



SIMPLIFIED ISSUE 10-YEAR LEVEL GROUP TERM LIFE INSURANCE

Underwritten by ReliaStar Life Insurance Company, a member of the Voya® family of companies (Minneapolis, MN)

Monthly Rate* for \$50,000 Benefit

Age on Effective Date	Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
18 – 23	3.50	4.50	3.15	7.65
24	3.50	9.05	3.15	7.65
25	3.50	9.05	3.15	7.65
26	3.50	9.10	3.15	7.65
27	3.50	9.10	3.15	7.65
28	3.55	9.15	3.15	7.65
29	3.60	9.20	3.15	7.65
30	3.65	9.25	3.15	7.80
31	3.75	9.25	3.25	7.80
32	3.80	9.25	3.30	7.80
33	4.00	9.25	3.30	7.80
34	4.10	9.25	3.45	7.80
35	4.15	9.55	3.70	7.95
36	4.20	10.00	3.85	8.35
37	4.30	10.60	4.00	9.00
38	4.55	11.35	4.10	9.75
39	4.70	12.30	4.30	10.60
40	4.95	13.30	4.65	11.40
41	5.40	14.55	4.85	12.30
42	5.90	16.05	5.10	13.20
43	6.00	17.65	5.35	14.25
44	6.50	19.50	5.85	15.30
45	7.05	21.35	6.20	16.45
46	7.75	23.50	6.60	17.65
47	8.95	25.85	7.00	19.00
48	9.60	28.25	7.35	20.45
49	10.60	30.85	7.80	21.85
50	11.50	33.85	8.45	23.30
51	12.50	35.85	9.05	24.80
52	13.65	38.25	9.70	26.40
53	14.70	40.80	10.30	28.05
54	15.75	43.60	11.10	29.70
55	16.80	46.95	11.95	31.40
56	19.10	50.60	12.80	32.95
57	20.15	54.50	13.65	34.40
58	22.35	58.90	14.40	35.95
59	23.65	64.05	15.30	37.95

Monthly Rate* for \$100,000 Benefit

Age on Effective Date	Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
18 – 23	7.00	9.00	6.30	15.30
24	7.00	18.10	6.30	15.30
25	7.00	18.10	6.30	15.30
26	7.00	18.20	6.30	15.30
27	7.00	18.20	6.30	15.30
28	7.10	18.30	6.30	15.30
29	7.20	18.40	6.30	15.30
30	7.30	18.50	6.30	15.60
31	7.50	18.50	6.50	15.60
32	7.60	18.50	6.60	15.60
33	8.00	18.50	6.60	15.60
34	8.20	18.50	6.90	15.60
35	8.30	19.10	7.40	15.90
36	8.40	20.00	7.70	16.70
37	8.60	21.20	8.00	18.00
38	9.10	22.70	8.20	19.50
39	9.40	24.60	8.60	21.20
40	9.90	26.60	9.30	22.80
41	10.80	29.10	9.70	24.60
42	11.80	32.10	10.20	26.40
43	12.00	35.30	10.70	28.50
44	13.00	39.00	11.70	30.60
45	14.10	42.70	12.40	32.90
46	15.50	47.00	13.20	35.30
47	17.90	51.70	14.00	38.00
48	19.20	56.50	14.70	40.90
49	21.20	61.70	15.60	43.70

Monthly Rate* for \$200,000 Benefit

Age on Effective Date	Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
18 – 23	14.00	18.00	12.60	30.60
24	14.00	36.20	12.60	30.60
25	14.00	36.20	12.60	30.60
26	14.00	36.40	12.60	30.60
27	14.00	36.40	12.60	30.60
28	14.20	36.60	12.60	30.60
29	14.40	36.80	12.60	30.60
30	14.60	37.00	12.60	31.20
31	15.00	37.00	13.00	31.20
32	15.20	37.00	13.20	31.20
33	16.00	37.00	13.20	31.20
34	16.40	37.00	13.80	31.20
35	16.60	38.20	14.80	31.80
36	16.80	40.00	15.40	33.40
37	17.20	42.40	16.00	36.00
38	18.20	45.40	16.40	39.00
39	18.80	49.20	17.20	42.40

Stand-alone AD&D Monthly Rate

	\$200,000	\$100,000	\$50,000
Member Only	\$10.00	\$5.00	\$2.50
Member + Family	\$16.60	\$8.30	\$4.15

Dependent Child(ren) Monthly Rate

\$10,000 for all eligible children \$0.83

One premium covers all eligible children age 6 months to 25 years.

? For questions and coverage details, please contact the plan administrator:

MB | MemberBenefits

Call **(800) 282-8626** or visit www.memberbenefits.com/gabar

✉ 10739 Deerwood Park Blvd., Suite 200-B
Jacksonville, FL 32256

Rates shown are as of 1/1/2021. Premiums will be billed monthly unless otherwise specified with the plan administrator.

* The initial premium will not change for the first 10 years unless the insurance company exercises its right to change premium rates for all insureds covered under the group policy with 60 days advance notice.

Group Life Policy Form LP00GP and Group AD&D Policy Form HP10GPIL, issued and delivered in the state of Illinois to Association Insurance Trust as the policyholder and is governed by its laws.