

**State:** District of Columbia **Filing Company:** Ameritas Life Insurance Corp.  
**TOI/Sub-TOI:** H111 Individual Health - Disability Income/H111.004 Other  
**Product Name:** DI-4503NCBOE et al. - BOE Product (Rates)  
**Project Name/Number:** DI-4503NCBOE et al. - BOE Product (Rates)/DI-4503NCBOE et al. - BOE Product (Rates)

### Filing at a Glance

Company: Ameritas Life Insurance Corp.  
 Product Name: DI-4503NCBOE et al. - BOE Product (Rates)  
 State: District of Columbia  
 TOI: H111 Individual Health - Disability Income  
 Sub-TOI: H111.004 Other  
 Filing Type: Rate  
 Date Submitted: 07/24/2014  
 SERFF Tr Num: AMFA-129650235  
 SERFF Status: Assigned  
 State Tr Num:  
 State Status:  
 Co Tr Num: DI-4503NCBOE ET AL. - BOE PRODUCT (RATES)  
 Implementation: On Approval  
 Date Requested:  
 Author(s): Cindy Meyer, Joanne Friend, Bobbie Cramer  
 Reviewer(s): Darniece Shirley (primary), John Morgan  
 Disposition Date:  
 Disposition Status:  
 Implementation Date:  
 State Filing Description:

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**TOI/Sub-TOI:** H111 Individual Health - Disability Income/H111.004 Other  
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**Project Name/Number:** DI-4503NCBOE et al. - BOE Product (Rates)/DI-4503NCBOE et al. - BOE Product (Rates)

**General Information**

Project Name: DI-4503NCBOE et al. - BOE Product (Rates) Status of Filing in Domicile: Pending  
 Project Number: DI-4503NCBOE et al. - BOE Product (Rates) Date Approved in Domicile:  
 Requested Filing Mode: Review & Approval Domicile Status Comments:  
 Explanation for Combination/Other: Market Type: Individual  
 Submission Type: New Submission Individual Market Type:  
 Overall Rate Impact: Filing Status Changed: 07/31/2014  
 State Status Changed:  
 Deemer Date: Created By: Bobbie Cramer  
 Submitted By: Bobbie Cramer Corresponding Filing Tracking Number:

Filing Description:  
 Re:Ameritas Life Insurance Corp.NAIC No. 0943-61301FEIN No. 47-0098400

General Description of Submission: Individual Disability Business Overhead Expense Rates

Enclosed for your review and approval are the individual disability Business Overhead Expense rates for use with our new product which was submitted as a separate filing under SERFF Tracking # AMFA-129594876. Also included is the Actuarial Memorandum.

No part of this filing contains any unusual or possibly controversial items from normal company or industry standards.

The enclosed rates were filed concurrently to our domiciliary state of Nebraska. If you have any questions or comments regarding this filing, please refer them to me at 1-800-825-1551, extension 52329 or via email at: bcramer@Ameritas.com. Thank you for your consideration of this submission. Be assured it is appreciated.

Sincerely,

Bobbie Cramer  
 Senior Contract Analyst

**Company and Contact**

**Filing Contact Information**

Bobbie Cramer, Senior Contract Analyst bcramer@ameritas.com  
 1876 Waycross Road 800-825-1551 [Phone] 52329 [Ext]  
 P O Box 40888 513-595-2918 [FAX]  
 Cincinnati, OH 45240

**Filing Company Information**

Ameritas Life Insurance Corp. CoCode: 61301 State of Domicile: Nebraska  
 5900 O Street Group Code: 943 Company Type:  
 P O Box 81889 Group Name: State ID Number:  
 Lincoln, NE 68501-1889 FEIN Number: 47-0098400  
 (800) 756-1112 ext. [Phone]

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**State:** District of Columbia **Filing Company:** Ameritas Life Insurance Corp.  
**TOI/Sub-TOI:** H111 Individual Health - Disability Income/H111.004 Other  
**Product Name:** DI-4503NCBOE et al. - BOE Product (Rates)  
**Project Name/Number:** DI-4503NCBOE et al. - BOE Product (Rates)/DI-4503NCBOE et al. - BOE Product (Rates)

## Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

SERFF Tracking #:

AMFA-129650235

State Tracking #:

Company Tracking #:

DI-4503NCBOE ET AL. - BOE PRODUCT (RATES...

State:

District of Columbia

Filing Company:

Ameritas Life Insurance Corp.

TOI/Sub-TOI:

H111 Individual Health - Disability Income/H111.004 Other

Product Name:

DI-4503NCBOE et al. - BOE Product (Rates)

Project Name/Number:

DI-4503NCBOE et al. - BOE Product (Rates)/DI-4503NCBOE et al. - BOE Product (Rates)

### Rate Information

Rate data applies to filing.

Filing Method:

Electronic

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:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Ameritas Life Insurance Corp.	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

**SERFF Tracking #:**

AMFA-129650235

**State Tracking #:****Company Tracking #:**DI-4503NCBOE ET AL. - BOE PRODUCT  
(RATES...)**State:** District of Columbia**Filing Company:**

Ameritas Life Insurance Corp.

**TOI/Sub-TOI:** H111 Individual Health - Disability Income/H111.004 Other**Product Name:** DI-4503NCBOE et al. - BOE Product (Rates)**Project Name/Number:** DI-4503NCBOE et al. - BOE Product (Rates)/DI-4503NCBOE et al. - BOE Product (Rates)

## Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		BOE Male Rates	4503NCBOE	New		BOE Male Rates.pdf,
2		BOE Female Rates	4503NCBOE	New		BOE Female Rates.pdf,

NONCANCELABLE DISABILITY INCOME  
BUSINESS OVERHEAD EXPENSE  
Annual Premiums Per \$100 Monthly Benefit

Class: B6  
Gender: Male  
NonTobacco

BENEFIT PERIOD: 12 MONTHS

BENEFIT PERIOD: 18 MONTHS

BENEFIT PERIOD: 24 MONTHS

Issue Age	Elimination Period			Elimination Period			Elimination Period		
	30 Days	60 Days	90 Days	30 Days	60 Days	90 Days	30 Days	60 Days	90 Days
18	7.35	5.19	3.28	10.38	5.69	4.18	13.04	7.20	6.84
19	7.35	5.19	3.28	10.38	5.69	4.18	13.04	7.20	6.84
20	7.35	5.19	3.28	10.38	5.69	4.18	13.04	7.20	6.84
21	7.35	5.19	3.28	10.38	5.69	4.18	13.04	7.20	6.84
22	7.35	5.19	3.28	10.38	5.69	4.18	13.04	7.20	6.84
23	7.35	5.19	3.28	10.38	5.69	4.18	13.04	7.20	6.84
24	7.35	5.19	3.28	10.38	5.69	4.18	13.04	7.20	6.84
25	7.35	5.19	3.28	10.38	5.69	4.18	13.04	7.20	6.84
26	7.59	5.29	3.34	10.89	6.01	4.42	13.63	7.59	7.11
27	7.82	5.40	3.41	11.34	6.31	4.64	14.12	7.93	7.32
28	8.05	5.53	3.49	11.74	6.58	4.84	14.53	8.24	7.51
29	8.29	5.67	3.58	12.11	6.83	5.02	14.85	8.50	7.66
30	8.55	5.82	3.68	12.45	7.08	5.21	15.13	8.74	7.80
31	8.81	6.00	3.79	12.78	7.32	5.39	15.36	8.96	7.93
32	9.09	6.19	3.91	13.09	7.56	5.56	15.58	9.17	8.08
33	9.39	6.40	4.04	13.34	7.80	5.75	15.72	9.39	8.23
34	9.72	6.64	4.19	13.62	8.07	5.94	15.91	9.63	8.41
35	10.08	6.91	4.36	13.91	8.35	6.14	16.10	9.88	8.62
36	10.47	7.20	4.55	14.24	8.65	6.37	16.34	10.16	8.87
37	10.89	7.53	4.76	14.60	8.98	6.61	16.65	10.49	9.17
38	11.36	7.89	4.98	15.02	9.35	6.89	17.03	10.87	9.53
39	11.87	8.28	5.23	15.47	9.76	7.18	17.48	11.31	9.96
40	12.44	8.71	5.50	15.97	10.22	7.52	18.02	11.82	10.47
41	13.04	9.19	5.80	16.54	10.73	7.90	18.63	12.40	11.07
42	13.71	9.70	6.34	17.15	11.30	8.63	19.34	13.06	11.77
43	14.42	10.26	6.97	17.90	11.93	9.47	20.26	13.84	12.58
44	15.21	10.86	7.64	18.72	12.64	10.39	21.29	14.72	13.51
45	16.06	11.51	8.38	19.65	13.42	11.42	22.47	15.71	14.55
46	16.98	12.21	9.15	20.67	14.29	12.16	23.80	16.82	15.58
47	17.98	12.96	9.96	21.79	15.24	12.97	25.30	18.08	16.75
48	19.05	13.77	10.85	23.08	16.29	13.86	27.02	19.47	18.04
49	20.21	14.64	11.77	24.50	17.44	14.84	28.96	21.02	19.48
50	21.45	15.56	12.74	26.08	18.70	15.91	31.12	22.74	21.07
51	22.77	16.54	13.74	27.83	20.06	17.07	33.56	24.63	22.82
52	24.18	17.58	14.79	29.75	21.54	18.33	36.27	26.70	24.74
53	25.71	18.69	15.89	31.89	23.15	19.70	39.27	28.96	26.83
54	27.32	19.87	17.03	34.25	24.88	21.17	42.62	31.42	29.11
55	29.03	21.12	18.22	36.86	26.75	22.76	46.32	34.09	31.58
56	31.25	22.77	19.74	40.56	29.38	25.00	51.47	37.75	34.97
57	33.47	24.43	21.25	44.34	32.00	27.23	56.72	41.41	38.36
58	35.70	26.07	22.72	48.07	34.63	29.47	61.91	45.07	41.75
59	37.92	27.73	24.18	51.87	37.25	31.70	67.19	48.73	45.14
60	40.14	29.38	25.62	55.71	39.87	33.93	72.55	52.38	48.52
61	42.49	31.12	27.14	59.84	42.68	36.32	78.34	56.32	52.17
62	44.98	32.97	28.76	64.28	45.69	38.88	84.60	60.55	56.09
63	47.61	34.93	30.47	69.05	48.91	41.62	91.35	65.09	60.30
64	50.40	37.00	32.28	74.17	52.35	44.55	98.64	69.98	64.83

\$40 annual policy fee  
Add 25% for tobacco users

Class: B6  
Gender: Male  
NonTobacco

NONCANCELABLE DISABILITY INCOME  
BUSINESS OVERHEAD EXPENSE  
Annual Premiums Per \$100 Monthly Benefit  
Residual Rider

BENEFIT PERIOD: 12 MONTHS

BENEFIT PERIOD: 18 MONTHS

BENEFIT PERIOD: 24 MONTHS

Issue Age	Elimination Period			Elimination Period			Elimination Period		
	30 Days	60 Days	90 Days	30 Days	60 Days	90 Days	30 Days	60 Days	90 Days
18	0.82	0.58	0.36	1.83	1.00	0.74	2.30	1.27	1.21
19	0.82	0.58	0.36	1.83	1.00	0.74	2.30	1.27	1.21
20	0.82	0.58	0.36	1.83	1.00	0.74	2.30	1.27	1.21
21	0.82	0.58	0.36	1.83	1.00	0.74	2.30	1.27	1.21
22	0.82	0.58	0.36	1.83	1.00	0.74	2.30	1.27	1.21
23	0.82	0.58	0.36	1.83	1.00	0.74	2.30	1.27	1.21
24	0.82	0.58	0.36	1.83	1.00	0.74	2.30	1.27	1.21
25	0.82	0.58	0.36	1.83	1.00	0.74	2.30	1.27	1.21
26	0.84	0.59	0.37	1.92	1.06	0.78	2.41	1.34	1.25
27	0.87	0.60	0.38	2.00	1.11	0.82	2.49	1.40	1.29
28	0.89	0.61	0.39	2.07	1.16	0.85	2.56	1.45	1.33
29	0.92	0.63	0.40	2.14	1.21	0.89	2.62	1.50	1.35
30	0.95	0.65	0.41	2.20	1.25	0.92	2.67	1.54	1.38
31	0.98	0.67	0.42	2.26	1.29	0.95	2.71	1.58	1.40
32	1.01	0.69	0.43	2.31	1.33	0.98	2.75	1.62	1.43
33	1.04	0.71	0.45	2.35	1.38	1.01	2.77	1.66	1.45
34	1.08	0.74	0.47	2.40	1.42	1.05	2.81	1.70	1.48
35	1.12	0.77	0.48	2.45	1.47	1.08	2.84	1.74	1.52
36	1.16	0.80	0.51	2.51	1.53	1.12	2.88	1.79	1.57
37	1.21	0.84	0.53	2.58	1.58	1.17	2.94	1.85	1.62
38	1.26	0.88	0.55	2.65	1.65	1.22	3.01	1.92	1.68
39	1.32	0.92	0.58	2.73	1.72	1.27	3.08	2.00	1.76
40	1.38	0.97	0.61	2.82	1.80	1.33	3.18	2.09	1.85
41	1.45	1.02	0.64	2.92	1.89	1.39	3.29	2.19	1.95
42	1.52	1.08	0.70	3.03	1.99	1.52	3.41	2.30	2.08
43	1.60	1.14	0.77	3.16	2.11	1.67	3.58	2.44	2.22
44	1.69	1.21	0.85	3.30	2.23	1.83	3.76	2.60	2.38
45	1.78	1.28	0.93	3.47	2.37	2.02	3.97	2.77	2.57
46	1.89	1.36	1.02	3.65	2.52	2.15	4.20	2.97	2.75
47	2.00	1.44	1.11	3.85	2.69	2.29	4.46	3.19	2.96
48	2.12	1.53	1.21	4.07	2.87	2.45	4.77	3.44	3.18
49	2.25	1.63	1.31	4.32	3.08	2.62	5.11	3.71	3.44
50	2.38	1.73	1.42	4.60	3.30	2.81	5.49	4.01	3.72
51	2.53	1.84	1.53	4.91	3.54	3.01	5.92	4.35	4.03
52	2.69	1.95	1.64	5.25	3.80	3.23	6.40	4.71	4.37
53	2.86	2.08	1.77	5.63	4.09	3.48	6.93	5.11	4.73
54	3.04	2.21	1.89	6.04	4.39	3.74	7.52	5.54	5.14
55	3.23	2.35	2.02	6.50	4.72	4.02	8.17	6.02	5.57
56	3.47	2.53	2.19	7.16	5.18	4.41	9.08	6.66	6.17
57	3.72	2.71	2.36	7.82	5.65	4.81	10.01	7.31	6.77
58	3.97	2.90	2.52	8.48	6.11	5.20	10.93	7.95	7.37
59	4.21	3.08	2.69	9.15	6.57	5.59	11.86	8.60	7.97
60	4.46	3.26	2.85	9.83	7.04	5.99	12.80	9.24	8.56
61	4.72	3.46	3.02	10.56	7.53	6.41	13.82	9.94	9.21
62	5.00	3.66	3.20	11.34	8.06	6.86	14.93	10.69	9.90
63	5.29	3.88	3.39	12.19	8.63	7.34	16.12	11.49	10.64
64	5.60	4.11	3.59	13.09	9.24	7.86	17.41	12.35	11.44

Add 25% for tobacco users

AMERITAS LIFE  
FORM ASSE

NONCANCELABLE DISABILITY INCOME  
BUSINESS OVERHEAD EXPENSE  
Annual Premiums Per \$100 Monthly Benefit  
SUBSTITUTE SALARY EXPENSE RIDER

Class: B6  
Gender: Male  
NonTobacco

BENEFIT PERIOD: 6 MONTHS

Issue Age	Elimination Period		
	30 Days	60 Days	90 Days
18	1.44	0.92	0.53
19	1.44	0.92	0.53
20	1.44	0.92	0.53
21	1.44	0.92	0.53
22	1.44	0.92	0.53
23	1.44	0.92	0.53
24	1.44	0.92	0.53
25	1.44	0.92	0.53
26	1.50	0.95	0.55
27	1.56	0.97	0.56
28	1.62	1.01	0.58
29	1.67	1.04	0.60
30	1.74	1.07	0.63
31	1.79	1.12	0.65
32	1.86	1.16	0.69
33	1.93	1.22	0.72
34	2.00	1.28	0.76
35	2.08	1.33	0.80
36	2.17	1.41	0.85
37	2.27	1.49	0.91
38	2.39	1.58	0.97
39	2.51	1.68	1.04
40	2.67	1.79	1.11
41	2.83	1.93	1.18
42	3.02	2.06	1.31
43	3.23	2.21	1.47
44	3.47	2.39	1.63
45	3.74	2.57	1.82
46	4.04	2.77	2.01
47	4.38	2.99	2.22
48	4.75	3.23	2.44
49	5.17	3.50	2.67
50	5.62	3.79	2.92
51	6.13	4.09	3.18
52	6.68	4.42	3.45
53	7.29	4.77	3.74
54	7.96	5.16	4.03
55	8.68	5.56	4.35
56	9.58	6.09	4.74
57	10.54	6.63	5.14
58	11.53	7.17	5.53
59	12.55	7.74	5.91
60	13.61	8.31	6.29
61	14.41	8.81	6.67
62	15.25	9.33	7.06
63	16.14	9.88	7.48
64	17.09	10.47	7.93

Add 25% for tobacco users



NONCANCELABLE DISABILITY INCOME  
BUSINESS OVERHEAD EXPENSE  
Annual Premiums Per \$100 Monthly Benefit  
Business Loan Repayment Rider

Class: B6  
Gender: Male  
Elimination period: 30 days  
NonTobacco

Issue Age	Loan Duration at date of Rider Issue (Years)									
	3	4	5	6	7	8	9	10	15	
18	6.04	6.64	7.10	7.49	7.83	8.14	8.42	8.69	9.78	
19	6.04	6.64	7.10	7.49	7.83	8.14	8.42	8.69	9.78	
20	6.04	6.64	7.10	7.49	7.83	8.14	8.42	8.69	9.78	
21	6.04	6.64	7.10	7.49	7.83	8.14	8.42	8.69	9.78	
22	6.04	6.64	7.10	7.49	7.83	8.14	8.42	8.69	9.78	
23	6.04	6.64	7.10	7.49	7.83	8.14	8.42	8.69	9.78	
24	6.04	6.64	7.10	7.49	7.83	8.14	8.42	8.69	9.78	
25	6.04	6.64	7.10	7.49	7.83	8.14	8.42	8.69	9.78	
26	6.05	6.65	7.15	7.57	7.94	8.28	8.58	8.87	10.06	
27	6.06	6.68	7.21	7.66	8.06	8.42	8.75	9.06	10.34	
28	6.07	6.72	7.28	7.77	8.20	8.58	8.93	9.26	10.63	
29	6.08	6.80	7.39	7.91	8.36	8.77	9.14	9.49	10.95	
30	6.15	6.90	7.52	8.07	8.55	8.99	9.39	9.76	11.32	
31	6.26	7.04	7.70	8.28	8.79	9.26	9.69	10.08	11.74	
32	6.40	7.22	7.92	8.54	9.08	9.58	10.04	10.47	12.24	
33	6.58	7.45	8.19	8.85	9.43	9.97	10.47	10.92	12.82	
34	6.80	7.73	8.52	9.22	9.85	10.43	10.97	11.46	13.50	
35	7.07	8.06	8.91	9.67	10.35	10.98	11.56	12.10	14.30	
36	7.39	8.45	9.37	10.20	10.93	11.62	12.25	12.84	15.23	
37	7.76	8.92	9.91	10.81	11.61	12.36	13.06	13.70	16.30	
38	8.19	9.45	10.54	11.51	12.40	13.22	13.98	14.69	17.53	
39	8.69	10.05	11.25	12.32	13.30	14.20	15.04	15.82	18.94	
40	9.24	10.74	12.06	13.24	14.31	15.31	16.24	17.11	20.53	
41	9.87	11.52	12.97	14.27	15.46	16.57	17.59	18.55	22.33	
42	10.56	12.38	13.99	15.43	16.75	17.98	19.11	20.17	24.34	
43	11.34	13.35	15.12	16.72	18.19	19.55	20.80	21.97	26.58	
44	12.19	14.41	16.38	18.15	19.78	21.29	22.68	23.97	29.07	
45	13.12	15.58	17.76	19.73	21.54	23.21	24.75	26.18	31.82	
46	14.14	16.86	19.28	21.46	23.47	25.32	27.03	28.61	35.25	
47	15.25	18.26	20.94	23.36	25.59	27.64	29.52	31.26	38.67	
48	16.45	19.78	22.74	25.43	27.90	30.16	32.24	34.16	42.10	
49	17.75	21.42	24.70	27.67	30.40	32.91	35.20	37.31	45.52	
50	19.16	23.20	26.82	30.11	33.12	35.88	38.41	40.72	48.95	
51	20.66	25.11	29.10	32.73	36.06	39.09	41.87	44.41		
52	22.28	27.17	31.56	35.56	39.22	42.56	45.61	48.38		
53	24.00	29.37	34.20	38.59	42.61	46.28	49.62	52.65		
54	25.84	31.72	37.02	41.84	46.26	50.27	53.93	57.23		
55	27.80	34.23	40.03	45.32	50.15	54.54	58.53	62.13		
56	30.67	37.91	44.43	50.30	55.66	60.53	63.92			
57	33.54	41.59	48.84	55.29	61.18	65.08				
58	36.42	45.26	53.24	60.27	65.38					
59	39.29	48.94	57.65	64.50						
60	42.16	52.62	62.05							

