# **GLOBAL MISSION MEDICAL INSURANCE® - SILVER**

### WORLDWIDE COVERAGE

(New Business Rates Effective 1/1/2014. IMG reserves the right to issue the most current rates online in the event these expire, are modified or replaced with a newer version. Rates include premium tax where applicable.) Global Mission Medical Insurance is underwritten by Sirius International Insurance Corporation (publ) (the "Company"). It is distributed, managed and administered, as agent for and on behalf of the Company, by International Medical Group<sup>®</sup>, Inc. ("IMG<sup>®</sup>"). © 2007-2014 International Medical Group, Inc. All rights reserved.



# **ANNUAL PREMIUMS**

All amounts shown are in U.S. dollars. Please select your deductible carefully, as you will be unable to select a lower deductible when you renew your coverage.

Deductibles	\$2	250	\$5	500	\$1	,000	\$2,	,500	\$5	,000	\$10	0,000
AGE	MALE	FEMALE										
14 days to	First 2 no	additional	First 2 nc	additional	First 2 nc	additional						
9 years**	cost* -	Then 316	cost* -	Then 275	cost* -	Then 214	cost* -	Then 188	cost* -	Then 172	cost* -	Then 153
10 to 18**	323	323	288	288	238	238	221	221	208	208	184	184

\*The first two Dependent Children from the ages of 14 days to 9 years are covered at no additional cost for the first year of coverage only when both parents or guardians are insured under the Global Mission Medical Insurance plan. On the first renewal date, premium will be 50% of the published rates. For subsequent renewals, the renewal premium will apply. \*\*Dependent child rates are only available when at least one parent or guardian is insured under the Global Mission Medical Insurance plan. Children applying with no parent or guardian insured by Global Mission Medical Insurance must use the Male 19 to 24 rates.

	-	-	-									
19 to 24	732	913	634	899	494	689	430	600	338	482	300	415
25 to 29	773	1,040	675	1,011	525	779	458	676	359	562	319	442
30 to 34	865	1,151	745	1,084	577	839	506	732	397	588	352	500
35 to 39	988	1,386	801	1,229	620	955	543	825	424	687	379	537
40 to 44	1,250	1,522	1,015	1,324	673	1,037	590	908	564	703	501	626
45 to 49	1,393	1,679	1,142	1,428	884	1,104	771	962	629	759	560	676
50 to 54	1,700	1,868	1,441	1,610	1,114	1,249	972	1,111	826	921	734	821
55 to 59	2,095	2,095	1,821	1,821	1,410	1,408	1,229	1,229	1,035	1,043	920	929
60 to 64	3,084	2,902	2,810	2,629	2,369	2,091	2,145	1,925	1,792	1,592	1,595	1,417
65 to 69	6,440	5,587	6,163	5,343	5,765	4,866	4,432	3,617	3,875	3,470	3,449	3,089
70 to 74			Please co	ontact IMG o	or your age	nt for premiu	um informat	tion concern	ing this age	e bracket		

#### Please contact ING or your agent for premium information concerning this age bracket

#### **Optional Maternity Rider \$4,000 annual premium** Modal Payment Factors\*\*\* Annual 1.00 Semi Annual .55 Quarterly .28 Monthly .10

**Optional Dental & Vision Rider \$570 annual premium** 

\*\*\*Except for Global Group, IMG will not accept checks, money orders or wire transfers for semi-annual, guarterly, or monthly payment modes. These alternative payment modes are only accepted with pre-authorization to debit your credit card on the due date(s) of your future premium installment(s) prior to the expiration date.

Note: Choosing the semi-annual payment option (modal payment factor .55) results in total payments of 110% of the annual premium, choosing the guarterly payment option (modal payment factor .28) results in total payments of 112% of the annual premium, and choosing the monthly payment option (modal payment factor .10) results in total payments of 120% of the annual premium.

