82	\$165.01	\$61.21	\$167.85
70	\$52.92	\$86.81	\$34.75	\$89.01	\$106.28	\$167.49	\$62.29	\$170.45
71	\$53.86	\$88.73	\$35.75	\$91.03	\$107.74	\$169.97	\$63.37	\$173.05
72	\$54.80	\$90.65	\$36.75	\$93.05	\$109.20	\$172.45	\$64.45	\$175.65
73	\$55.74	\$92.57	\$37.75	\$95.07	\$110.66	\$174.93	\$65.53	\$178.25
74	\$56.68	\$94.49	\$38.75	\$97.09	\$112.12	\$177.41	\$66.61	\$180.85
75	\$57.62	\$96.41	\$39.75	\$99.11	\$113.58	\$179.89	\$67.69	\$183.45

Exhibit 1
Colorado Bankers Life Insurance Company
Critical Illness Insurance Policy
Monthly Premium Rates
Form Series: P-CI-PX 2013, et. al.

Premiums for \$15,000 Benefit Amount, with \$250 Skin Cancer Benefit

Issue Age	Non-Tobacco				Tobacco			
	Male		Female		Male		Female	
	Individual & Individual/Child	Individual/Spouse & Family	Individual & Individual/Child	Individual/Spouse & Family	Individual & Individual/Child	Individual/Spouse & Family	Individual & Individual/Child	Individual/Spouse & Family
17	\$2.60	\$5.45	\$2.75	\$5.45	\$3.20	\$6.35	\$3.20	\$6.50
18	\$2.84	\$6.00	\$3.05	\$6.03	\$3.59	\$7.11	\$3.56	\$7.26
19	\$3.08	\$6.55	\$3.35	\$6.61	\$3.98	\$7.87	\$3.92	\$8.02
20	\$3.32	\$7.10	\$3.65	\$7.19	\$4.37	\$8.63	\$4.28	\$8.78
21	\$3.56	\$7.65	\$3.95	\$7.77	\$4.76	\$9.39	\$4.64	\$9.54
22	\$3.80	\$8.20	\$4.25	\$8.35	\$5.15	\$10.15	\$5.00	\$10.30
23	\$4.23	\$8.98	\$4.64	\$9.13	\$5.82	\$11.32	\$5.51	\$11.50
24	\$4.66	\$9.76	\$5.03	\$9.91	\$6.49	\$12.49	\$6.02	\$12.70
25	\$5.09	\$10.54	\$5.42	\$10.69	\$7.16	\$13.66	\$6.53	\$13.90
26	\$5.52	\$11.32	\$5.81	\$11.47	\$7.83	\$14.83	\$7.04	\$15.10
27	\$5.95	\$12.10	\$6.20	\$12.25	\$8.50	\$16.00	\$7.55	\$16.30
28	\$6.67	\$13.44	\$6.80	\$13.62	\$9.67	\$18.00	\$8.39	\$18.36
29	\$7.39	\$14.78	\$7.40	\$14.99	\$10.84	\$20.00	\$9.23	\$20.42
30	\$8.11	\$16.12	\$8.00	\$16.36	\$12.01	\$22.00	\$10.07	\$22.48
31	\$8.83	\$17.46	\$8.60	\$17.73	\$13.18	\$24.00	\$10.91	\$24.54
32	\$9.55	\$18.80	\$9.20	\$19.10	\$14.35	\$26.00	\$11.75	\$26.60
33	\$10.65	\$20.73	\$10.08	\$21.09	\$16.23	\$29.13	\$13.02	\$29.82
34	\$11.75	\$22.66	\$10.96	\$23.08	\$18.11	\$32.26	\$14.29	\$33.04
35	\$12.85	\$24.59	\$11.84	\$25.07	\$19.99	\$35.39	\$15.56	\$36.26
36	\$13.95	\$26.52	\$12.72	\$27.06	\$21.87	\$38.52	\$16.83	\$39.48
37	\$15.05	\$28.45	\$13.60	\$29.05	\$23.75	\$41.65	\$18.10	\$42.70
38	\$16.77	\$31.39	\$14.78	\$32.02	\$26.85	\$46.63	\$20.03	\$47.80
39	\$18.49	\$34.33	\$15.96	\$34.99	\$29.95	\$51.61	\$21.96	\$52.90
40	\$20.21	\$37.27	\$17.14	\$37.96	\$33.05	\$56.59	\$23.89	\$58.00
41	\$21.93	\$40.21	\$18.32	\$40.93	\$36.15	\$61.57	\$25.82	\$63.10
42	\$23.65	\$43.15	\$19.50	\$43.90	\$39.25	\$66.55	\$27.75	\$68.20
43	\$25.96	\$46.79	\$20.89	\$47.63	\$43.54	\$73.25	\$30.22	\$75.08
44	\$28.27	\$50.43	\$22.28	\$51.36	\$47.83	\$79.95	\$32.69	\$81.96
45	\$30.58	\$54.07	\$23.67	\$55.09	\$52.12	\$86.65	\$35.16	\$88.84
46	\$32.89	\$57.71	\$25.06	\$58.82	\$56.41	\$93.35	\$37.63	\$95.72
47	\$35.20	\$61.35	\$26.45	\$62.55	\$60.70	\$100.05	\$40.10	\$102.60
48	\$37.99	\$65.62	\$27.96	\$66.88	\$66.13	\$108.49	\$43.17	\$111.19
49	\$40.78	\$69.89	\$29.47	\$71.21	\$71.56	\$116.93	\$46.24	\$119.78
50	\$43.57	\$74.16	\$30.98	\$75.54	\$76.99	\$125.37	\$49.31	\$128.37
51	\$46.36	\$78.43	\$32.49	\$79.87	\$82.42	\$133.81	\$52.38	\$136.96
52	\$49.15	\$82.70	\$34.00	\$84.20	\$87.85	\$142.25	\$55.45	\$145.55
53	\$52.27	\$87.37	\$35.55	\$88.87	\$94.48	\$152.32	\$58.89	\$155.59
54	\$55.39	\$92.04	\$37.10	\$93.54	\$101.11	\$162.39	\$62.33	\$165.63
55	\$58.51	\$96.71	\$38.65	\$98.21	\$107.74	\$172.46	\$65.77	\$175.67
56	\$61.63	\$101.38	\$40.20	\$102.88	\$114.37	\$182.53	\$69.21	\$185.71
57	\$64.75	\$106.05	\$41.75	\$107.55	\$121.00	\$192.60	\$72.65	\$195.75
58	\$67.24	\$109.81	\$43.02	\$111.25	\$127.12	\$201.88	\$75.75	\$204.85
59	\$69.73	\$113.57	\$44.29	\$114.95	\$133.24	\$211.16	\$78.85	\$213.95
60	\$72.22	\$117.33	\$45.56	\$118.65	\$139.36	\$220.44	\$81.95	\$223.05
61	\$74.71	\$121.09	\$46.83	\$122.35	\$145.48	\$229.72	\$85.05	\$232.15
62	\$77.20	\$124.85	\$48.10	\$126.05	\$151.60	\$239.00	\$88.15	\$241.25
63	\$76.71	\$124.08	\$47.97	\$125.61	\$151.77	\$239.10	\$88.20	\$241.68
64	\$76.22	\$123.31	\$47.84	\$125.17	\$151.94	\$239.20	\$88.25	\$242.11
65	\$75.73	\$122.54	\$47.71	\$124.73	\$152.11	\$239.30	\$88.30	\$242.54
66	\$75.24	\$121.77	\$47.58	\$124.29	\$152.28	\$239.40	\$88.35	\$242.97
67	\$74.75	\$121.00	\$47.45	\$123.85	\$152.45	\$239.50	\$88.40	\$243.40
68	\$76.16	\$123.88	\$48.95	\$126.88	\$154.64	\$243.22	\$90.02	\$247.30
69	\$77.57	\$126.76	\$50.45	\$129.91	\$156.83	\$246.94	\$91.64	\$251.20
70	\$78.98	\$129.64	\$51.95	\$132.94	\$159.02	\$250.66	\$93.26	\$255.10
71	\$80.39	\$132.52	\$53.45	\$135.97	\$161.21	\$254.38	\$94.88	\$259.00
72	\$81.80	\$135.40	\$54.95	\$139.00	\$163.40	\$258.10	\$96.50	\$262.90
73	\$83.21	\$138.28	\$56.45	\$142.03	\$165.59	\$261.82	\$98.12	\$266.80
74	\$84.62	\$141.16	\$57.95	\$145.06	\$167.78	\$265.54	\$99.74	\$270.70
75	\$86.03	\$144.04	\$59.45	\$148.09	\$169.97	\$269.26	\$101.36	\$274.60

Exhibit 1
Colorado Bankers Life Insurance Company
Critical Illness Insurance Policy
Monthly Premium Rates
Form Series: P-CI-PX 2013, et. al.

Premiums for \$20,000 Benefit Amount, with \$250 Skin Cancer Benefit

Issue Age	Non-Tobacco				Tobacco			
	Male		Female		Male		Female	
	Individual & Individual/Child	Individual/Spouse & Family	Individual & Individual/Child	Individual/Spouse & Family	Individual & Individual/Child	Individual/Spouse & Family	Individual & Individual/Child	Individual/Spouse & Family
17	\$3.45	\$7.25	\$3.65	\$7.25	\$4.25	\$8.45	\$4.25	\$8.65
18	\$3.77	\$7.98	\$4.05	\$8.02	\$4.77	\$9.46	\$4.73	\$9.66
19	\$4.09	\$8.71	\$4.45	\$8.79	\$5.29	\$10.47	\$5.21	\$10.67
20	\$4.41	\$9.44	\$4.85	\$9.56	\$5.81	\$11.48	\$5.69	\$11.68
21	\$4.73	\$10.17	\$5.25	\$10.33	\$6.33	\$12.49	\$6.17	\$12.69
22	\$5.05	\$10.90	\$5.65	\$11.10	\$6.85	\$13.50	\$6.65	\$13.70
23	\$5.62	\$11.94	\$6.17	\$12.14	\$7.74	\$15.06	\$7.33	\$15.30
24	\$6.19	\$12.98	\$6.69	\$13.18	\$8.63	\$16.62	\$8.01	\$16.90
25	\$6.76	\$14.02	\$7.21	\$14.22	\$9.52	\$18.18	\$8.69	\$18.50
26	\$7.33	\$15.06	\$7.73	\$15.26	\$10.41	\$19.74	\$9.37	\$20.10
27	\$7.90	\$16.10	\$8.25	\$16.30	\$11.30	\$21.30	\$10.05	\$21.70
28	\$8.86	\$17.88	\$9.05	\$18.12	\$12.86	\$23.96	\$11.17	\$24.44
29	\$9.82	\$19.66	\$9.85	\$19.94	\$14.42	\$26.62	\$12.29	\$27.18
30	\$10.78	\$21.44	\$10.65	\$21.76	\$15.98	\$29.28	\$13.41	\$29.92
31	\$11.74	\$23.22	\$11.45	\$23.58	\$17.54	\$31.94	\$14.53	\$32.66
32	\$12.70	\$25.00	\$12.25	\$25.40	\$19.10	\$34.60	\$15.65	\$35.40
33	\$14.16	\$27.57	\$13.42	\$28.05	\$21.60	\$38.77	\$17.34	\$39.69
34	\$15.62	\$30.14	\$14.59	\$30.70	\$24.10	\$42.94	\$19.03	\$43.98
35	\$17.08	\$32.71	\$15.76	\$33.35	\$26.60	\$47.11	\$20.72	\$48.27
36	\$18.54	\$35.28	\$16.93	\$36.00	\$29.10	\$51.28	\$22.41	\$52.56
37	\$20.00	\$37.85	\$18.10	\$38.65	\$31.60	\$55.45	\$24.10	\$56.85
38	\$22.29	\$41.76	\$19.67	\$42.60	\$35.73	\$62.08	\$26.67	\$63.64
39	\$24.58	\$45.67	\$21.24	\$46.55	\$39.86	\$68.71	\$29.24	\$70.43
40	\$26.87	\$49.58	\$22.81	\$50.50	\$43.99	\$75.34	\$31.81	\$77.22
41	\$29.16	\$53.49	\$24.38	\$54.45	\$48.12	\$81.97	\$34.38	\$84.01
42	\$31.45	\$57.40	\$25.95	\$58.40	\$52.25	\$88.60	\$36.95	\$90.80
43	\$34.52	\$62.24	\$27.80	\$63.36	\$57.96	\$97.52	\$40.24	\$99.96
44	\$37.59	\$67.08	\$29.65	\$68.32	\$63.67	\$106.44	\$43.53	\$109.12
45	\$40.66	\$71.92	\$31.50	\$73.28	\$69.38	\$115.36	\$46.82	\$118.28
46	\$43.73	\$76.76	\$33.35	\$78.24	\$75.09	\$124.28	\$50.11	\$127.44
47	\$46.80	\$81.60	\$35.20	\$83.20	\$80.80	\$133.20	\$53.40	\$136.60
48	\$50.51	\$87.28	\$37.21	\$88.96	\$88.03	\$144.44	\$57.49	\$148.04
49	\$54.22	\$92.96	\$39.22	\$94.72	\$95.26	\$155.68	\$61.58	\$159.48
50	\$57.93	\$98.64	\$41.23	\$100.48	\$102.49	\$166.92	\$65.67	\$170.92
51	\$61.64	\$104.32	\$43.24	\$106.24	\$109.72	\$178.16	\$69.76	\$182.36
52	\$65.35	\$110.00	\$45.25	\$112.00	\$116.95	\$189.40	\$73.85	\$193.80
53	\$69.50	\$116.21	\$47.31	\$118.21	\$125.78	\$202.81	\$78.43	\$207.17
54	\$73.65	\$122.42	\$49.37	\$124.42	\$134.61	\$216.22	\$83.01	\$220.54
55	\$77.80	\$128.63	\$51.43	\$130.63	\$143.44	\$229.63	\$87.59	\$233.91
56	\$81.95	\$134.84	\$53.49	\$136.84	\$152.27	\$243.04	\$92.17	\$247.28
57	\$86.10	\$141.05	\$55.55	\$143.05	\$161.10	\$256.45	\$96.75	\$260.65
58	\$89.41	\$146.05	\$57.24	\$147.97	\$169.25	\$268.81	\$100.88	\$272.77
59	\$92.72	\$151.05	\$58.93	\$152.89	\$177.40	\$281.17	\$105.01	\$284.89
60	\$96.03	\$156.05	\$60.62	\$157.81	\$185.55	\$293.53	\$109.14	\$297.01
61	\$99.34	\$161.05	\$62.31	\$162.73	\$193.70	\$305.89	\$113.27	\$309.13
62	\$102.65	\$166.05	\$64.00	\$167.65	\$201.85	\$318.25	\$117.40	\$321.25
63	\$102.00	\$165.03	\$63.83	\$167.07	\$202.08	\$318.39	\$117.47	\$321.83
64	\$101.35	\$164.01	\$63.66	\$166.49	\$202.31	\$318.53	\$117.54	\$322.41
65	\$100.70	\$162.99	\$63.49	\$165.91	\$202.54	\$318.67	\$117.61	\$322.99
66	\$100.05	\$161.97	\$63.32	\$165.33	\$202.77	\$318.81	\$117.68	\$323.57
67	\$99.40	\$160.95	\$63.15	\$164.75	\$203.00	\$318.95	\$117.75	\$324.15
68	\$101.28	\$164.79	\$65.15	\$168.79	\$205.92	\$323.91	\$119.91	\$329.35
69	\$103.16	\$168.63	\$67.15	\$172.83	\$208.84	\$328.87	\$122.07	\$334.55
70	\$105.04	\$172.47	\$69.15	\$176.87	\$211.76	\$333.83	\$124.23	\$339.75
71	\$106.92	\$176.31	\$71.15	\$180.91	\$214.68	\$338.79	\$126.39	\$344.95
72	\$108.80	\$180.15	\$73.15	\$184.95	\$217.60	\$343.75	\$128.55	\$350.15
73	\$110.68	\$183.99	\$75.15	\$188.99	\$220.52	\$348.71	\$130.71	\$355.35
74	\$112.56	\$187.83	\$77.15	\$193.03	\$223.44	\$353.67	\$132.87	\$360.55
75	\$114.44	\$191.67	\$79.15	\$197.07	\$226.36	\$358.63	\$135.03	\$365.75

Exhibit 1
Colorado Bankers Life Insurance Company
Critical Illness Insurance Policy
Monthly Premium Rates
Form Series: P-CI-PX 2013, et. al.