Add 25% for tobacco users

NONCANCELABLE DISABILITY INCOME  
BUSINESS OVERHEAD EXPENSE  
Annual Premiums Per \$100 Monthly Benefit  
Business Loan Repayment Rider

Class: B6  
Gender: Male  
Elimination period: 60 days  
NonTobacco

Issue Age	Loan Duration at date of Rider Issue (Years)									
	3	4	5	6	7	8	9	10	15	
18	3.61	3.97	4.24	4.48	4.68	4.86	5.04	5.19	5.85	
19	3.61	3.97	4.24	4.48	4.68	4.86	5.04	5.19	5.85	
20	3.61	3.97	4.24	4.48	4.68	4.86	5.04	5.19	5.85	
21	3.61	3.97	4.24	4.48	4.68	4.86	5.04	5.19	5.85	
22	3.61	3.97	4.24	4.48	4.68	4.86	5.04	5.19	5.85	
23	3.61	3.97	4.24	4.48	4.68	4.86	5.04	5.19	5.85	
24	3.61	3.97	4.24	4.48	4.68	4.86	5.04	5.19	5.85	
25	3.61	3.97	4.24	4.48	4.68	4.86	5.04	5.19	5.85	
26	3.62	4.00	4.30	4.56	4.78	4.98	5.17	5.33	6.06	
27	3.65	4.06	4.37	4.65	4.90	5.11	5.31	5.49	6.28	
28	3.70	4.13	4.47	4.77	5.03	5.27	5.48	5.67	6.52	
29	3.77	4.22	4.59	4.91	5.19	5.45	5.67	5.89	6.80	
30	3.87	4.35	4.74	5.08	5.38	5.66	5.91	6.14	7.12	
31	3.99	4.50	4.92	5.29	5.62	5.91	6.18	6.43	7.49	
32	4.15	4.69	5.14	5.53	5.89	6.22	6.51	6.78	7.93	
33	4.34	4.92	5.40	5.83	6.22	6.58	6.90	7.20	8.45	
34	4.56	5.19	5.72	6.18	6.61	7.00	7.35	7.68	9.05	
35	4.82	5.50	6.08	6.59	7.06	7.49	7.88	8.25	9.75	
36	5.12	5.86	6.50	7.06	7.58	8.06	8.49	8.90	10.56	
37	5.46	6.28	6.98	7.61	8.18	8.71	9.20	9.65	11.48	
38	5.85	6.75	7.53	8.22	8.86	9.45	10.00	10.51	12.54	
39	6.29	7.29	8.15	8.92	9.64	10.29	10.90	11.47	13.73	
40	6.78	7.89	8.85	9.71	10.51	11.24	11.92	12.56	15.07	
41	7.32	8.55	9.62	10.59	11.48	12.30	13.06	13.77	16.58	
42	7.91	9.28	10.48	11.56	12.56	13.48	14.33	15.12	18.25	
43	8.57	10.09	11.43	12.64	13.76	14.78	15.74	16.62	20.11	
44	9.28	10.98	12.48	13.83	15.07	16.22	17.29	18.27	22.16	
45	10.06	11.95	13.62	15.13	16.52	17.80	18.99	20.08	24.41	
46	10.90	13.00	14.87	16.55	18.10	19.53	20.85	22.06	27.27	
47	11.81	14.15	16.22	18.10	19.82	21.41	22.88	24.22	30.14	
48	12.80	15.38	17.69	19.78	21.69	23.45	25.08	26.56	33.00	
49	13.85	16.71	19.27	21.59	23.72	25.67	27.47	29.10	35.87	
50	14.98	18.15	20.97	23.55	25.90	28.06	30.04	31.84	38.73	
51	16.19	19.68	22.81	25.65	28.25	30.63	32.81	34.79		
52	17.48	21.32	24.77	27.91	30.77	33.39	35.79	37.96		
53	18.85	23.07	26.87	30.32	33.47	36.36	38.98	41.36		
54	20.31	24.94	29.11	32.90	36.36	39.52	42.39	44.99		
55	21.86	26.92	31.49	35.65	39.44	42.90	46.03	48.87		
56	23.90	29.53	34.62	39.19	43.36	47.16	49.97			
57	25.93	32.15	37.75	42.73	47.28	50.49				
58	27.97	34.76	40.89	46.28	50.43					
59	30.00	37.38	44.02	49.40						
60	32.04	39.99	47.15							

Add 25% for tobacco users

NONCANCELABLE DISABILITY INCOME  
BUSINESS OVERHEAD EXPENSE  
Annual Premiums Per \$100 Monthly Benefit  
Business Loan Repayment Rider

Class: B6  
Gender: Male  
Elimination period: 90 days  
NonTobacco

Issue Age	Loan Duration at date of Rider Issue (Years)									
	3	4	5	6	7	8	9	10	15	
18	1.96	2.24	2.48	2.69	2.88	3.04	3.20	3.34	3.93	
19	1.96	2.24	2.48	2.69	2.88	3.04	3.20	3.34	3.93	
20	1.96	2.24	2.48	2.69	2.88	3.04	3.20	3.34	3.93	
21	1.96	2.24	2.48	2.69	2.88	3.04	3.20	3.34	3.93	
22	1.96	2.24	2.48	2.69	2.88	3.04	3.20	3.34	3.93	
23	1.96	2.24	2.48	2.69	2.88	3.04	3.20	3.34	3.93	
24	1.96	2.24	2.48	2.69	2.88	3.04	3.20	3.34	3.93	
25	1.96	2.24	2.48	2.69	2.88	3.04	3.20	3.34	3.93	
26	2.01	2.32	2.59	2.83	3.04	3.22	3.40	3.55	4.22	
27	2.04	2.37	2.66	2.92	3.15	3.35	3.53	3.70	4.42	
28	2.05	2.40	2.70	2.97	3.21	3.43	3.62	3.80	4.56	
29	2.05	2.41	2.73	3.00	3.25	3.48	3.67	3.86	4.65	
30	2.05	2.42	2.74	3.02	3.27	3.50	3.71	3.90	4.71	
31	2.06	2.42	2.74	3.03	3.29	3.52	3.73	3.93	4.75	
32	2.07	2.42	2.75	3.05	3.31	3.55	3.76	3.96	4.80	
33	2.08	2.44	2.78	3.08	3.34	3.59	3.81	4.02	4.88	
34	2.08	2.48	2.82	3.13	3.41	3.66	3.89	4.11	5.00	
35	2.12	2.54	2.90	3.22	3.51	3.78	4.02	4.25	5.18	
36	2.19	2.63	3.01	3.35	3.66	3.95	4.21	4.45	5.44	
37	2.29	2.77	3.18	3.54	3.88	4.19	4.47	4.74	5.80	
38	2.42	2.94	3.39	3.79	4.16	4.50	4.82	5.11	6.28	
39	2.60	3.18	3.68	4.12	4.53	4.91	5.26	5.60	6.89	
40	2.82	3.47	4.03	4.53	5.00	5.43	5.82	6.20	7.66	
41	3.09	3.82	4.46	5.04	5.57	6.06	6.51	6.94	8.60	
42	3.42	4.25	4.99	5.65	6.26	6.82	7.34	7.83	9.73	
43	3.80	4.76	5.61	6.37	7.07	7.72	8.32	8.88	11.07	
44	4.26	5.36	6.34	7.22	8.03	8.78	9.47	10.11	12.64	
45	4.78	6.05	7.18	8.20	9.14	10.00	10.80	11.54	14.46	
46	5.38	6.84	8.15	9.33	10.41	11.40	12.32	13.17	16.94	
47	6.06	7.74	9.24	10.60	11.86	13.00	14.06	15.03	19.42	
48	6.82	8.75	10.48	12.05	13.48	14.80	16.01	17.12	21.90	
49	7.68	9.89	11.87	13.66	15.31	16.81	18.20	19.46	24.38	
50	8.64	11.15	13.41	15.46	17.34	19.06	20.63	22.07	26.86	
51	9.69	12.55	15.12	17.45	19.59	21.54	23.33	24.95		
52	10.85	14.09	17.00	19.65	22.08	24.28	26.30	28.13		
53	12.12	15.77	19.06	22.06	24.80	27.29	29.56	31.62		
54	13.51	17.62	21.32	24.69	27.77	30.57	33.12	35.43		
55	15.02	19.62	23.77	27.56	31.01	34.15	37.00	39.58		
56	17.31	22.68	27.52	31.91	35.90	39.54	41.68			
57	19.60	25.73	31.26	36.25	40.78	43.28				
58	21.89	28.79	35.01	40.60	44.17					
59	24.18	31.84	38.75	44.04						
60	26.47	34.90	42.50							

Add 25% for tobacco users

NONCANCELABLE DISABILITY INCOME  
BUSINESS OVERHEAD EXPENSE  
Annual Premiums Per \$100 Monthly Benefit  
Business Loan Repayment Rider

Class: B6  
Gender: Male  
Elimination period: 180 days  
NonTobacco

Issue Age	Loan Duration at date of Rider Issue (Years)									
	3	4	5	6	7	8	9	10	15	
18	1.37	1.67	1.92	2.12	2.31	2.48	2.63	2.77	3.36	
19	1.37	1.67	1.92	2.12	2.31	2.48	2.63	2.77	3.36	
20	1.37	1.67	1.92	2.12	2.31	2.48	2.63	2.77	3.36	
21	1.37	1.67	1.92	2.12	2.31	2.48	2.63	2.77	3.36	
22	1.37	1.67	1.92	2.12	2.31	2.48	2.63	2.77	3.36	
23	1.37	1.67	1.92	2.12	2.31	2.48	2.63	2.77	3.36	
24	1.37	1.67	1.92	2.12	2.31	2.48	2.63	2.77	3.36	
25	1.37	1.67	1.92	2.12	2.31	2.48	2.63	2.77	3.36	
26	1.41	1.74	2.01	2.24	2.45	2.64	2.81	2.97	3.64	
27	1.43	1.78	2.07	2.32	2.55	2.76	2.94	3.11	3.83	
28	1.44	1.80	2.11	2.37	2.61	2.83	3.02	3.20	3.97	
29	1.44	1.81	2.13	2.40	2.65	2.87	3.07	3.26	4.05	
30	1.44	1.81	2.14	2.42	2.67	2.89	3.10	3.29	4.11	
31	1.43	1.81	2.14	2.43	2.68	2.91	3.13	3.32	4.15	
32	1.43	1.82	2.15	2.44	2.70	2.93	3.15	3.35	4.20	
33	1.44	1.83	2.17	2.46	2.73	2.97	3.20	3.41	4.27	
34	1.46	1.86	2.21	2.51	2.79	3.04	3.27	3.49	4.38	
35	1.49	1.91	2.27	2.59	2.88	3.14	3.39	3.62	4.55	
36	1.54	1.99	2.37	2.71	3.02	3.29	3.56	3.81	4.79	
37	1.62	2.10	2.51	2.87	3.21	3.51	3.80	4.07	5.13	
38	1.72	2.24	2.69	3.09	3.46	3.79	4.11	4.41	5.58	
39	1.86	2.43	2.93	3.38	3.79	4.16	4.52	4.85	6.15	
40	2.03	2.67	3.24	3.74	4.21	4.63	5.03	5.41	6.87	
41	2.24	2.97	3.61	4.19	4.72	5.20	5.66	6.09	7.75	
42	2.49	3.33	4.06	4.72	5.33	5.89	6.41	6.90	8.80	
43	2.79	3.75	4.60	5.36	6.06	6.70	7.31	7.87	10.06	
44	3.14	4.25	5.22	6.11	6.92	7.66	8.36	9.00	11.53	
45	3.55	4.82	5.95	6.97	7.91	8.77	9.57	10.31	13.23	
46	4.02	5.48	6.78	7.96	9.05	10.04	10.96	11.81	15.54	
47	4.54	6.23	7.73	9.09	10.34	11.49	12.54	13.51	17.86	
48	5.14	7.07	8.80	10.36	11.80	13.12	14.33	15.44	20.17	
49	5.81	8.01	9.99	11.79	13.44	14.94	16.32	17.59	22.49	
50	6.55	9.06	11.32	13.38	15.26	16.98	18.55	19.99	24.80	
51	7.37	10.23	12.80	15.14	17.27	19.23	21.01	22.64		
52	8.27	11.51	14.42	17.07	19.50	21.71	23.73	25.56		
53	9.26	12.91	16.20	19.20	21.94	24.44	26.71	28.77		
54	10.34	14.45	18.15	21.53	24.61	27.42	29.97	32.28		
55	11.52	16.12	20.27	24.06	27.51	30.66	33.51	36.09		
56	13.33	18.69	23.53	27.93	31.93	35.59	37.79			
57	15.14	21.27	26.80	31.81	36.37	38.96				
58	16.94	23.84	30.06	35.68	39.37					
59	18.75	26.42	33.33	38.71						
60	20.56	28.99	36.59							

Add 25% for tobacco users

NONCANCELABLE DISABILITY INCOME  
BUSINESS OVERHEAD EXPENSE  
Annual Premiums Per \$100 Monthly Benefit  
Business Loan Repayment Rider

Class: B6  
Gender: Male  
Elimination period: 365 days  
NonTobacco

Issue Age	Loan Duration at date of Rider Issue (Years)									
	3	4	5	6	7	8	9	10	15	
18	0.78	1.10	1.35	1.55	1.74	1.91	2.06	2.20	2.79	
19	0.78	1.10	1.35	1.55	1.74	1.91	2.06	2.20	2.79	
20	0.78	1.10	1.35	1.55	1.74	1.91	2.06	2.20	2.79	
21	0.78	1.10	1.35	1.55	1.74	1.91	2.06	2.20	2.79	
22	0.78	1.10	1.35	1.55	1.74	1.91	2.06	2.20	2.79	
23	0.78	1.10	1.35	1.55	1.74	1.91	2.06	2.20	2.79	
24	0.78	1.10	1.35	1.55	1.74	1.91	2.06	2.20	2.79	
25	0.78	1.10	1.35	1.55	1.74	1.91	2.06	2.20	2.79	
26	0.80	1.15	1.43	1.66	1.87	2.06	2.23	2.38	3.05	
27	0.82	1.18	1.48	1.73	1.96	2.16	2.34	2.51	3.24	
28	0.82	1.20	1.51	1.77	2.01	2.22	2.42	2.59	3.36	
29	0.82	1.20	1.52	1.79	2.04	2.26	2.46	2.65	3.44	
30	0.82	1.20	1.53	1.80	2.06	2.28	2.49	2.68	3.50	
31	0.81	1.20	1.53	1.81	2.07	2.30	2.51	2.71	3.54	
32	0.81	1.20	1.53	1.82	2.09	2.32	2.54	2.74	3.58	
33	0.81	1.21	1.55	1.84	2.11	2.35	2.58	2.79	3.65	
34	0.83	1.23	1.58	1.88	2.16	2.41	2.64	2.86	3.75	
35	0.85	1.27	1.63	1.95	2.24	2.50	2.75	2.98	3.91	
36	0.89	1.33	1.71	2.05	2.36	2.64	2.90	3.15	4.14	
37	0.94	1.42	1.82	2.19	2.52	2.83	3.12	3.39	4.45	
38	1.02	1.53	1.98	2.38	2.75	3.08	3.40	3.70	4.86	
39	1.11	1.68	2.18	2.63	3.04	3.41	3.77	4.10	5.40	
40	1.23	1.88	2.43	2.94	3.40	3.83	4.23	4.61	6.07	
41	1.38	2.11	2.75	3.33	3.85	4.34	4.80	5.23	6.89	
42	1.56	2.40	3.12	3.79	4.39	4.96	5.48	5.97	7.87	
43	1.78	2.74	3.57	4.34	5.04	5.69	6.29	6.85	9.04	
44	2.03	3.13	4.10	4.99	5.79	6.55	7.24	7.89	10.41	
45	2.32	3.59	4.71	5.74	6.67	7.54	8.34	9.08	12.00	
46	2.65	4.12	5.41	6.60	7.67	8.68	9.60	10.45	14.15	
47	3.03	4.71	6.21	7.58	8.82	9.97	11.03	12.00	16.30	
48	3.46	5.39	7.10	8.68	10.11	11.43	12.64	13.75	18.44	
49	3.93	6.14	8.11	9.92	11.55	13.07	14.45	15.72	20.59	
50	4.46	6.98	9.23	11.29	13.17	14.89	16.47	17.90	22.74	
51	5.05	7.91	10.47	12.82	14.95	16.91	18.70	20.32		
52	5.70	8.94	11.84	14.50	16.92	19.14	21.16	22.99		
53	6.41	10.06	13.34	16.35	19.08	21.58	23.85	25.91		
54	7.18	11.29	14.98	18.36	21.44	24.25	26.80	29.11		
55	8.02	12.62	16.77	20.56	24.01	27.16	30.01	32.59		
56	9.34	14.71	19.55	23.97	27.99	31.66	33.90			
57	10.67	16.80	22.33	27.38	31.97	34.64				
58	11.99	18.89	25.11	30.79	34.57					
59	13.32	20.98	27.89	33.38						
60	14.64	23.07	30.67							

Add 25% for tobacco users

AMERITAS LIFE  
FORM: 4503NCBOE

Class: B6  
Gender: Male  
NonTobacco

Conditionally Renewable Disability Income  
Annual Premiums Per \$100 Monthly Benefit  
Ages 65+

Benefit Period: 24 Months			
	Elimination Period		
Occ Class	30 Days	60 Days	90 Days
B6	\$ 157.98	\$ 104.81	\$ 82.90
B5	\$ 184.84	\$ 122.63	\$ 96.99
Benefit Period: 12 Months			
	Elimination Period		
Occ Class	30 Days	60 Days	90 Days
B6	\$ 107.67	\$ 73.72	\$ 43.38
B5	\$ 125.97	\$ 86.25	\$ 50.75

\$40 annual policy fee  
Add 25% for tobacco users

NONCANCELABLE DISABILITY INCOME  
BUSINESS OVERHEAD EXPENSE  
Annual Premiums Per \$100 Monthly Benefit