# **GLOBAL MISSION MEDICAL INSURANCE® - SILVER**

# WORLDWIDE COVERAGE EXCLUDING THE U.S., CANADA, CHINA, HONG KONG, JAPAN, MACAU, SINGAPORE, AND TAIWAN

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# **ANNUAL PREMIUMS**

All amounts shown are in U.S. dollars. Please select your deductible carefully, as you will be unable to select a lower deductible when you renew your coverage.

	cost* - T 243	FEMALE additional hen 237		<b>FEMALE</b>	MALE	FEMALE	MALE					1
9 years**	cost* - T 243							FEMALE	MALE	FEMALE	MALE	FEMALE
-	243	hen 237				additional		additional		additional	First 2 no	additional
10 to 18**			cost* -	hen 207	cost* -	Then 161	cost* -	Then 141	cost* -	Then 130	cost* -	Then 114
		243	216	216	179	179	166	166	156	156	137	137
*The first two De are insured unde premium will ap applying with no	er the Globa oply. **Dep	al Mission Mee endent child r	dical Insuran ates are only	ce plan. On th / available wh	ne first renev en at least o	val date, prem ne parent or g	ium will be 50 uardian is ins	0% of the publ sured under th	ished rates.	For subseque	nt renewals	s, the renewal
19 to 24	550	684						450	253	362	225	312
25 to 29	580	781	507	759	393	583	343	508	269	421	239	333
30 to 34	649	863	559	814	432	630	379	549	297	441	264	376
35 to 39	743	1,040	601	924	465	717	408	619	319	516	284	402
40 to 44	937	1,142	760	993	505	778	442	681	423	530	376	469
45 to 49	1,044	1,259	856	1,071	664	829	578	722	471	570	420	506
50 to 54	1,275	1,401	1,082	1,207	835	937	730	833	619	692	551	616
55 to 59	1,571	1,571	1,365	1,365	1,057	1,056	921	921	775	782	690	696
60 to 64	2,313	2,177	2,107	1,972	1,777	1,569	1,609	1,445	1,344	1,195	1,197	1,063
65 to 69	4,829	4,190	4,623	4,008	4,325	3,650	3,324	2,713	2,907	2,603	2,587	2,316
70 to 74			Please co	ontact IMG c	or your age	nt for premiu	ım informat	ion concerni	ng this age	e bracket		

# Modal Payment Factors\*\*\* Annual 1.00 Semi Annual .55 Quarterly .28 Monthly .10 Optional Optional

Optional Maternity Rider \$4,000 annual premium Optional Dental & Vision Rider \$460 annual premium

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**Note:** Choosing the semi-annual payment option (modal payment factor .55) results in total payments of 110% of the annual premium, choosing the quarterly payment option (modal payment factor .28) results in total payments of 112% of the annual premium, and choosing the monthly payment option (modal payment factor .10) results in total payments of 120% of the annual premium.

#### Please see rates on reverse side for Worldwide Coverage

# GLOBAL MISSION MEDICAL INSURANCE<sup>®</sup> - GOLD (For enhanced, long-term benefits, see Gold Plus plan option)

#### WORLDWIDE COVERAGE

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### **ANNUAL PREMIUMS**

All amounts shown are in U.S. dollars. Please select your deductible carefully, as you will be unable to select a lower deductible when you renew your coverage.

											1	
Deductibles	\$2	250	\$!	500	\$1,	,000	\$2,	500	\$5,	,000	\$10	0,000
AGE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
14 days to 9 years**		additional Then 439		additional Then 375		additional Then 281		additional Then 255		additional Then 225		additional Then 204
10 to 18**	486	486	396	396	310	310	281	281	251	251	225	225
*The first two Depend are insured under the premium will apply. * applying with no pare	Global Miss *Dependen	ion Medical Ir t child rates a	nsurance pla re only avai	an. On the firs lable when at	st renewal d least one p	ate, premium arent or guarc	will be 50% dian is insure	of the publis	hed rates. F	or subsequer	nt renewals	, the renewal
19 to 24	1,015 1,336 873   1,038 1,474 893		1,266	698	936	604	809	471	652	372	493	
25 to 29	1,038	1,474	893	1,375	714	1,014	618	877	482	684	381	505
30 to 34	1,102	1,586	947	1,459	758	1,107	659	963	518	782	409	585
35 to 39	1,144	1,759	984	1,545	787	1,149	685	1,000	538	812	425	607
40 to 44	1,503	1,964	1,375	1,788	1,100	1,320	946	1,249	738	952	583	746
45 to 49	1,740	2,105	1,583	1,930	1,219	1,463	1,097	1,317	894	1,028	706	812
50 to 54	2,069	2,230	1,862	2,029	1,489	1,623	1,378	1,502	1,102	1,201	871	949
55 to 59	2,745	2,668	2,443	2,370	1,991	1,932	1,683	1,632	1,413	1,371	1,117	1,083
60 to 64	3,855	3,636	3,605	3,378	2,884	2,667	2,711	2,507	2,277	2,015	1,867	1,662
65 to 69	7,712	6,933	7,480	6,485	4,960	4,744	4,365	3,890	3,579			
70 to 74		-	Please co	ntact IMG or	your ager	nt for premiu	im informa	tion concer	ning this a	ge bracket	•	