Premiums for \$25,000 Benefit Amount, with \$250 Skin Cancer Benefit

Issue Age	Non-Tobacco				Tobacco			
	Male		Female		Male		Female	
	Individual & Individual/Child	Individual/Spouse & Family	Individual & Individual/Child	Individual/Spouse & Family	Individual & Individual/Child	Individual/Spouse & Family	Individual & Individual/Child	Individual/Spouse & Family
17	\$4.30	\$9.05	\$4.55	\$9.05	\$5.30	\$10.55	\$5.30	\$10.80
18	\$4.70	\$9.96	\$5.05	\$10.01	\$5.95	\$11.81	\$5.90	\$12.06
19	\$5.10	\$10.87	\$5.55	\$10.97	\$6.60	\$13.07	\$6.50	\$13.32
20	\$5.50	\$11.78	\$6.05	\$11.93	\$7.25	\$14.33	\$7.10	\$14.58
21	\$5.90	\$12.69	\$6.55	\$12.89	\$7.90	\$15.59	\$7.70	\$15.84
22	\$6.30	\$13.60	\$7.05	\$13.85	\$8.55	\$16.85	\$8.30	\$17.10
23	\$7.01	\$14.90	\$7.70	\$15.15	\$9.66	\$18.80	\$9.15	\$19.10
24	\$7.72	\$16.20	\$8.35	\$16.45	\$10.77	\$20.75	\$10.00	\$21.10
25	\$8.43	\$17.50	\$9.00	\$17.75	\$11.88	\$22.70	\$10.85	\$23.10
26	\$9.14	\$18.80	\$9.65	\$19.05	\$12.99	\$24.65	\$11.70	\$25.10
27	\$9.85	\$20.10	\$10.30	\$20.35	\$14.10	\$26.60	\$12.55	\$27.10
28	\$11.05	\$22.32	\$11.30	\$22.62	\$16.05	\$29.92	\$13.95	\$30.52
29	\$12.25	\$24.54	\$12.30	\$24.89	\$18.00	\$33.24	\$15.35	\$33.94
30	\$13.45	\$26.76	\$13.30	\$27.16	\$19.95	\$36.56	\$16.75	\$37.36
31	\$14.65	\$28.98	\$14.30	\$29.43	\$21.90	\$39.88	\$18.15	\$40.78
32	\$15.85	\$31.20	\$15.30	\$31.70	\$23.85	\$43.20	\$19.55	\$44.20
33	\$17.67	\$34.41	\$16.76	\$35.01	\$26.97	\$48.41	\$21.66	\$49.56
34	\$19.49	\$37.62	\$18.22	\$38.32	\$30.09	\$53.62	\$23.77	\$54.92
35	\$21.31	\$40.83	\$19.68	\$41.63	\$33.21	\$58.83	\$25.88	\$60.28
36	\$23.13	\$44.04	\$21.14	\$44.94	\$36.33	\$64.04	\$27.99	\$65.64
37	\$24.95	\$47.25	\$22.60	\$48.25	\$39.45	\$69.25	\$30.10	\$71.00
38	\$27.81	\$52.13	\$24.56	\$53.18	\$44.61	\$77.53	\$33.31	\$79.48
39	\$30.67	\$57.01	\$26.52	\$58.11	\$49.77	\$85.81	\$36.52	\$87.96
40	\$33.53	\$61.89	\$28.48	\$63.04	\$54.93	\$94.09	\$39.73	\$96.44
41	\$36.39	\$66.77	\$30.44	\$67.97	\$60.09	\$102.37	\$42.94	\$104.92
42	\$39.25	\$71.65	\$32.40	\$72.90	\$65.25	\$110.65	\$46.15	\$113.40
43	\$43.08	\$77.69	\$34.71	\$79.09	\$72.38	\$121.79	\$50.26	\$124.84
44	\$46.91	\$83.73	\$37.02	\$85.28	\$79.51	\$132.93	\$54.37	\$136.28
45	\$50.74	\$89.77	\$39.33	\$91.47	\$86.64	\$144.07	\$58.48	\$147.72
46	\$54.57	\$95.81	\$41.64	\$97.66	\$93.77	\$155.21	\$62.59	\$159.16
47	\$58.40	\$101.85	\$43.95	\$103.85	\$100.90	\$166.35	\$66.70	\$170.60
48	\$63.03	\$108.94	\$46.46	\$111.04	\$109.93	\$180.39	\$71.81	\$184.89
49	\$67.66	\$116.03	\$48.97	\$118.23	\$118.96	\$194.43	\$76.92	\$199.18
50	\$72.29	\$123.12	\$51.48	\$125.42	\$127.99	\$208.47	\$82.03	\$213.47
51	\$76.92	\$130.21	\$53.99	\$132.61	\$137.02	\$222.51	\$87.14	\$227.76
52	\$81.55	\$137.30	\$56.50	\$139.80	\$146.05	\$236.55	\$92.25	\$242.05
53	\$86.73	\$145.05	\$59.07	\$147.55	\$157.08	\$253.30	\$97.97	\$258.75
54	\$91.91	\$152.80	\$61.64	\$155.30	\$168.11	\$270.05	\$103.69	\$275.45
55	\$97.09	\$160.55	\$64.21	\$163.05	\$179.14	\$286.80	\$109.41	\$292.15
56	\$102.27	\$168.30	\$66.78	\$170.80	\$190.17	\$303.55	\$115.13	\$308.85
57	\$107.45	\$176.05	\$69.35	\$178.55	\$201.20	\$320.30	\$120.85	\$325.55
58	\$111.58	\$182.29	\$71.46	\$184.69	\$211.38	\$335.74	\$126.01	\$340.69
59	\$115.71	\$188.53	\$73.57	\$190.83	\$221.56	\$351.18	\$131.17	\$355.83
60	\$119.84	\$194.77	\$75.68	\$196.97	\$231.74	\$366.62	\$136.33	\$370.97
61	\$123.97	\$201.01	\$77.79	\$203.11	\$241.92	\$382.06	\$141.49	\$386.11
62	\$128.10	\$207.25	\$79.90	\$209.25	\$252.10	\$397.50	\$146.65	\$401.25
63	\$127.29	\$205.98	\$79.69	\$208.53	\$252.39	\$397.68	\$146.74	\$401.98
64	\$126.48	\$204.71	\$79.48	\$207.81	\$252.68	\$397.86	\$146.83	\$402.71
65	\$125.67	\$203.44	\$79.27	\$207.09	\$252.97	\$398.04	\$146.92	\$403.44
66	\$124.86	\$202.17	\$79.06	\$206.37	\$253.26	\$398.22	\$147.01	\$404.17
67	\$124.05	\$200.90	\$78.85	\$205.65	\$253.55	\$398.40	\$147.10	\$404.90
68	\$126.40	\$205.70	\$81.35	\$210.70	\$257.20	\$404.60	\$149.80	\$411.40
69	\$128.75	\$210.50	\$83.85	\$215.75	\$260.85	\$410.80	\$152.50	\$417.90
70	\$131.10	\$215.30	\$86.35	\$220.80	\$264.50	\$417.00	\$155.20	\$424.40
71	\$133.45	\$220.10	\$88.85	\$225.85	\$268.15	\$423.20	\$157.90	\$430.90
72	\$135.80	\$224.90	\$91.35	\$230.90	\$271.80	\$429.40	\$160.60	\$437.40
73	\$138.15	\$229.70	\$93.85	\$235.95	\$275.45	\$435.60	\$163.30	\$443.90
74	\$140.50	\$234.50	\$96.35	\$241.00	\$279.10	\$441.80	\$166.00	\$450.40
75	\$142.85	\$239.30	\$98.85	\$246.05	\$282.75	\$448.00	\$168.70	\$456.90

Exhibit 1
Colorado Bankers Life Insurance Company
Critical Illness Insurance Policy
Monthly Premium Rates
Form Series: P-CI-PX 2013, et. al.

Premiums for \$30,000 Benefit Amount, with \$250 Skin Cancer Benefit

Issue Age	Non-Tobacco				Tobacco			
	Male		Female		Male		Female	
	Individual & Individual/Child	Individual/Spouse & Family	Individual & Individual/Child	Individual/Spouse & Family	Individual & Individual/Child	Individual/Spouse & Family	Individual & Individual/Child	Individual/Spouse & Family
17	\$5.15	\$10.85	\$5.45	\$10.85	\$6.35	\$12.65	\$6.35	\$12.95
18	\$5.63	\$11.94	\$6.05	\$12.00	\$7.13	\$14.16	\$7.07	\$14.46
19	\$6.11	\$13.03	\$6.65	\$13.15	\$7.91	\$15.67	\$7.79	\$15.97
20	\$6.59	\$14.12	\$7.25	\$14.30	\$8.69	\$17.18	\$8.51	\$17.48
21	\$7.07	\$15.21	\$7.85	\$15.45	\$9.47	\$18.69	\$9.23	\$18.99
22	\$7.55	\$16.30	\$8.45	\$16.60	\$10.25	\$20.20	\$9.95	\$20.50
23	\$8.40	\$17.86	\$9.23	\$18.16	\$11.58	\$22.54	\$10.97	\$22.90
24	\$9.25	\$19.42	\$10.01	\$19.72	\$12.91	\$24.88	\$11.99	\$25.30
25	\$10.10	\$20.98	\$10.79	\$21.28	\$14.24	\$27.22	\$13.01	\$27.70
26	\$10.95	\$22.54	\$11.57	\$22.84	\$15.57	\$29.56	\$14.03	\$30.10
27	\$11.80	\$24.10	\$12.35	\$24.40	\$16.90	\$31.90	\$15.05	\$32.50
28	\$13.24	\$26.76	\$13.55	\$27.12	\$19.24	\$35.88	\$16.73	\$36.60
29	\$14.68	\$29.42	\$14.75	\$29.84	\$21.58	\$39.86	\$18.41	\$40.70
30	\$16.12	\$32.08	\$15.95	\$32.56	\$23.92	\$43.84	\$20.09	\$44.80
31	\$17.56	\$34.74	\$17.15	\$35.28	\$26.26	\$47.82	\$21.77	\$48.90
32	\$19.00	\$37.40	\$18.35	\$38.00	\$28.60	\$51.80	\$23.45	\$53.00
33	\$21.18	\$41.25	\$20.10	\$41.97	\$32.34	\$58.05	\$25.98	\$59.43
34	\$23.36	\$45.10	\$21.85	\$45.94	\$36.08	\$64.30	\$28.51	\$65.86
35	\$25.54	\$48.95	\$23.60	\$49.91	\$39.82	\$70.55	\$31.04	\$72.29
36	\$27.72	\$52.80	\$25.35	\$53.88	\$43.56	\$76.80	\$33.57	\$78.72
37	\$29.90	\$56.65	\$27.10	\$57.85	\$47.30	\$83.05	\$36.10	\$85.15
38	\$33.33	\$62.50	\$29.45	\$63.76	\$53.49	\$92.98	\$39.95	\$95.32
39	\$36.76	\$68.35	\$31.80	\$69.67	\$59.68	\$102.91	\$43.80	\$105.49
40	\$40.19	\$74.20	\$34.15	\$75.58	\$65.87	\$112.84	\$47.65	\$115.66
41	\$43.62	\$80.05	\$36.50	\$81.49	\$72.06	\$122.77	\$51.50	\$125.83
42	\$47.05	\$85.90	\$38.85	\$87.40	\$78.25	\$132.70	\$55.35	\$136.00
43	\$51.64	\$93.14	\$41.62	\$94.82	\$86.80	\$146.06	\$60.28	\$149.72
44	\$56.23	\$100.38	\$44.39	\$102.24	\$95.35	\$159.42	\$65.21	\$163.44
45	\$60.82	\$107.62	\$47.16	\$109.66	\$103.90	\$172.78	\$70.14	\$177.16
46	\$65.41	\$114.86	\$49.93	\$117.08	\$112.45	\$186.14	\$75.07	\$190.88
47	\$70.00	\$122.10	\$52.70	\$124.50	\$121.00	\$199.50	\$80.00	\$204.60
48	\$75.55	\$130.60	\$55.71	\$133.12	\$131.83	\$216.34	\$86.13	\$221.74
49	\$81.10	\$139.10	\$58.72	\$141.74	\$142.66	\$233.18	\$92.26	\$238.88
50	\$86.65	\$147.60	\$61.73	\$150.36	\$153.49	\$250.02	\$98.39	\$256.02
51	\$92.20	\$156.10	\$64.74	\$158.98	\$164.32	\$266.86	\$104.52	\$273.16
52	\$97.75	\$164.60	\$67.75	\$167.60	\$175.15	\$283.70	\$110.65	\$290.30
53	\$103.96	\$173.89	\$70.83	\$176.89	\$188.38	\$303.79	\$117.51	\$310.33
54	\$110.17	\$183.18	\$73.91	\$186.18	\$201.61	\$323.88	\$124.37	\$330.36
55	\$116.38	\$192.47	\$76.99	\$195.47	\$214.84	\$343.97	\$131.23	\$350.39
56	\$122.59	\$201.76	\$80.07	\$204.76	\$228.07	\$364.06	\$138.09	\$370.42
57	\$128.80	\$211.05	\$83.15	\$214.05	\$241.30	\$384.15	\$144.95	\$390.45
58	\$133.75	\$218.53	\$85.68	\$221.41	\$253.51	\$402.67	\$151.14	\$408.61
59	\$138.70	\$226.01	\$88.21	\$228.77	\$265.72	\$421.19	\$157.33	\$426.77
60	\$143.65	\$233.49	\$90.74	\$236.13	\$277.93	\$439.71	\$163.52	\$444.93
61	\$148.60	\$240.97	\$93.27	\$243.49	\$290.14	\$458.23	\$169.71	\$463.09
62	\$153.55	\$248.45	\$95.80	\$250.85	\$302.35	\$476.75	\$175.90	\$481.25
63	\$152.58	\$246.93	\$95.55	\$249.99	\$302.70	\$476.97	\$176.01	\$482.13
64	\$151.61	\$245.41	\$95.30	\$249.13	\$303.05	\$477.19	\$176.12	\$483.01
65	\$150.64	\$243.89	\$95.05	\$248.27	\$303.40	\$477.41	\$176.23	\$483.89
66	\$149.67	\$242.37	\$94.80	\$247.41	\$303.75	\$477.63	\$176.34	\$484.77
67	\$148.70	\$240.85	\$94.55	\$246.55	\$304.10	\$477.85	\$176.45	\$485.65
68	\$151.52	\$246.61	\$97.55	\$252.61	\$308.48	\$485.29	\$179.69	\$493.45
69	\$154.34	\$252.37	\$100.55	\$258.67	\$312.86	\$492.73	\$182.93	\$501.25
70	\$157.16	\$258.13	\$103.55	\$264.73	\$317.24	\$500.17	\$186.17	\$509.05
71	\$159.98	\$263.89	\$106.55	\$270.79	\$321.62	\$507.61	\$189.41	\$516.85
72	\$162.80	\$269.65	\$109.55	\$276.85	\$326.00	\$515.05	\$192.65	\$524.65
73	\$165.62	\$275.41	\$112.55	\$282.91	\$330.38	\$522.49	\$195.89	\$532.45
74	\$168.44	\$281.17	\$115.55	\$288.97	\$334.76	\$529.93	\$199.13	\$540.25
75	\$171.26	\$286.93	\$118.55	\$295.03	\$339.14	\$537.37	\$202.37	\$548.05

Exhibit 1
Colorado Bankers Life Insurance Company
Critical Illness Insurance Policy
Monthly Premium Rates
Form Series: P-CI-PX 2013, et. al.

Premiums for \$35,000 Benefit Amount, with \$250 Skin Cancer Benefit

Issue Age	Non-Tobacco				Tobacco			
	Male		Female		Male		Female	
	Individual & Individual/Child	Individual/Spouse & Family	Individual & Individual/Child	Individual/Spouse & Family	Individual & Individual/Child	Individual/Spouse & Family	Individual & Individual/Child	Individual/Spouse & Family
17	\$6.00	\$12.65	\$6.35	\$12.65	\$7.40	\$14.75	\$7.40	\$15.10
18	\$6.56	\$13.92	\$7.05	\$13.99	\$8.31	\$16.51	\$8.24	\$16.86
19	\$7.12	\$15.19	\$7.75	\$15.33	\$9.22	\$18.27	\$9.08	\$18.62
20	\$7.68	\$16.46	\$8.45	\$16.67	\$10.13	\$20.03	\$9.92	\$20.38
21	\$8.24	\$17.73	\$9.15	\$18.01	\$11.04	\$21.79	\$10.76	\$22.14
22	\$8.80	\$19.00	\$9.85	\$19.35	\$11.95	\$23.55	\$11.60	\$23.90
23	\$9.79	\$20.82	\$10.76	\$21.17	\$13.50	\$26.28	\$12.79	\$26.70
24	\$10.78	\$22.64	\$11.67	\$22.99	\$15.05	\$29.01	\$13.98	\$29.50
25	\$11.77	\$24.46	\$12.58	\$24.81	\$16.60	\$31.74	\$15.17	\$32.30
26	\$12.76	\$26.28	\$13.49	\$26.63	\$18.15	\$34.47	\$16.36	\$35.10
27	\$13.75	\$28.10	\$14.40	\$28.45	\$19.70	\$37.20	\$17.55	\$37.90
28	\$15.43	\$31.20	\$15.80	\$31.62	\$22.43	\$41.84	\$19.51	\$42.68
29	\$17.11	\$34.30	\$17.20	\$34.79	\$25.16	\$46.48	\$21.47	\$47.46
30	\$18.79	\$37.40	\$18.60	\$37.96	\$27.89	\$51.12	\$23.43	\$52.24
31	\$20.47	\$40.50	\$20.00	\$41.13	\$30.62	\$55.76	\$25.39	\$57.02
32	\$22.15	\$43.60	\$21.40	\$44.30	\$33.35	\$60.40	\$27.35	\$61.80
33	\$24.69	\$48.09	\$23.44	\$48.93	\$37.71	\$67.69	\$30.30	\$69.30
34	\$27.23	\$52.58	\$25.48	\$53.56	\$42.07	\$74.98	\$33.25	\$76.80
35	\$29.77	\$57.07	\$27.52	\$58.19	\$46.43	\$82.27	\$36.20	\$84.30
36	\$32.31	\$61.56	\$29.56	\$62.82	\$50.79	\$89.56	\$39.15	\$91.80
37	\$34.85	\$66.05	\$31.60	\$67.45	\$55.15	\$96.85	\$42.10	\$99.30
38	\$38.85	\$72.87	\$34.34	\$74.34	\$62.37	\$108.43	\$46.59	\$111.16
39	\$42.85	\$79.69	\$37.08	\$81.23	\$69.59	\$120.01	\$51.08	\$123.02
40	\$46.85	\$86.51	\$39.82	\$88.12	\$76.81	\$131.59	\$55.57	\$134.88
41	\$50.85	\$93.33	\$42.56	\$95.01	\$84.03	\$143.17	\$60.06	\$146.74
42	\$54.85	\$100.15	\$45.30	\$101.90	\$91.25	\$154.75	\$64.55	\$158.60
43	\$60.20	\$108.59	\$48.53	\$110.55	\$101.22	\$170.33	\$70.30	\$174.60
44	\$65.55	\$117.03	\$51.76	\$119.20	\$111.19	\$185.91	\$76.05	\$190.60
45	\$70.90	\$125.47	\$54.99	\$127.85	\$121.16	\$201.49	\$81.80	\$206.60
46	\$76.25	\$133.91	\$58.22	\$136.50	\$131.13	\$217.07	\$87.55	\$222.60
47	\$81.60	\$142.35	\$61.45	\$145.15	\$141.10	\$232.65	\$93.30	\$238.60
48	\$88.07	\$152.26	\$64.96	\$155.20	\$153.73	\$252.29	\$100.45	\$258.59
49	\$94.54	\$162.17	\$68.47	\$165.25	\$166.36	\$271.93	\$107.60	\$278.58
50	\$101.01	\$172.08	\$71.98	\$175.30	\$178.99	\$291.57	\$114.75	\$298.57
51	\$107.48	\$181.99	\$75.49	\$185.35	\$191.62	\$311.21	\$121.90	\$318.56
52	\$113.95	\$191.90	\$79.00	\$195.40	\$204.25	\$330.85	\$129.05	\$338.55
53	\$121.19	\$202.73	\$82.59	\$206.23	\$219.68	\$354.28	\$137.05	\$361.91
54	\$128.43	\$213.56	\$86.18	\$217.06	\$235.11	\$377.71	\$145.05	\$385.27
55	\$135.67	\$224.39	\$89.77	\$227.89	\$250.54	\$401.14	\$153.05	\$408.63
56	\$142.91	\$235.22	\$93.36	\$238.72	\$265.97	\$424.57	\$161.05	\$431.99
57	\$150.15	\$246.05	\$96.95	\$249.55	\$281.40	\$448.00	\$169.05	\$455.35
58	\$155.92	\$254.77	\$99.90	\$258.13	\$295.64	\$469.60	\$176.27	\$476.53
59	\$161.69	\$263.49	\$102.85	\$266.71	\$309.88	\$491.20	\$183.49	\$497.71
60	\$167.46	\$272.21	\$105.80	\$275.29	\$324.12	\$512.80	\$190.71	\$518.89
61	\$173.23	\$280.93	\$108.75	\$283.87	\$338.36	\$534.40	\$197.93	\$540.07
62	\$179.00	\$289.65	\$111.70	\$292.45	\$352.60	\$556.00	\$205.15	\$561.25
63	\$177.87	\$287.88	\$111.41	\$291.45	\$353.01	\$556.26	\$205.28	\$562.28
64	\$176.74	\$286.11	\$111.12	\$290.45	\$353.42	\$556.52	\$205.41	\$563.31
65	\$175.61	\$284.34	\$110.83	\$289.45	\$353.83	\$556.78	\$205.54	\$564.34
66	\$174.48	\$282.57	\$110.54	\$288.45	\$354.24	\$557.04	\$205.67	\$565.37
67	\$173.35	\$280.80	\$110.25	\$287.45	\$354.65	\$557.30	\$205.80	\$566.40
68	\$176.64	\$287.52	\$113.75	\$294.52	\$359.76	\$565.98	\$209.58	\$575.50
69	\$179.93	\$294.24	\$117.25	\$301.59	\$364.87	\$574.66	\$213.36	\$584.60
70	\$183.22	\$300.96	\$120.75	\$308.66	\$369.98	\$583.34	\$217.14	\$593.70
71	\$186.51	\$307.68	\$124.25	\$315.73	\$375.09	\$592.02	\$220.92	\$602.80
72	\$189.80	\$314.40	\$127.75	\$322.80	\$380.20	\$600.70	\$224.70	\$611.90
73	\$193.09	\$321.12	\$131.25	\$329.87	\$385.31	\$609.38	\$228.48	\$621.00
74	\$196.38	\$327.84	\$134.75	\$336.94	\$390.42	\$618.06	\$232.26	\$630.10
75	\$199.67	\$334.56	\$138.25	\$344.01	\$395.53	\$626.74	\$236.04	\$639.20

Exhibit 1
Colorado Bankers Life Insurance Company
Critical Illness Insurance Policy
Monthly Premium Rates
Form Series: P-CI-PX 2013, et. al.

