

Member's Signature: **X** \_\_\_\_\_ Date: \_\_\_\_\_  
(PLEASE SIGN AND DATE IN INK)

Spouse's Signature: **X** \_\_\_\_\_ Date: \_\_\_\_\_  
(NECESSARY ONLY IF SPOUSE COVERAGE IS REQUESTED)

**OWNER INFORMATION, REQUIRED IF OWNER IS OTHER THAN THE MEMBER (IF OWNER IS A TRUST, PLEASE SUBMIT A COPY OF THE DOCUMENT WITH THIS APPLICATION).**

Full Name: \_\_\_\_\_ Relationship to proposed insured: \_\_\_\_\_  
LAST FIRST MI

Mailing Address: \_\_\_\_\_  
Street City State ZIP

Tax ID#: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN #: [ ] [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] Phone: (\_\_\_\_) \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ASCE GROUP 20-YEAR LEVEL TERM LIFE  
 (CURRENT 2018 ANNUAL PREMIUM RATES PER \$1,000 OF INSURANCE)**

**M= MALE RATES F=FEMALE RATES**

Age	Amounts \$100,000-\$249,000						Amounts \$250,000-\$499,000						Amounts \$500,000-\$999,000						Amounts \$1,000,000-\$2,000,000					
	Preferred Rate		Select Rate		Standard Rate		Preferred Rate		Select Rate		Standard Rate		Preferred Rate		Select Rate		Standard Rate		Preferred Rate		Select Rate		Standard Rate	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
20-25	1.31	1.11	1.72	1.39	2.82	2.07	.92	.75	1.33	1.03	2.28	1.61	.85	.67	1.25	.95	2.20	1.54	.79	.60	1.22	.92	2.17	1.51
26	1.31	1.11	1.72	1.39	2.82	2.11	.92	.75	1.33	1.03	2.28	1.66	.85	.67	1.25	.95	2.20	1.58	.79	.60	1.22	.92	2.17	1.55
27	1.31	1.11	1.72	1.39	2.86	2.18	.92	.75	1.33	1.03	2.30	1.72	.85	.67	1.25	.95	2.23	1.64	.79	.60	1.22	.92	2.20	1.61
28	1.31	1.11	1.72	1.39	2.88	2.26	.92	.75	1.33	1.03	2.33	1.79	.85	.67	1.25	.95	2.25	1.71	.79	.60	1.22	.92	2.22	1.68
29	1.31	1.11	1.72	1.39	2.92	2.35	.92	.75	1.33	1.03	2.36	1.87	.85	.67	1.25	.95	2.28	1.79	.79	.60	1.22	.92	2.25	1.76
30	1.31	1.11	1.72	1.39	3.00	2.43	.92	.75	1.33	1.03	2.43	1.94	.85	.67	1.25	.95	2.35	1.86	.79	.60	1.22	.92	2.32	1.83
31	1.31	1.11	1.73	1.41	3.12	2.51	.92	.76	1.33	1.05	2.53	2.00	.85	.69	1.25	.97	2.46	1.93	.79	.61	1.22	.94	2.43	1.90
32	1.31	1.15	1.75	1.47	3.26	2.58	.92	.77	1.35	1.10	2.66	2.06	.85	.70	1.27	1.02	2.58	1.99	.79	.63	1.24	.99	2.55	1.96
33	1.31	1.17	1.79	1.50	3.45	2.65	.92	.80	1.37	1.14	2.82	2.13	.85	.72	1.30	1.07	2.74	2.05	.79	.64	1.27	1.04	2.71	2.02
34	1.31	1.19	1.82	1.57	3.64	2.77	.92	.82	1.41	1.19	2.98	2.22	.85	.74	1.33	1.11	2.91	2.15	.79	.68	1.30	1.08	2.88	2.12
35	1.31	1.23	1.87	1.65	3.85	2.90	.92	.84	1.45	1.26	3.14	2.35	.85	.77	1.38	1.18	3.09	2.27	.79	.70	1.35	1.15	3.06	2.24
36	1.36	1.26	1.93	1.72	4.04	3.11	.96	.87	1.51	1.33	3.34	2.52	.88	.79	1.43	1.25	3.26	2.45	.83	.74	1.40	1.22	3.23	2.42
37	1.44	1.28	2.02	1.80	4.24	3.35	.99	.90	1.58	1.38	3.51	2.74	.92	.82	1.50	1.31	3.43	2.66	.86	.76	1.47	1.28	3.40	2.63
38	1.55	1.33	2.23	1.88	4.48	3.64	1.05	.94	1.66	1.46	3.72	2.98	.97	.86	1.58	1.39	3.64	2.91	.92	.79	1.55	1.36	3.61	2.88
39	1.66	1.38	2.40	2.00	4.77	3.93	1.12	.98	1.76	1.56	3.97	3.24	1.04	.90	1.69	1.48	3.89	3.16	.99	.84	1.66	1.45	3.86	3.13
40	1.80	1.43	2.40	2.10	5.17	4.22	1.21	1.04	1.90	1.66	4.32	3.49	1.13	.96	1.82	1.58	4.24	3.41	1.08	.90	1.79	1.55	4.21	3.38
41	1.94	1.51	2.58	2.23	5.71	4.50	1.33	1.11	2.07	1.75	4.79	3.74	1.25	1.03	2.00	1.68	4.71	3.66	1.20	.97	1.97	1.64	4.68	3.63
42	2.12	1.61	2.84	2.34	6.38	4.80	1.46	1.20	2.29	1.87	5.36	3.99	1.39	1.12	2.22	1.79	5.29	3.92	1.33	1.05	2.19	1.76	5.26	3.89
43	2.33	1.72	3.12	2.49	7.11	5.09	1.61	1.29	2.55	1.99	6.01	4.25	1.54	1.22	2.47	1.92	5.93	4.17	1.50	1.14	2.44	1.89	5.90	4.14
44	2.53	1.85	3.41	2.65	7.91	5.43	1.79	1.41	2.79	2.13	6.70	4.55	1.71	1.33	2.71	2.05	6.62	4.47	1.67	1.23	2.68	2.02	6.59	4.44
45	2.73	1.97	3.72	2.84	8.70	5.80	1.96	1.52	3.06	2.29	7.39	4.87	1.88	1.45	2.99	2.22	7.31	4.79	1.84	1.33	2.96	2.19	7.28	4.76
46	2.94	2.11	4.01	3.05	9.49	6.22	2.14	1.65	3.30	2.48	8.08	5.22	2.07	1.57	3.23	2.40	8.00	5.15	2.02	1.44	3.21	2.37	7.97	5.12
47	3.15	2.26	4.30	3.31	10.32	6.67	2.35	1.79	3.56	2.69	8.80	5.62	2.27	1.71	3.48	2.62	8.72	5.54	2.23	1.54	3.45	2.59	8.69	5.51
48	3.35	2.42	4.58	3.57	11.20	7.15	2.57	1.95	3.82	2.94	9.56	6.04	2.49	1.87	3.75	2.86	9.48	5.96	2.45	1.64	3.71	2.83	9.45	5.93
49	3.61	2.59	4.97	3.86	12.13	7.68	2.80	2.11	4.16	3.18	10.37	6.50	2.72	2.03	4.08	3.10	10.29	6.42	2.68	1.78	4.05	3.07	10.26	6.39
50	3.93	2.79	5.46	4.16	13.11	8.23	3.04	2.29	4.57	3.44	11.22	6.97	2.96	2.22	4.49	3.37	11.14	6.90	2.92	1.94	4.46	3.34	11.11	6.87
51	4.30	3.01	6.07	4.45	14.15	8.79	3.28	2.49	5.11	3.68	12.12	7.47	3.20	2.41	5.03	3.61	12.05	7.39	3.16	2.14	5.00	3.58	12.02	7.36
52	4.72	3.24	6.79	4.73	15.29	9.40	3.51	2.68	5.73	3.94	13.11	8.00	3.43	2.61	5.65	3.86	13.04	7.92	3.39	2.37	5.62	3.83	13.01	7.89
53	5.20	3.49	7.63	5.06	16.46	10.05	3.78	2.90	6.46	4.21	14.14	8.56	3.70	2.83	6.38	4.14	14.06	8.48	3.66	2.62	6.35	4.11	14.03	8.45
54	5.77	3.78	8.53	5.47	17.71	10.74	4.11	3.15	7.24	4.57	15.22	9.16	4.03	3.08	7.16	4.49	15.14	9.08	3.99	2.91	7.13	4.46	15.11	9.05