# Modal Payment Factors\*\*\* Annual 1.00 Semi Annual .55 Quarterly .28 Monthly .10 Optional Maternity Rider \$4,000 annual premium Optional Dental & Vision Rider \$570 annual premium

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#### vears\*\* cost\* - Then 189 cost\* - Then 324 cost\* - Then 277 cost\* - Then 207 cost\* - Then 167 208 208 10 to 18\*\* 359 359 293 293 229 229 186

MALE

\*The first two Dependent Children from the ages of 14 days to 9 years are covered at no additional cost for the first year of coverage only when both parents or guardians are insured under the Global Mission Medical Insurance plan. On the first renewal date, premium will be 50% of the published rates. For subsequent renewals, the renewal premium will apply. \*\*Dependent child rates are only available when at least one parent or guardian is insured under the Global Mission Medical Insurance plan. Children applying with no parent or guardian insured by Global Mission Medical Insurance must use the Male 19 to 24 rates.

ANNUAL PREMIUMS All amounts shown are in U.S. dollars. Please select your deductible carefully, as you will be unable to select a lower deductible when you renew your coverage.

\$1,000

First 2 no additional

FEMALE

\$2,500

First 2 no additional

FEMALE

MALE

GLOBAL MISSION MEDICAL INSURANCE<sup>®</sup> - GOLD (For enhanced, long-term benefits, see Gold Plus plan option)

	gaara		) 0.0.00	5.0				accor				
19 to 24	751	989	646	937	517	692	447	599	349	483	275	365
25 to 29	768	1,091	661	1,018	529	751	457	649	357	506	282	373
30 to 34	815	1,174	701	1,080	561	819	488	712	383	578	303	433
35 to 39	847	1,301	728	1,143	582	850	507	740	398	601	314	449
40 to 44	1,112	1,453	1,018	1,323	814	977	700	924	546	704	431	552
45 to 49	1,288	1,558	1,172	1,428	902	1,083	812	974	662	761	523	601
50 to 54	1,531	1,650	1,378	1,502	1,102	1,201	1,019	1,111	816	889	644	702
55 to 59	2,032	1,974	1,808	1,754	1,474	1,429	1,245	1,208	1,046	1,015	826	802
60 to 64	2,853	2,690	2,667	2,499	2,134	1,974	2,006	1,855	1,685	1,491	1,382	1,230
65 to 69	5,707	5,131	5,535	4,799	5,148	4,401	3,990	3,670	3,511	3,230	2,879	2,649
70 to 74			Please co	ntact IMG o	r your ager	nt for premi	um informa	ation conce	ning this a	ge bracket		

Optional Dental & Vision Rider \$460 annual premium

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#### Please see rates on reverse side for Worldwide Coverage

# WORLDWIDE COVERAGE EXCLUDING THE U.S., CANADA, CHINA, HONG KONG, JAPAN, MACAU, SINGAPORE, AND TAIWAN

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FEMALE

\$500

First 2 no additional

MALE

Modal Payment Factors\*\*\* Annual 1.00 Semi Annual .55 Quarterly .28 Monthly .10

\$250

MALE FEMALE

First 2 no additional

Deductibles

AGE

14 days to 9



\$10,000

First 2 no additional

cost\* - Then 151

FEMALE

167

MALE

167

\$5,000

First 2 no additional

Optional Maternity Rider \$4,000 annual premium

FEMALE

186

MALE

# GLOBAL MISSION MEDICAL INSURANCE® - GOLD PLUS

### WORLDWIDE COVERAGE

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### **ANNUAL PREMIUMS**

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Deductibles	\$2	250	\$5	500	\$1,	,000	\$2,	500	\$5,	,000	\$1	0,000
AGE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
14 days to 9 years**				additional Then 495		additional Then 377		additional Then 342		additional Then 306		o additional Then 265
10 to 18**	638	638	520	520	403	403	367	367	326	326	296	296