Premiums for \$40,000 Benefit Amount, with \$250 Skin Cancer Benefit

Issue Age	Non-Tobacco				Tobacco			
	Male		Female		Male		Female	
	Individual & Individual/Child	Individual/Spouse & Family	Individual & Individual/Child	Individual/Spouse & Family	Individual & Individual/Child	Individual/Spouse & Family	Individual & Individual/Child	Individual/Spouse & Family
17	\$6.85	\$14.45	\$7.25	\$14.45	\$8.45	\$16.85	\$8.45	\$17.25
18	\$7.49	\$15.90	\$8.05	\$15.98	\$9.49	\$18.86	\$9.41	\$19.26
19	\$8.13	\$17.35	\$8.85	\$17.51	\$10.53	\$20.87	\$10.37	\$21.27
20	\$8.77	\$18.80	\$9.65	\$19.04	\$11.57	\$22.88	\$11.33	\$23.28
21	\$9.41	\$20.25	\$10.45	\$20.57	\$12.61	\$24.89	\$12.29	\$25.29
22	\$10.05	\$21.70	\$11.25	\$22.10	\$13.65	\$26.90	\$13.25	\$27.30
23	\$11.18	\$23.78	\$12.29	\$24.18	\$15.42	\$30.02	\$14.61	\$30.50
24	\$12.31	\$25.86	\$13.33	\$26.26	\$17.19	\$33.14	\$15.97	\$33.70
25	\$13.44	\$27.94	\$14.37	\$28.34	\$18.96	\$36.26	\$17.33	\$36.90
26	\$14.57	\$30.02	\$15.41	\$30.42	\$20.73	\$39.38	\$18.69	\$40.10
27	\$15.70	\$32.10	\$16.45	\$32.50	\$22.50	\$42.50	\$20.05	\$43.30
28	\$17.62	\$35.64	\$18.05	\$36.12	\$25.62	\$47.80	\$22.29	\$48.76
29	\$19.54	\$39.18	\$19.65	\$39.74	\$28.74	\$53.10	\$24.53	\$54.22
30	\$21.46	\$42.72	\$21.25	\$43.36	\$31.86	\$58.40	\$26.77	\$59.68
31	\$23.38	\$46.26	\$22.85	\$46.98	\$34.98	\$63.70	\$29.01	\$65.14
32	\$25.30	\$49.80	\$24.45	\$50.60	\$38.10	\$69.00	\$31.25	\$70.60
33	\$28.20	\$54.93	\$26.78	\$55.89	\$43.08	\$77.33	\$34.62	\$79.17
34	\$31.10	\$60.06	\$29.11	\$61.18	\$48.06	\$85.66	\$37.99	\$87.74
35	\$34.00	\$65.19	\$31.44	\$66.47	\$53.04	\$93.99	\$41.36	\$96.31
36	\$36.90	\$70.32	\$33.77	\$71.76	\$58.02	\$102.32	\$44.73	\$104.88
37	\$39.80	\$75.45	\$36.10	\$77.05	\$63.00	\$110.65	\$48.10	\$113.45
38	\$44.37	\$83.24	\$39.23	\$84.92	\$71.25	\$123.88	\$53.23	\$127.00
39	\$48.94	\$91.03	\$42.36	\$92.79	\$79.50	\$137.11	\$58.36	\$140.55
40	\$53.51	\$98.82	\$45.49	\$100.66	\$87.75	\$150.34	\$63.49	\$154.10
41	\$58.08	\$106.61	\$48.62	\$108.53	\$96.00	\$163.57	\$68.62	\$167.65
42	\$62.65	\$114.40	\$51.75	\$116.40	\$104.25	\$176.80	\$73.75	\$181.20
43	\$68.76	\$124.04	\$55.44	\$126.28	\$115.64	\$194.60	\$80.32	\$199.48
44	\$74.87	\$133.68	\$59.13	\$136.16	\$127.03	\$212.40	\$86.89	\$217.76
45	\$80.98	\$143.32	\$62.82	\$146.04	\$138.42	\$230.20	\$93.46	\$236.04
46	\$87.09	\$152.96	\$66.51	\$155.92	\$149.81	\$248.00	\$100.03	\$254.32
47	\$93.20	\$162.60	\$70.20	\$165.80	\$161.20	\$265.80	\$106.60	\$272.60
48	\$100.59	\$173.92	\$74.21	\$177.28	\$175.63	\$288.24	\$114.77	\$295.44
49	\$107.98	\$185.24	\$78.22	\$188.76	\$190.06	\$310.68	\$122.94	\$318.28
50	\$115.37	\$196.56	\$82.23	\$200.24	\$204.49	\$333.12	\$131.11	\$341.12
51	\$122.76	\$207.88	\$86.24	\$211.72	\$218.92	\$355.56	\$139.28	\$363.96
52	\$130.15	\$219.20	\$90.25	\$223.20	\$233.35	\$378.00	\$147.45	\$386.80
53	\$138.42	\$231.57	\$94.35	\$235.57	\$250.98	\$404.77	\$156.59	\$413.49
54	\$146.69	\$243.94	\$98.45	\$247.94	\$268.61	\$431.54	\$165.73	\$440.18
55	\$154.96	\$256.31	\$102.55	\$260.31	\$286.24	\$458.31	\$174.87	\$466.87
56	\$163.23	\$268.68	\$106.65	\$272.68	\$303.87	\$485.08	\$184.01	\$493.56
57	\$171.50	\$281.05	\$110.75	\$285.05	\$321.50	\$511.85	\$193.15	\$520.25
58	\$178.09	\$291.01	\$114.12	\$294.85	\$337.77	\$536.53	\$201.40	\$544.45
59	\$184.68	\$300.97	\$117.49	\$304.65	\$354.04	\$561.21	\$209.65	\$568.65
60	\$191.27	\$310.93	\$120.86	\$314.45	\$370.31	\$585.89	\$217.90	\$592.85
61	\$197.86	\$320.89	\$124.23	\$324.25	\$386.58	\$610.57	\$226.15	\$617.05
62	\$204.45	\$330.85	\$127.60	\$334.05	\$402.85	\$635.25	\$234.40	\$641.25
63	\$203.16	\$328.83	\$127.27	\$332.91	\$403.32	\$635.55	\$234.55	\$642.43
64	\$201.87	\$326.81	\$126.94	\$331.77	\$403.79	\$635.85	\$234.70	\$643.61
65	\$200.58	\$324.79	\$126.61	\$330.63	\$404.26	\$636.15	\$234.85	\$644.79
66	\$199.29	\$322.77	\$126.28	\$329.49	\$404.73	\$636.45	\$235.00	\$645.97
67	\$198.00	\$320.75	\$125.95	\$328.35	\$405.20	\$636.75	\$235.15	\$647.15
68	\$201.76	\$328.43	\$129.95	\$336.43	\$411.04	\$646.67	\$239.47	\$657.55
69	\$205.52	\$336.11	\$133.95	\$344.51	\$416.88	\$656.59	\$243.79	\$667.95
70	\$209.28	\$343.79	\$137.95	\$352.59	\$422.72	\$666.51	\$248.11	\$678.35
71	\$213.04	\$351.47	\$141.95	\$360.67	\$428.56	\$676.43	\$252.43	\$688.75
72	\$216.80	\$359.15	\$145.95	\$368.75	\$434.40	\$686.35	\$256.75	\$699.15
73	\$220.56	\$366.83	\$149.95	\$376.83	\$440.24	\$696.27	\$261.07	\$709.55
74	\$224.32	\$374.51	\$153.95	\$384.91	\$446.08	\$706.19	\$265.39	\$719.95
75	\$228.08	\$382.19	\$157.95	\$392.99	\$451.92	\$716.11	\$269.71	\$730.35

Exhibit 1
Colorado Bankers Life Insurance Company
Critical Illness Insurance Policy
Monthly Premium Rates
Form Series: P-CI-PX 2013, et. al.

Premiums for \$45,000 Benefit Amount, with \$250 Skin Cancer Benefit

Issue Age	Non-Tobacco				Tobacco			
	Male		Female		Male		Female	
	Individual & Individual/Child	Individual/Spouse & Family	Individual & Individual/Child	Individual/Spouse & Family	Individual & Individual/Child	Individual/Spouse & Family	Individual & Individual/Child	Individual/Spouse & Family
17	\$7.70	\$16.25	\$8.15	\$16.25	\$9.50	\$18.95	\$9.50	\$19.40
18	\$8.42	\$17.88	\$9.05	\$17.97	\$10.67	\$21.21	\$10.58	\$21.66
19	\$9.14	\$19.51	\$9.95	\$19.69	\$11.84	\$23.47	\$11.66	\$23.92
20	\$9.86	\$21.14	\$10.85	\$21.41	\$13.01	\$25.73	\$12.74	\$26.18
21	\$10.58	\$22.77	\$11.75	\$23.13	\$14.18	\$27.99	\$13.82	\$28.44
22	\$11.30	\$24.40	\$12.65	\$24.85	\$15.35	\$30.25	\$14.90	\$30.70
23	\$12.57	\$26.74	\$13.82	\$27.19	\$17.34	\$33.76	\$16.43	\$34.30
24	\$13.84	\$29.08	\$14.99	\$29.53	\$19.33	\$37.27	\$17.96	\$37.90
25	\$15.11	\$31.42	\$16.16	\$31.87	\$21.32	\$40.78	\$19.49	\$41.50
26	\$16.38	\$33.76	\$17.33	\$34.21	\$23.31	\$44.29	\$21.02	\$45.10
27	\$17.65	\$36.10	\$18.50	\$36.55	\$25.30	\$47.80	\$22.55	\$48.70
28	\$19.81	\$40.08	\$20.30	\$40.62	\$28.81	\$53.76	\$25.07	\$54.84
29	\$21.97	\$44.06	\$22.10	\$44.69	\$32.32	\$59.72	\$27.59	\$60.98
30	\$24.13	\$48.04	\$23.90	\$48.76	\$35.83	\$65.68	\$30.11	\$67.12
31	\$26.29	\$52.02	\$25.70	\$52.83	\$39.34	\$71.64	\$32.63	\$73.26
32	\$28.45	\$56.00	\$27.50	\$56.90	\$42.85	\$77.60	\$35.15	\$79.40
33	\$31.71	\$61.77	\$30.12	\$62.85	\$48.45	\$86.97	\$38.94	\$89.04
34	\$34.97	\$67.54	\$32.74	\$68.80	\$54.05	\$96.34	\$42.73	\$98.68
35	\$38.23	\$73.31	\$35.36	\$74.75	\$59.65	\$105.71	\$46.52	\$108.32
36	\$41.49	\$79.08	\$37.98	\$80.70	\$65.25	\$115.08	\$50.31	\$117.96
37	\$44.75	\$84.85	\$40.60	\$86.65	\$70.85	\$124.45	\$54.10	\$127.60
38	\$49.89	\$93.61	\$44.12	\$95.50	\$80.13	\$139.33	\$59.87	\$142.84
39	\$55.03	\$102.37	\$47.64	\$104.35	\$89.41	\$154.21	\$65.64	\$158.08
40	\$60.17	\$111.13	\$51.16	\$113.20	\$98.69	\$169.09	\$71.41	\$173.32
41	\$65.31	\$119.89	\$54.68	\$122.05	\$107.97	\$183.97	\$77.18	\$188.56
42	\$70.45	\$128.65	\$58.20	\$130.90	\$117.25	\$198.85	\$82.95	\$203.80
43	\$77.32	\$139.49	\$62.35	\$142.01	\$130.06	\$218.87	\$90.34	\$224.36
44	\$84.19	\$150.33	\$66.50	\$153.12	\$142.87	\$238.89	\$97.73	\$244.92
45	\$91.06	\$161.17	\$70.65	\$164.23	\$155.68	\$258.91	\$105.12	\$265.48
46	\$97.93	\$172.01	\$74.80	\$175.34	\$168.49	\$278.93	\$112.51	\$286.04
47	\$104.80	\$182.85	\$78.95	\$186.45	\$181.30	\$298.95	\$119.90	\$306.60
48	\$113.11	\$195.58	\$83.46	\$199.36	\$197.53	\$324.19	\$129.09	\$332.29
49	\$121.42	\$208.31	\$87.97	\$212.27	\$213.76	\$349.43	\$138.28	\$357.98
50	\$129.73	\$221.04	\$92.48	\$225.18	\$229.99	\$374.67	\$147.47	\$383.67
51	\$138.04	\$233.77	\$96.99	\$238.09	\$246.22	\$399.91	\$156.66	\$409.36
52	\$146.35	\$246.50	\$101.50	\$251.00	\$262.45	\$425.15	\$165.85	\$435.05
53	\$155.65	\$260.41	\$106.11	\$264.91	\$282.28	\$455.26	\$176.13	\$465.07
54	\$164.95	\$274.32	\$110.72	\$278.82	\$302.11	\$485.37	\$186.41	\$495.09
55	\$174.25	\$288.23	\$115.33	\$292.73	\$321.94	\$515.48	\$196.69	\$525.11
56	\$183.55	\$302.14	\$119.94	\$306.64	\$341.77	\$545.59	\$206.97	\$555.13
57	\$192.85	\$316.05	\$124.55	\$320.55	\$361.60	\$575.70	\$217.25	\$585.15
58	\$200.26	\$327.25	\$128.34	\$331.57	\$379.90	\$603.46	\$226.53	\$612.37
59	\$207.67	\$338.45	\$132.13	\$342.59	\$398.20	\$631.22	\$235.81	\$639.59
60	\$215.08	\$349.65	\$135.92	\$353.61	\$416.50	\$658.98	\$245.09	\$666.81
61	\$222.49	\$360.85	\$139.71	\$364.63	\$434.80	\$686.74	\$254.37	\$694.03
62	\$229.90	\$372.05	\$143.50	\$375.65	\$453.10	\$714.50	\$263.65	\$721.25
63	\$228.45	\$369.78	\$143.13	\$374.37	\$453.63	\$714.84	\$263.82	\$722.58
64	\$227.00	\$367.51	\$142.76	\$373.09	\$454.16	\$715.18	\$263.99	\$723.91
65	\$225.55	\$365.24	\$142.39	\$371.81	\$454.69	\$715.52	\$264.16	\$725.24
66	\$224.10	\$362.97	\$142.02	\$370.53	\$455.22	\$715.86	\$264.33	\$726.57
67	\$222.65	\$360.70	\$141.65	\$369.25	\$455.75	\$716.20	\$264.50	\$727.90
68	\$226.88	\$369.34	\$146.15	\$378.34	\$462.32	\$727.36	\$269.36	\$739.60
69	\$231.11	\$377.98	\$150.65	\$387.43	\$468.89	\$738.52	\$274.22	\$751.30
70	\$235.34	\$386.62	\$155.15	\$396.52	\$475.46	\$749.68	\$279.08	\$763.00
71	\$239.57	\$395.26	\$159.65	\$405.61	\$482.03	\$760.84	\$283.94	\$774.70
72	\$243.80	\$403.90	\$164.15	\$414.70	\$488.60	\$772.00	\$288.80	\$786.40
73	\$248.03	\$412.54	\$168.65	\$423.79	\$495.17	\$783.16	\$293.66	\$798.10
74	\$252.26	\$421.18	\$173.15	\$432.88	\$501.74	\$794.32	\$298.52	\$809.80
75	\$256.49	\$429.82	\$177.65	\$441.97	\$508.31	\$805.48	\$303.38	\$821.50

Exhibit 1
Colorado Bankers Life Insurance Company
Critical Illness Insurance Policy
Monthly Premium Rates
Form Series: P-CI-PX 2013, et. al.

