

Rate sheet prepared by Web User on 9/17/2024 4:11:16 PM. New York Payroll Premium rates are Semi-Monthly for industry Class A.

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Lump Sum Critical Illness - Series A-72100

		Premium	LSCR	Total
18-35	INDIVIDUAL	\$5.98	\$4.94	\$10.92
36-45		\$10.40	\$10.92	\$21.32
46-55		\$15.60	\$18.20	\$33.80
56-70		\$21.84	\$28.08	\$49.92
18-35	HUSBAND WIFE	\$9.88	\$10.40	\$20.28
36-45		\$17.16	\$19.76	\$36.92
46-55		\$27.30	\$35.62	\$62.92
56-70		\$43.94	\$54.34	\$98.28
18-35	ONE-PARENT FAMILY	\$7.28	\$6.50	\$13.78
36-45		\$10.66	\$11.70	\$22.36
46-55		\$15.86	\$19.76	\$35.62
56-70		\$24.96	\$29.38	\$54.34
18-35	TWO-PARENT FAMILY	\$11.44	\$11.18	\$22.62
36-45		\$20.28	\$20.54	\$40.82
46-55		\$32.50	\$36.14	\$68.64
56-70		\$52.26	\$54.60	\$106.86

Premium: Lump Sum Critical Illness - 4 units of coverage (\$20,000.00).

LSCR: Lump Sum Cancer Rider A-72050

Lump Sum Cancer - Series A-72200

		Premium	Total
18-35	INDIVIDUAL	\$9.43	\$9.43
36-45		\$16.25	\$16.25
46-55		\$25.03	\$25.03
56-70		\$37.38	\$37.38
18-35	HUSBAND WIFE	\$15.60	\$15.60
36-45		\$26.98	\$26.98
46-55		\$46.80	\$46.80
56-70		\$70.53	\$70.53
18-35	ONE-PARENT FAMILY	\$11.05	\$11.05
36-45		\$17.23	\$17.23
46-55		\$26.98	\$26.98
56-70		\$39.00	\$39.00
18-35	TWO-PARENT FAMILY	\$16.58	\$16.58
36-45		\$28.28	\$28.28
46-55		\$47.45	\$47.45
56-70		\$70.85	\$70.85

Premium: Lump Sum Cancer - 5 units of coverage (\$25,000.00).



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AFLAC-SHORT TERM DISABILITY - Series NY57600

Elimination Period Accident/Sickness - 0/7 DAYS

Annual Income	•	\$9,000	\$9,000	\$12,000	\$12,000	\$16,000	\$18,000	\$20,000	\$22,000	\$24,000	\$26,000
Benefit Period	Age	\$400	\$500	\$600	\$700	\$800	\$900	\$1,000	\$1,100	\$1,200	\$1,300
3 MONTHS	18-49	\$6.50	\$8.13	\$9.75	\$11.38	\$13.00	\$14.63	\$16.25	\$17.88	\$19.50	\$21.13
	50-64	\$6.76	\$8.45	\$10.14	\$11.83	\$13.52	\$15.21	\$16.90	\$18.59	\$20.28	\$21.97
	65-74	\$8.32	\$10.40	\$12.48	\$14.56	\$16.64	\$18.72	\$20.80	\$22.88	\$24.96	\$27.04

Accident Advantage - 24-HOUR ACCIDENT OPTION 4 - Series NY36000

	Premium	Total
18-75 INDIVIDUAL	\$10.01	\$10.01
18-75 NAMED INSURED/SPOUSE	\$15.60	\$15.60
18-75 ONE-PARENT FAMILY	\$17.03	\$17.03
18-75 TWO-PARENT FAMILY	\$22.36	\$22.36



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AFLAC HOSPITAL CHOICE - Option H Benefit Amount 1500 - Series NYB4010H

	Premium	Total
18-49 INDIVIDUAL	\$15.93	\$15.93
50-59	\$15.93	\$15.93
60-75	\$18.72	\$18.72
18-49 INSURED/SPOUSE	\$23.66	\$23.66
50-59	\$26.91	\$26.91
60-75	\$31.59	\$31.59
18-49 ONE-PARENT FAMILY	\$19.31	\$19.31
50-59	\$19.50	\$19.50
60-75	\$19.57	\$19.57
18-49 TWO-PARENT FAMILY	\$25.03	\$25.03
50-59	\$28.21	\$28.21
60-75	\$33.02	\$33.02

AFLAC HOSPITAL CHOICE - Option H Benefit Amount 2000 - Series NYB4010H

	Premium	Total
18-49 INDIVIDUAL	\$20.80	\$20.80
50-59	\$21.00	\$21.00
60-75	\$24.05	\$24.05
18-49 INSURED/SPOUSE	\$31.33	\$31.33
50-59	\$35.04	\$35.04
60-75	\$40.69	\$40.69
18-49 ONE-PARENT FAMILY	\$25.29	\$25.29
50-59	\$25.55	\$25.55
60-75	\$25.74	\$25.74
18-49 TWO-PARENT FAMILY	\$33.22	\$33.22
50-59	\$36.60	\$36.60
60-75	\$42.51	\$42.51