Class: B5  
Gender: Male  
NonTobacco

Issue Age	Benefit Period: 12 Months			Benefit Period: 18 Months			Benefit Period: 24 Months		
	Elimination Period			Elimination Period			Elimination Period		
	30 Days	60 Days	90 Days	30 Days	60 Days	90 Days	30 Days	60 Days	90 Days
18	8.60	6.07	3.84	12.14	6.66	4.89	15.26	8.42	8.00
19	8.60	6.07	3.84	12.14	6.66	4.89	15.26	8.42	8.00
20	8.60	6.07	3.84	12.14	6.66	4.89	15.26	8.42	8.00
21	8.60	6.07	3.84	12.14	6.66	4.89	15.26	8.42	8.00
22	8.60	6.07	3.84	12.14	6.66	4.89	15.26	8.42	8.00
23	8.60	6.07	3.84	12.14	6.66	4.89	15.26	8.42	8.00
24	8.60	6.07	3.84	12.14	6.66	4.89	15.26	8.42	8.00
25	8.60	6.07	3.84	12.14	6.66	4.89	15.26	8.42	8.00
26	8.88	6.19	3.91	12.74	7.03	5.17	15.95	8.88	8.32
27	9.15	6.32	3.99	13.27	7.38	5.43	16.52	9.28	8.56
28	9.42	6.47	4.08	13.74	7.70	5.66	17.00	9.64	8.79
29	9.70	6.63	4.19	14.17	7.99	5.87	17.37	9.95	8.96
30	10.00	6.81	4.31	14.57	8.28	6.10	17.70	10.23	9.13
31	10.31	7.02	4.43	14.95	8.56	6.31	17.97	10.48	9.28
32	10.64	7.24	4.57	15.32	8.85	6.51	18.23	10.73	9.45
33	10.99	7.49	4.73	15.61	9.13	6.73	18.39	10.99	9.63
34	11.37	7.77	4.90	15.94	9.44	6.95	18.61	11.27	9.84
35	11.79	8.08	5.10	16.27	9.77	7.18	18.84	11.56	10.09
36	12.25	8.42	5.32	16.66	10.12	7.45	19.12	11.89	10.38
37	12.74	8.81	5.57	17.08	10.51	7.73	19.48	12.27	10.73
38	13.29	9.23	5.83	17.57	10.94	8.06	19.93	12.72	11.15
39	13.89	9.69	6.12	18.10	11.42	8.40	20.45	13.23	11.65
40	14.55	10.19	6.44	18.68	11.96	8.80	21.08	13.83	12.25
41	15.26	10.75	6.79	19.35	12.55	9.24	21.80	14.51	12.95
42	16.04	11.35	7.42	20.07	13.22	10.10	22.63	15.28	13.77
43	16.87	12.00	8.15	20.94	13.96	11.08	23.70	16.19	14.72
44	17.80	12.71	8.94	21.90	14.79	12.16	24.91	17.22	15.81
45	18.79	13.47	9.80	22.99	15.70	13.36	26.29	18.38	17.02
46	19.87	14.29	10.71	24.18	16.72	14.23	27.85	19.68	18.22
47	21.04	15.16	11.65	25.49	17.83	15.18	29.60	21.15	19.59
48	22.29	16.11	12.69	27.00	19.06	16.22	31.61	22.78	21.10
49	23.65	17.13	13.77	28.67	20.40	17.37	33.88	24.59	22.78
50	25.10	18.21	14.91	30.51	21.88	18.62	36.41	26.61	24.64
51	26.64	19.35	16.08	32.56	23.47	19.98	39.27	28.82	26.69
52	28.29	20.57	17.30	34.81	25.20	21.45	42.44	31.24	28.94
53	30.08	21.87	18.59	37.31	27.09	23.05	45.95	33.88	31.38
54	31.96	23.25	19.93	40.07	29.11	24.77	49.87	36.76	34.05
55	33.97	24.71	21.32	43.13	31.30	26.63	54.19	39.89	36.94
56	36.56	26.64	23.10	47.46	34.37	29.25	60.22	44.17	40.91
57	39.16	28.58	24.86	51.88	37.44	31.86	66.36	48.45	44.88
58	41.77	30.50	26.58	56.24	40.52	34.48	72.43	52.73	48.85
59	44.37	32.44	28.29	60.69	43.58	37.09	78.61	57.01	52.82
60	46.96	34.37	29.98	65.18	46.65	39.70	84.88	61.28	56.78
61	49.71	36.41	31.75	70.01	49.94	42.50	91.66	65.89	61.05
62	52.63	38.57	33.65	75.21	53.46	45.50	98.98	70.84	65.64
63	55.70	40.87	35.65	80.79	57.22	48.71	106.88	76.16	70.57
64	58.97	43.29	37.77	86.78	61.25	52.14	115.41	81.88	75.87

\$40 annual policy fee  
Add 25% for tobacco users

Class: B5  
Gender: Male  
NonTobacco

NONCANCELABLE DISABILITY INCOME  
BUSINESS OVERHEAD EXPENSE  
Annual Premiums Per \$100 Monthly Benefit  
Residual Rider

**BENEFIT PERIOD: 12 MONTHS**

**BENEFIT PERIOD: 18 MONTHS**

**BENEFIT PERIOD: 24 MONTHS**

Issue Age	Elimination Period			Elimination Period			Elimination Period		
	30 Days	60 Days	90 Days	30 Days	60 Days	90 Days	30 Days	60 Days	90 Days
18	0.96	0.67	0.43	2.14	1.18	0.86	2.69	1.49	1.41
19	0.96	0.67	0.43	2.14	1.18	0.86	2.69	1.49	1.41
20	0.96	0.67	0.43	2.14	1.18	0.86	2.69	1.49	1.41
21	0.96	0.67	0.43	2.14	1.18	0.86	2.69	1.49	1.41
22	0.96	0.67	0.43	2.14	1.18	0.86	2.69	1.49	1.41
23	0.96	0.67	0.43	2.14	1.18	0.86	2.69	1.49	1.41
24	0.96	0.67	0.43	2.14	1.18	0.86	2.69	1.49	1.41
25	0.96	0.67	0.43	2.14	1.18	0.86	2.69	1.49	1.41
26	0.99	0.69	0.43	2.25	1.24	0.91	2.81	1.57	1.47
27	1.02	0.70	0.44	2.34	1.30	0.96	2.92	1.64	1.51
28	1.05	0.72	0.45	2.42	1.36	1.00	3.00	1.70	1.55
29	1.08	0.74	0.47	2.50	1.41	1.04	3.07	1.76	1.58
30	1.11	0.76	0.48	2.57	1.46	1.08	3.12	1.81	1.61
31	1.15	0.78	0.49	2.64	1.51	1.11	3.17	1.85	1.64
32	1.18	0.80	0.51	2.70	1.56	1.15	3.22	1.89	1.67
33	1.22	0.83	0.53	2.75	1.61	1.19	3.25	1.94	1.70
34	1.26	0.86	0.54	2.81	1.67	1.23	3.28	1.99	1.74
35	1.31	0.90	0.57	2.87	1.72	1.27	3.32	2.04	1.78
36	1.36	0.94	0.59	2.94	1.79	1.31	3.37	2.10	1.83
37	1.42	0.98	0.62	3.01	1.85	1.36	3.44	2.17	1.89
38	1.48	1.03	0.65	3.10	1.93	1.42	3.52	2.24	1.97
39	1.54	1.08	0.68	3.19	2.02	1.48	3.61	2.33	2.06
40	1.62	1.13	0.72	3.30	2.11	1.55	3.72	2.44	2.16
41	1.70	1.19	0.75	3.41	2.21	1.63	3.85	2.56	2.29
42	1.78	1.26	0.82	3.54	2.33	1.78	3.99	2.70	2.43
43	1.87	1.33	0.91	3.70	2.46	1.96	4.18	2.86	2.60
44	1.98	1.41	0.99	3.86	2.61	2.15	4.40	3.04	2.79
45	2.09	1.50	1.09	4.06	2.77	2.36	4.64	3.24	3.00
46	2.21	1.59	1.19	4.27	2.95	2.51	4.91	3.47	3.21
47	2.34	1.68	1.29	4.50	3.15	2.67	5.22	3.73	3.46
48	2.48	1.79	1.41	4.76	3.36	2.86	5.58	4.02	3.72
49	2.63	1.90	1.53	5.06	3.60	3.06	5.98	4.34	4.02
50	2.79	2.02	1.66	5.38	3.86	3.28	6.43	4.70	4.35
51	2.96	2.15	1.79	5.75	4.14	3.51	6.93	5.09	4.71
52	3.14	2.29	1.92	6.14	4.45	3.77	7.49	5.51	5.11
53	3.34	2.43	2.07	6.58	4.78	4.06	8.11	5.98	5.53
54	3.55	2.58	2.21	7.07	5.14	4.36	8.80	6.49	6.01
55	3.77	2.75	2.37	7.61	5.52	4.69	9.56	7.04	6.51
56	4.06	2.96	2.57	8.38	6.07	5.15	10.63	7.79	7.21
57	4.35	3.18	2.76	9.16	6.61	5.62	11.71	8.55	7.91
58	4.64	3.39	2.95	9.92	7.15	6.08	12.78	9.31	8.61
59	4.93	3.60	3.14	10.71	7.69	6.54	13.87	10.06	9.31
60	5.22	3.82	3.33	11.50	8.23	7.01	14.98	10.81	10.00
61	5.52	4.05	3.53	12.35	8.81	7.50	16.18	11.63	10.76
62	5.85	4.29	3.74	13.27	9.43	8.03	17.47	12.50	11.57
63	6.19	4.54	3.96	14.26	10.10	8.59	18.86	13.44	12.43
64	6.55	4.81	4.20	15.31	10.81	9.20	20.37	14.45	13.36

Add 25% for tobacco users



AMERITAS LIFE  
FORM ASSE

NONCANCELABLE DISABILITY INCOME  
BUSINESS OVERHEAD EXPENSE  
Annual Premiums Per \$100 Monthly Benefit  
SUBSTITUTE SALARY EXPENSE RIDER

Class: B5  
Gender: Male  
NonTobacco

BENEFIT PERIOD: 6 MONTHS

Issue Age	Elimination Period		
	30 Days	60 Days	90 Days
18	1.68	1.08	0.62
19	1.68	1.08	0.62
20	1.68	1.08	0.62
21	1.68	1.08	0.62
22	1.68	1.08	0.62
23	1.68	1.08	0.62
24	1.68	1.08	0.62
25	1.68	1.08	0.62
26	1.76	1.11	0.64
27	1.83	1.13	0.66
28	1.90	1.18	0.68
29	1.95	1.22	0.70
30	2.04	1.25	0.74
31	2.09	1.31	0.76
32	2.18	1.36	0.81
33	2.26	1.43	0.84
34	2.34	1.50	0.89
35	2.43	1.56	0.94
36	2.54	1.65	0.99
37	2.66	1.74	1.06
38	2.80	1.85	1.13
39	2.94	1.97	1.22
40	3.12	2.09	1.30
41	3.31	2.26	1.38
42	3.53	2.41	1.53
43	3.78	2.59	1.72
44	4.06	2.80	1.91
45	4.38	3.01	2.13
46	4.73	3.24	2.35
47	5.12	3.50	2.60
48	5.56	3.78	2.85
49	6.05	4.10	3.12
50	6.58	4.43	3.42
51	7.17	4.79	3.72
52	7.82	5.17	4.04
53	8.53	5.58	4.38
54	9.31	6.04	4.72
55	10.16	6.51	5.09
56	11.21	7.13	5.55
57	12.33	7.76	6.01
58	13.49	8.39	6.47
59	14.68	9.06	6.91
60	15.92	9.72	7.36
61	16.86	10.31	7.80
62	17.84	10.92	8.26
63	18.88	11.56	8.75
64	20.00	12.25	9.28

Add 25% for tobacco users

Class: B5  
Gender: Male  
Elimination period: 30 days  
NonTobacco

NONCANCELABLE DISABILITY INCOME  
BUSINESS OVERHEAD EXPENSE  
Annual Premiums Per \$100 Monthly Benefit  
Business Loan Repayment Rider

Issue Age	Loan Duration at date of Rider Issue (Years)									
	3	4	5	6	7	8	9	10	15	
18	7.07	7.77	8.31	8.76	9.16	9.52	9.85	10.17	11.44	
19	7.07	7.77	8.31	8.76	9.16	9.52	9.85	10.17	11.44	
20	7.07	7.77	8.31	8.76	9.16	9.52	9.85	10.17	11.44	
21	7.07	7.77	8.31	8.76	9.16	9.52	9.85	10.17	11.44	
22	7.07	7.77	8.31	8.76	9.16	9.52	9.85	10.17	11.44	
23	7.07	7.77	8.31	8.76	9.16	9.52	9.85	10.17	11.44	
24	7.07	7.77	8.31	8.76	9.16	9.52	9.85	10.17	11.44	
25	7.07	7.77	8.31	8.76	9.16	9.52	9.85	10.17	11.44	
26	7.08	7.78	8.37	8.86	9.29	9.69	10.04	10.38	11.77	
27	7.09	7.82	8.44	8.96	9.43	9.85	10.24	10.60	12.10	
28	7.10	7.86	8.52	9.09	9.59	10.04	10.45	10.83	12.44	
29	7.11	7.96	8.65	9.25	9.78	10.26	10.69	11.10	12.81	
30	7.20	8.07	8.80	9.44	10.00	10.52	10.99	11.42	13.24	
31	7.32	8.24	9.01	9.69	10.28	10.83	11.34	11.79	13.74	
32	7.49	8.45	9.27	9.99	10.62	11.21	11.75	12.25	14.32	
33	7.70	8.72	9.58	10.35	11.03	11.66	12.25	12.78	15.00	
34	7.96	9.04	9.97	10.79	11.52	12.20	12.83	13.41	15.80	
35	8.27	9.43	10.42	11.31	12.11	12.85	13.53	14.16	16.73	
36	8.65	9.89	10.96	11.93	12.79	13.60	14.33	15.02	17.82	
37	9.08	10.44	11.59	12.65	13.58	14.46	15.28	16.03	19.07	
38	9.58	11.06	12.33	13.47	14.51	15.47	16.36	17.19	20.51	
39	10.17	11.76	13.16	14.41	15.56	16.61	17.60	18.51	22.16	
40	10.81	12.57	14.11	15.49	16.74	17.91	19.00	20.02	24.02	
41	11.55	13.48	15.17	16.70	18.09	19.39	20.58	21.70	26.13	
42	12.36	14.48	16.37	18.05	19.60	21.04	22.36	23.60	28.48	
43	13.27	15.62	17.69	19.56	21.28	22.87	24.34	25.70	31.10	
44	14.26	16.86	19.16	21.24	23.14	24.91	26.54	28.04	34.01	
45	15.35	18.23	20.78	23.08	25.20	27.16	28.96	30.63	37.23	
46	16.54	19.73	22.56	25.11	27.46	29.62	31.63	33.47	41.24	
47	17.84	21.36	24.50	27.33	29.94	32.34	34.54	36.57	45.24	
48	19.25	23.14	26.61	29.75	32.64	35.29	37.72	39.97	49.26	
49	20.77	25.06	28.90	32.37	35.57	38.50	41.18	43.65	53.26	
50	22.42	27.14	31.38	35.23	38.75	41.98	44.94	47.64	57.27	
51	24.17	29.38	34.05	38.29	42.19	45.74	48.99	51.96	0.00	
52	26.07	31.79	36.93	41.61	45.89	49.80	53.36	56.60	0.00	
53	28.08	34.36	40.01	45.15	49.85	54.15	58.06	61.60	0.00	
54	30.23	37.11	43.31	48.95	54.12	58.82	63.10	66.96	0.00	
55	32.53	40.05	46.84	53.02	58.68	63.81	68.48	72.69	0.00	
56	35.88	44.35	51.98	58.85	65.12	70.82	74.79	0.00	0.00	
57	39.24	48.66	57.14	64.69	71.58	76.14	0.00	0.00	0.00	
58	42.61	52.95	62.29	70.52	76.49	0.00	0.00	0.00	0.00	
59	45.97	57.26	67.45	75.47	0.00	0.00	0.00	0.00	0.00	
60	49.33	61.57	72.60	0.00	0.00	0.00	0.00	0.00	0.00	

Add 25% for tobacco users

NONCANCELABLE DISABILITY INCOME  
BUSINESS OVERHEAD EXPENSE  
Annual Premiums Per \$100 Monthly Benefit  
Business Loan Repayment Rider

Class: B5  
Gender: Male  
Elimination period: 60 days  
NonTobacco

Issue Age	Loan Duration at date of Rider Issue (Years)								
	3	4	5	6	7	8	9	10	15
18	4.22	4.64	4.96	5.24	5.48	5.69	5.90	6.07	6.84
19	4.22	4.64	4.96	5.24	5.48	5.69	5.90	6.07	6.84
20	4.22	4.64	4.96	5.24	5.48	5.69	5.90	6.07	6.84
21	4.22	4.64	4.96	5.24	5.48	5.69	5.90	6.07	6.84
22	4.22	4.64	4.96	5.24	5.48	5.69	5.90	6.07	6.84
23	4.22	4.64	4.96	5.24	5.48	5.69	5.90	6.07	6.84
24	4.22	4.64	4.96	5.24	5.48	5.69	5.90	6.07	6.84
25	4.22	4.64	4.96	5.24	5.48	5.69	5.90	6.07	6.84
26	4.24	4.68	5.03	5.34	5.59	5.83	6.05	6.24	7.09
27	4.27	4.75	5.11	5.44	5.73	5.98	6.21	6.42	7.35
28	4.33	4.83	5.23	5.58	5.89	6.17	6.41	6.63	7.63
29	4.41	4.94	5.37	5.74	6.07	6.38	6.63	6.89	7.96
30	4.53	5.09	5.55	5.94	6.29	6.62	6.91	7.18	8.33
31	4.67	5.27	5.76	6.19	6.58	6.91	7.23	7.52	8.76
32	4.86	5.49	6.01	6.47	6.89	7.28	7.62	7.93	9.28
33	5.08	5.76	6.32	6.82	7.28	7.70	8.07	8.42	9.89
34	5.34	6.07	6.69	7.23	7.73	8.19	8.60	8.99	10.59
35	5.64	6.44	7.11	7.71	8.26	8.76	9.22	9.65	11.41
36	5.99	6.86	7.61	8.26	8.87	9.43	9.93	10.41	12.36
37	6.39	7.35	8.17	8.90	9.57	10.19	10.76	11.29	13.43
38	6.84	7.90	8.81	9.62	10.37	11.06	11.70	12.30	14.67
39	7.36	8.53	9.54	10.44	11.28	12.04	12.75	13.42	16.06
40	7.93	9.23	10.35	11.36	12.30	13.15	13.95	14.70	17.63
41	8.56	10.00	11.26	12.39	13.43	14.39	15.28	16.11	19.40
42	9.25	10.86	12.26	13.53	14.70	15.77	16.77	17.69	21.35
43	10.03	11.81	13.37	14.79	16.10	17.29	18.42	19.45	23.53
44	10.86	12.85	14.60	16.18	17.63	18.98	20.23	21.38	25.93
45	11.77	13.98	15.94	17.70	19.33	20.83	22.22	23.49	28.56
46	12.75	15.21	17.40	19.36	21.18	22.85	24.39	25.81	31.91
47	13.82	16.56	18.98	21.18	23.19	25.05	26.77	28.34	35.26
48	14.98	17.99	20.70	23.14	25.38	27.44	29.34	31.08	38.61
49	16.20	19.55	22.55	25.26	27.75	30.03	32.14	34.05	41.97
50	17.53	21.24	24.53	27.55	30.30	32.83	35.15	37.25	45.31
51	18.94	23.03	26.69	30.01	33.05	35.84	38.39	40.70	0.00
52	20.45	24.94	28.98	32.65	36.00	39.07	41.87	44.41	0.00
53	22.05	26.99	31.44	35.47	39.16	42.54	45.61	48.39	0.00
54	23.76	29.18	34.06	38.49	42.54	46.24	49.60	52.64	0.00
55	25.58	31.50	36.84	41.71	46.14	50.19	53.86	57.18	0.00
56	27.96	34.55	40.51	45.85	50.73	55.18	58.46	0.00	0.00
57	30.34	37.62	44.17	49.99	55.32	59.07	0.00	0.00	0.00
58	32.72	40.67	47.84	54.15	59.00	0.00	0.00	0.00	0.00
59	35.10	43.73	51.50	57.80	0.00	0.00	0.00	0.00	0.00
60	37.49	46.79	55.17	0.00	0.00	0.00	0.00	0.00	0.00