Premiums for \$50,000 Benefit Amount, with \$250 Skin Cancer Benefit

Issue Age	Non-Tobacco				Tobacco			
	Male		Female		Male		Female	
	Individual & Individual/Child	Individual/Spouse & Family	Individual & Individual/Child	Individual/Spouse & Family	Individual & Individual/Child	Individual/Spouse & Family	Individual & Individual/Child	Individual/Spouse & Family
17	\$8.55	\$18.05	\$9.05	\$18.05	\$10.55	\$21.05	\$10.55	\$21.55
18	\$9.35	\$19.86	\$10.05	\$19.96	\$11.85	\$23.56	\$11.75	\$24.06
19	\$10.15	\$21.67	\$11.05	\$21.87	\$13.15	\$26.07	\$12.95	\$26.57
20	\$10.95	\$23.48	\$12.05	\$23.78	\$14.45	\$28.58	\$14.15	\$29.08
21	\$11.75	\$25.29	\$13.05	\$25.69	\$15.75	\$31.09	\$15.35	\$31.59
22	\$12.55	\$27.10	\$14.05	\$27.60	\$17.05	\$33.60	\$16.55	\$34.10
23	\$13.96	\$29.70	\$15.35	\$30.20	\$19.26	\$37.50	\$18.25	\$38.10
24	\$15.37	\$32.30	\$16.65	\$32.80	\$21.47	\$41.40	\$19.95	\$42.10
25	\$16.78	\$34.90	\$17.95	\$35.40	\$23.68	\$45.30	\$21.65	\$46.10
26	\$18.19	\$37.50	\$19.25	\$38.00	\$25.89	\$49.20	\$23.35	\$50.10
27	\$19.60	\$40.10	\$20.55	\$40.60	\$28.10	\$53.10	\$25.05	\$54.10
28	\$22.00	\$44.52	\$22.55	\$45.12	\$32.00	\$59.72	\$27.85	\$60.92
29	\$24.40	\$48.94	\$24.55	\$49.64	\$35.90	\$66.34	\$30.65	\$67.74
30	\$26.80	\$53.36	\$26.55	\$54.16	\$39.80	\$72.96	\$33.45	\$74.56
31	\$29.20	\$57.78	\$28.55	\$58.68	\$43.70	\$79.58	\$36.25	\$81.38
32	\$31.60	\$62.20	\$30.55	\$63.20	\$47.60	\$86.20	\$39.05	\$88.20
33	\$35.22	\$68.61	\$33.46	\$69.81	\$53.82	\$96.61	\$43.26	\$98.91
34	\$38.84	\$75.02	\$36.37	\$76.42	\$60.04	\$107.02	\$47.47	\$109.62
35	\$42.46	\$81.43	\$39.28	\$83.03	\$66.26	\$117.43	\$51.68	\$120.33
36	\$46.08	\$87.84	\$42.19	\$89.64	\$72.48	\$127.84	\$55.89	\$131.04
37	\$49.70	\$94.25	\$45.10	\$96.25	\$78.70	\$138.25	\$60.10	\$141.75
38	\$55.41	\$103.98	\$49.01	\$106.08	\$89.01	\$154.78	\$66.51	\$158.68
39	\$61.12	\$113.71	\$52.92	\$115.91	\$99.32	\$171.31	\$72.92	\$175.61
40	\$66.83	\$123.44	\$56.83	\$125.74	\$109.63	\$187.84	\$79.33	\$192.54
41	\$72.54	\$133.17	\$60.74	\$135.57	\$119.94	\$204.37	\$85.74	\$209.47
42	\$78.25	\$142.90	\$64.65	\$145.40	\$130.25	\$220.90	\$92.15	\$226.40
43	\$85.88	\$154.94	\$69.26	\$157.74	\$144.48	\$243.14	\$100.36	\$249.24
44	\$93.51	\$166.98	\$73.87	\$170.08	\$158.71	\$265.38	\$108.57	\$272.08
45	\$101.14	\$179.02	\$78.48	\$182.42	\$172.94	\$287.62	\$116.78	\$294.92
46	\$108.77	\$191.06	\$83.09	\$194.76	\$187.17	\$309.86	\$124.99	\$317.76
47	\$116.40	\$203.10	\$87.70	\$207.10	\$201.40	\$332.10	\$133.20	\$340.60
48	\$125.63	\$217.24	\$92.71	\$221.44	\$219.43	\$360.14	\$143.41	\$369.14
49	\$134.86	\$231.38	\$97.72	\$235.78	\$237.46	\$388.18	\$153.62	\$397.68
50	\$144.09	\$245.52	\$102.73	\$250.12	\$255.49	\$416.22	\$163.83	\$426.22
51	\$153.32	\$259.66	\$107.74	\$264.46	\$273.52	\$444.26	\$174.04	\$454.76
52	\$162.55	\$273.80	\$112.75	\$278.80	\$291.55	\$472.30	\$184.25	\$483.30
53	\$172.88	\$289.25	\$117.87	\$294.25	\$313.58	\$505.75	\$195.67	\$516.65
54	\$183.21	\$304.70	\$122.99	\$309.70	\$335.61	\$539.20	\$207.09	\$550.00
55	\$193.54	\$320.15	\$128.11	\$325.15	\$357.64	\$572.65	\$218.51	\$583.35
56	\$203.87	\$335.60	\$133.23	\$340.60	\$379.67	\$606.10	\$229.93	\$616.70
57	\$214.20	\$351.05	\$138.35	\$356.05	\$401.70	\$639.55	\$241.35	\$650.05
58	\$222.43	\$363.49	\$142.56	\$368.29	\$422.03	\$670.39	\$251.66	\$680.29
59	\$230.66	\$375.93	\$146.77	\$380.53	\$442.36	\$701.23	\$261.97	\$710.53
60	\$238.89	\$388.37	\$150.98	\$392.77	\$462.69	\$732.07	\$272.28	\$740.77
61	\$247.12	\$400.81	\$155.19	\$405.01	\$483.02	\$762.91	\$282.59	\$771.01
62	\$255.35	\$413.25	\$159.40	\$417.25	\$503.35	\$793.75	\$292.90	\$801.25
63	\$263.58	\$425.69	\$163.61	\$429.49	\$523.68	\$824.59	\$303.29	\$831.49
64	\$271.81	\$438.13	\$167.82	\$441.73	\$544.01	\$855.43	\$313.68	\$861.73
65	\$280.04	\$450.57	\$172.03	\$453.97	\$564.34	\$886.27	\$323.87	\$891.97
66	\$288.27	\$463.01	\$176.24	\$466.21	\$584.67	\$917.11	\$334.06	\$922.21
67	\$296.50	\$475.45	\$180.45	\$478.45	\$605.00	\$947.95	\$344.25	\$952.45
68	\$304.73	\$487.89	\$184.66	\$490.69	\$625.33	\$978.79	\$354.44	\$982.69
69	\$312.96	\$500.33	\$188.87	\$502.93	\$645.66	\$1009.63	\$364.63	\$1012.93
70	\$321.19	\$512.77	\$193.08	\$515.17	\$666.00	\$1040.47	\$374.82	\$1043.17
71	\$329.42	\$525.21	\$197.29	\$527.41	\$686.33	\$1071.31	\$385.01	\$1073.41
72	\$337.65	\$537.65	\$201.50	\$539.65	\$706.66	\$1102.15	\$395.20	\$1103.65
73	\$345.88	\$550.09	\$205.71	\$551.89	\$727.00	\$1133.00	\$405.39	\$1133.89
74	\$354.11	\$562.53	\$210.00	\$564.13	\$747.33	\$1163.84	\$415.58	\$1164.13
75	\$362.34	\$574.97	\$214.21	\$576.37	\$767.66	\$1194.68	\$425.77	\$1194.37

Exhibit 1
Colorado Bankers Life Insurance Company
Critical Illness Insurance Policy
Weekly Premium Rates
Form Series: P-CI-PX 2013, et. al.

Premiums for \$5,000 Benefit Amount, with \$250 Skin Cancer Benefit

Issue Age	Non-Tobacco				Tobacco			
	Male		Female		Male		Female	
	Individual & Individual/Child	Individual/Spouse & Family	Individual & Individual/Child	Individual/Spouse & Family	Individual & Individual/Child	Individual/Spouse & Family	Individual & Individual/Child	Individual/Spouse & Family
17	\$0.21	\$0.43	\$0.22	\$0.43	\$0.25	\$0.50	\$0.25	\$0.51
18	\$0.23	\$0.47	\$0.24	\$0.47	\$0.28	\$0.56	\$0.28	\$0.57
19	\$0.24	\$0.51	\$0.27	\$0.52	\$0.31	\$0.62	\$0.31	\$0.63
20	\$0.26	\$0.56	\$0.29	\$0.57	\$0.34	\$0.68	\$0.34	\$0.69
21	\$0.28	\$0.60	\$0.31	\$0.61	\$0.37	\$0.74	\$0.36	\$0.75
22	\$0.30	\$0.65	\$0.33	\$0.66	\$0.40	\$0.80	\$0.39	\$0.81
23	\$0.33	\$0.71	\$0.36	\$0.72	\$0.46	\$0.89	\$0.43	\$0.90
24	\$0.37	\$0.77	\$0.39	\$0.78	\$0.51	\$0.98	\$0.47	\$0.99
25	\$0.40	\$0.83	\$0.42	\$0.84	\$0.56	\$1.07	\$0.51	\$1.08
26	\$0.44	\$0.89	\$0.45	\$0.90	\$0.62	\$1.16	\$0.55	\$1.18
27	\$0.47	\$0.95	\$0.48	\$0.96	\$0.67	\$1.25	\$0.59	\$1.27
28	\$0.53	\$1.05	\$0.53	\$1.07	\$0.76	\$1.40	\$0.65	\$1.43
29	\$0.58	\$1.16	\$0.58	\$1.17	\$0.85	\$1.56	\$0.72	\$1.59
30	\$0.64	\$1.26	\$0.62	\$1.28	\$0.94	\$1.72	\$0.78	\$1.75
31	\$0.69	\$1.37	\$0.67	\$1.39	\$1.03	\$1.87	\$0.85	\$1.92
32	\$0.75	\$1.48	\$0.72	\$1.50	\$1.12	\$2.03	\$0.91	\$2.08
33	\$0.84	\$1.63	\$0.78	\$1.65	\$1.27	\$2.27	\$1.01	\$2.33
34	\$0.93	\$1.78	\$0.85	\$1.81	\$1.41	\$2.52	\$1.11	\$2.58
35	\$1.01	\$1.93	\$0.92	\$1.96	\$1.56	\$2.76	\$1.21	\$2.82
36	\$1.10	\$2.08	\$0.99	\$2.12	\$1.71	\$3.00	\$1.31	\$3.07
37	\$1.19	\$2.23	\$1.06	\$2.27	\$1.86	\$3.24	\$1.41	\$3.32
38	\$1.32	\$2.46	\$1.15	\$2.51	\$2.10	\$3.63	\$1.56	\$3.72
39	\$1.46	\$2.69	\$1.25	\$2.74	\$2.34	\$4.02	\$1.71	\$4.12
40	\$1.59	\$2.92	\$1.34	\$2.97	\$2.58	\$4.41	\$1.86	\$4.51
41	\$1.72	\$3.15	\$1.43	\$3.21	\$2.82	\$4.79	\$2.01	\$4.91
42	\$1.86	\$3.38	\$1.52	\$3.44	\$3.06	\$5.18	\$2.16	\$5.31
43	\$2.04	\$3.67	\$1.63	\$3.73	\$3.39	\$5.70	\$2.35	\$5.84
44	\$2.22	\$3.95	\$1.74	\$4.02	\$3.73	\$6.22	\$2.54	\$6.38
45	\$2.40	\$4.24	\$1.85	\$4.32	\$4.06	\$6.75	\$2.73	\$6.91
46	\$2.59	\$4.53	\$1.96	\$4.61	\$4.40	\$7.27	\$2.92	\$7.45
47	\$2.77	\$4.81	\$2.07	\$4.90	\$4.73	\$7.79	\$3.12	\$7.98
48	\$2.99	\$5.15	\$2.18	\$5.24	\$5.15	\$8.44	\$3.35	\$8.65
49	\$3.21	\$5.48	\$2.30	\$5.58	\$5.58	\$9.10	\$3.59	\$9.32
50	\$3.43	\$5.82	\$2.42	\$5.92	\$6.00	\$9.75	\$3.83	\$9.99
51	\$3.65	\$6.15	\$2.54	\$6.26	\$6.42	\$10.41	\$4.07	\$10.65
52	\$3.87	\$6.48	\$2.65	\$6.60	\$6.84	\$11.07	\$4.30	\$11.32
53	\$4.11	\$6.85	\$2.78	\$6.97	\$7.36	\$11.85	\$4.57	\$12.10
54	\$4.35	\$7.22	\$2.90	\$7.33	\$7.87	\$12.63	\$4.84	\$12.88
55	\$4.60	\$7.59	\$3.02	\$7.70	\$8.39	\$13.41	\$5.11	\$13.66
56	\$4.84	\$7.95	\$3.14	\$8.07	\$8.90	\$14.19	\$5.37	\$14.44
57	\$5.09	\$8.32	\$3.27	\$8.43	\$9.42	\$14.98	\$5.64	\$15.22
58	\$5.28	\$8.61	\$3.36	\$8.73	\$9.89	\$15.70	\$5.88	\$15.93
59	\$5.48	\$8.91	\$3.46	\$9.02	\$10.37	\$16.42	\$6.12	\$16.63
60	\$5.68	\$9.21	\$3.56	\$9.31	\$10.84	\$17.14	\$6.36	\$17.34
61	\$5.87	\$9.50	\$3.66	\$9.60	\$11.32	\$17.86	\$6.60	\$18.04
62	\$6.07	\$9.80	\$3.76	\$9.89	\$11.79	\$18.58	\$6.84	\$18.75
63	\$6.03	\$9.73	\$3.75	\$9.85	\$11.80	\$18.58	\$6.84	\$18.78
64	\$5.99	\$9.67	\$3.74	\$9.81	\$11.82	\$18.59	\$6.85	\$18.81
65	\$5.95	\$9.61	\$3.73	\$9.78	\$11.83	\$18.59	\$6.85	\$18.84
66	\$5.91	\$9.55	\$3.72	\$9.74	\$11.84	\$18.60	\$6.85	\$18.87
67	\$5.87	\$9.48	\$3.70	\$9.70	\$11.85	\$18.60	\$6.85	\$18.90
68	\$5.98	\$9.71	\$3.82	\$9.94	\$12.02	\$18.89	\$6.98	\$19.20
69	\$6.09	\$9.93	\$3.93	\$10.17	\$12.19	\$19.17	\$7.10	\$19.50
70	\$6.20	\$10.15	\$4.05	\$10.40	\$12.36	\$19.46	\$7.23	\$19.80
71	\$6.31	\$10.37	\$4.17	\$10.64	\$12.52	\$19.74	\$7.35	\$20.10
72	\$6.42	\$10.59	\$4.28	\$10.87	\$12.69	\$20.03	\$7.48	\$20.40
73	\$6.52	\$10.81	\$4.40	\$11.10	\$12.86	\$20.32	\$7.60	\$20.70
74	\$6.63	\$11.04	\$4.51	\$11.34	\$13.03	\$20.60	\$7.73	\$21.00
75	\$6.74	\$11.26	\$4.63	\$11.57	\$13.20	\$20.89	\$7.85	\$21.30

Exhibit 1
Colorado Bankers Life Insurance Company
Critical Illness Insurance Policy
Weekly Premium Rates
Form Series: P-CI-PX 2013, et. al.

Premiums for \$10,000 Benefit Amount, with \$250 Skin Cancer Benefit

Issue Age	Non-Tobacco				Tobacco			
	Male		Female		Male		Female	
	Individual & Individual/Child	Individual/Spouse & Family	Individual & Individual/Child	Individual/Spouse & Family	Individual & Individual/Child	Individual/Spouse & Family	Individual & Individual/Child	Individual/Spouse & Family
17	\$0.40	\$0.84	\$0.43	\$0.84	\$0.50	\$0.98	\$0.50	\$1.00
18	\$0.44	\$0.93	\$0.47	\$0.93	\$0.56	\$1.10	\$0.55	\$1.12
19	\$0.48	\$1.01	\$0.52	\$1.02	\$0.62	\$1.22	\$0.61	\$1.24
20	\$0.51	\$1.10	\$0.57	\$1.11	\$0.68	\$1.33	\$0.66	\$1.36
21	\$0.55	\$1.18	\$0.61	\$1.20	\$0.74	\$1.45	\$0.72	\$1.47
22	\$0.59	\$1.27	\$0.66	\$1.29	\$0.80	\$1.57	\$0.77	\$1.59
23	\$0.66	\$1.39	\$0.72	\$1.41	\$0.90	\$1.75	\$0.85	\$1.78
24	\$0.72	\$1.51	\$0.78	\$1.53	\$1.00	\$1.93	\$0.93	\$1.96
25	\$0.79	\$1.63	\$0.84	\$1.65	\$1.11	\$2.11	\$1.01	\$2.15
26	\$0.86	\$1.75	\$0.90	\$1.77	\$1.21	\$2.29	\$1.09	\$2.33
27	\$0.92	\$1.87	\$0.96	\$1.89	\$1.32	\$2.47	\$1.17	\$2.52
28	\$1.03	\$2.08	\$1.05	\$2.10	\$1.50	\$2.78	\$1.29	\$2.83
29	\$1.14	\$2.28	\$1.14	\$2.32	\$1.68	\$3.09	\$1.42	\$3.15
30	\$1.26	\$2.49	\$1.23	\$2.53	\$1.86	\$3.40	\$1.55	\$3.47
31	\$1.37	\$2.70	\$1.33	\$2.74	\$2.04	\$3.71	\$1.68	\$3.79
32	\$1.48	\$2.91	\$1.42	\$2.95	\$2.22	\$4.02	\$1.81	\$4.11
33	\$1.65	\$3.21	\$1.56	\$3.26	\$2.51	\$4.50	\$2.01	\$4.60
34	\$1.82	\$3.50	\$1.69	\$3.57	\$2.80	\$4.98	\$2.20	\$5.10
35	\$1.99	\$3.80	\$1.83	\$3.87	\$3.09	\$5.46	\$2.40	\$5.60
36	\$2.16	\$4.10	\$1.96	\$4.18	\$3.38	\$5.94	\$2.60	\$6.09
37	\$2.33	\$4.40	\$2.10	\$4.49	\$3.67	\$6.43	\$2.79	\$6.59
38	\$2.60	\$4.85	\$2.28	\$4.95	\$4.15	\$7.20	\$3.09	\$7.38
39	\$2.86	\$5.31	\$2.46	\$5.41	\$4.62	\$7.96	\$3.39	\$8.16
40	\$3.13	\$5.76	\$2.65	\$5.87	\$5.10	\$8.73	\$3.69	\$8.95
41	\$3.39	\$6.21	\$2.83	\$6.33	\$5.58	\$9.50	\$3.98	\$9.74
42	\$3.66	\$6.67	\$3.01	\$6.78	\$6.06	\$10.27	\$4.28	\$10.52
43	\$4.02	\$7.23	\$3.23	\$7.36	\$6.72	\$11.30	\$4.66	\$11.58
44	\$4.37	\$7.80	\$3.44	\$7.94	\$7.38	\$12.34	\$5.04	\$12.65
45	\$4.73	\$8.36	\$3.66	\$8.52	\$8.04	\$13.37	\$5.42	\$13.71
46	\$5.09	\$8.92	\$3.87	\$9.09	\$8.71	\$14.40	\$5.80	\$14.77
47	\$5.45	\$9.48	\$4.08	\$9.67	\$9.37	\$15.44	\$6.18	\$15.83
48	\$5.88	\$10.14	\$4.32	\$10.34	\$10.21	\$16.74	\$6.66	\$17.16
49	\$6.31	\$10.80	\$4.55	\$11.01	\$11.04	\$18.04	\$7.13	\$18.48
50	\$6.74	\$11.46	\$4.78	\$11.68	\$11.88	\$19.34	\$7.60	\$19.80
51	\$7.17	\$12.12	\$5.02	\$12.35	\$12.72	\$20.64	\$8.08	\$21.13
52	\$7.60	\$12.78	\$5.25	\$13.02	\$13.56	\$21.95	\$8.55	\$22.45
53	\$8.09	\$13.51	\$5.49	\$13.74	\$14.58	\$23.50	\$9.08	\$24.00
54	\$8.57	\$14.23	\$5.73	\$14.46	\$15.60	\$25.05	\$9.61	\$25.55
55	\$9.05	\$14.95	\$5.97	\$15.18	\$16.62	\$26.61	\$10.14	\$27.10
56	\$9.53	\$15.67	\$6.21	\$15.90	\$17.65	\$28.16	\$10.67	\$28.65
57	\$10.02	\$16.40	\$6.45	\$16.63	\$18.67	\$29.71	\$11.20	\$30.20
58	\$10.40	\$16.98	\$6.65	\$17.20	\$19.61	\$31.14	\$11.68	\$31.60
59	\$10.79	\$17.56	\$6.84	\$17.77	\$20.56	\$32.57	\$12.16	\$33.00
60	\$11.17	\$18.14	\$7.04	\$18.34	\$21.50	\$34.00	\$12.64	\$34.41
61	\$11.56	\$18.72	\$7.23	\$18.92	\$22.44	\$35.43	\$13.11	\$35.81
62	\$11.94	\$19.30	\$7.43	\$19.49	\$23.39	\$36.87	\$13.59	\$37.21
63	\$11.87	\$19.18	\$7.41	\$19.42	\$23.41	\$36.88	\$13.60	\$37.28
64	\$11.79	\$19.06	\$7.39	\$19.35	\$23.44	\$36.89	\$13.61	\$37.34
65	\$11.71	\$18.94	\$7.37	\$19.28	\$23.46	\$36.91	\$13.61	\$37.41
66	\$11.64	\$18.82	\$7.35	\$19.21	\$23.49	\$36.92	\$13.62	\$37.47
67	\$11.56	\$18.70	\$7.33	\$19.14	\$23.52	\$36.93	\$13.63	\$37.53
68	\$11.78	\$19.15	\$7.56	\$19.61	\$23.85	\$37.51	\$13.88	\$38.13
69	\$12.00	\$19.59	\$7.79	\$20.07	\$24.19	\$38.08	\$14.13	\$38.73
70	\$12.21	\$20.03	\$8.02	\$20.54	\$24.53	\$38.65	\$14.37	\$39.33
71	\$12.43	\$20.48	\$8.25	\$21.01	\$24.86	\$39.22	\$14.62	\$39.93
72	\$12.65	\$20.92	\$8.48	\$21.47	\$25.20	\$39.80	\$14.87	\$40.53
73	\$12.86	\$21.36	\$8.71	\$21.94	\$25.54	\$40.37	\$15.12	\$41.13
74	\$13.08	\$21.81	\$8.94	\$22.41	\$25.87	\$40.94	\$15.37	\$41.73
75	\$13.30	\$22.25	\$9.17	\$22.87	\$26.21	\$41.51	\$15.62	\$42.33

Exhibit 1
Colorado Bankers Life Insurance Company
Critical Illness Insurance Policy
Weekly Premium Rates
Form Series: P-CI-PX 2013, et. al.