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19 to 24	1,155	1,621	961	1,348	745	1,046	655	920	537	753	410	575
25 to 29	1,163	1,744	1,000	1,500	775	1,163	682	1,023	558	837	426	640
30 to 34	1,344	2,079	1,119	1,730	867	1,341	763	1,180	624	966	477	737
35 to 39	1,500	2,338	1,248	1,946	967	1,508	851	1,327	697	1,086	532	830
40 to 44	1,934	2,579	1,610	2,147	1,248	1,664	1,098	1,464	899	1,198	686	915
45 to 49	2,418	2,781	2,012	2,314	1,560	1,794	1,373	1,579	1,123	1,292	858	987
50 to 54	4,259	4,600	4,098	4,420	3,640	3,931	3,203	3,459	2,621	2,831	2,002	2,162
55 to 59	5,724	5,618	5,565	5,459	4,982	4,929	4,384	4,338	3,587	3,549	2,740	2,711
60 to 64	7,139	6,561	6,930	6,365	6,148	5,724	5,410	5,037	4,427	4,121	3,381	3,148
65 to 69	7,139 6,561 6,93   16,006 13,886 15,33			13,345	14,840	12,720	12,317	10,558	9,201	7,886	8,162	6,996
70 to 74			Please cont	act IMG or y	our agent f	or premium	informatio	n concerni	ng this age	e bracket		

# Modal Payment Factors\*\*\* Annual 1.00 Semi Annual .55 Quarterly .28 Monthly .10 Optional Maternity Rider \$4,000 annual premium Optional Dental & Vision Rider \$570 annual premium

\*\*\*Except for Global Group, IMG will not accept checks, money orders or wire transfers for semi-annual, quarterly, or monthly payment modes. These alternative payment modes are only accepted with pre-authorization to debit your credit card on the due date(s) of your future premium installment(s) prior to the expiration date.

**Note:** Choosing the semi-annual payment option (modal payment factor .55) results in total payments of 110% of the annual premium, choosing the quarterly payment option (modal payment factor .28) results in total payments of 112% of the annual premium, and choosing the monthly payment option (modal payment factor .10) results in total payments of 120% of the annual premium.

# GLOBAL MISSION MEDICAL INSURANCE<sup>®</sup> - GOLD PLUS worldwide coverage excluding the U.S., canada, china, hong kong, japan, macau, singapore, and taiwan

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## **ANNUAL PREMIUMS**

All amounts shown are in U.S. dollars. Please select your deductible carefully, as you will be unable to select a lower deductible when you renew your coverage.

Deductibles	\$	250	\$!	500	\$1,	,000	\$2,5	500	\$5,	000	\$10	,000
AGE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
14 days to 9	First 2 no	additional	First 2 no	additional	First 2 no	additional	First 2 no a	additional	First 2 no	additional	First 2 no	additional
years**	cost* -	Then 439	cost* -	Then 372	cost* -	Then 286	cost* - Tl	hen 255	cost* - T	hen 230	cost* - T	hen 204
10 to 18**	478	478	391	391	304	304	274	274	247	247	221	221

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19 to 24	866	1,216	721	1,012	559	784	492	691	403	565	307	431
25 to 29	872	1,309	750	1,125	581	872	512	767	418	628	320	479
30 to 34	1,009	1,559	839	1,297	651	1,006	572	885	468	724	358	553
35 to 39	1,125	1,754	936	1,460	726	1,132	639	996	523	815	399	622
40 to 44	1,451	1,934	1,207	1,610	936	1,248	824	1,098	674	899	515	686
45 to 49	1,814	2,088	1,509	1,737	1,170	1,347	1,030	1,185	842	970	644	741
50 to 54	3,626	3,781	3,194	3,331	2,730	2,948	2,402	2,595	1,966	2,123	1,502	1,622
55 to 59	4,293	4,214	4,174	4,095	3,737	3,697	3,288	3,254	2,690	2,662	2,055	2,034
60 to 64	5,354	4,921	5,198	4,774	4,611	4,293	4,058	3,778	3,320	3,091	2,536	2,361
65 to 69	12,005	10,415	11,528	10,010	11,130	9,540	9,238	7,918	6,901	5,915	6,122	5,247
70 to 74			Please co	ntact IMG or	your agen	t for premiu	m informatio	on concern	ing this age	bracket	-	