Add 25% for tobacco users

NONCANCELABLE DISABILITY INCOME  
BUSINESS OVERHEAD EXPENSE  
Annual Premiums Per \$100 Monthly Benefit  
Business Loan Repayment Rider

Class: B5  
Gender: Male  
Elimination period: 90 days  
NonTobacco

Issue Age	Loan Duration at date of Rider Issue (Years)									
	3	4	5	6	7	8	9	10	15	
18	2.29	2.62	2.90	3.15	3.37	3.56	3.74	3.91	4.60	
19	2.29	2.62	2.90	3.15	3.37	3.56	3.74	3.91	4.60	
20	2.29	2.62	2.90	3.15	3.37	3.56	3.74	3.91	4.60	
21	2.29	2.62	2.90	3.15	3.37	3.56	3.74	3.91	4.60	
22	2.29	2.62	2.90	3.15	3.37	3.56	3.74	3.91	4.60	
23	2.29	2.62	2.90	3.15	3.37	3.56	3.74	3.91	4.60	
24	2.29	2.62	2.90	3.15	3.37	3.56	3.74	3.91	4.60	
25	2.29	2.62	2.90	3.15	3.37	3.56	3.74	3.91	4.60	
26	2.35	2.71	3.03	3.31	3.56	3.77	3.98	4.15	4.94	
27	2.39	2.77	3.11	3.42	3.69	3.92	4.13	4.33	5.17	
28	2.40	2.81	3.16	3.47	3.76	4.01	4.24	4.45	5.34	
29	2.40	2.82	3.19	3.51	3.80	4.07	4.29	4.52	5.44	
30	2.40	2.83	3.21	3.53	3.83	4.10	4.34	4.56	5.51	
31	2.41	2.83	3.21	3.55	3.85	4.12	4.36	4.60	5.56	
32	2.42	2.83	3.22	3.57	3.87	4.15	4.40	4.63	5.62	
33	2.43	2.85	3.25	3.60	3.91	4.20	4.46	4.70	5.71	
34	2.43	2.90	3.30	3.66	3.99	4.28	4.55	4.81	5.85	
35	2.48	2.97	3.39	3.77	4.11	4.42	4.70	4.97	6.06	
36	2.56	3.08	3.52	3.92	4.28	4.62	4.93	5.21	6.36	
37	2.68	3.24	3.72	4.14	4.54	4.90	5.23	5.55	6.79	
38	2.83	3.44	3.97	4.43	4.87	5.27	5.64	5.98	7.35	
39	3.04	3.72	4.31	4.82	5.30	5.74	6.15	6.55	8.06	
40	3.30	4.06	4.72	5.30	5.85	6.35	6.81	7.25	8.96	
41	3.62	4.47	5.22	5.90	6.52	7.09	7.62	8.12	10.06	
42	4.00	4.97	5.84	6.61	7.32	7.98	8.59	9.16	11.38	
43	4.45	5.57	6.56	7.45	8.27	9.03	9.73	10.39	12.95	
44	4.98	6.27	7.42	8.45	9.40	10.27	11.08	11.83	14.79	
45	5.59	7.08	8.40	9.59	10.69	11.70	12.64	13.50	16.92	
46	6.29	8.00	9.54	10.92	12.18	13.34	14.41	15.41	19.82	
47	7.09	9.06	10.81	12.40	13.88	15.21	16.45	17.59	22.72	
48	7.98	10.24	12.26	14.10	15.77	17.32	18.73	20.03	25.62	
49	8.99	11.57	13.89	15.98	17.91	19.67	21.29	22.77	28.52	
50	10.11	13.05	15.69	18.09	20.29	22.30	24.14	25.82	31.43	
51	11.34	14.68	17.69	20.42	22.92	25.20	27.30	29.19	0.00	
52	12.69	16.49	19.89	22.99	25.83	28.41	30.77	32.91	0.00	
53	14.18	18.45	22.30	25.81	29.02	31.93	34.59	37.00	0.00	
54	15.81	20.62	24.94	28.89	32.49	35.77	38.75	41.45	0.00	
55	17.57	22.96	27.81	32.25	36.28	39.96	43.29	46.31	0.00	
56	20.25	26.54	32.20	37.33	42.00	46.26	48.77	0.00	0.00	
57	22.93	30.10	36.57	42.41	47.71	50.64	0.00	0.00	0.00	
58	25.61	33.68	40.96	47.50	51.68	0.00	0.00	0.00	0.00	
59	28.29	37.25	45.34	51.53	0.00	0.00	0.00	0.00	0.00	
60	30.97	40.83	49.73	0.00	0.00	0.00	0.00	0.00	0.00	

Add 25% for tobacco users

NONCANCELABLE DISABILITY INCOME  
BUSINESS OVERHEAD EXPENSE  
Annual Premiums Per \$100 Monthly Benefit  
Business Loan Repayment Rider

Class: B5  
Gender: Male  
Elimination period: 180 days  
NonTobacco

Issue Age	Loan Duration at date of Rider Issue (Years)									
	3	4	5	6	7	8	9	10	15	
18	1.60	1.95	2.25	2.48	2.70	2.90	3.08	3.24	3.93	
19	1.60	1.95	2.25	2.48	2.70	2.90	3.08	3.24	3.93	
20	1.60	1.95	2.25	2.48	2.70	2.90	3.08	3.24	3.93	
21	1.60	1.95	2.25	2.48	2.70	2.90	3.08	3.24	3.93	
22	1.60	1.95	2.25	2.48	2.70	2.90	3.08	3.24	3.93	
23	1.60	1.95	2.25	2.48	2.70	2.90	3.08	3.24	3.93	
24	1.60	1.95	2.25	2.48	2.70	2.90	3.08	3.24	3.93	
25	1.60	1.95	2.25	2.48	2.70	2.90	3.08	3.24	3.93	
26	1.65	2.04	2.35	2.62	2.87	3.09	3.29	3.47	4.26	
27	1.67	2.08	2.42	2.71	2.98	3.23	3.44	3.64	4.48	
28	1.68	2.11	2.47	2.77	3.05	3.31	3.53	3.74	4.64	
29	1.68	2.12	2.49	2.81	3.10	3.36	3.59	3.81	4.74	
30	1.68	2.12	2.50	2.83	3.12	3.38	3.63	3.85	4.81	
31	1.67	2.12	2.50	2.84	3.14	3.40	3.66	3.88	4.86	
32	1.67	2.13	2.52	2.85	3.16	3.43	3.69	3.92	4.91	
33	1.68	2.14	2.54	2.88	3.19	3.47	3.74	3.99	5.00	
34	1.71	2.18	2.59	2.94	3.26	3.56	3.83	4.08	5.12	
35	1.74	2.23	2.66	3.03	3.37	3.67	3.97	4.24	5.32	
36	1.80	2.33	2.77	3.17	3.53	3.85	4.17	4.46	5.60	
37	1.90	2.46	2.94	3.36	3.76	4.11	4.45	4.76	6.00	
38	2.01	2.62	3.15	3.62	4.05	4.43	4.81	5.16	6.53	
39	2.18	2.84	3.43	3.95	4.43	4.87	5.29	5.67	7.20	
40	2.38	3.12	3.79	4.38	4.93	5.42	5.89	6.33	8.04	
41	2.62	3.47	4.22	4.90	5.52	6.08	6.62	7.13	9.07	
42	2.91	3.90	4.75	5.52	6.24	6.89	7.50	8.07	10.30	
43	3.26	4.39	5.38	6.27	7.09	7.84	8.55	9.21	11.77	
44	3.67	4.97	6.11	7.15	8.10	8.96	9.78	10.53	13.49	
45	4.15	5.64	6.96	8.15	9.25	10.26	11.20	12.06	15.48	
46	4.70	6.41	7.93	9.31	10.59	11.75	12.82	13.82	18.18	
47	5.31	7.29	9.04	10.64	12.10	13.44	14.67	15.81	20.90	
48	6.01	8.27	10.30	12.12	13.81	15.35	16.77	18.06	23.60	
49	6.80	9.37	11.69	13.79	15.72	17.48	19.09	20.58	26.31	
50	7.66	10.60	13.24	15.65	17.85	19.87	21.70	23.39	29.02	
51	8.62	11.97	14.98	17.71	20.21	22.50	24.58	26.49	0.00	
52	9.68	13.47	16.87	19.97	22.82	25.40	27.76	29.91	0.00	
53	10.83	15.10	18.95	22.46	25.67	28.59	31.25	33.66	0.00	
54	12.10	16.91	21.24	25.19	28.79	32.08	35.06	37.77	0.00	
55	13.48	18.86	23.72	28.15	32.19	35.87	39.21	42.23	0.00	
56	15.60	21.87	27.53	32.68	37.36	41.64	44.21	0.00	0.00	
57	17.71	24.89	31.36	37.22	42.55	45.58	0.00	0.00	0.00	
58	19.82	27.89	35.17	41.75	46.06	0.00	0.00	0.00	0.00	
59	21.94	30.91	39.00	45.29	0.00	0.00	0.00	0.00	0.00	
60	24.06	33.92	42.81	0.00	0.00	0.00	0.00	0.00	0.00	

Add 25% for tobacco users

Class: B5  
Gender: Male  
Elimination period: 365 days  
NonTobacco

NONCANCELABLE DISABILITY INCOME  
BUSINESS OVERHEAD EXPENSE  
Annual Premiums Per \$100 Monthly Benefit  
Business Loan Repayment Rider

Issue Age	Loan Duration at date of Rider Issue (Years)									
	3	4	5	6	7	8	9	10	15	
18	0.91	1.29	1.58	1.81	2.04	2.23	2.41	2.57	3.26	
19	0.91	1.29	1.58	1.81	2.04	2.23	2.41	2.57	3.26	
20	0.91	1.29	1.58	1.81	2.04	2.23	2.41	2.57	3.26	
21	0.91	1.29	1.58	1.81	2.04	2.23	2.41	2.57	3.26	
22	0.91	1.29	1.58	1.81	2.04	2.23	2.41	2.57	3.26	
23	0.91	1.29	1.58	1.81	2.04	2.23	2.41	2.57	3.26	
24	0.91	1.29	1.58	1.81	2.04	2.23	2.41	2.57	3.26	
25	0.91	1.29	1.58	1.81	2.04	2.23	2.41	2.57	3.26	
26	0.94	1.35	1.67	1.94	2.19	2.41	2.61	2.78	3.57	
27	0.96	1.38	1.73	2.02	2.29	2.53	2.74	2.94	3.79	
28	0.96	1.40	1.77	2.07	2.35	2.60	2.83	3.03	3.93	
29	0.96	1.40	1.78	2.09	2.39	2.64	2.88	3.10	4.02	
30	0.96	1.40	1.79	2.11	2.41	2.67	2.91	3.14	4.10	
31	0.95	1.40	1.79	2.12	2.42	2.69	2.94	3.17	4.14	
32	0.95	1.40	1.79	2.13	2.45	2.71	2.97	3.21	4.19	
33	0.95	1.42	1.81	2.15	2.47	2.75	3.02	3.26	4.27	
34	0.97	1.44	1.85	2.20	2.53	2.82	3.09	3.35	4.39	
35	0.99	1.49	1.91	2.28	2.62	2.93	3.22	3.49	4.57	
36	1.04	1.56	2.00	2.40	2.76	3.09	3.39	3.69	4.84	
37	1.10	1.66	2.13	2.56	2.95	3.31	3.65	3.97	5.21	
38	1.19	1.79	2.32	2.78	3.22	3.60	3.98	4.33	5.69	
39	1.30	1.97	2.55	3.08	3.56	3.99	4.41	4.80	6.32	
40	1.44	2.20	2.84	3.44	3.98	4.48	4.95	5.39	7.10	
41	1.61	2.47	3.22	3.90	4.50	5.08	5.62	6.12	8.06	
42	1.83	2.81	3.65	4.43	5.14	5.80	6.41	6.98	9.21	
43	2.08	3.21	4.18	5.08	5.90	6.66	7.36	8.01	10.58	
44	2.38	3.66	4.80	5.84	6.77	7.66	8.47	9.23	12.18	
45	2.71	4.20	5.51	6.72	7.80	8.82	9.76	10.62	14.04	
46	3.10	4.82	6.33	7.72	8.97	10.16	11.23	12.23	16.56	
47	3.55	5.51	7.27	8.87	10.32	11.66	12.91	14.04	19.07	
48	4.05	6.31	8.31	10.16	11.83	13.37	14.79	16.09	21.57	
49	4.60	7.18	9.49	11.61	13.51	15.29	16.91	18.39	24.09	
50	5.22	8.17	10.80	13.21	15.41	17.42	19.27	20.94	26.61	
51	5.91	9.25	12.25	15.00	17.49	19.78	21.88	23.77	0.00	
52	6.67	10.46	13.85	16.97	19.80	22.39	24.76	26.90	0.00	
53	7.50	11.77	15.61	19.13	22.32	25.25	27.90	30.31	0.00	
54	8.40	13.21	17.53	21.48	25.08	28.37	31.36	34.06	0.00	
55	9.38	14.77	19.62	24.06	28.09	31.78	35.11	38.13	0.00	
56	10.93	17.21	22.87	28.04	32.75	37.04	39.66	0.00	0.00	
57	12.48	19.66	26.13	32.03	37.40	40.53	0.00	0.00	0.00	
58	14.03	22.10	29.38	36.02	40.45	0.00	0.00	0.00	0.00	
59	15.58	24.55	32.63	39.05	0.00	0.00	0.00	0.00	0.00	
60	17.13	26.99	35.88	0.00	0.00	0.00	0.00	0.00	0.00	

Add 25% for tobacco users

AMERITAS LIFE  
FORM: 4503NCBOE

Class: B5  
Gender: Male  
NonTobacco

Conditionally Renewable Disability Income  
Annual Premiums Per \$100 Monthly Benefit  
Ages 65+

Benefit Period: 24 Months			
	Elimination Period		
Occ Class	30 Days	60 Days	90 Days
B6	\$ 184.84	\$ 122.63	\$ 96.99
B5	\$ 216.26	\$ 143.48	\$ 113.48
Benefit Period: 12 Months			
	Elimination Period		
Occ Class	30 Days	60 Days	90 Days
B6	\$ 125.97	\$ 86.25	\$ 50.75
B5	\$ 147.38	\$ 100.91	\$ 59.38

\$40 annual policy fee  
Add 25% for tobacco users

AMERITAS LIFE  
Form: AFIO BOE

NONCANCELABLE DISABILITY INCOME  
BUSINESS OVERHEAD EXPENSE  
Annual Premiums per \$100 of monthly benefit  
FUTURE INCREASE OPTION RIDER

Occ Class: B6, B5  
Gender: Male

BENEFIT: Option to elect increase in Disability Benefits without evidence of physical insurability.

OPTION DATE: Each policy anniversary until the policy anniversary following attainment of age 55.

ISSUE AGES: 18 to 50

PREMIUMS: Gross premium of the rider is 10% of the gross premium of the base policy and 5% of the Substitute Salary Expense Rider, if attached.



NONCANCELABLE DISABILITY INCOME  
BUSINESS OVERHEAD EXPENSE  
Annual Premiums Per \$100 Monthly Benefit

Class: B6  
Gender: Female

BENEFIT PERIOD: 12 MONTHS

BENEFIT PERIOD: 18 MONTHS

BENEFIT PERIOD: 24 MONTHS

Issue Age	Elimination Period			30 Days	60 Days	90 Days	30 Days	60 Days	90 Days	30 Days	60 Days	90 Days
	30 Days	60 Days	90 Days									
18	13.21	8.98	4.51	16.08	10.68	5.43	19.93	11.93	9.39			
19	13.21	8.98	4.51	16.08	10.68	5.43	19.93	11.93	9.39			
20	13.21	8.98	4.51	16.08	10.68	5.43	19.93	11.93	9.39			
21	13.21	8.98	4.51	16.08	10.68	5.43	19.93	11.93	9.39			
22	13.21	8.98	4.51	16.08	10.68	5.43	19.93	11.93	9.39			
23	13.21	8.98	4.51	16.08	10.68	5.43	19.93	11.93	9.39			
24	13.21	8.98	4.51	16.08	10.68	5.43	19.93	11.93	9.39			
25	13.21	8.98	4.51	16.08	10.68	5.43	19.12	11.93	9.39			
26	13.40	9.06	4.62	16.61	11.03	5.70	19.77	12.34	9.63			
27	13.57	9.17	4.75	17.10	11.36	5.97	20.36	12.71	9.83			
28	13.74	9.31	4.89	17.57	11.67	6.24	20.87	13.03	10.00			
29	13.91	9.49	5.05	18.03	11.98	6.50	21.37	13.34	10.15			
30	14.09	9.69	5.23	18.47	12.27	6.77	21.83	13.63	10.28			
31	14.26	9.92	5.43	18.92	12.57	7.04	22.29	13.91	10.41			
32	14.45	10.18	5.64	19.36	12.86	7.32	22.74	14.20	10.53			
33	14.66	10.46	5.91	19.84	13.17	7.65	23.22	14.49	10.68			
34	14.89	10.77	6.20	20.30	13.49	7.99	23.71	14.79	10.85			
35	15.13	11.11	6.51	20.81	13.83	8.36	24.25	15.13	11.05			
36	15.41	11.48	6.85	21.35	14.19	8.76	24.84	15.50	11.29			
37	15.71	11.88	7.22	21.95	14.58	9.19	25.50	15.92	11.57			
38	16.04	12.30	7.65	22.59	15.01	9.67	26.26	16.39	11.92			
39	16.42	12.74	8.10	23.28	15.47	10.20	27.09	16.91	12.33			
40	16.84	13.21	8.60	24.04	15.97	10.80	27.52	17.50	12.82			
41	17.30	13.71	9.14	24.89	16.53	11.47	28.05	18.16	13.39			
42	17.81	14.23	9.74	25.80	17.14	12.22	28.72	18.92	14.05			
43	18.37	14.78	10.35	26.81	17.81	13.00	29.84	19.76	14.81			
44	18.99	15.35	11.00	27.92	18.55	13.86	31.10	20.71	15.69			
45	19.67	15.93	11.68	29.13	19.35	14.78	32.48	21.77	16.68			
46	20.41	16.55	12.40	30.44	20.22	15.79	33.97	22.94	17.80			
47	21.22	17.19	13.13	31.88	21.18	16.85	35.54	24.24	19.06			
48	22.11	17.84	13.84	33.46	22.23	17.95	37.53	25.68	20.47			
49	23.06	18.52	14.55	35.14	23.35	19.07	39.60	27.26	22.02			
50	24.09	19.22	15.24	36.66	24.58	20.26	41.75	28.99	23.75			
51	25.22	19.95	15.92	38.18	25.91	21.47	43.98	30.88	25.64			
52	26.42	20.68	16.57	39.71	27.33	22.72	46.27	32.95	27.72			
53	27.72	21.45	17.16	41.48	28.87	23.94	48.93	35.18	29.98			
54	29.11	22.23	17.71	43.31	30.53	25.17	51.72	37.61	32.45			
55	30.60	23.03	18.23	45.23	32.30	26.41	54.66	40.22	35.13			
56	32.03	24.14	18.93	47.60	34.46	27.89	58.07	43.26	38.04			
57	33.48	25.25	19.59	49.92	36.63	29.27	61.42	46.30	40.96			
58	34.91	26.37	20.15	52.34	38.78	30.48	64.93	49.34	43.88			
59	36.36	27.48	20.66	54.76	40.94	31.60	68.45	52.38	46.80			
60	37.79	28.59	21.12	57.15	43.10	32.63	71.92	55.42	49.72			
61	39.29	29.75	21.59	59.65	45.38	33.70	75.56	58.63	52.81			
62	40.84	30.96	22.07	62.25	47.77	34.80	79.39	62.03	56.11			
63	42.45	32.21	22.57	64.97	50.30	35.93	83.41	65.63	59.60			
64	44.12	33.52	23.07	67.81	52.95	37.10	87.64	69.43	63.32			