Premiums for \$15,000 Benefit Amount, with \$250 Skin Cancer Benefit

Issue Age	Non-Tobacco				Tobacco			
	Male		Female		Male		Female	
	Individual & Individual/Child	Individual/Spouse & Family	Individual & Individual/Child	Individual/Spouse & Family	Individual & Individual/Child	Individual/Spouse & Family	Individual & Individual/Child	Individual/Spouse & Family
17	\$0.60	\$1.26	\$0.63	\$1.26	\$0.74	\$1.47	\$0.74	\$1.50
18	\$0.66	\$1.38	\$0.70	\$1.39	\$0.83	\$1.64	\$0.82	\$1.68
19	\$0.71	\$1.51	\$0.77	\$1.53	\$0.92	\$1.82	\$0.90	\$1.85
20	\$0.77	\$1.64	\$0.84	\$1.66	\$1.01	\$1.99	\$0.99	\$2.03
21	\$0.82	\$1.77	\$0.91	\$1.79	\$1.10	\$2.17	\$1.07	\$2.20
22	\$0.88	\$1.89	\$0.98	\$1.93	\$1.19	\$2.34	\$1.15	\$2.38
23	\$0.98	\$2.07	\$1.07	\$2.11	\$1.34	\$2.61	\$1.27	\$2.65
24	\$1.08	\$2.25	\$1.16	\$2.29	\$1.50	\$2.88	\$1.39	\$2.93
25	\$1.17	\$2.43	\$1.25	\$2.47	\$1.65	\$3.15	\$1.51	\$3.21
26	\$1.27	\$2.61	\$1.34	\$2.65	\$1.81	\$3.42	\$1.62	\$3.48
27	\$1.37	\$2.79	\$1.43	\$2.83	\$1.96	\$3.69	\$1.74	\$3.76
28	\$1.54	\$3.10	\$1.57	\$3.14	\$2.23	\$4.15	\$1.94	\$4.24
29	\$1.71	\$3.41	\$1.71	\$3.46	\$2.50	\$4.62	\$2.13	\$4.71
30	\$1.87	\$3.72	\$1.85	\$3.78	\$2.77	\$5.08	\$2.32	\$5.19
31	\$2.04	\$4.03	\$1.98	\$4.09	\$3.04	\$5.54	\$2.52	\$5.66
32	\$2.20	\$4.34	\$2.12	\$4.41	\$3.31	\$6.00	\$2.71	\$6.14
33	\$2.46	\$4.78	\$2.33	\$4.87	\$3.75	\$6.72	\$3.00	\$6.88
34	\$2.71	\$5.23	\$2.53	\$5.33	\$4.18	\$7.44	\$3.30	\$7.62
35	\$2.97	\$5.67	\$2.73	\$5.79	\$4.61	\$8.17	\$3.59	\$8.37
36	\$3.22	\$6.12	\$2.94	\$6.24	\$5.05	\$8.89	\$3.88	\$9.11
37	\$3.47	\$6.57	\$3.14	\$6.70	\$5.48	\$9.61	\$4.18	\$9.85
38	\$3.87	\$7.24	\$3.41	\$7.39	\$6.20	\$10.76	\$4.62	\$11.03
39	\$4.27	\$7.92	\$3.68	\$8.07	\$6.91	\$11.91	\$5.07	\$12.21
40	\$4.66	\$8.60	\$3.96	\$8.76	\$7.63	\$13.06	\$5.51	\$13.38
41	\$5.06	\$9.28	\$4.23	\$9.45	\$8.34	\$14.21	\$5.96	\$14.56
42	\$5.46	\$9.96	\$4.50	\$10.13	\$9.06	\$15.36	\$6.40	\$15.74
43	\$5.99	\$10.80	\$4.82	\$10.99	\$10.05	\$16.90	\$6.97	\$17.33
44	\$6.52	\$11.64	\$5.14	\$11.85	\$11.04	\$18.45	\$7.54	\$18.91
45	\$7.06	\$12.48	\$5.46	\$12.71	\$12.03	\$20.00	\$8.11	\$20.50
46	\$7.59	\$13.32	\$5.78	\$13.57	\$13.02	\$21.54	\$8.68	\$22.09
47	\$8.12	\$14.16	\$6.10	\$14.43	\$14.01	\$23.09	\$9.25	\$23.68
48	\$8.77	\$15.14	\$6.45	\$15.43	\$15.26	\$25.04	\$9.96	\$25.66
49	\$9.41	\$16.13	\$6.80	\$16.43	\$16.51	\$26.98	\$10.67	\$27.64
50	\$10.05	\$17.11	\$7.15	\$17.43	\$17.77	\$28.93	\$11.38	\$29.62
51	\$10.70	\$18.10	\$7.50	\$18.43	\$19.02	\$30.88	\$12.09	\$31.61
52	\$11.34	\$19.08	\$7.85	\$19.43	\$20.27	\$32.83	\$12.80	\$33.59
53	\$12.06	\$20.16	\$8.20	\$20.51	\$21.80	\$35.15	\$13.59	\$35.91
54	\$12.78	\$21.24	\$8.56	\$21.59	\$23.33	\$37.47	\$14.38	\$38.22
55	\$13.50	\$22.32	\$8.92	\$22.66	\$24.86	\$39.80	\$15.18	\$40.54
56	\$14.22	\$23.40	\$9.28	\$23.74	\$26.39	\$42.12	\$15.97	\$42.86
57	\$14.94	\$24.47	\$9.63	\$24.82	\$27.92	\$44.45	\$16.77	\$45.17
58	\$15.52	\$25.34	\$9.93	\$25.67	\$29.34	\$46.59	\$17.48	\$47.27
59	\$16.09	\$26.21	\$10.22	\$26.53	\$30.75	\$48.73	\$18.20	\$49.37
60	\$16.67	\$27.08	\$10.51	\$27.38	\$32.16	\$50.87	\$18.91	\$51.47
61	\$17.24	\$27.94	\$10.81	\$28.23	\$33.57	\$53.01	\$19.63	\$53.57
62	\$17.82	\$28.81	\$11.10	\$29.09	\$34.98	\$55.15	\$20.34	\$55.67
63	\$17.70	\$28.63	\$11.07	\$28.99	\$35.02	\$55.18	\$20.35	\$55.77
64	\$17.59	\$28.46	\$11.04	\$28.89	\$35.06	\$55.20	\$20.37	\$55.87
65	\$17.48	\$28.28	\$11.01	\$28.78	\$35.10	\$55.22	\$20.38	\$55.97
66	\$17.36	\$28.10	\$10.98	\$28.68	\$35.14	\$55.25	\$20.39	\$56.07
67	\$17.25	\$27.92	\$10.95	\$28.58	\$35.18	\$55.27	\$20.40	\$56.17
68	\$17.58	\$28.59	\$11.30	\$29.28	\$35.69	\$56.13	\$20.77	\$57.07
69	\$17.90	\$29.25	\$11.64	\$29.98	\$36.19	\$56.99	\$21.15	\$57.97
70	\$18.23	\$29.92	\$11.99	\$30.68	\$36.70	\$57.84	\$21.52	\$58.87
71	\$18.55	\$30.58	\$12.33	\$31.38	\$37.20	\$58.70	\$21.90	\$59.77
72	\$18.88	\$31.25	\$12.68	\$32.08	\$37.71	\$59.56	\$22.27	\$60.67
73	\$19.20	\$31.91	\$13.03	\$32.78	\$38.21	\$60.42	\$22.64	\$61.57
74	\$19.53	\$32.58	\$13.37	\$33.48	\$38.72	\$61.28	\$23.02	\$62.47
75	\$19.85	\$33.24	\$13.72	\$34.17	\$39.22	\$62.14	\$23.39	\$63.37

Exhibit 1
Colorado Bankers Life Insurance Company
Critical Illness Insurance Policy
Weekly Premium Rates
Form Series: P-CI-PX 2013, et. al.

Premiums for \$20,000 Benefit Amount, with \$250 Skin Cancer Benefit

Issue Age	Non-Tobacco				Tobacco			
	Male		Female		Male		Female	
	Individual & Individual/Child	Individual/Spouse & Family	Individual & Individual/Child	Individual/Spouse & Family	Individual & Individual/Child	Individual/Spouse & Family	Individual & Individual/Child	Individual/Spouse & Family
17	\$0.80	\$1.67	\$0.84	\$1.67	\$0.98	\$1.95	\$0.98	\$2.00
18	\$0.87	\$1.84	\$0.93	\$1.85	\$1.10	\$2.18	\$1.09	\$2.23
19	\$0.94	\$2.01	\$1.03	\$2.03	\$1.22	\$2.42	\$1.20	\$2.46
20	\$1.02	\$2.18	\$1.12	\$2.21	\$1.34	\$2.65	\$1.31	\$2.70
21	\$1.09	\$2.35	\$1.21	\$2.38	\$1.46	\$2.88	\$1.42	\$2.93
22	\$1.17	\$2.52	\$1.30	\$2.56	\$1.58	\$3.12	\$1.53	\$3.16
23	\$1.30	\$2.76	\$1.42	\$2.80	\$1.79	\$3.48	\$1.69	\$3.53
24	\$1.43	\$3.00	\$1.54	\$3.04	\$1.99	\$3.84	\$1.85	\$3.90
25	\$1.56	\$3.24	\$1.66	\$3.28	\$2.20	\$4.20	\$2.01	\$4.27
26	\$1.69	\$3.48	\$1.78	\$3.52	\$2.40	\$4.56	\$2.16	\$4.64
27	\$1.82	\$3.72	\$1.90	\$3.76	\$2.61	\$4.92	\$2.32	\$5.01
28	\$2.04	\$4.13	\$2.09	\$4.18	\$2.97	\$5.53	\$2.58	\$5.64
29	\$2.27	\$4.54	\$2.27	\$4.60	\$3.33	\$6.14	\$2.84	\$6.27
30	\$2.49	\$4.95	\$2.46	\$5.02	\$3.69	\$6.76	\$3.09	\$6.90
31	\$2.71	\$5.36	\$2.64	\$5.44	\$4.05	\$7.37	\$3.35	\$7.54
32	\$2.93	\$5.77	\$2.83	\$5.86	\$4.41	\$7.98	\$3.61	\$8.17
33	\$3.27	\$6.36	\$3.10	\$6.47	\$4.98	\$8.95	\$4.00	\$9.16
34	\$3.60	\$6.96	\$3.37	\$7.08	\$5.56	\$9.91	\$4.39	\$10.15
35	\$3.94	\$7.55	\$3.64	\$7.70	\$6.14	\$10.87	\$4.78	\$11.14
36	\$4.28	\$8.14	\$3.91	\$8.31	\$6.72	\$11.83	\$5.17	\$12.13
37	\$4.62	\$8.73	\$4.18	\$8.92	\$7.29	\$12.80	\$5.56	\$13.12
38	\$5.14	\$9.64	\$4.54	\$9.83	\$8.25	\$14.33	\$6.15	\$14.69
39	\$5.67	\$10.54	\$4.90	\$10.74	\$9.20	\$15.86	\$6.75	\$16.25
40	\$6.20	\$11.44	\$5.26	\$11.65	\$10.15	\$17.39	\$7.34	\$17.82
41	\$6.73	\$12.34	\$5.63	\$12.57	\$11.10	\$18.92	\$7.93	\$19.39
42	\$7.26	\$13.25	\$5.99	\$13.48	\$12.06	\$20.45	\$8.53	\$20.95
43	\$7.97	\$14.36	\$6.42	\$14.62	\$13.38	\$22.50	\$9.29	\$23.07
44	\$8.67	\$15.48	\$6.84	\$15.77	\$14.69	\$24.56	\$10.05	\$25.18
45	\$9.38	\$16.60	\$7.27	\$16.91	\$16.01	\$26.62	\$10.80	\$27.30
46	\$10.09	\$17.71	\$7.70	\$18.06	\$17.33	\$28.68	\$11.56	\$29.41
47	\$10.80	\$18.83	\$8.12	\$19.20	\$18.65	\$30.74	\$12.32	\$31.52
48	\$11.66	\$20.14	\$8.59	\$20.53	\$20.31	\$33.33	\$13.27	\$34.16
49	\$12.51	\$21.45	\$9.05	\$21.86	\$21.98	\$35.93	\$14.21	\$36.80
50	\$13.37	\$22.76	\$9.51	\$23.19	\$23.65	\$38.52	\$15.15	\$39.44
51	\$14.22	\$24.07	\$9.98	\$24.52	\$25.32	\$41.11	\$16.10	\$42.08
52	\$15.08	\$25.38	\$10.44	\$25.85	\$26.99	\$43.71	\$17.04	\$44.72
53	\$16.04	\$26.82	\$10.92	\$27.28	\$29.03	\$46.80	\$18.10	\$47.81
54	\$17.00	\$28.25	\$11.39	\$28.71	\$31.06	\$49.90	\$19.16	\$50.89
55	\$17.95	\$29.68	\$11.87	\$30.15	\$33.10	\$52.99	\$20.21	\$53.98
56	\$18.91	\$31.12	\$12.34	\$31.58	\$35.14	\$56.09	\$21.27	\$57.06
57	\$19.87	\$32.55	\$12.82	\$33.01	\$37.18	\$59.18	\$22.33	\$60.15
58	\$20.63	\$33.70	\$13.21	\$34.15	\$39.06	\$62.03	\$23.28	\$62.95
59	\$21.40	\$34.86	\$13.60	\$35.28	\$40.94	\$64.89	\$24.23	\$65.74
60	\$22.16	\$36.01	\$13.99	\$36.42	\$42.82	\$67.74	\$25.19	\$68.54
61	\$22.92	\$37.17	\$14.38	\$37.55	\$44.70	\$70.59	\$26.14	\$71.34
62	\$23.69	\$38.32	\$14.77	\$38.69	\$46.58	\$73.44	\$27.09	\$74.13
63	\$23.54	\$38.08	\$14.73	\$38.55	\$46.63	\$73.47	\$27.11	\$74.27
64	\$23.39	\$37.85	\$14.69	\$38.42	\$46.69	\$73.51	\$27.12	\$74.40
65	\$23.24	\$37.61	\$14.65	\$38.29	\$46.74	\$73.54	\$27.14	\$74.54
66	\$23.09	\$37.38	\$14.61	\$38.15	\$46.79	\$73.57	\$27.16	\$74.67
67	\$22.94	\$37.14	\$14.57	\$38.02	\$46.85	\$73.60	\$27.17	\$74.80
68	\$23.37	\$38.03	\$15.03	\$38.95	\$47.52	\$74.75	\$27.67	\$76.00
69	\$23.81	\$38.91	\$15.50	\$39.88	\$48.19	\$75.89	\$28.17	\$77.20
70	\$24.24	\$39.80	\$15.96	\$40.82	\$48.87	\$77.04	\$28.67	\$78.40
71	\$24.67	\$40.69	\$16.42	\$41.75	\$49.54	\$78.18	\$29.17	\$79.60
72	\$25.11	\$41.57	\$16.88	\$42.68	\$50.22	\$79.33	\$29.67	\$80.80
73	\$25.54	\$42.46	\$17.34	\$43.61	\$50.89	\$80.47	\$30.16	\$82.00
74	\$25.98	\$43.35	\$17.80	\$44.55	\$51.56	\$81.62	\$30.66	\$83.20
75	\$26.41	\$44.23	\$18.27	\$45.48	\$52.24	\$82.76	\$31.16	\$84.40

Exhibit 1
Colorado Bankers Life Insurance Company
Critical Illness Insurance Policy
Weekly Premium Rates
Form Series: P-CI-PX 2013, et. al.

Premiums for \$25,000 Benefit Amount, with \$250 Skin Cancer Benefit

Issue Age	Non-Tobacco				Tobacco			
	Male		Female		Male		Female	
	Individual & Individual/Child	Individual/Spouse & Family	Individual & Individual/Child	Individual/Spouse & Family	Individual & Individual/Child	Individual/Spouse & Family	Individual & Individual/Child	Individual/Spouse & Family
17	\$0.99	\$2.09	\$1.05	\$2.09	\$1.22	\$2.43	\$1.22	\$2.49
18	\$1.08	\$2.30	\$1.17	\$2.31	\$1.37	\$2.73	\$1.36	\$2.78
19	\$1.18	\$2.51	\$1.28	\$2.53	\$1.52	\$3.02	\$1.50	\$3.07
20	\$1.27	\$2.72	\$1.40	\$2.75	\$1.67	\$3.31	\$1.64	\$3.36
21	\$1.36	\$2.93	\$1.51	\$2.97	\$1.82	\$3.60	\$1.78	\$3.66
22	\$1.45	\$3.14	\$1.63	\$3.20	\$1.97	\$3.89	\$1.92	\$3.95
23	\$1.62	\$3.44	\$1.78	\$3.50	\$2.23	\$4.34	\$2.11	\$4.41
24	\$1.78	\$3.74	\$1.93	\$3.80	\$2.49	\$4.79	\$2.31	\$4.87
25	\$1.95	\$4.04	\$2.08	\$4.10	\$2.74	\$5.24	\$2.50	\$5.33
26	\$2.11	\$4.34	\$2.23	\$4.40	\$3.00	\$5.69	\$2.70	\$5.79
27	\$2.27	\$4.64	\$2.38	\$4.70	\$3.25	\$6.14	\$2.90	\$6.25
28	\$2.55	\$5.15	\$2.61	\$5.22	\$3.70	\$6.90	\$3.22	\$7.04
29	\$2.83	\$5.66	\$2.84	\$5.74	\$4.15	\$7.67	\$3.54	\$7.83
30	\$3.10	\$6.18	\$3.07	\$6.27	\$4.60	\$8.44	\$3.87	\$8.62
31	\$3.38	\$6.69	\$3.30	\$6.79	\$5.05	\$9.20	\$4.19	\$9.41
32	\$3.66	\$7.20	\$3.53	\$7.32	\$5.50	\$9.97	\$4.51	\$10.20
33	\$4.08	\$7.94	\$3.87	\$8.08	\$6.22	\$11.17	\$5.00	\$11.44
34	\$4.50	\$8.68	\$4.20	\$8.84	\$6.94	\$12.37	\$5.49	\$12.67
35	\$4.92	\$9.42	\$4.54	\$9.61	\$7.66	\$13.58	\$5.97	\$13.91
36	\$5.34	\$10.16	\$4.88	\$10.37	\$8.38	\$14.78	\$6.46	\$15.15
37	\$5.76	\$10.90	\$5.22	\$11.13	\$9.10	\$15.98	\$6.95	\$16.38
38	\$6.42	\$12.03	\$5.67	\$12.27	\$10.29	\$17.89	\$7.69	\$18.34
39	\$7.08	\$13.16	\$6.12	\$13.41	\$11.49	\$19.80	\$8.43	\$20.30
40	\$7.74	\$14.28	\$6.57	\$14.55	\$12.68	\$21.71	\$9.17	\$22.26
41	\$8.40	\$15.41	\$7.02	\$15.69	\$13.87	\$23.62	\$9.91	\$24.21
42	\$9.06	\$16.53	\$7.48	\$16.82	\$15.06	\$25.53	\$10.65	\$26.17
43	\$9.94	\$17.93	\$8.01	\$18.25	\$16.70	\$28.11	\$11.60	\$28.81
44	\$10.83	\$19.32	\$8.54	\$19.68	\$18.35	\$30.68	\$12.55	\$31.45
45	\$11.71	\$20.72	\$9.08	\$21.11	\$19.99	\$33.25	\$13.50	\$34.09
46	\$12.59	\$22.11	\$9.61	\$22.54	\$21.64	\$35.82	\$14.44	\$36.73
47	\$13.48	\$23.50	\$10.14	\$23.97	\$23.28	\$38.39	\$15.39	\$39.37
48	\$14.55	\$25.14	\$10.72	\$25.62	\$25.37	\$41.63	\$16.57	\$42.67
49	\$15.61	\$26.78	\$11.30	\$27.28	\$27.45	\$44.87	\$17.75	\$45.96
50	\$16.68	\$28.41	\$11.88	\$28.94	\$29.54	\$48.11	\$18.93	\$49.26
51	\$17.75	\$30.05	\$12.46	\$30.60	\$31.62	\$51.35	\$20.11	\$52.56
52	\$18.82	\$31.68	\$13.04	\$32.26	\$33.70	\$54.59	\$21.29	\$55.86
53	\$20.01	\$33.47	\$13.63	\$34.05	\$36.25	\$58.45	\$22.61	\$59.71
54	\$21.21	\$35.26	\$14.22	\$35.84	\$38.79	\$62.32	\$23.93	\$63.57
55	\$22.41	\$37.05	\$14.82	\$37.63	\$41.34	\$66.18	\$25.25	\$67.42
56	\$23.60	\$38.84	\$15.41	\$39.42	\$43.89	\$70.05	\$26.57	\$71.27
57	\$24.80	\$40.63	\$16.00	\$41.20	\$46.43	\$73.92	\$27.89	\$75.13
58	\$25.75	\$42.07	\$16.49	\$42.62	\$48.78	\$77.48	\$29.08	\$78.62
59	\$26.70	\$43.51	\$16.98	\$44.04	\$51.13	\$81.04	\$30.27	\$82.11
60	\$27.66	\$44.95	\$17.46	\$45.45	\$53.48	\$84.60	\$31.46	\$85.61
61	\$28.61	\$46.39	\$17.95	\$46.87	\$55.83	\$88.17	\$32.65	\$89.10
62	\$29.56	\$47.83	\$18.44	\$48.29	\$58.18	\$91.73	\$33.84	\$92.60
63	\$29.37	\$47.53	\$18.39	\$48.12	\$58.24	\$91.77	\$33.86	\$92.76
64	\$29.19	\$47.24	\$18.34	\$47.96	\$58.31	\$91.81	\$33.88	\$92.93
65	\$29.00	\$46.95	\$18.29	\$47.79	\$58.38	\$91.86	\$33.90	\$93.10
66	\$28.81	\$46.65	\$18.24	\$47.62	\$58.44	\$91.90	\$33.93	\$93.27
67	\$28.63	\$46.36	\$18.20	\$47.46	\$58.51	\$91.94	\$33.95	\$93.44
68	\$29.17	\$47.47	\$18.77	\$48.62	\$59.35	\$93.37	\$34.57	\$94.94
69	\$29.71	\$48.58	\$19.35	\$49.79	\$60.20	\$94.80	\$35.19	\$96.44
70	\$30.25	\$49.68	\$19.93	\$50.95	\$61.04	\$96.23	\$35.82	\$97.94
71	\$30.80	\$50.79	\$20.50	\$52.12	\$61.88	\$97.66	\$36.44	\$99.44
72	\$31.34	\$51.90	\$21.08	\$53.28	\$62.72	\$99.09	\$37.06	\$100.94
73	\$31.88	\$53.01	\$21.66	\$54.45	\$63.57	\$100.52	\$37.68	\$102.44
74	\$32.42	\$54.12	\$22.23	\$55.62	\$64.41	\$101.95	\$38.31	\$103.94
75	\$32.97	\$55.22	\$22.81	\$56.78	\$65.25	\$103.38	\$38.93	\$105.44