# Modal Payment Factors\*\*\* Annual 1.00 Semi Annual .55 Quarterly .28 Monthly .10 Optional Maternity Rider \$4,000 annual premium

.28 Monthly .10 Optional Dental & Vision Rider \$460 annual premium

\*\*\*Except for Global Group, IMG will not accept checks, money orders or wire transfers for semi-annual, quarterly, or monthly payment modes. These alternative payment modes are only accepted with pre-authorization to debit your credit card on the due date(s) of your future premium installment(s) prior to the expiration date.

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# **GLOBAL MISSION MEDICAL INSURANCE® - PLATINUM**

### WORLDWIDE COVERAGE

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# ANNUAL PREMIUMS

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Deductibles	\$	100	\$2	250	\$!	500	\$1	,000,	\$2	,500	\$5	,000	\$1	0,000
AGE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
14 days to	First 2 no	additional	First 2 no additional		First 2 nc	additional	First 2 nc	additional	First 2 no	additional	First 2 no	additional	First 2 no	o additional
9 years**	cost* - 1	Then 2,162	cost* - 1	Then 1,968	cost* - T	hen 1,764	cost* - T	hen 1,503	cost* - T	hen 1,422	cost* - 1	Then 1,345	cost* - 7	Then 1,279
10 to 18**	2,287	2,287	2,079	2,079	1,821	1,821	1,563	1,563	1,478	1,478	1,395	1,395	1,323	1,323

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19 to 24	3,585	5,456	3,274	4,928	2,892	4,717	2,390	3,520	2,175	3,168	1,888	2,534	1,601	2,218
25 to 29	3,689	6,542	3,369	5,914	2,976	5,660	2,459	4,224	2,238	3,802	1,943	3,041	1,648	2,440
30 to 34	4,024	7,614	3,675	6,877	3,246	6,386	2,683	4,912	2,441	4,421	2,119	3,881	1,797	2,997
35 to 39	4,248	8,455	3,880	7,637	3,427	6,928	2,832	5,455	2,577	4,909	2,237	4,309	1,897	3,109
40 to 44	5,217	9,248	4,765	8,353	4,208	7,518	3,478	5,966	3,165	5,370	2,747	4,714	2,261	3,580
45 to 49	6,382	7,365	5,829	6,652	5,276	5,512	4,255	4,752	3,872	4,277	3,361	3,754	2,723	2,851
50 to 54	13,493	15,332	12,240	13,994	12,047	12,862	9,638	10,290	8,770	9,261	7,614	8,129	6,168	6,483
55 to 59	19,194	18,918	17,531	17,141	15,995	15,871	12,796	12,697	11,645	11,427	10,109	10,030	7,934	7,872
60 to 64	21,309	20,237	19,330	18,527	17,960	16,960	15,221	14,252	13,851	12,827	12,024	11,259	9,893	8,979
65 to 69	43,314	37,933	39,440	34,595	38,031	33,078	35,214	30,347	27,467	25,188	23,946	21,850	20,072	18,208
70 to 74			Ple	ease conta	ct IMG or	your agent	for prem	ium inforn	nation cor	ncerning th	is age bra	cket		

#### Please contact IMG or your agent for premium information concerning this age bracket

#### Modal Payment Factors\*\*\* Annual 1.00 Semi Annual .55 Quarterly .28 Monthly .10

\*\*\*Except for Global Group, IMG will not accept checks, money orders or wire transfers for semi-annual, guarterly, or monthly payment modes. These alternative payment modes are only accepted with pre-authorization to debit your credit card on the due date(s) of your future premium installment(s) prior to the expiration date.