\$40 annual policy fee  
Add 25% for tobacco users

Class: B6  
Gender: Female

NONCANCELABLE DISABILITY INCOME  
BUSINESS OVERHEAD EXPENSE  
Annual Premiums Per \$100 Monthly Benefit  
Residual Rider

BENEFIT PERIOD: 12 MONTHS

BENEFIT PERIOD: 18 MONTHS

BENEFIT PERIOD: 24 MONTHS

Issue Age	Elimination Period			Elimination Period			Elimination Period		
	30 Days	60 Days	90 Days	30 Days	60 Days	90 Days	30 Days	60 Days	90 Days
18	1.47	1.00	0.50	2.84	1.88	0.96	3.52	2.11	1.66
19	1.47	1.00	0.50	2.84	1.88	0.96	3.52	2.11	1.66
20	1.47	1.00	0.50	2.84	1.88	0.96	3.52	2.11	1.66
21	1.47	1.00	0.50	2.84	1.88	0.96	3.52	2.11	1.66
22	1.47	1.00	0.50	2.84	1.88	0.96	3.52	2.11	1.66
23	1.47	1.00	0.50	2.84	1.88	0.96	3.52	2.11	1.66
24	1.47	1.00	0.50	2.84	1.88	0.96	3.52	2.11	1.66
25	1.47	1.00	0.50	2.84	1.88	0.96	3.37	2.11	1.66
26	1.49	1.01	0.51	2.93	1.95	1.01	3.49	2.18	1.70
27	1.51	1.02	0.53	3.02	2.00	1.05	3.59	2.24	1.73
28	1.53	1.03	0.54	3.10	2.06	1.10	3.68	2.30	1.76
29	1.55	1.05	0.56	3.18	2.11	1.15	3.77	2.35	1.79
30	1.57	1.08	0.58	3.26	2.17	1.19	3.85	2.41	1.81
31	1.58	1.10	0.60	3.34	2.22	1.24	3.93	2.45	1.84
32	1.61	1.13	0.63	3.42	2.27	1.29	4.01	2.51	1.86
33	1.63	1.16	0.66	3.50	2.32	1.35	4.10	2.56	1.88
34	1.65	1.20	0.69	3.58	2.38	1.41	4.18	2.61	1.91
35	1.68	1.23	0.72	3.67	2.44	1.48	4.28	2.67	1.95
36	1.71	1.28	0.76	3.77	2.50	1.55	4.38	2.74	1.99
37	1.75	1.32	0.80	3.87	2.57	1.62	4.50	2.81	2.04
38	1.78	1.37	0.85	3.99	2.65	1.71	4.63	2.89	2.10
39	1.82	1.42	0.90	4.11	2.73	1.80	4.78	2.98	2.18
40	1.87	1.47	0.96	4.24	2.82	1.91	4.86	3.09	2.26
41	1.92	1.52	1.02	4.39	2.92	2.02	4.95	3.20	2.36
42	1.98	1.58	1.08	4.55	3.02	2.16	5.07	3.34	2.48
43	2.04	1.64	1.15	4.73	3.14	2.29	5.27	3.49	2.61
44	2.11	1.71	1.22	4.93	3.27	2.45	5.49	3.65	2.77
45	2.19	1.77	1.30	5.14	3.41	2.61	5.73	3.84	2.94
46	2.27	1.84	1.38	5.37	3.57	2.79	5.99	4.05	3.14
47	2.36	1.91	1.46	5.63	3.74	2.97	6.27	4.28	3.36
48	2.46	1.98	1.54	5.90	3.92	3.17	6.62	4.53	3.61
49	2.56	2.06	1.62	6.20	4.12	3.37	6.99	4.81	3.89
50	2.68	2.14	1.69	6.47	4.34	3.58	7.37	5.12	4.19
51	2.80	2.22	1.77	6.74	4.57	3.79	7.76	5.45	4.52
52	2.94	2.30	1.84	7.01	4.82	4.01	8.17	5.81	4.89
53	3.08	2.38	1.91	7.32	5.09	4.22	8.63	6.21	5.29
54	3.23	2.47	1.97	7.64	5.39	4.44	9.13	6.64	5.73
55	3.40	2.56	2.03	7.98	5.70	4.66	9.65	7.10	6.20
56	3.56	2.68	2.10	8.40	6.08	4.92	10.25	7.63	6.71
57	3.72	2.81	2.18	8.81	6.46	5.17	10.84	8.17	7.23
58	3.88	2.93	2.24	9.24	6.84	5.38	11.46	8.71	7.74
59	4.04	3.05	2.30	9.66	7.22	5.58	12.08	9.24	8.26
60	4.20	3.18	2.35	10.09	7.61	5.76	12.69	9.78	8.77
61	4.37	3.31	2.40	10.53	8.01	5.95	13.33	10.35	9.32
62	4.54	3.44	2.45	10.99	8.43	6.14	14.01	10.95	9.90
63	4.72	3.58	2.51	11.47	8.88	6.34	14.72	11.58	10.52
64	4.90	3.72	2.56	11.97	9.34	6.55	15.47	12.25	11.17

Add 25% for tobacco users

NONCANCELABLE DISABILITY INCOME  
BUSINESS OVERHEAD EXPENSE  
Annual Premiums Per \$100 Monthly Benefit  
SUBSTITUTE SALARY EXPENSE RIDER

Class: B6  
Gender: Female

BENEFIT PERIOD: 6 MONTHS

Issue Age	Elimination Period		
	30 Days	60 Days	90 Days
18	2.60	1.60	0.74
19	2.60	1.60	0.74
20	2.60	1.60	0.74
21	2.60	1.60	0.74
22	2.60	1.60	0.74
23	2.60	1.60	0.74
24	2.60	1.60	0.74
25	2.60	1.60	0.74
26	2.66	1.63	0.76
27	2.73	1.67	0.78
28	2.77	1.70	0.81
29	2.82	1.75	0.85
30	2.86	1.80	0.89
31	2.89	1.85	0.94
32	2.94	1.91	0.99
33	2.99	1.98	1.05
34	3.04	2.05	1.12
35	3.10	2.14	1.20
36	3.17	2.23	1.28
37	3.25	2.34	1.37
38	3.35	2.46	1.48
39	3.46	2.58	1.60
40	3.59	2.72	1.72
41	3.75	2.86	1.86
42	3.92	3.02	2.01
43	4.11	3.19	2.18
44	4.34	3.37	2.35
45	4.59	3.56	2.53
46	4.86	3.76	2.72
47	5.18	3.97	2.91
48	5.53	4.21	3.12
49	5.91	4.44	3.31
50	6.34	4.69	3.51
51	6.82	4.95	3.70
52	7.33	5.22	3.89
53	7.89	5.50	4.06
54	8.50	5.79	4.22
55	9.17	6.10	4.37
56	9.85	6.48	4.58
57	10.56	6.88	4.76
58	11.28	7.28	4.91
59	12.04	7.68	5.06
60	12.81	8.09	5.19
61	13.32	8.42	5.30
62	13.85	8.76	5.42
63	14.39	9.11	5.54
64	14.96	9.48	5.67

Add 25% for tobacco users

NONCANCELABLE DISABILITY INCOME  
BUSINESS OVERHEAD EXPENSE  
Annual Premiums Per \$100 Monthly Benefit  
Business Loan Repayment Rider

Class: B6  
Gender: Female  
Elimination period: 30 days

Issue Age	Loan Duration at date of Rider Issue (Years)								
	3	4	5	6	7	8	9	10	15
18	10.81	11.80	12.61	13.32	13.96	14.56	15.12	15.64	23.22
19	10.81	11.80	12.61	13.32	13.96	14.56	15.12	15.64	23.22
20	10.81	11.80	12.61	13.32	13.96	14.56	15.12	15.64	23.22
21	10.81	11.80	12.61	13.32	13.96	14.56	15.12	15.64	23.22
22	10.81	11.80	12.61	13.32	13.96	14.56	15.12	15.64	23.22
23	10.81	11.80	12.61	13.32	13.96	14.56	15.12	15.64	23.22
24	10.81	11.80	12.61	13.32	13.96	14.56	15.12	15.64	23.22
25	10.81	11.80	12.61	13.32	13.96	14.56	15.12	15.64	23.22
26	11.28	12.32	13.17	13.92	14.60	15.23	15.82	16.37	24.34
27	11.83	12.94	13.86	14.67	15.40	16.08	16.72	17.31	25.82
28	12.45	13.66	14.66	15.55	16.36	17.10	17.80	18.45	27.64
29	13.14	14.46	15.57	16.56	17.46	18.29	19.06	19.79	29.79
30	13.90	15.35	16.58	17.68	18.69	19.62	20.49	21.30	32.24
31	14.70	16.31	17.68	18.91	20.04	21.08	22.06	22.98	34.97
32	15.56	17.34	18.86	20.24	21.51	22.68	23.78	24.81	37.96
33	16.47	18.43	20.12	21.66	23.08	24.39	25.62	26.78	41.19
34	17.41	19.57	21.45	23.17	24.74	26.21	27.58	28.88	44.64
35	18.38	20.76	22.84	24.74	26.49	28.12	29.65	31.09	48.29
36	19.38	21.99	24.28	26.38	28.31	30.12	31.81	33.41	52.11
37	20.40	23.25	25.77	28.07	30.20	32.19	34.05	35.81	56.10
38	21.44	24.54	27.29	29.81	32.14	34.32	36.37	38.29	60.21
39	22.49	25.84	28.84	31.58	34.12	36.50	38.74	40.84	64.44
40	23.54	27.16	30.41	33.38	36.14	38.73	41.15	43.44	68.77
41	24.58	28.49	31.99	35.20	38.19	40.99	43.61	46.08	73.17
42	25.62	29.81	33.57	37.04	40.25	43.26	46.08	48.74	77.62
43	26.65	31.12	35.16	38.87	42.31	45.55	48.57	51.42	82.10
44	27.66	32.42	36.73	40.69	44.37	47.83	51.06	54.10	86.59
45	28.64	33.70	38.28	42.50	46.42	50.10	53.54	56.77	91.07
46	29.59	34.95	39.80	44.28	48.44	52.35	55.99	59.42	94.78
47	30.50	36.16	41.29	46.03	50.43	54.56	58.41	62.02	98.49
48	31.38	37.33	42.74	47.74	52.38	56.73	60.79	64.58	102.21
49	32.20	38.44	44.13	49.39	54.27	58.84	63.10	67.08	105.92
50	32.97	39.51	45.47	50.98	56.10	60.89	65.35	69.51	109.63
51	33.67	40.50	46.74	52.50	57.85	62.86	67.51	71.84	
52	34.32	41.43	47.93	53.94	59.53	64.74	69.58	74.08	
53	34.89	42.28	49.04	55.30	61.11	66.52	71.55	76.21	
54	35.38	43.05	50.06	56.56	62.58	68.20	73.40	78.21	
55	35.79	43.72	50.98	57.71	63.95	69.75	75.12	80.07	
56	37.75	46.28	54.08	61.22	67.84	73.99	78.31		
57	39.71	48.83	57.18	64.73	71.73	76.21			
58	41.67	51.39	60.29	68.25	73.69				
59	43.63	53.94	63.39	70.54					
60	45.59	56.50	66.49						

Add 25% for tobacco users

NONCANCELABLE DISABILITY INCOME  
BUSINESS OVERHEAD EXPENSE  
Annual Premiums Per \$100 Monthly Benefit  
Business Loan Repayment Rider

Class: B6  
Gender: Female  
Elimination period: 60 days

Issue Age	Loan Duration at date of Rider Issue (Years)									
	3	4	5	6	7	8	9	10	15	
18	3.40	3.71	3.97	4.19	4.39	4.58	4.76	4.92	7.31	
19	3.40	3.71	3.97	4.19	4.39	4.58	4.76	4.92	7.31	
20	3.40	3.71	3.97	4.19	4.39	4.58	4.76	4.92	7.31	
21	3.40	3.71	3.97	4.19	4.39	4.58	4.76	4.92	7.31	
22	3.40	3.71	3.97	4.19	4.39	4.58	4.76	4.92	7.31	
23	3.40	3.71	3.97	4.19	4.39	4.58	4.76	4.92	7.31	
24	3.40	3.71	3.97	4.19	4.39	4.58	4.76	4.92	7.31	
25	3.40	3.71	3.97	4.19	4.39	4.58	4.76	4.92	7.31	
26	3.82	4.15	4.43	4.66	4.87	5.07	5.25	5.41	8.00	
27	4.33	4.70	5.01	5.27	5.51	5.73	5.94	6.12	9.06	
28	4.91	5.35	5.71	6.02	6.31	6.57	6.81	7.03	10.45	
29	5.56	6.09	6.52	6.90	7.25	7.57	7.86	8.13	12.16	
30	6.28	6.91	7.43	7.90	8.32	8.72	9.08	9.41	14.17	
31	7.06	7.81	8.43	9.00	9.52	10.00	10.44	10.85	16.46	
32	7.89	8.78	9.52	10.20	10.82	11.41	11.94	12.44	19.00	
33	8.77	9.80	10.69	11.50	12.24	12.93	13.57	14.17	21.78	
34	9.69	10.89	11.92	12.87	13.74	14.56	15.31	16.02	24.77	
35	10.64	12.02	13.22	14.32	15.33	16.28	17.16	17.99	27.95	
36	11.62	13.19	14.57	15.83	16.99	18.08	19.10	20.06	31.31	
37	12.62	14.40	15.96	17.39	18.71	19.96	21.12	22.21	34.81	
38	13.64	15.63	17.38	19.00	20.49	21.89	23.20	24.43	38.45	
39	14.67	16.87	18.84	20.64	22.31	23.88	25.34	26.72	42.19	
40	15.70	18.13	20.31	22.31	24.16	25.90	27.53	29.06	46.03	
41	16.73	19.40	21.79	23.99	26.03	27.95	29.74	31.43	49.93	
42	17.75	20.65	23.27	25.68	27.91	30.01	31.98	33.82	53.88	
43	18.75	21.90	24.75	27.37	29.80	32.08	34.22	36.22	57.85	
44	19.74	23.13	26.21	29.04	31.67	34.14	36.46	38.63	61.83	
45	20.69	24.34	27.65	30.70	33.53	36.19	38.68	41.01	65.79	
46	21.61	25.51	29.06	32.33	35.36	38.21	40.87	43.37	68.80	
47	22.49	26.65	30.43	33.91	37.15	40.19	43.03	45.68	71.80	
48	23.33	27.73	31.75	35.45	38.89	42.12	45.13	47.94	74.81	
49	24.11	28.76	33.01	36.93	40.57	43.99	47.17	50.14	77.81	
50	24.83	29.74	34.21	38.35	42.19	45.78	49.14	52.25	80.82	
51	25.49	30.64	35.34	39.69	43.72	47.50	51.01	54.27		
52	26.08	31.46	36.38	40.94	45.17	49.12	52.79	56.19		
53	26.59	32.20	37.34	42.10	46.51	50.63	54.45	57.99		
54	27.01	32.86	38.20	43.16	47.74	52.03	55.99	59.66		
55	27.35	33.41	38.95	44.10	48.86	53.30	57.40	61.18		
56	28.97	35.52	41.51	47.00	52.07	56.80	31.98			
57	30.60	37.63	44.07	49.90	55.28	32.79				
58	32.22	39.74	46.62	52.79	33.02					
59	33.85	41.85	49.18	32.61						
60	35.47	43.96	51.74							

Add 25% for tobacco users

Class: B6  
Gender: Female  
Elimination period: 90 days

NONCANCELABLE DISABILITY INCOME  
BUSINESS OVERHEAD EXPENSE  
Annual Premiums Per \$100 Monthly Benefit  
Business Loan Repayment Rider

Issue Age	Loan Duration at date of Rider Issue (Years)									
	3	4	5	6	7	8	9	10	15	
18	3.62	4.15	4.61	5.02	5.39	5.73	6.06	6.36	9.96	
19	3.62	4.15	4.61	5.02	5.39	5.73	6.06	6.36	9.96	
20	3.62	4.15	4.61	5.02	5.39	5.73	6.06	6.36	9.96	
21	3.62	4.15	4.61	5.02	5.39	5.73	6.06	6.36	9.96	
22	3.62	4.15	4.61	5.02	5.39	5.73	6.06	6.36	9.96	
23	3.62	4.15	4.61	5.02	5.39	5.73	6.06	6.36	9.96	
24	3.62	4.15	4.61	5.02	5.39	5.73	6.06	6.36	9.96	
25	3.62	4.15	4.61	5.02	5.39	5.73	6.06	6.36	9.96	
26	3.67	4.21	4.68	5.09	5.47	5.81	6.14	6.44	10.08	
27	3.76	4.33	4.82	5.25	5.64	5.99	6.34	6.65	10.42	
28	3.90	4.51	5.02	5.48	5.90	6.28	6.64	6.97	10.96	
29	4.08	4.74	5.30	5.79	6.25	6.66	7.06	7.42	11.70	
30	4.31	5.02	5.64	6.18	6.69	7.15	7.58	7.98	12.64	
31	4.57	5.36	6.04	6.65	7.21	7.72	8.21	8.66	13.77	
32	4.87	5.75	6.50	7.19	7.81	8.39	8.94	9.45	15.09	
33	5.21	6.18	7.03	7.80	8.50	9.15	9.77	10.34	16.59	
34	5.58	6.67	7.62	8.47	9.27	10.00	10.70	11.35	18.28	
35	5.99	7.20	8.26	9.22	10.11	10.94	11.72	12.45	20.14	
36	6.43	7.78	8.96	10.03	11.03	11.96	12.84	13.66	22.17	
37	6.91	8.40	9.71	10.91	12.02	13.06	14.04	14.96	24.38	
38	7.41	9.06	10.52	11.85	13.09	14.25	15.33	16.36	26.74	
39	7.95	9.76	11.37	12.85	14.22	15.51	16.71	17.85	29.27	
40	8.51	10.50	12.28	13.91	15.42	16.84	18.18	19.43	31.95	
41	9.10	11.28	13.23	15.02	16.69	18.25	19.72	21.10	34.78	
42	9.71	12.09	14.23	16.19	18.02	19.74	21.34	22.85	37.76	
43	10.35	12.94	15.28	17.42	19.41	21.29	23.04	24.69	40.88	
44	11.02	13.83	16.36	18.69	20.87	22.91	24.82	26.61	44.14	
45	11.70	14.74	17.49	20.02	22.38	24.59	26.66	28.60	47.54	
46	12.40	15.68	18.66	21.39	23.95	26.34	28.57	30.67	51.06	
47	13.13	16.66	19.86	22.82	25.57	28.15	30.55	32.81	54.57	
48	13.87	17.66	21.10	24.28	27.24	30.01	32.60	35.02	58.09	
49	14.62	18.68	22.38	25.79	28.97	31.94	34.71	37.29	61.60	
50	15.40	19.73	23.69	27.34	30.74	33.91	36.87	39.63	65.12	
51	16.18	20.81	25.03	28.93	32.56	35.95	39.10	42.03		
52	16.98	21.90	26.40	30.56	34.43	38.03	41.38	44.49		
53	17.79	23.02	27.80	32.22	36.34	40.16	43.71	47.00		
54	18.60	24.15	29.22	33.92	38.28	42.33	46.09	49.57		
55	19.43	25.30	30.67	35.65	40.27	44.55	48.52	52.19		
56	20.83	27.19	33.01	38.37	43.34	47.95	51.53			
57	22.22	29.08	35.34	41.08	46.40	50.36				
58	23.62	30.96	37.68	43.80	48.56					
59	25.01	32.85	40.01	45.97						
60	26.41	34.74	42.35							

Add 25% for tobacco users

Class: B6  
Gender: Female  
Elimination period: 180 days

NONCANCELABLE DISABILITY INCOME  
BUSINESS OVERHEAD EXPENSE  
Annual Premiums Per \$100 Monthly Benefit  
Business Loan Repayment Rider