Exhibit 1
Colorado Bankers Life Insurance Company
Critical Illness Insurance Policy
Weekly Premium Rates
Form Series: P-CI-PX 2013, et. al.

Premiums for \$30,000 Benefit Amount, with \$250 Skin Cancer Benefit

Issue Age	Non-Tobacco				Tobacco			
	Male		Female		Male		Female	
	Individual & Individual/Child	Individual/Spouse & Family	Individual & Individual/Child	Individual/Spouse & Family	Individual & Individual/Child	Individual/Spouse & Family	Individual & Individual/Child	Individual/Spouse & Family
17	\$1.19	\$2.50	\$1.26	\$2.50	\$1.47	\$2.92	\$1.47	\$2.99
18	\$1.30	\$2.76	\$1.40	\$2.77	\$1.65	\$3.27	\$1.63	\$3.34
19	\$1.41	\$3.01	\$1.53	\$3.03	\$1.83	\$3.62	\$1.80	\$3.69
20	\$1.52	\$3.26	\$1.67	\$3.30	\$2.01	\$3.96	\$1.96	\$4.03
21	\$1.63	\$3.51	\$1.81	\$3.57	\$2.19	\$4.31	\$2.13	\$4.38
22	\$1.74	\$3.76	\$1.95	\$3.83	\$2.37	\$4.66	\$2.30	\$4.73
23	\$1.94	\$4.12	\$2.13	\$4.19	\$2.67	\$5.20	\$2.53	\$5.28
24	\$2.13	\$4.48	\$2.31	\$4.55	\$2.98	\$5.74	\$2.77	\$5.84
25	\$2.33	\$4.84	\$2.49	\$4.91	\$3.29	\$6.28	\$3.00	\$6.39
26	\$2.53	\$5.20	\$2.67	\$5.27	\$3.59	\$6.82	\$3.24	\$6.95
27	\$2.72	\$5.56	\$2.85	\$5.63	\$3.90	\$7.36	\$3.47	\$7.50
28	\$3.06	\$6.18	\$3.13	\$6.26	\$4.44	\$8.28	\$3.86	\$8.45
29	\$3.39	\$6.79	\$3.40	\$6.89	\$4.98	\$9.20	\$4.25	\$9.39
30	\$3.72	\$7.40	\$3.68	\$7.51	\$5.52	\$10.12	\$4.64	\$10.34
31	\$4.05	\$8.02	\$3.96	\$8.14	\$6.06	\$11.04	\$5.02	\$11.28
32	\$4.38	\$8.63	\$4.23	\$8.77	\$6.60	\$11.95	\$5.41	\$12.23
33	\$4.89	\$9.52	\$4.64	\$9.69	\$7.46	\$13.40	\$6.00	\$13.71
34	\$5.39	\$10.41	\$5.04	\$10.60	\$8.33	\$14.84	\$6.58	\$15.20
35	\$5.89	\$11.30	\$5.45	\$11.52	\$9.19	\$16.28	\$7.16	\$16.68
36	\$6.40	\$12.18	\$5.85	\$12.43	\$10.05	\$17.72	\$7.75	\$18.17
37	\$6.90	\$13.07	\$6.25	\$13.35	\$10.92	\$19.17	\$8.33	\$19.65
38	\$7.69	\$14.42	\$6.80	\$14.71	\$12.34	\$21.46	\$9.22	\$22.00
39	\$8.48	\$15.77	\$7.34	\$16.08	\$13.77	\$23.75	\$10.11	\$24.34
40	\$9.27	\$17.12	\$7.88	\$17.44	\$15.20	\$26.04	\$11.00	\$26.69
41	\$10.07	\$18.47	\$8.42	\$18.81	\$16.63	\$28.33	\$11.88	\$29.04
42	\$10.86	\$19.82	\$8.97	\$20.17	\$18.06	\$30.62	\$12.77	\$31.38
43	\$11.92	\$21.49	\$9.60	\$21.88	\$20.03	\$33.71	\$13.91	\$34.55
44	\$12.98	\$23.16	\$10.24	\$23.59	\$22.00	\$36.79	\$15.05	\$37.72
45	\$14.04	\$24.84	\$10.88	\$25.31	\$23.98	\$39.87	\$16.19	\$40.88
46	\$15.09	\$26.51	\$11.52	\$27.02	\$25.95	\$42.96	\$17.32	\$44.05
47	\$16.15	\$28.18	\$12.16	\$28.73	\$27.92	\$46.04	\$18.46	\$47.22
48	\$17.43	\$30.14	\$12.86	\$30.72	\$30.42	\$49.92	\$19.88	\$51.17
49	\$18.72	\$32.10	\$13.55	\$32.71	\$32.92	\$53.81	\$21.29	\$55.13
50	\$20.00	\$34.06	\$14.25	\$34.70	\$35.42	\$57.70	\$22.71	\$59.08
51	\$21.28	\$36.02	\$14.94	\$36.69	\$37.92	\$61.58	\$24.12	\$63.04
52	\$22.56	\$37.98	\$15.63	\$38.68	\$40.42	\$65.47	\$25.53	\$66.99
53	\$23.99	\$40.13	\$16.35	\$40.82	\$43.47	\$70.11	\$27.12	\$71.61
54	\$25.42	\$42.27	\$17.06	\$42.96	\$46.53	\$74.74	\$28.70	\$76.24
55	\$26.86	\$44.42	\$17.77	\$45.11	\$49.58	\$79.38	\$30.28	\$80.86
56	\$28.29	\$46.56	\$18.48	\$47.25	\$52.63	\$84.01	\$31.87	\$85.48
57	\$29.72	\$48.70	\$19.19	\$49.40	\$55.68	\$88.65	\$33.45	\$90.10
58	\$30.87	\$50.43	\$19.77	\$51.09	\$58.50	\$92.92	\$34.88	\$94.29
59	\$32.01	\$52.16	\$20.36	\$52.79	\$61.32	\$97.20	\$36.31	\$98.49
60	\$33.15	\$53.88	\$20.94	\$54.49	\$64.14	\$101.47	\$37.74	\$102.68
61	\$34.29	\$55.61	\$21.52	\$56.19	\$66.96	\$105.75	\$39.16	\$106.87
62	\$35.43	\$57.33	\$22.11	\$57.89	\$69.77	\$110.02	\$40.59	\$111.06
63	\$35.21	\$56.98	\$22.05	\$57.69	\$69.85	\$110.07	\$40.62	\$111.26
64	\$34.99	\$56.63	\$21.99	\$57.49	\$69.93	\$110.12	\$40.64	\$111.46
65	\$34.76	\$56.28	\$21.93	\$57.29	\$70.02	\$110.17	\$40.67	\$111.67
66	\$34.54	\$55.93	\$21.88	\$57.09	\$70.10	\$110.22	\$40.69	\$111.87
67	\$34.32	\$55.58	\$21.82	\$56.90	\$70.18	\$110.27	\$40.72	\$112.07
68	\$34.97	\$56.91	\$22.51	\$58.29	\$71.19	\$111.99	\$41.47	\$113.87
69	\$35.62	\$58.24	\$23.20	\$59.69	\$72.20	\$113.71	\$42.21	\$115.67
70	\$36.27	\$59.57	\$23.90	\$61.09	\$73.21	\$115.42	\$42.96	\$117.47
71	\$36.92	\$60.90	\$24.59	\$62.49	\$74.22	\$117.14	\$43.71	\$119.27
72	\$37.57	\$62.23	\$25.28	\$63.89	\$75.23	\$118.86	\$44.46	\$121.07
73	\$38.22	\$63.56	\$25.97	\$65.29	\$76.24	\$120.57	\$45.21	\$122.87
74	\$38.87	\$64.89	\$26.67	\$66.69	\$77.25	\$122.29	\$45.95	\$124.67
75	\$39.52	\$66.21	\$27.36	\$68.08	\$78.26	\$124.01	\$46.70	\$126.47

Exhibit 1
Colorado Bankers Life Insurance Company
Critical Illness Insurance Policy
Weekly Premium Rates
Form Series: P-CI-PX 2013, et. al.

Premiums for \$35,000 Benefit Amount, with \$250 Skin Cancer Benefit

Issue Age	Non-Tobacco				Tobacco			
	Male		Female		Male		Female	
	Individual & Individual/Child	Individual/Spouse & Family	Individual & Individual/Child	Individual/Spouse & Family	Individual & Individual/Child	Individual/Spouse & Family	Individual & Individual/Child	Individual/Spouse & Family
17	\$1.38	\$2.92	\$1.47	\$2.92	\$1.71	\$3.40	\$1.71	\$3.48
18	\$1.51	\$3.21	\$1.63	\$3.23	\$1.92	\$3.81	\$1.90	\$3.89
19	\$1.64	\$3.51	\$1.79	\$3.54	\$2.13	\$4.22	\$2.10	\$4.30
20	\$1.77	\$3.80	\$1.95	\$3.85	\$2.34	\$4.62	\$2.29	\$4.70
21	\$1.90	\$4.09	\$2.11	\$4.16	\$2.55	\$5.03	\$2.48	\$5.11
22	\$2.03	\$4.38	\$2.27	\$4.47	\$2.76	\$5.43	\$2.68	\$5.52
23	\$2.26	\$4.80	\$2.48	\$4.89	\$3.12	\$6.06	\$2.95	\$6.16
24	\$2.49	\$5.22	\$2.69	\$5.31	\$3.47	\$6.69	\$3.23	\$6.81
25	\$2.72	\$5.64	\$2.90	\$5.73	\$3.83	\$7.32	\$3.50	\$7.45
26	\$2.94	\$6.06	\$3.11	\$6.15	\$4.19	\$7.95	\$3.78	\$8.10
27	\$3.17	\$6.48	\$3.32	\$6.57	\$4.55	\$8.58	\$4.05	\$8.75
28	\$3.56	\$7.20	\$3.65	\$7.30	\$5.18	\$9.66	\$4.50	\$9.85
29	\$3.95	\$7.92	\$3.97	\$8.03	\$5.81	\$10.73	\$4.95	\$10.95
30	\$4.34	\$8.63	\$4.29	\$8.76	\$6.44	\$11.80	\$5.41	\$12.06
31	\$4.72	\$9.35	\$4.62	\$9.49	\$7.07	\$12.87	\$5.86	\$13.16
32	\$5.11	\$10.06	\$4.94	\$10.22	\$7.70	\$13.94	\$6.31	\$14.26
33	\$5.70	\$11.10	\$5.41	\$11.29	\$8.70	\$15.62	\$6.99	\$15.99
34	\$6.28	\$12.13	\$5.88	\$12.36	\$9.71	\$17.30	\$7.67	\$17.72
35	\$6.87	\$13.17	\$6.35	\$13.43	\$10.71	\$18.99	\$8.35	\$19.45
36	\$7.46	\$14.21	\$6.82	\$14.50	\$11.72	\$20.67	\$9.03	\$21.18
37	\$8.04	\$15.24	\$7.29	\$15.57	\$12.73	\$22.35	\$9.72	\$22.92
38	\$8.97	\$16.82	\$7.92	\$17.16	\$14.39	\$25.02	\$10.75	\$25.65
39	\$9.89	\$18.39	\$8.56	\$18.75	\$16.06	\$27.69	\$11.79	\$28.39
40	\$10.81	\$19.96	\$9.19	\$20.34	\$17.73	\$30.37	\$12.82	\$31.13
41	\$11.73	\$21.54	\$9.82	\$21.93	\$19.39	\$33.04	\$13.86	\$33.86
42	\$12.66	\$23.11	\$10.45	\$23.52	\$21.06	\$35.71	\$14.90	\$36.60
43	\$13.89	\$25.06	\$11.20	\$25.51	\$23.36	\$39.31	\$16.22	\$40.29
44	\$15.13	\$27.01	\$11.94	\$27.51	\$25.66	\$42.90	\$17.55	\$43.98
45	\$16.36	\$28.95	\$12.69	\$29.50	\$27.96	\$46.50	\$18.88	\$47.68
46	\$17.60	\$30.90	\$13.44	\$31.50	\$30.26	\$50.09	\$20.20	\$51.37
47	\$18.83	\$32.85	\$14.18	\$33.50	\$32.56	\$53.69	\$21.53	\$55.06
48	\$20.32	\$35.14	\$14.99	\$35.82	\$35.48	\$58.22	\$23.18	\$59.67
49	\$21.82	\$37.42	\$15.80	\$38.13	\$38.39	\$62.75	\$24.83	\$64.29
50	\$23.31	\$39.71	\$16.61	\$40.45	\$41.31	\$67.29	\$26.48	\$68.90
51	\$24.80	\$42.00	\$17.42	\$42.77	\$44.22	\$71.82	\$28.13	\$73.51
52	\$26.30	\$44.28	\$18.23	\$45.09	\$47.13	\$76.35	\$29.78	\$78.13
53	\$27.97	\$46.78	\$19.06	\$47.59	\$50.70	\$81.76	\$31.63	\$83.52
54	\$29.64	\$49.28	\$19.89	\$50.09	\$54.26	\$87.16	\$33.47	\$88.91
55	\$31.31	\$51.78	\$20.72	\$52.59	\$57.82	\$92.57	\$35.32	\$94.30
56	\$32.98	\$54.28	\$21.54	\$55.09	\$61.38	\$97.98	\$37.17	\$99.69
57	\$34.65	\$56.78	\$22.37	\$57.59	\$64.94	\$103.38	\$39.01	\$105.08
58	\$35.98	\$58.79	\$23.05	\$59.57	\$68.22	\$108.37	\$40.68	\$109.97
59	\$37.31	\$60.81	\$23.73	\$61.55	\$71.51	\$113.35	\$42.34	\$114.86
60	\$38.64	\$62.82	\$24.42	\$63.53	\$74.80	\$118.34	\$44.01	\$119.74
61	\$39.98	\$64.83	\$25.10	\$65.51	\$78.08	\$123.32	\$45.68	\$124.63
62	\$41.31	\$66.84	\$25.78	\$67.49	\$81.37	\$128.31	\$47.34	\$129.52
63	\$41.05	\$66.43	\$25.71	\$67.26	\$81.46	\$128.37	\$47.37	\$129.76
64	\$40.79	\$66.03	\$25.64	\$67.03	\$81.56	\$128.43	\$47.40	\$129.99
65	\$40.53	\$65.62	\$25.58	\$66.80	\$81.65	\$128.49	\$47.43	\$130.23
66	\$40.26	\$65.21	\$25.51	\$66.57	\$81.75	\$128.55	\$47.46	\$130.47
67	\$40.00	\$64.80	\$25.44	\$66.33	\$81.84	\$128.61	\$47.49	\$130.71
68	\$40.76	\$66.35	\$26.25	\$67.97	\$83.02	\$130.61	\$48.36	\$132.81
69	\$41.52	\$67.90	\$27.06	\$69.60	\$84.20	\$132.61	\$49.24	\$134.91
70	\$42.28	\$69.45	\$27.87	\$71.23	\$85.38	\$134.62	\$50.11	\$137.01
71	\$43.04	\$71.00	\$28.67	\$72.86	\$86.56	\$136.62	\$50.98	\$139.11
72	\$43.80	\$72.55	\$29.48	\$74.49	\$87.74	\$138.62	\$51.85	\$141.21
73	\$44.56	\$74.10	\$30.29	\$76.12	\$88.92	\$140.63	\$52.73	\$143.31
74	\$45.32	\$75.66	\$31.10	\$77.76	\$90.10	\$142.63	\$53.60	\$145.41
75	\$46.08	\$77.21	\$31.90	\$79.39	\$91.28	\$144.63	\$54.47	\$147.51

Exhibit 1
Colorado Bankers Life Insurance Company
Critical Illness Insurance Policy
Weekly Premium Rates
Form Series: P-CI-PX 2013, et. al.

