



BANK UNITED RATES SEMI MONTHLY

Rate sheet prepared by Web User on 9/16/2024 9:33:17 AM.
 Florida Payroll Premium rates are Semi-Monthly for industry Class A.

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CANCER PROTECTION ASSURANCE PLAN LEVEL 2 - Series B70200

		Premium	IDR* (5 units)	SDR*	Total
18-75	INDIVIDUAL	\$19.04	\$2.98	\$0.46	\$22.47
18-75	INSURED/SPOUSE	\$32.94	\$7.03	\$0.46	\$40.42
18-75	ONE-PARENT FAMILY	\$19.04	\$2.98	\$0.46	\$22.47
18-75	TWO-PARENT FAMILY	\$32.94	\$7.03	\$0.46	\$40.42

IDR* = Optional Initial Diagnosis Rider (Series B70050) premium 1-5 units

SDR* = Optional Specified Disease Rider (Series B70052) premium

AFLAC PLUS RIDER

		Aflac Plus Rider
18-29	INDIVIDUAL	\$1.56
30-39		\$2.21
40-49		\$3.77
50-70		\$6.44

18-29	INSURED/SPOUSE	\$2.93
30-39		\$4.36
40-49		\$7.15
50-70		\$12.29

18-29	ONE-PARENT FAMILY	\$3.12
30-39		\$3.38
40-49		\$4.55
50-70		\$6.63

18-29	TWO-PARENT FAMILY	\$3.77
30-39		\$4.88
40-49		\$7.35
50-70		\$12.35

CRITICAL CARE PROTECTION POLICY - Series A74100

Individual					One Parent Family				
Age	Premium	FOBBR	SHERR	Total	Age	Premium	FOBBR	SHERR	Total
18-35	\$4.42	\$1.11	\$0.59	\$6.11	18-35	\$4.94	\$1.17	\$0.65	\$6.76
36-45	\$6.89	\$2.02	\$1.37	\$10.27	36-45	\$7.15	\$2.15	\$1.37	\$10.66
46-55	\$9.62	\$2.41	\$2.21	\$14.24	46-55	\$9.95	\$2.47	\$2.21	\$14.63
56-70	\$13.00	\$2.67	\$3.12	\$18.79	56-70	\$13.26	\$2.80	\$3.19	\$19.24
Insured/Spouse					Two Parent Family				
Age	Premium	FOBBR	SHERR	Total	Age	Premium	FOBBR	SHERR	Total
18-35	\$6.37	\$2.21	\$1.11	\$9.69	18-35	\$7.35	\$2.28	\$1.17	\$10.79
36-45	\$10.60	\$4.10	\$2.28	\$16.97	36-45	\$11.77	\$4.23	\$2.47	\$18.46
46-55	\$15.93	\$4.81	\$3.84	\$24.57	46-55	\$17.29	\$4.88	\$4.16	\$26.33
56-70	\$23.34	\$5.33	\$5.85	\$34.52	56-70	\$24.96	\$5.46	\$6.18	\$36.60

FOBBR: First Occurrence Building Benefit Rider (Rider Form A74050FL)

SHERR: Specified Health Event Recovery Benefit Rider (Rider Form A74051FL)



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Accident Advantage - 24-HOUR ACCIDENT OPTION 4 - Series A36000

	Premium	Total
18-75 INDIVIDUAL	\$10.66	\$10.66
18-75 NAMED INSURED/SPOUSE	\$17.49	\$17.49
18-75 ONE-PARENT FAMILY	\$19.05	\$19.05
18-75 TWO-PARENT FAMILY	\$27.56	\$27.56

AFLAC HOSPITAL CHOICE - Option H Benefit Amount 1500 - Series B4010H

	Premium	Total
18-49 INDIVIDUAL	\$21.71	\$21.71
50-59	\$21.71	\$21.71
60-75	\$25.48	\$25.48
18-49 INSURED/SPOUSE	\$32.24	\$32.24
50-59	\$36.66	\$36.66
60-75	\$42.97	\$42.97
18-49 ONE-PARENT FAMILY	\$25.29	\$25.29
50-59	\$25.55	\$25.55
60-75	\$25.61	\$25.61
18-49 TWO-PARENT FAMILY	\$32.76	\$32.76
50-59	\$36.92	\$36.92
60-75	\$43.23	\$43.23

AFLAC HOSPITAL CHOICE - Option H Benefit Amount 2000 - Series B4010H

	Premium	Total
18-49 INDIVIDUAL	\$28.28	\$28.28
50-59	\$28.54	\$28.54
60-75	\$32.76	\$32.76
18-49 INSURED/SPOUSE	\$42.64	\$42.64
50-59	\$47.65	\$47.65
60-75	\$55.38	\$55.38
18-49 ONE-PARENT FAMILY	\$33.15	\$33.15
50-59	\$33.41	\$33.41
60-75	\$33.67	\$33.67
18-49 TWO-PARENT FAMILY	\$43.49	\$43.49
50-59	\$47.91	\$47.91
60-75	\$55.64	\$55.64



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AFLAC-SHORT TERM DISABILITY - Series A-57600

Elimination Period Accident/Sickness - 0/7 DAYS

Annual Income		\$29,000	\$32,000	\$34,000	\$36,000	\$38,000	\$39,000	\$41,000	\$43,000	\$45,000	\$47,000
Benefit Period	Age	\$1,500	\$1,600	\$1,700	\$1,800	\$1,900	\$2,000	\$2,100	\$2,200	\$2,300	\$2,400
3 MONTHS	18-49	\$16.58	\$17.68	\$18.79	\$19.89	\$21.00	\$22.10	\$23.21	\$24.31	\$25.42	\$26.52
	50-64	\$17.55	\$18.72	\$19.89	\$21.06	\$22.23	\$23.40	\$24.57	\$25.74	\$26.91	\$28.08
	65-74	\$21.45	\$22.88	\$24.31	\$25.74	\$27.17	\$28.60	\$30.03	\$31.46	\$32.89	\$34.32