Issue Age	Loan Duration at date of Rider Issue (Years)									
	3	4	5	6	7	8	9	10	15	
18	2.48	3.03	3.50	3.91	4.28	4.62	4.94	5.25	8.50	
19	2.48	3.03	3.50	3.91	4.28	4.62	4.94	5.25	8.50	
20	2.48	3.03	3.50	3.91	4.28	4.62	4.94	5.25	8.50	
21	2.48	3.03	3.50	3.91	4.28	4.62	4.94	5.25	8.50	
22	2.48	3.03	3.50	3.91	4.28	4.62	4.94	5.25	8.50	
23	2.48	3.03	3.50	3.91	4.28	4.62	4.94	5.25	8.50	
24	2.48	3.03	3.50	3.91	4.28	4.62	4.94	5.25	8.50	
25	2.48	3.03	3.50	3.91	4.28	4.62	4.94	5.25	8.50	
26	2.36	2.83	3.22	3.56	3.87	4.14	4.40	4.65	7.43	
27	2.30	2.72	3.06	3.36	3.62	3.85	4.07	4.28	6.75	
28	2.30	2.69	3.01	3.28	3.52	3.73	3.93	4.12	6.46	
29	2.35	2.75	3.06	3.34	3.57	3.78	3.98	4.17	6.52	
30	2.46	2.88	3.21	3.51	3.77	3.99	4.21	4.42	6.93	
31	2.61	3.08	3.46	3.80	4.10	4.36	4.61	4.85	7.67	
32	2.81	3.36	3.80	4.20	4.56	4.87	5.18	5.47	8.72	
33	3.06	3.70	4.23	4.71	5.14	5.53	5.90	6.25	10.07	
34	3.34	4.10	4.74	5.31	5.83	6.31	6.77	7.20	11.70	
35	3.67	4.56	5.32	6.01	6.64	7.22	7.77	8.29	13.59	
36	4.03	5.08	5.98	6.80	7.55	8.24	8.90	9.53	15.73	
37	4.43	5.65	6.70	7.67	8.55	9.38	10.16	10.89	18.10	
38	4.87	6.26	7.49	8.61	9.65	10.61	11.53	12.39	20.69	
39	5.33	6.92	8.34	9.63	10.83	11.94	13.00	13.99	23.48	
40	5.82	7.63	9.24	10.71	12.08	13.36	14.57	15.70	26.46	
41	6.33	8.37	10.18	11.85	13.40	14.86	16.22	17.51	29.59	
42	6.87	9.14	11.18	13.05	14.79	16.42	17.96	19.40	32.88	
43	7.43	9.94	12.21	14.29	16.24	18.05	19.76	21.36	36.31	
44	8.00	10.78	13.28	15.58	17.73	19.74	21.63	23.40	39.85	
45	8.59	11.63	14.38	16.91	19.27	21.48	23.55	25.49	43.50	
46	9.19	12.50	15.51	18.27	20.85	23.26	25.52	27.63	46.84	
47	9.81	13.39	16.65	19.65	22.45	25.07	27.52	29.81	50.17	
48	10.43	14.30	17.81	21.06	24.08	26.91	29.55	32.02	53.51	
49	11.05	15.21	18.99	22.48	25.73	28.77	31.61	34.25	56.84	
50	11.68	16.12	20.17	23.91	27.39	30.64	33.67	36.49	60.18	
51	12.31	17.04	21.36	25.34	29.06	32.52	35.74	38.74		
52	12.94	17.96	22.54	26.78	30.72	34.39	37.80	40.98		
53	13.57	18.87	23.72	28.20	32.37	36.25	39.85	43.20		
54	14.18	19.77	24.88	29.62	34.01	38.09	41.88	45.39		
55	14.79	20.66	26.03	31.01	35.63	39.91	43.88	47.55		
56	15.91	22.27	28.09	33.46	38.45	43.07	46.67			
57	17.02	23.88	30.14	35.90	41.25	45.26				
58	18.14	25.48	32.20	38.35	43.19					
59	19.25	27.09	34.25	40.28						
60	20.37	28.70	36.31							

Add 25% for tobacco users

Class: B6  
Gender: Female  
Elimination period: 365 days

NONCANCELABLE DISABILITY INCOME  
BUSINESS OVERHEAD EXPENSE  
Annual Premiums Per \$100 Monthly Benefit  
Business Loan Repayment Rider

Issue Age	Loan Duration at date of Rider Issue (Years)									
	3	4	5	6	7	8	9	10	15	
18	1.34	1.91	2.38	2.79	3.16	3.50	3.82	4.13	7.03	
19	1.34	1.91	2.38	2.79	3.16	3.50	3.82	4.13	7.03	
20	1.34	1.91	2.38	2.79	3.16	3.50	3.82	4.13	7.03	
21	1.34	1.91	2.38	2.79	3.16	3.50	3.82	4.13	7.03	
22	1.34	1.91	2.38	2.79	3.16	3.50	3.82	4.13	7.03	
23	1.34	1.91	2.38	2.79	3.16	3.50	3.82	4.13	7.03	
24	1.34	1.91	2.38	2.79	3.16	3.50	3.82	4.13	7.03	
25	1.34	1.91	2.38	2.79	3.16	3.50	3.82	4.13	7.03	
26	1.05	1.45	1.76	2.02	2.26	2.46	2.66	2.85	4.77	
27	0.84	1.11	1.30	1.46	1.58	1.69	1.80	1.90	3.08	
28	0.69	0.88	0.99	1.07	1.13	1.17	1.22	1.26	1.94	
29	0.61	0.75	0.82	0.86	0.88	0.89	0.90	0.92	1.33	
30	0.60	0.73	0.79	0.82	0.84	0.84	0.84	0.85	1.21	
31	0.64	0.80	0.88	0.94	0.97	1.00	1.02	1.05	1.56	
32	0.74	0.96	1.10	1.20	1.29	1.35	1.42	1.49	2.34	
33	0.89	1.20	1.42	1.61	1.76	1.90	2.03	2.16	3.53	
34	1.09	1.52	1.85	2.14	2.39	2.62	2.83	3.05	5.10	
35	1.34	1.91	2.38	2.79	3.16	3.50	3.82	4.13	7.03	
36	1.63	2.37	3.00	3.55	4.06	4.53	4.97	5.40	9.28	
37	1.95	2.89	3.69	4.41	5.08	5.70	6.28	6.83	11.83	
38	2.31	3.46	4.46	5.37	6.20	6.98	7.72	8.42	14.64	
39	2.70	4.08	5.30	6.40	7.43	8.38	9.28	10.13	17.69	
40	3.12	4.75	6.19	7.51	8.73	9.88	10.96	11.97	20.96	
41	3.56	5.45	7.14	8.68	10.12	11.46	12.72	13.91	24.40	
42	4.02	6.18	8.13	9.90	11.56	13.11	14.57	15.94	28.01	
43	4.49	6.94	9.15	11.17	13.06	14.82	16.48	18.04	31.74	
44	4.98	7.72	10.20	12.47	14.59	16.58	18.44	20.19	35.56	
45	5.48	8.52	11.27	13.80	16.16	18.37	20.44	22.38	39.46	
46	5.98	9.32	12.35	15.14	17.74	20.18	22.46	24.59	42.62	
47	6.49	10.13	13.44	16.49	19.34	22.00	24.49	26.81	45.77	
48	6.99	10.94	14.52	17.84	20.92	23.81	26.51	29.02	48.93	
49	7.48	11.73	15.60	19.17	22.50	25.60	28.50	31.21	52.08	
50	7.97	12.51	16.65	20.48	24.04	27.37	30.47	33.36	55.24	
51	8.45	13.28	17.68	21.76	25.55	29.08	32.38	35.44		
52	8.90	14.01	18.68	22.99	27.01	30.75	34.22	37.46		
53	9.34	14.72	19.63	24.18	28.41	32.34	35.99	39.38		
54	9.75	15.38	20.53	25.30	29.73	33.85	37.67	41.20		
55	10.14	16.01	21.38	26.36	30.98	35.26	39.23	42.90		
56	10.98	17.34	23.16	28.55	33.55	38.19	41.81			
57	11.82	18.67	24.94	30.74	36.12	40.16				
58	12.65	19.99	26.71	32.92	37.81					
59	13.49	21.32	28.49	34.59						
60	14.33	22.65	30.27							

Add 25% for tobacco users



AMERITAS LIFE  
FORM: 4503NCBOE

Class: B6  
Gender: Female  
Nontobacco

Conditionally Renewable Disability Income  
Annual Premiums Per \$100 Monthly Benefit  
Ages 65+

Benefit Period: 24 Months			
	Elimination Period		
Occ Class	30 Days	60 Days	90 Days
B6	\$ 157.98	\$ 104.81	\$ 82.90
B5	\$ 184.84	\$ 122.63	\$ 96.99
Benefit Period: 12 Months			
	Elimination Period		
Occ Class	30 Days	60 Days	90 Days
B6	\$ 107.67	\$ 73.72	\$ 43.38
B5	\$ 125.97	\$ 86.25	\$ 50.75

\$40 annual policy fee  
Add 25% for tobacco users

NONCANCELABLE DISABILITY INCOME  
BUSINESS OVERHEAD EXPENSE  
Annual Premiums Per \$100 Monthly Benefit

Class: B5  
Gender: Female

Issue Age	Benefit Period: 12 Months			Benefit Period: 18 Months			Benefit Period: 24 Months		
	Elimination Period			Elimination Period			Elimination Period		
	30 Days	60 Days	90 Days	30 Days	60 Days	90 Days	30 Days	60 Days	90 Days
18	15.46	10.51	5.28	18.81	12.50	6.35	23.32	13.96	10.99
19	15.46	10.51	5.28	18.81	12.50	6.35	23.32	13.96	10.99
20	15.46	10.51	5.28	18.81	12.50	6.35	23.32	13.96	10.99
21	15.46	10.51	5.28	18.81	12.50	6.35	23.32	13.96	10.99
22	15.46	10.51	5.28	18.81	12.50	6.35	23.32	13.96	10.99
23	15.46	10.51	5.28	18.81	12.50	6.35	23.32	13.96	10.99
24	15.46	10.51	5.28	18.81	12.50	6.35	23.32	13.96	10.99
25	15.46	10.51	5.28	18.81	12.50	6.35	22.37	13.96	10.99
26	15.68	10.60	5.41	19.43	12.91	6.67	23.13	14.44	11.27
27	15.88	10.73	5.56	20.01	13.29	6.98	23.82	14.87	11.50
28	16.08	10.89	5.72	20.56	13.65	7.30	24.42	15.25	11.70
29	16.27	11.10	5.91	21.10	14.02	7.61	25.00	15.61	11.88
30	16.49	11.34	6.12	21.61	14.36	7.92	25.54	15.95	12.03
31	16.68	11.61	6.35	22.14	14.71	8.24	26.08	16.27	12.18
32	16.91	11.91	6.60	22.65	15.05	8.56	26.61	16.61	12.32
33	17.15	12.24	6.91	23.21	15.41	8.95	27.17	16.95	12.50
34	17.42	12.60	7.25	23.75	15.78	9.35	27.74	17.30	12.69
35	17.70	13.00	7.62	24.35	16.18	9.78	28.37	17.70	12.93
36	18.03	13.43	8.01	24.98	16.60	10.25	29.06	18.14	13.21
37	18.38	13.90	8.45	25.68	17.06	10.75	29.84	18.63	13.54
38	18.77	14.39	8.95	26.43	17.56	11.31	30.72	19.18	13.95
39	19.21	14.91	9.48	27.24	18.10	11.93	31.70	19.78	14.43
40	19.70	15.46	10.06	28.13	18.68	12.64	32.20	20.48	15.00
41	20.24	16.04	10.69	29.12	19.34	13.42	32.82	21.25	15.67
42	20.84	16.65	11.40	30.19	20.05	14.30	33.60	22.14	16.44
43	21.49	17.29	12.11	31.37	20.84	15.21	34.91	23.12	17.33
44	22.22	17.96	12.87	32.67	21.70	16.22	36.39	24.23	18.36
45	23.01	18.64	13.67	34.08	22.64	17.29	38.00	25.47	19.52
46	23.88	19.36	14.51	35.61	23.66	18.47	39.74	26.84	20.83
47	24.83	20.11	15.36	37.30	24.78	19.71	41.58	28.36	22.30
48	25.87	20.87	16.19	39.15	26.01	21.00	43.91	30.05	23.95
49	26.98	21.67	17.02	41.11	27.32	22.31	46.33	31.89	25.76
50	28.19	22.49	17.83	42.89	28.76	23.70	48.85	33.92	27.79
51	29.51	23.34	18.63	44.67	30.31	25.12	51.46	36.13	30.00
52	30.91	24.20	19.39	46.46	31.98	26.58	54.14	38.55	32.43
53	32.43	25.10	20.08	48.53	33.78	28.01	57.25	41.16	35.08
54	34.06	26.01	20.72	50.67	35.72	29.45	60.51	44.00	37.97
55	35.80	26.95	21.33	52.92	37.79	30.90	63.95	47.06	41.10
56	37.48	28.24	22.15	55.69	40.32	32.63	67.94	50.61	44.51
57	39.17	29.54	22.92	58.41	42.86	34.25	71.86	54.17	47.92
58	40.84	30.85	23.58	61.24	45.37	35.66	75.97	57.73	51.34
59	42.54	32.15	24.17	64.07	47.90	36.97	80.09	61.28	54.76
60	44.21	33.45	24.71	66.87	50.43	38.18	84.15	64.84	58.17
61	45.97	34.81	25.26	69.79	53.09	39.43	88.41	68.60	61.79
62	47.78	36.22	25.82	72.83	55.89	40.72	92.89	72.58	65.65
63	49.67	37.69	26.41	76.01	58.85	42.04	97.59	76.79	69.73
64	51.62	39.22	26.99	79.34	61.95	43.41	102.54	81.23	74.08

\$40 annual policy fee  
Add 25% for tobacco users

Class: B5  
Gender: Female

NONCANCELABLE DISABILITY INCOME  
BUSINESS OVERHEAD EXPENSE  
Annual Premiums Per \$100 Monthly Benefit  
Residual Rider

BENEFIT PERIOD: 12 MONTHS

BENEFIT PERIOD: 18 MONTHS

BENEFIT PERIOD: 24 MONTHS

Issue Age	Elimination Period			Elimination Period			Elimination Period		
	30 Days	60 Days	90 Days	30 Days	60 Days	90 Days	30 Days	60 Days	90 Days
18	1.72	1.17	0.59	3.32	2.21	1.12	4.12	2.46	1.94
19	1.72	1.17	0.59	3.32	2.21	1.12	4.12	2.46	1.94
20	1.72	1.17	0.59	3.32	2.21	1.12	4.12	2.46	1.94
21	1.72	1.17	0.59	3.32	2.21	1.12	4.12	2.46	1.94
22	1.72	1.17	0.59	3.32	2.21	1.12	4.12	2.46	1.94
23	1.72	1.17	0.59	3.32	2.21	1.12	4.12	2.46	1.94
24	1.72	1.17	0.59	3.32	2.21	1.12	4.12	2.46	1.94
25	1.72	1.17	0.59	3.32	2.21	1.12	3.95	2.46	1.94
26	1.74	1.18	0.60	3.43	2.28	1.18	4.08	2.55	1.99
27	1.76	1.19	0.62	3.53	2.35	1.23	4.20	2.62	2.03
28	1.79	1.21	0.64	3.63	2.41	1.29	4.31	2.69	2.06
29	1.81	1.23	0.66	3.72	2.47	1.34	4.41	2.75	2.10
30	1.83	1.26	0.68	3.81	2.53	1.40	4.51	2.81	2.12
31	1.85	1.29	0.71	3.91	2.60	1.45	4.60	2.87	2.15
32	1.88	1.32	0.73	4.00	2.66	1.51	4.70	2.93	2.17
33	1.91	1.36	0.77	4.10	2.72	1.58	4.79	2.99	2.21
34	1.94	1.40	0.81	4.19	2.78	1.65	4.90	3.05	2.24
35	1.97	1.44	0.85	4.30	2.86	1.73	5.01	3.12	2.28
36	2.00	1.49	0.89	4.41	2.93	1.81	5.13	3.20	2.33
37	2.04	1.54	0.94	4.53	3.01	1.90	5.27	3.29	2.39
38	2.09	1.60	0.99	4.66	3.10	2.00	5.42	3.38	2.46
39	2.13	1.66	1.05	4.81	3.19	2.11	5.59	3.49	2.55
40	2.19	1.72	1.12	4.96	3.30	2.23	5.68	3.61	2.65
41	2.25	1.78	1.19	5.14	3.41	2.37	5.79	3.75	2.77
42	2.32	1.85	1.27	5.33	3.54	2.52	5.93	3.91	2.90
43	2.39	1.92	1.35	5.54	3.68	2.68	6.16	4.08	3.06
44	2.47	2.00	1.43	5.77	3.83	2.86	6.42	4.28	3.24
45	2.56	2.07	1.52	6.01	4.00	3.05	6.71	4.49	3.44
46	2.65	2.15	1.61	6.28	4.18	3.26	7.01	4.74	3.68
47	2.76	2.23	1.71	6.58	4.37	3.48	7.34	5.00	3.94
48	2.87	2.32	1.80	6.91	4.59	3.71	7.75	5.30	4.23
49	3.00	2.41	1.89	7.25	4.82	3.94	8.18	5.63	4.55
50	3.13	2.50	1.98	7.57	5.08	4.18	8.62	5.99	4.90
51	3.28	2.59	2.07	7.88	5.35	4.43	9.08	6.38	5.29
52	3.43	2.69	2.15	8.20	5.64	4.69	9.55	6.80	5.72
53	3.60	2.79	2.23	8.56	5.96	4.94	10.10	7.26	6.19
54	3.78	2.89	2.30	8.94	6.30	5.20	10.68	7.76	6.70
55	3.98	2.99	2.37	9.34	6.67	5.45	11.29	8.30	7.25
56	4.16	3.14	2.46	9.83	7.12	5.76	11.99	8.93	7.85
57	4.35	3.28	2.55	10.31	7.56	6.04	12.68	9.56	8.46
58	4.54	3.43	2.62	10.81	8.01	6.29	13.41	10.19	9.06
59	4.73	3.57	2.69	11.31	8.45	6.52	14.13	10.81	9.66
60	4.91	3.72	2.75	11.80	8.90	6.74	14.85	11.44	10.27
61	5.11	3.87	2.81	12.32	9.37	6.96	15.60	12.11	10.90
62	5.31	4.02	2.87	12.85	9.86	7.19	16.39	12.81	11.59
63	5.52	4.19	2.93	13.41	10.39	7.42	17.22	13.55	12.31
64	5.74	4.36	3.00	14.00	10.93	7.66	18.10	14.33	13.07

Add 25% for tobacco users

AMERITAS LIFE  
FORM ASSE

NONCANCELABLE DISABILITY INCOME  
BUSINESS OVERHEAD EXPENSE  
Annual Premiums Per \$100 Monthly Benefit  
SUBSTITUTE SALARY EXPENSE RIDER

Class: B5  
Gender: Female

BENEFIT PERIOD: 6 MONTHS

Issue Age	Elimination Period		
	30 Days	60 Days	90 Days
18	3.04	1.87	0.87
19	3.04	1.87	0.87
20	3.04	1.87	0.87
21	3.04	1.87	0.87
22	3.04	1.87	0.87
23	3.04	1.87	0.87
24	3.04	1.87	0.87
25	3.04	1.87	0.87
26	3.11	1.91	0.89
27	3.19	1.95	0.91
28	3.24	1.99	0.95
29	3.30	2.05	0.99
30	3.35	2.11	1.04
31	3.38	2.16	1.10
32	3.44	2.23	1.16
33	3.50	2.32	1.23
34	3.56	2.40	1.31
35	3.63	2.50	1.40
36	3.71	2.61	1.50
37	3.80	2.74	1.60
38	3.92	2.88	1.73
39	4.05	3.02	1.87
40	4.20	3.18	2.01
41	4.39	3.35	2.18
42	4.59	3.53	2.35
43	4.81	3.73	2.55
44	5.08	3.94	2.75
45	5.37	4.17	2.96
46	5.69	4.40	3.18
47	6.06	4.64	3.40
48	6.47	4.93	3.65
49	6.91	5.19	3.87
50	7.42	5.49	4.11
51	7.98	5.79	4.33
52	8.58	6.11	4.55
53	9.23	6.44	4.75
54	9.95	6.77	4.94
55	10.73	7.14	5.11
56	11.52	7.58	5.36
57	12.36	8.05	5.57
58	13.20	8.52	5.74
59	14.09	8.99	5.92
60	14.99	9.47	6.07
61	15.58	9.85	6.20
62	16.20	10.25	6.34
63	16.84	10.66	6.48
64	17.50	11.09	6.63