Premiums for \$40,000 Benefit Amount, with \$250 Skin Cancer Benefit

Issue Age	Non-Tobacco				Tobacco			
	Male		Female		Male		Female	
	Individual & Individual/Child	Individual/Spouse & Family	Individual & Individual/Child	Individual/Spouse & Family	Individual & Individual/Child	Individual/Spouse & Family	Individual & Individual/Child	Individual/Spouse & Family
17	\$1.58	\$3.33	\$1.67	\$3.33	\$1.95	\$3.89	\$1.95	\$3.98
18	\$1.73	\$3.67	\$1.86	\$3.69	\$2.19	\$4.35	\$2.17	\$4.44
19	\$1.88	\$4.00	\$2.04	\$4.04	\$2.43	\$4.82	\$2.39	\$4.91
20	\$2.02	\$4.34	\$2.23	\$4.39	\$2.67	\$5.28	\$2.61	\$5.37
21	\$2.17	\$4.67	\$2.41	\$4.75	\$2.91	\$5.74	\$2.84	\$5.84
22	\$2.32	\$5.01	\$2.60	\$5.10	\$3.15	\$6.21	\$3.06	\$6.30
23	\$2.58	\$5.49	\$2.84	\$5.58	\$3.56	\$6.93	\$3.37	\$7.04
24	\$2.84	\$5.97	\$3.08	\$6.06	\$3.97	\$7.65	\$3.69	\$7.78
25	\$3.10	\$6.45	\$3.32	\$6.54	\$4.38	\$8.37	\$4.00	\$8.52
26	\$3.36	\$6.93	\$3.56	\$7.02	\$4.78	\$9.09	\$4.31	\$9.25
27	\$3.62	\$7.41	\$3.80	\$7.50	\$5.19	\$9.81	\$4.63	\$9.99
28	\$4.07	\$8.22	\$4.17	\$8.34	\$5.91	\$11.03	\$5.14	\$11.25
29	\$4.51	\$9.04	\$4.53	\$9.17	\$6.63	\$12.25	\$5.66	\$12.51
30	\$4.95	\$9.86	\$4.90	\$10.01	\$7.35	\$13.48	\$6.18	\$13.77
31	\$5.40	\$10.68	\$5.27	\$10.84	\$8.07	\$14.70	\$6.69	\$15.03
32	\$5.84	\$11.49	\$5.64	\$11.68	\$8.79	\$15.92	\$7.21	\$16.29
33	\$6.51	\$12.68	\$6.18	\$12.90	\$9.94	\$17.85	\$7.99	\$18.27
34	\$7.18	\$13.86	\$6.72	\$14.12	\$11.09	\$19.77	\$8.77	\$20.25
35	\$7.85	\$15.04	\$7.26	\$15.34	\$12.24	\$21.69	\$9.54	\$22.23
36	\$8.52	\$16.23	\$7.79	\$16.56	\$13.39	\$23.61	\$10.32	\$24.20
37	\$9.18	\$17.41	\$8.33	\$17.78	\$14.54	\$25.53	\$11.10	\$26.18
38	\$10.24	\$19.21	\$9.05	\$19.60	\$16.44	\$28.59	\$12.28	\$29.31
39	\$11.29	\$21.01	\$9.78	\$21.41	\$18.35	\$31.64	\$13.47	\$32.43
40	\$12.35	\$22.80	\$10.50	\$23.23	\$20.25	\$34.69	\$14.65	\$35.56
41	\$13.40	\$24.60	\$11.22	\$25.05	\$22.15	\$37.75	\$15.84	\$38.69
42	\$14.46	\$26.40	\$11.94	\$26.86	\$24.06	\$40.80	\$17.02	\$41.82
43	\$15.87	\$28.62	\$12.79	\$29.14	\$26.69	\$44.91	\$18.54	\$46.03
44	\$17.28	\$30.85	\$13.65	\$31.42	\$29.31	\$49.02	\$20.05	\$50.25
45	\$18.69	\$33.07	\$14.50	\$33.70	\$31.94	\$53.12	\$21.57	\$54.47
46	\$20.10	\$35.30	\$15.35	\$35.98	\$34.57	\$57.23	\$23.08	\$58.69
47	\$21.51	\$37.52	\$16.20	\$38.26	\$37.20	\$61.34	\$24.60	\$62.91
48	\$23.21	\$40.14	\$17.13	\$40.91	\$40.53	\$66.52	\$26.49	\$68.18
49	\$24.92	\$42.75	\$18.05	\$43.56	\$43.86	\$71.70	\$28.37	\$73.45
50	\$26.62	\$45.36	\$18.98	\$46.21	\$47.19	\$76.87	\$30.26	\$78.72
51	\$28.33	\$47.97	\$19.90	\$48.86	\$50.52	\$82.05	\$32.14	\$83.99
52	\$30.03	\$50.58	\$20.83	\$51.51	\$53.85	\$87.23	\$34.03	\$89.26
53	\$31.94	\$53.44	\$21.77	\$54.36	\$57.92	\$93.41	\$36.14	\$95.42
54	\$33.85	\$56.29	\$22.72	\$57.22	\$61.99	\$99.59	\$38.25	\$101.58
55	\$35.76	\$59.15	\$23.67	\$60.07	\$66.06	\$105.76	\$40.35	\$107.74
56	\$37.67	\$62.00	\$24.61	\$62.93	\$70.12	\$111.94	\$42.46	\$113.90
57	\$39.58	\$64.86	\$25.56	\$65.78	\$74.19	\$118.12	\$44.57	\$120.06
58	\$41.10	\$67.16	\$26.34	\$68.04	\$77.95	\$123.81	\$46.48	\$125.64
59	\$42.62	\$69.45	\$27.11	\$70.30	\$81.70	\$129.51	\$48.38	\$131.23
60	\$44.14	\$71.75	\$27.89	\$72.57	\$85.46	\$135.21	\$50.28	\$136.81
61	\$45.66	\$74.05	\$28.67	\$74.83	\$89.21	\$140.90	\$52.19	\$142.40
62	\$47.18	\$76.35	\$29.45	\$77.09	\$92.97	\$146.60	\$54.09	\$147.98
63	\$46.88	\$75.88	\$29.37	\$76.83	\$93.07	\$146.67	\$54.13	\$148.25
64	\$46.59	\$75.42	\$29.29	\$76.56	\$93.18	\$146.73	\$54.16	\$148.53
65	\$46.29	\$74.95	\$29.22	\$76.30	\$93.29	\$146.80	\$54.20	\$148.80
66	\$45.99	\$74.49	\$29.14	\$76.04	\$93.40	\$146.87	\$54.23	\$149.07
67	\$45.69	\$74.02	\$29.07	\$75.77	\$93.51	\$146.94	\$54.27	\$149.34
68	\$46.56	\$75.79	\$29.99	\$77.64	\$94.86	\$149.23	\$55.26	\$151.74
69	\$47.43	\$77.56	\$30.91	\$79.50	\$96.20	\$151.52	\$56.26	\$154.14
70	\$48.30	\$79.34	\$31.83	\$81.37	\$97.55	\$153.81	\$57.26	\$156.54
71	\$49.16	\$81.11	\$32.76	\$83.23	\$98.90	\$156.10	\$58.25	\$158.94
72	\$50.03	\$82.88	\$33.68	\$85.10	\$100.25	\$158.39	\$59.25	\$161.34
73	\$50.90	\$84.65	\$34.60	\$86.96	\$101.59	\$160.68	\$60.25	\$163.74
74	\$51.77	\$86.43	\$35.53	\$88.83	\$102.94	\$162.97	\$61.24	\$166.14
75	\$52.63	\$88.20	\$36.45	\$90.69	\$104.29	\$165.26	\$62.24	\$168.54

Exhibit 1
Colorado Bankers Life Insurance Company
Critical Illness Insurance Policy
Weekly Premium Rates
Form Series: P-CI-PX 2013, et. al.

Premiums for \$45,000 Benefit Amount, with \$250 Skin Cancer Benefit

Issue Age	Non-Tobacco				Tobacco			
	Male		Female		Male		Female	
	Individual & Individual/Child	Individual/Spouse & Family	Individual & Individual/Child	Individual/Spouse & Family	Individual & Individual/Child	Individual/Spouse & Family	Individual & Individual/Child	Individual/Spouse & Family
17	\$1.78	\$3.75	\$1.88	\$3.75	\$2.19	\$4.37	\$2.19	\$4.48
18	\$1.94	\$4.13	\$2.09	\$4.15	\$2.46	\$4.89	\$2.44	\$5.00
19	\$2.11	\$4.50	\$2.30	\$4.54	\$2.73	\$5.42	\$2.69	\$5.52
20	\$2.28	\$4.88	\$2.50	\$4.94	\$3.00	\$5.94	\$2.94	\$6.04
21	\$2.44	\$5.25	\$2.71	\$5.34	\$3.27	\$6.46	\$3.19	\$6.56
22	\$2.61	\$5.63	\$2.92	\$5.73	\$3.54	\$6.98	\$3.44	\$7.08
23	\$2.90	\$6.17	\$3.19	\$6.27	\$4.00	\$7.79	\$3.79	\$7.92
24	\$3.19	\$6.71	\$3.46	\$6.81	\$4.46	\$8.60	\$4.14	\$8.75
25	\$3.49	\$7.25	\$3.73	\$7.35	\$4.92	\$9.41	\$4.50	\$9.58
26	\$3.78	\$7.79	\$4.00	\$7.89	\$5.38	\$10.22	\$4.85	\$10.41
27	\$4.07	\$8.33	\$4.27	\$8.43	\$5.84	\$11.03	\$5.20	\$11.24
28	\$4.57	\$9.25	\$4.68	\$9.37	\$6.65	\$12.41	\$5.79	\$12.66
29	\$5.07	\$10.17	\$5.10	\$10.31	\$7.46	\$13.78	\$6.37	\$14.07
30	\$5.57	\$11.09	\$5.52	\$11.25	\$8.27	\$15.16	\$6.95	\$15.49
31	\$6.07	\$12.00	\$5.93	\$12.19	\$9.08	\$16.53	\$7.53	\$16.91
32	\$6.57	\$12.92	\$6.35	\$13.13	\$9.89	\$17.91	\$8.11	\$18.32
33	\$7.32	\$14.25	\$6.95	\$14.50	\$11.18	\$20.07	\$8.99	\$20.55
34	\$8.07	\$15.59	\$7.56	\$15.88	\$12.47	\$22.23	\$9.86	\$22.77
35	\$8.82	\$16.92	\$8.16	\$17.25	\$13.77	\$24.39	\$10.74	\$25.00
36	\$9.57	\$18.25	\$8.76	\$18.62	\$15.06	\$26.56	\$11.61	\$27.22
37	\$10.33	\$19.58	\$9.37	\$20.00	\$16.35	\$28.72	\$12.48	\$29.45
38	\$11.51	\$21.60	\$10.18	\$22.04	\$18.49	\$32.15	\$13.82	\$32.96
39	\$12.70	\$23.62	\$10.99	\$24.08	\$20.63	\$35.59	\$15.15	\$36.48
40	\$13.89	\$25.65	\$11.81	\$26.12	\$22.77	\$39.02	\$16.48	\$40.00
41	\$15.07	\$27.67	\$12.62	\$28.17	\$24.92	\$42.45	\$17.81	\$43.51
42	\$16.26	\$29.69	\$13.43	\$30.21	\$27.06	\$45.89	\$19.14	\$47.03
43	\$17.84	\$32.19	\$14.39	\$32.77	\$30.01	\$50.51	\$20.85	\$51.78
44	\$19.43	\$34.69	\$15.35	\$35.34	\$32.97	\$55.13	\$22.55	\$56.52
45	\$21.01	\$37.19	\$16.30	\$37.90	\$35.93	\$59.75	\$24.26	\$61.26
46	\$22.60	\$39.69	\$17.26	\$40.46	\$38.88	\$64.37	\$25.96	\$66.01
47	\$24.18	\$42.20	\$18.22	\$43.03	\$41.84	\$68.99	\$27.67	\$70.75
48	\$26.10	\$45.13	\$19.26	\$46.01	\$45.58	\$74.81	\$29.79	\$76.68
49	\$28.02	\$48.07	\$20.30	\$48.99	\$49.33	\$80.64	\$31.91	\$82.61
50	\$29.94	\$51.01	\$21.34	\$51.96	\$53.07	\$86.46	\$34.03	\$88.54
51	\$31.86	\$53.95	\$22.38	\$54.94	\$56.82	\$92.29	\$36.15	\$94.47
52	\$33.77	\$56.88	\$23.42	\$57.92	\$60.57	\$98.11	\$38.27	\$100.40
53	\$35.92	\$60.09	\$24.49	\$61.13	\$65.14	\$105.06	\$40.65	\$107.32
54	\$38.07	\$63.30	\$25.55	\$64.34	\$69.72	\$112.01	\$43.02	\$114.25
55	\$40.21	\$66.51	\$26.61	\$67.55	\$74.29	\$118.96	\$45.39	\$121.18
56	\$42.36	\$69.72	\$27.68	\$70.76	\$78.87	\$125.91	\$47.76	\$128.11
57	\$44.50	\$72.93	\$28.74	\$73.97	\$83.45	\$132.85	\$50.13	\$135.03
58	\$46.21	\$75.52	\$29.62	\$76.52	\$87.67	\$139.26	\$52.28	\$141.32
59	\$47.92	\$78.10	\$30.49	\$79.06	\$91.89	\$145.67	\$54.42	\$147.60
60	\$49.63	\$80.69	\$31.37	\$81.60	\$96.12	\$152.07	\$56.56	\$153.88
61	\$51.34	\$83.27	\$32.24	\$84.15	\$100.34	\$158.48	\$58.70	\$160.16
62	\$53.05	\$85.86	\$33.12	\$86.69	\$104.56	\$164.88	\$60.84	\$166.44
63	\$52.72	\$85.33	\$33.03	\$86.39	\$104.68	\$164.96	\$60.88	\$166.75
64	\$52.38	\$84.81	\$32.94	\$86.10	\$104.81	\$165.04	\$60.92	\$167.06
65	\$52.05	\$84.29	\$32.86	\$85.80	\$104.93	\$165.12	\$60.96	\$167.36
66	\$51.72	\$83.76	\$32.77	\$85.51	\$105.05	\$165.20	\$61.00	\$167.67
67	\$51.38	\$83.24	\$32.69	\$85.21	\$105.17	\$165.28	\$61.04	\$167.98
68	\$52.36	\$85.23	\$33.73	\$87.31	\$106.69	\$167.85	\$62.16	\$170.68
69	\$53.33	\$87.23	\$34.77	\$89.41	\$108.21	\$170.43	\$63.28	\$173.38
70	\$54.31	\$89.22	\$35.80	\$91.50	\$109.72	\$173.00	\$64.40	\$176.08
71	\$55.29	\$91.21	\$36.84	\$93.60	\$111.24	\$175.58	\$65.52	\$178.78
72	\$56.26	\$93.21	\$37.88	\$95.70	\$112.75	\$178.15	\$66.65	\$181.48
73	\$57.24	\$95.20	\$38.92	\$97.80	\$114.27	\$180.73	\$67.77	\$184.18
74	\$58.21	\$97.20	\$39.96	\$99.90	\$115.79	\$183.30	\$68.89	\$186.88
75	\$59.19	\$99.19	\$41.00	\$101.99	\$117.30	\$185.88	\$70.01	\$189.58

Exhibit 1
Colorado Bankers Life Insurance Company
Critical Illness Insurance Policy
Weekly Premium Rates
Form Series: P-CI-PX 2013, et. al.

Premiums for \$50,000 Benefit Amount, with \$250 Skin Cancer Benefit

Issue Age	Non-Tobacco				Tobacco			
	Male		Female		Male		Female	
	Individual & Individual/Child	Individual/Spouse & Family	Individual & Individual/Child	Individual/Spouse & Family	Individual & Individual/Child	Individual/Spouse & Family	Individual & Individual/Child	Individual/Spouse & Family
17	\$1.97	\$4.17	\$2.09	\$4.17	\$2.43	\$4.86	\$2.43	\$4.97
18	\$2.16	\$4.58	\$2.32	\$4.61	\$2.73	\$5.44	\$2.71	\$5.55
19	\$2.34	\$5.00	\$2.55	\$5.05	\$3.03	\$6.02	\$2.99	\$6.13
20	\$2.53	\$5.42	\$2.78	\$5.49	\$3.33	\$6.60	\$3.27	\$6.71
21	\$2.71	\$5.84	\$3.01	\$5.93	\$3.63	\$7.17	\$3.54	\$7.29
22	\$2.90	\$6.25	\$3.24	\$6.37	\$3.93	\$7.75	\$3.82	\$7.87
23	\$3.22	\$6.85	\$3.54	\$6.97	\$4.44	\$8.65	\$4.21	\$8.79
24	\$3.55	\$7.45	\$3.84	\$7.57	\$4.95	\$9.55	\$4.60	\$9.72
25	\$3.87	\$8.05	\$4.14	\$8.17	\$5.46	\$10.45	\$5.00	\$10.64
26	\$4.20	\$8.65	\$4.44	\$8.77	\$5.97	\$11.35	\$5.39	\$11.56
27	\$4.52	\$9.25	\$4.74	\$9.37	\$6.48	\$12.25	\$5.78	\$12.48
28	\$5.08	\$10.27	\$5.20	\$10.41	\$7.38	\$13.78	\$6.43	\$14.06
29	\$5.63	\$11.29	\$5.67	\$11.46	\$8.28	\$15.31	\$7.07	\$15.63
30	\$6.18	\$12.31	\$6.13	\$12.50	\$9.18	\$16.84	\$7.72	\$17.21
31	\$6.74	\$13.33	\$6.59	\$13.54	\$10.08	\$18.36	\$8.37	\$18.78
32	\$7.29	\$14.35	\$7.05	\$14.58	\$10.98	\$19.89	\$9.01	\$20.35
33	\$8.13	\$15.83	\$7.72	\$16.11	\$12.42	\$22.29	\$9.98	\$22.83
34	\$8.96	\$17.31	\$8.39	\$17.64	\$13.86	\$24.70	\$10.95	\$25.30
35	\$9.80	\$18.79	\$9.06	\$19.16	\$15.29	\$27.10	\$11.93	\$27.77
36	\$10.63	\$20.27	\$9.74	\$20.69	\$16.73	\$29.50	\$12.90	\$30.24
37	\$11.47	\$21.75	\$10.41	\$22.21	\$18.16	\$31.90	\$13.87	\$32.71
38	\$12.79	\$24.00	\$11.31	\$24.48	\$20.54	\$35.72	\$15.35	\$36.62
39	\$14.10	\$26.24	\$12.21	\$26.75	\$22.92	\$39.53	\$16.83	\$40.53
40	\$15.42	\$28.49	\$13.11	\$29.02	\$25.30	\$43.35	\$18.31	\$44.43
41	\$16.74	\$30.73	\$14.02	\$31.29	\$27.68	\$47.16	\$19.79	\$48.34
42	\$18.06	\$32.98	\$14.92	\$33.55	\$30.06	\$50.98	\$21.27	\$52.25
43	\$19.82	\$35.76	\$15.98	\$36.40	\$33.34	\$56.11	\$23.16	\$57.52
44	\$21.58	\$38.53	\$17.05	\$39.25	\$36.63	\$61.24	\$25.05	\$62.79
45	\$23.34	\$41.31	\$18.11	\$42.10	\$39.91	\$66.37	\$26.95	\$68.06
46	\$25.10	\$44.09	\$19.17	\$44.94	\$43.19	\$71.51	\$28.84	\$73.33
47	\$26.86	\$46.87	\$20.24	\$47.79	\$46.48	\$76.64	\$30.74	\$78.60
48	\$28.99	\$50.13	\$21.39	\$51.10	\$50.64	\$83.11	\$33.09	\$85.19
49	\$31.12	\$53.40	\$22.55	\$54.41	\$54.80	\$89.58	\$35.45	\$91.77
50	\$33.25	\$56.66	\$23.71	\$57.72	\$58.96	\$96.05	\$37.81	\$98.36
51	\$35.38	\$59.92	\$24.86	\$61.03	\$63.12	\$102.52	\$40.16	\$104.94
52	\$37.51	\$63.18	\$26.02	\$64.34	\$67.28	\$108.99	\$42.52	\$111.53
53	\$39.90	\$66.75	\$27.20	\$67.90	\$72.36	\$116.71	\$45.15	\$119.23
54	\$42.28	\$70.32	\$28.38	\$71.47	\$77.45	\$124.43	\$47.79	\$126.92
55	\$44.66	\$73.88	\$29.56	\$75.03	\$82.53	\$132.15	\$50.43	\$134.62
56	\$47.05	\$77.45	\$30.75	\$78.60	\$87.62	\$139.87	\$53.06	\$142.32
57	\$49.43	\$81.01	\$31.93	\$82.17	\$92.70	\$147.59	\$55.70	\$150.01
58	\$51.33	\$83.88	\$32.90	\$84.99	\$97.39	\$154.71	\$58.08	\$156.99
59	\$53.23	\$86.75	\$33.87	\$87.81	\$102.08	\$161.82	\$60.45	\$163.97
60	\$55.13	\$89.62	\$34.84	\$90.64	\$106.77	\$168.94	\$62.83	\$170.95
61	\$57.03	\$92.49	\$35.81	\$93.46	\$111.47	\$176.06	\$65.21	\$177.93
62	\$58.93	\$95.37	\$36.78	\$96.29	\$116.16	\$183.17	\$67.59	\$184.90
63	\$58.56	\$94.78	\$36.69	\$95.96	\$116.29	\$183.26	\$67.64	\$185.25
64	\$58.18	\$94.20	\$36.60	\$95.63	\$116.43	\$183.35	\$67.68	\$185.59
65	\$57.81	\$93.62	\$36.50	\$95.31	\$116.57	\$183.44	\$67.72	\$185.93
66	\$57.44	\$93.04	\$36.41	\$94.98	\$116.70	\$183.52	\$67.77	\$186.27
67	\$57.07	\$92.46	\$36.31	\$94.65	\$116.84	\$183.61	\$67.81	\$186.61
68	\$58.15	\$94.67	\$37.47	\$96.98	\$118.52	\$186.47	\$69.06	\$189.61
69	\$59.24	\$96.89	\$38.62	\$99.31	\$120.21	\$189.33	\$70.30	\$192.61
70	\$60.32	\$99.10	\$39.77	\$101.64	\$121.89	\$192.20	\$71.55	\$195.61
71	\$61.41	\$101.32	\$40.93	\$103.97	\$123.58	\$195.06	\$72.80	\$198.61
72	\$62.49	\$103.53	\$42.08	\$106.30	\$125.26	\$197.92	\$74.04	\$201.61
73	\$63.58	\$105.75	\$43.23	\$108.63	\$126.95	\$200.78	\$75.29	\$204.61
74	\$64.66	\$107.97	\$44.39	\$110.97	\$128.63	\$203.64	\$76.53	\$207.61
75	\$65.75	\$110.18	\$45.54	\$113.30	\$130.32	\$206.50	\$77.78	\$210.61