Note: Choosing the semi-annual payment option (modal payment factor .55) results in total payments of 110% of the annual premium, choosing the guarterly payment option (modal payment factor .28) results in total payments of 112% of the annual premium, and choosing the monthly payment option (modal payment factor .10) results in total payments of 120% of the annual premium.

# GLOBAL MISSION MEDICAL INSURANCE® - PLATINUM

# WORLDWIDE COVERAGE EXCLUDING THE U.S., CANADA, CHINA, HONG KONG, JAPAN, MACAU, SINGAPORE, AND TAIWAN

(New Business Rates Effective 1/1/2014. IMG reserves the right to issue the most current rates online in the event these expire, are modified or replaced with a newer version. Rates include premium tax where applicable.) Global Mission Medical Insurance is underwritten by Sirius International Insurance Corporation (publ) (the "Company"). It is distributed, managed and administered, as agent for and on behalf of the Company, by International Medical Group<sup>®</sup>, Inc. ("IMG<sup>®</sup>"). © 2007-2014 International Medical Group, Inc. All rights reserved.



# **ANNUAL PREMIUMS**

All amounts shown are in U.S. dollars. Please select your deductible carefully, as you will be unable to select a lower deductible when you renew your coverage.

Deductibles	\$'	100	\$2	250	\$!	500	\$1,	,000	\$2	,500	\$5	,000,	\$1	0,000
AGE	MALE	FEMALE												
14 days to	First 2 no	additional	First 2 no	additional	First 2 nc	additional	First 2 no	additional	First 2 nc	additional	First 2 no	additional	First 2 no	o additional
9 years**	cost* - T	hen 1,808	cost* - T	hen 1,642	cost* - T	hen 1,491	cost* - T	hen 1,297	cost* - T	hen 1,233	cost* - 1	Then 1,175	cost* - T	Then 1,128
10 to 18**	1,897	1,897	1,725	1,725	1,535	1,535	1,341	1,341	1,277	1,277	1,215	1,215	1,161	1,161

\*The first two Dependent Children from the ages of 14 days to 9 years are covered at no additional cost for the first year of coverage only when both parents or guardians are insured under the Global Mission Medical Insurance plan. On the first renewal date, premium will be 50% of the published rates. For subsequent renewals, the renewal premium will apply. \*\*Dependent child rates are only available when at least one parent or guardian is insured under the Global Mission Medical Insurance plan. Children applying with no parent or guardian insured by Global Mission Medical Insurance must use the Male 19 to 24 rates.

19 to 24	2,907	4,427	2,655	3,998	2,345	3,827	1,938	2,856	1,764	2,570	1,531	2,056	1,298	1,799
25 to 29	2,988	6,719	2,729	6,069	2,410	5,809	1,992	4,335	1,813	3,902	1,574	3,425	1,335	2,558
30 to 34	3,239	6,130	2,958	5,536	2,613	5,141	2,159	3,955	1,965	3,559	1,706	3,124	1,447	2,412
35 to 39	3,398	6,764	3,103	6,109	2,741	5,542	2,265	4,364	2,061	3,927	1,789	3,447	1,518	2,487
40 to 44	4,122	7,306	3,764	6,599	3,325	5,939	2,748	4,713	2,500	4,242	2,171	3,723	1,786	2,828
45 to 49	5,042	5,819	4,605	5,256	4,168	4,355	3,361	3,754	3,059	3,379	2,655	2,966	2,151	2,253
50 to 54	10,524	11,958	9,547	10,915	9,396	10,032	7,517	8,026	6,841	7,223	5,939	6,340	4,811	5,056
55 to 59	14,914	14,699	13,622	13,318	12,429	12,332	9,943	9,865	9,048	8,879	7,855	7,794	6,165	6,117
60 to 64	16,407	15,583	14,884	14,266	13,829	13,059	11,719	10,974	10,665	9,877	9,258	8,670	7,618	6,914
65 to 69	32,918	28,829	29,974	26,292	28,904	25,139	26,763	23,063	20,875	19,143	18,199	16,606	15,255	13,838
70 to 74		Please contact IMG or your agent for premium information concerning this age bracket												

### Modal Payment Factors\*\*\* Annual 1.00 Semi Annual .55 Quarterly .28 Monthly .10

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#### Please see rates on reverse side for Worldwide Coverage