**Important Rate Information:**

The cost of this life insurance is based upon the member and spouse's sex, amount of insurance requested, usage of tobacco/nicotine products, health status, and attained age on the date coverage is issued. Premium contributions will vary depending upon the option chosen.

Only non-smokers meeting the highest underwriting standards will qualify for "Preferred" rates. Other non-smokers may qualify for "Select" or "Standard" rates. Smokers qualify for "Standard" rates only. Upon approval of your application, you will be notified of the rate classification for each approved person.

The current annual premium for all children is \$8.16 for \$10,000 (maximum) of coverage each.

The premium contributions shown reflect the current rates and benefit structure and are payable semiannually or via monthly Pre-Authorized Check Payment Plan. Send no money now—you will be billed for the appropriate premium upon approval of your application.

Premium rates are expected to remain level for the first 10 years of coverage.\* At the end of the 20-year period, you may elect to reapply (if under 55) for a subsequent 20-year term based on your then current age, health, and tobacco/nicotine use. If you or your spouse is not approved—or you do not apply for 20-year level term rates—coverage will continue in force on a non-guaranteed rate basis and rates will increase as you age. Please call the Plan Administrator, Pearl Insurance, at 800.650.2723 for details.

Montana residents: Male rates apply to everyone regardless of sex.

**Do Not Send Payment: Upon approval, you will be notified of the premium due.**

Choose one payment option (additional forms will be sent to you for EFT and CC option):

- Direct Billing (semiannually 3/1 & 9/1)
  Electronic Funds Transfer (EFT)
  Credit Card (CC)