State: District of Columbia **Filing Company:** Colorado Bankers Life Insurance Company
TOI/Sub-TOI: H071 Individual Health - Specified Disease - Limited Benefit/H071.001 Critical Illness
Product Name: CI Insurance Policy
Project Name/Number: CI Insurance Policy PX product/

Supporting Document Schedules

Satisfied - Item:	Cover Letter All Filings
Comments:	The filing description is contained in the description area on the General Information tab.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Certificate of Authority to File
Comments:	
Attachment(s):	Authorization Letter.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	COB01.ActMemo.CI.Generic.55%LR.20130614.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Justification
Comments:	Please see the actuarial memorandum.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
Bypass Reason:	Not applicable. Not a P&C filing.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
-------------------------	--

State:	District of Columbia	Filing Company:	Colorado Bankers Life Insurance Company
TOI/Sub-TOI:	H071 Individual Health - Specified Disease - Limited Benefit/H071.001 Critical Illness		
Product Name:	CI Insurance Policy		
Project Name/Number:	CI Insurance Policy PX product/		

Bypass Reason:	Not applicable. Not a P&C filing.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Actuarial Memorandum and Certifications
Bypass Reason:	Not applicable. Not proposing a rate increase. This is a new product.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Unified Rate Review Template
Bypass Reason:	Not applicable. Not proposing a rate increase. This is a new product.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Response to previous objections
Comments:	
Attachment(s):	COB01.DC.CI.ObjectionResponse.20130829.pdf
Item Status:	
Status Date:	



June 20, 2013

Re: Colorado Bankers Life Insurance Company
NAIC #84786 - FEIN #84-0674027
New Form Filing –
P-CI-PX 2013 Critical Illness Insurance Policy, et al

Dear Reviewer:

I authorize Dearborn National® Life Insurance Company to file the captioned form(s) on behalf of Colorado Bankers Life Insurance Company.

Very truly yours,

A handwritten signature in black ink, appearing to read "Joe Weiser".

Joe Weiser, CLU
President, CEO
Colorado Bankers Life Insurance Company

5990 Greenwood Plaza Boulevard, Greenwood Village, Colorado 80111
Toll Free: 800.367.7814 ▲ Fax: 303.220.8056 ▲ www.dearbornnational.com

Products and services marketed under the Dearborn National® brand and the star logo are underwritten and/or provided by Colorado Bankers Life Insurance Company® (Greenwood Village, CO), licensed in 48 states (excluding New York and Vermont where it is not licensed and does not solicit business), the District of Columbia and Guam.

Colorado Bankers Life Insurance Company®

Greenwood Village, CO

Actuarial Memorandum

Critical Illness Insurance Policy
Form Series: P-CI-PX 2013, et al

1. Scope & Purpose

This Actuarial Memorandum describes the benefits provided in the form numbers listed above. This memorandum supports the rates being filed. This memorandum is not intended to be used for any other purpose.

2. Benefit Description

This policy may provide a benefit payment for an initial occurrence of a covered condition and all additional occurrences resulting up to 150% of the maximum benefit payout specified in the policy's language. The benefit becomes payable upon diagnoses of a covered condition if the diagnoses occurs after the specified waiting period and while the policy is in force. The following are the covered conditions under this policy unless provided otherwise.

Carcinoma in Situ: A Diagnosis of cancer of the Primary Insured wherein the tumor cells lie within the tissue of origin without having invaded neighboring tissue. Carcinoma in situ includes melanoma not invading the dermis. Carcinoma in situ does not include:

- a) Non-malignant or pre-malignant lesions (such as intraepithelial neoplasia); or
- b) Benign tumors or polyps.

Carcinoma in Situ must be diagnosed pursuant to a Pathological Diagnosis. If a Pathological Diagnosis is not possible, diagnosis can be made pursuant to a Clinical Diagnosis.

Coronary Angioplasty: A Diagnosis of the Primary Insured as having a disease of the coronary arteries that necessitates a percutaneous transluminal angioplasty surgery to correct a narrowing or blockage of one or more coronary arteries. A Legally Qualified Physician board-certified as a cardiologist must make this Diagnosis. Other surgical or non-surgical techniques such as laser relief or any other intra-arterial procedures do not qualify under this Covered Condition. Procedures performed or recommended to be performed on a non-coronary artery do not qualify under this Covered Condition. If the Primary Insured is determined to be too ill to undergo the surgery, but otherwise meets the criteria for the need the surgery, the surgery requirement will be waived.

End-stage Renal Failure: A Diagnosis of chronic and irreversible failure of both of the Primary Insured's kidneys for which dialysis on a regular basis (weekly or biweekly) is necessary. The Diagnosis must be made by a Legally Qualified Physician board-certified in nephrology.

Heart Attack: A Diagnosis of an acute myocardial infarction resulting in the death of a portion of the Primary Insured's heart muscle (myocardium) due to a blockage of one or more coronary arteries and resulting in the loss of the normal function of the heart. The Diagnosis must be made by a Legally Qualified Physician board-certified as a cardiologist and based on both:

- a) New clinical presentation and electro-cardiographic changes consistent with an evolving heart attack; and
- b) Serial measurement of cardiac biomarkers showing a pattern and to a level consistent with a Diagnosis of Heart Attack.

An established (old) myocardial infarction does not qualify under this Covered Condition.

Invasive Cancer: A Diagnosis of malignant neoplasm experienced by the Primary Insured, which is characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue, and which is not specifically otherwise excluded. Leukemia and lymphomas are included. The following are not considered Invasive Cancer:

- a) Non-malignant, noninvasive, dysplasia (all grades), or pre-malignant lesions (such as intraepithelial neoplasia); or
- b) Benign tumors or polyps; or
- c) Cancer in situ; or
- d) Any skin cancer (other than invasive malignant melanoma in the dermis or deeper or skin malignancies that have become metastatic).

Invasive Cancer must be diagnosed pursuant to a Pathological Diagnosis. If a Pathological Diagnosis is not possible, diagnosis can be made pursuant to a Clinical Diagnosis.

Major Heart Surgery: This means Aortic Surgery, Coronary Artery Bypass Surgery or Heart Valve Replacement/Repair Surgery, as defined below.

- (a) *Aortic Surgery:* A Diagnosis of the Primary Insured as having disease of the aorta that necessitates the Primary Insured actually undergoing surgery of the aorta needing excision and surgical replacement of a portion of the diseased aorta with a graft. The Diagnosis must be made by a Legally Qualified Physician board-certified as a cardiologist, cardio-vascular thoracic surgeon or vascular surgeon. For this definition, aorta means the thoracic and abdominal aorta but not its branches. Traumatic injury of the aorta causing aortic surgery does not qualify under this Covered Condition. If the Primary Insured is determined to be too ill to undergo the surgery, but otherwise meets the criteria for the need for the surgery, the surgery requirement will be waived.

(b) *Coronary Artery Bypass:* A Diagnosis of the Primary Insured as having a disease of the coronary artery that necessitates the Primary Insured actually undergoing coronary artery bypass surgery using 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 Diagnosis must be made by a Legally Qualified Physician board-certified as a cardiologist. Other surgical or nonsurgical techniques such as laser relief or any other intra-arterial procedures do not qualify under this Covered Condition. If the Primary Insured is determined to be too ill to undergo the surgery, but otherwise meets the criteria for the need for the surgery, the surgery requirement will be waived.

(c) *Heart Valve Replacement/Repair Surgery:* A Diagnosis of the Primary Insured as having a disease of the heart valve that necessitates the Primary Insured actually undergoing open heart surgery to replace or repair one or more valves. The Diagnosis must be made by a Legally Qualified Physician board-certified as a cardiologist or cardio-vascular surgeon. If the Primary Insured is determined to be too ill for surgery, but otherwise meets the criteria for the need for the surgery, the surgery requirement will be waived.

Major Organ Transplant: A Diagnosis, supported by clinical evidence of the Primary Insured's major organ(s) failure which requires the malfunctioning organ(s) or tissue of the Primary Insured to be replaced with an organ(s) or tissue from a suitable human donor (excluding the Primary Insured) under generally accepted medical procedures. The organs and tissues covered by this definition are limited to: liver, lung, entire heart, small intestine, pancreas or kidney. Major Organ Transplant does not include bone marrow transplant. Also, the Primary Insured must be registered by the United Network of Organ Sharing (UNOS) in order for the Major Organ Transplant to be a Covered Condition under this Policy. If the Primary Insured is determined to be too ill for a transplant, but otherwise meets the criteria for being registered by the UNOS, the registration requirement will be waived.

Skin Cancer: A Diagnosis of basal cell carcinoma or squamous cell carcinoma of the skin, experienced by the Primary Insured, which does not meet the definition of carcinoma in situ or invasive cancer. Melanoma is not covered as Skin Cancer under this Covered Condition. The Diagnosis of Skin Cancer must be pursuant to a Pathological Diagnosis or Clinical Diagnosis.

Stroke: A Diagnosis of an acute cerebrovascular accident experienced by the Primary Insured, producing neurological impairment, resulting in paralysis or other measurable objective neurological deficit persisting for at least 96 hours and expected to be permanent, and characterized as Score 3 or higher on the Modified Rankin Scale. Transient ischemic attack (mini-stroke), head injury, chronic cerebrovascular insufficiency and reversible

ischemic neurological deficits are excluded. The Diagnosis must be made by a Legally Qualified Physician board-certified as a neurologist.

Terminal Illness: A Diagnosis of an advanced or rapidly progressing incurable disabling terminal illness, as a result of which a Legally Qualified Physician certifies that the Primary Insured's life expectancy is no greater than 12 months.

3. Renewability

This policy is written on a guaranteed renewable basis and is renewable for life as long as premiums are paid and maximum benefits have not been exhausted.

4. Applicability

This filing is for a new product. There are no policies currently in force.

5. Morbidity

The morbidity assumptions for these forms were developed using the following sources.

Carcinoma In Situ

- SEER Cancer Statistics Review 1975-2008
- Medifocus Health, Bladder Cancer Statistics
- Cancer Prevention Institute of California: Cancer Incidence and Mortality in the Greater Bay Area
- SEER Cancer Statistics Review 1975-2006 – Area Adjustments
- http://www.in.gov/isdh/dataandstats/cancerinc/cancer90/chpt7_90.html (this link is no longer active)
- <http://www.healthcommunities.com/cervical-cancer/overview-of-cervical-cancer.shtml>

Coronary Angioplasty

- Thomson MedStat MarketScan® Research Database
- Heart Disease and Stroke Statistics – 2011 Update
- The Healthcare Effectiveness Data and Information Set (HEDIS)

End Stage Renal Failure (ESRD)

- 2011 USRDS Annual Data Report: A Incidence of Reported End-Stage Renal Disease (ESRD)

Heart Attack

- Morbidity & Mortality: 2002 Chart Book on Cardiovascular, Lung, and Blood Diseases
- Heart Disease and Stroke Statistics – 2011 Update

Invasive Cancer

- SEER Cancer Statistics Review 1975-2008
- New Malignancies Among Cancer Survivors: SEER Cancer Registries, 1973-2000
- Thin Melanomas: Predictive Lethal Characteristics From a 30-Year Clinical Experience
- Medifocus Health, Bladder Cancer Statistics
- Advanced Therapy of Prostate Disease

Major Heart Surgery

- Aortic Surgery
 - Adult Cardiac Surgery in New York State, 2002-2004
Pages 32-40
- Coronary Artery Bypass
 - Heart Disease and Stroke Statistics – 2011 Update
 - The Healthcare Effectiveness Data and Information Set (HEDIS)
- Heart Valve Replacement/Repair Surgery
 - Heart Disease and Stroke Statistics – 2007 Update
 - Health Plan Employer Data and Information Set (HEDIS)

Major Organ Transplant

- Milliman Research Report: 2011 US Organ and Tissue Transplant Cost Estimates and Discussion
- Milliman Research Report: 2002 Organ and Tissue Transplant Costs and Discussion

Skin Cancer

- SEER Cancer Statistics Review 1975-2008
- American Cancer Society: Skin Cancer: Basal and Squamous Cell
- Skin Cancer Foundation: Skin Cancer Facts
- Archives of Dermatology, Vol. 146 (No. 3), March 2010: Incidence Estimate of Nonmelanoma Skin Cancer in the United States

Stroke

- Incidence rates from Framingham Heart Study – 30 year follow-up
- Heart Disease and Stroke Statistics – 2011 Update
- CDC: Place of Death after Stroke - US 1999-2002

Terminal Illness

- CDC Hospice Care Discharges, February 2004

6. Mortality

The 79-81 US Life Table, ANB was assumed.

7. Persistency

The assumed lapse rates are:

Duration	Lapse
1	35%
2	30%
3	25%
4	20%
5	15%
6	10%

8. Expenses

The expense allowance (including profit and contingency margin) will not exceed 45%.

9. Marketing Method

This policy will be sold to existing and new customers over the internet.

10. Underwriting

This business will be sold on a simplified issue basis.

11. Premium Classes

Premium rates vary based on face amount, gender, tobacco status, and family tier (Individual/Individual & Child(ren), Individual & Spouse/Family). Exhibit 1 contains the monthly and weekly premium rates for these forms.

12. Issue Age Range

Issue age range varies from age 17 to age 75.

13. Area Factors

There were no specific area factor assumptions used in developing the rates for the benefits included in these forms.

14. Average Monthly Premium

The average monthly premium rate for this critical illness product is \$15.73 for a \$5,000 benefit amount with the \$250 skin cancer benefit.

15. Premium Modalization Rules

Rates will be billed according to the premium payment frequency as specified in the policy. This may include monthly, bi-weekly, weekly, etc. Rates will always be proportional meaning annual rates will be twelve times the monthly rate and semi-monthly rates will be one half times the monthly rate.

16. Claim Liability and Reserves

Claim reserves will be set using appropriate actuarial methodology. There are currently no claim reserves held since these are new forms.

17. Active Life Reserves

Active life reserves will be set using appropriate actuarial methodology. There are currently no active life reserves held since these are new forms.

18. Trend Assumptions

There were no trend assumptions used in developing the rates for the benefits included in these forms.

19. Minimum Loss Ratio

The minimum loss ratio for these forms is 55%.

20. Anticipated Loss Ratio

The anticipated loss ratio for this critical illness product is not to be less than the minimum loss ratio of 55%.

21. Experience - Past and Future

As this is a new policy, no historical experience is available.

22. Lifetime Loss Ratio

The projected lifetime loss ratio is the same as the anticipated loss ratio, and is not expected to fall below 55%.

23. History of Rate Adjustments

As these are new forms, there have been no rate adjustments.

24. Number of Policyholders

As these are new forms, there are no policyholders.

25. Proposed Effective Date

The rates are to become effective upon approval by your Department of Insurance. No policies will be sold until the forms and rates have been submitted and/or approved as required by your regulations.

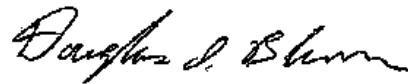
26. Actuarial Certification

I, Douglas I. Blum, am a Member of the American Academy of Actuaries and meet its qualification standards for preparing rate filings. I have written this actuarial memorandum to describe the rates intended to be used for the health benefits included in this product.

To the best of my knowledge and judgment, I certify that:

- (I) This rate filing is in compliance with the applicable laws of the State and with the rules of the Department of Insurance;
- (II) Complies with all applicable Actuarial Standards of Practice; and
- (III) The benefits provided are reasonable in relation to the proposed premiums. The premium schedule is not excessive, inadequate, or unfairly discriminatory.

Emerging experience should be carefully monitored relative to the assumptions and appropriate adjustments made to the premiums in a timely manner for new sales going forward.



Douglas I. Blum, FSA, MAAA
Fellow, Society of Actuaries
Member, American Academy of Actuaries
June, 2013

Colorado Bankers Life Insurance Company

The purpose of this document is to provide a response to items 3 and 4 of the District of Columbia's actuarial objection (repeated below) to Colorado Bankers Life Insurance Company's individual critical illness insurance policy form filing. This information may not be appropriate for other purposes

3. Please provide a detailed make-up of expenses as a percentage of premiums. Each expense item should be accounted for separately and total 100%. Expenses such as profit, claims, commission, e.g should be included.

A detailed make-up of expenses as a percentage of premiums is provided below.

Present Value of Premium Components

Component	Percent of Premium
Expenses	12.3%
Premium Tax	2.0%
Commissions	20.0%
Profit	9.6%
Total Expense and Profit	43.9%
Loss Ratio	56.1%
Total	100.0%

4. What interest rate assumptions, if any are being made? Please justify.

The interest rate utilized in the calculation of the lifetime anticipated loss ratio is 3.5%. This rate was chosen as it is the current valuation interest rate and a reasonable long term estimate of earnings over the projection period. The modeled investment earnings rate is 3.77% consistent with company earnings.

I, Ashlee M. Borcan, am a Consulting Actuary for Milliman, Inc. I am a Member of the American Academy of Actuaries and I meet the Qualification Standards of the American Academy of Actuaries to provide the actuarial information contained herein.



Ashlee Mouton Borcan, FSA, MAAA
Fellow, Society of Actuaries
Member, American Academy of Actuaries
August, 2013