Add 25% for tobacco users

Class: B5  
Gender: Female  
Elimination period: 30 days

NONCANCELABLE DISABILITY INCOME  
BUSINESS OVERHEAD EXPENSE  
Annual Premiums Per \$100 Monthly Benefit  
Business Loan Repayment Rider

Issue Age	Loan Duration at date of Rider Issue (Years)								
	3	4	5	6	7	8	9	10	15
18	12.65	13.81	14.75	15.58	16.33	17.04	17.69	18.30	27.17
19	12.65	13.81	14.75	15.58	16.33	17.04	17.69	18.30	27.17
20	12.65	13.81	14.75	15.58	16.33	17.04	17.69	18.30	27.17
21	12.65	13.81	14.75	15.58	16.33	17.04	17.69	18.30	27.17
22	12.65	13.81	14.75	15.58	16.33	17.04	17.69	18.30	27.17
23	12.65	13.81	14.75	15.58	16.33	17.04	17.69	18.30	27.17
24	12.65	13.81	14.75	15.58	16.33	17.04	17.69	18.30	27.17
25	12.65	13.81	14.75	15.58	16.33	17.04	17.69	18.30	27.17
26	13.20	14.41	15.41	16.29	17.08	17.82	18.51	19.15	28.48
27	13.84	15.14	16.22	17.16	18.02	18.81	19.56	20.25	30.21
28	14.57	15.98	17.15	18.19	19.14	20.01	20.83	21.59	32.34
29	15.37	16.92	18.22	19.38	20.43	21.40	22.30	23.15	34.85
30	16.26	17.96	19.40	20.69	21.87	22.96	23.97	24.92	37.72
31	17.20	19.08	20.69	22.12	23.45	24.66	25.81	26.89	40.91
32	18.21	20.29	22.07	23.68	25.17	26.54	27.82	29.03	44.41
33	19.27	21.56	23.54	25.34	27.00	28.54	29.98	31.33	48.19
34	20.37	22.90	25.10	27.11	28.95	30.67	32.27	33.79	52.23
35	21.50	24.29	26.72	28.95	30.99	32.90	34.69	36.38	56.50
36	22.67	25.73	28.41	30.86	33.12	35.24	37.22	39.09	60.97
37	23.87	27.20	30.15	32.84	35.33	37.66	39.84	41.90	65.64
38	25.08	28.71	31.93	34.88	37.60	40.15	42.55	44.80	70.45
39	26.31	30.23	33.74	36.95	39.92	42.71	45.33	47.78	75.39
40	27.54	31.78	35.58	39.05	42.28	45.31	48.15	50.82	80.46
41	28.76	33.33	37.43	41.18	44.68	47.96	51.02	53.91	85.61
42	29.98	34.88	39.28	43.34	47.09	50.61	53.91	57.03	90.82
43	31.18	36.41	41.14	45.48	49.50	53.29	56.83	60.16	96.06
44	32.36	37.93	42.97	47.61	51.91	55.96	59.74	63.30	101.31
45	33.51	39.43	44.79	49.73	54.31	58.62	62.64	66.42	106.55
46	34.62	40.89	46.57	51.81	56.67	61.25	65.51	69.52	110.89
47	35.69	42.31	48.31	53.86	59.00	63.84	68.34	72.56	115.23
48	36.71	43.68	50.01	55.86	61.28	66.37	71.12	75.56	119.59
49	37.67	44.97	51.63	57.79	63.50	68.84	73.83	78.48	123.93
50	38.57	46.23	53.20	59.65	65.64	71.24	76.46	81.33	128.27
51	39.39	47.39	54.69	61.43	67.68	73.55	78.99	84.05	0.00
52	40.15	48.47	56.08	63.11	69.65	75.75	81.41	86.67	0.00
53	40.82	49.47	57.38	64.70	71.50	77.83	83.71	89.17	0.00
54	41.39	50.37	58.57	66.18	73.22	79.79	85.88	91.51	0.00
55	41.87	51.15	59.65	67.52	74.82	81.61	87.89	93.68	0.00
56	44.17	54.15	63.27	71.63	79.37	86.57	91.62	0.00	0.00
57	46.46	57.13	66.90	75.73	83.92	89.17	0.00	0.00	0.00
58	48.75	60.13	70.54	79.85	86.22	0.00	0.00	0.00	0.00
59	51.05	63.11	74.17	82.53	0.00	0.00	0.00	0.00	0.00
60	53.34	66.11	77.79	0.00	0.00	0.00	0.00	0.00	0.00

Add 25% for tobacco users

NONCANCELABLE DISABILITY INCOME  
BUSINESS OVERHEAD EXPENSE  
Annual Premiums Per \$100 Monthly Benefit

Class: B5  
Gender: Female  
Elimination period: 60 days

Issue Age	Loan Duration at date of Rider Issue (Years)								
	3	4	5	6	7	8	9	10	15
18	3.98	4.34	4.64	4.90	5.14	5.36	5.57	5.76	8.55
19	3.98	4.34	4.64	4.90	5.14	5.36	5.57	5.76	8.55
20	3.98	4.34	4.64	4.90	5.14	5.36	5.57	5.76	8.55
21	3.98	4.34	4.64	4.90	5.14	5.36	5.57	5.76	8.55
22	3.98	4.34	4.64	4.90	5.14	5.36	5.57	5.76	8.55
23	3.98	4.34	4.64	4.90	5.14	5.36	5.57	5.76	8.55
24	3.98	4.34	4.64	4.90	5.14	5.36	5.57	5.76	8.55
25	3.98	4.34	4.64	4.90	5.14	5.36	5.57	5.76	8.55
26	4.47	4.86	5.18	5.45	5.70	5.93	6.14	6.33	9.36
27	5.07	5.50	5.86	6.17	6.45	6.70	6.95	7.16	10.60
28	5.74	6.26	6.68	7.04	7.38	7.69	7.97	8.23	12.23
29	6.51	7.13	7.63	8.07	8.48	8.86	9.20	9.51	14.23
30	7.35	8.08	8.69	9.24	9.73	10.20	10.62	11.01	16.58
31	8.26	9.14	9.86	10.53	11.14	11.70	12.21	12.69	19.26
32	9.23	10.27	11.14	11.93	12.66	13.35	13.97	14.55	22.23
33	10.26	11.47	12.51	13.46	14.32	15.13	15.88	16.58	25.48
34	11.34	12.74	13.95	15.06	16.08	17.04	17.91	18.74	28.98
35	12.45	14.06	15.47	16.75	17.94	19.05	20.08	21.05	32.70
36	13.60	15.43	17.05	18.52	19.88	21.15	22.35	23.47	36.63
37	14.77	16.85	18.67	20.35	21.89	23.35	24.71	25.99	40.73
38	15.96	18.29	20.33	22.23	23.97	25.61	27.14	28.58	44.99
39	17.16	19.74	22.04	24.15	26.10	27.94	29.65	31.26	49.36
40	18.37	21.21	23.76	26.10	28.27	30.30	32.21	34.00	53.86
41	19.57	22.70	25.49	28.07	30.46	32.70	34.80	36.77	58.42
42	20.77	24.16	27.23	30.05	32.65	35.11	37.42	39.57	63.04
43	21.94	25.62	28.96	32.02	34.87	37.53	40.04	42.38	67.68
44	23.10	27.06	30.67	33.98	37.05	39.94	42.66	45.20	72.34
45	24.21	28.48	32.35	35.92	39.23	42.34	45.26	47.98	76.97
46	25.28	29.85	34.00	37.83	41.37	44.71	47.82	50.74	80.50
47	26.31	31.18	35.60	39.67	43.47	47.02	50.35	53.45	84.01
48	27.30	32.44	37.15	41.48	45.50	49.28	52.80	56.09	87.53
49	28.21	33.65	38.62	43.21	47.47	51.47	55.19	58.66	91.04
50	29.05	34.80	40.03	44.87	49.36	53.56	57.49	61.13	94.56
51	29.82	35.85	41.35	46.44	51.15	55.58	59.68	63.50	0.00
52	30.51	36.81	42.56	47.90	52.85	57.47	61.76	65.74	0.00
53	31.11	37.67	43.69	49.26	54.42	59.24	63.71	67.85	0.00
54	31.60	38.45	44.69	50.50	55.86	60.88	65.51	69.80	0.00
55	32.00	39.09	45.57	51.60	57.17	62.36	67.16	71.58	0.00
56	33.89	41.56	48.57	54.99	60.92	66.46	37.42	0.00	0.00
57	35.80	44.03	51.56	58.38	64.68	38.36	0.00	0.00	0.00
58	37.70	46.50	54.55	61.76	38.63	0.00	0.00	0.00	0.00
59	39.60	48.96	57.54	38.15	0.00	0.00	0.00	0.00	0.00
60	41.50	51.43	60.54	0.00	0.00	0.00	0.00	0.00	0.00

Add 25% for tobacco users

NONCANCELABLE DISABILITY INCOME  
BUSINESS OVERHEAD EXPENSE  
Annual Premiums Per \$100 Monthly Benefit

Class: B5  
Gender: Female  
Elimination period: 90 days

Issue Age	Loan Duration at date of Rider Issue (Years)									
	3	4	5	6	7	8	9	10	15	
18	4.24	4.86	5.39	5.87	6.31	6.70	7.09	7.44	11.65	
19	4.24	4.86	5.39	5.87	6.31	6.70	7.09	7.44	11.65	
20	4.24	4.86	5.39	5.87	6.31	6.70	7.09	7.44	11.65	
21	4.24	4.86	5.39	5.87	6.31	6.70	7.09	7.44	11.65	
22	4.24	4.86	5.39	5.87	6.31	6.70	7.09	7.44	11.65	
23	4.24	4.86	5.39	5.87	6.31	6.70	7.09	7.44	11.65	
24	4.24	4.86	5.39	5.87	6.31	6.70	7.09	7.44	11.65	
25	4.24	4.86	5.39	5.87	6.31	6.70	7.09	7.44	11.65	
26	4.29	4.93	5.48	5.96	6.40	6.80	7.18	7.53	11.79	
27	4.40	5.07	5.64	6.14	6.60	7.01	7.42	7.78	12.19	
28	4.56	5.28	5.87	6.41	6.90	7.35	7.77	8.15	12.82	
29	4.77	5.55	6.20	6.77	7.31	7.79	8.26	8.68	13.69	
30	5.04	5.87	6.60	7.23	7.83	8.37	8.87	9.34	14.79	
31	5.35	6.27	7.07	7.78	8.44	9.03	9.61	10.13	16.11	
32	5.70	6.73	7.61	8.41	9.14	9.82	10.46	11.06	17.66	
33	6.10	7.23	8.23	9.13	9.95	10.71	11.43	12.10	19.41	
34	6.53	7.80	8.92	9.91	10.85	11.70	12.52	13.28	21.39	
35	7.01	8.42	9.66	10.79	11.83	12.80	13.71	14.57	23.56	
36	7.52	9.10	10.48	11.74	12.91	13.99	15.02	15.98	25.94	
37	8.08	9.83	11.36	12.76	14.06	15.28	16.43	17.50	28.52	
38	8.67	10.60	12.31	13.86	15.32	16.67	17.94	19.14	31.29	
39	9.30	11.42	13.30	15.03	16.64	18.15	19.55	20.88	34.25	
40	9.96	12.29	14.37	16.27	18.04	19.70	21.27	22.73	37.38	
41	10.65	13.20	15.48	17.57	19.53	21.35	23.07	24.69	40.69	
42	11.36	14.15	16.65	18.94	21.08	23.10	24.97	26.73	44.18	
43	12.11	15.14	17.88	20.38	22.71	24.91	26.96	28.89	47.83	
44	12.89	16.18	19.14	21.87	24.42	26.80	29.04	31.13	51.64	
45	13.69	17.25	20.46	23.42	26.18	28.77	31.19	33.46	55.62	
46	14.51	18.35	21.83	25.03	28.02	30.82	33.43	35.88	59.74	
47	15.36	19.49	23.24	26.70	29.92	32.94	35.74	38.39	63.85	
48	16.23	20.66	24.69	28.41	31.87	35.11	38.14	40.97	67.97	
49	17.11	21.86	26.18	30.17	33.89	37.37	40.61	43.63	72.07	
50	18.02	23.08	27.72	31.99	35.97	39.67	43.14	46.37	76.19	
51	18.93	24.35	29.29	33.85	38.10	42.06	45.75	49.18	0.00	
52	19.87	25.62	30.89	35.76	40.28	44.50	48.41	52.05	0.00	
53	20.81	26.93	32.53	37.70	42.52	46.99	51.14	54.99	0.00	
54	21.76	28.26	34.19	39.69	44.79	49.53	53.93	58.00	0.00	
55	22.73	29.60	35.88	41.71	47.12	52.12	56.77	61.06	0.00	
56	24.37	31.81	38.62	44.89	50.71	56.10	60.29	0.00	0.00	
57	26.00	34.02	41.35	48.06	54.29	58.92	0.00	0.00	0.00	
58	27.64	36.22	44.09	51.25	56.82	0.00	0.00	0.00	0.00	
59	29.26	38.43	46.81	53.78	0.00	0.00	0.00	0.00	0.00	
60	30.90	40.65	49.55	0.00	0.00	0.00	0.00	0.00	0.00	

Add 25% for tobacco users

NONCANCELABLE DISABILITY INCOME  
BUSINESS OVERHEAD EXPENSE  
Annual Premiums Per \$100 Monthly Benefit

Class: B5  
Gender: Female  
Elimination period: 180 days

Issue Age	Loan Duration at date of Rider Issue (Years)								
	3	4	5	6	7	8	9	10	15
18	2.90	3.55	4.10	4.57	5.01	5.41	5.78	6.14	9.95
19	2.90	3.55	4.10	4.57	5.01	5.41	5.78	6.14	9.95
20	2.90	3.55	4.10	4.57	5.01	5.41	5.78	6.14	9.95
21	2.90	3.55	4.10	4.57	5.01	5.41	5.78	6.14	9.95
22	2.90	3.55	4.10	4.57	5.01	5.41	5.78	6.14	9.95
23	2.90	3.55	4.10	4.57	5.01	5.41	5.78	6.14	9.95
24	2.90	3.55	4.10	4.57	5.01	5.41	5.78	6.14	9.95
25	2.90	3.55	4.10	4.57	5.01	5.41	5.78	6.14	9.95
26	2.76	3.31	3.77	4.17	4.53	4.84	5.15	5.44	8.69
27	2.69	3.18	3.58	3.93	4.24	4.50	4.76	5.01	7.90
28	2.69	3.15	3.52	3.84	4.12	4.36	4.60	4.82	7.56
29	2.75	3.22	3.58	3.91	4.18	4.42	4.66	4.88	7.63
30	2.88	3.37	3.76	4.11	4.41	4.67	4.93	5.17	8.11
31	3.05	3.60	4.05	4.45	4.80	5.10	5.39	5.67	8.97
32	3.29	3.93	4.45	4.91	5.34	5.70	6.06	6.40	10.20
33	3.58	4.33	4.95	5.51	6.01	6.47	6.90	7.31	11.78
34	3.91	4.80	5.55	6.21	6.82	7.38	7.92	8.42	13.69
35	4.29	5.34	6.22	7.03	7.77	8.45	9.09	9.70	15.90
36	4.72	5.94	7.00	7.96	8.83	9.64	10.41	11.15	18.40
37	5.18	6.61	7.84	8.97	10.00	10.97	11.89	12.74	21.18
38	5.70	7.32	8.76	10.07	11.29	12.41	13.49	14.50	24.21
39	6.24	8.10	9.76	11.27	12.67	13.97	15.21	16.37	27.47
40	6.81	8.93	10.81	12.53	14.13	15.63	17.05	18.37	30.96
41	7.41	9.79	11.91	13.86	15.68	17.39	18.98	20.49	34.62
42	8.04	10.69	13.08	15.27	17.30	19.21	21.01	22.70	38.47
43	8.69	11.63	14.29	16.72	19.00	21.12	23.12	24.99	42.48
44	9.36	12.61	15.54	18.23	20.74	23.10	25.31	27.38	46.62
45	10.05	13.61	16.82	19.78	22.55	25.13	27.55	29.82	50.90
46	10.75	14.63	18.15	21.38	24.39	27.21	29.86	32.33	54.80
47	11.48	15.67	19.48	22.99	26.27	29.33	32.20	34.88	58.70
48	12.20	16.73	20.84	24.64	28.17	31.48	34.57	37.46	62.61
49	12.93	17.80	22.22	26.30	30.10	33.66	36.98	40.07	66.50
50	13.67	18.86	23.60	27.97	32.05	35.85	39.39	42.69	70.41
51	14.40	19.94	24.99	29.65	34.00	38.05	41.82	45.33	0.00
52	15.14	21.01	26.37	31.33	35.94	40.24	44.23	47.95	0.00
53	15.88	22.08	27.75	32.99	37.87	42.41	46.62	50.54	0.00
54	16.59	23.13	29.11	34.66	39.79	44.57	49.00	53.11	0.00
55	17.30	24.17	30.46	36.28	41.69	46.69	51.34	55.63	0.00
56	18.61	26.06	32.87	39.15	44.99	50.39	54.60	0.00	0.00
57	19.91	27.94	35.26	42.00	48.26	52.95	0.00	0.00	0.00
58	21.22	29.81	37.67	44.87	50.53	0.00	0.00	0.00	0.00
59	22.52	31.70	40.07	47.13	0.00	0.00	0.00	0.00	0.00
60	23.83	33.58	42.48	0.00	0.00	0.00	0.00	0.00	0.00

Add 25% for tobacco users



NONCANCELABLE DISABILITY INCOME  
BUSINESS OVERHEAD EXPENSE  
Annual Premiums Per \$100 Monthly Benefit

Class: B5  
Gender: Female  
Elimination period: 365 days

Issue Age	Loan Duration at date of Rider Issue (Years)									
	3	4	5	6	7	8	9	10	15	
18	1.57	2.23	2.78	3.26	3.70	4.10	4.47	4.83	8.23	
19	1.57	2.23	2.78	3.26	3.70	4.10	4.47	4.83	8.23	
20	1.57	2.23	2.78	3.26	3.70	4.10	4.47	4.83	8.23	
21	1.57	2.23	2.78	3.26	3.70	4.10	4.47	4.83	8.23	
22	1.57	2.23	2.78	3.26	3.70	4.10	4.47	4.83	8.23	
23	1.57	2.23	2.78	3.26	3.70	4.10	4.47	4.83	8.23	
24	1.57	2.23	2.78	3.26	3.70	4.10	4.47	4.83	8.23	
25	1.57	2.23	2.78	3.26	3.70	4.10	4.47	4.83	8.23	
26	1.23	1.70	2.06	2.36	2.64	2.88	3.11	3.33	5.58	
27	0.98	1.30	1.52	1.71	1.85	1.98	2.11	2.22	3.60	
28	0.81	1.03	1.16	1.25	1.32	1.37	1.43	1.47	2.27	
29	0.71	0.88	0.96	1.01	1.03	1.04	1.05	1.08	1.56	
30	0.70	0.85	0.92	0.96	0.98	0.98	0.98	0.99	1.42	
31	0.75	0.94	1.03	1.10	1.13	1.17	1.19	1.23	1.83	
32	0.87	1.12	1.29	1.40	1.51	1.58	1.66	1.74	2.74	
33	1.04	1.40	1.66	1.88	2.06	2.22	2.38	2.53	4.13	
34	1.28	1.78	2.16	2.50	2.80	3.07	3.31	3.57	5.97	
35	1.57	2.23	2.78	3.26	3.70	4.10	4.47	4.83	8.23	
36	1.91	2.77	3.51	4.15	4.75	5.30	5.81	6.32	10.86	
37	2.28	3.38	4.32	5.16	5.94	6.67	7.35	7.99	13.84	
38	2.70	4.05	5.22	6.28	7.25	8.17	9.03	9.85	17.13	
39	3.16	4.77	6.20	7.49	8.69	9.80	10.86	11.85	20.70	
40	3.65	5.56	7.24	8.79	10.21	11.56	12.82	14.00	24.52	
41	4.17	6.38	8.35	10.16	11.84	13.41	14.88	16.27	28.55	
42	4.70	7.23	9.51	11.58	13.53	15.34	17.05	18.65	32.77	
43	5.25	8.12	10.71	13.07	15.28	17.34	19.28	21.11	37.14	
44	5.83	9.03	11.93	14.59	17.07	19.40	21.57	23.62	41.61	
45	6.41	9.97	13.19	16.15	18.91	21.49	23.91	26.18	46.17	
46	7.00	10.90	14.45	17.71	20.76	23.61	26.28	28.77	49.87	
47	7.59	11.85	15.72	19.29	22.63	25.74	28.65	31.37	53.55	
48	8.18	12.80	16.99	20.87	24.48	27.86	31.02	33.95	57.25	
49	8.75	13.72	18.25	22.43	26.33	29.95	33.35	36.52	60.93	
50	9.32	14.64	19.48	23.96	28.13	32.02	35.65	39.03	64.63	
51	9.89	15.54	20.69	25.46	29.89	34.02	37.88	41.46	0.00	
52	10.41	16.39	21.86	26.90	31.60	35.98	40.04	43.83	0.00	
53	10.93	17.22	22.97	28.29	33.24	37.84	42.11	46.07	0.00	
54	11.41	17.99	24.02	29.60	34.78	39.60	44.07	48.20	0.00	
55	11.86	18.73	25.01	30.84	36.25	41.25	45.90	50.19	0.00	
56	12.85	20.29	27.10	33.40	39.25	44.68	48.92	0.00	0.00	
57	13.83	21.84	29.18	35.97	42.26	46.99	0.00	0.00	0.00	
58	14.80	23.39	31.25	38.52	44.24	0.00	0.00	0.00	0.00	
59	15.78	24.94	33.33	40.47	0.00	0.00	0.00	0.00	0.00	
60	16.77	26.50	35.42	0.00	0.00	0.00	0.00	0.00	0.00	

Add 25% for tobacco users

AMERITAS LIFE  
FORM: 4503NCBOE

Class: B5  
Gender: Female  
Nontobacco

Conditionally Renewable Disability Income  
Annual Premiums Per \$100 Monthly Benefit  
Ages 65+

Benefit Period: 24 Months			
	Elimination Period		
Occ Class	30 Days	60 Days	90 Days
B6	\$ 184.84	\$ 122.63	\$ 96.99
B5	\$ 216.26	\$ 143.48	\$ 113.48
Benefit Period: 12 Months			
	Elimination Period		
Occ Class	30 Days	60 Days	90 Days
B6	\$ 125.97	\$ 86.25	\$ 50.75
B5	\$ 147.38	\$ 100.91	\$ 59.38

\$40 annual policy fee  
Add 25% for tobacco users

AMERITAS LIFE  
Form: AFIO BOE

NONCANCELABLE DISABILITY INCOME  
BUSINESS OVERHEAD EXPENSE  
Annual Premiums per \$100 of monthly benefit  
FUTURE INCREASE OPTION RIDER

Occ Class: B6, B5  
Gender: Female

**BENEFIT:** Option to elect increase in Disability Benefits without evidence of physical insurability.

**OPTION DATE:** Each policy anniversary until the policy anniversary following attainment of age 55.

**ISSUE AGES:** 18 to 50

**PREMIUMS:** Gross premium of the rider is 10% of the gross premium of the base policy and 5% of the Substitute Salary Expense Rider, if attached.

SERFF Tracking #:

AMFA-129650235

State Tracking #:

Company Tracking #:

DI-4503NCBOE ET AL. - BOE PRODUCT  
(RATES...)

**State:** District of Columbia  
**TOI/Sub-TOI:** H111 Individual Health - Disability Income/H111.004 Other  
**Product Name:** DI-4503NCBOE et al. - BOE Product (Rates)  
**Project Name/Number:** DI-4503NCBOE et al. - BOE Product (Rates)/DI-4503NCBOE et al. - BOE Product (Rates)

**Filing Company:** Ameritas Life Insurance Corp.

## Supporting Document Schedules

<b>Satisfied - Item:</b>	Cover Letter All Filings
<b>Comments:</b>	Please refer to the Filing Description under the General Information Tab.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Certificate of Authority to File
<b>Bypass Reason:</b>	n/a - no third parties are involved with this filing.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	
<b>Attachment(s):</b>	Actuarial Memorandum - 4503NCBOE.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Actuarial Justification
<b>Comments:</b>	We have filed the rates as a rate filing. The forms were filed separately. Actuarial Memorandum is attached above.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
<b>Bypass Reason:</b>	n/a - these are new rates, not a rate change.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
<b>Bypass Reason:</b>	n/a - these are new rates, not a rate change.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

SERFF Tracking #: AMFA-129650235 State Tracking #: Company Tracking #: DI-4503NCBOE ET AL. - BOE PRODUCT (RATES...)

State: District of Columbia Filing Company: Ameritas Life Insurance Corp.  
TOI/Sub-TOI: H111 Individual Health - Disability Income/H111.004 Other  
Product Name: DI-4503NCBOE et al. - BOE Product (Rates)  
Project Name/Number: DI-4503NCBOE et al. - BOE Product (Rates)/DI-4503NCBOE et al. - BOE Product (Rates)

<b>Bypassed - Item:</b>	Actuarial Memorandum and Certifications
<b>Bypass Reason:</b>	n/a - these are new rates, not a rate change.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Unified Rate Review Template
<b>Bypass Reason:</b>	n/a - these are new rates, not a rate change.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

# AMERITAS LIFE INSURANCE CORP.

## ACTUARIAL MEMORANDUM Individual Disability Insurance Policy and Riders

### Policies

Disability Income Business Overhead Expense

### Form Number

4503NCBOE

### Riders

Substitute Salary Expense

ASSE 7-14

Extended Residual Disability

ARES BOE 7-14

Business Loan Repayment

ABLR 7-14

Future Increase Option

AFIO BOE 7-14

### Scope and Purpose

The purpose of this memorandum is to document the actuarial work accomplished in pricing the above mentioned forms and to certify that the associated premiums satisfy the requirements of your state. This memorandum should not be used for any other purpose.

### General Description of Benefits

This is a noncancelable and guaranteed renewable, individual disability income Business Overhead Expense (BOE) policy that reimburses the insured for covered business expenses as defined in the policy. Generally, expenses are reimbursed on a monthly basis after the insured has satisfied the elimination period and for some maximum period of time, as specified in the policy. Expenses will be reimbursed for periods of either total or residual disability. Policies will be issued to males and females, ages 18-64. The premium paying and coverage periods will be through the policy anniversary following the insured's 65<sup>th</sup> birthday. Coverage may be continued beyond this point on a conditionally renewable basis while the insured is actively at work.

- **Substitute Salary Expense (ASSE):** This rider is designed to help reimburse expenses incurred to employ another person to perform the duties the insured would otherwise perform had he/she not become disabled. The maximum amount of benefit that can be purchased with this rider is the lesser of 50% of the maximum monthly benefit or 100% of the insured's monthly earned income at the time of issue. Benefit are payable for up to six months.
- **Extended Residual Disability (ARES BOE):** This rider extends the maximum benefit period for residual disability by eliminating the six-month benefit period limit in the base policy.
- **Future Increase Option Rider (AFIO BOE):** This rider provides the right to purchase additional coverage, on each policy anniversary up to and including age 55, with only financial evidence of insurability. Up to 50% of the maximum monthly benefit may be elected at one time. The total of all increases may never exceed the amount purchased under this rider. The gross premium for this rider is 10% of the gross premium of the base policy and 5% of the ASSE.
- **Business Loan Repayment Rider (ABLR):** This rider is designed to reimburse monthly installment payments associated with a business loan in the event the insured becomes totally disabled. The coverage period will align with the terms of the loan. There are options to renew this coverage and/or to convert to base BOE coverage.

## Applicability

These forms will be used only for future sales and will have no effect on in force policies.

## Gross Premium Assumptions

The Gross Premiums for this policy form and riders were developed in a manner such that, along with investment income from accumulated assets, these premiums would be sufficient to fund future benefits and expenses, while providing the company with a reasonable profit margin. The method is generally described in chapter 4 of the Society of Actuaries textbook *Individual Health Insurance*.

### 1. Morbidity

#### **Incidence rates:**

The table below indicates expected incidence rates as a percentage of the 1985 CIDA tables. The factors were derived from a review of the SOA 2013 IDEC study of experience from 1990-1999, as well as Ameritas experience from 1998-2011.

**Incidence Rates as % of 85 CIDA**

SEX	EP	PRICING
M	30	33.0%
M	60	45.5%
M	90	85.3%
F	30	36.6%
F	60	39.5%
F	90	75.7%

**Incidence factors by duration account for both Selection and PAD.**

Duration:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16+
Factor:	0.95	1.00	1.01	1.02	1.03	1.04	1.05	1.06	1.07	1.08	1.09	1.1	1.115	1.13	1.138	1.14

#### **Termination rates:**

Claim termination rates were derived from a combination of recent Ameritas experience and the 2013 IDEC industry experience. Durational factors as a percent of the 1985 CIDA table are listed below.

**Claim Termination Rates as % 85 CIDA**

Dur from Claim	BOE PRICING
Q1	30%
Q2	50%
Q3	85%
Q4	110%
Q5	165%
Q6	175%
Q7	200%
Q8	210%

## 2. Policy Persistency

Expected policy lapse rates are based on company experience. They vary by issue age and policy duration (see Exhibit A-1).

## 3. Expense Assumptions

<b>2013 Allowable Expense Rates</b>		
<b>Operations/Overhead</b>		
Sales Support	% FY Comm	9.50%
Marketing	% FY Comm	9.50%
Home Office Selection & Issue	\$Per Units Issued	7.5*
	\$Per Policy Issued	140.00
Home Office Maintenance	\$Per Ave Policy In force	67.87
	% Renewal Premium	2.50%
Claims	% Paid Claims	3.00%
General Home Office Expenses	% Renewal Comm	0.0%
<b>Distribution</b>		
Home Office Distribution	% FY Comm	20.00%
Sales Conference	% FY Comm	1.00%
Agency Cost	% FY Comm	100.00%
	% Renewal Comm	32.15%
DI Center Bonus	% Renewal Comm yrs 2-10	0.00%
Agents' Fringes	% FY Comm	22.00%
	% Renewal Comm yrs 2-10	8.80%
	% Renewal Comm yrs 11+	1.80%

\*The expense per unit is capped at 100 units.

### **Commission Rates and Service Fees as a %Premium by Duration**

<b>Policy Year</b>	<b>% of Premium</b>
<b>1</b>	47.50%
<b>2</b>	11.50%
<b>3</b>	11.50%
<b>4-10</b>	11.50%
<b>11</b>	6.50%
<b>12</b>	6.175%
<b>13</b>	5.85%
<b>14</b>	5.53%
<b>15</b>	5.20%
<b>16-24</b>	5.00%
<b>25+</b>	5.00%



#### **4. Interest Rate**

The interest rate used in pricing was 5.00%.

#### **5. Claim Liability Reserves**

Claim reserves for known claims are calculated using the 1985 CIDA table with adjustments to the first two durational years to reflect the company's experience. The discount rate is 4%. The IBNR is equal to 5% of the known claim reserves. The In Course of Settlement liability is obtained through an inventory of open claims. The adequacy of our claim reserve is tested annually during the fourth quarter of every year.

#### **6. Active Life Reserve**

Statutory Reserves – 1985 CIDA at 3.50%. The two-year preliminary term reserve method is used. Mortality used is the 2001 CSO.

Tax Reserves – 1985 CIDA at 2.16%. The two-year preliminary term reserve method is used. Mortality used is the 2001 CSO.

#### **7. Premium Classes**

The insured has a choice of three benefit periods and three elimination periods available on a gender distinct basis:

<u>Classes</u>	<u>Benefit Period</u>	<u>Elimination Period</u>
B6, B5	24 months	30, 60 and 90 days
B6, B5	18 months	30, 60 and 90 days
B6, B5	12 months	30, 60 and 90 days

#### **Tobacco Adjustment:**

The attached rate tables contain premiums for policies sold to individuals who do not use tobacco. A tobacco user adjustment factor of 1.25 will be applied for an appropriate tobacco rate.

#### **8. Premium Discounts**

Two premium discount structures will be available for offer with these forms:

- An "Association" discount of 15% is offered to active members of approved state or local professional associations. The association must be established for purposes other than for buying insurance. The agent must provide documentation of first-year promotional strategies and how the association will support the marketing program. It must also be a sole-source endorsement. The localized nature of these associations, the well planned marketing, the singular accessibility, as well as the annual monitoring of results and activity allows for a good penetration of homogeneous groups of professionals. In addition, the accessibility afforded to the agents via this endorsement and program allows for reduced producer distribution costs.

- A Fully-Underwritten Multi-life discount of 15% (3+ lives) is offered to employees of a single employer when multiple individuals are issued individual DI policies on a fully underwritten basis. Premiums may be paid by the insured or by the employer. This program allows for increased penetration of small, fully underwritten groups. In turn, this increases spread of risk and reduces anti-selection. The bulk nature of the sale also allows for cost savings to be passed on to the insured.

**9. Marketing Method**

This product will be marketed through our individual agency force.

**10. Underwriting**

Issued on a fully underwritten basis.

**11. Issue Age Range**

Issue ages will be 18-64.

**12. Average Annual Premium**

An average expected annual premium for this policy form is \$2,282.

**13. Premium Modalization Rules**

<u>Premium Mode</u>	<u>Modal Factor</u>	<u>Policy Fee</u>
Annual	1.00	\$40.00
Semi-Annual	.51	\$23.00
Quarterly	.26	\$13.00
Monthly	.086	\$4.00

**14. Anticipated Loss Ratio**

The lifetime anticipated loss ratio for form 4503NCBOE is 51%. The durational and lifetime loss ratios for a single year's worth of sales are shown in Exhibit A-2. Loss ratios for this form are calculated as the present value of benefits divided by the present value of premiums. Active Life Reserve changes are not included in the calculation. The interest rate used is 4%.

**15. Distribution of Business**

Exhibit A-3 shows the anticipated mix of business by various breakdowns.

**16. Contingency and Risk Margins**

There are no specific contingency or risk margins in the pricing. Assumptions are company specific averages over time applied against industry standards. The pricing targets an aggregated profit margin of 9.6%.

**17. History of Rate Adjustments**

The above referenced form to which this memorandum applies is new and has no history of rate adjustments.

**18. Number of Policyholders**

The above referenced form to which this memorandum applies is new and will not affect in force policyholders.

**19. Proposed Effective date**

September 15, 2014, or upon state approval, if later.

**20. Actuarial Certification**

I certify to the best of my knowledge and judgment, this rate filing is in compliance with the applicable laws and regulations of this state and the premiums are reasonable in relation to the benefits provided.

I hereby further attest that, in my opinion, the rates are not excessive, inadequate or unfairly discriminatory.

I, Chris Keffalos, am a member in good standing of the American Academy of Actuaries.

A handwritten signature in black ink that reads "Chris Keffalos". The signature is written in a cursive, flowing style.

---

Chris Keffalos ASA, MAAA  
VP & Disability Actuary  
June 30, 2014

Policy Duration	BOE Lapse Rates			
	25	35	45	55
1	3.7%	2.4%	2.6%	3.2%
2	4.6%	3.1%	3.1%	4.3%
3	5.0%	3.2%	3.5%	4.7%
4	4.3%	3.2%	3.5%	5.5%
5	4.1%	3.0%	3.6%	5.9%
6	4.1%	3.3%	3.7%	6.3%
7	3.8%	3.0%	3.4%	6.5%
8	3.1%	2.7%	3.5%	6.5%
9	2.3%	2.7%	3.5%	7.0%
10	2.4%	2.4%	3.6%	7.6%
11	1.9%	1.9%	2.9%	-
12	1.7%	1.7%	3.0%	-
13	1.3%	1.7%	3.4%	-
14	1.0%	1.7%	3.7%	-
15	1.0%	1.7%	4.1%	-
16	1.1%	1.8%	4.3%	-
17	1.1%	1.8%	4.7%	-
18	1.1%	1.8%	5.1%	-
19	1.1%	1.9%	6.0%	-
20	1.1%	1.9%	6.8%	-
21	1.5%	1.9%	-	-
22	1.5%	2.3%	-	-
23	1.5%	2.3%	-	-
24	1.5%	3.0%	-	-
25	1.9%	3.4%	-	-
26	2.3%	3.8%	-	-
27	2.7%	4.2%	-	-
28	3.0%	4.6%	-	-
29	3.4%	5.3%	-	-
30	3.8%	5.7%	-	-
31	3.8%	-	-	-
32	3.8%	-	-	-
33	3.8%	-	-	-
34	4.2%	-	-	-
35	4.2%	-	-	-
36	4.2%	-	-	-
37	4.2%	-	-	-
38	4.6%	-	-	-
39	4.6%	-	-	-
40	4.6%	-	-	-

Dur	Premiums	Benefits	Incurred Loss Ratio	Change in ALR	Loss ratio w/ALR
1	494,588	140,343	28%	0	28%
2	480,270	152,301	32%	0	32%
3	464,007	155,422	33%	57,068	46%
4	447,540	158,915	36%	104,439	59%
5	431,534	162,542	38%	92,842	59%
6	415,612	166,146	40%	80,707	59%
7	400,285	169,930	42%	70,390	60%
8	386,288	174,285	45%	60,431	61%
9	372,961	178,325	48%	50,428	61%
10	360,069	171,026	47%	42,319	59%
11	320,346	171,274	53%	38,187	65%
12	312,628	177,976	57%	30,884	67%
13	304,919	185,976	61%	20,522	68%
14	296,775	194,270	65%	9,614	69%
15	288,226	201,650	70%	(1,916)	69%
16	279,496	208,340	75%	(13,330)	70%
17	270,651	215,065	79%	(25,693)	70%
18	261,509	221,988	85%	(38,270)	70%
19	251,838	223,715	89%	(49,615)	69%
20	241,466	136,252	56%	(47,200)	37%
21	116,419	99,333	85%	(24,518)	64%
22	114,084	103,298	91%	(13,613)	79%
23	111,583	107,546	96%	(19,299)	79%
24	108,787	111,982	103%	(28,289)	77%
25	105,472	116,318	110%	(36,287)	76%
26	101,868	120,762	119%	(44,451)	75%
27	98,012	125,303	128%	(52,687)	74%
28	93,942	129,921	138%	(60,913)	73%
29	89,553	129,637	145%	(67,962)	69%
30	84,877	45,844	54%	(61,406)	-18%
31	7,139	7,850	110%	(27,208)	-271%
32	6,871	8,027	117%	(3,129)	71%
33	6,613	8,235	125%	(3,467)	72%
34	6,354	8,464	133%	(3,978)	71%
35	6,092	8,710	143%	(4,361)	71%
36	5,842	8,996	154%	(4,783)	72%
37	5,602	9,322	166%	(5,248)	73%
38	5,362	9,675	180%	(5,820)	72%
39	5,122	9,675	189%	(6,235)	67%
40	4,894	3,053	62%	(5,697)	-54%
Sum PVs =>	\$5,453,072	\$2,794,612	51%		

<b>Gender</b>	
Male	60%
Female	40%
100%	

<b>Elimination Period</b>	
30	31%
60	49%
90	20%
100%	

<b>Benefit Period</b>	
12 months	53%
18 months	22%
24 months	25%
100%	

<b>Issue Age</b>	
25	5%
35	45%
45	45%
55	5%
100%	